



**Agenda
Meeting Room 1, AMHU
Tuesday 14 May 2018
10.30 to 11.30 am**

WELCOME

- 1. Attendance /apologies**

- 2. Minutes and Actions Arising from Previous Meeting**
 - 2.1 Action Minutes of Meeting from previous meeting
 - 2.2 Running Sheet of Outstanding Actions Arising from previous meetings

- 3. Unit Reports**
 - 3.1 Adult Mental Health Unit
 - 3.2 [REDACTED]
 - 3.3 [REDACTED]
 - 3.4 [REDACTED]

- 4. Report from Workplace Safety (Denise Meyboom)**
 - 4.1 SAIR Reports

- 5. Divisional Workplace Goals and Objectives**

- 6. Items to be Included on the Program Risk Register**

- 7. Items to be raised to the Divisional Work, Health & Safety meeting**

- 8. Other Business**

Next meeting: 12 June 2018



Mental Health, Justice Health and
Alcohol & Drug Services

**Adult Acute Mental Health Services
Work Health & Safety Committee**

14 May 2018

2.1

Subject: Minutes

Source: Stephen Priddin

Purpose/comments: For Information

Mental Health, Justice Health and Alcohol & Drug Services
Adult Mental Health Services
Work Health & Safety Committee
14 May 2018
MINUTES

Attendance and Apologies

Name	Position/Unit	Attended	Apology
Helen Braun	A/g Director AAMHS		Apology
Leanne Done	ADON, AMHU	Y	
Denise Meyboom	Safe Practice Manager MHJHADS	Y	
David Trompf	HSR Officer CL		Apology
Jeevan Rana	HSR Officer AMHU		Apology
Tessa Sealey	HSR Officer MHSSU & AMHU	Y	
Alison Sit	A/g Allied Health Manager	Y	
Shane Carter	HSR Officer AMHU	Y	Apology
Vanessa Hobbins	HSR Officer MHSSU		Apology

Chair: Leanne Done

Minutes: Stephen Priddin

2. Minutes and Actions arising from previous meetings

2.1 Minutes were accepted by Tessa Sealey, Leanne noted an error within the Riskman description of the courtyard door & switch; noting the door in questions is for the outside external gate and is located near the portable consumer phone; changes accepted by Denise.

2.2 Actions Arising – reviewed and updated

3. Team Reports

NOTE Reports are to be emailed to Helen Braun (CC Denise Meyboom & Stephen Priddin) in the first week of each month.

3.1 **Adult Mental Health Unit.** Report provided.

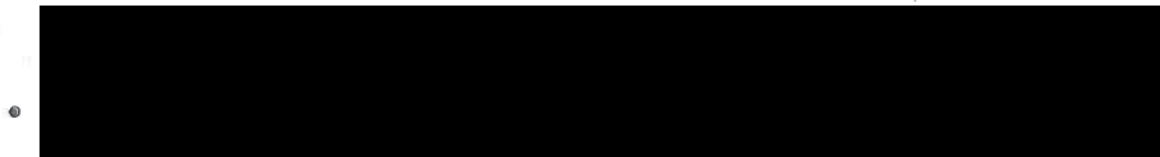
- AMHU Rostering Office already discussed; contractors from Construction ACT have advised Tessa that work will commence end of this week.
- Kitten Door review can be closed, as Fredon has completed the review and provided the report.
- Shane approached Patrice following the Union Meeting which noted that staff are failing to check doors are closing behind them. Patrice is responding to this from an educational perspective. As new staff are not security conscious in checking doors; Shaun to offer in-services on his Health & Safety Days to educate staff.
- Inspection of Cracks already discussed; Leanne conducted an audit of every bedroom in AHMU and rated them low to high risk.

- All cans within the AMHU vending machine have been replaced with bottles; including community lunch. Tessa has confirmed with Scott this has been occurring for meals at night.
- Leanne noted there are no longer any plastic bags in the clinical areas; replaced with paper bags.
- Tessa has advised reception staff to inform visitors that plastic bags are prohibited on the ward and offer to paper bags instead.
- Leanne noted it may be appropriate to place signage to inform visitors of the prohibited items and to place an itemized list on the desk where visitors sign in.
- Shane suggested having a section on the sign in sheet informing visitors of the prohibited items and agreeing they have understood these conditions of entry; Leanne noted she would need to discuss the legalities of this with Helen.
- Denise noted this would require taking language barriers into consideration.
- Shane noted the purpose would be to bring awareness to the issue for individuals otherwise unaware of prohibited items, rather than an enforcement/legality perspective.
- Tessa noted the hours sheet which is handed out by reception, has the prohibited items identified, but is too small and should be changed.
- Shane noted another serious assault has occurred on the ward and are quite frequent; Shane has stated the need to develop a policy/procedure that when an assault occurs on the ward, doctor are required to assess the patient for capacity immediately.
- Currently this is not occurring and police are unwilling to charge patients without a full assessment of capacity at the time of the incident.
- Leanne queried whether the police were still being contacted following an incident; Shane confirmed.
- Shane noted he is willing to organize a petition if required; Leanne doesn't believe this is necessary as it is safe practice and will receive support from management.
- Leanne noted the need to ensure that the practices are not punitive and worded correctly.
- Leanne stated an assessment following a serious incident would be best clinical practice.
- Leanne noted the necessity to investigate existing policy with CHHS surrounding this issue; which subsequently would only require education as a solution. If there is no existing policy, this matter can be considered for development.

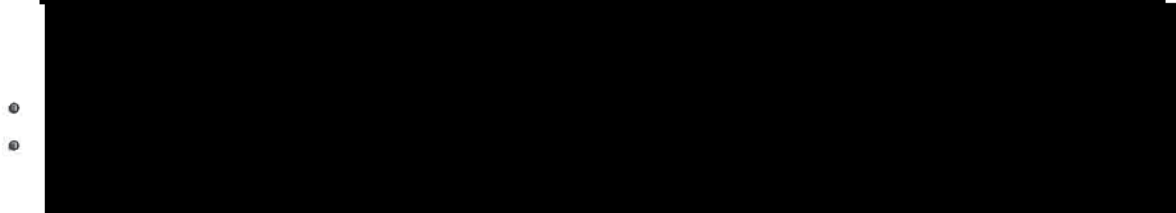
ACTION: Leanne to discuss prohibited items and conditions of entry with Helen; and discuss possible solutions with Shane and Tessa.

ACTION: Leanne/Helen to follow up with Stephen Tang regarding existing CCHS policy surrounding assessing capacity following an assault.

3.2



3.3



3.4



4. Report from Workplace Safety

Summary of report

- There were 8 insignificant, 1 moderate, 5 minor and no major incidents for the month of February. A total of 14
- 9 were in AMHU, [REDACTED]
- Some examples of incidents were
 - Physical assault
 - Staff member physically assaulted by consumer – arm lock around neck
 - Incorrect medication count
 - Fire exit door found open (ajar) during environmental round
 - Security access pass lost.

5. Divisional Workplace Goals and Objective

- Staff Health & Wellbeing; MyHeath Champions
- Working on policy development and education.
- Working on the business plan; which covers education, strategic decisions, recruitment, and research; outlines the plans for AMHU for the next 1-3years. To be completed before EOFY.

6. Items to be Included on the Program Risk Register

- Removal of Ensuite Doors.
- Phase 2 works still to be communicated.

7. Items to be raised to the Divisional Work, Health & Safety meeting

- Nothing to raise.

8. Other Business

8.1

- Denise stated the necessity to details actions taken within the medication safety audit. Temperature needs to be filled in and initialed. Anything outside of the temperature range needs to be actioned, and the outcomes documented.

8.2

- Alison questioned whether the AMHU storeroom should be considered within work health and safety meetings. Leanne noted it is being approached under property management and is a continuing problem.
- Shane suggested using the locker system; used previously within PSU. The current open storeroom is non-functional.
- Tessa noted the staff lockers being replaced could be moved into the storeroom.
- Leanne to investigate how North Western Melbourne Hospital manages property during site visit.

8.3

- Shane raised whether charger cords should be considered a ligature risk; Leanne noted it's a concern and has been discussed in the past.
- Shane suggested using shorter cords; Leanne agreed the issue is something to considered and should continue to be discussed.

Next Meeting Tuesday, 12 June 2018



ACT
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Health



CANBERRA HOSPITAL
AND HEALTH SERVICES

Mental Health, Justice Health and Alcohol & Drug Services

ACTIONS ARISING

Acute Adult Mental Health Services

Work Health & Safety Committee

14 May 2018

ACTION ITEM	PERSON(S) RESPONSIBLE	FROM MEETING	REMARKS/ACTIONS
Mental Health Transfer Van	HB	6/9/2017	<p>6.9.2017 Email received from ACT Fleet regarding the replacement of YHX76E due to the lease ending- suggested replacement options are not suitable. Lease has been extended for a further 6 months whilst a suitable vehicle found.</p> <p>10/10/2017 Helen has been in contact with Chris Moonie from Security. AMHU would like the same type of van that is provided to DHALWA. Helen will follow up where this is up to.</p> <p>19/12/2017 Tessa sent an email to Michael Warylo to see where this is up to on the 27 November and again on the 20 December. Reply was received on 21-12-17 – from Ally Jordan – “ The lease on the Mercedes Vito van is due for replacement on the 20/03/18. To be able to replace this vehicle I would recommend arranging a meeting with all your stakeholders to determine what your needs may be. Once this has been determined Fleet can arrange quotes on your chosen vehicle.”</p> <p>9/1/2018 A meeting will be organised by Laura with Fleet, security, Phil Hoyle, Helen Braun and a HSR rep to discuss.</p> <p>13/2/2018 Helen contacted Mike Warylo. No meeting was required, he said an email with the van requirements would be sufficient. Photos of the DHULWA van were sent with the written request. Tinted Windows, radios and the sign from the old van is to be put on the back of the new van. To check to see if it has been ordered.</p> <p>Afternoon of 13/2/2018 Email sent to Michael Warylo to see if Van has been ordered.</p> <p>13/3/18 Helen is currently attending conference, to provide update at next meeting.</p> <p>10/4/18 Helen to follow up on the status of order.</p> <p>Out of session – Helen emailed regarding status on the 12th April; received advice that specifications have been sent to Sgfleet and a quote will be supplied for order approval.</p>

<p>AMHU Rostering office/ CDN office fixed benches</p>	<p>LD/ TS</p>	<p>1/8/2017</p>	<p>14/5/2018 Helen provided advice to Beau Trevor with SG fleet that ACT Health Security Services and Wards persons approve of specs used with Dhulwa transport vehicles. Waiting for further advice. Carry over 1.8.2017 Noel Priest is a physiotherapist working for WPS will conduct an assessment of the Rostering office/ CDN office and provide us with a report of recommendations – workstation assessment booked for 9/8/2017. Noel Priest is a physiotherapist working for WPS he conducted a workplace assessment of the rostering/ CDN workstations – Noel has provided a report with recommendations. 12/9/2017- update next meeting 10/10/2017 Leanne and Tessa will follow up. 14/11/2017 Leanne to follow up 19/12/2017 Leanne will be meeting with Kelly and Patrice to discuss storage options. Work Order request will be done for work stations next year. 9/1/2018 Tessa is currently on leave and will return next week. Jeevan and Tessa are to progress with the Work order request. 13/2/2018 Tessa will do a Minute or email to progress this. 13/3/2018 AVR has been approved by Bruno and sent off to accommodations team. Tessa is waiting to hear back regarding commencement, expects a response within a few weeks. 10/4/2018 Unable to discuss further without Leanne or Tessa. To be discussed at next meeting. 14/5/2018 Contractors from Construction ACT have advised Tessa that work will commence end of this week. Desks are ready to be installed; will be delivered when work has been completed. Action expected to be completed by next week. Carry Over</p>
<p>Divisional Workplace Goals and Objectives 1) PART and Broset training updates at next month's meeting</p>	<p>LD/PH</p>	<p>10/10/2017</p>	<p>Leanne and Phil to give an update at next month's meeting 14/11/2017 Still a work in progress. 19/12/2017 Ongoing discussions 9/1/2018 Phil will follow up out of session. 13/2/2018 This is captured through the Clinical Governance meeting. Broset has not yet commenced. Helen will speak to Patrice Murray about PART training. 13/3/2018 Kelly sought information from SDU/Capabiliti regarding how the unit is progressing with PART training. 12month strategy developed to ensure PART trainers are able to deliver PART training to staff. Current figures are better</p>

<p>than expected, estimated to sit around 60-70%. SDU not happy to provide PART training, assert it should be provided internally. May require a conversation with SDU in the future. Leanne Donne to provide exact PART training figures for next meeting.</p> <p>10/4/18 Helen to raise discussion held with Tina regarding PART training with Leanne.</p> <p>Broset was discussed during the Tier Two Clinical Governance meeting, as part of the aggression and violence guidelines risk assessment. Currently Dhulwa use DASA; and Dannielle Nagle has suggested adopting the training as a standardized approach across the Division. Helen to follow up with Deb Plant, as she is familiar with DASA and wrote the guidelines; will discuss and compare Broset & DASA.</p> <p>14/5/2018 Helen to provide advice.</p> <p>Carry over</p>			
<p>Tessa to organise to have these investigated and repaired.</p> <p>19/12/2017 A request had been made to have these cracks investigated.</p> <p>9/1/2018 Phil to follow up with Tessa on her return from Leave.</p> <p>13/2/2018 A walk through was done by maintenance staff with Tessa. Nothing further has been done at this stage. Tessa to follow up</p> <p>13/3/2018 Tessa received an email notification from maintenance advising the job had been closed. Tessa requested clarification and was advised it was not a job they could address and an external provider would be required. Leanne to email maintenance for further advice.</p> <p>10/4/18 Unable to discuss maintenance email without Leanne present. Kevin, Helen and Tina met with Health Infrastructure, it was identified regular facility review is a risk at AMHU; as the responsibility is on clinical and administrative staff rather than facilities management. Helen is currently writing a document for Tina as part of the ligature risk assessment, which identifies this as a risk. Helen is hoping things develop in this space; or AMHU/MHSSU may require a facilities manager.</p> <p>14/5/2018 Tessa still hasn't received further advice. Shaun, Leanne and Rob Amos, conducted an audit of every bedroom in AHMU and rated them low to high risk; in terms of shutting the room down and having remediation works done. Some of the high risk rooms' work will be completed during phase 2 of ligature mitigation works.</p> <p>Carry over</p>	<p>TS</p>	<p>PH & HB</p>	<p>AMHU _ Cracks in Ceiling in AMHU</p>
<p>Phil Hoyle will discuss with Gareth Davies and ask him to forward any WHS issues that may affect MH CL staff to him.</p>	<p>19/12/2017</p>	<p>ED Clinical Areas that MHCL work in</p>	

<p>13/2/2018 Helen will follow up with Karen O'Brien. 13/3/2018 Helen is currently attending conference, to provide update at next meeting. 10/4/18 Helen has not received any feedback; to follow up again. 14/5/2018 Helen to provide advice. Carry over</p>			
<p>9/1/2018 Phil mentioned that due to the expanding MH team, there is a large number of MH staff working in the ED space. Phil has spoken to Gareth. 13/2/2018 MH Staff require space/desks/computers in ED. Many requests have been made for MHC L staff to have designated spaces. This is not available in the ED. There are many hot desks available for everyone's use. 13/3/2018 Request placed to use the sexual health/forensic office; Phil advised staff cannot use room. Staff are still having to hot desk. Phil notes that there aren't 'many' hot desks, as described in minutes. There are 4 and only 1 allocated space. As there are a minimum of 3 staff in the morning and potentially 4-6 staff in the afternoon (including CAMHS team); MH staff are inadequately provisioned. 10/4/18 Helen advised that staff will need to continue hot desking; until an appropriate solution is identified. 14/5/2018 Helen to provide advice. Keep open in the actions for now.</p>	<p>PH</p>		
<p>Chairs for workstations in AMHU</p>	<p>SC & TS</p>	<p>9/1/2018</p>	<p>Not all workstations have proper office chairs. Shane will remind Tessa to put in an order for more office chairs. 13/2/2018 Chairs were ordered and Tessa thinks they did arrive. She will follow up to see where in AMHU they are. 13/3/2018 Tessa ordered enough chairs for each work station, approx. 8-9. Chairs still not located, hasn't had the opportunity to follow up. Shane to complete audit to determine the number of chairs. 10/4/18 Tessa has completed an audit and confirmed there are sufficient chairs. However they are being moved by staff. Patrice and Leanne will email staff requesting chairs be left in their designated areas. 14/5/2018 Tessa noted this action can be closed. There is sufficient chairs for nurses; including HDU. Shane to look at the nursing practices to determine why they are been moved between locations; despite email request to leave chairs in place. Carry Over</p>
<p>AMHU Lockers</p>	<p>RF & TS</p>	<p>9/1/2018</p>	<p>Staff lockers are to be re-keyed and reallocated to staff</p>

<p>13/2/2018 Tessa to find out the cost for having numbered locking pads on the lockers and the cost of replacement keys for the lockers to compare the cost. It may be more cost effective to have the numbered pads in the long term as keys get lost and need replacing quite often.</p> <p>13/3/2018 Tessa contacted maintenance as a reminder and to advise the issue required urgent resolution. Maintenance advised the job had been sent to a private provider, and they will re-issue the job to prompt action. Once a provider is confirmed, dates and quote will be provided. Quote requested for electronic lock.</p> <p>10/4/18 Tessa hasn't had a response regarding either options; will follow up with maintenance again.</p> <p>14/5/2018 Tessa hasn't received any further feedback. Leanne noted ED have pin number lockers and could be a viable option; Tessa noted a quote request for a keypad or electronic pass options has been made. Tessa to chase up quote with Scott Harding.</p> <p>Carry Over</p>			<p>13/2/2018 Tessa to find out the cost for having numbered locking pads on the lockers and the cost of replacement keys for the lockers to compare the cost. It may be more cost effective to have the numbered pads in the long term as keys get lost and need replacing quite often.</p> <p>13/3/2018 Tessa contacted maintenance as a reminder and to advise the issue required urgent resolution. Maintenance advised the job had been sent to a private provider, and they will re-issue the job to prompt action. Once a provider is confirmed, dates and quote will be provided. Quote requested for electronic lock.</p> <p>10/4/18 Tessa hasn't had a response regarding either options; will follow up with maintenance again.</p> <p>14/5/2018 Tessa hasn't received any further feedback. Leanne noted ED have pin number lockers and could be a viable option; Tessa noted a quote request for a keypad or electronic pass options has been made. Tessa to chase up quote with Scott Harding.</p> <p>Carry Over</p>
<p>Staff may need more than 'Supervision' and EAP. Helen will discuss with Kevin Kidd on his return from leave.</p> <p>13/2/2018 It would be beneficial for staff to know the processes for a coronial enquiry (there is one coming up that is causing distress for some staff) Helen will speak to Michelle Hemming.</p> <p>13/3/2018 Helen sent out an email with list of people able to provide clinical supervision to staff. Work going on in clinical education space, for staff health and wellbeing. EAP provider numbers sent out from Sue-Ella McGufficke with SDU. Helen to speak to it next week. Patrice sent out email for MyHealth Champions, 3 nominated within AMHU. Leanne to have Patrice send MyHealth Champion information and link to Phil. Phil to follow up in CL/MHSSU to nominate/allocate MyHealth Champions.</p> <p>10/4/18 As Phil is on secondment, uncertain whether prior to his departure the MyHealth information was provided to staff and Champions for MHSSU were identified. Helen to find the initial email, and forward to MHSSU for their action.</p> <p>14/5/2018 Helen to provide advice.</p> <p>Carry over</p>	<p>9/1/2018</p>	<p>HB</p>	<p>Caring for our staff (under Divisional Workplace Goals and Objectives)</p>
<p>Helen to follow up.</p> <p>13/2/2018 only 50% of the rooms will be able to have the ensuite doors removed and their person's privacy can be retained. In the other rooms, the bathrooms are able to be seen from the bedroom door viewing window.</p>	<p>9/1/2018</p>	<p>HB</p>	<p>Ligature risk – Remove ensuite doors</p>

Solutions for these remaining doors are still being sought. Various suggestion have been put forward, one being soft foam saloon doors. Cut down doors will not be an option.

13/3/2018 Still in progress, currently in decision-making stages on potential solutions for the holes in the floor, where the doors will come out. Currently still determining a safe and aesthetically pleasing option. Still waiting on solution for the actual door for rooms requiring privacy screening. Awaiting Kevin/Helen to review, and Helen to speak to next meeting.

10/4/18 Tina, Kevin, Leanne and three representatives of health infrastructure had a meeting to discuss AMHU's ligature risk profile.

Helen advised a scope of works, based upon the external review document, is to be finalized by August. A number of rooms, up to 8 from 40, will be closed at any one time. High level discussions will need to occur regarding accessing bed stock within the division; including Dhulwa, BHRC.

A test door was removed, and a metal plate installed. This was deemed inadequate and posed a ligature risk. Alternative remedial works were required; including welding and grinding down the ensuite door frame.

Scott Harding is currently arranging quotes. It is projected 2 rooms will be completed per day.

Denise queried whether magnetic curtain racks had been confirmed, Helen confirmed all rooms will have curtains; the action is sitting with Kevin to determine an appropriate solution.

Discussion questioned the longevity to the curtains, in relation to patient turnover. Helen will investigate and provide information.

Roz queried whether the Ligature Risk policy, endorsed in draft and sent out via email by Kevin Kidd, should be implemented and staff educated. Helen advised Kevin will be doing an orientation and training first for CNC's, ADONs, Managers, and HSRs in ligature risk; and the policy will subsequently be rolled out to other staff.

Kevin has created a standardized environmental risk checklist; to be adopted divisionally.

14/5/2018 37 Doors have been removed, the last 3 can't be removed until the J-track for curtains has been installed; due to line of site issues. Still waiting on agreement surrounding the commencement of phase 2 works; strategic decisions required to allow for temporary bed closure to allow for remediation works.

Ongoing

Ligature Risk review in ED -	HB	9/1/2018	<p>Helen will raise this issue with ED. MH CL team may be able to assist do this review.</p> <p>13/2/2018 ?</p> <p>13/3/2018 Not discussed, waiting the release of ligature risk procedure from Kevin Kidd.</p> <p>10/4/18 Not discussed.</p> <p>14/5/2018 Carried over – pending Helens feedback.</p> <p>Carry over</p>
4. Check how clearly the courtyard door and switches are labelled.	TS	10/4/2018	<p>14/5/2018 Leanne and Shane noted the riskman incident report wasn't correctly detailed; the switch in question opens the outside external gate and is located near the portable consumer phone. Tessa to provide larger sign to clarify the button's purpose and should only be pressed within an emergency.</p> <p>Carry over</p>
4. Leanne to follow up riskman incident; patient that inappropriately touched staff member.	LD	10/4/2018	<p>14/5/2018 Leanne to discuss with Kelly Chase; as she probably has followed up and all SAIRS are up to date.</p>
4. Tessa to conduct an audit to determine the status and number of functioning duress alarms.	TS	10/4/2018	<p>14/5/2018 Tessa hasn't had the opportunity to complete an audit, will conduct this week.</p>
8. Roz to discuss organising a fire drill with Patrice/Leanne prior to AMHU work commencing.	RF	10/4/2018	<p>14/5/2018 Leanne noted this would need to be discussed with Michael Warlow and Dario (?). Prior to Phase 2; rather than Phase 1 works. Leanne to follow up.</p>
3.1 Leanne to discuss prohibited items and conditions of entry with Helen; and discuss possible solutions with Shane and Tessa.	LD	14/5/2018	
Leanne/Helen to follow up with Stephen Tang regarding existing CCHS policy surrounding assessing capacity following an assault.	LD/HB	14/5/2018	



CANBERRA HOSPITAL
AND HEALTH SERVICES

**Adult Acute Mental Health Services
Work Health & Safety Committee**

**Agenda
Meeting Room 1, AMHU
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- 4. Report from Workplace Safety (Denise Meyboom)**
 - 4.1 SAIR Reports

- 5. Divisional Workplace Goals and Objectives**

- 6. Items to be Included on the Program Risk Register**

- 7. Items to be raised to the Divisional Work, Health & Safety meeting**

- 8. Other Business**

Next meeting: 10 July 2018



**Mental Health, Justice Health and
Alcohol & Drug Services**

**Adult Acute Mental Health Services
Work Health & Safety Committee**

12th June 2018

2.1

Subject: Minutes

Source: Tessa Sealey

Purpose/comments:

For Information

Mental Health, Justice Health and Alcohol & Drug Services
Adult Mental Health Services
Work Health & Safety Committee
12th June 2018
MINUTES

Attendance and Apologies

Name	Position/Unit	Attended	Apology
Helen Braun	A/g Director AAMHS		Apology
Leanne Done	ADON, AMHU	Y	
Denise Meyboom	Safe Practice Manager MHJHADS	Y	
David Trompf	HSR Officer CL	Y	
Jeevan Rana	HSR Officer AMHU		Apology
Tessa Sealey	HSR Officer MHSSU & AMHU	Y	
Roz Fitzgerald	Allied Health Manager	Y	
Shane Carter	HSR Officer AMHU	Y	Apology
Vanessa Hobbins	HSR Officer MHSSU		Apology

Chair: Leanne Done

Minutes: Tessa Sealey

2. Minutes and Actions arising from previous meetings

2.1 Minutes were accepted by Shane Carter

2.2 Actions Arising – reviewed and updated

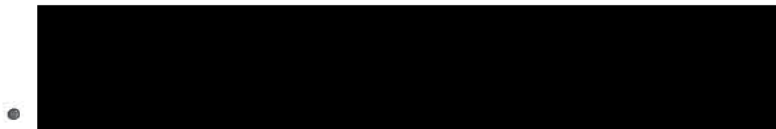
3. Team Reports

NOTE Reports are to be emailed to Helen Braun (CC Denise Meyboom & Stephen Priddin) in the first week of each month.

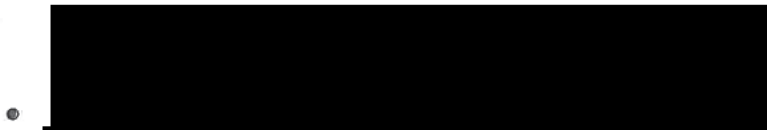
3.1 **Adult Mental Health Unit.** Report provided.

- AMHU Rostering Office already discussed; works have been completed, Height adjustable desks have been delivered and installed
- Inspection of Cracks already discussed; Leanne conducted an audit of every bedroom in AHMU and rated them low to high risk. Works to fix the cracks will be included in the bedroom refurb works.
- AMHU Lockers- Quote has been received to have the lockers changed from a key locking system to an electronic system, Helen has requested for a second quote.
- Ligature risk – Remove ensuite doors- all Ensuite doors have been removed- Jtrack and curtains are being installed
- HDU Courtyard door and gate switches -The switches in HDU are already labeled- Tessa will show Leanne and see if larger labels are required.
- AMHU fire drill- is planned to take place this month

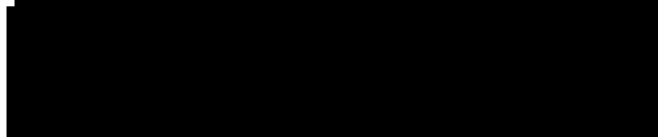
3.2



3.3



3.4



4. Report from Workplace Safety

Summary of report

- There were 6 insignificant, 0 moderate, 5 minor and 3 No injury or Illness for the month of April. A total of 14
- 11 were in AMHU, [REDACTED]
- Breakdown of the incidents were
 - X4 ARC forms not completed – Evening shift
 - Consumer transferred to AMHU rated an ARC 4- without Special 1:1
 - Fire exit door found open (ajar) during environmental round
 - X2 medication errors
 - Security pass lost
 - Security pass- not provided with appropriate access

5. Divisional Workplace Goals and Objective

- Staff Health & Wellbeing; MyHeath Champions
- Working on policy development and education.
- Working on the business plan; which covers education, strategic decisions, recruitment, and research; outlines the plans for AMHU for the next 1-3years. To be completed before EOFY.

6. Items to be Included on the Program Risk Register

- Phase 2 works still to be communicated.

7. Items to be raised to the Divisional Work, Health & Safety meeting

- Nothing to raise.

8. Other Business

Next Meeting Tuesday, 10th July 2018



ACT
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Health



CANBERRA HOSPITAL
AND HEALTH SERVICES

Mental Health, Justice Health and Alcohol & Drug Services

ACTIONS ARISING

Acute Adult Mental Health Services

Work Health & Safety Committee

12th June 2018

ACTION ITEM	PERSON(S) RESPONSIBLE	FROM MEETING	REMARKS/ACTIONS
Mental Health Transfer Van	HB	6/9/2017	<p>6.9.2017 Email received from ACT Fleet regarding the replacement of YHX76E due to the lease ending- suggested replacement options are not suitable. Lease has been extended for a further 6 months whilst a suitable vehicle found.</p> <p>10/10/2017 Helen has been in contact with Chris Moonie from Security. AMHU would like the same type of van that is provided to DHALWA. Helen will follow up where this is up to.</p> <p>19/12/2017 Tessa sent an email to Michael Warylo to see where this is up to on the 27 November and again on the 20 December. Reply was received on 21-12-17 – from Ally Jordan – “ The lease on the Mercedes Vito van is due for replacement on the 20/03/18. To be able to replace this vehicle I would recommend arranging a meeting with all your stakeholders to determine what your needs may be. Once this has been determined Fleet can arrange quotes on your chosen vehicle.”</p> <p>9/1/2018 A meeting will be organised by Laura with Fleet, security, Phil Hoyle, Helen Braun and a HSR rep to discuss.</p> <p>13/2/2018 Helen contacted Mike Warylo. No meeting was required, he said an email with the van requirements would be sufficient. Photos of the DHULWA van were sent with the written request. Tinted Windows, radios and the sign from the old van is to be put on the back of the new van. To check to see if it has been ordered.</p> <p>Afternoon of 13/2/2018 Email sent to Michael Warylo to see if Van has been ordered.</p> <p>13/3/18 Helen is currently attending conference, to provide update at next meeting.</p> <p>10/4/18 Helen to follow up on the status of order.</p> <p>Out of session – Helen emailed regarding status on the 12th April; received advice that specifications have been sent to Sgfleet and a quote will be supplied for order approval.</p>

<p>AMHU Rostering office/ CDN office fixed benches</p>	<p>LD/ TS</p>	<p>1/8/2017</p>	<p>14/5/2018 Helen provided advice to Beau Trevor with SG fleet that ACT Health Security Services and Wards persons approve of specs used with Dhulwa transport vehicles. Waiting for further advice. Carry over 12/6/2018 Carry over</p> <p>1.8.2017 Noel Priest is a physiotherapist working for WPS will conduct an assessment of the Rostering office/ CDN office and provide us with a report of recommendations – workstation assessment booked for 9/8/2017. Noel Priest is a physiotherapist working for WPS he conducted a workplace assessment of the rostering/ CDN workstations – Noel has provided a report with recommendations. 12/9/2017- update next meeting 10/10/2017 Leanne and Tessa will follow up. 14/11/2017 Leanne to follow up 19/12/2017 Leanne will be meeting with Kelly and Patrice to discuss storage options. Work Order request will be done for work stations next year. 9/1/2018 Tessa is currently on leave and will return next week. Jeevan and Tessa are to progress with the Work order request. 13/2/2018 Tessa will do a Minute or email to progress this. 13/3/2018 AVR has been approved by Bruno and sent off to accommodations team. Tessa is waiting to hear back regarding commencement, expects a response within a few weeks. 10/4/2018 Unable to discuss further without Leanne or Tessa. To be discussed at next meeting. 14/5/2018 Contractors from Construction ACT have advised Tessa that work will commence end of this week. Desks are ready to be installed; will be delivered when work has been completed. Action expected to be completed by next week. Carry Over 12/6/2018 - Works completed- height adjustable desks have been delivered and installed Close</p>
<p>Divisional Workplace Goals and Objectives</p> <p>1) PART and Broset training updates at next month's meeting</p>	<p>LD/PH</p>	<p>10/10/2017</p>	<p>Leanne and Phil to give an update at next month's meeting 14/11/2017 Still a work in progress. 19/12/2017 Ongoing discussions 9/1/2018 Phil will follow up out of session.</p>

		<p>13/2/2018 This is captured through the Clinical Governance meeting. Broset has not yet commenced. Helen will speak to Patrice Murray about PART training.</p> <p>13/3/2018 Kelly sought information from SDU/Capabiliti regarding how the unit is progressing with PART training. 12month strategy developed to ensure PART trainers are able to deliver PART training to staff. Current figures are better than expected, estimated to sit around 60-70%. SDU not happy to provide PART training, assert it should be provided internally. May require a conversation with SDU in the future. Leanne Donne to provide exact PART training figures for next meeting.</p> <p>10/4/18 Helen to raise discussion held with Tina regarding PART training with Leanne.</p> <p>Broset was discussed during the Tier Two Clinical Governance meeting, as part of the aggression and violence guidelines risk assessment. Currently Dhulwa use DASA; and Dannielle Nagle has suggested adopting the training as a standardized approach across the Division. Helen to follow up with Deb Plant, as she is familiar with DASA and wrote the guidelines; will discuss and compare Broset & DASA.</p> <p>14/5/2018 Helen to provide advice. Carry over</p> <p>12/6/2018 <u>PART training</u> has been problematic this year, trainers qualifications have lapsed due to them not running a PART training session. Leanne to contact Rachael Benny to find out whether the PART trainers qualifications have lapsed. <u>Broset:</u> No update – Patrice and Leanne to have a discussion regarding training</p>	<p>12/6/2018</p> <p>Leanne Leanne & Patrice</p>	<p>Tessa to organise to have these investigated and repaired.</p> <p>19/12/2017 A request had been made to have these cracks investigated.</p> <p>9/1/2018 Phil to follow up with Tessa on her return from Leave.</p> <p>13/2/2018 A walk through was done by maintenance staff with Tessa. Nothing further has been done at this stage. Tessa to follow up</p> <p>13/3/2018 Tessa received an email notification from maintenance advising the job had been closed. Tessa requested clarification and was advised it was not a job they could address and an external provider would be required. Leanne to email maintenance for further advice.</p> <p>10/4/18 Unable to discuss maintenance email without Leanne present. Kevin, Helen and Tina met with Health infrastructure, it was identified regular facility review is a risk at AMHU; as the responsibility is on clinical and administrative</p>
<p>AMHU _ Cracks in Ceiling in AMHU</p>				<p>335</p>

	Leanne		<p>staff rather than facilities management. Helen is currently writing a document for Tina as part of the ligature risk assessment, which identifies this as a risk. Helen is hoping things develop in this space; or AMHU/MHSSU may require a facilities manager.</p> <p>14/5/2018 Tessa still hasn't received further advice. Shaun, Leanne and Rob Amos, conducted an audit of every bedroom in AHMU and rated them low to high risk; in terms of shutting the room down and having remediation works done. Some of the high risk rooms' work will be completed during phase 2 of ligature mitigation works.</p> <p>Carry over</p> <p>12/6/2018 The works to fix the cracks will be included in the room refurb works.</p>
ED Clinical Areas that MHCL work in	PH & HB	19/12/2017	<p>Phil Hoyle will discuss with Gareth Davies and ask him to forward any WHS issues that may affect MH CL staff to him.</p> <p>13/2/2018 Helen will follow up with Karen O'Brien.</p> <p>13/3/2018 Helen is currently attending conference, to provide update at next meeting.</p> <p>10/4/18 Helen has not received any feedback; to follow up again.</p> <p>14/5/2018 Helen to provide advice.</p> <p>Carry over</p> <p>12/6/2018- Close</p>
MHCL Staff working in ED	PH		<p>9/1/2018 Phil mentioned that due to the expanding MH team, there is a large number of MH staff working in the ED space.</p> <p>Phil has spoken to Gareth.</p> <p>13/2/2018 MH Staff require space/desks/computers in ED. Many requests have been made for MHC L staff to have designated spaces. This is not available in the ED. There are many hot desks available for everyone's use.</p> <p>13/3/2018 Request placed to use the sexual health/forensic office; Phil advised staff cannot use room. Staff are still having to hot desk. Phil notes that there aren't 'many' hot desks, as described in minutes. There are 4 and only 1 allocated space. As there are a minimum of 3 staff in the morning and potentially 4-6 staff in the afternoon (including CAMHS team); MH staff are inadequately provisioned.</p> <p>10/4/18 Helen advised that staff will need to continue hot desking; until an appropriate solution is identified.</p> <p>14/5/2018 Helen to provide advice.</p> <p>Keep open in the actions for now.</p>

Chairs for workstations in AMHU	SC & TS	9/1/2018	<p>Not all workstations have proper office chairs. Shane will remind Tessa to put in an order for more office chairs.</p> <p>13/2/2018 Chairs were ordered and Tessa thinks they did arrive. She will follow up to see where in AMHU they are.</p> <p>13/3/2018 Tessa ordered enough chairs for each work station, approx. 8-9. Chairs still not located, hasn't had the opportunity to follow up. Shane to complete audit to determine the number of chairs.</p> <p>10/4/18 Tessa has completed an audit and confirmed there are sufficient chairs. However they are being moved by staff. Patrice and Leanne will email staff requesting chairs be left in their designated areas.</p> <p>14/5/2018 Tessa noted this action can be closed. There is sufficient chairs for nurses; including HDU. Shane to look at the nursing practices to determine why they are being moved between locations; despite email request to leave chairs in place.</p> <p>12/6/2018 Leanne and Tessa to conduct and audit on office chairs and order if more chairs are required- suggestion to have the nurses write up room chairs and the HDU office chairs engraved so they are not removed from the area</p>
AMHU Lockers	LD & TS	12/6/2018	<p>Staff lockers are to be re-keyed and reallocated to staff</p> <p>13/2/2018 Tessa to find out the cost for having numbered locking pads on the lockers and the cost of replacement keys for the lockers to compare the cost. It may be more cost effective to have the numbered pads in the long term as keys get lost and need replacing quite often.</p> <p>13/3/2018 Tessa contacted maintenance as a reminder and to advise the issue required urgent resolution. Maintenance advised the job had been sent to a private provider, and they will re-issue the job to prompt action. Once a provider is confirmed, dates and quote will be provided. Quote requested for electronic lock.</p> <p>10/4/18 Tessa hasn't had a response regarding either options; will follow up with maintenance again.</p> <p>14/5/2018 Tessa hasn't received any further feedback. Leanne noted ED have pin number lockers and could be a viable option; Tessa noted a quote request for a keypad or electronic pass options has been made. Tessa to chase up quote with Scott Harding.</p> <p>12/6/2018 Quote to have the staff lockers locks changed from a key lock to an electronic lock has been received- Helen would like a second quote requested. In the interim Leanne and Tessa to come up with a system for the keys to be issues to staff- suggestion to have large key tags on each of the keys to prevent staff forgetting to return them</p>

			<p>Tessa to organize a second quote.</p> <p>Staff may need more than 'Supervision' and EAP. Helen will discuss with Kevin Kidd on his return from leave.</p> <p>13/2/2018 It would be beneficial for staff to know the processes for a coronial enquiry (there is one coming up that is causing distress for some staff) Helen will speak to Michelle Hemming.</p> <p>13/3/2018 Helen sent out an email with list of people able to provide clinical supervision to staff. Work going on in clinical education space, for staff health and wellbeing. EAP provider numbers sent out from Sue-Ella McGufficke with SDU. Helen to speak to it next week. Patrice sent out email for MyHealth Champions, 3 nominated within AMHU. Leanne to have Patrice send MyHealth Champion information and link to Phil. Phil to follow up in CL/MHSSU to nominate/allocate MyHealth Champions.</p> <p>10/4/18 As Phil is on secondment, uncertain whether prior to his departure the MyHealth information was provided to staff and Champions for MHSSU were identified. Helen to find the initial email, and forward to MHSSU for their action.</p> <p>14/5/2018 Helen to provide advice.</p> <p>12/6/2018 Shane has reported staff have mentioned they haven't had a robust follow up after incidents. Kelly Chase is currently on leave and she is the person who would follow up with staff- Leanne has been following up in Kelly's absence. EAP is offered every time and incident takes place. Staff are feeling fatigued by a consumer on the ward at the moment, management is aware of this. Having a security guard and a Wardsman present on the ward from 8am to 8pm over the weekend decreased the number of incidents to zero.</p> <p>Helen to follow up.</p> <p>13/2/2018 only 50% of the rooms will be able to have the ensuite doors removed and their person's privacy can be retained. In the other rooms, the bathrooms are able to be seen from the bedroom door viewing window. Solutions for these remaining doors are still being sought. Various suggestion have been put forward, one being soft foam saloon doors. Cut down doors will not be an option.</p> <p>13/3/2018 Still in progress, currently in decision-making stages on potential solutions for the holes in the floor, where the doors will come out. Currently still determining a safe and aesthetically pleasing option. Still waiting on</p>
Caring for our staff (under Divisional Workplace Goals and Objectives)	HB	9/1/2018	
Ligature risk – Remove ensuite doors	HB	9/1/2018	

<p>solution for the actual door for rooms requiring privacy screening. Awaiting Kevin/Helen to review, and Helen to speak to next meeting.</p> <p>10/4/18 Tina, Kevin, Leanne and three representatives of health infrastructure had a meeting to discuss AMHU's ligature risk profile.</p> <p>Helen advised a scope of works, based upon the external review document, is to be finalized by August. A number of rooms, up to 8 from 40, will be closed at any one time. High level discussions will need to occur regarding accessing bed stock within the division; including Dhulwa, BHRC.</p> <p>A test door was removed, and a metal plate installed. This was deemed inadequate and posed a ligature risk. Alternative remedial works were required; including welding and grinding down the ensuite door frame.</p> <p>Scott Harding is currently arranging quotes. It is projected 2 rooms will be completed per day.</p> <p>Denise queried whether magnetic curtain racks had been confirmed, Helen confirmed all rooms will have curtains; the action is sitting with Kevin to determine an appropriate solution.</p> <p>Discussion questioned the longevity to the curtains, in relation to patient turnover. Helen will investigate and provide information.</p> <p>Roz queried whether the Ligature Risk policy, endorsed in draft and sent out via email by Kevin Kidd, should be implemented and staff educated. Helen advised Kevin will be doing an orientation and training first for CNC's, ADONs, Managers, and HSRs in ligature risk; and the policy will subsequently be rolled out to other staff.</p> <p>Kevin has created a standardized environmental risk checklist; to be adopted divisionally.</p> <p>14/5/2018 37 Doors have been removed, the last 3 can't be removed until the J-track for curtains has been installed; due to line of site issues. Still waiting on agreement surrounding the commencement of phase 2 works; strategic decisions required to allow for temporary bed closure to allow for remediation works.</p> <p>12/6/2018- All Ensuite doors have been removed- Jtracks and curtains are being installed.</p>				<p>Ligature Risk review in ED -</p> <p>HB</p> <p>9/1/2018</p> <p>Helen will raise this issue with ED. MH CL team may be able to assist do this review.</p> <p>13/2/2018?</p> <p>13/3/2018 Not discussed, waiting the release of ligature risk procedure from Kevin Kidd.</p> <p>10/4/18 Not discussed.</p>
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				<p>14/5/2018 Carried over – pending Helens feedback.</p> <p>12/6/2018-Carry over</p>
4. Check how clearly the courtyard door and switches are labelled.	TS	10/4/2018	<p>14/5/2018 Leanne and Shane noted the riskman incident report wasn't correctly detailed; the switch in question opens the outside external gate and is located near the portable consumer phone. Tessa to provide larger sign to clarify the button's purpose and should only be pressed within an emergency.</p> <p>12/6/2018- The switches in HDU are already labeled- Tessa will show Leanne and see if larger labels are required.</p>	
4. Leanne to follow up riskman incident; patient that inappropriately touched staff member.	LD	10/4/2018	<p>14/5/2018 Leanne to discuss with Kelly Chase; as she probably has followed up and all SAIRS are up to date.</p> <p>12/6/2018- Leanne will follow up with the staff member this week</p>	
4. Tessa to conduct an audit to determine the status and number of functioning duress alarms.	TS	10/4/2018	<p>14/5/2018 Tessa hasn't had the opportunity to complete an audit, will conduct this week.</p> <p>12/6/2018- Tessa has conducted the audit- at the time of the audit there were 13 duress alarms not counted for- Tessa has sent a request to the critical systems and infrastructure team requesting for a report to find out the last login information for the missing handsets. Tessa will update next meeting.</p>	
8. Roz to discuss organising a fire drill with Patrice/Leanne prior to AMHU work commencing.	RF	10/4/2018	<p>14/5/2018 Leanne noted this would need to be discussed with Michael Warylo and Dario Gomez. Prior to Phase 2; rather than Phase 1 works. Leanne to follow up.</p> <p>12/6/2018 the date for the planned fire drill is in Patrice Murray's Calendar and will take place this month.</p>	
3.1 Leanne to discuss prohibited items and conditions of entry with Helen; and discuss possible solutions with Shane and Tessa.	LD	14/5/2018	<p>12/6/2018- Carry over</p>	
Leanne/Helen to follow up with Stephen Tang regarding existing CCHS policy surrounding assessing capacity following an assault.	LD/HB	14/5/2018	<p>12/6/2018 Shane reports staff are happy with Helens response and her continuation to follow up on reports to the AFP</p> <p>Staff have reported that the response of the AFP is improving</p>	

Work Safety Tier 2 Meeting: MH, JH & ADS Workplace Safety Committee Meeting

To: Executive Director Mental Health, Justice Health and Alcohol & Drug Services

Submitted by Helen Braun - Adult Acute Mental Health Services

Monthly Report for May 2018

KEY INDICATORS		YES	NO
1.	Were any incident reports risk rated as HIGH/EXTREME or were there any CLUSTERS in the previous month?		No
2.	If YES are these risks being elevated to the Tier 2 Committee to be addressed at this meeting? <i>Please provide details and add to the Corrective Action Plan – See over</i>		
3.	Have there been any Notifiable Incidents reported to WorkSafe ACT? <i>If YES provide details and add to the Corrective Action Plan – See over</i>		No
4.	Has the Programs WHS section of the RISK REGISTER been reviewed to include (if required) any identified accidents/incidents/hazards or clusters? <i>If NO explain why this did not occur. Source for this information:</i>	Yes	No
5.	Were all PLANNED INSPECTIONS conducted for the last month? <i>If NO explain why this did not occur.</i>	Yes	
6.	At STAFF MEETINGS were WHS issues discussed and minuted for the month? <i>If NO explain why has did not occur.</i>	Yes	
7.	At the Program WHS meeting were WHS issues discussed and minuted for the quarter? AAMHS Workplace Safety Meeting was held 08 August 2017 <i>If NO, explain why this did not occur.</i>	Yes	No
8.	Was a QUOROM achieved in every Program WHS meeting? <i>If NO, explain why this did not occur. A quorum was not achieve at the meeting however the meeting still went ahead</i>	Yes	
9.	Are HSRs attending the Program WHS meetings identified (as HSRs) in the Minutes?	Yes	No
10.	Has an ' Annual Safety Check ' been conducted? Use WHSF.41a and WHSF.41b		
11.	What was the date of the last Annual Safety Check August 2017 <i>If OVERDUE explain why this did not occur.</i>	Yes	No
12.	Has the annual review of the Tier 2 HSC WHS Goals and Management Plans occurred? Use WHSF.02 <i>If OVERDUE explain why this did not occur.</i>	Yes	No
13.	Division/Branch SharePoint listing of HSR's and First Aiders <ul style="list-style-type: none"> Are all staff represented by a HSR and first Aider? Is HSR and First Aid training current (e.g. initial training and annual refresher)? Are HSR and First Aider details up to date on Sharepoint? 	Yes	No No
14. Recommendations/Comments <i>(e.g. for noting, for advice etc)</i>			
Submitted by	Helen Braun	AAMHS Operational Director	18 June 2018
Authorised by		Signed by the Executive Director	Date

Due Date: 1 week prior to Tier 2 Monthly Meeting. N.B. Reports will not be accepted after this date.

Send to: Katrina.bracher@act.gov.au

MONTHLY WORK SAFETY REPORT

CORRECTIVE ACTION PLAN

IDENTIFIED INCIDENT/ ACCIDENT/ HAZARD/ CLUSTER/ WHS ISSUE/ DEFECT	DATE ISSUE IDENTIFIED	RISK RATING *	CORRECTIVE ACTIONS **	PERSON RESPONSIBLE	TIMEFRAME FOR COMPLETION ***	DATE ACTIONS STARTED	STATUS/COMMENTS
Anti-ligature review for MH in-patient units & Jacobs Report reviewing ligature points throughout AMHU and climbing points in the courtyards		H	Ligature report has been reviewed and comments provided. Jacobs report has been reviewed and comments provided, in context of ligature review.	Executive Director			L,M,H risks have been identified and MHJHADS recommendation to proceed as priority for remedial action. Amendment to Jacobs report has been provided following concerns for increased ligature points and aesthetic concerns. Sep 2017 – Courtyard remediation works completed. Minister for Mental Health inspecting on 11 Oct 17. Oct 2017 – Awaiting update on the remediation work regarding ligature risk. Nov 2017 – ongoing Jan 2018 – bathroom doors to be removed – schedule to be developed and privacy option to be scoped. February 2018 – ongoing. March 2018 Still in progress, currently determining a safe and aesthetically pleasing

<p>AAMHS transport van identified as requiring replacement to match one used at DMHU</p>	<p>Aug 17</p>		<p>Liaison between Fleet and Security Services</p>	<p>Helen Braun</p>	<p>Feb 18</p>	<p>solution to the removal of the bathroom doors. April 2018 A scope of works, based upon the external review document, is to be finalised by August. A test door was removed, and a metal plate installed. This was deemed inadequate and posed a ligature risk. Alternative remedial works were required; including welding and grinding down the ensuite door frame. May 2018 Stage 1 of ligature mitigation works has commenced 37 doors have been removed. Stage 2 to commence towards end of May/June, following sign off of a prototype room. Strategic decisions required to allow for temporary bed closure to allow for additional remediation works. August 2017 – Interim measure to extend lease of current vehicle.</p>
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MONTHLY WORK SAFETY REPORT

Astroturf lifting in HDU courtyard	Jan 2018	L	Office Manager/HSR followed up with maintenance	Leanne Done / Office Manager	Unknown		<p>Oct 2017 – to liaise with Fleet</p> <p>Nov 2017 – Carry over being progressed with Fleet and ACT Security Services</p> <p>Jan 2018 – ordered</p> <p>February 2018 Helen provided photos of DHULWA Van for specifications. Helen to check order status.</p> <p>March 2018 Helen confirmed order, waiting status update on progress.</p> <p>April 2018 Received advice that specifications have been sent to Sgfleet and a quote will be supplied for order approval.</p> <p>May 2018 Helen provided advice to Beau Trevor with SG fleet that ACT Health Security Services and Wardspersons approve of specs used with Dhulwa transport vehicles.</p> <p>Jan 2018 – issue identified as a trip hazard and also the concrete is crumbling in places.</p>
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MONTHLY WORK SAFETY REPORT

<p>Occupational safety assessment of the Adult Mental Health Unit</p>	<p>April 2018</p>		<p>Risk assessment requested to be done by Daniel Guthrie</p>			<p>February 2018 – Update requested. March 2018 Currently waiting on contractors reply. April 2018 Astro Turf Representative advised the turf would need to be removed and relayed. Courtyard would need to be closed temporarily. May 2018 Remediation Works Complete – Action Closed</p>
						<p>April 2018. Minute by ACT Health Security Services discussed by ED, MHJHADS and ED, HIS. Number of recommendations for improvement at AMHU, however no risk assessment or rationale of how it will reduce occupational violence. Risk assessment by Daniel Guthrie requested. May 2018 – follow up with Daniel Guthrie to remind of need for risk assessment. Information gathered by site visits to NWMH, Melbourne and their occupational violence strategies has been shared for information: cameras inside wards, airlocks,</p>

WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'N/A' ('No' Requires details in the Issue Identified column)

WORK GROUP: Adult Mental Health Unit (AMHU)

DATE: 06.06.2018

(INSPECTED BY (Manager's name): Leanne Done

INSPECTED BY (HSR/Worker's Name): Jeevan Rana/ Tessa Sealey

Issue Identified (add detail to Corrective Action Plan – page 5)

Item No	Item	Yes	No	N/A
1. General Work Safety Issues				
1.1	Are all Corrective Action(s) from last month's inspection complete?	✓		
1.2	Are policies, flow charts & reporting forms accessible in work area? e.g. RTW, Riskman	✓		
1.3	Is the work area induction/orientation program performed for all new workers? (this should include emergency awareness, dangerous substances & hazards specific to the work area)	✓		
1.4	Have all relevant workers completed or programmed to attend mandatory WHS training (incl. Dangerous Substances, Manual Handling, SAIR etc)?	✓		
1.5	Are Standard Operating Procedures (SOPS) Safety Rules developed & posted?	✓		
1.6	Do all workers know where the nearest emergency exit/emergency assembly point is located?	✓		
1.7	Do all workers know who the HSR is for the work area/ department?	✓		
1.8	Comments:			
2. Housekeeping				
2.1	Are all walkways, floors, stairs (incl. Fire Stairs), and exits clear of obstruction?	✓		
2.2	Are all walkway lines clearly marked?	✓		
2.3	Are all stock/ supplies safely stored and stacked?	✓		
2.4	Are floor surfaces clear of rubbish, liquid, debris, trip hazards, etc?	✓		
2.5	Are stairs, steps & treads safe?	✓		
2.6	Are hazard/ safety signs visible/ legible?	✓		
2.7	Is the workplace layout functional & safe?	✓		
2.8	Is there good access & egress to the work areas?	✓		
2.9	Is the work area free from any fumes, vapours or dust?	✓		
2.10	Comments:			
3. Lighting				
3.1	Are lighting standards adequate in all areas, including external areas? (e.g. no glare on PC monitor)	✓		
3.2	Are light fittings clear & in good working order?	✓		
3.3	Comments:			
4. Ventilation				
4.1	Is there adequate ventilation?	✓		
4.2	Is the ventilation draught-free?	✓		
4.3	Comments:			

WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)

WORK GROUP: Adult Mental Health Unit (AMHU)

DATE: 06.06.2018

INSPECTED BY (Manager's name): Leanne Done

INSPECTED BY (HSR/Worker's Name): Jeevan Rana/ Tessa Sealey

Item No	Item	Yes	No	N/A	Issue Identified (add detail to Corrective Action Plan – page 5)
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Item No	Item	Yes	No	N/A	Issue Identified (add detail to Corrective Action Plan – page 5)
5. Electrical Safety					
5.1	Has electrical equipment been tagged & tested? Is it within the correct time frame? (minimum yearly)	✓			
5.2	Are leads off the ground or in a conduit/covering or cable tray?	✓			
5.3	Are there sufficient power outlets to operate electrical equipment in the area? (i.e. NO double adapters, no power boards plugged into power boards or extension leads into extensions leads)	✓			
5.4	Are extension cords & fittings supported above work areas, wet areas & passages safely? (i.e. cords not knotted)	✓			
5.5	Are all extension cords & fitters protected from mechanical damage & moisture?	✓			
5.6	Are all leads/plugs/outlets in good condition? (no exposed wires/crimps/tears/rips in the outer cable, or bent prongs)	✓			
5.7	Are all routed cords in good condition? No evidence of stretching/crimping/wear and tear? inclusive of electronic equipment (Pumps, Beds, Plinths, Scissor lifts etc)	✓			
5.8	Are headsets in good working order?	✓			2 in reception
5.9	The Cardiac and/or Body Protected (RCD) area is tested and tagged? (6 monthly, if applicable)	✓			
5.10	Comments:				
6. First Aid					
6.1	Is the first aid kit fully stocked & current?	✓			
6.2	Are First Aider's names clearly identified? Do workers know who the First Aid Officer is for the work area?	✓			
6.3	Is there a method for recording injuries? (Riskman or ACT Govt. Accident Incident Report)	✓			
6.4	Do all workers at the workplace know the first aid procedures to be followed in the event of serious injury or incident (determine from interview)?	✓			
6.5	Comments:				
7. Fire/ Emergency/ Security					
7.1	Has all emergency equipment been serviced according to the required schedule (check yellow tag)? Fire Extinguishers, Hose Reels, Blankets and Hydrants (6 monthly), Fire Doors (12 Monthly), Smoke Doors (monthly).	✓			
7.2	Has emergency equipment that is missing, or recently been used, been replaced? (Items may include: Extinguishers, Hose Reels, Fire/Smoke Doors, Blankets, Break Glass alarms, Manual Call Point, Exit Signs, Smoke & Thermal Detectors, Sprinklers, Fire Suppression, WIP Phones and EWIS/ FIP Panels.)	✓			
7.3	Are all exits/fire doors clearly marked, clear of obstruction, easily opened?	✓			
7.4	Check all Emergency Exit lighting (running person) is in working order and direction correct	✓			

WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)

WORK GROUP: Adult Mental Health Unit (AMHU)

DATE: 06.06.2018

INSPECTED BY (Manager's name): Leanne Done

INSPECTED BY (HSR/Worker's Name): Jeevan Rana/ Tessa Sealey

Item No	Item	Yes	No	N/A	Issue Identified (add detail to Corrective Action Plan – page 5)
7.5	Are emergency evacuation diagrams/plans/procedures available and current?	✓			
7.6	Are fire stairs clear of obstruction and in working order? (e.g. lights/doors/handrails)	✓			
7.7	Are duress alarms available/working/frequently tested?	✓			
7.8	Are there procedures/ processes in place for issues of violence/aggression?	✓			
7.9	Comments:				

8. Personal Protective Equipment (PPE)

8.1	Is eye protection being used when required?	✓			
8.2	Is face protection being used when required?	✓			
8.3	Is appropriate PPE being used correctly?	✓			
8.4	Is the danger/out of service tag system in place?	✓			
8.5	Is PPE issued, stored, maintained, training given in its use?	✓			
8.6	Comments:				

9. Plant/ Machinery/ Equipment

9.1	Is equipment checked annually? Look for tag on equipment from Bio-Med, etc	✓			
9.2	Are records of equipment maintenance including available?		✓		Not available
9.3	Are ladders/steps used safely and in good condition?	✓			
9.4	On visible appearance, does all equipment appear to be in good condition?	✓			
9.5	Comments:				

10. Work Practices

10.1	Is there evidence that all equipment is being used correctly?	✓			
10.2	From observation, are correct hazardous manual task procedures being used?	✓			
10.3	If gas cylinders are being used, are they secured/stable?		✓		
10.4	Comments:				

11. Hazardous Substances/ Dangerous Goods/ chemicals – referred to as Dangerous Substances below *NB Highly volatile Dangerous Substances are to be reviewed more frequently

11.1	Is the Dangerous Substance Register current and easily accessible?	✓			
11.2	Is the Dangerous Substance Manual current and easily accessible?	✓			
11.3	Are all Safety Data Sheets (SDS, formerly MSDS) current and easily accessible?	✓			
11.4	Are risk assessments and SOPs completed, current and easily accessible for the safe handling of all dangerous substances?	✓			
11.5	Are all workers properly trained in the safe handling of Dangerous Substances? Is this training included in the Local Orientation program?	✓			

WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)

WORK GROUP: Adult Mental Health Unit (AMHU)

DATE: 06.06.2018

INSPECTED BY (Manager's name): Leanne Done

INSPECTED BY (HSR/Worker's Name): Jeevan Rana/ Tessa Sealey

Issue Identified (add detail to Corrective Action Plan – page 5)

Item No	Item	Yes	No	N/A	Issue Identified
11.6	Are Dangerous Substances including those stored in tanks/ drums labeled correctly? (incl. items that have been decanted or awaiting disposal)	✓			
11.7	Are Dangerous Substances stored correctly? Is packaging intact? (incl. separation and segregation)	✓			
11.8	Are stocks of Dangerous Substances checked to ensure they are not out of date?	✓			
11.9	Are Dangerous Substances disposed of correctly?	✓			
11.10	Are spill kits available for dangerous substances? Are workers trained in using a spill kit?	✓			
11.11	Fire mitigation available? (appropriate types of extinguishers/ blankets for Dangerous Substance/s stored)	✓			
11.12	Is waste disposed of in correct the containers/ bins? (e.g. Clinical waste only in bins provided)	✓			
11.13	Are medication/ drugs securely maintained and accounted for?	✓			
11.14	Comments:				

12. Workstations

12.1	Are the workstations in the area set up ergonomically? (refer to section 7.7.14.1, 7.7.15 & WHSF.31 Workstation checklist or ergonomist/OT formal workstation assessment)	✓			
12.2	Do chairs have the correct castors for the floor type (e.g. soft tyre for hard surfaces, hard plastic for carpeted surfaces)?	✓			
12.3	Are desks/worktops/benches clutter-free?	✓			
12.4	Is there sufficient legroom under desks/worktops/benches?	✓			
12.5	Comments: A risk assessment has been conducted by Workplace safety and recommendations have been made.				

13. Plant Rooms (for Property Maintenance & Management and Health Centre Managers Only)

13.1	Are the plant rooms clear of stored equipment, chemicals and rubbish?	✓			
13.2	Has all emergency equipment been serviced according to the required schedule (6 mthly)?	✓			
13.3	Are exit signs are visible?	✓			
13.4	Is access/egress to the plant room clear and free of trip hazards?	✓			
13.5	Are plant rooms kept locked? Are they appropriately signposted if the plant room is a confined space?	✓			
13.6	Are walkways/stairways clutter free and in good condition? E.g. free of water or oil, good tread, etc.	✓			
13.7	Comments:				

14. Other Issues (specific to your work area)

14.1	Government Vehicle prestart checklist has been completed? (WHSF.37)	✓			Both vehicles checked, with nil issues to report.
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WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

STEP 2. COMPLETE PLAN FOR ALL IDENTIFIED ISSUES THAT CAN BE RESOLVED IMMEDIATELY (Sign-off when completed)					
WHS Issued Identified	Risk Rating*	Corrective Action**	Person Responsible***	Date complete****	Signature
Inspection of all cracks in walls and ceiling B25		23/11/2017- a maintenance request has been submitted to have all cracks in patient rooms, corridors and social spine and corridors inspected for view to repair and ensure structural integrity			
		6.2.2018- P/c to maintenance requesting update on when this is expected to take place.			
		28.2.2018- received an email from Mark Osgood from TCH maintenance notifying Tessa this job has been cancelled- Tessa responded asking for an explanation.			
		5.3.2018- No response received from email sent on 28.2.2018- second email has been sent with Leanne Done CC'd.			
		05.05.18: Shaun Bayliss and Leanne has conducted a wall audit and rated each room Low to High risk			
		12.6.18- works to fix the cracks in the bedrooms will be included in the bedroom refurb works.			
New Fleet Vehicle – Toyota Yaris		06.06.18: Door to HDU lounge from Nursing station not closed (taking too long to close	Reported 206323	Completed	
		06.06.18: De-escalation Room 1 Door not closing properly	Reported 206324	Completed	
		29.6.2018- issues have been reported by staff regarding the safety of the vehicle when transferring consumers- staff feel the car is too small and compact and it is unsafe as the distance between them and the consumer sitting in the back seat is way to close. it would be very easy for someone sitting in the back seat to reach over the seat and grab the person sitting in the front passenger seat or the driver's seat.			
		An email has been sent to ACT Health Fleet management informing them of the concerns.			
HDU- Astro Turf		14.1.2018- Maintenance request submitted: work order number 53413 Astro turf has begun lifting exposing concrete- the concrete has started crumbling and can easily be removed causing a safety issue for consumers and staff.			
		16.1.2018-email to Robert Amos and Leo Grant from facilities management – please see attached			

WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

		<p>22.1.2018- Leo Grant replied to email with name of company who laid the Astro turf.</p> <p>19.2.2018- email to Robert Amos requesting an update on having this issue fixed.</p> <p>20.2.2018- phone call to Robert Amos asking for update: informed he called contractor and left a message- waiting on reply.</p> <p>5.3.2018- email to Robert Amos asking for an update- Leanne Done CC'd</p> <p>5.4.2018- email to Robert Amos asking for an update- he will follow up with contractors for an ETA.</p> <p>10.4.2018- Contractors arrived to inspect the damage</p> <p>19.4.2018- Works have been complete.- Close</p> <p>26.6.2018- email received from Helen informing A staff member has rolled their ankle on the uneven ground whilst walking on the AstroTurf.</p> <p>26.6.2018- Email to Robert Amos from Facilities management Previous work request number:534813 A staff member has rolled their ankle on the uneven ground whilst walking on the AstroTurf the sinking ground where the incident took place was pointed out to the contractors when they were fixing the astro turf previously- this needs to be fixed asap New Work Order Request : Received : 207156</p> <p>26.6.2018- Robert Amos replied saying he would follow up with the contactors that day.</p> <p>3.7.2018-email sent to Robert Amos – requesting an update</p>			352
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WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

<p>Mental Health Transfer Van</p>		<p>6.9.2017 Email received from ACT Fleet regarding the replacement of YHX76E due to the lease ending- suggested replacement options are not suitable. Lease has been extended for a further 6 months whilst a suitable vehicle found.</p> <p>10/10/2017 Helen has been in contact with Chris Moonie from Security. AMHU would like the same type of van that is provided to DHALWA. Helen will follow up where this is up to.</p> <p>14/11/2017 CC of an email was received from Michael Warylo to Mark Slaterry on 8/11/2017 "Mark, You can deliver the carnival any time once you find one. Please contact the below person when arrival date is confirmed" Tessa is the Contact."</p> <p>19/12/2017 Tessa sent an email to Michael Warylo to see where this is up to on the 27 November and again on the 20 December. Reply was received on 21-12-17 – from Ally Jordan – " The lease on the Mercedes Vito van is due for replacement on the 20/03/18. To be able to replace this vehicle I would recommend arranging a meeting with all your stakeholders to determine what your needs may be. Once this has been determined Fleet can arrange quotes on your chosen vehicle."</p> <p>9/1/2018 A meeting will be organised by Laura with Fleet, security, Phil Hoyle, Helen Braun and a HSR rep to discuss.</p> <p>13/2/2018 Helen contacted Mike Warylo. No meeting was required, he said an email with the van requirements would be sufficient. Photos of the DHULWA van were sent with the written request. Tinted Windows, radios and the sign from the old van is to be put on the back of the new van. Afternoon of 13/2/2018 Email sent to Michael Warylo to see if Van has been ordered.</p> <p>10/4/18 Helen to follow up on the status of order. Out of session – Helen emailed regarding status on the 12th April; received advice that specifications have been sent to Sgfleet and a</p>			<p>353</p>
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WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

		<p>quote will be supplied for order approval.</p> <p>15.6.2018- Email from Ally Jordan Fleet coordinator- <i>The specs have been sent to Sgfleet for quote and are waiting on these to come back.</i></p>	
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*Use the Risk Matrix located in Section 4, WHSF.20 in the WHSMS - all High and Extreme risks must be reported in Riskman (Non-individual form) and the relevant Tier 2 Health and Safety Committee (HSC)

**Note: Corrective Actions shall be established by referring to the Hierarchy of Control, section 7.1.11 or WHSF.21 in the Health Directorate's Work, Health and Safety Management System (WHSMS). The Hierarchy of Control is, in descending order of effectiveness: Elimination, Substitution, Isolation, Engineering, Administration and Personal Protective Equipment.

***Corrective Actions are a management responsibility

****See WHSMS section 7.1 Risk Management

STEP 3. ADD ALL OUTSTANDING ISSUES IDENTIFIED TO WORK AREA'S CORRECTIVE ACTION PLAN

STEP 4. SIGNATURES REQUIRED (when the Planned Inspection & this form have been completed)

Supervisor/ Manager:

Signature:

Date:

Tier 2 HSC meeting date:

HSR/ Worker:

Signature:

Date:

I acknowledge that I have completed a Planned Inspection of the relevant work area and either completed or assisted in completing this checklist accordingly.



CANBERRA HOSPITAL
AND HEALTH SERVICES

**Adult Acute Mental Health Services
Work Health & Safety Committee**

**Agenda
Meeting Room 1, AMHU
Tuesday 10 July 2018
10.30 to 11.30 am**

WELCOME

- 1. Attendance /Apologies**
- 2. Minutes and Actions Arising from Previous Meeting**
 - 2.1 Action Minutes of Meeting from previous meeting
 - 2.2 Running Sheet of Outstanding Actions Arising from previous meetings
- 3. Unit Reports**
 - 3.1 Adult Mental Health Unit
 - 3.2 [REDACTED]
 - 3.3 [REDACTED]
 - 3.4 [REDACTED]
- 4. Report from Workplace Safety (Denise Meyboom)**
 - 4.1 SAIR Reports
- 5. Divisional Workplace Goals and Objectives**
- 6. Items to be Included on the Program Risk Register**
- 7. Items to be raised to the Divisional Work, Health & Safety meeting**
- 8. Other Business**

Next meeting: 14 August 2018



**Mental Health, Justice Health and
Alcohol & Drug Services**

**Adult Acute Mental Health Services
Work Health & Safety Committee**

10th July 2018

2.1

Subject: Minutes

Source: Stephen Priddin

Purpose/comments: For Information

Mental Health, Justice Health and Alcohol & Drug Services
Adult Mental Health Services
Work Health & Safety Committee
 10th July 2018
 MINUTES

Attendance and Apologies

Name	Position/Unit	Attended	Apology
Helen Braun	A/g Director AAMHS	Y	
Leanne Done	ADON, AMHU		Apology
Denise Meyboom	Safe Practice Manager MHJHADS		Apology
David Trompf	HSR Officer CL		Apology
Jeevan Rana	HSR Officer AMHU		Apology
Tessa Sealey	HSR Officer MHSSU & AMHU	Y	
Roz Fitzgerald	Allied Health Manager	Y	
Shane Carter	HSR Officer AMHU	Y	
Vanessa Hobbins	HSR Officer MHSSU		Apology
Kelly Chase	A/g ADON, AMHU	Y	

Chair: Helen Braun

Minutes: Stephen Priddin

2. Minutes and Actions arising from previous meetings

2.1 Minutes were accepted by Roz Fitzgerald

2.2 Actions Arising – reviewed and updated

3. Team Reports

NOTE Reports are to be emailed to Helen Braun (CC Denise Meyboom & Stephen Priddin) in the first week of each month.

3.1 **Adult Mental Health Unit.** Report provided.

- AMHU staff have reported the Toyota Yaris used for consumer transport is unsafe due to major risk caused by its size; as the consumers in the back have unrestricted access to driver due to compact size. Reduced size also limits the capacity for staff members of large or tall stature. Tessa put a replacement request to Ally Jordan; and was informed she required Tina's approval to consider alternative vehicles. Tessa has submitted a Risk Assessment to Helen for escalation to Tina.
- A staff member has their rolled ankle on sinkhole in the AstroTurf; which wasn't fixed during previous remediation works. Tessa has emailed maintenance for repair on 3/7. Tessa to follow up.

3.2 

- [REDACTED]
- 3.3 [REDACTED]
- 3.4 [REDACTED]
- [REDACTED]
- 4. Report from Workplace Safety**
Summary of report
- There were 8 insignificant, 0 moderate, 10 minor and 1 major. A total of 19
 - 15 were in AMHU, [REDACTED]
 - Breakdown of the incidents were
 - X7 Physical or Verbal Assaults
 - Consumer caused property damage
 - Code Black
 - Air Vent in the bathroom forcibly pushed in
 - Bed Pressure
 - Staff members suffered injury during restraint
 - Consumer accessed duress alarm and refused to return it
 - Soft drink can found in toilet on Unit

5. Divisional Workplace Goals and Objective

6. Items to be Included on the Program Risk Register

- Ligature Risk Audit and Risk Reduction Action Plan

7. Items to be raised to the Divisional Work, Health & Safety meeting

- Ligature Risk Audit and Risk Reduction Action Plan
- Toyota Yaris Risk Assessment

8. Other Business

8.1 Ligature Risk Audit – to be included as standing agenda item.

- Helen presented the Ligature Risk Audit spreadsheet which contains recent AMHU and MHSSU ligature risk audit data.
- Preliminary audit results indicate 1806 risks were identified across AMHU/MHSSU; 1256 High, 36 Medium and 514 Low.
- The audit is a recent initiative required within MHJHADS inpatient units as part of the MHJHADS Ligature Risk Management Procedure; which is to be conducted every 6 months. Helen has completed Risk Assessment Template informed by the audit data. The Operational Director and ADON are now required to complete a Risk Reduction Action Plan for risks identified as high.
- Discussion noted inconsistencies of rating across individuals conducting audit and potential strategies to employ in the next 6 monthly audit.

Next Meeting Tuesday, 14th August 2018



ACT
Government
Health



CANBERRA HOSPITAL
AND HEALTH SERVICES

Mental Health, Justice Health and Alcohol & Drug Services

ACTIONS ARISING

Acute Adult Mental Health Services

Work Health & Safety Committee

10th July 2018

ACTION ITEM	PERSON(S) RESPONSIBLE	FROM MEETING	REMARKS/ACTIONS
Mental Health Transfer Van	HB	6/9/2017	<p>6.9.2017 Email received from ACT Fleet regarding the replacement of YHX76E due to the lease ending- suggested replacement options are not suitable. Lease has been extended for a further 6 months whilst a suitable vehicle found.</p> <p>10/10/2017 Helen has been in contact with Chris Moonie from Security. AMHU would like the same type of van that is provided to DHALWA. Helen will follow up where this is up to.</p> <p>19/12/2017 Tessa sent an email to Michael Warylo to see where this is up to on the 27 November and again on the 20 December. Reply was received on 21-12-17 – from Ally Jordan – “ The lease on the Mercedes Vito van is due for replacement on the 20/03/18. To be able to replace this vehicle I would recommend arranging a meeting with all your stakeholders to determine what your needs may be. Once this has been determined Fleet can arrange quotes on your chosen vehicle.”</p> <p>9/1/2018 A meeting will be organised by Laura with Fleet, security, Phil Hoyle, Helen Braun and a HSR rep to discuss.</p> <p>13/2/2018 Helen contacted Mike Warylo. No meeting was required, he said an email with the van requirements would be sufficient. Photos of the DHULWA van were sent with the written request. Tinted Windows, radios and the sign from the old van is to be put on the back of the new van. To check to see if it has been ordered.</p> <p>Afternoon of 13/2/2018 Email sent to Michael Warylo to see if Van has been ordered.</p> <p>13/3/18 Helen is currently attending conference, to provide update at next meeting.</p> <p>10/4/18 Helen to follow up on the status of order.</p> <p>Out of session – Helen emailed regarding status on the 12th April; received advice that specifications have been sent to Sgfleet and a quote will be supplied for order approval.</p>

<p>Divisional Workplace Goals and Objectives</p> <p>1) PART and Broset training updates at next month's meeting</p>	<p>LD/PH</p>	<p>10/10/2017</p>	<p>14/5/2018 Helen provided advice to Beau Trevor with SG fleet that ACT Health Security Services and Wards persons approve of specs used with Dhulwa transport vehicles. Waiting for further advice. 12/6/2018 Carry over 10/7/2018 Helen contacted Ally Jordan on the 15/6 and was advised that the vehicle specifications were provided to SgFleet; currently waiting on quotes. Helen to chase up for monthly update. Tessa advised damage has been assessed on vehicle; fleet received quotes. Three options were provided; 1) have damage repaired and be without van for a period. Not considered a viable option. 2) Wait until new van arrives and have it repaired, and pay for two leases until repairs and return complete. 3) Pay all repair costs up front and not claim through insurance. Option 2 or 3 to be discussed further with Fleet. Carry over.</p>
			<p>Leanne and Phil to give an update at next month's meeting 14/11/2017 Still a work in progress. 19/12/2017 Ongoing discussions 9/1/2018 Phil will follow up out of session. 13/2/2018 This is captured through the Clinical Governance meeting. Broset has not yet commenced. Helen will speak to Patrice Murray about PART training. 13/3/2018 Kelly sought information from SDU/Capabiliti regarding how the unit is progressing with PART training. 12month strategy developed to ensure PART trainers are able to deliver PART training to staff. Current figures are better than expected, estimated to sit around 60-70%. SDU not happy to provide PART training, assert it should be provided internally. May require a conversation with SDU in the future. Leanne Donne to provide exact PART training figures for next meeting. 10/4/18 Helen to raise discussion held with Tina regarding PART training with Leanne. Broset was discussed during the Tier Two Clinical Governance meeting, as part of the aggression and violence guidelines risk assessment. Currently Dhulwa use DASA; and Dannielle Nagle has suggested adopting the training as a standardized approach across the Division. Helen to follow up with Deb Plant, as she is familiar with DASA and wrote the guidelines; will discuss and compare Broset & DASA. 14/5/2018 Helen to provide advice.</p>

	LD & PM	12/6/2018	<p>12/6/2018 <u>PART training</u> has been problematic this year, trainers qualifications have lapsed due to them not running a PART training session. Leanne to contact Rachael Benny to find out whether the PART trainers qualifications have lapsed. <u>Broset</u>: No update – Patrice and Leanne to have a discussion regarding training</p> <p>10/7/2018 Helen to sit down with Patrice to determine PART training needs within service and determine lapsed trainer credentials. Helen has emailed Judy Gosper DON Clinical Support Services to determine interest in organizing MTU trainers to provide training in the TCH. ED is not interested in attending training, as modified PART training is provided to their staff. Part of Independent Review Recommendation to establish occupational violence strategy and training strategy.</p> <p>Carry over.</p>
AMHU _ Cracks in Ceiling in AMHU	LD		<p>Tessa to organise to have these investigated and repaired.</p> <p>19/12/2017 A request had been made to have these cracks investigated.</p> <p>9/1/2018 Phil to follow up with Tessa on her return from Leave.</p> <p>13/2/2018 A walk through was done by maintenance staff with Tessa. Nothing further has been done at this stage. Tessa to follow up</p> <p>13/3/2018 Tessa received an email notification from maintenance advising the job had been closed. Tessa requested clarification and was advised it was not a job they could address and an external provider would be required. Leanne to email maintenance for further advice.</p> <p>10/4/18 Unable to discuss maintenance email without Leanne present. Kevin, Helen and Tina met with Health Infrastructure, it was identified regular facility review is a risk at AMHU; as the responsibility is on clinical and administrative staff rather than facilities management. Helen is currently writing a document for Tina as part of the ligature risk assessment, which identifies this as a risk. Helen is hoping things develop in this space; or AMHU/MHSSU may require a facilities manager.</p> <p>14/5/2018 Tessa still hasn't received further advice. Shaun, Leanne and Rob Amos, conducted an audit of every bedroom in AHMU and rated them low to high risk; in terms of shutting the room down and having remediation works done. Some of the high risk rooms' work will be completed during phase 2 of ligature mitigation works.</p> <p>Carry over</p> <p>12/6/2018 The works to fix the cracks will be included in the room refurb works.</p> <p>10/7/2018 Cracks in ceiling will be fixed during Stage three of AMHU remediation works. Chair has advised action can be closed.</p>

Closed

Chairs for workstations in AMHU

SC & TS

9/1/2018

Not all workstations have proper office chairs. Shane will remind Tessa to put in an order for more office chairs.

13/2/2018 Chairs were ordered and Tessa thinks they did arrive. She will follow up to see where in AMHU they are.

13/3/2018 Tessa ordered enough chairs for each work station, approx. 8-9. Chairs still not located, hasn't had the opportunity to follow up. Shane to complete audit to determine the number of chairs.

10/4/18 Tessa has completed an audit and confirmed there are sufficient chairs. However they are being moved by staff. Patrice and Leanne will email staff requesting chairs be left in their designated areas.

14/5/2018 Tessa noted this action can be closed. There is sufficient chairs for nurses; including HDU. Shane to look at the nursing practices to determine why they are been moved between locations; despite email request to leave chairs in place.

12/6/2018 Leanne and Tessa to conduct and audit on office chairs and order if more chairs are required- suggestion to have the nurses write up room chairs and the HDU office chairs engraved so they are not removed from the area

10/7/2018 Tessa has conducted audit and confirmed there are sufficient chairs across workstations. Signage has been placed on the chairs advising staff not to move them. Ch advised action can be closed.

		Closed
AMHU Lockers	RF & TS	<p>Staff lockers are to be re-keyed and reallocated to staff</p> <p>13/2/2018 Tessa to find out the cost for having numbered locking pads on the lockers and the cost of replacement keys for the lockers to compare the cost. It may be more cost effective to have the numbered pads in the long term as keys get lost and need replacing quite often.</p> <p>13/3/2018 Tessa contacted maintenance as a reminder and to advise the issue required urgent resolution. Maintenance advised the job had been sent to a private provider, and they will re-issue the job to prompt action. Once a provider is confirmed, dates and quote will be provided. Quote requested for electronic lock.</p> <p>10/4/18 Tessa hasn't had a response regarding either options; will follow up with maintenance again.</p> <p>14/5/2018 Tessa hasn't received any further feedback. Leanne noted ED have pin number lockers and could be a viable option; Tessa noted a quote request for a keypad or electronic pass options has been made. Tessa to chase up quote with Scott Harding.</p> <p>12/6/2018 Quote to have the staff lockers locks changed from a key lock to an electronic lock has been received- Helen would like a second quote requested. In the interim Leanne and Tessa to come up with a system for the keys to be issues to staff- suggestion to have large key tags on each of the keys to prevent staff forgetting to return them</p> <p>Tessa to organize a second quote.</p> <p>10/7/2018 Helen has received quotes. Helen noted a robust system is required prior to their installation; to ensure the CNC and ADON are able to effectively communicate procedure during team handover/ meetings. Decisions required around period of usage, override, removal of personal belongings etc. Tessa has emailed requesting a secondary quote; to follow up. Kelly will chat with Nicole Slater in ED to determine what processes they have for ED lockers.</p> <p>Carry over.</p>
	TS & LD	<p>12/6/2018</p>
Caring for our staff (under Divisional Workplace Goals and Objectives)	HB	<p>Staff may need more than 'Supervision' and EAP. Helen will discuss with Kevin Kidd on his return from leave.</p> <p>13/2/2018 It would be beneficial for staff to know the processes for a coronial enquiry (there is one coming up that is causing distress for some staff) Helen will speak to Michelle Hemming.</p> <p>13/3/2018 Helen sent out an email with list of people able to provide clinical supervision to staff. Work going on in clinical education space, for staff health</p>