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11 June 2012

The Hon Bill Shorten MP
Minister forEmployment and Workplace Relations

Re Inquiry into Workplace Bullying

Dear Sir,

During my time within , I have been witness to and subject to all manner of entrenched bullying and harassment, predominantly by the Managers.

When dealing with workplace bullying by Managers, it is very difficult to find resolution as HR and other higher up Managers tend to protect these Managers from scrutiny.

There is a loophole that allows the "Department" to investigate their own Managers. The replies usually excuse the behaviour as "this is a style of Management", "The Manager denies the accusation" and so on.

No formal outside body is given jurisdiction to investigate the complaints.

Twice now the have been taken to the Industrial court and have lost. Twice they have been taken to the EOC and have also lost. Yet the perpetrators of bullying and harassment continue in their roles. The become more covert in their actions and they misuse their authority as Managers to target individuals that they want to "manage out of the system".

Needless to say this puts much stress both physical and emotional on the victim. It is usually easier to resign from the position but when you stay and stand your ground, it becomes very dangerous indeed.

Attached is a lengthy example of how I've been subject to bullying and harassment by my employer. Yet nothing is done about the matter.

I hope that your enquiry reveals major flaws in the system. I believe the whistleblower Act should also allow victims to go public with their story and not fear dismissal for doing so (after all, if one has the evidence to back up his or her story, then there should be no fear in going to the media).

For your information, in December 2010, a state Parliamentary Enquiry took place specifically looking at t and it encompassed P into bullying and harassment, mismanagement, etc). Four nurses, including , and one Doctor gave evidence at that Enquiry. It is still in progress.

If you need further information from me, I would be most happy to assist.

Kind Regards

**EXAMPLE 1**

th June
Meeting with office at RAH.
(Representative is ).

wanted to know why I had Cc the CEO on two occasions (OxyViva and Uniforms).
Advised her that I and other staff felt that our voices were not being heard and/or ignored eg Regarding uniforms, we were advised by were advised by that uniforms, regardless of opinion or process, were coming in.

On a number of occasions I had to remind her that it was not just “me” it was a group of people.

was obviously attempting to intimidate. She stated that the format for the email was too “loose” and in her opinion, not according to professional standards eg Referencing comments etc. Advised her this was not an essay and no format was known to me that was required before sending something off to the CEO. It was for “info” only, not “for action” and to force a reasonable response. Further, is the Acting Director of Nursing at the She has no powers over any nurse outside of the It is my belief that had no business arranging with this intimidating meeting.

She stated that in all her years, no one has EVER Cc’d the CEO and she needed to understand why.
Repeated again and again, it was because voices were felt to not be heard. stated that I ought to not speak up on other's behalf. "you should let them speak up for themselves"
asked if she was implying that a voice of decent is not allowed to Cc the CEO
claimed that "of course, it's your right if you want to write to the CEO, but it needs to be in correct format and right information"
asked her how does one do that and she said, it goes to her first and she ensures the information is correct and in right format. then said to her "so you then filter complaints and decide on what will or won't go to the CEO?"

She resented this and denied that this was her role cliaming that she remains "neutral".

wanted to know my history in nursing (under the guise that it concerned her that the email sent was not to her format or professional liking - an attempt to make me feel like my professional standing was in question). I asked her how was this relevant. then said to her that this was not relevant at all.
She became quite cross and stern and demanded to know some of my history. So I told her about the Navy training. That was all I was prepared to discuss with her.

The meeting ended with assuring me that if I want to be heard, then talk to them. They will reply.

Prior to leaving they encouraged me to look into promotion or even scholarships to travel overseas.

and I left there bewildered. We agreed that this meeting was designed to get me to "pull my head in" and "bully me" into submission.

I feel that abused her position as Nursing Director by initiating this meeting set up to Intimidate me.

Witness

**Example 2**

JUNE
When speaking with about her altering the roster after it was made by (who initially took into account my requests), she spoke down to me like a child insisting that it was up to me to now take some recreation leave and swap some shifts to get the days that I had originally requested. She would not assist nor listen to reason. DCS Officer later stated to me “she was telling you off like being at the principal’s office”. I felt unsupported, and bullyed by .
On June at pm, I wrote to to ask for her assistance. On the h of June at pm emailed me stating “I will follow up with and get back to you”. She never did.
On the of July I further emailed . replied on the of July basically dismissing my concerns raised, and failed to assist me.

failed in her obligation towards me in assisting with disagreements. I felt that failure to support me, inadvertently

supported bullying behaviour towards me. lack of support is not in line with HR policies of Manager responsibilities towards an Employee. **(Appendix 1 Email to and response)**

**Example 3**

Prompted by an email that she had received from **(Appendix 2)**, on August about . I was asked by to see here in her office. When I walked in, she asked me to close the door. I immediately felt bullied as often closes the door when she wants to discuss a topic that is best discussed in front of a witness. She was sitting at her computer. She turned to face me.
In this case, demanded to know more about my Military Medical Restrictions and she said that she needs to be "involved" with my case manager. She was very forceful and demanding. She made a grandious assumption that me condition had "obviously deteriorated". She accused me of not fulfilling my duties if I was not to work early shifts. She would not listen to my condition precluded me from doing Early shifts and that the early shifts I had volunteered to do were merely my attempt to test them out. At this point I advised her that I was not keen to talk "privately". She then got defensive and passive aggressive insisting that it was her right to speak with me. I insisted and stood my ground that I was not happy to speak about this without a witness. She then turned her back to me and faced the computer again as if to imply "conversation finished". I then left the room.
She has an inability to understand that I have a right to representation and at the very least a reason as to why she wants to speak to me so as to offer me either time to prepare or invite a witness.
As a result, I feel bullied and intimidated by her and not afforded the courtesy of advising me in advance of what she wants to discuss.

I immediately sought legal advise from the

**Example 4** also parliament

I was again confronted by . I was in the Doctor's Office when she barged in and closed the door.
She was once again demanding to know more about my medical restriction and condition. I advised her that I would arrange for a letter from my Specialist to be sent to her (although this was done in the past and was on my HR File as a restriction).

I said to that I was not comfortable discussing this topic with her.

' face and neck went a blotchy red. She accused me of further deterioration in my condition. I advised her that she had no facts to base this on and that she was wrong.

She stated "you are an ACSC. If you can't do my job when I'm not here, then you can't be an ACSC"

I said, "then what if I'm not an ACSC"

She replied "then you'd be demoted to RN1 Level. At this stage I felt that a threat had been made by her. I felt intimidated, harassed and bullied. I immediately asked RN to enter the room as a witness.

I briefly explained to RN what was demanding and why I could not oblige her.

She then continued to argue that she had a right to know if I was safe to be at work, or what may cause further harm to me. She stated that she couldn't rely on my talking to her.

I once again advised her that I am seeking further advise re what I need to provide her. I further advised her that because my condition is a Military injury which was covered under Military compensation, CNAHS were not entitled to know the full details of that injury as it does not impact on the tasks that I can do at work, only the shifts that I can do. I further advised her that HR cleared this restriction on two previous occasions and that she is only treading on grounds that had previously been resolved. I advised her that pursuing this matter further may be a violation of the Equal Opportunity Act.

stormed out of the office very angry.

I felt bullied, humiliated (in that I had to discuss a private matter in front of another employee), harassed by .

**EXAMPLE 5**

On the th of August I gave a letter from my treating Specialist. On the of August at about 2pm, I asked "is the letter sufficient or do you need more info?"

She said, "I've asked for Legal Advise and HR have it now. They will contact you, I suspect, soon.. I wanted to keep this between us but you spoke about the legal issues so if that's the road you want to take, so be it" She smirked and walked off.

I felt that deliberately commenced to push this issue in order to victimise, bully and harass me. It is my understanding that she would not have been able to do this without the assistance and advise of . became involved in this victimisation, bullying and harassment by not advising correctly regarding my condition having been accepted by and was reflected in my rostering for a number of years now. Nursing Director and General Manager both allowed this behaviour and discrimination to continue.

I was vindicated by my win at the Equal Opportunity Commission on December . A settlement was reached rather than proceeding to trial.

Considering that they had clear direction from my treating Psychiatrist, I feel that and all abused their managerial power by discriminating against me. I felt bullied harassed and victimised by all three.

***FROM HERE ON AND ARE AWARE THAT I HAD LODGED A COMPLAINT WITH THE EOC REGARDING THEIR WANTING TO KNOW MORE ABOUT MY MEDICAL CONDITION AND ATTEMPTS TO FORCE ME TO DO EARLY SHIFTS.***

**EXAMPLE 6 also parliament**

often fails to support my clinical decisions. In this expample, September ), I was preparing to do the night medication round with CN , when it came to our attention that medication charts had been changed by the attending without seeing the

clients. Further investigation uncovered that had ordered that this be done so that we can commence using the new Medication Charts. I made enquiries with the ANMF ( ) and Nurses Board ( ) and discovered that I was unable to legally use those charts as the patients were not seen. I could not use the old charts as each medication was crossed off as "ceased". I was working with CN . She was made aware of the legal position.
Armed with this information, that could affect our registration, CN and I rang .
became very angry on the phone. She stated that had "ok" it and we should proceed. I advised here that we had spoken with the ANMF and Nurses Boards and they have advised against using the charts – as it could cost us our registration. angrily said, "why can't you just cross reference old with new?" I told her that they were crossed off as "ceased". Then she said "you can't rely on the old ones". She demanded again to know what the "issue" was. She did not seem to understand my concerns. I told her that these charts seemed to have been pushed through and that just wants it done. She started to acuse me of having something against . She couldn't understand my registration concerns. She spoke to on the phone as well. By CN reaction, it seemed that CN was being told off also.
She was extremely defensive, unsupportive and I felt bullied to break the law.
kept on insisting that if I came across something that was wrong, I should "AIMS it". She did not understand when I explained that I have no way of knowing if something is "right or not".
She became angry that we involved the ANMF rather than discussing it. She did not seem to understand that we had no time to "discuss" this and that we felt that we were given an illegal order to use these charts

, as CSC, should be supportive and nurturing. Rather she is intimidating, unsupportive and bullying in her daily dealings with me. Both and should have or ought to have known that the order given to was illegal and that he should not have been forced to write up charts without the patient sitting in front of him

**EXAMPLE 7**
On October about , I was preparing the medication round and was in the drug room when CSC came to me and stood at the

door. There was a HIV Tutorial for staff but it was not compulsory. CSC just stood there glaring at me.
I asked, "What's wrong?"
She said "The education. It's about to start"
I said, "I'm on the meds again. I have to prepare as the agency staff will not be here till 3pm."
She looked at me angrily and said, "are you refusing?"
I said, "If it's compulsory, of course I'd come. Is it?"
She said "No"
I said, "then I choose not to go"
She commenced arguing again.
I said, "Look, can we not make this a big deal? If I don't need to go, I don't want to"
She then stormed off. I later found out that CN and RN chose not to go but were not "grilled" like I was.
CSC treats me differently to others in that she is more bossy and micromanages me.
This behaviour shows little or no respect for my position, it is intimidating and bullying and harassing in nature. It is contrary to the behaviour that ought be exhibited by a Manager.

**EXAMPLE 8**
CSC often attempts to "catch me out". On the of October I arrived at work at 1pm and stopped to speak to the Aboriginal Liason Officer (ALO), , regarding immunisation of the Indigenous Clients. I then walked into the Infirmary at 1.15p.m. Instead of asking, "why did you come into the Infirmary at 1.15p.m. today, CSC jumps to conclusions and asks, "were you running late today?" I advised her that I was on time and was speaking with the ALO. I feel that CSC attempted to have a motive and hoped that I had in fact run late without informing staff so that she could chastise me.
I feel that CSC is un trustworthy and now holds a grudge against me for my EOC complaint against her and ND .

**EXAMPLE 9**
On the of December I had reason to speak with RN regarding rumours he had spread about me and jokes he made regarding my sexuality. He did not apologise or give any reasonable explanation. I brought this to the attention of CSC by email on December . On the of December CSC responds. She fails in her duty as manager under the HR Manual and OH&S and W Act by not intervening and speaking with RN Her reply is condacending and treats me like a child. She has spoken with other staff, on their request, to

deal with disrespectful behaviour, but when I ask for her assistance with a similar issue, she refuses and puts it back on me to deal with. **(Appendix 3 emails attached)**.

CSC continues to be unsupportive and dismissive of my concerns, when compared with others. She has assisted CN with a complaint regarding RN . She assisted CN with a complaint regarding CN . She assisted RN with a complaint regarding EN She assisted CN with a complaint regarding EN . Yet she didn't assist me.

Witnesses: RN CN EN CN

**EXAMPLE 10**

On the February about 6.20 p.m., I was sitting in office and CSC came in asking me to sign the Uniform Policy. I said to her that I'm getting information regarding this issue as the ANMF have advised me that a "policy" needs to be implemented by consultation especially if it deviates into other areas of personal dress (other than the uniform itself).

She began to get hostile saying that "I am concerned that you cannot just speak to me. I am worried that you seem to be paranoid about things". I asked her not to make grandiose assumptions and reminded her that her last assumption "my medical condition deteriorating" ended up in the EOC.

She then asked, "have you made a copy of this policy?" I advised her that the ANMF wanted a copy and so I faxed one. I asked her "why?". She said "someone complained that you took a copy of the signature page and they did not know your intention". I said, "they could have asked me."

She then said that she wanted to meet with me regarding my portfolio and that she has had to chase me four times to see how we can improve on getting more clients. I said to her "my portfolio is up to date" She said, "no it isn't. We need to see how we can improve it". I said, "my portfolio is more up to date than any one else's here".

CSC has on many occasions stayed at work well past her finish time. She confronts, corners me, tries to discuss aspects of work in a negative fashion then states that "there is no trust (from me)" without realising that her behaviour engenders "no trust". She also fails to allow

me my right to have another person present if she has something negative to say to me about my work. I feel bullied, harassed, and micro-managed by her. Aside from myself, CN and CN , I do not see her behaving in this way with any other staff member.

At this time she also "told" me to "stay out of the audits" and from Identifying staff. She could not understand that I was trying to show her how easy it was to identify staff with the current audits. She acknowledged that audits should not identify staff which may lead to Performance Management but should only give a picture of the process being audited. I said to her, "you have missed my point. But we'll sit down with the ANMF to explain.

She said, "it's my right as your manager to discuss issues with you"
I said, "I acknowledge that. But when you constantly put words in my mouth or make grandious statements about my own state of mind, then it's my right to have the discussion with another person present.

I said to her, "I feel micro managed by you"
She said, "I have to micro manage. How else would I know things are being done how I want them?"

I fell as though CSC is constantly looking for ways to put a case together against me when she utilises such phrases as "No trust", "You are being Paranoid", "you think you are being threatened", with a view to trying to get rid of me from the worksite ie "Manage" me out of the Remand Centre **(Appendix 4 – countersigned notes).** On the 10th of March 2011 I met with CSC and ANMF Organiser . confirmed that the Audits, as they currently stand, do in fact identify staff members. CSC accepted this position and agreed to remove the client's label from the back of each audit (which allowed anyone to look up the client and find out who the staff member was in dealing with that client). To this day, 7th November 2011, CSC is yet to remove the identifying labels. In fact, she continues to use the audits to identify staff. She called me into her office September 2011 to discuss the alcohol withdrawal regime for alcoholic New Admissions. She did the same to CN
CSC is utilising "process" audits to "performance appraise" me. It is not the intended use of the Audit system. If she intends to audit for performance issues, she must advise all staff that she is doing just that.

Witnesses DCS Officer and CN

**EXAMPLE 11**

On the of March , I thought about 8.30 p.m., I received a very distressing telephone call from home. I attempted to reach CSC by phone several times. I also attempted to reach her phone but to no avail

(NOTE: There is ***no*** policy to have to ring the CSC after hours if one needs to leave the worksite. I was only attempting to ring because I constantly feel that CSC would try to find something about me to complain about. The co-ordinator of the shift, in this case it was myself, need only be told. Also, any changes to time sheets can be done retrospectively).

The time sheets for the pay cycle had left the Centre on March. I was unable to alter my time sheet.

As this was an extreme emergency situation, and being extremely distressed and crying, I left work. Agency RN , EN and RN were all witness to my attempts to contact CSC

On Monday the March about 1400 CSC said to me "can I borrow you for a minute?"
I said, "Yes. Why?"
She said, "oh no, it's ok it's all good"
I walked into her office and she had me close the door again.
I said to her, "do I need someone?"
She said, "No"
She asked me why I had to leave early on the of March. I said to her "I'm sure it wasn't too early."
She said, "if you go early, please ring me and let me know"
I said "I couldn't reach you and was too distressed".
She didn't listen to my attempt to tell her how I felt on that night. Instead she repeated to "ring her". I was at that point too agitated to argue the point. She advised me that on March she had amended my time sheet to reflect my departure time (I later found out that she altered it to 7.40 p.m. This being the correct time but due to my being so distressed, I did not pay much attention to the time).
As far as I was concerned that was the end of the matter.

However on the April about 1500 I was once again confronted by CSC Once again she reassured me that I did not need a third party. Once again I had to close the door so that I can be "borrowed for a minute".
She said, "I followed up and found out you left at 1940 not 2040. I had changed your time sheet to 1940 but you lied to me. I saw the video footage of when you left."
I said, " , I was in such a state, I can't honestly tell you what time it was but if you say it was earlier, then I'm sorry I was not aware of the time then."
She said with a grin, "I will have to tell HR and see what they say."
I said, "I think I need to have a witness here"
She said, "No you don't as I haven't spoken to HR yet" (CSC failed as my Manager to allow me a witness regardless of speaking to HR or not). Had I been told prior to going into her office what she wanted to talk about, I would have automatically have brought in a witness.

It was then that I was called away from her office to attend to my duties. I tried to see her after the task that I had to do but she had left the building. I rang her on her mobile and asked her to talk to RN , RN and EN as they witnessed that I did try to call. She just said "but you got your time wrong"
I said, "but I apologised for that. It was not intentional. I was distressed and crying at the time to take note of the time, but I did try to reach you but you were not contactable.
She said, "Thanks ". That was the end of the conversation. To this day it is my understanding that none of the staff were questioned by any manager regarding the March's events. I contacted the Pay office by fax to ensure that the correct time was recorded. **(Appendix 5)**
I was subsequently complained about by CSC for

1. Failing to alter my time sheet and
2. Failing to ring her or the Nursing Director

I felt I was in a Court. Sitting in judgement were DN and HR Manager . I knew that they would find me "guilty" (and they did). They did not interview any of the staff – even though I gave them emails from the staff backing up my story **(Appendix 6)**.
I claim the following

1. CSC acted unprofessionally and not in line with what is required from a Manager in that she mismanaged the whole situation

2. CSC had no empathy to the personal crisis I had to attend to. This contravenes her duty of care as a Manager.
3. CSC did not act as a "reasonable employer" considering what information I gave her
4. CSC was blinded with the though of "charging me"
5. CSC was, from that time kept being informed about when staff left work without having been an emergency. CSC did not treat other staff in the same way (even though she could have viewed all video footages and acted accordingly)
6. DN was biased against me and was not the correct person to Lead the investigation
7. DN failed to give me Natural Justice by failing to interview the witnesses
8. CSC and DN failed to follow proper Policy and Procedure and have the time sheets available for all staff till the full end of the pay cycle so that they can record the actual time of arrival and departure in accordance with HR Manual 5-2-1 **(Appendix 7)**
9. DN improperly found me guilty of not contacting the CSC or herself. It was improper because no such Policy exists to find me guilty of breaching it.
10. CSC , in altering my time sheet on the March to 1920 departure illustrates that she knew all along what time I left (As per ANMF instructions, CSC role is in accordance with HR Manual 5-2-1 Paragraph 3. The time sheets remain the property, in this case, of CN and only he can make alterations or notify Pay Office with alterations with the next fortnight's time sheets) **(Appendix 7)**
11. CSC illegally altered my time sheet without permission from me. **(Appendix 7)**
12. CSC when compared to others, discriminates against me.

The following is a list of departure times of staff that CSC was made aware of;

- April CN at 1500 not 1530
- April RN and RN leave at 2055, not 2130
- April CN and RN leave at 1445, not 1530
- April CN leaves at 1500 not 1530
- April RN and RN leave at 2055 not 2130
- April CN EN , RN leave at 2045 not 2130. Witness CN

- April CN RN leave at 1445 not 1530 as CSC was off sick.
- April RN leaves at 1400 not 1530, then EN CN leave at 1430 not 1530
- EN leaves at 2015 not 2130
- May RN , RN , RN leave at 2105 not 2130
- May RN and RN leave at 2100 not 2130
- May RN and EN leave at 2045 not 2130
- May RN leaves at 1455 not 1530
- June CN and RN leave at 1450 not 1530

**EXAMPLE 12**

On the of March about 5 p.m. I was doing the Admission shift with CN . One of the clients who was to be admitted had earlier attended court. He made me aware that he had a head injury and suspected a fractured jaw in two places(as he had a history of such an injury). This injury was as a result of trauma. After a physical examination I determined that he had a fractured mandible and I was unable to determine if any cranial internal injury was sustained. I advised DCS Officers that this client needed to go to the Hospital for assessment.

At 5.10 p.m. I was sitting in the Admission office with CN when CSC came in. She wanted to know my rationale for preparing to send this client to hospital. She wanted to know the reason for the urgency stating "he had been to court and didn't complain so why now? It's going to cost a lot of money to send him. Nothing will change in his condition overnight, he can just stay in the Health Centre". She was badgering me.

I explained that due to a head injury and possible multiple fractures, he should go to be assessed. I said to her, "if you want to override me, fine"

She argues that there was no indication other than pain and for that he could wait as "no specialist would be there anyway". was placed in the Infirmary for observation. My clinical decision was overridden.

I instructed EN to commence Neuro Observations. At 5.30 p.m. EN advised me that the client's blood pressure was going up and that he

was “dizzy”. I had EN contact the on call Dr Dr. ordered he be sent to the Hospital. queried why he didn’t go in the first place.

CSC continues to micro manage. She badgers and badgers until she gets her own way. She does not respect my clinical decisions and often, as this example illustrates, incorrectly overrides them.

Witness CN

**EXAMPLE 13**

On May CSC was not at work due to the death of her mother in law. She rang at 1549 and I answered. She asked to speak with ASO (who should be at work till 1700). Firstly I said to her “I’m sorry for your loss”.
She said, “actually, I felt relieved. It was best for her. I’m sad that she’s gone but relieved.”
I said, “Is there anything I can help with as Jayne and the morning staff all left at 5 to 3”
She said, “No it’s ok just needed to pass info”
At the time, I had CSC on loud speaker and CN heard me telling her that all staff left before their finishing time. Nothing came of this. Yet, due to an emergency on the 24th of March, I had legitimate reasons to leave work but was quickly charged by CSC . CSC actions make me feel as though I’m treated differently compared with other staff. I feel bullied and harassed and victimised. I feel that CSC holds a grudge against me because I made a complaint to the EOC about her. I feel that CSC lacks the experience and objectivity in her role as our Manager.

**EXAMPLE 14**

In May , CSC ordered the removal of all Intravenous equipment from the Emergency Trolley. Her rational was that no one could use it anyway as none were qualified. I advised her that I was and she asked that I provide evidence and would then consider adding these life saving equipment back onto the Emergency Trolley.

On the of June I submitted to CSC , together with a covering letter and supportive attachments, my qualifications to cannulate On the of June I emailed CSC to acknowledge receipt of my credentials. She replied on the of June stating that my information

has been sent to DN to consider. **(Appendix 8)**. To this date I am yet to receive a response from CSC or DN

Failure to recognise my skills in this area of practice contravenes the HR Manual Page 103 'Avoidance of Waste' Paragraph 8 **(Appendix 9)**.

Further, if some staff are not skilled in cannulation, the employer should educate and train staff in this life saving practice. It would be considered "best practice" to train staff rather than remove the equipment.

More often than not, an ambulance may be over 20 minutes from reaching our clients when you take traffic and the slow process of entering our gates then having to reach the location within the Remand Centre. Cannulation, which is permitted under our standing orders, can be a life saving procedure especially in self-harm cases.

1. ND and CSC fail to act in the best interest of our clients by not providing for them staff who can competently attend an emergency situation and act to save a life (when compared with Hospital based Emergency Response Teams).

2. ND and CSC have failed to recognise my competencies and/or provide me with further training if they did not accept my competencies.

3. ND and CSC have also failed to recognise that I perform cannulation on many occasions with my part time employment

**EXAMPLE 15**

During the staff meeting of June , CSC announces that we have to go through the OH&S and W election procedure again. All staff begin to grumble and CN asks "WHY?"

RN remarks "because some complained that the process was not right!" CSC tells him to "settle".

CSC then explained that the process was not right in the first place in that the Returning Officer must be one of the Work Group.

CN asks “can’t we just vote here and now?” CSC says “No”. CN exclaims “ ”

then said, “Well if a didn’t complain, it would be ok”. CN was looking at RN and he had a big grin on his face as if to say “Go !”

All staff, including CSC knew that he was referring to me, as I was the one that complained that the initial process was not correct. I had emailed CSC and Deputy OHS Rep and spoken with all staff **(Appendix 10)** RN was allowed to then leave the room without consequence. This outburst was not recorded in the minutes **(Appendix 11).** Also not recorded in the minutes was the presence of CN

Immediately after the meeting I approached CSC and stated “ called me a ‘ ’”. She said, leave it with me, I will deal with it.

On the of June at 3.30 p.m. I rang CSC . I asked CSC to have RN apologise. She said, “Um, um, um, but if you do that, everyone will know it was you”
I said, “everyone already does know. I emailed and spoke with staff.
She then said, “Oh, yeah. Leave it with me. I’ll think about it”. It is quite obvious she did not even think about it as the apology did not occur.
I believe that CSC ’ lack of action sent out a message to staff that I can be referred to as a “ ” without ramifications. I further believe that if I called any staff member a “ ”, I would be facing a disciplinary hearing.
By her lack of action, CSC displayed a lack of respect towards me, allowed me to be openly bullied by a member of staff.

On June I emailed CSC requesting that she directs RN to apologise **(Appendix 12).** On the 14th of June 2011 at 1400, I asked CSC if she intended to do anything about RN apology. She said, “I’ve spoken with HR and because he didn’t say your name, then it would be difficult to ask for an apology”. CSC failed to grasp the fact that even if she didn’t believe he referred to me, which I say is beyond doubt, RN used obscene language in a staff meeting and needed to apologise to the group as a whole if not to me.

I felt bullied, harassed, embarrassed and belittled by her lack of action (which is contrary to her position as Manager)

**EXAMPLE 16**

On the of June at 1830, I attended a "Code Black" in the Admission section with CN CN F and CN .

The person we attended to was not responsive and was delirious and appeared to be hallucinating. The only paperwork we had was police paperwork which stated he suffered 2 seizures earlier in the day. It was suspected to be an overdose of Amphetamines.

The police took him to the Hospital for treatment.

He still had ECG plugs on him.

No discharge letter from the RAH accompanied him.

I took charge. CN and CN assisted me and I had CN recording what I needed to be recorded.

I asked DCS to call an ambulance. Due to staffing problems, which delayed the call, I knew that an ambulance would not be any quicker than 20 minutes in reaching us.

We had no idea what we were dealing with. I suspected Amphetamine Narcosis or an internal head injury due to his previous seizures. He began to display all signs and symptoms of shock.

We gave him oxygen, covered him with a blanket but he started to turn blue. He was in peripheral shutdown.

As there was no IV equipment on the Emergency trolley. I had to go back to the Infirmary to obtain the equipment that I needed.

As I was obtaining the equipment, I rang and spoke with Dr. who agreed with me to insert a jelco before complete shutdown.

I returned to the client and with the assistance of CN , I inserted a jelco. The client was laying still on the floor. Whilst waiting for CN to give me an opsite so that I can secure the jelco in place, the client unexpectedly moved his arm and caused the jelco to come out. We put a bandage around the site to stop any bleeding.

The ambulance arrived at 1850. The client was taken away to the RAH where he spent the next **15** days there and then discharged to Hospital.

I made an extensive Nursing Progress Note in his file and gave this file to RN when he came on duty for night shift.

That was the last I saw of my progress note.

I was subsequently advised that by the morning after, the note had "disappeared".

On the of June, whilst on night duty, I received an email from CSC asking me to explain whey she could not find any documentation regarding this incident. She also stated that "I have not yet given you feedback regarding your request to cannulate" and further asks for my "rationale for cannulation"

CSC erred in that I had ***NEVER*** submitted a "request". I submitted proof of my competency to cannulate as per her initial request.

I wrote back to her on the of June. On the of June, it appears CSC back tracks and attempts to make her email dated of June seem "ok". **(APPENDIX 13 – EMAILS).**

On the of June about 0700, I had a conversation with CSC as she came in for duty (I was about to finish my night shift). I told her that I found her of June and of june emails derogarory and accusatory. They would have been better phrased as a Question rather than an assumptive statement. I also said to her that a Progress Note was quite detailed and gave all the information regarding rational and the Dr's opinion. I further stated that "finding" my Progress note should be her priority in order to answer her email of the of June. I advised her that this is the reason she had received a strong reply from me on the of June. I advised her it is "her tone" that she should consider.

CSC wanted me to do a "new Progress note" but use "today's date" and reflect on my "rational" for cannulating. I advised her that it is not possible, as I'd be making up the observation values. I also advised her that it would be illegal for me to do this. She did not agree with me. I ended up doing a paraphrased note **(Appendix 14)**

On the of July , I received a letter (dated July ) from our General Manager, . It served as formal notification that I was to answer an allegation that I had performed cannulation contrary to our Standing Orders.

CSC was the complainant. CSC misrepresented me and made a false and malicious accusation against me. She was fully aware of the circumstances which led to the cannulation yet she ignored this.

I believe that CSC utilised the disappearance of my Progress Note and my refusal to falsify a "new note" as grounds to charge me with an offence.

CSC has, in my opinion, abused her position's power to falsely accuse me.

CSC also has displayed "double standards". I performed cannulation, without introduction of fluids, in an Emergency situation and in an attempt to save a client's life – and with a Doctor's approval.

However, on the of December , RN attended a Code Black. The client was having a seizure and had a suspected head injury. RN , ***contrary to any Standing Orders***, administered Midazolam intra-nasal X 1. When that didn't do anything, he administered it IM. When that did nothing he administered it by IV. When that did nothing, he repeated the IV administration!

CN raised an Incident report on this dangerous, life threatening incident.

CSC was bound, as a Manager, to discipline RN and report the Incident to the Nurses Board (it was ***that*** serious). She may have told him to not do it again, I don't know. But I ***do*** know that she did not discipline him, report him or report him to the Nurses Board.

CSC has a clear agenda to target me over and above anyone else for reasons I can only guess at.