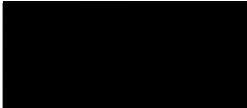




Waitemata
District Health Board
Best Care for Everyone

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06 July 2018



Dear [REDACTED]

Re: Assaults against staff members - OIA request

Thank you for your Official Information Act request of 21 June 2018 seeking the following information from Waitemata District Health Board (DHB):

I am writing to request information on physical attacks made against hospital staff by patients or members of the public while on hospital grounds.

Can you please provide the following:

- *all reports of a physical attack or altercation against a staff member (either medical or security staff) between January 2017 and May 31 2018:*
- *including the department the staff member works for or their role at the hospital*
- *the ward/department where the incident took place*
- *the circumstances of the incident*
- *injuries received*
- *outcome of the incident - was this incident referred to police? did the staff member require hospitalisation; treatment; time off work?*

Could you please also advise what the process is in reporting an incident of this nature?

Waitemata DHB serves the largest population of any district health board in New Zealand, currently standing at around 630,000 people. There is a direct link between the size of our population, the significant scale of services we provide and the opportunity for aggression towards our staff.

Waitemata DHB has a workforce of more than 7,500 staff spread across more than 80 sites. In addition to caring for our own population, we provide regional services in forensic psychiatry and child disability services. We are also the metropolitan Auckland provider of child and adolescent dental services and community alcohol and drug services.

Ultimately, our employees deal with a broad cross-section of the community in their day-to-day work and this often involves reaching out to people when they are at their most vulnerable and anxious. Some of the specialised services we provide involve caring for patients who sometimes have unpredictable or challenging behaviours. Caution is, therefore, advised in comparing raw event numbers between different district health boards unless it is clear that their clinical caseload is of similar complexity.

Waitemata DHB encourages the reporting of assault and promotes a policy of ensuring that the safety and security of staff and patients is approached in line with our organisational values as follows:

Everyone Matters

We have a responsibility to be welcoming and respectful and to listen, while maintaining the personal safety of our staff. We will equip staff with strategies to manage care where behaviour is a concern, whether it is their own or the behaviour of others.

Our approach will be professional and consistent wherever care is delivered, be it in hospital, a community facility or at home.

We all have a responsibility to report risks and incidents and to take care of ourselves and others - to not walk by.

With Compassion

Safety and security initiatives will protect personal dignity and will be as unobtrusive as possible. If someone's behaviour compromises the safety of others, we will ensure a fair and balanced response. We will be attentive to people's individual circumstances and provide an opportunity for people to modify behaviour before using security measures.

Connected

All safety and security initiatives will link with our Engagement Strategy to make sure we stay connected to our community and colleagues. We will have clear boundaries for behaviour which are documented in straightforward terms and readily available to staff and the community. Security risks will be clearly communicated across services to enable team work and promote staff safety.

Better, Best, Brilliant

Security measures contribute to a safe, secure and supportive environment for everybody. We will continue to look for innovative ways to improve services and provide a positive experience for everyone.

During the period of time noted on this request, Waitemata DHB has had over 600,000 inpatient and outpatient visits in the community and hospitals. The occurrence of aggression towards Waitemata DHB staff is, therefore, rare.

While the rate of incidents is very low, we take each event seriously and investigate to improve systems to minimise the likelihood of similar events in the future. This includes, for example, changes to physical infrastructure where appropriate and training for our staff in strategies for de-escalating conflict. Waitemata DHB also provides debrief and support through initiatives such as our Employee Assistance Programme.

People with acute mental health disorders, who require inpatient treatment, are a vulnerable population who are more likely to 'act out' than many other patient groups. This risk is managed by putting in place appropriate supports and environmental barriers to ensure that challenging behaviours are de-escalated where possible through clinical intervention and that other patients and Waitemata DHB staff are not placed at avoidable harm when acts of physical aggression occur.

With the above in mind please see below the answers to your request.

1. *all reports of a physical attack or altercation against a staff member (either medical or security staff) between January 2017 and May 31 2018;*

See attached appendix 1. The table outlines all physical assaults, broken down by year, department and whether injury occurred.

2. *including the department the staff member works for or their role at the hospital*

An incident can be reported in many different ways. We record information according to where the incident occurred rather than by the service in which the staff member works. By way of example, if a security guard is injured in an incident in the Radiology department, the incident will be recorded under Radiology not security.

3. *the ward/department where the incident took place*

Department where the incident took place has been included in the appendix 1 table.

4. *the circumstances of the incident*

Due to the way our electronic reporting system is structured, we would have to manually read all incident reports to obtain the details of each incident. It has not been possible to provide this level of information without incurring significant collation, which we refuse under Section 18(f) of the Official Information Act.

5. *injuries received*

The appendix 1 table includes whether injuries were received or not. Due to the way our electronic reporting system is structured, we would have to manually read all incident reports to obtain the details of each injury. We are, however, aware of one event where a staff member suffered a fracture when dealing with an aggressive patient.

In general, the types of events included in data on incidents of aggression against staff are:

- Kicking
- Pinching
- Grabbing
- Squeezing
- Punching
- Slapping
- Pushing
- Hitting
- Twisting.

6. *outcome of the incident - was this incident referred to police? did the staff member require hospitalisation; treatment; time off work?*

Due to the way our electronic reporting system is structured, we would have to manually read all incident reports to ascertain whether referral to police occurred or if a staff member required hospitalisation, treatment or time off work.

7. *Could you please also advise what the process is in reporting an incident of this nature?*

See attached appendix 2: Work Related Events which outlines our incident reporting process.

We hope this reply satisfies your request. If you are dissatisfied with this decision, you have the right to make a complaint to the Office of the Ombudsman, whose details are available via www.ombudsman.parliament.nz.

Waitemata DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare.

This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Fiona McCarthy', written over the printed name.

Fiona McCarthy
Director Human Resources
Waitemata District Health Board

Appendix 1: Table detailing all physical assaults, broken down by year, department and whether injury occurred from January 2017 – May 2018.

	No Injury	Injury	Total
Jan 2017	12	5	17
ANAWHATA WARD (MEDICAL)		1	1
CMH WEST 1	1		1
EMERGENCY DEPARTMENT (ED) WTH	1		1
HE PUNA WAIORA	4	2	6
KINGSLEY MORTIMER UNIT (WARD 12)	1		1
MURIWAI WARD (A,T & R)	1		1
POHUTUKAWA UNIT	3		3
PSYCHIATRIC LIAISON		1	1
SECURITY NSH	1		1
TANE WHAKAPIRIPIRI		1	1
Feb 2017	19	6	25
ANAWHATA WARD (MEDICAL)		1	1
AUCKLAND OPIOID TREATMENT SERVICE	1		1
EMERGENCY DEPARTMENT (ED) NSH		1	1
EMERGENCY DEPARTMENT (ED) WTH	2	1	3
HE PUNA WAIORA	5	1	6
KINGSLEY MORTIMER UNIT (WARD 12)	5	1	6
MARINOTO NORTH	1		1
WAIATARAU	3	1	4
WARD 11 (MEDICAL)	1		1
WARD 14 NSH	1		1
Mar 2017	13	10	23
ADU NSH	2		2
CMH WEST 2	1		1
EMERGENCY DEPARTMENT (ED) WTH		1	1
HE PUNA WAIORA	1		1
KINGSLEY MORTIMER UNIT (WARD 12)	1		1
MURIWAI WARD (A,T & R)	1	3	4
POHUTUKAWA UNIT	2		2
TITIRANGI WARD (MEDICAL)	1		1
TOTARA UNIT	1	1	2
WAIATARAU	1	5	6
WAINAMU WARD (MEDICAL)	1		1
WARD 14 NSH	1		1
Apr 2017	16	8	24
EMERGENCY DEPARTMENT (ED) NSH		2	2
HE PUNA WAIORA	3	4	7
KINGSLEY MORTIMER UNIT (WARD 12)	4		4
MURIWAI WARD (A,T & R)	1		1
POHUTUKAWA UNIT	1		1
PSYCHIATRIC LIAISON		1	1
TOTARA UNIT	1		1
WAIATARAU	2		2
WARD 11 (MEDICAL)	1		1
TANE WHAKAPIRIPIRI	3	1	4
May 2017	25	8	33
ADU NSH	3		3
ADU WTH	1		1
CMH WEST	1		1

EMERGENCY DEPARTMENT (ED) NSH	1		1
EMERGENCY DEPARTMENT (ED) WTH	1	2	3
HE PUNA WAIORA	6	4	10
KINGSLEY MORTIMER UNIT (WARD 12)	6	1	7
WARD 11 (MEDICAL)	1	1	2
WARD 14 NSH	1		1
TANE WHAKAPIRIPIRI	3		3
WARD 10	1		1
Jun 2017	36	16	52
ADU NSH	1	2	3
ANAWHATA WARD (MEDICAL)	2		2
EMERGENCY DEPARTMENT (ED) NSH	1	3	4
GENERAL MEDICINE NSH	1		1
HE PUNA WAIORA	2	2	4
KINGSLEY MORTIMER UNIT (WARD 12)	14	1	15
MHSOA NORTH	1		1
MURIWAI WARD (A,T & R)	3		3
POHUTUKAWA UNIT	2		2
TOTARA UNIT		1	1
WAIATARAU	4	5	9
WARD 14 NSH	1		1
WARD 9 (ORTHOPAEDICS)	1		1
TANE WHAKAPIRIPIRI	1	1	2
WARD 10	1		1
WARD 5	1	1	2
Jul 2017	21	12	33
CHILD RESPITE		1	1
EMERGENCY DEPARTMENT (ED) NSH		3	3
EMERGENCY DEPARTMENT (ED) WTH		1	1
HE PUNA WAIORA	12	7	19
KINGSLEY MORTIMER UNIT (WARD 12)	6		6
MURIWAI WARD (A,T & R)	1		1
WARD 9 (ORTHOPAEDICS)	2		2
Aug 2017	21	5	26
ADU WTH	1		1
ANAWHATA WARD (MEDICAL)	1		1
EMERGENCY DEPARTMENT (ED) NSH	2		2
EMERGENCY DEPARTMENT (ED) WTH		1	1
HE PUNA WAIORA	7	2	9
KAURI UNIT		1	1
KINGSLEY MORTIMER UNIT (WARD 12)	2		2
MURIWAI WARD (A,T & R)	1		1
POHUTUKAWA UNIT	1		1
RADIOLOGY WTH	1		1
WAIATARAU	1		1
WARD 11 (MEDICAL)		1	1
TANE WHAKAPIRIPIRI	3		3
WARD 10	1		1
Sep 2017	17	4	21
ADU NSH	1		1
EMERGENCY DEPARTMENT (ED) NSH	1		1
EMERGENCY DEPARTMENT (ED) WTH		1	1
HE PUNA WAIORA	3		3
MURIWAI WARD (A,T & R)	1		1
POHUTUKAWA UNIT	1		1

PSYCHIATRIC LIAISON		1	1
SECURITY NSH	2		2
WAIATARAU		1	1
WARD 11 (MEDICAL)		1	1
WARD 7 (ORTHOAEDICS)	2		2
TANE WHAKAPIRIPIRI	6		6
Oct 2017	10	8	18
EMERGENCY DEPARTMENT (ED) WTH		4	4
HE PUNA WAIORA	4	2	6
ICU NSH	1		1
KINGSLEY MORTIMER UNIT (WARD 12)	3		3
SECURITY NSH		1	1
WARD 15 NSH	1		1
WARD 10		1	1
WARD 5	1		1
Nov 2017	17	6	23
HDU NSH	4		4
HE PUNA WAIORA	4		4
KINGSLEY MORTIMER UNIT (WARD 12)	1	1	2
MAORI HEALTH NSH		1	1
POHUTUKAWA UNIT	2	1	3
SECURITY NSH		1	1
TOTARA UNIT	1		1
WAIATARAU	2	2	4
WARD 15 NSH	1		1
WARD 3 (MEDICAL)	1		1
TANE WHAKAPIRIPIRI	1		1
Dec 2017	17	5	22
ADU NSH	2		2
ANAWHATA WARD (MEDICAL)	1		1
EMERGENCY DEPARTMENT (ED) NSH	1	1	2
EMERGENCY DEPARTMENT (ED) WTH	1		1
HE PUNA WAIORA	2	2	4
ID COMMUNITY	1		1
KINGSLEY MORTIMER UNIT (WARD 12)	3	1	4
MURIWAI WARD (A,T & R)	2		2
TITIRANGI WARD (MEDICAL)	1		1
WAIATARAU	1		1
WARD 3 (MEDICAL)	1	1	2
TANE WHAKAPIRIPIRI	1		1
Jan 2018	13	13	26
EMERGENCY DEPARTMENT (ED) NSH	1	2	3
HDU NSH	1		1
HE PUNA WAIORA	3	3	6
KINGSLEY MORTIMER UNIT (WARD 12)	2	1	3
MURIWAI WARD (A,T & R)	1		1
WAIATARAU	1	3	4
WAINAMU WARD (MEDICAL)	1		1
WARD 11 (MEDICAL)	2		2
WARD 9 (ORTHOAEDICS)		1	1
TANE WHAKAPIRIPIRI	1	2	3
WARD 10		1	1
Feb 2018	15	5	20
ANAWHATA WARD (MEDICAL)	1		1
ARDS CENTRAL	1		1

CADS CENTRAL	1		1
CMH WEST	1		1
EMERGENCY DEPARTMENT (ED) NSH	1		1
EMERGENCY DEPARTMENT (ED) WTH	2		2
HDU NSH		1	1
HE PUNA WAIORA	1		1
HUIA WARD	1		1
ICU NSH	1	2	3
OCC HEALTH NORTH		1	1
POHUTUKAWA UNIT	1		1
TOTARA UNIT	1		1
WAIATARAU	1	1	2
WARD 11 (MEDICAL)	1		1
WARD 3 (MEDICAL)	1		1
Mar 2018	29	6	35
ARDS SOUTH	1		1
CHILD RESPITE	1		1
CMH NORTH	1		1
EMERGENCY DEPARTMENT (ED) WTH	2	1	3
HE PUNA WAIORA	1	1	2
KINGSLEY MORTIMER UNIT (WARD 12)	3		3
MURIWAI WARD (A,T & R)	12	2	14
POHUTUKAWA UNIT	1		1
TOTARA UNIT	1		1
WAIATARAU	3	1	4
WAINAMU WARD (MEDICAL)	1		1
TANE WHAKAPIRIPIRI	1	1	2
WARD 10	1		1
Apr 2018	14	6	20
EMERGENCY DEPARTMENT (ED) NSH		1	1
EMERGENCY DEPARTMENT (ED) WTH	2		2
HE PUNA WAIORA	1		1
KAURI UNIT	1		1
KINGSLEY MORTIMER UNIT (WARD 12)		2	2
PACU - RECOVERY		1	1
SECURITY NSH		1	1
TITIRANGI WARD (MEDICAL)	1		1
WAIATARAU	1		1
WARD 14 NSH	3		3
WARD 15 NSH	1		1
WARD 3 (MEDICAL)		1	1
WARD 5	4		4
May 2018	18	6	24
ADU WTH	1		1
ANAWHATA WARD (MEDICAL)	1	1	2
CADS NORTH	1		1
CMH RODNEY	2		2
EMERGENCY DEPARTMENT (ED) WTH	1		1
HE PUNA WAIORA	3	2	5
KINGSLEY MORTIMER UNIT (WARD 12)		1	1
MURIWAI WARD (A,T & R)	1	1	2
RADIOLOGY WTH		1	1
WAIATARAU	8		8
Grand Total	313	129	442

Appendix 2: Work Related Events

Work Related Events

Contents

1.	Introduction	1
1.1	Purpose	1
1.2	Scope	1
2.	General Policy	2
3.	Definitions	2
4.	Abbreviations	9
5.	Associated documents	9
6.	Responsibility	9
6.1	Officers	9
6.2	Service Managers and RC Managers	10
6.3	Health and Safety Representatives and Champions	10
6.4	Employees /Workers	10
6.5	Occupational Health and Safety Services	10
7.	Process/Procedure	11
7.1	Time Frames	11
8.	Recording, Reporting & Investigation	12
8.1	Employee/Worker Responsibility	12
8.2	Time off work due to a work related event (WRE)	12
9.	Blood & Body Fluid Exposure (BBFE)	13
9.1	Exposure	13
9.3	Counselling	13
9.4	First aid	13
9.5	Testing	14
9.6	HIV Risk Assessment	14
9.7	Treatment & vaccination	14
9.8	Unknown source	15
9.9	Employee/Worker follow up post BBFE exposure	15
9.10	HIV Blood & Body Fluid Exposure protocol	15
10.	Training Requirements	16
11.	Auditing Requirements	16

1. Introduction

1.1 Purpose

This document outlines the Waitemata District Health Board's (Waitemata DHB) requirements and processes around reporting and managing Work Related Events (WRE) and "near misses" involving employee/workers and others at all Waitemata DHB workplaces.

This document is intended to provide:

- organisational rules regarding the accurate reporting, monitoring, and management of WRE
- an outline of managers responsibilities in monitoring and managing WRE
- the process for employees/workers when they are involved in a WRE

1.2 Scope

All Waitemata DHB employees/workers, volunteer workers and other persons working within Waitemata DHB workplaces.

Issued by	Group Manager OH&SS	Issued Date	March 2016	Classification	011-001-02-004
Authorised by	Director Human Resources	Review Period	36 mths	Page	Page 1 of 16

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.

Work Related Events

2. General Policy

All WRE and near misses are required to be reported as soon as possible or at least before the end of the shift in which it occurred, via the Waitemata DHB Incident Reporting System (RiskPro). If this is not practicable (e.g. the employee/worker is injured and undergoing treatment) the most senior person present at the time will complete or request an appropriate witness to complete an incident report via RiskPro.

All WRE with a severity rating of serious and major will be investigated in full. WRE with a severity rating of moderate and minor must be analysed on a monthly basis to identify trends which will need investigation and corrective actions where indicated.

In the event of a notifiable event, the following must be adhered to:

Except for action required to render aid to the injured person (or others involved in the event) all practical steps must be taken to have the scene of the notifiable event left undisturbed and secured to prevent contamination or accidental destruction of evidence (e.g. equipment must be left where it is, no cleaning or tidy – up should occur, etc.)

3. Definitions

Accident

For the purposes of this document an accident is an incident that results in physical or mental harm to the employee(s)/worker(s) involved.

Blood & Body Fluid Exposure

For the purposes of this document a blood or body fluid exposure is an event where an employee/worker is exposed to another person's blood or qualifying body fluid through injection, broken skin or mucus membrane.

Control measures:

Control measures are actions that are intended to manage risk by reducing its consequence, its likelihood of occurrence, or both, in the Health and Safety at Work Act 2015 they are described as 'Ways of eliminating or minimising risks to health and safety'.

Corporate Orientation:

This means a general overview of the expectations around all workers with regards to Health and Safety issues.

Due diligence:

Under the Health and Safety at Work Act (2015) (HSWA), the term due diligence is broadly the same concept that officers will already know in a wider business sense and is the care that a reasonable person exercises to avoid harm to other persons or their property.

Duty:

A moral or legal obligation; a responsibility.

Issued by	Group Manager OH&SS	Issued Date	March 2016	Classification	011-001-02-004
Authorised by	Director Human Resources	Review Period	36 mths	Page	Page 2 of 16

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.

Work Related Events

Duty holder:

A duty holder is a person who has a duty under the HSWA.

There are four duty holders:

- Person Conducting Business or Undertaking (PCBU)
- Officers
- Workers, and
- Other persons at workplaces.

Harm:

Means illness, injury, or both; and includes physical or mental harm caused by work related stress

Hazard:

Anything that can cause harm.

A person's behaviour can also be a hazard where that behaviour has the potential to cause death, injury or illness to a person (whether or not that behaviour results from physical or mental fatigue, drugs, alcohol, traumatic shock or another temporary condition that affects a person's behaviour).

Health and Safety Champions:

For the purpose for this document Health and Safety Champions (H&S Champ) are all other H&S Reps that received training prior to 2016 and did not complete the Transitional Training.

Health and Safety Representative:

For the purpose of this document a Health and Safety Representative (H&S Rep) is a worker who has been NZQA trained and can issue a Provisional Improvement Notice (PIN) notice. They have been selected or volunteered to represent their work group in health and safety matters on the health, safety and wellbeing committee.

Health monitoring:

Involves conducting health tests on workers to identify early signs of harm to their health arising from work and any changes on an ongoing basis.

Incident Reporting System (RiskPro)

For the purposes of this document the term Incident Reporting System (RiskPro) indicates the current Waitemata DHB online Incident Reporting system (RiskPro)

Improvement Notice:

A notice issued by a Worksafe NZ inspector for improvement

Issues:

Is something that is causing problems in doing business; it topical and does not necessarily correlate to a risk occurring e.g. high level of overtime.

Issued by	Group Manager OH&SS	Issued Date	March 2016	Classification	011-001-02-004
Authorised by	Director Human Resources	Review Period	36 mths	Page	Page 3 of 16

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.

Work Related Events

Local Induction:

This means workplace specific induction, highlighting specific issues relevant to the area. (ie hazards, evacuation route, location of fire hoses etc.)

Near miss

For the purposes of this document a "near miss" is an incident that did not result in harm but had the potential to cause harm. Examples of near miss events/situations are:

- a slip or trip due to wet floors or faulty flooring but no fall or injury occurs
- equipment identified as faulty, inappropriately stored or disposed of (e.g. unsafe sharps disposal), or inappropriately labelled (e.g. weight maximums for hoists)
- identification of unsafe environmental conditions (e.g. maintenance problems such as dangerous flooring, removal of warnings/hazard identification)
- identification of unsafe employee/worker levels (workload)

Notifiable event:

A notifiable event means any of the following events that arise from work:

- a) the death of a person; or
- b) a notifiable injury or illness; or
- c) a notifiable incident.

Notifiable injury or illness:

In relation to a person means—

- a) any of the following injuries or illnesses that require the person to have immediate treatment (other than first aid):
 - i. the amputation of any part of his or her body;
 - ii. a serious head injury;
 - iii. a serious eye injury;
 - iv. a serious burn;
 - v. the separation of his or her skin from an underlying tissue (such as degloving or scalping);
 - vi. a spinal injury;
 - vii. the loss of a bodily function;
 - viii. serious lacerations;
- b) an injury or illness that requires, or would usually require, the person to be admitted to a hospital for immediate treatment;
- c) an injury or illness that requires, or would usually require, the person to have medical treatment within 48 hours of exposure to a substance;
- d) any serious infection (including occupational zoonoses) to which the carrying out of work is a significant contributing factor, including any infection that is attributable to carrying out work—
 - (i) with micro-organisms; or
 - (ii) that involves providing treatment or care to a person; or

Issued by	Group Manager OH&SS	Issued Date	March 2016	Classification	011-001-02-004
Authorised by	Director Human Resources	Review Period	36 mths	Page	Page 4 of 16

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.

Work Related Events

- (iii) that involves contact with human blood or bodily substances; or
 - (iv) that involves handling or contact with animals, animal hides, animal skins, animal wool or hair, animal carcasses, or animal waste products; or
 - (v) that involves handling or contact with fish or marine mammals
- e) any other injury or illness declared by regulations to be a notifiable injury or illness for the purposes of this section

Notifiable incident:

A *notifiable incident* means an unplanned or uncontrolled incident in relation to a workplace that exposes a worker or any other person to a serious risk to that person's health or safety arising from an immediate or imminent exposure to—

- a) an escape, a spillage, or a leakage of a substance; or
- b) an implosion, explosion, or fire; or
- c) an escape of gas or steam, or
- d) an escape of a pressurised substance; or
- e) an electric shock; or
- f) the fall or release from a height of any plant, substance, or thing; or
- g) the collapse, overturning, failure, or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with regulations; or
- h) the collapse or partial collapse of a structure; or
- i) the collapse or failure of an excavation or any shoring supporting an excavation; or
- j) the inrush of water, mud, or gas in workings in an underground excavation or tunnel; or
- k) the interruption of the main system of ventilation in an underground excavation or tunnel; or
- l) a collision between 2 vessels, a vessel capsize, or the inrush of water into a vessel; or
- m) any other incident declared by regulations to be a notifiable incident for the purposes of this section.

Duty to notify notifiable event:

A PCBU must, as soon as possible after becoming aware that a notifiable event arising out of the conduct of the business or undertaking has occurred, ensure that the regulator is notified of the event.

1. A notification under subsection (1)-
 - a. may be given by telephone or in writing (including by email, or other electronic means), and
 - b. must be given by the fastest possible means in the circumstances
2. For the purposes of subsection (2), a person giving notice by telephone must-
 - a. give the details of the incident requested by the regulator; and
 - b. if required by the regulator, give a written notice of the incident within 48 hours of being informed of the requirement
3. Notice given in writing under subsection (2) or (3) must be in a form, or contain the details, approved by the regulator.
4. If the regulator receives notice by telephone and a written notice is not required, the regulator must give the PCBU-
 - a. details of the information received; or
 - b. an acknowledgement of having received notice.
5. A person who contravenes subsection (1) commits an offence and is liable on conviction-
 - a. for an individual, to a fine not exceeding \$10,000:

Issued by	Group Manager OH&SS	Issued Date	March 2016	Classification	011-001-02-004
Authorised by	Director Human Resources	Review Period	36 mths	Page	Page 5 of 16

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.

Work Related Events

- b. for any other person, to a fine not exceeding \$50,000.

Officer:

A person who holds a very senior leadership position and has the ability to significantly influence the management of a business or undertaking. A business or undertaking can have more than one officer. At Waitemata DHB the following people are considered Officers:

- Waitemata DHB Board
- Chief Executive Officer (CEO)
- Senior Management Team.

Other person at workplace:

Includes workplace visitors, casual volunteers and students. These people have their own health and safety duty to take reasonable care to keep themselves and others safe at a workplace.

For the purpose of this document at Waitemata DHB other person are the patients, visitors, casual volunteers and students.

Person conducting a business or undertaking (PCBU):

While a PCBU may be an individual person or an organisation, in most cases the PCBU will be an organisation (for example a business entity such as a company is a person conducting a business or undertaking). For the purpose of this document the PCBU is Waitemata DHB.

Primary duty of care:

A business or undertaking must ensure, so far as is reasonably practicable the health and safety of its workers and that other people are not put at risk by its work in the context of HSWA.

Managers

RC Managers

For the purpose of this policy RC Managers include:

- Direct line managers
- Charge Nurse Managers
- All Departmental Managers

Service Managers

For the purpose of this policy Service Managers include

- Operation Managers
- Group Managers
- Service Managers

Reasonably practicable:

For the purpose of managing risk, reasonably practicable is a balance between what is possible (the highest level of protection) and what is achievable (reasonable in the circumstances).

Duty holders need to consider what is reasonably able to be done in relation to ensuring the health and safety of workers and others, taking into account and weighing up all factors including:

- the likelihood of the hazard or risk concerned occurring

Issued by	Group Manager OHS&SS	Issued Date	March 2016	Classification	011-001-02-004
Authorised by	Director Human Resources	Review Period	36 mths	Page	Page 6 of 16

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.

Work Related Events

- the degree of harm that might result from the hazard or risk
- what the duty holder knows or should reasonably know, about the
 - hazard or risk, and
 - ways of elimination or minimising that risk
 - the availability and suitability of ways to eliminate risk.

Only after assessing the extent of the risk, and the available ways of eliminating the risk, should the duty holder consider the cost. Consideration of cost should generally only take precedence over safety when it is grossly disproportionate to the risk.

Risk

Is defined as “the effect of uncertainty on objectives, positive or negative. It is measured in terms of consequence (or impact) and likelihood (probability) In the Health and Safety at Work Act 2015 it is described as the likelihood certain consequences (death, injury or illness) occur when a person is exposed to a hazard.

Risk Assessment

Is the process of identifying variables of a perceived risk, assesses them as to their potential severity of impact (generally a negative impact, such as damage or loss) and to the probability of occurrence. These quantities can be either simple to measure, in the case of the value of a lost building, or impossible to know for sure in the case of the probability of an unlikely event occurring. Therefore, in the assessment process it is critical to make the best educated decisions in order to properly prioritize the implementation of the risk management plan

Risk Assessment matrix

For the purpose of this document is a management tool used during a risk assessment process to define various levels of risk and to apply consistency throughout the organisation.

Volunteer

A person who is acting on a voluntary basis (whether or not the person receives out of pocket expenses).

Volunteer worker:

Is someone who carries out work in any capacity for a PCBU.

- with the knowledge or consent of the business and
- on an ongoing and regular basis; and
- the work is an integral part of the business and
- the work is not:
 - participating in fundraising
 - assisting with sports or recreation for and educational institute sports club or recreation club
 - assisting with activities for an educational institution outside its premises
 - providing care for another person in the volunteer’s home e.g. foster care.

For example, a person who regularly helps out at an animal rescue organisation by feeding, cleaning and generally tending to animals is a volunteer worker because they are doing the volunteer work on a regular basis and the work is integral to the business or undertaking.

Issued by	Group Manager OH&SS	Issued Date	March 2016	Classification	011-001-02-004
Authorised by	Director Human Resources	Review Period	36 mths	Page	Page 7 of 16

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.

Work Related Events

Work group:

The work group can be the whole workplace or it can be workers grouped by work area, occupations, work sites or other arrangements. How a work group or work groups are organised will depend on what is effective for the business and the workers given the structure of the business or undertaking.

Worker:

An individual who carries out work in any capacity for a PCBU, including work as:

- an employee; or
- a contractor or subcontractor; or
- an employee of a contractor or subcontractor; or
- an employee of a labour hire company who has been assigned to work in the business or undertaking; or
- an outworker (including a homeworker); or
- an apprentice or a trainee; or
- a person gaining work experience or undertaking a work trial; or
- a volunteer worker; or

A PCBU is also a worker if the business or undertaking is an individual who carries out work in that business or undertaking.

For the purpose of this document at Waitemata DHB workers include employees, contractors, sub-contractors or their employees, trainees, persons gaining work experience, employees of a labour hire company and volunteers workers.

Workplace:

A place where work is being carried out, or is customarily carried out, for a business or undertaking. Includes any place where a worker goes, likely to be, while at work.

A "place" can also include:

- a vehicle, vessel, aircraft, ship or other mobile structure; and
- any waters and any installation on land, on the bed of any waters, or floating on any waters

Work Related Events (WRE)

For the purpose of this document at Waitemata DHB, this is an overall terminology that means all circumstances planned or unplanned that caused harm or damage to property or equipment in Waitemata DHB workplaces and includes near misses. Work Related Events have 2 branches:

- Work Related Injury
- Work Related Incidents,

either of them can result in Notifiable Injury, Illness or Incident.

Work Related Injuries are classified into 4 categories as per severity rating (SR):

- WRE SR Serious: An injury that is notifiable
- WRE SR Major: An injury that resulted in time off from work
- WRE SR Moderate: An injury that resulted in medical cost incurred
- WRE SR Minor: An injury that require first aid only or no treatment.

Issued by	Group Manager OH&SS	Issued Date	March 2016	Classification	011-001-02-004
Authorised by	Director Human Resources	Review Period	36 mths	Page	Page 8 of 16

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.

Work Related Events

Work Related Incidents

This means a work related event that is an unplanned or uncontrolled and exposes a worker or any other person to a serious risk to the person's health or safety arising from an immediate or imminent exposure.

4. Abbreviations

AC Act	Accident Compensation Act
ACC	Accident Compensation Corporation
HSNO	Hazardous Substance and New Organisms Act (1996)
H&S	Health and Safety
HSWA	Health and Safety at Work Act (2025) & Regulations
H&S Champ	Health and Safety Champion
H&S Rep	Health and Safety Representative
IPC	Infection Prevention and Control
WSNZ	WorkSafe New Zealand
OHS	Occupational Health and Safety
OH&SS	Occupational Health and Safety Services
RC Manager	Responsibility Code Manager
RiskPro	Online Incident Reporting System
SWOW	Safe Way of Working
SWP	Safe Work Procedure
SR	Severity Rating
Waitemata DHB	Waitemata District Health Board
WRE	Work Related Events

5. Associated documents

The table below identifies associated documents.

Type	Title/Description
Waitemata DHB Corporate	<ul style="list-style-type: none"> Safe Way of Working (SWOW) Employee/Worker Rehabilitations (OH&SS) Hazard Identification and Risk Management (OH&SS) Health, Safety & Wellbeing (OH&SS) Reportable Events Management (Quality) On- Call Executive Guidelines (Senior Management Team) Moving and handling Infectious disease employee/Worker minimisation Policy (IPC)
Waitemata DHB Forms	<ul style="list-style-type: none"> Blood and Body Fluid Accident (WHDB 001)
Legislation	<ul style="list-style-type: none"> Health & Safety at Work Act (2015) & Regulations Accident Compensation Act (2001) (AC Act)

6. Responsibility

6.1 Officers

- Officers have a duty of due diligence to ensure their business complies with health and safety obligations by the following:
 - Obtain regular reports from Service Managers on WRE and ensure that appropriate corrective actions are implemented for the health and wellbeing of all employees/workers

Issued by	Group Manager OH&SS	Issued Date	March 2016	Classification	011-001-02-004
Authorised by	Director Human Resources	Review Period	36 mths	Page	Page 9 of 16

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.

Work Related Events

- Ensure all Managers complete the required investigations of WRE and take corrective action in the prevention of further WRE
- Ensure all Managers report regularly on:
 - Incident trends
 - Significant hazards

6.2 Service Managers and RC Managers

1. RC Managers must ensure that all WRE are investigated as per policy statement and update the hazard register accordingly.
2. RC Managers must ensure accurate reporting, recording and investigation of all WRE in a timely manner.
3. Service Managers to audit RC Managers investigation of WRE on a quarterly basis. This is to ensure all WRE are investigated as per policy statement.
4. Service Managers to review and action regular reporting to the Officers on:
 - Incident trends
 - Hazards/Risks

6.3 Health and Safety Representatives and Champions

1. Represent the employees/workers in the work group in matters relating to health and safety.
2. Actively partake in the investigation of WRE and provide feedback to their work group.
3. Suggest recommendations to Managers relating to health and safety.
4. H&S Champs provide feedback in relation to WRE to the H&S Rep for the Health, Safety and Wellbeing Committee.

6.4 Employees /Workers

1. Take reasonable care for their own safety and that their own actions do not adversely affect the safety of others.
2. Comply with reasonable health and safety instructions from the PCBU and co-operate with health and safety policies and procedures.
3. Report all WRE or near miss on the Incident Reporting System as soon as possible and before the end of the shift in which it occurs.
4. Report a WRE or near miss to their Manager as soon as possible
5. Takes part in rehabilitation processes if they have a work related injury.

Note: Acute and gradual onset of pain or discomfort associate with work should be reported as soon as an individual suspect that the cause may be occupational via the Incident Reporting system

6.5 Occupational Health and Safety Services

1. Maintain a register of all Notifiable Events
2. Provide guidance with the investigation of WRE with SR of major and serious
3. Ensure that Notifiable Events are reported to Worksafe NZ in prescribed manner
4. Ensure that, where indicated, corrective actions are being implemented
5. Where indicated the WRE are link to the Hazard Register and that the risk associated with the hazard are being managed effectively.

Issued by	Group Manager OH&SS	Issued Date	March 2016	Classification	011-001-02-004
Authorized by	Director Human Resources	Review Period	36 mths	Page	Page 10 of 16

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.

Work Related Events

7. Process/Procedure

1. WRE takes place
2. Take immediate action to eliminate or minimise the harm to ensure your safety and the safety of others.
3. Apply/provide appropriate first aid.
4. Establish the severity of the WRE.
5. In the event of a WRE with a severity rating of Serious or Major follow the process as per [On-Call Executive Guidelines](#) after securing the scene.
6. The following processes outline the delegations and decision making on whether and event is notifiable to WorkSafe NZ
 - a. [Notifiable Injury or Illness \(staff\)](#)
 - b. [Notifiable Injury \(patients\)](#)
 - c. [Notifiable Incident](#)
 - To notify WorkSafe NZ use the following link
<http://www.employment.govt.nz/Tools/Accident/Home/SeriousHarmNotification>
 - Or tel no 0800 030 040 (24 hours) and choose option 1.
 - If necessary, contact emergency services by phoning 111.
 - If you are reporting a hazardous substances emergency, please call the New Zealand Fire Service on 111 and then our Response Team directly on 0800 030 040.
 - If you require scene clearance or other immediate assistance from a health and safety inspector, please call 0800 030 040.
7. In the event of a WRE with a severity rating of Minor or Moderate complete a RiskPro
8. Report to your Manager
9. If it was a BBFE:- follow the applicable process:
 - a. [BBFE hospital process](#)
 - b. [BBFE ARDS process](#)
 - c. [BBFE community district nursing](#)
 - d. [BBFE Bureau, Contractors, Students, St Johns](#)
10. Document investigation and corrective actions on Incident Reporting System. If a new hazard has been identified, record this in the Hazard Management System and manage the risk.
11. Discuss the WRE at your department meeting
12. Educate/feedback to the work group regarding the preventative action/s required for future prevention.

Note: Where a more extensive investigation may be required (i.e. will take longer 48 hours the report should still be processed indicating the immediate preventative action taken and that a more detailed investigation and plan will be undertaken to deal with the issue long term.

7.1 Time Frames

Notifiable Events have the following timeframes that must be met for key stages of the process.

Action	Timeframe	Who
Report to the Triage team and GM of division	Immediately by phone	Person identifying the event (1 st on scene)/ DNM
Notify WorkSafe NZ	Immediate by phone or online	Triage Team
Notify CEO of event	Immediate by phone	Triage Team

Issued by	Group Manager OHS55	Issued Date	March 2016	Classification	011-001-02-004
Authorised by	Director Human Resources	Review Period	36 mths	Page	Page 11 of 16

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.

Work Related Events

	or online	
Appoint lead investigator	As soon as possible	Triage Team
Initiate investigation and preparation of preliminary report	Within 24 hours of incident occurring	Lead Investigator
Provide preliminary report	Within 7 working days of incident occurring	Lead Investigator
Provide final agreed report	Within 20 working days of incident occurring (unless otherwise agreed)	Lead Investigator prepare report Triage Team agree report
Notify OH&SS	As soon as possible or next working day	Triage Team
Depending on Worksafe NZ, they may require a detailed report and will inform Waitemata DHB of such requirements as well as the time frame in which they will require it. These cases will be dealt with on an individual basis.		

8. Recording, Reporting & Investigation

8.1 Employee/Worker Responsibility

The table below describes the responsibilities of the Employee/Worker in the case of a WRE.

Action Required	Description
WRE Claim	<ul style="list-style-type: none"> If treatment is sought, an ACC45 must be completed by the treating practitioner If time off work is required the ACC45 must be completed by a Medical Practitioner. The forms must be sent to "The Third Party Administrator" (Wellnz) Contact details are on the ACC Partnership Programme Cards (wallet cards). The Employee/Worker is responsible for seeing that their RC Manager is notified and obtain a copy of the medical certificates. Failure to do this can result in a delay in wage payment.
Investigation/Action	<ul style="list-style-type: none"> OH&SS is available for assessment and referral to treatment providers if needed. If there is interruption to normal duties the Waitemata DHB Rehabilitation Policy applies.

8.2 Time off work due to a work related event (WRE)

In the event of a WRE resulting in time off work for the Employee/Worker, the following must be adhered to:

- Manager sites the initial medical certificate (ACC45) or subsequent certificate (ACC18) and enters "ACCW" (code) in to Workforce Central for the days/hours certified unfit.
- Manager liaises with OH&SS rehabilitation coordinator regarding Employee/Worker absenteeism and return to work.
- Manager prepares an "alternative duties" list to facilitate a graduated return to work if necessary.

Issued by	Group Manager OH&SS	Issued Date	March 2016	Classification	011-001-02-004
Authorised by	Director Human Resources	Review Period	36 mths	Page	Page 12 of 16

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.

Work Related Events

- Manager ensures the Employee/Worker involved knows the correct procedure for notifying the Third Party Administrator.

Contact details are on the "Managing Your Work Accidents" posters in the work areas and Employee ACC Partnership Programme Cards (Wallet cards).

9. Blood & Body Fluid Exposure (BBFE)

Blood and body fluid exposure are to be reported on both RiskPro and on [form WDHB 001 Blood / Body Fluid Accident Form](#)

The primary risk from blood and body fluid exposure relates to potential infection with Hepatitis B, Hepatitis C, or HIV.

9.1 Exposure

An exposure which might place an Employee/Worker at risk for Hepatitis B, Hepatitis C or HIV infection is a percutaneous injury or contact of mucous membrane or non-intact skin with blood, tissue or other body fluids that are potentially infectious.

In addition to blood and body fluids containing visible blood, the following fluids are considered potentially infectious: CSF, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, uterine / vaginal secretions or semen.

Faeces, nasal secretions, saliva, sputum, sweat, tears, urine and vomitus are not considered potentially infectious for Hepatitis B, C or HIV unless they contain blood.

9.2 Responsibility

It is the responsibility of the Employee/Worker to ensure:

- that the prescribed processes are followed
- that the correct forms are completed
- the bloods are sent to the laboratory

9.3 Counselling

Employees/workers should be aware that counselling is available following a BBFE. This is available through the OH&SS or through EAP.

9.4 First aid

In the first instance the usual first aid procedures will be applied i.e.

- Penetrating wound – encourage bleeding, wash with cold running water, dry and cover with waterproof dressing
- Wound/scratch – wash with cold running water, dry and cover with waterproof dressing
- Eye/mucous membrane – wash with copious amounts of cold water or saline

Issued by	Group Manager OH&SS	Issued Date	March 2016	Classification	011-001-02-004
Authorized by	Director Human Resources	Review Period	36 mths	Page	Page 13 of 16

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.

Work Related Events

9.5 Testing

Patient source

Where testing of a patient is advisable to gauge the degree of risk to the Employee/Worker, the patient will be informed of the reason for the blood test.

Testing will only be carried out with the patient's informed consent.

Blood will be taken and tested for:

- Hepatitis B surface antigen,
- Hepatitis B surface antibody,
- Hepatitis C antibody
- HIV

Testing will be initiated immediately after the exposure occurs to ensure results are received and necessary action can take place within 72 hours.

Employee/Worker

Where an Employee/Worker is indicated for testing, blood will be taken and tested for:

- Hepatitis B surface antigen,
- Hepatitis B surface antibody,
- Hepatitis C antibody
- Where the source is unknown further tests may be required.

Testing will be initiated immediately after the exposure occurs to ensure results are received and necessary action can take place within 72 hours.

9.6 HIV Risk Assessment

Where there is concern regarding HIV risk, OH&SS (or the Duty Manager outside of regular hours) must be phoned immediately. Risk assessment will then be done in consultation with the Infectious Diseases Consultant.

9.7 Treatment & vaccination

Hepatitis B

Treatment for Hepatitis B will follow current recommended best practice and is indicated in the table below.

Employee/Worker antibody status (Anti-HBs)	Patient Surface Antig (HBsAg)	Action
-ve	-ve	Commence vaccinations
+ve	-ve	No action
+ve	+ve	No action
-ve	+ve	Hepatitis B Immunoglobulin 400IU – plus commence vaccinations
Previous +ve (documented evidence of immunity) Now -ve	+ve	No action

Issued by	Group Manager OH&SS	Issued Date	March 2016	Classification	011-001-02-004
Authorised by	Director Human Resources	Review Period	36 mths	Page	Page 14 of 16

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.

Work Related Events

Previous +ve (no documented evidence of immunity) Now -ve	+ve	Treat Employee as antibody negative
Previous +ve (documented evidence of immunity) Now -ve	-ve	No action
Previous +ve (no documented evidence of immunity) Now -ve	-ve	Hepatitis B booster
+ve	Unknown	No action
-ve	Unknown	Hepatitis B Immunoglobulin 400IU -(once risk assessed), plus commence vaccinations .

Note:

1. Titre of Hepatitis B antibody ≥ 10 IU/L at any time is regarded as being immune (positive) and no further vaccination is required.
2. Those with titre <10 IU/L are reported as negative.

Hepatitis C

At this time there is no prophylactic treatment for people exposed to Hepatitis C however there is data suggesting that early treatment of infected patients is more effective. Therefore Employees/Workers exposed to hepatitis C are followed up by OH&SS post exposure.

Additional tests may be needed following HCV reactive results to further assess the degree of infectivity.

HIV

Where HIV treatment is being considered a decision will be made in consultation between the Employee/Worker and an Infectious Diseases Consultant as soon as possible following exposure.

9.8 Unknown source

Additional tests may be needed following a BBFE with unknown source

9.9 Employee/Worker follow up post BBFE exposure

Following a BBFE, employee/worker will be contacted and followed up by OH&SS.

9.10 HIV Blood & Body Fluid Exposure protocol

Initial Action

Where an HIV risk is thought likely: Discuss risk with OH&SS (0800-1630 hours) or with the Duty Nurse Manager (after hours i.e. 1630-0800).

Issued by	Group Manager OH&SS	Issued Date	March 2016	Classification	011-001-02-004
Authorised by	Director Human Resources	Review Period	36 mths	Page	Page 15 of 16

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.

Work Related Events

Risk assessment

Regardless of perceived risk, all source persons are tested for HIV. (with the exceptions of children) The risk assessment may be performed when considering prophylactic treatment before the HIV result is available. When performing risk assessment, consider the following:

Item to consider	Discussion
The likelihood that the patient/client is HIV positive	In NZ higher incidence occurs in <ul style="list-style-type: none"> men who have sex with men people born in high incidence countries or sexual partners of such people intravenous drug users who share needles These factors are only a 'guide' to risk.
The type of body fluid exposure	<ul style="list-style-type: none"> High Risk : deep penetrating injury with a wide bore needle Low Risk : superficial injuries with soiled needle (e.g. suture) Extremely Low Risk : splashes of body fluid into mucus membrane (e.g. eye, mouth)

Specialist advice

The Infectious Disease consultant will be available to discuss risk and treatment needed (Duty Manager /OH&SS to contact).

The Duty Manager will access the HIV kit from the after-hours pyxis machine, to dispense medication out of hours as ordered by the Infectious Diseases Consultant.

Follow up

Where the exposure has occurred out of office hours it is the responsibility of all parties involved to ensure that follow-up is arranged and documentation forwarded to the OH&SS as soon as possible.

10. Training Requirements

All Managers must have: Incident/accident investigation training.
Notifiable event training.

All managers and employees/workers must undergo RiskPro training

11. Auditing Requirements

Internal Auditing

Waitemata DHB incident management auditing is linked to the Waitemata DHB Quality Framework and carried out by the Quality service.

External auditing.

All Managers are required to make available all WRE information (registers, investigation notes, etc) and provide access to employee/workers involved in an event, when requested to do so by

- WorkSafe New Zealand – who may perform random audit of WRE
- Accident Compensation Corporation – who perform annual random audits of Work Related Injury systems and management.

Issued by	Group Manager OH&SS	Issued Date	March 2016	Classification	011-001-02-004
Authorised by	Director Human Resources	Review Period	36 mths	Page	Page 16 of 16

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.