

NOTICE OF ENTRY BY WHS ENTRY PERMIT HOLDER

Work Health and Safety Act 2011 (ACT)

Approved Form — AF2018-6 under s277 of the *Work Health and Safety Act 2011* for the purpose of providing notice of entry by a permit holder under s117, s120 and s121.

Full name of WHS entry permit holder:	Sam William Oram
Name of union represented:	Australian Nursing and Midwifery Federation – ACT Branch
Provision in union's rules that entitles the union to represent the industrial interests of a worker:	Clause 5 – Eligibility for Membership
Name and address of workplace being entered:	30 Mugga Ln, Symonston ACT 2609
Date of entry or proposed entry*:	11 April 2022
*For entry under section 120 or 121: this notice must be given during usual working hours at least 24 hours, but not more than 14 days, before the entry	

Tick all of the check boxes relating to your reason/s for seeking entry below. Details must also be provided where indicated.

☒ **Section 117 — entry to inquire into a suspected contravention of the WHS Act**

Details of the suspected contravention to which this notice relates (what are the concerns, how do they contravene the WHS Act, what area of the workplace is affected): (attach separate pages if necessary)

Members notified the ANMF that there were 3 serious assaults that occurred at Dhulwa Mental Health Unit between 8 April 2022 and 10 April 2022. Based on the information before the ANMF it appears that the PCBU did not minimise the risk to health and safety so far as is reasonably practicable in breach of s17 of the Work Health and Safety Act 2011.

☐ The above union is entitled to represent the industrial interests of a relevant worker who carries out work at this workplace. The relevant worker is a member, or eligible to be a member, of the above union.

☐ The suspected contravention(s) of the WHS Act relates to, or affects, a relevant worker.

☐ I reasonably suspect that a contravention(s) of the WHS Act has occurred or is occurring.

☐ **Section 120 — entry to inspect employee records or information held by another person**

Details of the suspected contravention to which this notice relates (what are the concerns, how do they contravene the WHS Act, what area of the workplace is affected): (attach separate pages if necessary)

Description of the employee records and other documents (or the class of records or documents) directly relevant to the suspected contravention, that are proposed to be inspected: (attach separate pages if necessary)

☐ The above union is entitled to represent the industrial interests of a relevant worker who carries out work at this workplace. The relevant worker is a member, or eligible to be a member, of the above union.

☐ The suspected contravention(s) of the WHS Act relates to, or affects, a relevant worker.

☐ I reasonably suspect that a contravention(s) of the WHS Act has occurred or is occurring.

☐ **Section 121 — entry to consult and advise relevant workers on health and safety matters**

☐ The above union is entitled to represent the industrial interests of a relevant worker who carries out work at this workplace. The relevant worker is a member, or eligible to be a member, of the above union.

I reasonably believe and declare that the information in this form is true.

Signed: _____

Work Health and Safety Entry Permit Holder

Date: 11 April 2022

NOTE: the legislation provides for civil penalties of up to \$10,000 for individuals and \$50,000 for a body corporate relating to breaches of right of entry laws.





Australian Government

Comcare

NOTICE OF ENTRY BY WHS ENTRY PERMIT HOLDER *Work Health and Safety Act 2011 (Cth)*

A WHS entry permit in the WHS Act 2011 (Cth) includes a WHS entry permit issued under a corresponding WHS law. Another page may be attached to this form if extra room is needed for details and/or descriptions.

Full name of WHS entry permit holder	Sam William Oram
Name of union represented	Australian Nursing and Midwifery Federation (ANMF)
Provision in union's rules that entitles the union to represent the industrial interests of a worker	Clause 5 - ELIGIBILITY FOR MEMBERSHIP
Name and address of workplace being entered	Dhulwa Mental Health Unit - 30 Mugga Ln, Symonston ACT 2609
Date of entry or proposed entry	14 February 2022

You must tick **all** of the check boxes within the relevant section below.

☒ **Section 117 – Entry to inquire in suspected contraventions of the WHS Act**

Details of the suspected contravention to which this notice relates: (e.g. what are the suspected acts/omissions, what provisions of the WHS Act or Regulations, what is the risk created by the suspected contravention etc.)

The ANMF was notified on 14 February 2022 of 3 staff members being assaulted at the Dhulwa Mental Health Unit on Saturday 12 February 2022. These incidents occurred after the ANMF formally wrote to the Executive Director (Katrina Rea) on 7 February 2022, stating the ANMF believed that Canberra Health Services may have been breaching their obligations under Section 19 of the Work Health and Safety Act 2009, due to a number of incidents of occupational violence that had been reported to the ANMF and the lack of strategies to address these incidents, including but not limited to, the failure of CHS to clearly identify and articulate the appropriate restraint methods workers are to utilise, a culture of discouraging workers from report WHS issues and staff being directed not to wear Personal Protective Equipment for the prevention of spreading COVID-19 with some consumers.

The ANMF is entering the workplace for the purpose of inquiring into a suspected contravention of this Act that relates to, or affects, relevant workers.

Based on the above information, I Sam William Oram reasonably suspect that a contravention of Section 19 of the Work Health and Safety Act has occurred and is occurring at Dhulwa Mental Health Unit - 30 Mugga Ln, Symonston ACT 2609.

- ☒ The above union is entitled to represent the industrial interests of a relevant worker who carries out work at this workplace. The relevant worker is a member, or eligible to be a member, of the above union
- ☒ I have reasonable suspicions that the suspected contravention(s) of the WHS Act relates to, or affects, a relevant worker

☐ **Section 120 – Entry to inspect employee records or information held by another person**

Details of the suspected contravention to which this notice relates: (e.g. what are the suspected acts/omissions, what provisions of the WHS Act or Regulations, what is the risk created by the suspected contravention etc)

Description of the employee records and other documents (or the class of records or documents) directly relevant to the suspected contravention, that are proposed to be inspected or copied:

- ☐ The above union is entitled to represent the industrial interests of a relevant worker who is a member, or eligible to be a member, of the above union
- ☐ The records and documents are required for the purposes of inquiring into the above suspected contravention(s) of the WHS Act
- ☐ I have reasonable suspicions that the suspected contravention(s) of the WHS Act relates to, or affects, a relevant worker

☐ **Section 121 – Entry to consult and advise relevant workers on WHS matters**

- ☐ The above union is entitled to represent the industrial interests of a relevant worker who carries out work at this workplace. The relevant worker is a member, or eligible to be a member, of the above union

I reasonably believe and declare that the information in this form is true.

WHS entry permit holder signature

Date

14 / 02 / 2022

NOTE: the legislation provides for civil penalties of up to \$10,000 for individuals and \$50,000 for a body corporate relating to breaches of right of entry laws.

WORK HEALTH AND SAFETY ACT 2011 (CTH)

WHS Entry Permits

1. Fair Work Australia is responsible for issuing WHS entry permits. An applicant for a WHS entry permit must either hold an office in, or be an employee of, a relevant union and have completed the prescribed training (see section 131 of the WHS Act and regulation 25 of the WHS Regulations).
2. An entry permit is valid for a maximum of 3 years from the date it was issued (see section 137 of the WHS Act)
3. The permit entry holder must also hold an entry permit under the *Fair Work Act 2009* (Cth). This means that the person entering the workplace must hold **both** a WHS entry permit and a Fair Work entry permit (see section 124 of the WHS Act).
4. The WHS entry permit holder must have the WHS entry permit and photographic identification available for inspection for the duration of their entry at the workplace (see section 125 of the WHS Act).
5. The WHS entry permit holder may enter a workplace:
 - > to inquire into suspected contraventions of the WHS Act that relate to, or affects, a relevant worker (section 117), or
 - > to inspect employee records or information in relation to a suspected contravention of the WHS Act (section 120), or
 - > to consult and to provide advice on WHS matters to relevant workers (section 121).
6. The WHS entry permit holder may only enter a workplace and exercise their rights during the usual working hours at the workplace.
7. The WHS entry permit holder may only exercise their right of entry to the area of the workplace where the relevant workers work, or any other area of the workplace that directly affects the health and safety of a relevant worker. Any part of the workplace that is used only for residential purposes may not be entered (see sections 127 & 129 of the WHS Act)
8. The WHS entry permit holder may only inquire, advise or consult in relation to a relevant worker(s) as defined in section 116 of the WHS Act.
9. The WHS entry permit holder must comply with any reasonable request by the relevant PCBU or PMCW to comply with health and safety requirements or any legislative requirements. An example of this may be a requirement to wear safety goggles, a hard hat or attend a site induction (see section 128 of the WHS Act).
10. The WHS entry permit holder is prevented from disclosing a worker's name to the PCBU or the PMCW unless they have that worker's consent. (see section 130 of the WHS Act)

Entry to a workplace to inquire into a suspected contravention under section 117 (& section 120) of the WHS Act (see section 118)

11. While at a workplace, the WHS entry permit holder may, in relation to the suspected contravention of the WHS Act:
 - > Inspect any work system, plant, substance, structure or other thing relevant to the suspected contravention,
 - > Consult with relevant workers in relation to the suspected contravention,
 - > Consult with relevant PCBU about the suspected contravention,
 - > Require the relevant PCBU to allow the permit holder to inspect, and make copies of, any document that is directly relevant to the suspected contravention and that is kept at the workplace or is accessible from a computer that is kept at the workplace (unless to do so would contravene a law of the Commonwealth or a State - see point 16 below), and
 - > Warn any person whom the permit entry holder reasonably believes to be exposed to a serious risk to their health or safety emanating from an immediate or imminent exposure to a hazard, of that risk.

12. No prior notice is required to be given to the relevant PCBU or PMCW if the WHS entry permit holder enters the workplace under section 117 to inquire into a suspected contravention of the WHS Act. However, once the WHS entry permit holder has entered the workplace, they must, as soon as is reasonably practicable, give written notice of the entry (ie. this completed form) to the relevant PCBU and the PMCW. This written notice is not required if to give the notice would defeat the purpose of the workplace entry or would unreasonably delay the WHS entry permit holder in an urgent case (see section 119 of the WHS Act).
13. The WHS entry permit holder must 'reasonably suspect' that a contravention of the WHS Act has occurred or is occurring before they enter the workplace. The entry permit holder must be able to identify objective facts or material to support that their suspicion was reasonable at the time of seeking entry (see section 117(2) of the WHS Act).
14. A person entitled to enter a workplace under section 117 may also enter the workplace under section 120 for the purpose of inspecting employee records that are directly relevant to the suspected contravention, or other documents that are directly relevant to a suspected contravention that are not held by the relevant PCBU.
15. If a WHS entry permit holder plans to enter a workplace under section 120, they must give notice of the proposed entry to the person from whom the documents are requested and the relevant PCBU. The notice must be given during usual working hours and must be given at least 24 hours, but not more than 14 days, before the entry.
16. In relation to a suspected contravention of the WHS Act, the WHS entry permit holder may not require the relevant PCBU to allow them to inspect or make copies of a document if to do so would contravene a Commonwealth or State law. An example of this is the provisions of the Privacy Acts (see section 118(2) of the WHS Act)

Entry to a workplace to consult and advise workers under section 121 of the WHS Act

17. The WHS entry permit holder may enter a workplace to consult and provide advice on work health and safety matters to relevant workers, provided they wish to participate in the discussions (see section 121 of the WHS Act)
18. The WHS entry permit holder must give notice of the proposed entry to the relevant PCBU. The notice must be given during usual working hours and must be given at least 24 hours, but not more than 14 days, before the entry (see section 122 of the WHS Act).

For queries about WHS entry permits or other health and safety matters, contact Comcare on **1300 366 979** or by email on WHS.help@comcare.gov.au
 website: www.comcare.gov.au

ID	Incident Date	Notification Date	Division	Physical Location	Incident Outline	Provide a brief Summary of the incident?	Provide more details of the incident?	Form of violence/aggression or bullying/harassment
1108031	8 Apr 2022	9 Apr 2022	Mental & Justice Health, Alcohol & Drug Services	DMHU	Physical aggression towards staff member.		(None Entered)	Physical
1108033	9 Apr 2022	9 Apr 2022	Mental & Justice Health, Alcohol & Drug Services	DMHU	Verbal aggression towards staff member.			Verbal
1108069	10 Apr 2022	10 Apr 2022	Mental & Justice Health, Alcohol & Drug Services	DMHU	Physical aggression towards staff member.			Physical
1108070	10 Apr 2022	10 Apr 2022	Mental & Justice Health, Alcohol & Drug Services	DMHU	Physical aggression towards staff member.			Physical
1108089	8 Apr 2022	9 Apr 2022	Mental & Justice Health, Alcohol & Drug Services	DMHU	Physical aggression towards staff member.		(None Entered)	Physical

Daly, Kelly (Health)

From: Kratzel, Jenna (Health)
Sent: Tuesday, 12 April 2022 3:30 PM
To: Toohey, Karen
Cc: CHS COO; CHS ED MHJHADS; Harland, Jennifer (Health); Vieira, Mariadefatima
Subject: RE: [REDACTED] Dhulwa complaint CT21040007

UNOFFICIAL

Hi Karen,

Your email was not misdirected, so no apologies necessary.

Thank you for clarifying the timeframe of the complaint, I have now located the relevant documentation.

Great to hear about Thursday, I will send a calendar invitation with Webex link shortly.

Thanks,

Jenna Kratzel | Business Manager
 Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS)
 Phone: 02 5124 1099 [REDACTED] Email: CHSEDMHJHADS@act.gov.au
 MHJHADS | Canberra Health Services | ACT Government
 Building 28, Level 2 – The Canberra Hospital | health.act.gov.au
 RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



Canberra Health
Services

From: Toohey, Karen <Karen.Toohey@act.gov.au>
Sent: Tuesday, 12 April 2022 3:05 PM
To: Kratzel, Jenna (Health) <Jenna.Kratzel@act.gov.au>
Cc: CHS COO <CHSCOO@act.gov.au>; CHS ED MHJHADS <CHSEDMHJHADS@act.gov.au>; Harland, Jennifer (Health) <Jennifer.A.Harland@act.gov.au>; Vieira, Mariadefatima <Mariadefatima.Vieira@act.gov.au>
Subject: FW: [REDACTED] Dhulwa complaint CT21040007

UNOFFICIAL

Hi Jenna

Thanks for the response.

I was advised to contact you in the interim so apologies if the email was misdirected.

We notified CHS of the complaint in April 2021 and have had multiple exchanges and meetings about the matter since then.

We are endeavouring to move the matter to finalisation but some additional matters were brought our attention hence my email below.

Very happy to attend on Thursday 4-5.

Happy to go to Dhulwa or online or where ever better for you.

Thanks again

Karen

From: Kratzel, Jenna (Health) <Jenna.Kratzel@act.gov.au>
Sent: Monday, 11 April 2022 6:06 PM
To: Toohey, Karen <Karen.Toohey@act.gov.au>
Cc: CHS ED MHJHADS <CHSEDMHJHADS@act.gov.au>; Vieira, Mariadefatima <Mariadefatima.Vieira@act.gov.au>;
 CHS COO <CHSCOO@act.gov.au>; Harland, Jennifer (Health) <Jennifer.A.Harland@act.gov.au>
Subject: RE: [REDACTED] Dhulwa complaint

UNOFFICIAL

Hi Karen,

Thank you for your email.

May I kindly request a copy of the complaint so that I can cross reference it with our records, it doesn't appear we have received it and our records indicate we have no overdue HRC matters.

At present, Jennifer Harland is the interim Executive Director for MHJHADS, however Katie McKenzie will be commencing next Tuesday, 19 April 2022. I have copied Jen in for visibility.

[REDACTED] and there have been a few challenges over the last few months. In the first instance, can I suggest we meet to discuss the below?

I can arrange for CHS attendees to include:

Jen Harland, Interim Executive Director, MHJHADS

Sonny Ward, Director of Nursing, MHJHADS

Peta Kleinig, Assistant Director of Nursing, Dhulwa Mental Health Unit

We are all available this Thursday, 14 April 2022, between 4pm and 5pm if that works for you?

Thanks,

Jenna Kratzel | Business Manager
 Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS)
 Phone: 02 5124 1099 [REDACTED] Email: CHSEDMHJHADS@act.gov.au
 MHJHADS | Canberra Health Services | ACT Government
 Building 28, Level 2 – The Canberra Hospital | health.act.gov.au
 RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



Canberra Health
Services

From: Toohey, Karen <Karen.Toohey@act.gov.au>
Sent: Monday, 11 April 2022 4:22 PM
To: Kratzel, Jenna (Health) <Jenna.Kratzel@act.gov.au>
Cc: CHS ED MHJHADS <CHSEDMHJHADS@act.gov.au>; Vieira, Mariadefatima <Mariadefatima.Vieira@act.gov.au>;
 CHS COO <CHSCOO@act.gov.au>
Subject: [REDACTED] Dhulwa complaint

UNOFFICIAL

Hi Jenna

Hope you are well.

As you are aware we have a current complaint regarding both [REDACTED]
services being provided to [REDACTED], in particular [REDACTED]
[REDACTED]

I understand Ms Reas replacement has not yet commenced so am hoping you can assist with the information request below..

We are endeavouring to progress the matter noting that we are still unclear what criteria CHS staff are [REDACTED]
[REDACTED] discharge and transition to community [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

I understand that the AFP were called to Dhulwa early in March to respond to [REDACTED] when his behaviour escalated.

I understand he may have been transitioning medication and that may have contributed to the incident.

Could you advise the protocol for responding to incidents re escalating behaviour at Dhulwa and whether security were used to respond to the incident in the first instance.

Can you advise why the AFP were contacted, who contacted the AFP and what steps the AFP took when they attended Dhulwa including whether any charges were laid or what assistance was sought from the police in responding to [REDACTED]

Could you also provide any CCTV footage associated with the incident or provide us with an opportunity to review the related CCTV.

[REDACTED]
[REDACTED]
Please provide a copy of the email.

Please also advise what if any steps were taken to address the request with the relevant nurse.

Advise whether it is routine for Dhulwa staff to ask for [REDACTED]
[REDACTED]

I would be grateful if the above information could be provided within 21 days.

Regards

Karen

Karen Toohey
Discrimination, Health Services, Disability &
Community Services Commissioner
ACT Human Rights Commission
T: 02 6207 1045 [REDACTED]

Out of Scope



From: Guthrie, Daniel (Health)
Sent: Tuesday, 12 April 2022 7:44 PM
To: Chipperfield, Alan <Alan.Chipperfield@worksafe.act.gov.au>
Cc: Davis, MattE <MattE.Davis@worksafe.act.gov.au>; Alford, Robert <Robert.Alford@worksafe.act.gov.au>
Subject: Request Regarding WorkSafe ACT Workplace Visit report and Notices - Canberra Health Services
Importance: High

OFFICIAL

Hi Alan,

Thanks for trying to get hold of Matt or Bob. I did try both of them and left a message.

The CEO and relevant Exec and senior leaders met this afternoon to plan how to address the notices. We accept the notices and the need to make urgent improvements.

The improvement notice is fine and easily understood.

However the prohibition notice is likely to be problematic in it's current form from the staff lens. It seems as though what is written in the notice is not the same as the intent of this notice. What our CEO described following discussion with Matt and Bob, and what you just described to me was proactive and ongoing risk assessment of individual patients according to Chapter 3 of the WHS Regs which is fine, but this could be misinterpreted due to the wording below:

1. The wording in the prohibition notice includes:

Staff at Dhulwa Mental Health Facility are prohibited from interacting with consumers until the Occupational Violence hazard has been assessed as per Chapter 3 of the Work health and Safety Regulations 2011

This is likely to cause confusion and concern for staff as this wording can be taken to place responsibility and ownership of the notice personally on individual staff members and for them to be deciding for each interaction with patients if they are compliant or not. This also may be taken to give them the choice as to whether they engage in an interaction with a patient or not over a shift.

2. Also, displaying each notice in a prominent proposition tonight at Dhulwa Secure Mental Inpatient facility as required under the Act may lead to greater risks without appropriate communication to staff on how CHS and staff will meet the requirements of the notices. We were unable to develop this communication to staff given we received the notices at 4.41pm this afternoon.

So it is respectfully requested that:

- The notices are not required to be displayed tonight and that a further discussion occur tomorrow.
- The wording of the prohibition notice above be the subject of further discussion tomorrow.

What I do promise is that we are already working on a plan regarding the notices, and have not put a hold on our actions due to the above.

Would appreciate urgent advice on this.

Thanks

Daniel

Daniel Guthrie

Senior Director | Work Health Safety

People and Culture | Canberra Health Services

Level 1, Building 23 | Canberra Hospital

Phone: 5124 9544 [REDACTED]

Email: daniel.guthrie@act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



**Canberra Health
Services**

From: Pepper, Dave (Health) <Dave.Peffer@act.gov.au>

Sent: Tuesday, 12 April 2022 4:50 PM

To: Young, Michael <Michael.Young@act.gov.au>; Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>; Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>; Harland, Jennifer (Health) <Jennifer.A.Harland@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>

Subject: Fwd: WorkSafe ACT Workplace Visit report and Notices

From: Davis, MattE <MattE.Davis@worksafe.act.gov.au>
Sent: Tuesday, April 12, 2022 4:41:43 PM
To: Pepper, Dave (Health) <Dave.Pepper@act.gov.au>
Cc: Shepherd, Jackii <Jackii.Shepherd@worksafe.act.gov.au>
Subject: WorkSafe ACT Workplace Visit report and Notices

OFFICIAL

Hi Dave,

Please find attached the Work Place Visit report and related Notices. If you have any questions please do not hesitate to contact me and please note the compliance timeframe is tight for the Improvement. I am happy to extend that once your team determines the scope of work.

Regards
Matt

Matt Davis | Director – Compliance and Enforcement
P: 02 6205 2618 [REDACTED] E: Matte.Davis@worksafe.act.gov.au
Office of the Work Health and Safety Commissioner
GPO Box 158 Canberra ACT 2601



I acknowledge the traditional custodians of the ACT the Ngunnawal people, and their continuing connection to land and community. I pay my respect to them, and to the Elders both past and present.





WORK PLACE VISIT REPORT

Initial Information

Inspection Number: 00117943

Lead inspector: Matt DAVIS Inspector ID: P32662

Is there any accompanying inspectors: Yes

Craig Dillon

Craig Dillon

Type of visit: Reactive

Date visit commenced: 11/04/2022

Legislation visit conducted under: WHS

Purpose of visit: Psychological hazards

Entity information

Type of entity: Business Entity

Name of individual or registered company: Canberra Health Services

Trading as:

ACN:

ABN: 000000000

Industry Group: Healthcare

Address:

Contact Name:

Contact Number:

Contact Email:

Details of visit

Address: 30 Mugga Lane Symonston ACT 2609

Notification of entry to (as required by s164): PCBU

Were any potential breaches of the legislation identified? Yes

Inspector notes:

WorkSafe ACT was contacted by phone by both the Dhulwa Mental Health Facility and the Australian Nursing and Midwifery Federation (ANMF) to resolve a dispute arising out of the direction to cease work issued by a HSR at the Dhulwa facility. Inspectors Davis and Dillon attended the facility at approx. 1514 and met with: Sonny Ward - Director of Nursing, Peta Kleinig - Assistant Director of Nursing, Daniel Guthrie - Senior Director Work Health and Safety, Sam Oran - ANMF Organiser and Carol Sandland - Enrolled Nurse.

Background

Sam (ANMF) had entered Dhulwa at approx. 11:15 am under a section 117 to consult with and provide assistance to Carol (HSR) in her capacity as the HSR. The nature of the breach was 'Members had notified the ANMF that of 3 serious assaults that occurred between 80/04/2022 and 10/04/2022. PCBU did not

minimise the risk to health and safety in breach of s 17 of the WHS Act 2011'. The cease work was along the lines of 'Going out and being in the vicinity of consumer who was violent, using a table as a shield/weapon towards staff. This was compounded by the nurse's station door being broken through wear and tear on the weekend 9-10 Apr 22.

Discussion

Inspector Davis advised the meeting of WorkSafe ACT role in the dispute and set the ground rules for the discussion. Explained that both parties requested assistance, Sam (ANMF) because the workers did not comply with the cease work direction; and Daniel Guthrie because the issue could not be resolved.

Inspector Davis asked Carol (HSR) to open the discussion.

Carol (HSR) described that there had been a 'Code Black' in the morning whereby a large consumer had to be treated, as part of the treatment the consumer had to be restrained. The final part of this is the staff exiting the area. Carol explained that due to the faulty nurse's door, staff had to use another exit door and during this time they were chased by the consumer and almost caught, leading to nurses being in tears. The cease work direction was to prevent a reoccurrence of this activity.

Carol in her capacity as HSR raised other safety concerns that relate to the work design and environment at the facility:

- The model of care and associated policies and procedures
- Security of Nurses and Nurse to consumer rations
- Designed environment – tables in the facility etc
- Nurses' primary role which is not to restrain

Inspectors asked the Dhulwa staff what controls are currently in place to controls the risk of occupational violence in the facility. Current controls include

Decision on dispute

On review of the CCTV footage Inspectors Davis/Dillon made the decision that the reported incident did not reach the threshold that to carry out the work would expose the worker to a serious risk to the worker's health or safety, emanating from an immediate or imminent exposure to a hazard.

This was based on observing that the consumer did not chase any workers and retreated to his favourite position in the room which was the corner, which is away from the exit and all staff.

The workers were advised of the decision and the affect of s 84 of the Act was discussed with workers.

Sam (ANMF) was advised that the other workers retained a right to make their decisions, despite the cease work direction and the PCBU retained a duty to ensure that the Act was complied with and any safety issues the workers raised were assessed and controlled.

Carol (HSR) was advised by telephone at 12:46 12/04/2022.

Discussion with Dhulwa Management about current controls

- Training was rolled out approximately 4 weeks ago with approximately 80% of staff trained
- Consumer was isolated in own ward
- Behaviour Support Plan
- Increased resources

Further controls discussed were:

- moving furniture out of the ward
- Testing of doors

A section 155 will be issued to confirm compliance with the below section of the Act and Regs in relation to the hazards identified during the inspection.

Potential Breach Evidence sought

WHS Act 2011 s 19 (3) (f) Reg 39 Training records for new OV course

WHS Act 2011 s 19 (3) (f) Reg 39 Confirm nurse are trained in restraint

Confirm it is in the PD (role clarity/psychosocial hazard)

WHS Act 2011 s 17 Manage Risk and Chapter 3 of WHS Regs 2011 Evidence of WHS Risk Assessment (RA)

associated with moving consumer to isolation

WHS Act 2011 s 47 Consultation Evidence of consultation of RA

WHS Act 2011 s 17 Manage Risk and Chapter 3 of WHS Regs 2011 Behaviour Support Plan (BSP)

associated with consumer

WHS Act 2011 s 47 Consultation Evidence of consultation of BSP

WHS Act 2011 s 19 (3) (c) Safe Systems of work Evidence of Policies and Procedures related to Restraint, Emergency Response to OV

WHS Act 2011 s 19 (3) (f) Reg 39 (3) Evidence of accessibility of these procedures

WHS Act 2011 s 47 Consultation Evidence of consultation of these procedures

Whilst Inspectors were on site another incident occurred where a consumer punched a doctor, this was observed by inspectors on CCTV. In response to this incident the following regulatory action will be taken. The controls in place to protect workers from an occupational violence hazard failed, a Prohibition Notice will be issued under Section 19 (3) (c) prohibiting staff interacting with consumers until the Occupational Violence hazard had been assessed as per Chapter 3 of the Work Health and Safety Regulations. An Improvement Notice will be issued to that a review of control measures is carried out as per s 38 of the WHS regulations following the notifiable incident.

Disclaimer: The issues identified during this inspection are only indicative of compliance with the Work Health and Safety Act 2011, the Work Health and Safety Regulations 2011, the Dangerous Substances Act 2004 and the Workers Compensation Act 1951 on the date of the inspection. If compliance is identified during this inspection, it does not remove the obligation of any person to comply with any further requirement of the above mentioned Acts and Regulations.

Previous action

Previous notice/s issued (either written or verbal)? No

Contacts

Lead inspector email address: matte.davis@act.gov.au

Recipient/s of this form

Email:

Email 2:

Privacy Notice: The information collected for the purpose of the Work Health and Safety Act 2011 and is in accordance with the Information Privacy Act 2014. WorkSafe ACT prevents any unreasonable intrusion into person's privacy in accordance with the Privacy Act 1988 (C'With) and Information Privacy Act 2014. WorkSafe ACT provides identifiable information which can be disclosed to other law enforcement agencies and authorised organisation that have legal authority to request information under prescribed circumstances.



PROHIBITION NOTICE

This is a Prohibition Notice issued under section 195 of the Work Health and Safety Act 2011

Information

Notice number N-0000003775

Issued By: Matt DAVIS

ID number: P32662

To whom this notice is issued

Name of registered directorate: Canberra Health Services

Business or trading name: 82049056234

ABN: 82049056234

Registered Address: suburb: state: postcode:

Site address: 30 Mugga Lane suburb: Symonston state: ACT postcode: 2609

Method of service: Personal

Served on: David Pepper

Date of issue: 12/04/2022

A verbal instruction was not issued.

Description

The provision that the inspector believes is being, or is likely to be, contravened by the activity (s196(1)(c)) is **WHS Acts** Section number - **19(3)**

You are prohibited from carrying on the following activity, or the carrying on of the activity in a specified way:

Staff at Dhulwa Mental Health Facility are prohibited from interacting with consumers until the Occupational Violence hazard has been assessed as per Chapter 3 of the Work health and Safety Regulations 2011.

until the inspector is satisfied that the matters that give or will give rise to the risk have been remedied (s195(2)). The inspector reasonably believes that grounds for the issue of this notice exist (s195(1)), i.e. (a) an activity is occurring at a workplace that involves, or will involve, a serious risk to the health or safety of a person emanating from an immediate exposure to a hazard; or (b) an activity may occur at a workplace that, if it occurs, will involve a serious risk to the health or safety of a person emanating from an immediate or imminent exposure to a hazard.

Basis for belief (s196(1)(a))

Canberra Health Services is the PCBU under section 19 of Work Health and Safety Act for the worksite, Dhulwa Mental Health Facility, that provides mental health treatment to a range of consumers. The PCBU has a duty under section 19 (3) (c) to provide and maintain a safe system of work. On the 11 April 2022 at approximately 17:45 pm Inspectors were shown CCTV footage of a consumer physically assaulting a member of staff resulting in treatment by ambulance. The control measures in place for the Occupational Violence hazard associated with the work conducted at the facility failed to protect the worker. The risk to which the worker was exposed was both physical and psychosocial.

A person conducting a business or undertaking must ensure,
so far as is reasonably practicable—
(c) the provision and maintenance of safe systems of work to prevent occupational violence

Briefly, the activity that the inspector believes involves or will involve the risk, and the matters that gave or will give rise to the risk (s196(1)(b))

Staff interacting with consumers.

This Notice may include directions concerning the measures to be taken to remedy the risk or contravention. You must comply with the direction

Put in place a system of work that eliminates or where not reasonably practicable, minimises the risk of occupational violence and reduces the risk of physical and psychosocial injury to workers.

The inspector recommends that you:

It is recommended that a risk assessment is developed for all high risk interactions with consumers that ensures the WHS hazards are identified and the risks are eliminated where reasonably practicable; and where this is not reasonably practicable, the risks are minimised so far as reasonably practicable using the hierarchy of controls.

See over for important information on your rights and responsibilities.

Prohibition Notice issued under section 191 of the Work Health and Safety Act 2011 - further information

If you have any questions you may contact the inspector who issued this notice.

Display of Notices

A person to whom a notice is issued must, as soon as possible, display a copy of the notice in a prominent place at or near the workplace, or part of the workplace, at which work is being carried out that is affected by the notice (s 210(1)). A person must not intentionally remove, destroy, damage or deface a notice displayed under s 210(1) while the notice is in force (s 210(2)). The maximum penalty for failing to comply with these provisions is \$5,000 for an individual or \$25,000 for a corporation.

Compliance with direction or notice

The person to whom a Prohibition notice is issued must comply with the notice (s197). The maximum penalty for failing to comply with this requirement is \$100,000 for an individual or \$500,000 for a corporation.

Regulator may carry out action

If a person to whom a prohibition notice is issued fails to take reasonable steps to comply with the notice, and after giving written notice of its intentions and the persons liability for the costs, the regulator (WorkSafe ACT) may take any remedial action it believes reasonable to make the workplace or situation safe (s 211). The regulator may then recover the reasonable costs of taking this remedial action (s213).

Contents of Notice

This Notice may state one or more of the following: (a) a workplace, or part of a workplace, at which the activity is not to be carried out; (b) anything that is not to be used in connection with the activity; (c) any procedure that is not to be followed in connection with the activity (s196(3)).

Directions and recommendations

A direction may refer to a code of practice and may offer the person a choice of ways in which to remedy the contravention (s 204). A Prohibition notice may include recommendations. It is not an offence to fail to comply with recommendations in a notice (s205).

Changes to notice by inspector

An inspector may make minor changes to a notice for clarification, to correct errors or references, or to reflect changes of address or other circumstances (s206).

Privacy statement

WorkSafe ACT may obtain personal information about you in connection with this notice. The information may be collected and stored using the powers, and to carry out functions or activities, under the *Work Health and Safety Act 2011* and related work safety laws. Under that Act, the information can be disclosed to other ACT Government agencies or non-government organisations, and other Australian work safety enforcement agencies.

WorkSafe ACT is obliged to handle your information openly, transparently and in accordance with the Territory Privacy Principles set out in the *Information Privacy Act 2014*. For more information about how WorkSafe ACT will collect, use, share, and store your personal information and how you can access and correct the information, please see the Privacy Statement at www.act.gov.au/privacy.

Review of this *Work Health and Safety Act* notice

If you have any questions or need more information you may contact the inspector who issued this notice, or email worksafe@act.gov.au.

You, or another person whose interests are affected by the decision, may apply for an internal review of the decision to issue this notice.

A review may be sought within 14 days. You may also make an application for the reviewer to stay the operation of the Prohibition notice.

Please ensure you include the notice number in your application for a review, together with the applicant's name and address, and the reason you are seeking the review.

An application for a review can be made in writing to: The Work Health and Safety Commissioner WorkSafe ACT, GPO Box 158 Canberra City ACT 2601 or by email: worksafe@act.gov.au

You may then seek a review of an internal reviewer's decision in the ACT Civil and Administrative Tribunal (ACAT). Information about that process can be found at www.acat.act.gov.au.

The decision to issue this notice is also reviewable under the *Administrative Decisions (Judicial Review) Act 1989* on application to the ACT Supreme Court. Further, a person may make a complaint to the ACT Ombudsman about the issue of this notice.

WorkSafe ACT contact details

PO Box 158, Canberra ACT 2601

Email: [Worksafe @act.gov.au](mailto:Worksafe@act.gov.au)

Phone: (02) 6207 3000

Fax: (02) 6205 0336.

Translating and Interpreting Service

Phone: 131 450



IMPROVEMENT NOTICE

This is an Improvement Notice issued under section 191 of the Work Health and Safety Act 2011

Information

Notice number N-0000003778

Issued By: Matt DAVIS ID number: P32662

To whom this notice is issued

Name of registered company or Name of individual: Canberra Health Services

Business or trading name: 82049056234

ABN: 82049056234 Site/workplace: 30 Mugga Lane Symonston ACT 2609

Location within address of workplace:

Served on: David Pepper Method of service: Personal Date of issue: 12/04/2022

Due date to remedy the contravention or likely contravention: 14/04/2022

Description

The inspector believes the person:

- a) is contravening a provision of this Act; or
- b) has contravened a provision in circumstances that make it likely that the contravention will continue to be repeated; and

The provision that the inspector believes is being or has been contravened is **WHS Regulations** Section number - 38

Briefly, how the provision is being, or has been, contravened:

Dhulwa Mental Health Facility as a duty holder must review and, as necessary, revise control measures implemented under the Work Health and safety Regulation 2011 so as to maintain, so far as is reasonably practicable, a work environment that is without risks to health or safety.

The duty holder must review and, as necessary, revise a control measure in the following circumstances:

- (a) the control measure does not control the risk it was implemented to control so far as is reasonably practicable.

On the 11 April 2022 at approximately 17 :45 pm Inspectors were shown CCTV footage of a consumer physically assault a member of staff resulting in treatment by ambulance, the control measures in place for the Occupational Violence hazard associated with the work conducted at the facility failed to protect the worker. The risk to which the worker was exposed was both physical and psychosocial. This led to a worker/s being exposed to Occupational Violence.

This Notice may include directions concerning the measures to be taken to remedy the contravention or prevent the likely contravention, or matters or activities causing the contravention or likely contravention to which this notices relates.

The inspector directs you to:

Review the control measures in place at the facility that are designed to control the Occupational Violence Hazard.

The inspector recommends that you:

Review and Consider available resources to determine appropriate controls:

<https://www.safeworkaustralia.gov.au/doc/preventing-workplace-violence-and-aggression-guide?msclkid=81afe402ba1911ec973e41def5acf>

<https://www.worksafe.vic.gov.au/occupational-violence-and-aggression-safety-basics?msclkid=d00e3c09ba1911eca4ae4c5a8cee2419>

See over for important information on your rights and responsibilities.

Improvement Notice issued under section 191 of the Work Health and Safety Act 2011 - further information

If you have any questions you may contact the inspector who issued this notice.

Display of Notices

A person to whom a notice is issued must, as soon as possible, display a copy of the notice in a prominent place at or near the workplace, or part of the workplace, at which work is being carried out that is affected by the notice (s 210(1)). A person must not intentionally remove, destroy, damage or deface a notice displayed under s 210(1) while the notice is in force (s 210(2)). The maximum penalty for failing to comply with these provisions is \$5,000 for an individual or \$25,000 for a corporation.

Compliance with direction or notice

The person to whom an improvement notice is issued must comply with the notice within the period specified in the notice.

Maximum penalty:

- (a) in the case of an individual—\$50 000; or
- (b) in the case of a body corporate—\$250 000

Contents of Notice

This Notice may state one or more of the following: (a) a workplace, or part of a workplace, at which the activity is not to be carried out; (b) anything that is not to be used in connection with the activity; (c) any procedure that is not to be followed in connection with the activity (s196(3)).

Directions and recommendations

A direction may refer to a code of practice and may offer the person a choice of ways in which to remedy the contravention (s 204). A Improvement notice may include recommendations. It is not an offence to fail to comply with recommendations in a notice (s205).

Changes to notice by inspector

An inspector may make minor changes to a notice for clarification, to correct errors or references, or to reflect changes of address or other circumstances (s206).

Privacy statement

WorkSafe ACT may obtain personal information about you in connection with this notice. The information may be collected and stored using the powers, and to carry out functions or activities, under the *Work Health and Safety Act 2011* and related work safety laws. Under that Act, the information can be disclosed to other ACT Government agencies or non-government organisations, and other Australian work safety enforcement agencies. WorkSafe ACT is obliged to handle your information openly, transparently and in accordance with the Territory Privacy Principles set out in the *Information Privacy Act 2014*. For more information about how WorkSafe ACT will collect, use, share, and store your personal information and how you can access and correct the information, please see the Privacy Statement at www.act.gov.au/privacy.

Review of this Work Health and Safety Act notice

If you have any questions or need more information you may contact the inspector who issued this notice, or email worksafe@act.gov.au.

You, or another person whose interests are affected by the decision, may apply for an internal review of the decision to issue this notice.

A review may be sought within 14 days, or in the case of an improvement notice within the compliance date period specified in the notice, whichever is lesser. You may also make an application for the reviewer to stay the operation of the Improvement notice.

Please ensure you include the notice number in your application for a review, together with the applicant's name and address, and the reason you are seeking the review.

An application for a review can be made in writing to: The Work Health and Safety Commissioner WorkSafe ACT, GPO Box 158 Canberra City ACT 2601 or by email:

worksafe@act.gov.au

You may then seek a review of an internal reviewer's decision in the ACT Civil and Administrative Tribunal (ACAT). Information about that process can be found at

www.acat.act.gov.au.

The decision to issue this notice is also reviewable under the *Administrative Decisions (Judicial Review) Act 1989* on application to the ACT Supreme Court. Further, a person may make a complaint to the ACT Ombudsman about the issue of this notice.

WorkSafe ACT contact details

PO Box 158, Canberra ACT 2601

Email: Worksafe@act.gov.au

Phone: (02) 6207 3000

Fax: (02) 6205 0336.

Translating and Interpreting Service

Phone: 131 450

WORKSAFE.ACT.GOV.AU

MAIL
PO Box 158 Canberra ACT 2601

EMAIL
worksafe@act.gov.au

PHONE
02 6207 3000



ACT
Government

**Canberra Health
Services**

CAVEAT BRIEF

UNCLASSIFIED

To: Rachel Stephen-Smith MLA, Minister for Health/Acting
Minister for Mental Health

Through: Dave Pepper, Chief Executive Officer

Subject: Occupational Violence incident at Dhulwa Mental Health
Unit - 11 April 2022

- At approximately 16:30 on 11 April 2022 at Dhulwa Mental Health Unit (Dhulwa), there was an incident of occupational violence (OV) and four staff were assaulted.
- [REDACTED] were taken to Canberra Hospital Emergency Department after sustaining physical injuries.
- [REDACTED]
- The consumer was restrained which resulted in a seclusion.
- [REDACTED]
- [REDACTED]
12 April 2022.
- [REDACTED]
- The consumer remains in seclusion.

Contact Officer: Jennifer Harland
Contact Number: 5124 1577
Date: 12 April 2022

12/4/22

Noted/Please Discuss

[Signature]

Rachel Stephen-Smith MLA
Minister for Health
Acting Minister for Mental Health



Canberra Health Services

CAVEAT BRIEF

UNCLASSIFIED

To: Rachel Stephen-Smith MLA, Minister for Health/Acting Minister for Mental Health

Through: Dave Pepper, Chief Executive Officer

Subject: Work Health Safety (WHS) at Dhulwa Mental Health Unit (Dhulwa)

- On 11 April 2022, at approximately 1130, the Australian Nursing and Midwifery Foundation (ANMF) Secretary issued Canberra Health Services with a Notice of Entry by Work Health and Safety (WHS) Entry Permit Holder relating to *Section 117 – entry to inquire into a suspected contravention of the WHS Act 2011*, following a code black incident with consumer [REDACTED]
- At approximately 1200, a Dhulwa Health and Safety Representative (HSR) informed staff that under the WHS legislation and as a HSR, they were providing a direction to staff to not work in Lomandra ward as it was unsafe.
- Following this, discussions were held at Dhulwa with the following attendees:
 - Two Worksafe ACT investigators;
 - ANMF representative;
 - Dhulwa HSR;
 - CHS Work Health and Safety Manager;
 - Mental Health, Justice Health and Alcohol and Drugs Services (MHJHADS) Executive Director;
 - MHJHADS Director of Nursing; and
 - Dhulwa Assistant Director of Nursing.
- At approximately 2100, Worksafe ACT advised all staff on the evening shift that the direction by the HSR did not meet the required threshold under the legislation and therefore did not stand.
- Staff were directed to continue working as normal.

Background

- [REDACTED]
- [REDACTED]

Contact Officer: Jennifer Harland
Contact Number: X 41577
Date: 12 April 2022

~~Noted~~ Please Discuss



.....
Rachel Stephen-Smith MLA
Minister for Health
Acting Minister for Mental Health

12 / 4 / 22

From: Davis, MattE
Sent: Wednesday, 13 April 2022 10:25 AM
To: Guthrie, Daniel (Health)
Cc: Alford, Robert; Chipperfield, Alan
Subject: RE: Request Regarding WorkSafe ACT Workplace Visit report and Notices - Canberra Health Services

Follow Up Flag: Follow up
Flag Status: Flagged

OFFICIAL

Hi Daniel,

Thanks for getting in contact with us, my recommendation is that the staff are briefed along these lines:

- The Prohibition Notice has been issued to the CEO of Canberra Health Services and the reason it references staff is that is who it is meant to protect. Staff need to read the whole notice including the part at the top labelled 'To whom this notice is issued'/'
- Staff have no role is clearing the notice other than complying with s 28 of the WHS Act, the PCBU will interact with them through the provisions of s 47 of the WHS Act.

Duties of workers

While at work, a worker must—

- (a) take reasonable care for his or her own health and safety; and
 - (b) take reasonable care that his or her acts or omissions do not adversely affect the health and safety of other persons; and
 - (c) comply, so far as the worker is reasonably able, with any reasonable instruction that is given by the person conducting the business or undertaking to allow the person to comply with this Act; and
- Note A reference to an Act includes a reference to statutory instruments made or in force under the Act, including a regulation and any law or instrument applied, adopted or incorporated by the Act (see Legislation Act, s 104).
- (d) cooperate with any reasonable policy or procedure of the person conducting the business or undertaking relating to health or safety at the workplace that has been notified to workers

And the PCBU must comply with s 47 of the WHS Act and this is their mechanism to get involved in the process.

Duty to consult workers

- (1) The person conducting a business or undertaking must, so far as is reasonably practicable, consult, in accordance with this division and the regulation, with workers who carry out work for the business or undertaking who are, or are likely to be, directly affected by a matter relating to work health or safety.

Maximum penalty:

- (a) in the case of an individual—\$20 000; or
- (b) in the case of a body corporate—\$100 000.

Note Strict liability applies to each physical element of this offence (see s 12A).

- (2) If the person conducting the business or undertaking and the workers have agreed to procedures for consultation, the consultation must be in accordance with those procedures.

(3) The agreed procedures must not be inconsistent with section 48.

The only way to have the wording of the notice amended is through the internal review process detailed on the back of the notice.

In relation to displaying the notice, this is a requirement of legislation, there is no provision to have this changed.

Display of notice

(1) A person to whom a notice is issued must, as soon as possible, display a copy of the notice in a prominent place at or near the workplace, or part of the workplace, at which work is being carried out that is affected by the notice.

If you have any questions don't hesitate to call.

Regards
Matt

Matt Davis | Director – Compliance and Enforcement
P: 02 6205 2618 [REDACTED] E: Matte.Davis@worksafe.act.gov.au
Office of the Work Health and Safety Commissioner
GPO Box 158 Canberra ACT 2601



I acknowledge the traditional custodians of the ACT the Ngunnawal people, and their continuing connection to land and community. I pay my respect to them, and to the Elders both past and present.

From: Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>
Sent: Tuesday, 12 April 2022 7:44 PM
To: Chipperfield, Alan <Alan.Chipperfield@worksafe.act.gov.au>
Cc: Davis, MattE <MattE.Davis@worksafe.act.gov.au>; Alford, Robert <Robert.Alford@worksafe.act.gov.au>
Subject: Request Regarding WorkSafe ACT Workplace Visit report and Notices - Canberra Health Services
Importance: High

OFFICIAL

Hi Alan,

Thanks for trying to get hold of Matt or Bob. I did try both of them and left a message.

The CEO and relevant Exec and senior leaders met this afternoon to plan how to address the notices. We accept the notices and the need to make urgent improvements.

The improvement notice is fine and easily understood.

However the prohibition notice is likely to be problematic in it's current form from the staff lens. It seems as though what is written in the notice is not the same as the intent of this notice. What our CEO described following discussion with Matt and Bob, and what you just described to me was proactive and ongoing risk assessment of individual patients according to Chapter 3 of the WHS Regs which is fine, but this could be misinterpreted due to the wording below:

1. The wording in the prohibition notice includes:

Staff at Dhulwa Mental Health Facility are prohibited from interacting with consumers until the Occupational Violence hazard has been assessed as per Chapter 3 of the Work health and Safety Regulations 2011

This is likely to cause confusion and concern for staff as this wording can be taken to place responsibility and ownership of the notice personally on individual staff members and for them to be deciding for each interaction with patients if they are compliant or not. This also may be taken to give them the choice as to whether they engage in an interaction with a patient or not over a shift.

2. Also, displaying each notice in a prominent proposition tonight at Dhulwa Secure Mental Inpatient facility as required under the Act may lead to greater risks without appropriate communication to staff on how CHS and staff will meet the requirements of the notices. We were unable to develop this communication to staff given we received the notices at 4.41pm this afternoon.

So it is respectfully requested that:

- The notices are not required to be displayed tonight and that a further discussion occur tomorrow.
- The wording of the prohibition notice above be the subject of further discussion tomorrow.

What I do promise is that we are already working on a plan regarding the notices, and have not put a hold on our actions due to the above.

Would appreciate urgent advice on this.

Thanks

Daniel

Daniel Guthrie
Senior Director | Work Health Safety
People and Culture | Canberra Health Services
 Level 1, Building 23 | Canberra Hospital
 Phone: 5124 9544 | [REDACTED]
 Email: daniel.guthrie@act.gov.au
 RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



**Canberra Health
Services**

From: Pepper, Dave (Health) <Dave.Pepper@act.gov.au>

Sent: Tuesday, 12 April 2022 4:50 PM

To: Young, Michael <Michael.Young@act.gov.au>; Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>; Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>; Harland, Jennifer (Health) <Jennifer.A.Harland@act.gov.au>;

O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>

Subject: Fwd: WorkSafe ACT Workplace Visit report and Notices

From: Davis, MattE <MattE.Davis@worksafe.act.gov.au>

Sent: Tuesday, April 12, 2022 4:41:43 PM

To: Pepper, Dave (Health) <Dave.Pepper@act.gov.au>

Cc: Shepherd, Jackii <Jackii.Shepherd@worksafe.act.gov.au>

Subject: WorkSafe ACT Workplace Visit report and Notices

OFFICIAL

Hi Dave,

Please find attached the Work Place Visit report and related Notices. If you have any questions please do not hesitate to contact me and please note the compliance timeframe is tight for the Improvement, I am happy to extend that once your team determines the scope of work.

Regards

Matt

Matt Davis | Director – Compliance and Enforcement

P: 02 6205 2618 [REDACTED] E: Matte.Davis@worksafe.act.gov.au

Office of the Work Health and Safety Commissioner

GPO Box 158 Canberra ACT 2601



I acknowledge the traditional custodians of the ACT the Ngunnawal people, and their continuing connection to land and community. I pay my respect to them, and to the Elders both past and present.

Subject: Discussion regarding WorkSafe Notices - Dhulwa
Location: Microsoft Teams Meeting
Start: Wed 13/04/2022 1:00 PM
End: Wed 13/04/2022 2:00 PM
Show Time As: Tentative
Recurrence: (none)
Meeting Status: Not yet responded
Organizer: Guthrie, Daniel (Health)
Required Attendees: Alford, Robert; Davis, MattE; Smitham, Kalena (Health); Harland, Jennifer (Health); O'Neill, Cathie (Health)
Optional Attendees: Young, Michael; Jean, David (Health)
Importance: High

Agenda - WorkSafe Notices - Dhulwa

1. Wording of Prohibition notice – particularly the section below:

Staff at Dhulwa Mental Health Facility are prohibited from interacting with consumers until the Occupational Violence hazard has been assessed as per Chapter 3 of the Work health and Safety Regulations 2011

2. Display of Notices
 - a) When and how
3. WorkSafe expectations under both Notices
 - b) CHS Action plan
 - c) Milestone reporting
 - d) WorkSafe verification of satisfying notice to finalisation
4. Issues resolution e.g. regarding matters relating to the notices and interpretation
 - a) Internal
 - b) WorkSafe
 - c) External issues raised e.g. Unions
5. Consultation and comms
 - a) Dhulwa staff
 - b) MHJHADS

c) CHS staff

d) ANMF / CPSU / HSU

6. Other

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)



[Learn More](#) | [Help](#) | [Meeting options](#) | [Legal](#)

-- Do not delete or change any of the following text. --

When it's time, join your Webex meeting here.

Join meeting

More ways to join:

Join from the meeting link

<https://actgov.webex.com/actgov/j.php?MTID=m928dd493b322e8372bacfb1f1d0e36d9>

Join by meeting number

Meeting number (access code): 2653 598 8874

Meeting password: PmfEvMkm343

Tap to join from a mobile device (attendees only)

+61-2-9338-2221,,26535988874## Australia Toll

+61-2-9053-7190,,26535988874## Australia Toll 2

Join by phone

+61-2-9338-2221 Australia Toll

+61-2-9053-7190 Australia Toll 2
Global call-in numbers

Join from a video system or application

Dial 26535988874@actgov.webex.com

You can also dial 210.4.202.4 and enter your meeting number.

Join using Microsoft Lync or Microsoft Skype for Business

Dial 26535988874.actgov@lync.webex.com

If you are a host, click here to view host information.

Need help? Go to <https://help.webex.com>

From: Guthrie, Daniel (Health)
Sent: Wednesday, 13 April 2022 3:53 PM
To: Davis, MattE
Subject: FW: Behaviours of Concern and Safety Management Plan Templates - Dhulwa
Attachments: Behaviours of Concern Safety Management Plan (1).pdf; Behaviours of Concern - General Adult.pdf; Occupational Violence Procedure 120422.docx

Follow Up Flag: Follow up
Flag Status: Flagged

OFFICIAL

fyi

From: Guthrie, Daniel (Health)
Sent: Tuesday, 12 April 2022 10:00 PM
To: Harland, Jennifer (Health) <Jennifer.A.Harland@act.gov.au>; Ward, Sonny (Health) <Sonny.Ward@act.gov.au>
Subject: Behaviours of Concern and Safety Management Plan Templates - Dhulwa

OFFICIAL

Hi Jen

As promised see attached and below, I think we need to consider the use of the attached forms in terms of DASA and DUNDRUM.

Sonny will be all over it but I think the SMP is very similar to one in use at Dhulwa, ideally it would be the CHS endorsed SMP though for consistency.

Happy to discuss, this will be change for staff if it is decided so we will need to consider carefully.

Good night.

Daniel

Canberra Health Services

Complete details or affix label

URN: _____

Family name: _____

Given names: _____

DOB: _____ Sex: _____

**BEHAVIOURS OF CONCERN
SAFETY MANAGEMENT PLAN**

This document is to be completed when a patient is identified as higher risk of Behaviours of Concern (BoC) such as occupational violence, self-harm or absconding behaviour and requires specific management.

Higher risk may be identified by:

- » Episode of BoC during current admission
- » History of BoC noted in Alerts
- » BoC risk identified in assessment

Alert - is there an alert for **Safety and Security** on Clinical Portal?

☐ Yes ☐ No

Summary of alert:

Note: ensure to include contribution from patient, family and/or carer in completion of this tool

Known triggers/drivers of BoC

Known underlying issues including:

- » clinical confusion
- » dis-inhibition
- » frustration
- » distress/fear
- » pain
- » social factors
- » addiction
(including nicotine addiction)
- » trauma history
(consider gender allocation)
- » unmet needs - real or perceived

Communication

Tips for communicating:

- » topics the patient likes to talk about
- » topics to avoid discussing with patient
- » how the patient likes to be addressed
- » methods of delivering communications
(consider communication aids, location or conversation)
- » barriers
(e.g. interpreter required, non-verbal, cognition)
- » use of jargon
(soft words, short and clear)

Known Signs of Escalating Behaviour

When distressed/frustrated this may be displayed by:

- » withdrawal/isolation
- » change in communication
- » verbalise escalation
- » body language
(deviations)
- » agitation
(e.g. plucking)

De-escalation Plan / Early Intervention for Agitation

Outline De-escalation and Agitation Management strategies e.g.

- » relocate to quiet area
- » self-soothing strategies
(e.g. distraction, music, hot shower)
- » condition specific interventions
(e.g. pain relief, toileting, reassurance)
- » offer to contact family
- » update with discharge plan
- » safe conversation topics
- » sensory modulation
(items, room)
- » mindfulness/meditation
- » redirection techniques

Planned Response / Code Black

Outline response plan including:

- » status under Mental Health Act?
- » held under Duty of Care?
- » review of medication
- » environmental check
- » appropriate for physical, mechanical or pharmacological restraint?
- » appropriate for isolation / seclusion (as last resort)
- » appropriate for forcible removal from the hospital campus/ treatment area?

Persons present during development of management plan

Signature	Print name	Designation	Date
Signature	Print name	Designation	Date
Signature	Print name	Designation	Date
Signature	Print name	Designation	Date

DO NOT WRITE IN THIS BINDING MARGIN

37033(0821)

URN: _____

Family name: _____

Given names: _____

DOB: _____ Sex: _____

**BEHAVIOURS OF CONCERN
GENERAL ADULT**

The Behaviours of Concern (BOC) incorporates both the Brøset Violence Checklist (BVC®) and management matrix. The BVC® assists in the prediction of imminent violent behaviour.

Quick instructions: Each criteria is scored 0 or 1. Absence of described behaviour gives a score of 0.
Maximum score (TOTAL) is 6. Presence of described behaviour gives a score of 1.

The BVC® should be recorded with each set of regular observations as per patient's observation schedule. Minimum frequency of once per shift.

Alert - is there an alert for safety and security on Clinical Portal?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Summary of alert:											
Behaviours	Date														
	Time														
Confused <i>Appears obviously confused or disorientated</i>															
Irritable <i>Easily annoyed / angered, intolerant of others</i>															
Boisterous/Animated/Noisy <i>Overly noisy, shouts, slams doors</i>															
Verbal Threats <i>Threatening or intimidating language</i>															
Physical Threats <i>Threatening stance or gestures</i>															
Attacking objects <i>Kicking, hitting or throwing objects</i>															
TOTAL (out of 6)															
Initial:															

Note: If patient has a history of violence or aggression as recorded in the Alerts Management System then for any level of risk scoring consider additional actions relevant to the specific alert information.

Management Matrix	Score	0	1 - 2	3 or more
	Risk of violence	LOW Universal violence precautions	MODERATE Low risk precautions plus: Consider preventative measures	HIGH Moderate risk precautions plus: Ensure safety and plan for deterioration
	General	» Review patient alerts for behaviours of concern (through Clinical Portal and other relevant clinical records systems) » Keep patient and family updated with current plan (e.g. awaiting procedure, awaiting results, updates with discharge)	» Ensure personal safety » Call for help if required » Consider risk of "breaking bad news" » Consider more appropriate location for and additional staff (e.g. quiet area of ward, or close to nursing station for observation)	» Call for assistance/Code Black as appropriate » Notify admitting team of risk of violence » Document incident including triggers and management
	Nursing	» Escalate relevant alerts to Nursing Team Leader, and/or Medical Team » Address potential stressors (e.g. analgesia, Nicotine Replacement Therapy, contact family, etc.)	» Notify Nurse in Charge, CNC and treating team MO » Utilise self-soothing and de-escalation strategies » Request relevant PRN and regular medication to be considered » Offer oral medications as appropriate	» Attempt de-escalation if safe to do so » Offer oral medication if appropriate » Suggest self-soothing activities if safe to do so
	Medical	» Chart and review relevant PRN and regular medication (e.g. analgesia, sedation, own medications) » Consider potential clinical causes of agitation/disinhibition (e.g. withdrawal, delirium, disinhibition)	» Consider PRN medications for all patients displaying behaviours of concern » Assist Nursing staff in preventing escalation » Address requests from patient where appropriate	» Attempt de-escalation if safe to do so » Suggest self-soothing activities if safe to do so » Offer oral medication if appropriate » Consider IV/IM sedation if unsuccessful
	Other	» Consider need for Nicotine Replacement Therapy » Consider Allied Health referral as appropriate (e.g. Interpreter Service, Speech Pathologist, etc.)	» Consider requesting increased Security presence » Regularly check-in with bedside nurse » Consider Allied Health referral as appropriate (e.g. Speech Pathologist for communication barriers)	» Request Security presence until care plan established » Consider Allied Health referral as appropriate (e.g. MHCL)

Adapted from BVC developed by: Linaker OM, Busch-Iversen H. Predictors of imminent violence in psychiatric inpatients. Acta Psychiatr Scand 1995;92:250-254

ACTION(S) TAKEN	DATE	WAS THIS EFFECTIVE? IF NOT, WHY?

ACTION PLAN FOR FUTURE AGITATION OR AGGRESSION Consider what works. Consider input from carer/consumer.	DATE DOCUMENTED
Triggers:	
Early Warning Signs:	
General:	
Nursing:	
Medical:	
Other:	

Names of people consulted in the development of this plan:

Name	Designation

Signature

Print name

Designation

Date



Canberra Health Services

Procedure

Occupational Violence (OV)

Contents

Contents	1
Purpose.....	2
Scope	2
Section 1 – Governance.....	2
Section 2 – OV Strategy.....	3
Section 3 – OV Prevention and Management.....	3
Section 4 – OV Training	14
Section 5 – Response.....	16
Section 6 – Reporting OV	20
Section 7 – Support to staff.....	22
Section 8 – Investigation of OV incidents	24
Section 9 – Staff / Consumer Awareness	26
Evaluation.....	27
Related Policies, Procedures, Guidelines and Legislation.....	27
References.....	29
Definition of Terms.....	30
Search Terms	31
Attachments.....	31

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	1 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



Purpose

The purpose of this procedure is to provide Canberra Health Services (CHS) staff, students, volunteers and contractors with clear direction on Occupational Violence (OV) prevention and management including:

- Governance structure for the management of OV
- Strategies for the prevention of OV in the workplace
- Response to actual or potential high-risk OV
- OV training requirements for staff
- Reporting and investigation of OV incidents
- Support for staff following an OV incident
- Staff and Consumer awareness

[Back to Table of Contents](#)

Scope

This procedure applies to CHS staff, patients, contractors, visitors and others (e.g. volunteers, students on clinical placement at CHS). All staff have a responsibility to be compliant with this procedure and the associated OV Policy.

For the purposes of this procedure:

- patient means 'patient, client, consumer, person'.

[Back to Table of Contents](#)

Section 1 – Governance

1. Organisational Commitment

CHS is committed to the prevention and management of OV. The CHS Chief Executive Officer (CEO), Executive and Management demonstrates this commitment to preventing and managing OV by remaining aware of OV risks within their area of control and taking action to minimise those risks.

2. CHS Peak Work Health and Safety (WHS) Committee

The CHS Peak WHS Committee provides oversight in the prevention and management of OV. Functions of the CHS Peak WHS Committee include:

- Monitoring the implementation of the CHS OV Strategy 2020-2022
- Reviewing statistical reports of OV incidents, training and emergency response
- Developing strategies to improve prevention and management of OV in consultation with executive, management, staff, patients, carers and other stakeholders

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	2 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



- Ensuring alignment with Whole of Government OV procedures and initiatives

[Back to Table of Contents](#)

Section 2 – OV Strategy

The *CHS OV Strategy 2020-2022* describes the strategic goals, outcomes and key actions relevant to the prevention and management of OV across the following eight domains.

1. Governance
2. Prevention
3. Training
4. Response
5. Reporting
6. Support
7. Investigation
8. Staff/Consumer awareness.

The development of the CHS OV Strategy followed extensive consultation with internal and external stakeholders, including frontline staff (medical, nursing, midwifery, allied health, support and administrative staff), Health and Safety Representatives (HSRs), unions and consumer/carers advocacy groups.

Progress on the implementation of the OV Strategy is regularly reviewed by the CHS Peak WHS Committee with updates provided to the CHS executive. The CHS Peak WHS Committee will ensure that a review of the OV Strategy occurs every three years and involves consultation with internal and external stakeholders.

The OV Strategy is available on the HealthHub - [Occupational Violence | Canberra Health Services Intranet](#)

[Back to Table of Contents](#)

Section 3 – OV Prevention and Management

CHS aims to prevent and minimise OV by adopting a risk based and multifaceted approach. Key goals in OV prevention and management are to ensure that:

- OV risks are identified, assessed and managed with the aim to eliminate (where possible) and minimise OV risks
- There are effective tools and strategies available to management and staff to assist in OV prevention and management
- Consultation and communication occurs with managers, staff and HSRs when implementing OV prevention and management strategies and tools, at the local level.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	3 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



These staff have a direct understanding of their work environment and are the mostly likely to be exposed to OV.

In this section a variety of tools, strategies and information is provided to assist in OV prevention and management.

1. Work Unit Level - OV Risk Assessment

Occupational Violence Risk Assessment Tool (OVRAT)

The OVRAT is used at a work unit level to systematically identify and manage OV risks and hazards using key criteria including:

- Identification of OV risks
- Building design and facilities
- Response to an OV incident
- Reporting processes
- Incident Investigation
- Security systems and processes
- Environment
- Training completion and availability
- Support to staff postOV incidents and
- Staff/Consumer Awareness.

The OVRAT must be completed for all CHS work areas that have patient contact including face to face, including telehealth/video conference and/or over the phone. This also includes relatives and visitors.

The frequency of completing an OVRAT for a work area is detailed in Table 1 based on the level of risk identified in the:

- First ever OVRAT of the work area - the level of risk identified in the first ever OVRAT e.g. and existing work area never assessed before or a new work area

OR

- Most recent OVRAT – the level of risk identified in a future risk assessments following the first ever OVRAT for the work area.

Table 1: OVRAT Frequency

Risk level	Timeframe
Lower risk	Every 3 years
Medium risk	Every 2 years
Higher risk	Annually

Please note - the frequency of completing an OVRAT in Table 1 is the minimum timeframe. It is recommended to complete an OVRAT more frequently if required e.g. an increase in reported incidents of OV, changes to the work environment, moving to a new location, new services added to the work area, requested by staff or a HSR, etc.

The completion of the OVRAT, including the implementation of the action plan developed, is to occur as follows:

- The Work Health Safety (WHS) team will lead the development of the initial OVRAT for each work area where an OVRAT is not already in place

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	4 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



- Development and finalisation of all OVRATs is to occur through consultation with local management, HSRs and staff
- When an OVRAT is finalised, the work area Manager is responsible for ensuring that all actions detailed in the action plan are implemented in a timely manner
- The OVRAT is to be tabled at the Divisional WHS Committee where the implementation of the action plan is to be monitored until actions are completed
- As per table 1 above, the completion of future OVRATs are the responsibility of and are to be led by the work area manager and the WHS team will provide support upon request

The OVRAT form (WHSF.55) is available on the HealthHub at the following location:

[OVRAT | Canberra Health Services Intranet](#)

Note: The OVRAT includes a comprehensive list of risk factors that can be used for risk assessments and other WHS activities such as incident investigation and building design.

2. Individual Patient OV Risk Assessment (OV risk factors and indicators)

Clinical OV risk assessments for individual patients are used to identify, prevent and manage OV risks for that individual. Clinical OV risk assessments for individuals include static and dynamic risk assessments.

Note:

It is important to involve Aboriginal Liaison Officer (ALO) expertise early when considering tailored patient OV strategies (including the Tiered Behaviour Management Sanctions listed below and in Attachment 1) for Aboriginal and Torres Strait Islander people, to ensure planning and support is provided in a culturally safe manner.

a. Static Risk Assessments

Static risk assessments are used to identify OV risks using indicators specific to the patient that tend to not change over time, and that are important to consider at any time during contact with the client. Examples may include:

- History of OV incidents
- History of self-harm and/or harm to others
- Forensic history
- History of breaching court ordered treatment such as medication regime under a Psychiatric Treatment Order
- History of carrying weapons in a health facility
- History of having access to weapons in the home setting
- Current diagnosed conditions which affect mental function and can cause a greater potential for OV e.g. Dementia, drug dependence, delirium, head injury/trauma, cognitive impairment.

Staff who are caring for a patient should review patient information for static risk factors and indicators that may be available in the following sources:

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	5 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



- Alerts Management System (AMS) – patient alerts on Clinical Portal including the following alert categories:
 - Behaviour and safety alert, such as aggressive/violent behaviour or carries weapons
 - Home environment alerts, such as two staff recommended
 - Clinical alerts, such as management plan.

Note: It is important that the alerts on the patient profile in the Alert Management System are up to date and regularly reviewed to ensure the alerts reflect the patient's current needs and care requirements. Alerts that are out of date but left active on the patient's profile can affect the care delivered to the patient. To reduce the risk of this occurring the alerts on a patient profile should be reviewed at commencement, during and at the completion of patients episode of care.

- Existing assessments and information - Admission paperwork, such as admission assessments, triage assessments, Pre Home Visit Risk Assessments, history component of HCR-20 (Historical Clinical Risk management – 20). A clinical tool used for forensic mental health populations.

To ensure effective static risk assessment for OV, staff must:

- Remain vigilant when reviewing patient information for static risk factors and indicators
- Pay particular attention to critical risk information indicating a higher risk of OV e.g. OV Alert for a patient on the AMS
- Ensure that static risk factors are recorded appropriately to alert other staff of potential OV risks e.g. enter relevant OV alerts on the AMS as soon as possible.

Staff should use this information to determine any appropriate risk mitigation measures to prevent and reduce the risk of OV. The staff member caring for the patient would implement relevant strategies, discuss further with the treating team or escalate the identified OV risk to a more senior staff member or manager for guidance and/or assistance.

b. Dynamic Risk Assessments

Dynamic risk assessments use certain patient behaviours to predict short-term risk of OV. Dynamic risk assessments are relevant to a period of time during care or treatment and are important to consider during contact with a client. Examples include:

- Observation and assessment of the individual for known indicators often associated with and occurring prior to an OV incident e.g. agitation, confusion, and/or threats to others
- The condition, stage of treatment or recovery of the individual and associated factors that may increase the likelihood or potential for OV e.g. acute intoxication, delirium related to medication, acute head injury, or waking from anaesthetic.

While there are many dynamic risk assessment tools, some common behaviours of concern used to identify risk of OV include agitation, confusion and verbal or physical threats. Investigation and management of underlying causes of the behaviour are required to

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	6 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



effectively prevent an OV incident. This includes addressing patient needs such as pain control, untreated psychiatric symptoms or delirium, social stressors, anxiety, and basic needs such as toileting. Tools used across CHS include the following:

Table 2: Dynamic Risk Assessment tools used in CHS

CHS location	Tool
Emergency Department	Broset Violence Checklist
Intensive Care Unit	Richmond Agitation Sedation Scale
Geriatrics (11A/B)	Geriatrics Agitation Scale
Adult Mental Health (12B)	Broset Violence Checklist
Adult Mental Health Unit	Broset Violence Checklist
Mental Health Short Stay Unit	Broset Violence Checklist
Dhulwa Mental Health Unit	Dynamic Appraisal of Situational Awareness: Inpatient Version (DASA-IV)
Neurosurgery (9B)	Broset Violence Checklist (incorporated into the BoC chart)
Adolescent Ward	Paediatric Behavioural Assessment, Observation and Management chart
General Medicine (7A/6A)*	Broset Violence Checklist (incorporated into the Behaviours of Concern (BoC) chart)
University of Canberra Hospital*	Broset Violence Checklist (incorporated into the BoC chart)

*These locations are currently implementing the BoC chart with finalisation of implementation expected to be completed by June 2022.

There are multiple tools which assess risk in other aspects and are used for targeted patient cohorts. Examples include but are not limited to:

- Comprehensive Care Planning Assessment and Risk Screening tool
- History Clinical and Risk management – 20 (HCR-20)
- Clinical Risk Assessment and Management
- Brief Risk Assessment
- 4AT Assessment for Delirium and Cognitive Impairment
- Abbreviated Mental Test and Delirium Screen
- Home Visit Pre-Assessment
- Referral and Consent for Treatment – Hospital in the Home
- Hospital in the Home Checklist

3. Individual Patient - OV Plan and Risk Controls

Individual Patient OV plans and risk controls are to be developed in partnership with the patient, their carer, nominated person or other relevant family members where appropriate.

Partnering with the patient and others will assist in gathering adequate information to best support the patient's needs, prevent episodes of OV and to effectively intervene with least restrictive methods.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	7 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



Examples of Individual Patient OV plans and risk controls include:

- a) **Behaviours of Concern (BoC) Safety Management Plan** - can be utilised to document a plan for:
 - Prevention and management of identified OV risks from an individual patient consumer
 - Sharing information around a patient's known triggers/drivers, communication strategies, signs of escalating behaviour, de-escalation/early intervention plan and planned response/Code Black
 - The Behaviour Chart – Geriatric form can be used to document triggers and strategies for geriatric patients.
 - In a mental health setting patients may have an Advance Agreement in place that details a patient's preference for future mental health treatment, care and support. This agreement may include information for strategies to manage signs of escalating behaviour
- b) **Procedures relating to behaviours of concern** – can be implemented to address specific conditions or behaviours that increase the risk of OV e.g. delirium, dementia and cognitive impairment, mental illness, alcohol, nicotine and/or drug withdrawal, chronic pain management, neurological conditions, family violence, etc. Examples include:
 - Management strategies for patients with behavioural disturbance associated with acute delirium and/or dementia such as music therapy, exercise, etc
 - Short term medical management of acute behavioural disturbance e.g. use of low stimulus environments such as de-escalation spaces or seclusion rooms, sedation protocols, etc
 - Working with patients who present with drug and/or alcohol intoxication such as alcohol withdrawal management in conjunction with groups, mindfulness, cooking, etc
 - Management of patients with acute or chronic mental health conditions such as group therapy, sensory modulation, exercise, cooking and art therapy.

4. Other Initiatives

CHS will consider trials and implementation of initiatives that will prevent and minimise OV subject to consideration to operational arrangements and funding available.

An example is Safewards which has been implemented in the CHS General Medicine ward (7B) and the Adult Mental Health Unit (AMHU).

Safewards is aimed to limit the occurrence and impacts of Occupational Violence (OV), as well as broader culture change strategies that seek to ingrain respect, inclusion and collaboration.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	8 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



The Safewards interventions when implemented together have proven to reduce conflict and containment incidents from occurring, these interventions include:

- 'Know Each Other' - Patients and staff share some non-sensitive information with each other which assists to build rapport, respect and common humanity
- 'Clear Mutual Expectations' - Patients and staff work out mutually agreed aspirations that apply to both groups equally to counteract some power imbalances
- 'Positive Words' - Staff use positive objective language in clinical handover by using psychological explanations for challenging behaviours, to increase positive appreciation and helpful information about working with patients
- 'Reassurance' - Staff debrief every patient every time after a conflict on the ward, used to increase patients sense of safety and further reduce conflict
- 'Bad News Mitigation' - Staff understand, plan for & mitigate the effects of bad news received by patients which reduces the likelihood of conflict
- 'Soft Words' - Staff rethink limits on patients, by reducing limits and/or increase options and respect in limit setting, promotes respect, choice and dignity
- 'Calming Methods' - Staff use patients own strengths and coping strategies, or explore new ones, before using medication, which strengthens patient coping, skills and resources
- 'Talk Through' - Staff use consistent de-escalation process emphasising self-control, respect and empathy, with a focus on clarifying issues and finding resolution together. This promotes respect and mutually positive outcomes
- 'Discharge Messages' - Patients leave messages of hope for other patients which strengthens patient community and hope
- 'Mutual Help Meeting' Patients offer and receive mutual help and support in a group environment which strengthens patient community and coping.

Safewards interventions adapted for use in non-mental health settings e.g. Emergency Departments and General Medicine include:

- 'Smart and Tidy' - Staff and patients maintain a clean and tidy ward, which sends an important message about the efficiency and effectiveness of the staff and patients who share this space.
- 'Senior Safety Round' – Senior Staff regularly 'round' on every patient, every day, ascertaining patients sense of safety and satisfaction of their inpatient experience which presents as a useful opportunity to assess patients health and wellbeing.

Information regarding Safewards can be found on the ACT Health intranet at the following location: [Safewards | ACT Health Intranet](#).

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	9 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



5. Recording and Communicating OV risks to other staff

OV risk is critical information to handover and privacy concerns should not prevent appropriate communication of risk to other CHS staff or external organisations.

- During shifts - information on OV risks must be communicated as it arises, including any strategies to address the risk. For example:
 - Verbally reporting to other staff detailing OV concerns e.g. identified escalation or precursors to escalation or Static risks e.g. previous history of violence in a healthcare setting
 - In OV risk assessment tools (e.g. Broset Violence Checklist)
 - In clinical notes e.g. parents unable to visit and patient becomes angry.
- During clinical handover - OV risk is to be highlighted in the relevant sections of ISBAR (Introduction, Situation, Background, Assessment and Recommendations) such as:
 - Static risks in 'Background' e.g. previous history of violence in a healthcare setting
 - Details of an OV incident on the previous shift under 'Situation' and
 - Control measures that are being recommended to address the risk in 'Recommendations' e.g. two staff attend, discussions regarding medication to occur with Doctor if possible (as patient becomes angry).
- Transfer of Care - when a patient is transferred or discharged to another organisation, OV risk and management plans must be communicated.
- A Memorandum of Understanding (MOU) exists between some services such as between ACT Policing, ACT Ambulance Service, Calvary and CHS. Examples of when this occurs includes between CHS and:
 - Correctional facilities such as the Alexander Maconochie Centre (AMC)
 - Aged Care Facilities
 - ACT Policing
 - ACT Ambulance Service
 - Private health services
 - Interstate health services
- Community Settings – when staff provide care for patients in a community setting such as a patient's home. Examples include:
 - Risk of OV is communicated to other community-based healthcare staff by completing the CHS Home visit pre-assessment form
 - On discharge to a community based team, the treating team ensure risk is communicated within the referral and an alert is added to the AMS.

6. Tiered Behaviour management sanctions (Written warnings and other measures)

The use of behaviour management sanctions may be necessary when a patient or visitor is involved in significant, frequent or ongoing episodes of OV directed towards staff.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	10 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



It is recommended to use the sanctions listed below in the order listed and only to move to the next level of sanction if the undesired behaviour/incidents continue. This is to give the person the opportunity to reflect and change their behaviour.

1. Verbal warnings
2. Written warnings
3. Alternative Treatment Arrangements
4. Conditional Agreement
5. Workplace Protection Order (WPO)
6. Withholding of treatment

A more serious sanction may be selected at an earlier stage depending on the incidents and the behaviour and impact on staff and patient safety. For example, some situations may require more limiting sanctions early such as a Workplace Protection Order due to the serious nature of the OV and impact e.g. a visitor who becomes extremely violent and/or significantly impacts staff/patient safety and operational service delivery.

Refer to Attachment 1 for details on each Behaviour Management Sanction, Attachment 2 for the Written Warning template and Attachment 3 for the Conditional Agreement template.

7. Safety in design - Building and Facilities

The application of safety in design principles in the building design phase is essential to identify and address OV risks, provides a higher level of risk control and reduces the potential for expensive fixes/modifications after build e.g. installation of dual egress in an interview room after the build.

CHS will ensure that OV risks are considered in the design of new buildings or refurbishment of its facilities with the goal to ensure that patients, visitors and staff feel safe and secure in CHS settings. This will be achieved by:

- Referring to and applying the Australasian Health Facility Guidelines
- Applying the principles of Crime Prevention Through Environmental Design (CPTED) to deter and reduce crime and enhances building security. The key principles are as follows:
 - 'Territorial reinforcement' such as using clearly CHS branded wayfinding resources to define staff only access areas and public areas
 - 'Access Control' such as defined boundaries between staff only and public areas (via the use of physical barriers, signage or markings) natural surveillance, clear line of sight, lighting, minimal hidden or screened areas
 - 'Maintenance' such as well-maintained and visually appealing facilities, which sends a message that people notice and care about what happens in the area
- Ensuring that all relevant stakeholders are consulted regarding building design such as staff including HSRs the WHS team), consumers and carers, unions, etc
- Utilising gaps identified during an OVRAT for future builds or refurbishments

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	11 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



- Identifying safety in design specific OV risk controls may include but are not limited to:
 - Clear line of sight to patients, staff and visitors. Where line of sight is obstructed utilise appropriate risk controls, e.g. dome mirrors or viewing panels in doors
 - High visibility and controlled access to interview/treatment rooms
 - Dual access/egress points for staff, visitors and patients in identified high risk areas
 - Room layout that does not permit obstacles between staff and the door
 - Furniture is arranged to avoid staff from becoming trapped or cornered
 - Doors which are outward opening to avoid barricading
 - Comfortable but minimal furniture
 - Staff parking is within safe, designated areas and includes access control, traffic slowing measures, adequate lighting, CCTV and separate footpath/vehicle routes
 - Furniture that cannot be thrown (e.g. fixed to the floor or weighted)
 - Furniture that does not have sharp edges
 - Reception areas are anti-jump and anti-vault and allow for natural surveillance, with open fields of view
 - Use of safety/laminated glass in identified high risk areas
 - Use of gun safe for the temporary storage of ACT Policing firearms
 - Flush mounting of fixtures and fittings, including for wall-mounted or enclosed TVs
 - Separate entries for staff where access to portable duress is available before entering the clinical area, in high-risk locations
 - Accessible and secure locations for staff to retreat to in an emergency
 - Security systems as listed in the section below.

Note: The above risk controls require examination and review in new building, refurbishment and renovation design.

8. Security response and systems

To apply safety in design principles effectively security response systems should be considered during the design phase and reviewed regularly to identify improvements. Examples of security systems that are effective in the prevention and management of OV include the following:

- Security audits and risk assessments that are conducted bi-annually, as per the ACT Government Protective Security Policy Framework
- Security arrangements are specifically tailored to the site and assessed OV risk
- Security Officers are part of the response team to incidents of OV and are essential staff in the prevention and management of OV
- Security-trained personnel are available to participate in incident investigation
- Comprehensive CCTV surveillance coverage of CHS sites
- Security-trained personnel conduct regular foot patrols through designated areas of the health service according to the assessed OV risk
- Access points to clinical and staff only areas are controlled via access control
- Security systems that can effectively differentiate between those who have authorised access and those who do not

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	12 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



- Inpatient and outpatient areas must be capable of being locked down. Access to inpatient units during a lock down situation should be by access card or a combination of intercom call and CCTV acknowledgement, managed from a select staff station located within the unit
- Electronic access control systems provide the ability to immediately lock-down areas and contain OV incidents
- Bollards to restrict vehicle access near public entrances to the health service
- Front of house/reception areas provide a comfortable, spacious waiting area with enough seating for peak demand times
- Security and reception staff can see all areas using CCTV and/or mirrors
- Duress alarms – fixed and mobile across CHS, including community health centres, other off campus health services and staff car parks
- Fixed duress buttons are positioned in high-risk areas (as determined by a risk assessment) and linked to Closed Circuit Television (CCTV) as an alarm event
- Portable duress alarms (personal duress) are available for use in high-risk areas where staff members are mobile during a shift.
- Community Duress Devices are available for staff who conduct home visits or transport patients in vehicles to appointment or on leave from an inpatient facility

9. Work Environment and Processes

- Staff should consider needs of patients receiving care who are from a non-English speaking background or are deaf and utilise resources such as interpreters, advocates or liaison officers to ensure effective communication
- Secure storage and checking process for potentially dangerous items, such as kitchen and occupational therapy equipment
- Removing or changing the activity that precipitates the risk
- At staff/nurses' stations, clinical areas and desk spaces are kept clear of any items that could be used as a weapon, such as vases, staplers, pamphlet holders or scissors
- Staff should be clearly identified such as wearing identification (ID) badges with triple-break lanyards
- Staff communicate with patients and visitors in waiting areas about wait times and concerns about access to treatment.
- Conducting home visits with two staff
- Treating a patient in an alternative setting such as a community health centre or Canberra Hospital campus
- Two person home visits or home visits with ACT Policing in attendance
- Staff consider the location of patients in vehicles when taking on leave from an inpatient facility or transporting to an appointment

10. Personal Safety

- Staff may consider enhancing their security settings on social media such as making private, not using a photo of themselves and use of a pseudonym instead of using a real name. Staff should not share personal details with patients such as home address and personal mobile numbers

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	13 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



- Staff should use the 'hide number' setting on your phone when making calls on personal mobile phones
- If working from home, staff should not voluntarily disclose this to patients

11. Training

As a method of prevention and management of OV Training is detailed in Section 4.

[Back to Table of Contents](#)

Section 4 – OV Training

All CHS staff must be provided with appropriate training to understand, assess and manage OV risks relevant to their role and work environment. This training will vary in format and will include some or all the following OV training components:

- Identifying escalating behaviours and triggers
- Awareness and De-escalation strategies
- Protection techniques and
- Restraint.

To ensure staff are appropriately trained work area managers should refer to the training requirements and guidance listed in the table below.

Table 3 – CHS Staff OV Training Requirements – Assessment and Guidance

Course Name	Training details	Who/Frequency
OV eLearning – all staff	eLearning – Base Level OV Training eLearning modules include awareness, risk assessment, rights and responsibilities, understanding human behaviour, positive interactions and choices, planning and de-escalation, dynamic risk assessment, personal safety and post incident processes.	All staff Mandatory - once only, can refresh as needed
OV Face to Face Training – 3 Modules	Face to Face Modules – Moderate to Advanced OV Training 1. Awareness and De-escalation * Triggers, Your Intuition, Complacency, Verbal Cues, Body Language, Environment, Your Emotions, Remote work, Communication styles, Crisis verbal de-escalation skills, Empathetic responses, Phone calls, remove yourself, find somebody to help, Using your voice and Debriefing. 2. Protect *	Higher Risk Staff – as determined by Training needs assessment Mandatory – as per Training needs assessment Training Needs Assessment (TNA) For each staff member/team a TNA is to be conducted to determine how many, if any of the 3 modules need to be completed, and frequency of refresher training. The assessment is to be conducted by the work area Manager in consultation with Workforce Capability (and WHS as required).

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	14 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



Course Name	Training details	Who/Frequency
	<p>Distancing and Stances, Breakaway / Escapes, Striking / Kicking / Pushing, Using the Environment, Practice and Drills on Breakaway/Evasion/Escape)</p> <p>3. Restraint *</p> <p>Physical restraint/Code response, roles and responsibilities of staff in restraint teams, team response to aggression, confinement drills and role play exercises</p>	<p>The assessment is to consider the team/staff member OV exposure including:</p> <ul style="list-style-type: none"> • OV risks relevant to their role and duties and patient cohort they work with • OV incident frequency, type and severity e.g. physical/verbal • Extent to which they require higher level training – e.g. restraint for staff likely to have a need to restrain patients e.g. mental health inpatient areas • The OVRAT risk level and information (if available). <p>An indicative guide based on role and work environment is provided table 2 below</p>
OV Face to Face –Local Refresher & Scenario based Training	<p>Local Team based refreshers - using role play/drills/simulation techniques relevant to OV risks for unit.</p> <p>Restraint focused for high-risk areas</p>	<p>All teams/staff who have completed initial face to face training</p> <p>Frequency - assessed and determined by Work Area Manager in consultation with Workforce Capability (Minimum 3 monthly)</p>
OV Training for Security Officers	State Security licensing requirements, in addition to training listed above.	CHS and contracted Security Officers Regular refreshers required.
<p>Important</p> <ol style="list-style-type: none"> 1. In addition to the above, additional training may be required for specific risks and these training needs should be assessed and determined by the work area Manager as required – see Area/Patient cohort specific training below. 2. *Recognition of Prior Learning (RPL) will be considered for Module 1, however, Modules 2 and 3 will be determined by the Training Needs Assessment and may require a refresher only. 		

Table 4 - Indicative Guide for Training Required – Specific Work Areas/Roles

	OV eLearning	Module 1 Awareness and De escalation	Module 2 Protect	Module 3 Restraint
Mental Health inpatient area	X	X	X	X
Emergency Department	X	X	X	X
Security	X	X	X	X
Wardsperson	X	X	X	X
All other patient facing services from CHS (e.g. outpatient services)	X	X	X	

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	15 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



Community Health Services (e.g. non CHS sites)*				
Corrections based staff	X	X	X	
General Ward area	X	X	X	
Ward clerk	X	X	X	
Call centre staff	X	X		
Roles with very occasional exposure to OV e.g. hospital assistant, cashier	X	X		
Roles not Client facing/no exposure to OV e.g. generally no direct contact with patients	X			

* Non CHS sites refers to home visits, taking a patient on leave from an inpatient facility, groups run in public areas.

Area/Patient cohort specific training

In addition to the mandatory training, staff may require area specific training to work with specific consumer cohorts and this is the responsibility of the work area to determine. This type of training can be provided through in-services, conferences and external courses.

Non-clinical support staff, such as ward clerks, security and wards persons, may benefit from an awareness level version of training to get a better understanding of consumers and the strategies to manage behaviours of concern.

Examples of specific training include but are not limited to the following:

- Working with mental health consumers
- Management of patients with behavioural disturbance associated with acute delirium and/or dementia
- Management of cognitive impairment
- Short term medical management of acute behavioural disturbance
- Use of dynamic risk assessment tools such as DASA-IV and the Broset Violence Checklist
- Working with forensic mental health patients
- Acquired brain injury
- Drug and alcohol intoxication.

[Back to Table of Contents](#)

Section 5 – Response

1. Prevention and Early Intervention response (Prior to Code Black Response)

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	16 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



It is important to recognise potential for OV that may be due to treatment, social factors, illness/health issues and put strategies in place to manage risk. The image below shows that in CHS a Code Black might be called when an OV risk has escalated, and it is often too late for de-escalation strategies to work.

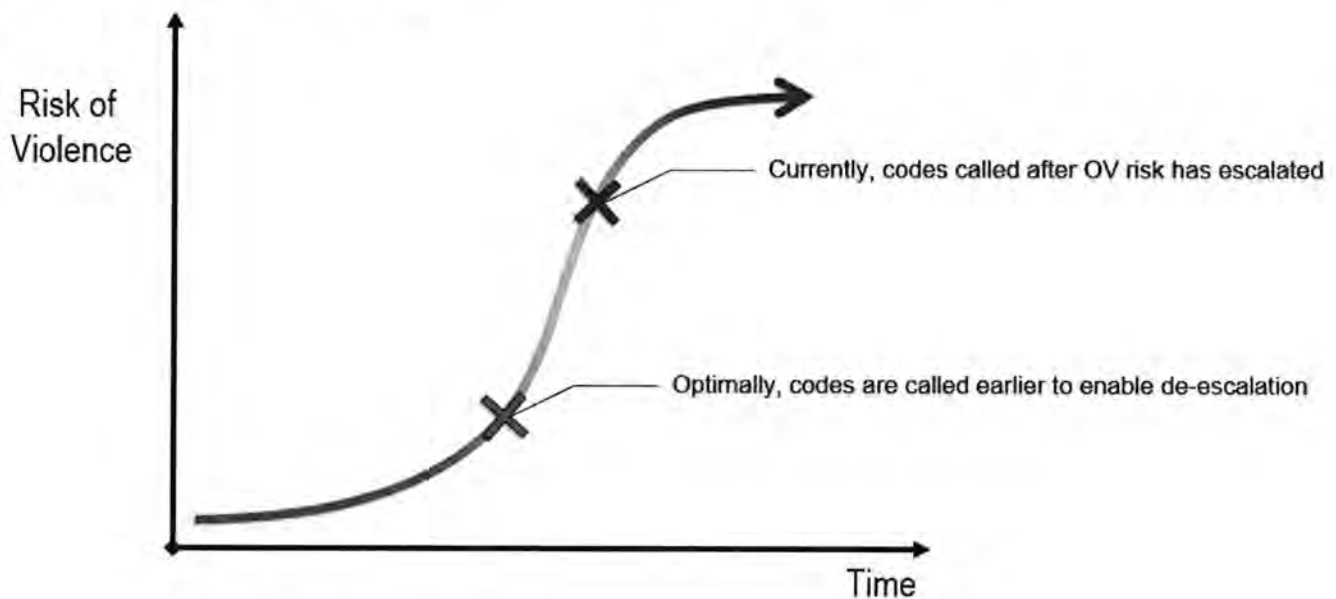


Image 1 – OV Escalation

By intervening early (i.e. the green X in Image 1) there is a higher likelihood for de-escalation and a lower risk of harm to staff, patients and others in the area. Examples of how to intervene early can include:

- Planning how to break 'bad' news to a patient and family
- Developing a BoC safety management plan with a patient and carer when an alert identifies the person has a previous history of OV
- Planning for the next appointment with security or wardsperson presence
- Responding to patient agitation early using communication skills, diversion strategies, offering to take to a low stimulus environment, offering Pro re Nata (PRN) medication, etc. PRN medication refers to medication that does not have a scheduled time but taken as needed, as prescribed by a medical officer e.g. medication for pain or agitation

Refer to Section 3 for strategies to identify, prevent and manage OV risk and refer to Attachment 4 – Signs of Violent or Aggressive Behaviour.

2. Code Black Responses

Code Black refers to any form of personal threat towards staff, building invasion, armed intrusion, etc. Activation of Code Black should occur when de-escalation has failed or as soon as there is any threat or physical violence towards staff, patients or members of the public, which is unable to be contained by staff in the immediate vicinity. Code Black responses address OV incidents that impact on the safety of staff, patients or others.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	17 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



OV incidents where a Code Black may be called are grouped into three main areas:

1. Unarmed confrontation e.g. threat, escalating behaviour or assault
2. Armed confrontation e.g. person wielding a weapon or improvised weapon
3. Illegal occupation e.g. siege or riot.

3. Recommended Composition/Makeup of Code Black Response Team*

Detailed below is recommended composition/makeup of the Code Black Response team.*

- Number of staff - to manage the incident safely depending on the availability of staff and the circumstances and potential for harm to staff or others e.g. Dhulwa Mental Health Unit have a minimum requirement of 5 staff to attend a code black whereas other areas may have less numbers depending on the type of service and availability of staff
- Training of staff - ideally all respondents are appropriately OV trained including in de-escalation strategies and the management of an OV incident according to current OV training

*Note**It is important to note that this is the ideal composition/makeup of the Code Black Response team and it is recognised that this is often not possible to meet this due to the availability and training of available staff. For this reason any response should occur with available staff according to the urgency of the situation, risk to staff and others and in accordance with current OV training principles.

CHS staff who work in services where an appropriately staffed Code Black response is not possible due to limited staff numbers or training must in the first instance follow processes to activate an emergency response by

- Contacting police on 000 or 131444
- Containing or isolating the area
- Consideration of utilising lock down functions, as required.

CHS community health staff providing care in a patient's home must follow processes to activate an emergency response, such as:

- using the community duress device (CDD) as detailed under the Community Duress Device Procedure and
- leaving the home if safe to do so and contacting their nominated contact person or emergency services as necessary

Note: Emergency Plans are available on the HealthHub at the following location - [Emergency Plans and Responses | Canberra Health Services Intranet](#)

4. Special Emergency Response Team (SERT)

The Special Emergency Response Team (SERT) attends a Code Black that has exceeded normal clinical response capabilities (i.e. extreme violence and use of non-bladed weapons

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	18 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



and immediate risk of serious injury to staff and others), but not yet requiring intervention by police.

The use of SERT is for exceptional circumstances where an intervention with the patient is required due to immediate risk or potential risk of serious injury to staff and others, such as forcible giving of medication to keep the patient and staff safe.

SERT employs special safety equipment and tactics, such as the use of a soft shield and protective headwear and body suits, to confidently restrain a violent patient and allow clinicians to safely care for them.

SERT operators ideally will maintain a reasonable level of fitness, participate in regular practice drills with each other and undertake refresher training with other agencies, such as corrections and police. The use of the SERT aims to improve the outcome for the patient by reducing the chance of injury to staff, patients and others involved and therefore providing a less traumatic experience than may occur with emergent police involvement. A similar model is used in other health jurisdictions.

The use of the SERT must be authorised by an Operational Director, Director of Nursing or a Senior Director within the affected business area. Out of hours authorisation should be arranged using on call arrangements. Please contact Security Operations to discuss further with a security supervisor on 512 45145.

5. Weapons Management

- If a weapon is found during a search of property or environmental check, staff are advised to contact Security Operations 512 45145 to assist with disposal.
- The Australian Federal Police Better Practice Guide (AFBPG) recommends that police officers do not wear accoutrements (such as firearms, batons, chemical agents or conducted energy weapons) into mental health facilities. CHS mental health facilities have accoutrement storage facilities in the following locations:
 - Adult Mental Health Unit
 - Adult Mental Health Rehabilitation Unit
 - Gawangal Mental Health Unit
 - Mental Health Short Stay Unit
 - Dhulwa Mental Health Unit.
- As per the AFBPG, Emergency departments are not considered mental health facilities and it is at the discretion of the responding police officer if accoutrements are removed and stored. This information is documented in more detail in the Memorandum of Understanding between Canberra Health Services, Australian Federal Police and ACT Ambulance Service 2020.

6. Threatening or Unwelcome phone calls

If staff receive threatening or unwelcome phone calls on a desk phone, the 'Report a Caller' function should be activated (previously known as Malicious Called Identification – MCID).

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	19 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



This function will be different for each model of desk phone, so Managers of work areas should ensure that staff are made aware of and become familiar with how to use this function on their allocated phone.

7. Operational Debriefing

Operational debriefing involves reviewing organisational responses following an incident. The aim is to:

- learn from those involved in the incident
- review the emergency response, including processes and systems, following an OV incident and
- be part of a post-incident response.

Debriefing can be provided by management or by engaging Employee Assistance Program (EAP). EAP providers can provide debriefing or Critical Incident and Significant Event Management.

Details of Operational Debriefing can be found in the [CHS Psychological Support for Staff – A Managers Guide](#) on the HealthHub or the Operational Debrief Factsheet - [Operational Debriefing factsheet | Canberra Health Services Intranet](#).

Details of ACT Government EAP providers is available on the intranet under Support for Staff - [Support for Staff - EAP | Canberra Health Services Intranet](#).

8. Review of patient

A comprehensive review with the patient must be completed by the multidisciplinary team (MDT) and an updated management plan and medication review completed (as required).

The MDT should create an alert or review any existing alerts in the clinical record once the review has taken place using the AMS. Where appropriate, the person who was reviewed should be made aware of an alert.

[Back to Table of Contents](#)

Section 6 – Reporting OV

CHS adopts a 'no blame' approach to incident reporting. All incidents of OV need to be reported (including 'near misses' and threats) as a staff incident in Riskman.

1. Staff incident reporting

In the event of an OV incident, a Staff Incident Report on the RiskMan Incident Reporting System must be completed. Staff incidents need to be reported whether the incident is considered to be deliberate or an intentional act, e.g. when a patient hits a staff member during care who is unaware of their actions due to cognitive impairment. The following table details the types of incidents that should be reported as OV.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	20 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



Table 5 – Types of incidents that should be reported as OV

Form of OV	Examples
Physical	<ul style="list-style-type: none"> • Any form of physical attack, including hitting, punching, kicking, grabbing, spitting, shoving, pinching, throwing items, pouring things onto staff, biting, striking, pulling, slapping, tripping, scratching, pushing, kneeling, head butting, threatening with any object, attempts to undress, inappropriate touching, ripping/grabbing clothing, being followed, stalking • Attempts to perform a physical attack, including if they miss • Physical intimidation, for example, standing over someone or striking intimidating poses • Injury/fall/slip/trip etc. that occurs when responding to or avoiding occupational violence, for example, during the 'break up' of an altercation or escaping/guiding clients from a threatening environment • Injury that occurs during restraint, forcible giving of medication or seclusion
Verbal	<ul style="list-style-type: none"> • Verbal intimidation, including threats, yelling, verbal abuse, aggressive swearing, road rage • In person or over the phone
Other	<ul style="list-style-type: none"> • Written, including emails, social media, text message • Witnessing violence including a family violence incident or two people fighting • Damage to property when no other people are present including kicking/punching walls, damaging furniture

Refer to [Staff Incident Reporting | Canberra Health Services Intranet](#) for resources and factsheets for completing a Staff Incident Report in Riskman.

2. Reporting to ACT Policing

Note: CHS has a clear expectation that any OV involving a criminal offence is to be reported and pursued through police action.

For all **incidents of assault of a person, theft, robbery or damage to CHS property**, staff are to be supported by CHS management with their decision to report to ACT Policing.

- CHS will encourage staff, patients, carers and visitors who experience serious OV incidents to report these to ACT Policing with the possibility of laying charges.
- If appropriate, this will be demonstrated by in-person support by CHS senior executive, or delegate, to staff who report a serious OV incident to ACT Policing, including accompanying the staff member to make a statement and during court proceedings.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	21 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



- CHS has designated staff members responsible for liaison with ACT Policing. If required contact Security Operations or Work Health Safety for support with OV related incidents.
- Please refer to Attachment 5 for ACT Policing Contact Phone Numbers and Attachment 6 for a Checklist of Information Required When Making a Statement to ACT Policing.

For threats to staff, CHS or the ACT Government

- Ensure the manager or team leader is notified immediately of any threats to the organisation.
- The staff member who receives the threat needs to contact the police to report the threat on 131 444 and support is provided by management to the staff member to do so.
- The staff member records the police reference number.
- The staff member puts a staff incident report into Riskman, including the police reference number.
- WHS will provide security with a copy of the staff incident report.
- The Team Leader or Manager contact Security Operations and provides the police reference number.

[Back to Table of Contents](#)

Section 7 – Support to staff

1. Immediate support

When it is safe to do so, managers must ensure that everyone is safe, and that the area is secure. Management is to ensure that all staff exposed to OV receive immediate post-incident support that includes the following components:

- A person-centred approach, with support tailored to individual needs and preferences
- Psychological first aid (early assistance to people who have experienced a very stressful or traumatic event) and medical treatment is provided as necessary. This should be enabled by the manager or senior staff member to those involved or affected by the incident. The approach used is to:
 - reduce initial distress
 - address basic needs (comfort, information, practical and emotional needs)
 - encourage engagement with existing social and professional supports
- Managers contact the Occupational Medicine Unit (OMU) for blood and bodily fluid exposures such as scratches, bites and being spat on
- Enable staff to attend OMU for blood and bodily fluid exposures
- Allow immediate relief from work duties for staff affected by OV incidents and who feel that they cannot continue to work
- Obtain accurate details about what happened from a reliable source to assist with coordinating a response and ongoing support for all staff and patients involved, this should be recorded in the Staff incident report on Riskman
- Help staff to complete incident reports on Riskman

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	22 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



- Ongoing post-incident support is provided to staff, patients, carers and visitors who are directly involved or witness an OV incident, and those involved with colleagues in distress following an incident
- Support is provided to all patients and visitors who have witnessed or experienced an OV incident.

Refer to [Manager Response to an OV Incident Factsheet](#) and [CHS Psychological Support for staff – a Managers Guideline](#).

2. Follow-up support

Follow-up support occurs for all staff involved in OV incidents:

- Ongoing practical and emotional support is provided to affected staff (e.g. working from a different location, escort to and from carpark, provide a private location to discuss incident, encourage self-care and refer to support services available)
- Managers should contact the staff member as soon as possible after an incident and determine how and when contact will be maintained e.g. if the staff member will not be at work for a few days, they may feel comfortable with phone or text contact at agreed intervals. Managers should maintain regular contact with the staff member (including those who return to work immediately)
- Managers should determine what support is required for the staff member to return to work as early and safely as possible.
- Assist staff to engage with support services, counsellors, or other health providers by providing details following the incident, regardless of whether staff indicate they might engage. This includes the Employee Assistance Program (EAP). Skilled counselling is available through the EAP if required for individuals.
- Details of ACT Government EAP providers is available on the intranet under 'Support for Staff' - [Support for Staff | Canberra Health Services Intranet](#)
- Alternatively resources for managers to support staff can be found on the MyHealth page on the HealthHub under the Emotional tab - [MyHealth | Canberra Health Services Intranet](#)
- Early Intervention Physiotherapy referrals may be appropriate for some staff, depending on the nature of their injury - [Early Intervention Physiotherapy | Canberra Health Services Intranet](#)
- Organise leave or ensure other alterations to work are in place. After an OV incident, the Executive Director may support up to five days "other" leave. This would be based on "early intervention" to support the staff member with time to recover without having to use their personal leave entitlement. If more than five days leave is needed, the staff member will need to make an application for workers compensation.

Note: Staff have the right to apply for workers compensation at any time including in the 5-day 'other' leave.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	23 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



- CHS staff may wish to lodge a claim for workers compensation. The Injury Management team, People and Culture, can provide information on the workers compensation process and can be contacted on chs.injurymanagement@act.gov.au or 02 5124 9620.
- Staff are supported to report the matter to ACT Policing, and if necessary, with any subsequent legal processes e.g. giving evidence in court.
- Senior managers check on the wellbeing of managers by providing post-incident assistance to ensure they receive appropriate support.

3. Other considerations

- Staff members can be referred to Workplace Resolution and Support for ongoing support including court support. The WS&R team can be contacted on CHS-HDWorkplaceResolution@act.gov.au
- Affected CHS staff may require support in their recovery and return to work. Injury Management, People and Culture, provides advice and support on injury management including early intervention, workplace rehabilitation and return to work services and workers compensation. The Injury Management Team can be contacted on chs.injurymanagement@act.gov.au or 02 5124 9620.
- Chief Minister, Treasury and Economic Development Directorate's (CMTEDD) Injury Management Team deliver injury management, rehabilitation and return to work services to CHS staff through their rehabilitation case management services model. The Injury Management Team forms the link between CHS and CMTEDD's Injury Management Team.
- Managers are mindful of possible cumulative effects of exposure to multiple OV incidents over time and provide early intervention to staff in these circumstances.
- Post-incident support procedures are regularly reviewed and recommendations for improvement are implemented.

Refer to [Manager Response to an OV Incident Factsheet](#) and [CHS Psychological Support for staff – a Managers Guideline](#).

[Back to Table of Contents](#)

Section 8 – Investigation of OV incidents

1. Systematic investigation of all OV incidents

All incidents of OV are investigated according to Section 9 - Management and Investigation of Hazards and Incidents of the CHS Work Health Safety Management System (WHSMS), available on the CHS intranet at the following location: [Work Health and Safety Management System | Canberra Health Services Intranet](#).

2. The investigation

In relation to OV, the investigation should include the following components:

- Events leading up to the incident
- Adequacy of response and post incident support provided
- Evaluation of prevention strategies recommended

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	24 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



The following steps should be taken when investigating an incident:

- Determine the level of investigation required e.g. by manager only or formal investigation by, or supported by, the Work Health Safety team, with a HSR.
- Identify and arrange to meet with staff involved and witnesses, keeping records of the discussion and determine how consultation with staff will be undertaken
- Gather facts regarding the lead up to the incident, during and post incident. This may include the following:
 - Medical record review
 - Equipment reviews
 - Review of training records
 - Policy/procedure review
 - Review of CCTV footage
 - Duress system review
- Identify key causal factors such as system issues, design, environmental factors, behavioural or management factors.
- Identify control measures that aim to address the causes of the incident using the hierarchy of control (refer to section 2 - Prevention). This should be done in consultation with staff.
- Implement and monitor controls to ensure they address the risk and don't introduce other risks to staff.

Refer to the Managers response to OV factsheet for prompts used during an investigation, on the HealthHub at the following location - [Fact Sheet for Manager Response to an OV incident](#) | Canberra Health Services Intranet.

Staff members and patients involved in the incident are included in the incident investigation, where appropriate. All OV incidents must have investigations completed and have the findings and recommendations for control measures documented in the Staff incident report in Riskman.

Where medico-legal concerns are apparent, consider seeking assistance from the Medico-legal team within the CHS Insurance and Legal Liaison Unit.

Contact details are available on the intranet at the following location: [Insurance and Legal Liaison](#) | Canberra Health Services Intranet.

3. Review of organisation-wide implications of incidents

It is important that incident reviews undertaken within a Division/Branch consider organisation-wide implications of such incidents and communicate information appropriately to other relevant areas.

4. Feedback to staff

Managers should follow up with staff and provide feedback to staff. Staff have access to all incidents they have reported in Riskman and may follow the progress of the incident at any stage of the investigation or review.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	25 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



Automated alerts are set up in Riskman to notify staff when the manager has reviewed the incident report i.e. completed the investigations and controls fields.

Once a review of an investigation is complete, managers should inform staff of the controls that have been put in place. De-identified feedback should be provided to the team. Investigation reports can be tabled at WHS Committees.

5. Investigation outcomes

If any work area processes require change following an incident investigation, staff consultation must occur. Once changes are made, they should be documented and then communicated to staff accordingly.

A corrective action plan can be used to document, monitor and review control measures during implementation. The corrective actions plan (Form number WHSF.38) can be accessed on the CHS intranet at the following location, in Part D: Work Health and Safety Management System | Canberra Health Services Intranet.

The WHS team is responsible for reviewing the outcome of all incidents relating to OV. Implemented actions are evaluated for effectiveness, staff feedback is reviewed, and both are reported to the CHS Peak WHS Committee. At a local level, outcomes from OV incidents can also be monitored at the Divisional WHS Committee.

[Back to Table of Contents](#)

Section 9 – Staff / Consumer Awareness

CHS aims to promote respectful relationships between all people working in, accessing or visiting CHS health services, including during home visits, in community health centres and during inpatient or outpatient care. It is expected that all people involved in health care, including staff, display behaviour that supports a safe working environment and promotes a culture of respect for all staff, patients, carers and visitors.

1. Communication of standards of acceptable behaviour for staff, patients/consumers and visitors

CHS uses a variety of mechanisms to convey expectations about acceptable behaviour to staff, patients/consumers, families and visitors including:

- CHS staff behaviour expectations are aligned with the organisational values of Reliable, Progressive, Respectful and Kind
- Consideration given to discussions with patients/consumers and carers regarding consequences of continuing behaviours of concern such as family meetings, development of a BoC Safety Management Plan or verbal warnings
- Respect our staff posters prominently displayed in all CHS locations.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	26 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



2. Consumer input

CHS works in partnership with consumers to incorporate their views and experiences into OV prevention and management strategies, including training and education for staff.

[Back to Table of Contents](#)

Evaluation

Outcome

- OV Lost Time Incident Frequency Rate is calculated on a monthly basis at CHS level and Divisional level.
- OV Risk Assessments (OVRATs) completed for each work area as per Section 3.
- OVRATs are reviewed by the required timeframe, based on risk level.
- OV staff incident reports on Riskman are followed up by managers.
- Staff have completed the mandatory eLearning in Capabiliti (OV Training – All Staff).
- Staff have completed the required OV face to face training as per Section 4.

Measures

- CHS Peak WHS Committee is provided data on the above from WHS and Workforce Capability.

[Back to Table of Contents](#)

Related Policies, Procedures, Guidelines and Legislation

Strategies

- ACT Government Managing Occupational Violence Strategy 2019-2022
- ACT Government Work Health, Safety and Public Wellbeing Strategy 2019-2022
- CHS Work Health Safety Strategy 2018–2022
- CHS Occupational Violence Strategy 2020-2022

Frameworks

- ACT Government Respect, Equity and Diversity Framework
- ACT Government Protective Security Policy Framework

Standards

- National Safety and Quality Health Service Standards – second edition

Policies

- ACT Government Managing Occupational Violence
- CHS Work Health and Safety Policy
- CHS Incident Management
- CHS Protective Security
- CHS Closed Circuit Television (CCTV) Policy

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	27 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



- CHS Restraint of a Person – Adults Only
- CHS Risk Management
- CHS Essential Education
- CHS Operational Policy, Searching of a consumer's person or property
- CHS Dhulwa Mental Health Unit (DMHU) – Searching Policy
- CHS Family Violence
- CHS Security Services – Use of Force
- CHS Smoke Free Environment
- CHS Consumer Feedback Management
- CHS Consumer Privacy

Procedures

- CHS Incident Management
- CHS Alerts Management
- CHS Protective Security (Personnel Security)
- CHS Risk Management
- CHS Use of Force by ACT Health Security Officers
- CHS Security Standard
- CHS Work Health and Safety Management System (WHSMS)
- CHS Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS), Multi-agency Response Guide
- CHS Identification, Mitigation and Management of Aggression and Violence for MHJHADS
- CHS Seclusion of Persons with Mental Illness or Mental Disorder Detained under the Mental Health Act 2015
- CHS Emergency Department and Mental Health Interface
- CHS Increased Nursing Patient Care and/or Supervision
- CHS Management of People Subject to Section 309
- CHS Seclusion of persons with Mental Illness
- CHS Code Black Plan, Personal Threat Canberra Hospital
- CHS Code Black Plan, Personal Threat University of Canberra Hospital
- CHS Prisoners or Detainees as Inpatients
- CHS Dhulwa Mental Health Unit (DMHU) – Use of Force
- CHS Dhulwa Mental Health Unit (DMHU) – Searching Procedure
- CHS Dhulwa Mental Health Unit (DMHU) – Clinical Risk Assessment and Management – Aggression and Violence
- CHS Dhulwa Mental Health Unit (DMHU) – Safety and Security During Meal Times
- CHS Missing Person
- CHS Identifying and Responding to Family Violence
- CHS Security Services – Use of Force
- CHS Managing Nicotine Dependence Procedure
- CHS Consumer Feedback Management

Guidelines

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	28 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



- CHS Psychological Support for Staff – A Managers Guide
- CHS Managers Consultation Guideline
- ACT Health Challenging Behaviour Guideline for ACT Health Services
- ACT Health Isolated or Remote Worker Guideline for ACT Health Services
- ACT Mental Health Consumer Network My Rights, My Decisions Form Kit
- MHJHADS The Plain Language Guide for the Mental Health Act 2015 (ACT)

Memorandum of Understanding

- Mental Health, Emergency, Ambulance and Police Collaboration Memorandum of Understanding between The ACT Ambulance Service, The Australian Federal Police – ACT Policing, Canberra Health Services and Calvary Public Hospital Bruce ACT regarding people requiring mental health care.

Legislation

- *Crimes Act 1900 (ACT)*
- *Discrimination Act 1991 (ACT)*
- *Health Records (Privacy and Access) Act 1997 (ACT)*
- *Human Rights Act 2004 (ACT)*
- *Mental Health (Secure Facilities) Act 2016 (ACT)*
- *Mental Health Act 2015 (ACT)*
- *Personal Violence Act 2016 (ACT)*
- *Victims of Crime Act 1994 (ACT)*
- *Work Health & Safety Act 2011 (ACT)*
- *Work Health and Safety Regulations 2011 (ACT)*
- *Crimes (Health Directorate) Authorisation 2018 (No.1)*
- *Public Sector Management Act 1994*
- *Australian Charter of Health Care Rights*

[Back to Table of Contents](#)

References

1. ACT Public Service Managing Occupational Violence Policy (2019)
2. National Institute for Health and Care Excellence (NICE) (2015), Violence and Aggression Short-term management in mental health, health and community settings, <https://www.nice.org.uk/guidance/ng10>
3. Safewards Model, <https://www.safewards.net/model/lay>
4. Workplace Health and Safety Queensland (2019), Prevention and management of work-related violence and aggression in health services https://www.worksafe.qld.gov.au/data/assets/pdf_file/0021/21639/prevention_management_health_services.pdf
5. Worksafe Victoria (2017) Prevention and management of violence and aggression in health services. <https://content.api.worksafe.vic.gov.au/sites/default/files/2018->

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	29 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



06/ISBN-Prevention-and-management-of-violence-and-aggression-health-services-2017-06.pdf

6. Victoria State Government (2018) Framework for preventing and managing occupational violence and aggression: Guide to implementation.
<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/framework-for-preventing-and-managing-occupational-violence-and-aggression-guide-to-implementation>
7. Swinburne University (2019) The Dynamic Appraisal of Situational Aggression (DASA).
<https://www.swinburne.edu.au/research/centres-groups-clinics/centre-for-forensic-behavioural-science/our-publications-products/dasa/>

[Back to Table of Contents](#)

Definition of Terms

Behaviours of Concern (BoC):

Behaviours of Concern (BoC) are behaviours that can create a risk to the health and safety of others such as staff, patients and visitors. The types of behaviours include aggression, violence and self-harm.

Broset Violence Checklist (BVC):

The Broset Violence Checklist is a checklist that assists with the prediction of imminent violent behaviour within the next 24 hours.

Dynamic Appraisal of Situational Awareness: Inpatient Version (DASA-IV):

The DASA is an observer rated risk assessment used to assess the likelihood of imminent aggression within the next 24 hours in mental health inpatient settings.

Nominated Person:

The role of a 'nominated person' is to help a person living with a mental illness or mental disorder by making sure their interests are respected if they require treatment, care or support for their condition. The nominated person can receive information, and be involved in (and consulted about) decisions in relation to a person's treatment, care or support. The nominated person must be notified and supplied with information when various things are done under the Act. A nominated person can be a close relative or close friend, a carer, neighbour or any other individual. A person may also nominate another individual as an 'alternate nominated person'.

Occupational Violence (OV):

Occupational Violence includes any situation where a staff member is abused, threatened or assaulted by a patient, consumer or visitor in circumstances relating to their work. It can also include violence that occurs away from work but is a result of work.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	30 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



Examples includes verbal aggression such as shouting or threatening, as well as physical violence such as hitting, spitting, grabbing or inappropriate touching as well as targeted violence such as stalking.

It **does not include** instances of bullying, harassment, aggression or violence between staff members. Violence between staff members is addressed in the *ACT Government Respect, Equity and Diversity Framework (2010)* and the *Public Sector Management Act (1994)*.

Occupational Violence Risk Assessment Tool (OVRAT):

The OVRAT is a risk assessment tool developed by CHS to assess and manage risk of OV at a team level.

[Back to Table of Contents](#)

Search Terms

Violence, Aggression, Occupational Violence, OV, OVA, Occupational Violence and Aggression, Physical Violence, Verbal Aggression, Assault, OV Policy, OV Procedure, OV Strategy, home visit, Behaviours of Concern, BoC, DASA:IV, Broset, Challenging Behaviours

[Back to Table of Contents](#)

Attachments

- Attachment 1: Tiered Behaviour Management Sanctions
- Attachment 2: Written Warning Template
- Attachment 3: Conditional Agreement Template
- Attachment 4: Signs of Violent or Aggressive Behaviour
- Attachment 5: Contact Numbers for ACT Policing
- Attachment 6: Checklist of Information Required when Making a Statement to Police

[Back to Table of Contents](#)

Disclaimer: *This document has been developed by Canberra Health Services specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at his or her own risk and Canberra Health Services assumes no responsibility whatsoever.*

Policy Team ONLY to complete the following:

Date Amended	Section Amended	Divisional Approval	Final Approval
17 January 2022	Complete Review	Kalena Smitham, EGM-P&C	CHS Policy Committee
6 April 2022	Reference to the OV Prevention and Management committee (OVPMC) removed and replaced with the CHS Peak WHS Committee)	Daniel Guthrie- Director Work Health and Safety	Senior Director Policy Planning and Government Relations

This document supersedes the following:

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	31 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



<i>Document Number</i>	<i>Document Name</i>
CHS20/062	Occupational Violence Procedure

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	32 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



Attachment 1: Tiered Behaviour Management Sanctions

The following strategies are used when there is significant, frequent or ongoing OV incidents towards staff. There are two types of strategies:

1. Warnings (Verbal and Written) and
2. Strategies that limit or withdraw services (Alternative Treatment Arrangements, Conditional Agreement, Workplace Protection Order and Withdrawal of Treatment).

If the patient is accessing services across clinical divisions a collaborative meeting should be set up to ensure communication of the risk and that a coordinated approach is taken when implementing behaviour management sanctions such as more than one warning letter is sent by each division.

Note: While the application of this section applies to all patients any action taken in relation to behaviour management sanctions is to be communicated to or communicated via a legal aged adult e.g. directly to a patient who is an adult or to a patient who is not an adult via a parent, guardian or carer

Warnings

1. Verbal Warnings

A verbal warning is an action before the use of written warnings, alternative treatment arrangements, conditional agreements, Workplace Protection Orders (WPO) and the withholding of treatment. A verbal warning:

- Is clearly communicated as close to the time of the behaviour of concern as possible
- Is communicated by the staff member caring for the patient if they are comfortable to do so, or escalated to a more senior staff member at their discretion. Refer to note below in respect of community healthcare staff
- Is only given if the patient or visitor can understand the issues associated with their behaviour and can change their behaviour or is able to understand English or there is an appropriate interpreter present
- Must clearly explain the behaviours that are of concern and the effect the behaviour has on staff, other patients/consumers and visitors
- Identify the preferred and expected behaviours of the person(s)
- Must be followed by an opportunity to respond
- Must be documented in the clinical record and
- If OV occurs when giving a verbal warning complete a staff incident report in Riskman

Note: staff conducting community health services are to exercise extreme caution when considering giving a verbal warning to a patient when working alone in the community

2. Written Warnings

A written warning is given when a patient or visitor has not changed their violent or aggressive behaviour following a verbal warning. Before issuing a written warning, the following teams should be consulted with:

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	33 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



- Senior management of the treating unit such as the Clinical Director, Director of Nursing/Assistant Director of Nursing and Director of Allied Health
- The treating team including those in other clinical divisions when a patient/consumer has more than one treating team
- Work Health Safety team.

A written warning letter template (see Attachment 2) is to be used to provide the warning and is signed by the Executive Director of the Division. It can be given in person or mailed to the patient.

- When giving the letter in person, consideration should be given as to who is best to provide the letter and have a discussion with the patient e.g. Supervisor of affected staff member, senior member of treating team, Executive Director, Security, etc.
- The staff member affected by the OV incident(s) should not be required to provide the written warning letter unless they specifically request to do provide the letter and this is approved by their manager (e.g. staff member may feel as though they are not at risk in providing the letter and it is important to maintain the relationship and trust with the patient).

Following the written warning, the patient or visitor should be given the opportunity to respond and agree to a timeframe for reviewing the warning (which will be no longer than three months).

The written warning is to be reviewed when the patient's circumstances change.

A copy of the written warning is to be documented in the clinical record and should include:

- A description of the incident that required the written warning.
- The witnesses to the incident.
- The rationale for the written warning and
- Statements by the patient/consumer or their advocate explaining their behaviour.

A copy of the written warning should be provided to the WHS team via the Senior Director, WHS.

Strategies that limit or withdraw access

There are several ways that CHS can limit access and treatment of patients/consumers or visitors who pose a significant OV risk for the health service. This form of action is not taken lightly but will be used when all reasonable attempts have been taken to address behaviour that is an unacceptable risk to staff.

1. Alternative Treatment Arrangements (patients/consumers only)

At any time, an alternative treatment arrangement can be considered. It may be possible for the patient/consumer to be treated elsewhere. Initially, this is to be discussed with the area's manager or operational director and escalated to the Executive Director if necessary. Consultation with the patient/consumer and their carer should then occur to determine:

- The facility and location where the treatment will be provided and

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	34 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



- The specified time/s for treatment.

A record of the alternative treatment arrangements must be kept in the clinical record by the treating team and a copy provided to the WHS team.

2. Conditional Agreement (CA)

A Conditional Agreement (CA) states the conditions on which CHS will provide a service to an individual or access to an area for visiting purposes. A CA may be made when a patient/visitor continues violent or aggressive behaviour following verbal and written warnings.

A CA may be required in situations where the patient or visitor has a history of violence and aggression including, but not limited to:

- Threatening or carrying out violence against staff, patients or visitors in CHS facilities
- Use of alcohol or other drugs, during treatment in an CHS facility, that leads to violent, aggressive or disruptive behaviour
- Being accompanied by people whose behaviour is disruptive
- Being accompanied by people who have a history of violent behaviour towards others.

It is important to determine the most appropriate contact person listed in the CA (eg certain staff member, security officer or section) and have an alternative reporting contact if the person is unavailable.

Written CAs are signed by the Executive Director of the Division and given in person to the patient/visitor by a manager of the area following consultation with senior management of the treating team. A copy should be provided to the WHS team.

Patients/visitors must be advised that they have the right to seek a review of this decision and be given the opportunity to respond and agree to a timeline for review of the warning that does not exceed three months, or review when consumer circumstances change.

3. Workplace Protection Order (WPO)

Workplace Protection Orders (WPOs) can be used to protect employees at a workplace from personal violence, and may be an appropriate option where less formal options have failed. It is not to be used to deny the patient/consumer treatment by CHS. Before making a WPO, serious consideration must be given to the outcome that is hoped to be achieved.

While a WPO is effective in preventing violence in some cases, it may not be appropriate in all circumstances. The success of the WPO is dependent on the consumer subject to the order having the capacity and inclination to comply with it. Examples of conditions will generally be:

- Not entering the workplace (except for medical purposes)
- Not being within 100 metres of the workplace (except for medical purposes)
- Not contacting a person at the workplace (except by phoning a specific number e.g. Case Manager).

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	35 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



The CEO, as the CHS employer representative, is responsible for the WPO application or may provide written authorisation to others to make the application. This written authority may need to be provided to the ACT Magistrate's court. It is important to act in a timely manner. All details of the event that occurred must be documented including providing details of the strategies employed by CHS under the Tiered Behaviour Management Sanctions that have failed.

Application to obtain a WPO against a patient/consumer is made through the CHS Insurance and Legal Liaison Unit (ILLU) via a request for legal advice. The ACT Government Solicitors Office (GSO) will assist in completing the necessary documentation. Specific instructions are to be given if the person is to continue treatment with CHS.

4. Withholding of Treatment (patients only)

The decision to withhold treatment is a serious one resting with the CEO of CHS and is determined on a case-by-case basis. It is only considered for exceptional circumstances. A request to withhold treatment to the CEO from an Executive Director must include:

- A clinical assessment supporting the proposal from the relevant senior manager and the consultant or senior member of the treating medical team
- Documentation of the history of incidents and other CHS strategies to manage violence and aggression have been tried and failed. Records of incidents will be available in the staff and clinical incident register. Records of previous strategies will be documented in the clinical record (including safety management plans, written warnings and any conditional agreements)
- Evidence that continuing to provide care is a significant risk to staff and others
- Wherever possible details of alternative treatment arrangements by another organisation or provider.

A notice of intent to withhold treatment must also be sent to the patient/consumer's treating doctor(s) and nominated GP at the same time as the letter being forwarded to the patient/consumer to advise them of the intention to withhold treatment.

Note: Treatment cannot be withheld for a period of more than three months without review.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	36 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



Attachment 2: Written Warning Template

<NAME>

<ADDRESS>

Dear <NAME>

You are receiving this letter due to an incident that occurred during your visit to Canberra Health Services at <AREA OF THE ORGANISATION> on <DATE> and the unacceptable behaviour that you displayed

During this incident, you exhibited behaviour that was unacceptable towards one or more staff members.

It was reported that you <INSERT BRIEF DESCRIPTION THAT MATCHES the CLINICAL RECORD OF THE INCIDENT e.g. threatened a staff member >. This was witnessed by others present (delete if not applicable).

Our staff, yourself and other consumers and visitors need to feel safe in Canberra Health Services facilities. Your behaviour was not acceptable, and Canberra Health Services does not tolerate this type of behaviour.

Should you need to be cared for by Canberra Health Services again in the future, please be aware a repeat of this unacceptable behaviour may result in:

- Treatment being conducted with Security present
- Treatment being conducted in a different Canberra Health Services setting
- Being escorted off the premises by Security
- A behavioural alert being placed on the clinical record, which will alert staff to your previous behaviours
- The matter being reported to ACT Policing, with possible legal action.

Canberra Health Services will take these steps to protect you and other consumers, staff and visitors.

If you would like to this letter with a Canberra Health Services representative, please phone <PHONE NUMBER>. A copy of the Australian Charter of Health Care Rights and our consumer complaints procedure is enclosed for your information.

Yours sincerely,

<Signature Block of Executive Director of the Division>

<Date>

Original (signed) to the Patient, Consumer or Visitor.

Copies are to be provided for:

Clinical record of the Patient or Consumer

The treating consultant of the Patient or Consumer

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	37 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



The GP of the Patient or Consumer
Executive Director of the Division
Canberra Health Services CEO
Senior Director Work Health Safety

Note: not all are required for a visitor

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	38 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



Attachment 3: Conditional Agreement Template

<NAME>

<ADDRESS>

Dear <NAME>

During your <treatment at/visit to> Canberra Health Services, there have been repeated occasions where your behaviour was unacceptable.

You are receiving this letter due to an incident that occurred while at <AREA OF THE ORGANISATION> on <DATE>.

During this time, you exhibited unacceptable behaviour towards one or more staff members/patients/visitors <delete types that are not applicable>. It was reported that you <INSERT BRIEF DESCRIPTION THAT MATCHES the CLINICAL RECORD OF THE INCIDENT e.g. threatened a staff member >. This was witnessed by others present (delete if not applicable>.

Previously, Canberra Health Services sent a letter (dated <DATE OF WRITTEN WARNING>) where we asked you to stop this behaviour for the safety of yourself and others. You were warned about your unacceptable behaviour and the potential consequences of any future unacceptable behaviour. Canberra Health Services must now take steps to make sure that other consumers, staff and visitors are safe.

< Any further health care treatment may only be given under the arrangements described in the attached Conditional Agreement (CA).

OR

Any further visits to Canberra Health Services may only be given under arrangements described in the attached Conditional Agreement (CA) >

If your behaviour continues to be unacceptable or you do not follow the agreed arrangements, Canberra Health Services may have to take other steps to protect staff, other consumers and visitors. For example, you may not be able to visit a ward area or your treatment may be withheld. Violence and/or aggressive behaviour towards staff, other consumers or visitors may result in police involvement and/or legal action against you.

If you wish to discuss the contents of this letter with a representative from Canberra Health Services, please phone <PHONE NUMBER>. A copy of the Australian Charter of Health Care Rights and our consumer complaints procedure is enclosed for your information.

<Signature Block of Executive Director of the Division>

<Date>

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	39 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



CONDITIONAL AGREEMENT

ONGOING ACCESS TO AND USE OF CANBERRA HEALTH SERVICES FACILITIES AND SERVICES

THE CONDITIONS

I, <FULLNAME> agree to treat all staff, consumers and visitors politely and with respect at all times.

I understand that threats, intimidating behaviour, verbal abuse, physical violence and other anti-social behaviour are unacceptable. Staff, consumers and visitors of Canberra Health Services are entitled to a safe environment free of violence, threats and intimidation.

I accept that I will be restricted to the treatment area or ward where I am a consumer or visiting.

On every occasion I will report to <NOMINATED, POSITION, SPECIFIC PERSON, SECTION OR SECURITY AT THE RECEPTION DESK> before proceeding to the treatment area or ward. I understand a security guard may be <on the ward/in the area> during my treatment or visit.

I agree to visit the <AREA OF THE ORGANISATION> on <DAYS> only and between the hours of <TIME> and <TIME>

If I am enquiring about a relative (if I am next of kin) using Canberra Health Services, the request for information may be made through the <CONSUMER LIAISON> officer or after-hours administrator.

[ADD ADDITIONAL CONDITIONS IF WARRANTED]

Consequences

If I don't comply with this agreement, Canberra Health Services may withdraw treatment and/or take out a Workplace Protection Order (WPO) against my return to <AREA OF THE ORGANISATION> or return under strict legal conditions.

<Signature Block of Executive Director of the Division>

<Date>

Agreement

I agree to the conditions above and am aware that failure to comply with these conditions will result in my eviction from this hospital. I have been given a copy of this agreement. I understand that if I breach any of the conditions CHS Security may evict me from the hospital and/or contact the ACT Policing to enforce the eviction.

Consumer Signature: _____ Date: _____

Consumer Full Name: _____

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	40 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



Witness's signature: _____ Date: _____
Witness Full Name: _____

Original (signed) to the Patient, Consumer or Visitor.

Copies are to be provided for:

Clinical record of the Patient or Consumer

The treating consultant of the Patient or Consumer

The GP of the Patient or Consumer

Executive Director of the Division

Canberra Health Services CEO

Senior Director Work Health Safety

Note: not all are required for a visitor

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	41 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



Attachment 4: Common Signs of Violent or Aggressive Behaviour

A variety of behaviours referred to as 'escalation' may indicate actual or impending aggression and the presence of a calming support person can often de-escalate the patient/consumer or situation.

Factor	Descriptions
Precursors for Escalation	<p>The four emotive/behavioural states commonly displayed on presentation of aggression are:</p> <ul style="list-style-type: none"> • Fear • Frustration • Manipulation • Intimidation
Individuals - Behavioural warning signs of escalation	<p>A variety of behaviours may indicate impending or actual aggression/violence.</p> <ul style="list-style-type: none"> • Reported anger or violent feelings • Tense or angry facial expressions • Discontentment • Unclear thought processes • Poor concentration • Fear or hyper vigilance, anxiety/panic attacks • Person themselves reporting violent feelings or expression of intent to harm others • Increase volume or content of speech - loud clipped or angry speech • General Irritation, agitation or over arousal e.g. increased or prolonged restlessness, body tension, pacing, erratic movements, unwilling to sit or cooperate • Repetitive behaviours – pacing, clenched fists, running hands through hair, tapping or banging • Escalating behaviours – Demanding or argumentative, glaring, prolonged eye contact, refusal to communicate, • Verbal threats or gestures or physical actions e.g. Biting, scratching or spitting throwing things, use of weapons, self-harming behaviours, covering self/ others in body fluids • Signs of intoxication or disinhibition • Clinical signs – persecutory ideation, delusions or hallucinations with violent content, psychosis or paranoia e.g. a delusional or perceived belief that the person is being persecuted or threatened • Known personal triggers e.g. Blocking escape routes.
Anger	<p>Anger can be due to:</p> <ul style="list-style-type: none"> • Humiliation • Rejection • Interpersonal deregulation • Feelings of being ignored

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	42 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



Factor	Descriptions
	<ul style="list-style-type: none"> Concerns or request dismissed Antisocial, explosive or impulsive personality traits or disorder
Stress	<p>Stress can be due to:</p> <ul style="list-style-type: none"> Grief e.g. to potential or perceived loss Frustration/helplessness Pain both acute and chronic Agitation secondary to depression Inadequate finances Side effects from medications which cause neurological agitation Dependency and withdrawal
Diminished capacity	<p>Poor compliance to instructions or capacity to self-regulate emotions can be affected by:</p> <ul style="list-style-type: none"> Disrupted sensory process due to developmental issues Intellectual disability Acquired brain injury Cerebral Vascular Accident (CVA) Transient Ischemic Accident (TIA) Dementia
Disinhibition	<p>Disinhibition can be decreased due to:</p> <ul style="list-style-type: none"> Confusion or shock Neurological disorders e.g. acute stroke, epilepsy Intoxication of alcohol or substances Disinhibiting medication, including diazepam Poor impulse control e.g. in some people with a developmental disability Alcohol, nicotine or other substance withdrawal.



Attachment 5: Contact Numbers for ACT Policing

Police can be contacted on 000 (0-000 from landline) when an incident is ongoing and police assistance is required immediately. Staff should call 131 444 for any other situation, noting that the response can be escalated if you call 131 444 and an emergency response is needed.

Emergency	Police assistance	Crime Stoppers
000	131 444	1800 333 000
Call Triple Zero (000) in an emergency or life threatening situation.	Call police for a crime that is not life threatening or a time critical emergency.	Call Crime Stoppers if you have information about a crime.
		
Think first then dial	police.act.gov.au	crimestoppersact.com.au

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	44 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register



Attachment 6: Checklist of Information Required When Making a Statement to Police

- ☐ Time and date of incident
- ☐ Exact location of the incident
- ☐ Exact details of the incident (e.g. X punched Y in the right side of the face with a closed fist and yelled "...")
- ☐ Descriptions or names of potential offenders including identifying marks etc.
- ☐ Witnesses to the incident and contact details (to corroborate evidence)
- ☐ Any contemporaneous notes made directly after the incident (e.g. RiskMan entries, etc.)
- ☐ Photographs of bruises/marks etc. or weapons/items (photographed in situ if possible).

Note: Staff should not divulge personal health information, such as illness or disability of the patient, without patient consent unless disclosure is considered in accordance with privacy principle 10.2.(d) - (d) the record keeper believes, on reasonable grounds, that the disclosure is necessary to prevent or lessen a serious and imminent risk to the life or physical, mental or emotional health of the consumer or someone else.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS22/026	1.1	17/01/2022	01/02/2025	P&C – WH&S	45 of 45

Do not refer to a paper-based copy of this policy document. The most current version can be found on the CHS Policy Register

From: Guthrie, Daniel (Health)
Sent: Wednesday, 13 April 2022 4:51 PM
To: Alford, Robert
Cc: Davis, MattE; Smitham, Kalena (Health)
Subject: RE: Request for review of WorkSafe ACT Prohibition Notice and Improvement Notice
Attachments: RE: Request for review of WorkSafe ACT Prohibition Notice and Improvement Notice ; Improvement_Notice_N-0000003778.pdf; Prohibition_Notice_N-0000003775.pdf; RE: Request for review of WorkSafe ACT Prohibition Notice and Improvement Notice
Follow Up Flag: Follow up
Flag Status: Flagged

OFFICIAL

Hi Bob,

I note your emails attached and confirm we are seeking a variation on the prohibition notice and the improvement notice as per below.

In the case of the **Prohibition notice** the current wording below is of concern:

Staff at Dhulwa Mental Health Facility are prohibited from interacting with consumers until the Occupational Violence hazard has been assessed as per Chapter 3 of the Work health and Safety Regulations 2011.

The phrase 'interacting with consumers' can be taken to encompass all engagement activities that staff conduct, including all associated low, medium and high risk activities. This is likely to cause confusion for staff and management in it's application, and may significantly impact operational service delivery due to Management and staff withdrawing from all or some work functions e.g. due to concerns at not being compliant with the notice.

More specific wording would be beneficial and changing the word hazard to 'risks' (i.e. so that it becomes '*Occupational Violence risks have been assessed*')

In the case of the **Improvement notice**:

Only recommended change is in terms of changing the word hazard to 'risks' as per above.

Please let me know if you need more detail.

Regards

Daniel

Daniel Guthrie
 Senior Director | Work Health Safety
 People and Culture | Canberra Health Services
 Level 1, Building 23 | Canberra Hospital
 Phone: 5124 9544 [REDACTED]
 Email: daniel.guthrie@act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



From: Alford, Robert <Robert.Alford@worksafe.act.gov.au>
Sent: Wednesday, 13 April 2022 2:54 PM
To: Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>
Cc: Davis, MattE <MattE.Davis@worksafe.act.gov.au>
Subject: Re: Request for review of WorkSafe ACT Prohibition Notice and Improvement Notice

OFFICIAL

Daniel

Further to my last email can you outline the operational impacts emanating from directions as issued in the prohibited activity and why this is the case.

Thanks

Bob

Kind Regards

Bob Alford | Senior Director | Compliance and Enforcement
 Phone: 02 6205 4261 [REDACTED] Email: Robert.alford@act.gov.au
 Office of the Work Health and Safety Commissioner | CMTEDD | ACT Government
 16 Challis St, Dickson ACT 2602 | GPO Box 158 Canberra ACT 2601 | www.worksafe.gov.au
 Image
 Image

From: Alford, Robert <Robert.Alford@worksafe.act.gov.au>
Sent: Wednesday, April 13, 2022 2:44:38 PM
To: Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>
Cc: Davis, MattE <MattE.Davis@worksafe.act.gov.au>
Subject: Re: Request for review of WorkSafe ACT Prohibition Notice and Improvement Notice

Daniel

Acknowledge receipt of the review request for the prohibition notice number 0000003775.

Will get back to on this request for review.

Bob

Kind Regards

Bob Alford | Senior Director | Compliance and Enforcement

Phone: 02 6205 4261 [REDACTED] Email: Robert.alford@act.gov.au
 Office of the Work Health and Safety Commissioner | CMTEDD | ACT Government
 16 Challis St, Dickson ACT 2602 | GPO Box 158 Canberra ACT 2601 | www.worksafe.gov.au
 Image
 Image

From: Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>
Sent: Wednesday, April 13, 2022 2:34:18 PM
To: Alford, Robert <Robert.Alford@worksafe.act.gov.au>
Cc: Davis, MattE <MattE.Davis@worksafe.act.gov.au>
Subject: Request for review of WorkSafe ACT Prohibition Notice and Improvement Notice

OFFICIAL

Hi Bob,

CHS respectfully requests a review of both of the attached notices.

Unfortunately, the current wording of the notices is likely to impact the ability for CHS to comply with the notices, and safely deliver operational services.

CHS accepts the need to make improvements in safety at Dhulwa and has already commenced planning to deliver positive change in this regard.

Some options for wording will be forwarded to you shortly for your consideration.

Thanks

Daniel

Daniel

Daniel Guthrie
 Senior Director | Work Health Safety
 People and Culture | Canberra Health Services
 Level 1, Building 23 | Canberra Hospital
 Phone: 5124 9544 [REDACTED]
 Email: daniel.guthrie@act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



ACT
Government

**Canberra Health
Services**

From: Pepper, Dave (Health) <Dave.Pepper@act.gov.au>
Sent: Tuesday, 12 April 2022 4:50 PM
To: Young, Michael <Michael.Young@act.gov.au>; Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>;