Statement of Nicholas Tribbia

Special Commission of Inquiry into Healthcare Funding

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1. I am a Registered Nurse ('RN'). I was registered in January 2017 after completing a Bachelor of Nursing from Western Sydney University.

2. I make this statement in my capacity as a member of the New South Wales Nurses and Midwives' Association ('NSWNMA').

3. I was first employed substantively by the Nepean Blue Mountains Local Health District ('NBMLHD') as an RN from February 2017 to September 2020. I resumed employment with NBMLHD in May 2021. I currently work in the Blue Mountains Mental Health Unit, on the grounds of the Blue Mountains District ANZAC Memorial Hospital ('BMDAMH').

4. I have also worked as an RN in mental health in a variety of inpatient and community mental health settings within NBMLHD, Western Sydney Local Health District, South Western Sydney Local Health District and South Eastern Sydney Local Health District.

5. Through the NSWNMA I have been asked by Mr Stuart Jacobs, Principal Solicitor for the Special Commission of Inquiry into Healthcare Funding, to provide a statement to the Inquiry regarding my personal experience of procurement issues.

6. Below I have detailed procurement issues relating to duress alarms based on my personal observations working within my specific context of practice, as well as conversations with colleagues who work in this area.

7. I worked in the Nepean Hospital Mental Health Centre ('MHC') from 2017 to 2020. Since 2020 I have also picked up some very occasional casual and overtime shifts there, the last being in May 2022. The MHC comprises of the Triage and Assessment Centre ('TAC'), High Dependency Unit, Acute Unit and Older Persons

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Unit. There is also a Psychiatric Emergency Care Centre in a different building within the Nepean Hospital Campus.

8. Staff working in clinical areas of the MHC are required to wear a personal duress alarm, with nurses who are involved in duress alarm response, specifically required to wear theirs for the duration of the shift. NBMLHD has a local procedure document titled 'Mental Health: Duress Alarm Response in Mental Health' which outlines this requirement. This document is Annexed to this statement and marked 'A'.

9. The duress alarm model used in the MHC is an Ascom i62. This duress alarm system does not allow for mapping of duress alarm signals for anyone moving around or across the hospital campus, such as nurses working in the TAC.

10. Nurses who work in the TAC are required to attend the Emergency Department ('ED') at times throughout their shift to conduct mental health assessments on patients who were acutely unwell. They may also escort patients from the ED to the TAC following assessment.

11. The Emergency Department at Nepean Hospital is located a few minutes' walk from the TAC.

12. As the personal duress alarms procured for staff working in the MHC do not work outside the MHC, when a nurse working in the TAC leaves the MHC, their duress alarm is no longer functional.

13. Staff in the ED at Nepean Hospital have access to duress alarms, however the duress alarms in the ED are a different model from the MHC and the system also does not allow for mapping of duress alarm signals for anyone moving around or across the hospital campus. I recall the model of duress alarm used in the ED is an Airista.

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14. Unless staff working in the TAC are specifically alerted to the fact that they need to obtain a different duress alarm while they are in ED, they may not realise their duress alarm from the MHC is ineffective.

15. I was not provided with any formal education regarding the use of duress alarms in the ED. I was informed about their use and limitations by staff who were present on occasions when I was working in the TAC role and attended the ED.

16. Given the frenetic nature of EDs and time pressures on service delivery, even if staff are aware, they may forget to obtain a new duress alarm prior to conducting an assessment.

17. Similarly, at BMDAMH, duress alarms from the Mental Health Unit and Emergency Department are only functional within their respective unit/department and any staff travelling between them must collect a different alarm for use within that unit/department. The duress alarm model used across BMDAMH is Ascom a71.

18. The personal duress alarms used at the Nepean ED, Nepean MHC and BMDAMH each lack other features that are critical to ensuring the safety of staff.

19. The Ascom i62 used in the Nepean MHC lacks a 'pull' feature that alarms if the unit is taken from the user by force. The duress alarms in the Nepean ED and BMDAMH both have this important feature.

20. The Airista used in Nepean ED and the Ascom a71 used in the BMDAMH have no ability to contact the user remotely via the duress alarm. The duress alarms in the Nepean MHC have this important feature.

21. Given the significant gaps that exist in those products, I suspect either appropriate consultation with workers did not occur, or feedback provided at the time of procurement was disregarded.

22. Staff working in Mental Health and ED are familiar with the deficits of these personal duress alarm systems and are aware of the significant risks those deficits pose to their safety as well as the safety of their colleagues and patients.

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23. The implementation of new duress alarm systems requires an investment of money and staff resources. These could include costs associated with purchasing/installation/subscription fees, policy development and user training.

24. These costs are incurred repeatedly because the systems in use currently vary, not only between LHDs and facilities within LHDs, but also between different units within a facility as described above. Consideration should be given to the centralised procurement and/or approval by NSW Health of a particular model of duress alarm that has appropriate features to ensure it is fit for purpose. This would reduce costs and the level of risk to staff and patients.

25. A 'Health and Safety Committee' ('HSC') under the *Work Health and Safety Act 2011* (NSW) ('WHS Act') has recently been established within the Blue Mountains Mental Health Unit. This was requested by NSWNMA members, including myself, from the Blue Mountains Mental Health Branch in June 2023. NBMLHD took over six months to establish this Committee which is inconsistent with their obligations section 75(1)(a) of the WHS Act.

26. Genuine engagement with HSCs, unions and workers when making decisions around procurement would ensure money is well spent on resources that are effective and are fit for purpose.

27. Recently, a concern was raised by staff when verbal approval to purchase a particular kind of light weight furnishing was hastily given by senior management without consultation. On a more recent occasion, a sit-stand computer desk mount was purchased and installed, again without any consultation with workers, and immediately found to be actively hazardous. Purchases such as this require considered risk assessment and consultation given the context in which they would be used.

28. Avoidable incidents can result in substantial costs to health services, and to the health and wellbeing of workers and patients. A comprehensive and considered

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consultation with workers has not been correspondingly valued to the detriment of all.

29. NSW Health and LHDs, as employers, have an obligation to provide safe working conditions by assessing hazards and risks and taking reasonably practicable steps to eliminate or minimise them.

END OF STATEMENT

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