

Comprehensive Report

Canberra Health Services

Staff Incident ID: 1095626

| | | | |
|---|---|---|--|
| AGS/ ID Number: | | Related Incident ID: | 1095622 |
| First Name: | | Surname: | |
| Gender: | | Age: | |
| Date of Birth: | | | |
| Contact Number: | | | |
| Job Title: | | | |
| Is this a Student/Volunteer Incident?: | | | |
| Is this a contractor incident?: | No | Contractor Company: | |
| Details of Other: | | Induction Date: | |
| Has the ACT Health Contractor Induction been completed?: | No | Has a staff injury been sustained?: | No |
| Incident Type (Hazard, Incident): | Incident | Incident Time: | 17:15 |
| Incident Date: | 13 Feb 2022 | Notification Time: | |
| Notification Date: | 14 Feb 2022 | Work Start Time: | |
| Total days to report (days): | | | |
| Provide a brief Summary of the incident?: | | | |
| Provide more details of the incident?: | | | |
| Incident Outline: | Physical violence towards staff member. | | |
| Body Part Affected: | | | |
| Body Part Most Affected: | | | |
| Does this incident involve a potential COVID exposure to you or other staff?: | No | How much time was lost: | |
| Treatment Required: | No | | |
| Treatment given: | | | |
| Details of Other (Treatment): | | | |
| Is a claim for workers compensation required?: | No | Training recieved: | |
| Details (Return to work): | | | |
| What task was being performed at the time of the incident?: | | | |
| Have you recieved specific training in the task/work being performed at the time of the accident/incident?: | No | Details of PPE used: | |
| Details of Other Training: | | | |
| Was personal protective equipment being worn?: | | | |
| Other PPE Details: | | | |
| Were there any witnesses?: | No | Witness # 1 Phone: | |
| Witness # 1 Name: | | Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: | Violence/Aggression |
| Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: | Yes | | |
| Cause of Violence or Abuse: | Patient/Client/Consumer | Details of Other: | |
| Form of violence/aggression or bullying/harassment: | Physical | Details of Other (discrimination): | |
| Discrimination Involved (i.e. source)?: | | Details of Other (alleged form): | |
| Alleged form of discrimination: | | | |
| Has this happened before (reoccurrence)?: | No | URN: | |
| Name of alleged perpetrator: | | Details of other gender: | |
| Gender of alleged perpetrator: | | | |
| Physical Location: | DMHU | | |
| Work Unit: | | Division: | Mental & Justice Health, Alcohol & Drug Services |
| Section: | Director of Nursing | Sub Section: | Dhulwa MH Unit |
| Manager name: | Peta Kleinig | Manager phone: | |

The reporter is:
 Reporter's Name: [REDACTED]
 Details of other (position):
 Provide a thorough investigation of the incident:
 Who completed the investigation?:
 What control measures have been put in place?:
 Managers Additional comments:
 Was there a Dangerous Substance involved in the incident?:
 Name of the Dangerous Substance:
 Is this a WorkSafe ACT Notifiable Incident?:
 WorkSafe ACT Notification Date:
 Name of the person who notified:
 Name of inspector spoken to:
 Deceased?:
 Police Notified?:
 Police Notification Date:
 Name of Officer Notified:
 De-Identified Information:

Reporter's Position: Registered Nurse / Midwife

Review Date:

How much of the Dangerous Substance was involved?:
 Was the site preserved?:

WorkSafe ACT Notification Method:
 Persons Position:

Police Notification Time:
 Police Job Number:

Classification

No Classification Applicable No Classification

CMD Status: Transfer

Mechanism of Incident : GROUP 2 - Being hit by moving objects

Level: Priority Level 2

Risk Rating: M

Notifiable Incident: No

Notifiable Incident Type:

Dangerous Incident:

Investigation/Findings adequate?:

Controls adequate report: No

Needlestick/sharp/splash/scratch/bite Incident: No

Property Management & Maintenance: No

Fire/Emergency/Evacuations/Parking/Fleet: No

Bio-Medical: No

Sterilising: No

Significant Incident Level:

SI Details:

Is this a Dangerous Substances Related?:

What was the route of potential exposure?:

Subcategory of Mechanism of Incident: 29 Being assaulted by a person or persons

Potential Risk Rating:

NIR Attached: No

Hierarchy of Control:

Security Related Incident: No

Cleaning/Waste: No

Environmental:

Food Services: No

Radiation/Medical Physics: No

Infection Control: No

Significant Incident Type:

Details of other:

Journal Entries

| Date/Time | Journal Entry | Reference | Cost |
|-----------------------------------|--|--|------|
| Action Taken | | | |
| Created by: 14 Feb 22 11:53:00 | <p>Reviewer 3, Work Health Safety</p> <p>DO NOT REPLY TO THIS AUTO GENERATED EMAIL</p> <p>You have been identified as the manager of a staff member who submitted a Clinical Incident Report involving occupational violence. This is also required to be reported as a Staff Incident.</p> <p>A Staff Incident has been created using the information entered within the Clinical Incident. However further mandatory fields need to be completed within the Staff Incident. Please ensure the staff member completes these mandatory fields.</p> <p>Please then complete the following required fields in the 'ORANGE' Managers section.</p> <ol style="list-style-type: none"> 1. Provide a thorough investigation of the incident 2. Review Date 3. What control measures have been put in place? <p>Please note: A fact sheet has been developed to assist managers in supporting staff after an incident involving Occupational Violence (OV) and instructions on how to review an OV incident, click on the link below https://healthhub.act.gov.au/sites/default/files/2019-05/Fact%20Sheet%20for%20Manager%20Response%20to%20an%20OV%20incident%2024012019%20FINAL.pdf</p> <p>For additional advice please contact the Work Health Safety support line on 51249410 or email us at CHS.WorkHealthSafety@act.gov.au</p> <p>Thank you for your assistance.</p> <p>Actioned: No</p> <p>Follow Up Allocated To: MHJHADS, SMHI, ADON</p> <p>Linked Document Path</p> | <p>Mail Sent On:</p> <p>Follow Up By Date: 21 Feb 22</p> | |
| Created by: 14 Feb 22 11:54:00 | <p>Reviewer 3, Work Health Safety</p> <p>DO NOT REPLY TO THIS AUTO GENERATED EMAIL</p> <p>You have lodged a Clinical Incident involving occupational violence that is also required to be reported as a Staff Incident.</p> <p>A Staff Incident has been created using information that you entered into the Clinical Incident. Please review the Staff Incident and complete the additional mandatory fields required.</p> <p>A Staff Incident is required to be lodged for statistical purposes and so that it can be investigated as a staff incident.</p> <p>For additional advice please contact the Work Health Safety support line on 51249410 or email us at CHS.WorkHealthSafety@act.gov.au</p> <p>Thank you for your assistance.</p> <p>Physical violence towards staff member.</p> <p>Actioned: No</p> <p>Follow Up Allocated To: [REDACTED]</p> <p>Linked Document Path</p> | <p>Mail Sent On:</p> <p>Follow Up By Date: 21 Feb 22</p> | |
| General Comments | | | |
| Created by: 14 Feb 22 11:37:00 | <p>Incident Classifier, 4</p> <p>Based on the information provided, this incident notification does not meet the definition of a clinical incident and has been transferred to the Work Health Safety Team for review. The outcome rating is Notice/No classification. Kind regards, Incident Management Team.</p> <p>Actioned: Yes</p> <p>Follow Up Allocated To:</p> <p>Linked Document Path</p> | <p>Mail Sent On:</p> <p>Follow Up By Date:</p> | |
| Created by: 14 Feb 22 11:37:00 | <p>Incident Classifier, 4</p> <p>Based on the information provided the Harm Score has been amended from Harm Score 1 to Notice. The definition of a Harm Score 1 clinical incident is - Death of a Patient/client/consumer/person as the result of a clinical incident. Kind regards, Incident Management Team.</p> <p>Actioned: No</p> <p>Follow Up Allocated To: [REDACTED]</p> <p>Linked Document Path</p> | <p>Mail Sent On:</p> <p>Follow Up By Date:</p> | |
| Documents | | | |
| No Attached Documents. | | | |
| - End of Record - | | | |

Comprehensive Report

Canberra Health Services

Staff Incident ID: 1095457

| | | | |
|---|--|---|--|
| AGS/ ID Number: | [REDACTED] | Related Incident ID: | |
| First Name: | [REDACTED] | Surname: | [REDACTED] |
| Gender: | [REDACTED] | Age: | [REDACTED] |
| Date of Birth: | [REDACTED] | | |
| Contact Number: | [REDACTED] | | |
| Job Title: | Registered Nurse | | |
| Is this a Student/Volunteer Incident?: | | | |
| Is this a contractor incident?: | No | Contractor Company: | |
| Details of Other: | | | |
| Has the ACT Health Contractor Induction been completed?: | No | Induction Date: | |
| Incident Type (Hazard, Incident): | Incident | Has a staff injury been sustained?: | Yes |
| Incident Date: | 13 Feb 2022 | Incident Time: | 17:10 |
| Notification Date: | 13 Feb 2022 | Notification Time: | 17:47 |
| Total days to report (days): | 0 | Work Start Time: | |
| Provide a brief Summary of the Incident?: | [REDACTED] | | |
| Provide more details of the incident?: | [REDACTED] | | |
| Incident Outline: | Physical violence towards staff member. | | |
| Body Part Affected: | Back Right Middle Finger Back Right Ring Finger Front Right Foot Front Right Knee | | |
| Body Part Most Affected: | Front Right Knee | | |
| Does this incident involve a potential COVID exposure to you or other staff?: | No | How much time was lost: | Moderate injury received, require less than 1 day time off |
| Treatment Required: | Yes | | |
| Treatment given: | Other | | |
| Details of Other (Treatment): | referred to ED No onsite Dr | | |
| Is a claim for workers compensation required?: | No | | |
| Details (Return to work): | | | |
| What task was being performed at the time of the incident?: | medication administration | | |
| Have you recieved specific training in the task/work being performed at the time of the accident/incident?: | No | Training recieved: | |
| Details of Other Training: | | | |
| Was personal protective equipment being worn?: | Yes | Details of PPE used: | |
| Other PPE Details: | | | |
| Were there any witnesses?: | No | | |
| Witness # 1 Name: | | | |
| Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: | Yes | Witness # 1 Phone: | |
| Cause of Violence or Abuse: | Patient/Client/Consumer | Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: | Violence/Aggression |
| Form of violence/aggression or bullying/harassment: | Physical | | |
| Discrimination Involved (i.e. source)?: | | Details of Other (discrimination): | |
| Alleged form of discrimination: | | Details of Other (alleged form): | |
| Has this happened before (reoccurrence)?: | No | | |
| Name of alleged perpetrator: | [REDACTED] | URN: | |
| Gender of alleged perpetrator: | [REDACTED] | Details of other gender: | |
| Physical Location: | DMHU | | |

Work Unit: HCHS 62283 Division: Mental & Justice Health, Alcohol & Drug Services

Section: Director of Nursing Sub Section: Dhulwa MH Unit

Manager name: [REDACTED] Manager phone: [REDACTED]

The reporter is: The person affected by the incident

Reporter's Name: [REDACTED] Reporter's Position: Registered Nurse / Midwife

Details of other (position):

Provide a thorough investigation of the incident:

Who completed the investigation?:

What control measures have been put in place?:

Managers Additional comments:

Was there a Dangerous Substance involved in the incident?: No

Name of the Dangerous Substance:

Is this a WorkSafe ACT Notifiable Incident?: No

WorkSafe ACT Notification Date:

Name of the person who notified:

Name of inspector spoken to:

Deceased: No

Police Notified?: No

Police Notification Date:

Name of Officer Notified:

De-Identified Information:

How much of the Dangerous Substance was involved?:

Was the site preserved?: No

WorkSafe ACT Notification Method:

Persons Position:

Police Notification Time:

Police Job Number:

Classification

CMD Status: Transfer

Mechanism of Incident: GROUP 2 - Being hit by moving objects

Level: Priority Level 2

Risk Rating: M

Notifiable Incident: No

Notifiable Incident Type:

Dangerous Incident:

Investigation/Findings adequate?:

Controls adequate report: No

Needlestick/sharp/splash/scratch/bite Incident: No

Property Management & Maintenance: No

Fire/Emergency/Evacuations/Parking/Fleet: No

Bio-Medical: No

Sterilising: No

Significant Incident Level:

SI Details:

Is this a Dangerous Substance Related?: No

What was the route of potential exposure?:

Subcategory of Mechanism of Incident: 29 Being assaulted by a person or persons

Potential Risk Rating:

NIR Attached: No

Hierarchy of Control:

Security Related Incident: No

Cleaning/Waste Environmental: No

Food Services: No

Radiation/Medical Physics: No

Infection Control: No

Significant Incident Type:

Details of other:

Journal Entries

| <u>Date/Time</u> | <u>Journal Entry</u> | <u>Reference</u> | <u>Cost</u> |
|-----------------------------------|---|-------------------------------------|-------------|
| Action Taken | | | |
| Created by: 14 Feb 22 11:00:00 | Reviewer 3, Work Health Safety DO NOT REPLY TO THIS AUTO GENERATED EMAIL You have been identified as the manager of a staff member who submitted a Staff Incident Report. Please complete the required fields in the 'ORANGE' Managers section 1. Provide a thorough investigation of the incident 2. Review Date 3. What control measures have been put in place? Please note: A fact sheet has been developed to assist managers in supporting staff after an incident involving Occupational Violence (OV) and instructions on how to review an OV incident, click on the link below https://healthhub.act.gov.au/sites/default/files/2019-05/Fact%20Sheet%20for%20Manager%20Response%20to%20an%20OV%20incident%2024012019%20FINAL.pdf For additional advice please contact the Work Health Safety team on 5124 9410 or email us at chs.workhealthsafety@act.gov.au Thank you for your assistance. Actioned: No Follow Up Allocated To: MHJHADS, SMHI, ADON Linked Document Path | | |
| | | Mail Sent On: Follow Up By Date: | 21 Feb 22 |

Documents

No Attached Documents.

- End of Record -

Comprehensive Report

Canberra Health Services

Staff Incident ID: 1095486

AGS/ ID Number:
 First Name:
 Gender:
 Date of Birth:
 Contact Number:
 Job Title:
 Is this a Student/Volunteer Incident?:
 Is this a contractor incident?: No
 Details of Other:
 Has the ACT Health Contractor Induction been completed?: No
 Incident Type (Hazard, Incident): Incident
 Incident Date: 13 Feb 2022
 Notification Date: 13 Feb 2022
 Total days to report (days):
 Provide a brief Summary of the incident?: Assault and vandalism
 Provide more details of the incident?:
 Incident Outline: Physical violence towards staff member.
 Body Part Affected:
 Body Part Most Affected:
 Does this incident involve a potential COVID exposure to you or other staff?: No
 Treatment Required: No
 Treatment given:
 Details of Other (Treatment):
 Is a claim for workers compensation required?: No
 Details (Return to work):
 What task was being performed at the time of the incident?:
 Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No
 Details of Other Training:
 Was personal protective equipment being worn?:
 Other PPE Details:
 Were there any witnesses?: No
 Witness #1 Name:
 Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: Yes
 Cause of Violence or Abuse: Patient/Client/Consumer
 Form of violence/aggression or bullying/harassment: Physical
 Discrimination Involved (i.e. source?):
 Alleged form of discrimination:
 Has this happened before (reoccurrence?): No
 Name of alleged perpetrator:
 Gender of alleged perpetrator:
 Physical Location: DMHU

Related Incident ID: 1095450
 Surname:
 Age:
 Contractor Company:
 Induction Date:
 Has a staff injury been sustained?: No
 Incident Time: 10:56
 Notification Time:
 Work Start Time:
 How much time was lost:
 Training recieved:
 Details of PPE used:
 Witness # 1 Phone:
 Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression
 Details of Other:
 Details of Other (discrimination):
 Details of Other (alleged form):
 URN:
 Details of other gender:

Work Unit: Division: Mental & Justice Health, Alcohol & Drug Services
 Section: Director of Nursing Sub Section: Dhulwa MH Unit
 Manager name: [REDACTED] Manager phone:
 The reporter is: Reporter's Position: Registered Nurse / Midwife
 Reporter's Name: [REDACTED]
 Details of other (position):
 Provide a thorough investigation of the incident:
 Who completed the investigation?:
 What control measures have been put in place?:
 Managers Additional comments:
 Was there a Dangerous Substance involved in the incident?: No
 Name of the Dangerous Substance:
 Is this a WorkSafe ACT Notifiable Incident?: No
 WorkSafe ACT Notification Date:
 Name of the person who notified:
 Name of inspector spoken to:
 Deceased: No
 Police Notified?: No
 Police Notification Date:
 Name of Officer Notified:
 De-Identified Information:

Review Date:

How much of the Dangerous Substance was involved?:
 Was the site preserved?: No

WorkSafe ACT Notification Method:
 Persons Position:

Police Notification Time:
 Police Job Number:

Classification

No Classification Applicable No Classification

CMD Status: Transfer

Mechanism of Incident : GROUP 2 - Being hit by moving objects

Level: Priority Level 2

Risk Rating: M

Notifiable Incident: No

Notifiable Incident Type:

Dangerous Incident:

Investigation/Findings adequate?: No

Controls adequate report: No

Needlestick/sharp/splash/scratch/bite Incident: No

Property Management & Maintenance: No

Fire/Emergency/Evacuations/Parking/Fleet: No

Bio-Medical: No

Sterilising: No

Significant Incident Level:

SI Details:

Is this a Dangerous Substance Related?: No

What was the route of potential exposure?:

Subcategory of Mechanism of Incident: 29 Being assaulted by a person or persons

Potential Risk Rating:

NIR Attached: No

Hierarchy of Control:

Security Related Incident: No

Cleaning/Waste No

Environmental: No

Food Services: No

Radiation/Medical Physics: No

Infection Control: No

Significant Incident Type:

Details of other:

Journal Entries

| Date/Time | Journal Entry | Reference | Cost |
|-----------------------------------|---|--|------|
| Action Taken | | | |
| Created by: 14 Feb 22 10:51:00 | <p>Reviewer 3, Work Health Safety</p> <p>DO NOT REPLY TO THIS AUTO GENERATED EMAIL</p> <p>You have lodged a Clinical Incident involving occupational violence that is also required to be reported as a Staff Incident.</p> <p>A Staff Incident has been created using information that you entered into the Clinical Incident. Please review the Staff Incident and complete the additional mandatory fields required.</p> <p>A Staff Incident is required to be lodged for statistical purposes and so that it can be investigated as a staff incident.</p> <p>For additional advice please contact the Work Health Safety support line on 51249410 or email us at CHS.WorkHealthSafety@act.gov.au</p> <p>Thank you for your assistance.</p> <p>Actioned: No</p> <p>Follow Up Allocated To: [REDACTED]</p> <p>Linked Document Path</p> | <p>Mail Sent On:</p> <p>Follow Up By Date: 21 Feb 22</p> | |
| Created by: 14 Feb 22 10:51:00 | <p>Reviewer 3, Work Health Safety</p> <p>DO NOT REPLY TO THIS AUTO GENERATED EMAIL</p> <p>You have been identified as the manager of a staff member who submitted a Clinical Incident Report involving occupational violence. This is also required to be reported as a Staff Incident.</p> <p>A Staff Incident has been created using the information entered within the Clinical Incident. However further mandatory fields need to be completed within the Staff Incident. Please ensure the staff member completes these mandatory fields.</p> <p>Please then complete the following required fields in the 'ORANGE' Managers section.</p> <p>1. Provide a thorough investigation of the incident</p> <p>2. Review Date</p> <p>3. What control measures have been put in place?</p> <p>Please note: A fact sheet has been developed to assist managers in supporting staff after an incident involving Occupational Violence (OV) and instructions on how to review an OV incident, click on the link below https://healthhub.act.gov.au/sites/default/files/2019-05/Fact%20Sheet%20for%20Manager%20Response%20to%20an%20OV%20incident%2024012019%20FINAL.pdf</p> <p>For additional advice please contact the Work Health Safety support line on 51249410 or email us at CHS.WorkHealthSafety@act.gov.au</p> <p>Thank you for your assistance.</p> <p>Actioned: No</p> <p>Follow Up Allocated To: MHJHADS, SMHI, ADON</p> <p>Linked Document Path</p> | <p>Mail Sent On:</p> <p>Follow Up By Date: 21 Feb 22</p> | |

General Comments

| | | |
|-----------------------------------|---|--|
| Created by: 14 Feb 22 07:23:00 | <p>Incident Classifier, 4</p> <p>Based on the information provided, this incident notification does not meet the definition of a clinical incident and has been transferred to the Work Health Safety Team for review. The outcome rating is Notice/No classification. Kind regards, Incident Management Team.</p> <p>Actioned: Yes</p> <p>Follow Up Allocated To:</p> <p>Linked Document Path</p> | <p>Mail Sent On:</p> <p>Follow Up By Date:</p> |
| Created by: 14 Feb 22 07:23:00 | <p>Incident Classifier, 4</p> <p>Based on the information provided the Harm Score has been amended from Harm Score 1 to Notice. The definition of a Harm Score 1 clinical incident is - Death of a Patient/client/consumer/person as the result of a clinical incident. Kind regards, Incident Management Team.</p> <p>Actioned: No</p> <p>Follow Up Allocated To: [REDACTED]</p> <p>Linked Document Path</p> | <p>Mail Sent On:</p> <p>Follow Up By Date:</p> |

Documents

No Attached Documents.

- End of Record -

Comprehensive Report

Canberra Health Services

Staff Incident ID: 1095474

AGS/ ID Number: [REDACTED]
 First Name: [REDACTED]
 Gender: [REDACTED]
 Date of Birth: [REDACTED]
 Contact Number: [REDACTED]
 Job Title: [REDACTED]
 Is this a Student/Volunteer Incident?:
 Is this a contractor incident?: No
 Details of Other:
 Has the ACT Health Contractor Induction been completed?: No
 Incident Type (Hazard, Incident): Incident
 Incident Date: 28 Jan 2022
 Notification Date: 13 Feb 2022
 Total days to report (days): 16.3
 Provide a brief Summary of the incident?:
 Provide more details of the incident?:

Related Incident ID:

Surname: [REDACTED]

Age: [REDACTED]

Contractor Company:

Induction Date:

Has a staff injury been sustained?: Yes

Incident Time: 14:28

Notification Time: 22:36

Work Start Time:

Incident Outline: Physical violence towards staff member.

Body Part Affected: Left Eye

Psychological

Body Part Most Affected: Left Eye

Does this incident involve a potential COVID exposure to you or other staff?:

Treatment Required: Yes

Treatment given:

Doctor

First aid or alternative treatment

Other

Details of Other (Treatment): After hour CNC at TCH

Is a claim for workers compensation required?: No

Details (Return to work):

What task was being performed at the time of the incident?: staff nurse washed eyes and informed Dr Barker and CNC

Have you received specific training in the task/work being performed at the time of the accident/incident?: No

Details of Other Training:

Was personal protective equipment being worn?: Yes

Other PPE Details:

Were there any witnesses?: No

Witness #1 Name:

Does the incident involve claimed

Violence/Aggression/Discrimination or

Bullying/Harassment?:

Cause of Violence or Abuse: Patient/Client/Consumer

How much time was lost: Moderate injury received, require less than 1 day time off

Training received:

Details of PPE used: Face Shield

Witness # 1 Phone:

Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination:

Form of violence/aggression or bullying/harassment: Physical
 Discrimination Involved (i.e. source)?:
 Alleged form of discrimination:

Has this happened before (reoccurrence)? No

Name of alleged perpetrator:
 Gender of alleged perpetrator:

Physical Location:

Work Unit:

Section: Director of Nursing

Manager name:

The reporter is: The person affected by the incident

Reporter's Name:

Details of other (position):

Provide a thorough investigation of the incident:

Who completed the investigation?:

What control measures have been put in place?:

Managers Additional comments:

Was there a Dangerous Substance involved in the incident? No

Name of the Dangerous Substance:

Is this a WorkSafe ACT Notifiable Incident? No

WorkSafe ACT Notification Date:

Name of the person who notified:

Name of inspector spoken to:

Deceased: No

Police Notified?: No

Police Notification Date:

Name of Officer Notified:

De-Identified Information:

Details of Other:

Details of Other (discrimination):

Details of Other (alleged form):

URN:

Details of other gender:

Division: Mental & Justice Health, Alcohol & Drug Services

Sub Section: Dhulwa MH Unit

Manager phone:

Reporter's Position: Registered Nurse / Midwife

Review Date:

How much of the Dangerous Substance was involved?:

Was the site preserved?: No

WorkSafe ACT Notification

Method:

Persons Position:

Police Notification Time:

Police Job Number:

Classification

CMD Status: Transfer

Mechanism of Incident : GROUP 2 - Being hit by moving objects

Level: Priority Level 2

Risk Rating: M

Notifiable Incident: No

Notifiable Incident Type:

Dangerous Incident:

Investigation/Findings adequate?: No

Controls adequate report: No

Needlestick/sharp/splash/scratch/bite Incident: Yes

Property Management & Maintenance:

Fire/Emergency/Evacuations/Parking/Fleet: No

Bio-Medical: No

Sterilising: No

Significant Incident Level:

SI Details:

Is this a Dangerous Substances Related?: No

What was the route of potential exposure?:

Subcategory of Mechanism of Incident: 29 Being assaulted by a person or persons

Potential Risk Rating:

NIR Attached: No

Hierarchy of Control:

Security Related Incident: No

Cleaning/Waste: No

Environmental:

Food Services: No

Radiation/Medical Physics: No

Infection Control: No

Significant Incident Type:

Details of other:

Journal Entries

| <u>Date/Time</u> | <u>Journal Entry</u> | <u>Reference</u> | <u>Cost</u> |
|-----------------------------------|---|--------------------|-------------|
| Action Taken | | | |
| Created by: 14 Feb 22 10:00:00 | <p>Reviewer 3, Work Health Safety</p> <p>DO NOT REPLY TO THIS AUTO GENERATED EMAIL</p> <p>You have been identified as the manager of a staff member who submitted a Staff Incident Report.</p> <p>Please complete the required fields in the 'ORANGE' Managers section</p> <ol style="list-style-type: none"> 1. Provide a thorough investigation of the incident 2. Review Date 3. What control measures have been put in place? <p>Please note: A fact sheet has been developed to assist managers in supporting staff after an incident involving Occupational Violence (OV) and instructions on how to review an OV incident, click on the link below https://healthhub.act.gov.au/sites/default/files/2019-05/Fact%20Sheet%20for%20Manager%20Response%20to%20an%20OV%20incident%2024012019%20FINAL.pdf</p> <p>For additional advice please contact the Work Health Safety team on 5124 9410 or email us at chs.workhealthsafety@act.gov.au</p> <p>Thank you for your assistance.</p> <p>Actioned: No</p> <p>Follow Up Allocated To: MHJHADS, SMHI, ADON</p> <p>Linked Document Path</p> | | |
| | | Mail Sent On: | |
| | | Follow Up By Date: | 21 Feb 22 |

Documents

No Attached Documents.

- End of Record -

Comprehensive Report

Canberra Health Services

Staff Incident ID: 1095456

| | | | |
|---|--|---|--|
| AGS/ ID Number: | | Related Incident ID: | |
| First Name: | | Surname: | |
| Gender: | | Age: | |
| Date of Birth: | | | |
| Contact Number: | | | |
| Job Title: | | | |
| Is this a Student/Volunteer Incident?: | | Contractor Company: | |
| Is this a contractor incident?: | No | Induction Date: | |
| Details of Other: | | Has a staff injury been sustained?: | No |
| Has the ACT Health Contractor Induction been completed?: | No | Incident Time: | 17:35 |
| Incident Type (Hazard, Incident): | Incident | Notification Time: | 17:32 |
| Incident Date: | 13 Feb 2022 | Work Start Time: | |
| Notification Date: | 13 Feb 2022 | | |
| Total days to report (days): | 0 | | |
| Provide a brief Summary of the incident?: | | | |
| Provide more details of the incident?: | | | |
| Incident Outline: | Physical violence towards staff member. | | |
| Body Part Affected: | | | |
| Body Part Most Affected: | Front Right Middle Finger | | |
| Does this incident involve a potential COVID exposure to you or other staff?: | No | How much time was lost: | Moderate injury received, require less than 1 day time off |
| Treatment Required: | Yes | | |
| Treatment given: | On site health centre/emergency department | | |
| Details of Other (Treatment): | | | |
| Is a claim for workers compensation required?: | Yes | | |
| Details (Return to work): | | | |
| What task was being performed at the time of the incident?: | | | |
| Have you recieved specific training in the task/work being performed at the time of the accident/incident?: | No | Training recieved: | |
| Details of Other Training: | | | |
| Was personal protective equipment being worn?: | | Details of PPE used: | |
| Other PPE Details: | | | |
| Were there any witnesses?: | No | | |
| Witness #1 Name: | | Witness # 1 Phone: | |
| Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: | Yes | Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: | Violence/Aggression |
| Cause of Violence or Abuse: | Patient/Client/Consumer | | |
| Form of violence/aggression or bullying/harassment: | Physical | Details of Other: | |
| Discrimination Involved (i.e. source)?: | | Details of Other (discrimination): | |
| Alleged form of discrimination: | | Details of Other (alleged form): | |
| Has this happened before (reoccurrence)?: | No | | |
| Name of alleged perpetrator: | | URN: | |
| Gender of alleged perpetrator: | | Details of other gender: | |
| Physical Location: | | | |
| Work Unit: | | Division: | Mental & Justice Health, Alcohol & Drug Services |
| Section: | Director of Nursing | Sub Section: | Dhulwa MH Unit |
| Manager name: | | Manager phone: | |
| The reporter is: | | | |
| Reporter's Name: | | Reporter's Position: | |

Details of other (position):

Provide a thorough investigation of the incident:

Who completed the investigation?:

What control measures have been put in place?:

Managers Additional comments:

Was there a Dangerous Substance involved in the incident?: No

Name of the Dangerous Substance:

Is this a WorkSafe ACT Notifiable Incident?: No

WorkSafe ACT Notification Date:

Name of the person who notified:

Name of inspector spoken to: Deceased: No

Police Notified?: No

Police Notification Date:

Name of Officer Notified:

De-Identified Information:

Review Date:

How much of the Dangerous Substance was involved?:
Was the site preserved?: No

WorkSafe ACT Notification Method:
Persons Position:

Police Notification Time:
Police Job Number:

Classification

CMD Status: Transfer

Mechanism of Incident : GROUP 2 - Being hit by moving objects

Level: Priority Level 2

Risk Rating: M

Notifiable Incident: No

Notifiable Incident Type:

Dangerous Incident:

Investigation/Findings adequate?: No

Controls adequate report: No

Needlestick/sharp/splash/scratch/bite Incident: No

Property Management & Maintenance: No

Fire/Emergency/Evacuations/Parking/Fleet: No

Bio-Medical: No

Sterilising: No

Significant Incident Level:

SI Details:

Is this a Dangerous Substances Related?: No

What was the route of potential exposure?:

Subcategory of Mechanism of Incident: 29 Being assaulted by a person or persons

Potential Risk Rating:
NIR Attached: No

Hierarchy of Control:
Security Related Incident: No

Cleaning/Waste No
Environmental:
Food Services: No

Radiation/Medical Physics: No
Infection Control: No
Significant Incident Type:

Details of other:

Journal Entries

| <u>Date/Time</u> | <u>Journal Entry</u> | <u>Reference</u> | <u>Cost</u> |
|-----------------------------------|---|--------------------|-------------|
| Action Taken | | | |
| Created by: 14 Feb 22 10:02:00 | <p>Reviewer 3, Work Health Safety</p> <p>DO NOT REPLY TO THIS AUTO GENERATED EMAIL</p> <p>You have been identified as the manager of a staff member who submitted a Staff Incident Report.</p> <p>Please complete the required fields in the 'ORANGE' Managers section</p> <ol style="list-style-type: none"> 1. Provide a thorough investigation of the incident 2. Review Date 3. What control measures have been put in place? <p>Please note: A fact sheet has been developed to assist managers in supporting staff after an incident involving Occupational Violence (OV) and instructions on how to review an OV incident, click on the link below https://healthhub.act.gov.au/sites/default/files/2019-05/Fact%20Sheet%20for%20Manager%20Response%20to%20an%20OV%20incident%2024012019%20FINAL.pdf</p> <p>For additional advice please contact the Work Health Safety team on 5124 9410 or email us at chs.workhealthsafety@act.gov.au</p> <p>Thank you for your assistance.</p> <p>Actioned: No</p> <p>Follow Up Allocated To: MHJHADS, SMHI, ADON</p> <p>Linked Document Path</p> | | |
| | | Mail Sent On: | |
| | | Follow Up By Date: | 21 Feb 22 |

Documents

No Attached Documents.

- End of Record -

Comprehensive Report

Canberra Health Services

Staff Incident ID: 1095454

AGS/ ID Number:

Related Incident ID:

First Name:

Surname:

Gender:

Date of Birth:

Age:

Contact Number:

Job Title:

Is this a Student/Volunteer

Incident?:

Is this a contractor incident?: No

Details of Other:

Contractor Company:

Has the ACT Health Contractor

Induction Date:

Induction been completed?:

Incident Type (Hazard,

Has a staff injury been

Incident):

sustained?:

Incident Date: 13 Feb 2022

Incident Time: 11:00

Notification Date: 13 Feb 2022

Notification Time: 15:21

Total days to report (days): 0.2

Work Start Time:

Provide a brief Summary of
the incident?:Provide more details of the
incident?:

Incident Outline: Physical violence towards staff member.

Body Part Affected: Front Right Upper Arm

Right Front Shoulder

Body Part Most Affected: Right Front Shoulder

Does this incident involve a
potential COVID exposure to
you or other staff?:

No

How much time was lost: Moderate injury received,
require less than 1 day time off

Treatment Required: Yes

Treatment given: On site health
centre/emergency department

Details of Other (Treatment):

Is a claim for workers

compensation required?:

Details (Return to work):

What task was being
performed at the time of the
incident?:Have you recieved specific
training in the task/work being
performed at the time of the
accident/incident?:

Details of Other Training:

Was personal protective

equipment being worn?:

Other PPE Details:

Were there any witnesses?:

Witness # 1 Name:

Does the incident involve

claimed

Violence/Aggression/Discrimi
nation or

Bullying/Harassment?:

Cause of Violence or Abuse: Patient/Client/Consumer

Form of violence/aggression

or bullying/harassment:

Discrimination Involved (i.e.

source)?:

Alleged form of discrimination:

Has this happened before

(reoccurrence)?:

Name of alleged perpetrator:

Gender of alleged perpetrator:

Physical Location:

Work Unit:

Training recieved:

Type of claimed

Violence/Aggression/Bullying/

Harassment/Discrimination:

Details of PPE used:

Details of Other:

Details of Other

(discrimination):

Details of Other (alleged
form):

URN:

Details of other gender:

Division: Mental & Justice Health, Alcohol
& Drug Services

Section: Director of Nursing
 Manager name: [REDACTED]
 The reporter is: [REDACTED]
 Reporter's Name: peeta
 Details of other (position):
 Provide a thorough investigation of the incident:
 Who completed the investigation?:
 What control measures have been put in place?:
 Managers Additional comments:
 Was there a Dangerous Substance involved in the incident?: No
 Name of the Dangerous Substance:
 Is this a WorkSafe ACT Notifiable Incident?: No
 WorkSafe ACT Notification Date:
 Name of the person who notified:
 Name of inspector spoken to:
 Deceased: No
 Police Notified?: No
 Police Notification Date:
 Name of Officer Notified:
 De-Identified Information:

Sub Section: Dhulwa MH Unit
 Manager phone: [REDACTED]

Reporter's Position: Registered Nurse / Midwife

Review Date:

How much of the Dangerous Substance was involved?:
 Was the site preserved?: No

WorkSafe ACT Notification Method:
 Persons Position:

Police Notification Time:
 Police Job Number:

Classification

CMD Status: Transfer
 Mechanism of Incident : GROUP 2 - Being hit by moving objects
 Level: Priority Level 2
 Risk Rating: M
 Notifiable Incident: No
 Notifiable Incident Type:
 Dangerous Incident:
 Investigation/Findings adequate?: No
 Controls adequate report: No
 Needlestick/sharp/splash/scratch/bite Incident: No
 Property Management & Maintenance: No
 Fire/Emergency/Evacuations/Parking/Fleet: No
 Bio-Medical: No
 Sterilising: No
 Significant Incident Level:
 SI Details:
 Is this a Dangerous Substances Related?: No
 What was the route of potential exposure?:

Subcategory of Mechanism of Incident: 29 Being assaulted by a person or persons

Potential Risk Rating:
 NIR Attached: No

Hierarchy of Control:
 Security Related Incident: No

Cleaning/Waste No
 Environmental:
 Food Services: No

Radiation/Medical Physics: No
 Infection Control: No
 Significant Incident Type:

Details of other:

Journal Entries

| <u>Date/Time</u> | <u>Journal Entry</u> | <u>Reference</u> | <u>Cost</u> |
|-----------------------------------|---|--------------------|-------------|
| Action Taken | | | |
| Created by: 14 Feb 22 09:54:00 | <p>Reviewer 3, Work Health Safety</p> <p>DO NOT REPLY TO THIS AUTO GENERATED EMAIL</p> <p>You have been identified as the manager of a staff member who submitted a Staff Incident Report.</p> <p>Please complete the required fields in the 'ORANGE' Managers section</p> <ol style="list-style-type: none"> 1. Provide a thorough investigation of the incident 2. Review Date 3. What control measures have been put in place? <p>Please note: A fact sheet has been developed to assist managers in supporting staff after an incident involving Occupational Violence (OV) and instructions on how to review an OV incident, click on the link below https://healthhub.act.gov.au/sites/default/files/2019-05/Fact%20Sheet%20for%20Manager%20Response%20to%20an%20OV%20incident%2024012019%20FINAL.pdf</p> <p>For additional advice please contact the Work Health Safety team on 5124 9410 or email us at chs.workhealthsafety@act.gov.au</p> <p>Thank you for your assistance.</p> <p>Actioned: No</p> <p>Follow Up Allocated To: MHJHADS, SMHI, ADON</p> <p>Linked Document Path</p> | | |
| | | Mail Sent On: | |
| | | Follow Up By Date: | 21 Feb 22 |

Documents

No Attached Documents.

- End of Record -

Out of Scope



Out of Scope



From: Nixon, Dawn <Dawn.Nixon@worksafe.act.gov.au>

Sent: Friday, 18 February 2022 3:09 PM

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

Subject: Dhulwa Mental Health Unit

OFFICIAL

Dear Mr Pepper,

Please find attached letter from WHS Commissioner Jacqueline Agius for your kind review,

Kind regards,

Dawn Nixon | Assistant Director | Manager, Strategic Coordination

Executive Officer to Jacqueline Agius, Work Health and Safety Commissioner and Labour Hire Licence Commissioner

P: 02 6205 4373 | **E:** Dawn.Nixon@worksafe.act.gov.au

Office of the Work Health and Safety Commissioner
GPO Box 158 Canberra ACT 2601

WORKSAFEACT



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.



Mr Dave Pepper
Chief Executive Officer
Canberra Health Service

By email: dave.pepper@act.gov.au

18 February 2022

Dear Mr Pepper,

**RE: Investigation into alleged contravention of the Work Health and Safety (WHS) Act 2011
at Dhulwa Mental Health Unit, 30 Mugga Lane, Symonston ACT**

It is alleged that during the period of 10 to 13 February 2022 a number of occupational violence incidents occurred at the above workplace which resulted in injury and exposure to possible injury.

I write to advise that WorkSafe ACT will be conducting enquiries into the circumstances of these incidents in order to determine whether there has been a contravention of the Work Health and Safety (WHS) Act 2011. Enquires may extend beyond the period of 10 to 13 February 2022.

Investigators from WorkSafe ACT will be attending Dhulwa Mental Health Unit and may seek your assistance.

If the investigation establishes that a contravention of the WHS Act 2011 has occurred or is occurring, the matter may be referred to the Director of Public Prosecution.

If you wish to discuss the matter, please contact Brooke Grey, Senior Director, Investigations and Operations on [REDACTED]

Yours sincerely

Jacqueline Agius

Work Health and Safety Commissioner
Labour Hire Licence Commissioner



From: Guthrie, Daniel (Health)
Sent: Friday, 18 February 2022 8:10 PM
To: Grey, Brooke
Cc: Beaver, Jeffrey; Kaye, Frances (Health)
Subject: Dhulwa Update OV Incidents – Specific Consumer (Patient)
Attachments: DMHU Incidents [REDACTED] 1 Jan 2022 to 16 Feb 2022.xls

Follow Up Flag: Follow up
Flag Status: Flagged

UNOFFICIAL

Hi Brooke,

Sorry this is later than expected, but another very hectic day.

As discussed things got more challenging in the days after your visit with Jeff, with increasing OV incidents involving this consumer. See attached.

Following this, there was then a concerted effort from management including the attendance of 3 Executives to Dhulwa to work with staff and engagement of medical expertise to develop a revised treatment plan. This involved revised medication and risk control measures including more staff dedicated to identifying and addressing OV early and effectively. So far this has worked with only one incident overnight which was a great improvement on the trend of incidents which was on the rise.

I will have more documents including a risk assessment next week to support this, but overall I am comfortable that we are in a much better position than we were at the start of the week and the environment is much safer for the consumer and staff under very challenging circumstances. Also, I am informed that staff are providing feedback that they feel much safer which is very encouraging and exactly what we are aiming for.

Will discuss and provide more when we catch up with you and Jeff on Wednesday.

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



**Canberra Health
Services**

From: Chen, Judy (Health) <Judy.Chen@act.gov.au>
Sent: Friday, 18 February 2022 11:17 AM
To: Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>

Cc: Kaye, Frances (Health) <Frances.Kaye@act.gov.au>

Subject: RE: DMHU OV incidents [REDACTED]

UNOFFICIAL

Hi Daniel,

Please find the attached excel spreadsheet. There are 2 more incidents added to the table.

The PDFs of the incidents are also attached.

Regards,

Judy

From: Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>

Sent: Friday, 18 February 2022 10:39 AM

To: Chen, Judy (Health) <Judy.Chen@act.gov.au>

Cc: Kaye, Frances (Health) <Frances.Kaye@act.gov.au>

Subject: FW: DMHU OV incidents [REDACTED]

Importance: High

UNOFFICIAL

Hi Judy,

Can you please add any further incidents to this until now, for the additional ones can you also add the actual time as well as date.

I am updating Kalena and WorkSafe today.

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: Guthrie, Daniel (Health)

Sent: Wednesday, 16 February 2022 4:54 PM

To: Rea, Katrina (Health) <Katrina.M.Rea@act.gov.au>; Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>

Subject: DMHU OV incidents [REDACTED]

Importance: High

UNOFFICIAL

Hiya Kat and Kalena,

See below for a good summary of incidents and attached table with all details and injuries

A big thanks Annaliesha and Judy for pulling this together quickly 😊

Note that injuries do not always appear in Riskman incidents straight away so we can't rely entirely on the table for the actual injuries that have occurred. The worst injury I can recall is a broken hand but I am not even able to confirm that, and there could be others I am not aware of.

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

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ACT
Government

**Canberra Health
Services**

From: Flynn, Annaliesha (Health) <Annaliesha.Flynn@act.gov.au>

Sent: Wednesday, 16 February 2022 4:19 PM

To: Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>

Subject: DMHU OV incidents [REDACTED]

UNOFFICIAL

Hi Daniel,

Please find attached the Staff RiskMan incident report from DMHU – OV related incidents relating to [REDACTED] from 1 January 2022 – 16th February 2022.

For noting:

- **24** occupational violence incidents reported for this period
- **23** physical ov incidents report
- **1** incident of property damage reported
- **3** incidents where it's been reported a Serious injury received, required 1 day or more time off
- **3** incidents where it's been reported a Moderate injury received, require less than 1 day time off

I have bolded the specific OV related information within each of the incidents for your reference and also highlighted information which related to staff feeling unsafe etc.

Please let me know if I can assist further.

Many thanks

Annaliesha Flynn

Director, Occupational Violence Prevention and Management,
Work Health Safety People and Culture | Canberra Health Services

Level 1, Building 23 | Canberra Hospital

Phone: 512 49920 | 5124 9410

Email: annaliesha.flynn@act.gov.au

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Staff RiskMan Incidents
1st January 2022 - 16th February 2022
Secure Mental Health Unit DMHU - Occupational Violence Incident A.C

195

| Incident ID | Incident Date | Notification Date | Summary | Subcategory | Investigation | Controls | How much time was lost | Form of OVA/BH | Injury Sustained |
|-------------|---------------|-------------------|---------|---|---------------|----------|--|----------------|------------------------------|
| 1088394 | 6 Jan 2022 | 7 Jan 2022 | | 29 Being assaulted by a person or persons | | | Minor injury received, no time off heeded | Physical | Slight pain on hand |
| 1093220 | 3 Feb 2022 | 3 Feb 2022 | | 29 Being assaulted by a person or persons | | | Minor injury received, no time off heeded | Physical | small laceration on forehead |
| 1093233 | 1 Feb 2022 | 3 Feb 2022 | | 29 Being assaulted by a person or persons | | | No Injury received, It was a hazardous situation | Physical | feeling unsafe |
| 1093235 | 1 Feb 2022 | 3 Feb 2022 | | 29 Being assaulted by a person or persons | | | No Injury received, It was a hazardous situation | Physical | feeling unsafe |
| 1093287 | 3 Feb 2022 | 3 Feb 2022 | | 29 Being assaulted by a person or persons | | | Minor injury received, no time off heeded | Physical | pushing on forehead |
| 1093527 | 3 Feb 2022 | 4 Feb 2022 | | 29 Being assaulted by a person or persons | | | Minor injury received, no time off heeded | Physical | shoulder pain |
| 1093533 | 3 Feb 2022 | 4 Feb 2022 | | 29 Being assaulted by a person or persons | | | Moderate injury received, require less than 1 day time off | Physical | Pain and swollen hand |
| 1093564 | 5 Feb 2022 | 5 Feb 2022 | | 29 Being assaulted by a person or persons | | | Serious injury received, required 1 day or more time off | Physical | Both Wrists |

| | | | | | | | | |
|---------|-------------|-------------|--|---|--|--|----------|--|
| 1093570 | 5 Feb 2022 | 5 Feb 2022 | | 29 Being assaulted by a person or persons | | Minor injury received, no time off needed | Physical | |
| 1093731 | 3 Feb 2022 | 4 Feb 2022 | | 29 Being assaulted by a person or persons | | No Injury received, It was a hazardous situation | Physical | |
| 1093774 | 5 Feb 2022 | 5 Feb 2022 | | 29 Being assaulted by a person or persons | | No Injury received, It was a hazardous situation | Physical | |
| 1093887 | 3 Feb 2022 | 7 Feb 2022 | | 29 Being assaulted by a person or persons | | Minor injury received, no time off needed | Physical | Scratches on forearm and bruise on right cheek |
| 1094579 | 8 Feb 2022 | 8 Feb 2022 | | 29 Being assaulted by a person or persons | | (None Entered) | Physical | |
| 1094905 | 10 Feb 2022 | 10 Feb 2022 | | 29 Being assaulted by a person or persons | | No Injury received, It was a hazardous situation | Physical | |
| 1095016 | 10 Feb 2022 | 10 Feb 2022 | | 29 Being assaulted by a person or persons | | Minor injury received, no time off needed | Physical | bruise on left hand |
| 1095022 | 10 Feb 2022 | 10 Feb 2022 | | 29 Being assaulted by a person or persons | | No Injury received, It was a hazardous situation | Physical | Bruise on left leg |
| 1095032 | 10 Feb 2022 | 10 Feb 2022 | | 29 Being assaulted by a person or persons | | Minor injury received, no time off needed | Physical | shoulder and arm pain |

Staff RiskMan Incidents
1st January 2022 - 16th February 2022
Secure Mental Health Unit DMHU - Occupational Violence Incident A.C

197

| | | | | | | | | |
|---------|----------------------|-------------|--|---|--|--|----------|--|
| 1095454 | 13 Feb 2022 | 13 Feb 2022 | | 29 Being assaulted by a person or persons | | Moderate injury received, require less than 1 day time off | Physical | abrasions on front of elbow |
| 1095456 | 13 Feb 2022 | 13 Feb 2022 | | 29 Being assaulted by a person or persons | | Serious injury received, required 1 day or more time off | Physical | finger got stuck in between doors |
| 1095457 | 13 Feb 2022 | 13 Feb 2022 | | 29 Being assaulted by a person or persons | | Moderate injury received, require less than 1 day time off | Physical | fell on left knee, twisted left ankle and sprained right 2 fingers |
| 1095486 | 13 Feb 2022 | 13 Feb 2022 | | 29 Being assaulted by a person or persons | | Serious injury received, required 1 day or more time off | Physical | |
| 1095626 | 13 Feb 2022 | 14 Feb 2022 | | 29 Being assaulted by a person or persons | | No Injury received, It was a hazardous situation | Physical | muscle pain |
| 1095846 | 13 Feb 2022 | 15 Feb 2022 | | 29 Being assaulted by a person or persons | | Minor injury received, no time off needed | Physical | Being kicked at left knee |
| 1096143 | 18:50 15 Feb 2022 | 15 Feb 2022 | | 29 Being assaulted by a person or persons | | | Physical | |
| 1096845 | 17:15 17 Feb 2022 | 17 Feb 2022 | | 29 Being assaulted by a person or persons | | Minor injury received, no time off needed | Physical | |



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QToN No. 11

COMMITTEE SUPPORT

Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021
ANSWER TO QUESTION TAKEN ON NOTICE
21 February 2022

Asked by Ms Castley on 21 February 2022: Ms Rea took on notice the following question(s):

Ref: Hansard Proof Transcript 21 FEBRUARY 2022 PAGE 28

In relation to:

MS CASTLEY: You can take this one on notice. Can you give me some figures about the violence and the number of attacks that have occurred with staff since it opened?

MINISTER DAVIDSON: The answer to the Member's question is as follows:

DMHU Staff incident reports of Occupational Violence (OV) reported on RiskMan:

| Financial Year | OV Physical | OV verbal |
|-----------------------|-------------|-----------|
| 2016/17 | 13 | 4 |
| 2017/18 | 21 | 8 |
| 2018/19 | 48 | 4 |
| 2019/20 | 133 | 3 |
| 2020/21 | 99 | 10 |
| 2021/22 (to 02/02/22) | 70 | 9 |

- In the first financial year 2016/17 of DMHU opening there were a total of 17 OV incidents. This included 13 physical OV incidents and four verbal OV incidents.
- In the financial year 2017/18 there were a total of 29 OV incidents reported at DMHU. This included 21 physical OV and 8 verbal OV incidents.

- In the financial year 2018/19 there were a total of 52 OV incidents reported at DMHU. This included 48 physical OV and 4 verbal OV incidents.
- In the financial year 2019/20 there were a total of 136 OV incidents reported at DMHU. This included 133 physical OV and 3 verbal OV incidents.
- In the financial year 2020/21 there were a total of 109 OV incidents reported at DMHU. This included 99 physical OV and 10 verbal OV incidents.
- In the financial year 2021/22 (to 02/03/2022) there have been a total of 79 OV incidents reported at DMHU. This includes 70 physical OV and 9 verbal OV incidents.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature:

Date:

By the [Minister for], [name of Minister]

From: Guthrie, Daniel (Health)
Sent: Tuesday, 22 February 2022 11:21 AM
To: Grey, Brooke
Cc: Beaver, Jeffrey; Kaye, Frances (Health)
Subject: RE: Dhulwa Update OV Incidents - Specific Consumer (Patient)

UNOFFICIAL

Hi Brooke,

Thanks, sorry I didn't get back to you yesterday, just let me know when you would like to visit next and I will arrange it.

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



ACT
Government

**Canberra Health
Services**

From: Grey, Brooke <Brooke.Grey@worksafe.act.gov.au>
Sent: Monday, 21 February 2022 12:48 PM
To: Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>
Cc: Beaver, Jeffrey <Jeffrey.Beaver@worksafe.act.gov.au>; Kaye, Frances (Health) <Frances.Kaye@act.gov.au>
Subject: RE: Dhulwa Update OV Incidents - Specific Consumer (Patient)

UNOFFICIAL

Good afternoon Daniel,

Hope Monday is treating you well.

Apologies for the late notice but Jeff and I won't be attending this Wednesday. I've spoken to [REDACTED] a few minutes ago and she is aware of the delay.

We will contact you shortly to arrange another time for a workplace visit which is likely to occur within the next few weeks.

thanks

Brooke Grey | Senior Director – Investigations and Operations

P: 02 6205 0753 | E: Brooke.Grey@worksafe.act.gov.au
 Office of the Work Health and Safety Commissioner
 GPO Box 158 Canberra ACT 2601

WORKSAFEACT



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: Friday, 18 February 2022 8:10 PM
To: Grey, Brooke <Brooke.Grey@worksafe.act.gov.au>
Cc: Beaver, Jeffrey <Jeffrey.Beaver@worksafe.act.gov.au>; Kaye, Frances (Health) <Frances.Kaye@act.gov.au>
Subject: Dhulwa Update OV Incidents - Specific Consumer (Patient)

UNOFFICIAL

Hi Brooke,

Sorry this is later than expected, but another very hectic day.

As discussed things got more challenging in the days after your visit with Jeff, with increasing OV incidents involving this consumer. See attached.

Following this, there was then a concerted effort from management including the attendance of 3 Executives to Dhulwa to work with staff and engagement of medical expertise to develop a revised treatment plan. This involved revised medication and risk control measures including more staff dedicated to identifying and addressing OV early and effectively. So far this has worked with only one incident overnight which was a great improvement on the trend of incidents which was on the rise.

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Will discuss and provide more when we catch up with you and Jeff on Wednesday.

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: Chen, Judy (Health) <Judy.Chen@act.gov.au>
Sent: Friday, 18 February 2022 11:17 AM
To: Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>
Cc: Kaye, Frances (Health) <Frances.Kaye@act.gov.au>
Subject: RE: DMHU OV incidents [REDACTED]

UNOFFICIAL

Hi Daniel,

Please find the attached excel spreadsheet. There are 2 more incidents added to the table.

The PDFs of the incidents are also attached.

Regards,

Judy

From: Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>
Sent: Friday, 18 February 2022 10:39 AM
To: Chen, Judy (Health) <Judy.Chen@act.gov.au>
Cc: Kaye, Frances (Health) <Frances.Kaye@act.gov.au>
Subject: FW: DMHU OV incidents [REDACTED]
Importance: High

UNOFFICIAL

Hi Judy,

Can you please add any further incidents to this until now, for the additional ones can you also add the actual time as well as date.

I am updating Kalena and WorkSafe today.

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

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**Canberra Health
Services**

From: Guthrie, Daniel (Health)
Sent: Wednesday, 16 February 2022 4:54 PM
To: Rea, Katrina (Health) <Katrina.M.Rea@act.gov.au>; Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Subject: DMHU OV incidents [REDACTED]
Importance: High

UNOFFICIAL

Hiya Kat and Kalena,

See below for a good summary of incidents and attached table with all details and injuries

A big thanks Annaliesha and Judy for pulling this together quickly 😊

Note that injuries do not always appear in Riskman incidents straight away so we can't rely entirely on the table for the actual injuries that have occurred. The worst injury I can recall is a broken hand but I am not even able to confirm that, and there could be others I am not aware of.

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

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**Canberra Health
Services**

From: Flynn, Annaliesha (Health) <Annaliesha.Flynn@act.gov.au>
Sent: Wednesday, 16 February 2022 4:19 PM
To: Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>
Subject: DMHU OV incidents [REDACTED]

UNOFFICIAL

Hi Daniel,

Please find attached the Staff RiskMan incident report from DMHU – OV related incidents relating to [REDACTED] from 1 January 2022 – 16th February 2022.

For noting:

- 24 occupational violence incidents reported for this period

- **23** physical ov incidents report
- **1** incident of property damage reported
- **3** incidents where it's been reported a Serious injury received, required 1 day or more time off
- **3** incidents where it's been reported a Moderate injury received, require less than 1 day time off

I have bolded the specific OV related information within each of the incidents for your reference and also highlighted information which related to staff feeling unsafe etc.

Please let me know if I can assist further.

Many thanks

Annaliesha Flynn

Director, Occupational Violence Prevention and Management,
Work Health Safety People and Culture | Canberra Health Services
Level 1, Building 23 | Canberra Hospital
Phone: 512 49920 | 5124 9410
Email: annaliesha.flynn@act.gov.au
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Daly, Kelly (Health)

From: Vieira, Mariadefatima
Sent: Thursday, 24 February 2022 2:29 PM
To: Ginich, Penelope (Health)
Subject: RE: HRC Dhulwa CIC - consumer consultations
Attachments: Poster for Dhulwa.pub

OFFICIAL

Dear Penelope,

I've tweaked the wording on the poster. Please let me know if there is still any uncomfortableness around it.

In relation to the visitor restrictions, does this mean I will not be able to bring a colleague with me?

If there is a clinical risk assessment on the day that means we can't go to the ward, will consumers still be told we are onsite and would like to meet with them?

I have visited Dhulwa before, but it's always useful to be reminded of the metal detector! Last time I even had to remove my glasses! Will I still need to bring with me 100 points of ID, or should that be in the system?

Kind regards,
 Maria de Fatima

Maria de Fatima Vieira | Senior Conciliator and Review Officer
ACT Human Rights Commission
 T: 6205 2222 | F: 6207 1034 | TTY: 6205 1666 [REDACTED]
 56 Allara Street, CANBERRA CITY | GPO Box 158 CANBERRA ACT 2601
www.hrc.act.gov.au



**We acknowledge the Traditional Custodians of the ACT, the Ngunnawal people
 We acknowledge and respect their continuing culture and the contribution they make
 to the life of this city and this region**

Artwork by Ngarrindjeri artist Jordan Lovegrove

From: Ginich, Penelope (Health) <Penelope.Ginich@act.gov.au>
Sent: Thursday, 24 February 2022 1:51 PM
To: Vieira, Mariadefatima <Mariadefatima.Vieira@act.gov.au>
Subject: RE: HRC Dhulwa CIC - consumer consultations

Hi Maria,

Apologies for the phone tag yesterday.

Many thanks for your email, we are looking forward to having HRC on the unit and appreciate the time taken to attend Dhulwa and speak with our consumers.

With regards to the poster we have some feedback for consideration. The poster is reading as if consumers, families and carers would be able to join the consultation together, however due to clinical risk assessments and leave availability for consumers this is not feasible.

CHS visitor restrictions are in place allowing only 2 visitors per day and only one visitor at any given time. It would be great if the poster could be tweaked and note the other avenues available for family/carers to make contact?

Sonny has reviewed the poster and we believe the heading could be perceived as having negative connotations before the consultation process is complete. Is it possible to tweak the working of this please?

Regarding the walk through, I have confirmed this should not be a problem however will depend on the clinical risk assessment of the ward on the day. This is a necessary step to keep yourself, our consumers and staff safe.

I am uncertain if you have visited Dhulwa before - On the day please bring 100 points of ID as you will be required to register and go through the security process.

It is best not to wear heels, jewellery, belts or any items that could be set off by the metal detector. Please also note laptops and mobiles are unable to be brought in unless an exemption is approved by the DON or ADON.

We will provide an Ascom duress/phone to you for the afternoon.

Please do not hesitate to call if you would like to discuss anything further. 😊

Looking forward to meeting you next week.

Penelope

Penelope Ginich
Administration and Data Manager
Secure Mental Health Unit
Mental Health, Justice Health & Alcohol and Drug Services
T: 02 512 41853

Penelope.Ginich@act.gov.au

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ACT
Government

**Canberra Health
Services**

From: Vieira, Mariadefatima <Mariadefatima.Vieira@act.gov.au>

Sent: Wednesday, 23 February 2022 11:52 AM

To: Ginich, Penelope (Health) <Penelope.Ginich@act.gov.au>

Subject: RE: HRC Dhulwa CIC - consumer consultations

OFFICIAL

Dear Penelope,

Yes, those days and times are good. Let's book it in. I will bring a colleague, Caitlin Stamford, with me on Thurs 3 March (and possibly on 10 March as well, but will advise if that's the case).

I've attached a poster with some information so people know we will be coming. It would be great if it's able to be printed and put up around several locations.

We're happy to meet with consumers in the visitor lounge, and perhaps it would be good to do a wander beforehand through the rehab wing where I understand most consumers are currently located, just so they can see us and we can introduce ourselves.

Kind regards,
Maria de Fatima

Maria de Fatima Vieira | Senior Conciliator and Review Officer
ACT Human Rights Commission
 T: 6205 2222 | F: 6207 1034 | TTY: 6205 1666 [REDACTED]
 56 Allara Street, CANBERRA CITY | GPO Box 158 CANBERRA ACT 2601
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 We acknowledge and respect their continuing culture and the contribution they make
 to the life of this city and this region**

Artwork by Ngarrindjeri artist Jordan Lovegrove

From: Ginich, Penelope (Health) <Penelope.Ginich@act.gov.au>
Sent: Monday, 21 February 2022 11:37 AM
To: Vieira, Mariadefatima <Mariadefatima.Vieira@act.gov.au>
Subject: RE: HRC Dhulwa CIC - consumer consultations

Dear Maria,

Thank you, hope you are well also.

I can book consumer consultation in our visitor lounge on Thursday 03/03/22 and 10/03/22 from 12:30pm – 16:30pm. Would this suit?

Kind Regards
Penelope

Penelope Ginich
 Administration and Data Manager
 Secure Mental Health Unit
 Mental Health, Justice Health & Alcohol and Drug Services
 T: 02 512 41853
 [REDACTED]

Penelope.Ginich@act.gov.au

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**Canberra Health
Services**

From: Vieira, Mariadefatima <Mariadefatima.Vieira@act.gov.au>
Sent: Thursday, 17 February 2022 3:34 PM

To: Ginich, Penelope (Health) <Penelope.Ginich@act.gov.au>
Subject: RE: HRC Dhulwa CIC - consumer consultations

OFFICIAL

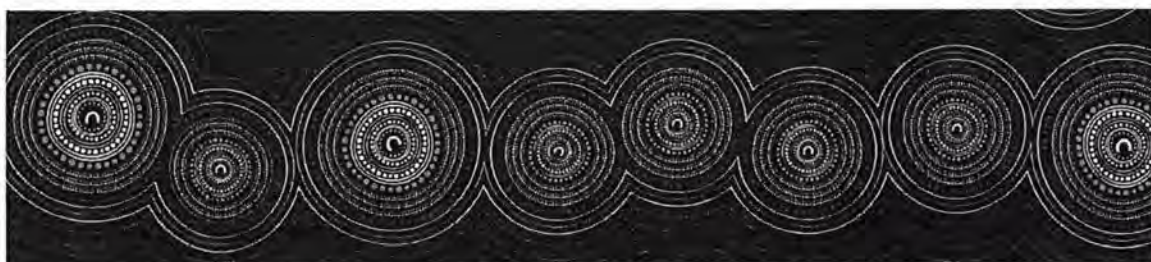
Dear Penelope,

Hope you are well.

We were hoping to progress consumer consultations, if possible, in the next couple of weeks. Is one day a week over a couple of weeks still the preferred approach?

Kind regards,
 Maria de Fatima

Maria de Fatima Vieira | Senior Conciliator and Review Officer
ACT Human Rights Commission
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Artwork by Ngarrindjeri artist Jordan Lovegrove

From: Ginich, Penelope (Health) <Penelope.Ginich@act.gov.au>
Sent: Wednesday, 12 January 2022 2:20 PM
To: Vieira, Mariadefatima <Mariadefatima.Vieira@act.gov.au>
Subject: RE: HRC Dhulwa CIC - consumer consultations

OFFICIAL

Dear Maria,

Happy New Year and I hope you are well.

Regarding the current CHS visitor restrictions, is it safe to say we will need to place the consumer consultations on hold?

Once restrictions ease, lets organise this as a priority.

With Kind Regards
 Penelope

Penelope Ginich
 Administration and Data Manager