

## Workplace Health and Safety Report



<b>Reason for Report:</b>	Workforce review of Patient Enquiries rostering practices	
<b>Department:</b>	Patient Enquiries Gosford Hospital	
<b>Managers:</b>	Cindy Hoad, Patient Services Manager; Anne Hickey, Manager, Patient Enquiries and Switchboard	
<b>Staff Consulted:</b>	Patient Enquiries Team including Sue Barrett, Jan Ross, Bonnie Hoye, Marilyn Dibben, Elizabeth Studholme, Anne Stroud Michelle Quinn, Snr Workforce Consultant; Catherine Wade, IPAC CNC; Phillip Menge, Gosford Security Manager; Stephen Clarke, WHS Consultancy Manager; Anne Hickey, Manager, Patient Enquiries and Switchboard; Anne-Marie Wilson, A/Admissions Manager	
<b>Date of Report:</b>	26 August 2020	
<b>Report written by:</b>	Kathryn Moore WHS Consultant	

### Issue Identification and Background

A risk assessment of the Patient Enquiries department was requested by Workforce as part of a departmental rostering and staffing review. In late 2018 and early 2019 risk assessments were conducted by WHS in consultation with staff and their Union representatives. Recommendations were made for risk mitigation measures to address concerns raised by staff regarding the design of the new Reception area. Additional screening to desks was rejected by the CCLHD but an additional Perspex security door and security fixtures, training and rostering of two evening staff was introduced with a review period of 12 months set for these arrangements.

10 Patient Enquiries staff currently work 3 different shift times with 0600-1430hrs -1 staff member, 0800-1630hrs -1 staff member and 1200-2000hrs -2 staff. Shift times have varied slightly due to change of visiting hours with the COVID-19 pandemic.

### Methodology

- The WHS review and risk assessment was conducted using the following methodology:
- IIMs Review - Physical Assaults Data-Security, 1 January 2018 to 10 July 202
- Review of roster pattern pre and post COVID-19
- Review of Workplace Health and Safety Report 15 January 2019, Stephen Clarke;
- Review of Risk Assessment re threat of aggression and assault on employees within the new patient enquiries counter at Gosford Hospital, 19 February 2019, Stephen Clarke;
- Review of QARS Staff Surveys conducted March 2020 requesting feedback on Surgical Admission directions, possible earlier finish time and change in shift times and any other issues.
- Review of August 2019 De-escalation Tactics and Conflict Management Training attendance and feedback
- Consultation with staff on 17 July 2020 to identified risks associated with current workplace arrangements and future changes.
- Workplace site assessment on 17 July 2020 and Security inspection on 20th July 2020

### Risk Assessment

#### Review of IIMs Physical Assaults Data-Security 2018-20.

The IIMs data reviewed included both "Staff Visitor Contractor" and "Property Security Hazard" IIMs for the Patient Services, including Patient Enquiries. There were two incidents documented involving verbal aggression from callers over the phone in 2018 and a further two in 2020. These incidents were not influenced by the physical environment but document the type of interactions staff are involved with. There were no documented incidents of "face to face" verbal or physical aggression.

An incident 21 March 2020 was recorded by Admissions and was referred to by Patient Enquiries staff in interviews. This involved an altercation between visitors and the duress alarm was activated with Security responding within 3 minutes. Another incident 18 November 2018 documents an RN from Children's Ward notifying of absconded child and subsequent failed attempts to contact Security as phone had not been diverted to mobile.

#### Review of previous WHS risk assessments and recommendations.

Noted recommendations had been made to *"..Consider interim measures. The PE employees viewed this option favourably. This option would see installation of redesigned desk areas and the installation of impermanent barriers*

*(suited to both parties). The removal of the impermanent installations would then depend on a number of requirements before removal. These would include*

- *Training of all staff in PMVA techniques/de-escalation programs*
- *Operational changes such as removal of patient personal belongings as a responsibility of PE employees*
- *Agreed staffing levels*
- *Agreed security arrangements*
- *Other measures as agreed to by both parties"*

Since the previous WHS Report and risk assessment:

- Patient Enquiries staff (along with other Patient Services staff) received training in PMVA/ de-escalation in August 2019
- Patient Enquiries no longer handle patient valuables, reducing the interaction with Mental Health clients and other visitors. At interview staff indicated that this was a positive improvement that had decreased the number of aggressive incidents;
- Amended cash handling procedure with \$500 maximum held and retained in secure Admissions Office after hours in drop safe. There has recently been a new interim measure of \$1000 float which was introduced in response to COVID-19 pandemic in case of restricted access to Cashiers.
- Two evening staff have been rostered on with the understanding this will be monitored in view of incidents and pedestrian traffic flow.
- Security measures introduced include swipe access clear Perspex door to section off the Patient Enquiries/Reception desk, duress at desk, swipe access into Admissions as a retreat and CCTV monitor.

### **Review of Staff Surveys and Training feedback**

**Staff Surveys** 3 out of 10 patient enquiries staff identified concerns around not feeling safe and secure if staffing in evening reduced to 1 staff member. At interview, 3 staff with experience working weekends and /or evenings gave the same feedback. Majority of other concerns were around difficulty in way-finding for visitors and the impact that frustration had on visitors

De-escalation Tactics and Conflict Management Training conducted in August 2019 had 9 participants from Patient Enquiries. Feedback was positive with a suggestion that hard copy notes would have been helpful. At interview, staff indicated that a refresher would be beneficial to keep skills current

### **Workplace Assessment**

**Security Review.** The assessment focussed on security of staff and their interactions with the public with issues and potential controls identified in consultation with Patient Enquires staff, Philip Menge, Stephen Clarke and Anne-Marie Wilson.

- Fixed duress at Reception desk. The under desk duress is positioned to the left of the right side workstation, out of reach of the other staff member. A mobile drawer unit partially obstructs access but the required reach is also unsuitable. Refer to Photos 1-3. Potential locations for an additional duress were discussed.
- Reception CCTV monitor. The CCTV at the Reception/Patient Enquires desk is positioned centrally in the left side wall which requires staff to turn side on to view. In addition to providing ability to view the surrounding area, the CCTV monitor was intended to provide a deterrent to aggressive behaviour, serving as a visual reminder/cue to visitors that their behaviour was being observed. Alternate placement of the CCTV monitor further to the right on the wall and angled towards the front was discussed with Stephen Clarke, WHS.
- Fixed duress in Admissions office. The mushroom style duress alarm is not clearly visible as it is situated below shelving and behind coffee and tea making facilities. This duress is intended for use by Patient Enquiries staff if they need to retreat to the Admissions area. An alternate location was discussed, below the monitor and beside the shelving.

Phillip Menge confirmed Security Officers perform regular but unscheduled foot patrols which are documented in the Security log. CCTV monitors are not constantly viewed as tasks of Security Officers are varied and responsive to needs of the workplace.

Photo 1 – Under desk duress



Photo 2 – Right side workstation



Photo 3 – Reach required from left workstation



Photo 4 – Reception CCTV



Photo 5-Admissions CCTV



Photo 5 &amp; 6 -Admissions duress position



**Noise impacting communication.** The patient enquiries desk area, foyer and adjacent café have hard floors and smooth, reflective surfaces which do not absorb noise. Staff and visitors were observed to have difficulty communicating at times, both on the phone and in person, due to the background noise. Simply raising ones voice is not the best solution as it may further distort sound, especially with competing background noise.

On 29 March 2019 Stephen Clarke, WHS Consultant conducted noise level readings and reported the following findings. Readings taken between 0950 and 1010hrs and recorded in dBA:

Patient Enquires Area - Foyer seating opposite	Min Ave 63.5	Max Ave 72.5
Patient Enquiries Area - Behind counter	Min Ave 66	Max Ave 74.7 (peak 78.9)
Café area	Min Ave 69.5	Max Ave 78.5 (peak 82)

70 dBA is at the level of loud conversation whilst 60dBA is at the level of quiet conversation. These noise levels, whilst well below the 85dBA limit were assessed as nuisance noise and exceed recommended levels outlined in *The Code of Practice, Managing noise and preventing hearing loss at work*:

- 50 dB(A) where work is being carried out that requires high concentration or effortless conversation, and
- 70 dB(A) where more routine work is being carried out that requires speed or attentiveness or where it is important to carry on conversations. These levels include the noise from other work being carried out within the workplace.

Recommendations were made “to look at mitigating measures. These could include sound abatement borders and headsets that will have an ability to lock out surrounding sounds. I note that ICT do not have noise cancelling versions available so a special order will be required.”

The Code of Practice recommends fitting sound-absorbing materials to hard reflective surfaces which would help to reduce background noise. The adjacent café and the shared wall would also need to be included to achieve the best results.

**Social distancing and use of protective screens.** As this was raised as an issue by some Patient Enquiries staff, advice regarding the use of cough & sneeze Perspex protective screens was sought from Catherine Wade, IPAC. The following issues were considered.

- There are no National or State guideline mandating a cough & sneeze guard for reception desks.
- CCLHD has implemented the screening of all persons to minimise the risk of infectious persons entering each facility and visitors now must wear a mask. External businesses such as supermarkets do not screen customers and have made their own assessment and initiated controls based on perceived risk.
- The negative aspect of Perspex screens is they create communication issues for both the patient/visitor and the staff which cause the patient/visitor to stand very close to the Perspex screen to talk & try to hear around the screen. They also tend to bend down to try & speak through the pass through hole or around the side of the screen if there is a gap. This would only increase the frustration of staff and visitors with the current noise levels being experienced.
- The only way to successfully overcome these issues would be to install full height & full width screens with microphones & speakers installed however these are also not ideal as people tend to get very close and speak directly into the microphones often contaminating the microphones and speakers with oral secretions which cannot be cleaned. This would also impact on air flow, creating a box-like environment and does not meet current Australian Health Facility Guidelines for Reception areas.
- The timeframe for close contact should be less than 15 minutes and/or staff can request a person steps back behind the red line from the desk after providing the information they need to complete the enquiry / administration details.
- All reception staff should also be aware of monitoring any persons in waiting room or as they approach the reception desks that may be exhibiting symptoms such as coughing or sneezing.
- Appropriate signage, floor marking at 1.5m from staff and hand sanitiser is in place.

## Staff Consultation

Patient Enquiries staff were invited to meet with the author to discuss any WHS issues associated with the review. Staff who were unable to meet were provided with contact details and staff were also consulted during the workplace assessment. The main areas of concern staff raised were:

- Noise, especially at lunchtime and when cafe busiest. Noise came through walls of cafe and echoed in main entrance making communication with visitors difficult who are currently requested to observe 1.5m social distance
- Social distancing and concerns re lack of splash guard screens. Despite stickers on the floor and signage, visitors still approach the counter and may even lean over the counter so they can communicate.
- Access to the Evening Patient Services Supervisor limited with interaction only once per shift although available via phone until 1930hrs. Staff also discussed times when no Supervisor was on and weren't aware until notified via email – this was likely an interim period before a vacancy was filled.
- Lack of regular Security Patrols and less foot traffic than previous location which was located at the only front entry.
- Response times to duress and physical distance between Security Office and Reception.
- A staff member who described themselves as "younger" raised that they would feel vulnerable without back up of more experienced staff who were more skilled at dealing with conflict
- Most staff could not recall documenting incidents in IIMs but described debriefs occurring after tense or rude interactions with visitors.
- Staff interviewed thought that there were less "aggressive incidents" occurring in the new location and thought perhaps the cessation of handling valuables had helped.
- Managing workload between face to face and phone calls was an area of concern with face to face encounters given priority over phone calls which were then diverted back to Switchboard. Staff described some pressure/tension between departments if calls were not answered and re-diverted which can result in callers becoming frustrated and aggressive. The Phone / Face to face ratio was estimated at day shift 50/50, evening and weekends 80/20.
- Staff interviewed did not think that finish times would impact their safety and identified the time between 2000 and 2100hrs as very quiet.
- Training on de-escalation was generally well received but staff thought a refresher and also written notes would be beneficial.
- Staff advised on evening shifts they did not like to leave one staff member alone at the desk during meal breaks so may take a short break away from the area then return to eat their meal in the Admissions office where they could hear interactions and assist if needed. Staff suggested a viewing panel in the Admissions door would help them see the desk better, but the author notes there is a CCTV monitor available for this purpose. On weekends the door between the Admissions area and Reception is kept open so staff can hear what is going on.
- Staff agreed access to the one under desk duress was not suitable for both staff but did not raise this as a specific concern themselves.

## Summary and Recommendations

In summary, some issues with the physical environment were identified and recommended risk control measures are outlined below. Improvement in acoustics in the Reception area would improve communication between staff and visitors and may negate the need for noise cancelling headsets. Staff have identified system improvements in way-finding including signage and use of a static kiosk which may reduce visitor frustration, impacting on potential aggression.

In regard to staffing levels in the evening, the author does not consider there would be significant safety concerns in having one staff member alone at the Reception Desk but acknowledges there is a strong feeling amongst some staff that they would feel vulnerable and unsafe. If a decision is made to reduce evening staffing levels, arrangements for support for meal breaks, the management of workload including the diversion of patient enquiry calls, and support for the psychological wellbeing of staff all need to be considered.

No additional infection prevention and control measures are recommended as current arrangements meet requirements.

## Risk Controls

Recommendations for the following risk controls are made to further enhance the safety and wellbeing of Patient Enquiries staff:

1. Submit request to Security for quote for additional under desk duress at the Reception counter to the left of the left hand workstation. Staff should be consulted regarding position with two alternate positions suggested. Position 1 shown in Photo's 8 & 9 below would be easily accessed from both the standing and seated position. Photo 10 shows an alternate Position 2 mounted on the slightly lower seated workstation surface.

2. Submit request to Security for quote to have Reception CCTV monitor repositioned toward the front of the Reception wall to improve visibility for staff and tilt towards foyer to alert the public that they are being monitored.
3. Submit request to Security to reposition Admissions duress alarm to left side of shelving below CCTV monitor. Refer to Photo 11 below for suggested position. To maintain clear access, the multifunction device and bins will need to be moved slightly to the left.

Photo 8- Position 1 standing



Photo 9 – Position 1 seated



Photo 10 – Position 2 seated



Photo 11- Admissions duress relocation



4. Liaise with Stephen Clarke, WHS Consultancy Manager (or his delegate) and Gosford Maintenance Department regarding noise attenuation treatments for the Patient Enquiries/ Reception desk and adjoining café. A combination of floor, wall treatments and possibly ceiling treatments could be considered including:
  - Carpet in the Reception office as an extension of the Admissions flooring with attention to reducing risk of trip hazard with flooring change from vinyl to carpet.
  - Acoustic panels which can be customised with logos or wall art for the rear Reception wall. See link for example of wall <https://www.soundfixacoustics.com.au/applications/healthcare/>
  - Acoustic ceiling panels which could extend beyond the Reception area to reduce noise in the foyer and café. <https://www.sontext.com.au/sonofonic-acoustic-ceiling-panels/>
  - Wall treatment of adjoining café kitchen wall to reduce structure borne noise.
  - Green wall or acoustic panels in café to reduce airborne noise.

Please do not hesitate to contact me on 0408207682 or email [Kathryn.Moore1@health.nsw.gov.au](mailto:Kathryn.Moore1@health.nsw.gov.au) if you have any queries.

Kathryn Moore,

**To:** Anne Hickey  
Cindy Hoad  
**Cc:** Stephen Clarke  
Phillip Menge  
Michelle Quinn

References:

CODE OF PRACTICE MANAGING NOISE AND PREVENTING HEARING LOSS AT WORK AUGUST 2019  
<https://www.ihear.com.au/four-tips-for-communicating-with-someone-who-has-hearing-loss/>