



To	Safe Work SA
From	Tanya Newell and Karin Cullen
Date	1 July 2024
WHS Permit Number	Tanya Newell - ET 2401415 Exp. 08/04/2027 Karin Cullen – ET 23-00154 Exp 18/01/2026
Subject	ROE Under Section 117/120 WHS act
Place	Royal Adelaide Hospital Ward 8 G Wing 1

ANMF Workplace Inspection- Safe Work SA Report – WHS (Act) 2012, Section 117 &120

Summary

1. Background:

On Friday the 28 June we were contacted by members in relation to a NDIS patient, that is continually physically and verbally aggressive towards staff on the ward. The patient has been on this ward for approximately 3 weeks. This issue was raised immediately to the Executive Nursing Director of Central Adelaide Local Health Network Amanda Clark on Friday the 28 June, who had informed us that she had been up to investigate, and that the client now has 4 restraint trained guards in place and NDIS carers. Over the weekend members advised that patient continued to escalate and that a security guard was assaulted on Sunday, staff continued to voice that they felt unsafe.

Today, Monday 1 July 2024, ANMF SA officers advised Safework SA that an entry under 117 and 120 of the WHS would be undertaken into 8G of the RAH for unsafe system of work and psychological risk. Safework SA advised that a prohibition notice had been issued by safe work SA on Saturday the 29 in the afternoon and sought that this patient be re located to a secure area and removed from the open ward.

2. Information and Interviews undertaken whilst investigating:

Notification to SafeWork SA was made at 0900 hours by ANMF officers Karin Cullen and Tanya Newell. Upon arrival at the ward, both Nurse Unit Manager and Nursing Director rushed to their office. A safe area was requested to interview staff, upon interviewing it was noted that only 1 senior nurse on the floor wished to speak with us, other nurses seemed to be scared to speak up. It was also noted there were several agency nurses on shift and one had been allocated to the patient. Even after it had been acknowledged by the Nurse Unit Manager and others that he is better with familiar people. This potential placing the agency nurse at risk of assault.

Interviews

Nurse 1:

With you at work and in practice

Nurse stated that the patient is easily triggered by anything. A guard was assaulted yesterday (Sunday) after the Prohibition notice had been placed by Safe Work SA. Patient has not ever been checked on his behaviour, can show restraint at times, has a low emotional and mental age. No regular debriefs have been put into place, only 'venting' to each other. When the patient was first here, he was more settled, would sleep well overnight and Guards were removed. NDIS Carers were also in place 24 hours per day, changed to 3/24 due to funding issues. Now carers are in place 11 am to 8 pm. Family are unable to de-escalate at times, staff are scared to work with him. This nurse said she could work with him and build up a rapport with him.

Nurse 2

Spoke with Nurse Unit Manager (NUM) Warren. His opinion was that this patient is no worse than others that have been on the ward. He was dismissive of members concerns saying that it was just 'some staff causing trouble by contacting the ANMF', and that 'it really wasn't that bad'. NUM said that he believed the patient was more intelligent than he was given credit for. The NUM advised that on Friday the 28 June he had 8 code black calls within a span of 4 hours. He also stated that all staff had done their yearly managing behaviour education and training. NUM also mentioned that the patient's NDIS housing needs to be repaired and that his new carers agency needs more training to be able to look after the patient. Further to this the NUM disclosed that if the patient doesn't have a rapport with the staff, then this is a known trigger for him to become violent.

Nurse 2

BART Nurse – she knows the patient well. Said that one of the triggers is a particular carer leaving. She said that patient should not be an open ward. Suggestion of a James Nash House has he has a forensic history.

General

Officer K Cullen was concerned that the attitude of the NUM was reflected by the fact that only one staff member would speak to us. Other staff were hesitant to be seen talking to us. We also held concerns around the fact that CALHN had no plan to move the patient, despite the Prohibition notice.

The ward that this patient is located on is loud and busy; these all have been identified as know triggers to escalate this patient's behaviour.

Furthermore, RAH management have not initiated any type of formal debriefing session, to help assist with the Psychosocial to ensure that staff feel safe coming to work.

Assessment of the Inpatient Care Centre

Photo 1.

(See attached Prohibition Notification)

Actions taken so far from ANMF (SA Branch)

1. SafeWork have been notified whilst on site of the findings, that their prohibition notice has been ignored and the patient remains on the ward.
2. Communication out to members to notify them an Entry was undertaken and what measures to take if they find themselves in a similar situation.

WHS considerations/ Recommended Actions

1. Urgent relocation to a secure area, this could be James Nash house where the BART nurse has suggested he be cared for until NDIS housing is ready.
2. Regular debriefing sessions that are formal for staff as an avenue to be supported by management.
3. Additional training on how to manage behaviours of concern
4. Urgent fast tracking of NDIS supports to be put in place.
5. 24/7 NDIS carers to be available to support care whilst at the RAH
6. Continue with the 4 Restraint trained security guards
7. Ensure that all managers / directors have undertaken training on the new psychosocial laws