PUBLIC COMMENT

Consultation on WHS incident notification

Instructions

To complete this online submission:

- Download and save this submission document to your computer.
- Use the saved version to enter your responses under each question below. You do not have to answer all questions or sections if you do not wish to.
- Once you have completed your submission, save it and upload it using the link on the Engage submission form.
- You can also upload any other documents needed to support your submission to the Engage submission form.
- This template can be used as a guide for making a submission. If you wish to provide your submission in another format or provide a general statement, you may do so.

Submissions will be accepted until **10am (AEST) on Monday 11 September 2023.**

Help

If you are experiencing difficulties making your submission online, please contact us at INConsult@swa.gov.au

Respondents may choose how their submission is published on the Safe Work Australia website by choosing from the following options:

- submission published
- submission published anonymously
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For further information on the publication of submissions on Engage, please refer to the Privacy Collection Notice, Safe Work Australia Privacy Policy and the Engagement HQ privacy policy.

In your submission, please do not include the following information:

- defamatory material
- views or information identifying parties involved in hearings or inquests which are currently in progress, and
- specific or graphic details of cases involving suicide and attempted suicide, workplace violence, sexual assault, exposure to trauma, and bullying and harassment that may cause distress to other readers.

If you have indicated that you would like your submission to be published on Engage and you include the above information in your submission, we may choose not to publish your submission.

Your details and background

(Please leave blank if you wish to remain anonymous)

Name or organisation

Large Health Organisation

Email used to log into Engage

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General feedback

Please provide any general feedback about the issues raised in the consultation paper here.

> My main concern relates to patients/consumers in healthcare settings. There are already other regulatory bodies which monitor clinical care for patients. Being asked to report on patient suicides, violent behaviour from patients, or sexual assault from patients as a notifiable incident to SafeWork SA will be onerous and confusing, and the WHS regulator is not the best agency to be following up these incidents since they relate to quality of clinical care. The reporting requirements should relate to worker behaviours, not patient behaviours.
>
> I'm also concerned by the overlap with other agencies. For example, bullying and harassment is closely monitored by other agencies (e.g. ombudsman, ICAC), having the WHS regulator involved as well creates role and reporting confusion.

Please duplicate the following set of questions when responding to multiple chapters of the consultation paper (note Ch 10 has a specific set of questions – refer below).

Which chapter you are referring to in your response below?

> e.g. Chapter 6 – suicide

Do you support the assessment of current gaps and impacts of addressing those gaps? Please provide any supporting information and evidence.

> Click or tap here to enter text.

Do you support the proposed option(s)? Please explain why or why not and provide relevant evidence to support your views where possible.

> Should only relate to worker suicides, not patients

What practical impact, including costs and benefits, would the option(s) have on you, your organisation or your stakeholders? Please provide any details or evidence supporting your views, including the option's likely impact on WHS outcomes or any compliance costs or concerns.

> Click or tap here to enter text.

Are there any likely unintended consequences of the proposed option(s)? How could these be best mitigated?

Click or tap here to enter text.

Do you have another suggestion or preferred option for addressing the gap in WHS regulator visibility?

Just focus on worker suicides, patient suicides are followed up by other clinical agencies (e.g. Office of the Chief Psychatrist)

Additional questions **(for specific chapters)**

Chapter 7 - Capturing workplace violence

Are there particular types or circumstances of workplace violence that you think should or should not be notifiable to the WHS regulator that are not dealt with by the proposed option and descriptions? What would be the implications of including or excluding these incidents?

Notifiable incidents should exclude violence from patients/consumers in healthcare settings. These challenging behaviour incidents relate to quality of clinical care which is followed up by other regulatory bodies. It should only be workplace violence from workers in healthcare settings (not from patients) which is notifiable.

Chapter 10 - Long latency diseases – exposure to substances

Should exposure to hazardous substances in the workplace that cause latent diseases be recorded and reported? If so, for which substances?

Click or tap here to enter text.

How are exposures to hazardous substances currently measured in the workplace (for example, air and health monitoring)? Do you have suggestions for options to improve monitoring to provide a better understanding of exposure to hazardous substances in the workplace?

Click or tap here to enter text.

With regards to air monitoring, how are exceedances of the WES captured? Do you think recording and reporting WES exceedances is a good way to identify exposure to hazardous substances in the workplace? What other ways could exposures be recorded and reported?

Click or tap here to enter text.

Should PCBUs be required to keep records of statement of exposure documents and make them available for inspection by the regulator? Should the statement of exposure requirement be broadened from prohibited or restricted carcinogens to include other substances which are known to cause long latency diseases? If yes, how should these substances be identified?

Click or tap here to enter text.

Chapter 15 - Addressing minor gaps and ambiguities in the current incident notification provisions

Medical treatment for exposure to a substance

What health professionals should be covered by the definition of 'medical treatment'? Please provide reasons, including examples of what treatment the health professional is likely to provide for which type of exposure.

Treatment for exposure to blood or body fluids in health care settings is usually managed by Clinical Nurses, this should not be notifiable unless it results in a serious injury (e.g. inpatient hospitalisation of the worker)