Work Health and Safety: Better Practice Procedures

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Functional Sub group  Personnel/Workforce - Occupational Health & Safety
                       Personnel/Workforce - Security

Summary  The purpose of this Policy Directive, and more specifically, the attached
          Better Practice Procedures is to support Agencies to implement an
          effective work health and safety management system that is consistent
          with NSW Work Health and Safety (WHS) legislation; and provide
          information to clarify the duties and responsibilities of officers and
          managers/supervisors in contributing to a safe and healthy work
          environment.


Author Branch  Workplace Relations

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Applies to  Local Health Districts, Board Governed Statutory Health Corporations,
            Chief Executive Governed Statutory Health Corporations, Specialty
            Network Governed Statutory Health Corporations, Affiliated Health
            Organisations, Public Health System Support Division, Community Health
            Centres, Dental Schools and Clinics, Government Medical Officers, NSW
            Ambulance Service, Ministry of Health, Public Health Units, Public
            Hospitals

Audience  Senior managers and supervisors

Distributed to  Public Health System, Community Health Centres, Dental Schools and
                 Clinics, Government Medical Officers, Health Associations Unions, NSW
                 Ambulance Service, Ministry of Health, Public Health Units, Public
                 Hospitals

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Policy Manual  Not applicable

File No.  12/5052

Status  Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory
for NSW Health and is a condition of subsidy for public health organisations.
WORK HEALTH AND SAFETY - BETTER PRACTICE PROCEDURES

PURPOSE

The purpose of this Policy Directive is to:

• Support Agencies to implement an effective work health and safety management system that is consistent with NSW Work Health and Safety (WHS) legislation.

• Provide information to clarify the duties and responsibilities of officers and managers/supervisors in contributing to a safe and healthy work environment.

This policy applies to all Public Health Organisations and all other bodies and organisations under the control and direction of the Minister for Health or the Director-General of Health, including the NSW Ministry of Health. This Policy also applies to Albury Wodonga Health in respect of staff who are employed in the NSW Health Service. Throughout the attached Better Practice Procedures these organisations are referred to as ‘Agencies’.

MANDATORY REQUIREMENTS

Each Agency, through its officers and manager/supervisors, must:

• Take all reasonably practicable actions to ensure the health and safety of workers when it:
  o Directs or influences work carried out by a worker*
  o Engages or causes to engage a worker to carry out work (including through subcontracting)
  o Has management or control of a workplace.

  *A worker is anyone who carries out work for the agency and includes, for example, employees, volunteers, students on clinical placement, contractors (including Visiting Practitioners) and subcontractors.

• Ensure, as far as is reasonably practicable, the health and safety of other persons when they are visiting the workplace (eg. patients, hospital visitors and sales representatives).

• Ensure they consult, cooperate and coordinate with all other organisations with which the Agency shares a work health and safety duty in relation to the same matter eg organisations that lease property on Agency premises.

IMPLEMENTATION

Health and safety in the workplace is a key business risk and must be considered in all planning decisions of the Agency. The Chief Executive, and other officers, should actively drive WHS through communication structures embedded in the Work Health and Safety Management System.

REVISION HISTORY

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1 Introduction

1.1 About This Document

The purpose of this document is to provide a framework within which the Work Health and Safety (WHS) Act 2011 and Work Health and Safety Regulation 2011 can be implemented in all Agencies.

It has been developed so that officers (as defined in section 1.3), managers and supervisors can understand the scope of the role they have in contributing to:

- The development, implementation and monitoring of a Work Health and Safety (WHS) management system; and
- A safe and healthy workplace.

The document is divided into the following sections:

Section 1 Introduction

Section 2 Key Features of the Work Health and Safety legislation

Section 3 Overview of a WHS Management System

Section 4 Components of a WHS Management System explained, along with the requirements of duty holders and

Section 5 Additional information.

Information in each section has been arranged to include, at the beginning, the responsibilities of officers and managers.

Note: Injury management and return-to-work are important components of any WHS management system and are separately addressed through PD 2013_006 Injury Management and Return to Work Policy and Procedures as injury management and return to work are not covered by WHS legislation.

In this document the term:

- **Must and will** – indicate a mandatory action required that must be complied with
- **Should** – indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action.

To support the standards provided in this document, particular guidance around specific risk areas, such as Work Health and Safety – Other Workers Engagement (GL2013_011) and Fatigue – Preventing and Managing Work Related Fatigue (GL2007_023) can be found in NSW Health Guidelines [http://www0.health.nsw.gov.au/policies/groups/pers_ohs.html](http://www0.health.nsw.gov.au/policies/groups/pers_ohs.html) and Information Sheets, such as Asbestos Management and Hazardous Chemical Management can be found at [http://internal.health.nsw.gov.au/jobs/safety/index-safety.html](http://internal.health.nsw.gov.au/jobs/safety/index-safety.html).
1.2 Enterprise Risk Management

Throughout this document the process described for the management of WHS risks is, where appropriate, consistent with the requirements of the NSW Health Risk Management Framework (PD2009_039 Enterprise Wide Risk Management Policy and Framework).

However it must be noted that the risk management standard, AS/NZS ISO 31000:2009, on which the Enterprise Wide Risk Management Policy and Framework is based has limited application to WHS as some of the strategies allowed by generic risk management processes are not acceptable under WHS legislation. For example, risk cannot be transferred to another party and a level of risk cannot be accepted. Under the WHS legislation, risk must be eliminated or, if that is not reasonably practicable, minimised so far as is reasonably practicable.

1.3 Key Definitions

Agency: Throughout this document the term agency is used to mean: all public health organisations and all other bodies and organisations under the control and direction of the Minister for Health or the Director-General of Health. Agencies include:

- The NSW Ministry of Health
- A Local Health District
- A statutory health corporation
- An affiliated health organisation in respect of its recognised establishments and recognised services.

Officers: An ‘officer’ means a person who:

- Makes or participates in decision making that affects the whole or a substantial part of the agency
- Has the capacity to affect significantly the agency’s financial standing.

Officers are generally only those people at the most senior levels of an agency who are in a position to prevent contraventions of the Work Health and Safety Act 2011. This will include Chief Executives, and is also likely to include other senior executives with substantial agency wide responsibilities such as Directors of Finance and Directors of Clinical Operations. Middle level managers and supervisors are generally not officers as their role is to implement the decisions of others or report to more senior levels within their Agency.

Members of Health District Boards are also likely to be considered as officers; however a Board Members Guideline has been developed to assist them with fulfilling their specific obligations.

Other persons: include patients, consumers, clients, customers, sales representatives and visitors entering or utilising the public health organisation’s workplaces.

Person conducting a business or undertaking (PCBU): Under the Work Health and Safety Act 2011 the term ‘employer’ is replaced by ‘persons conducting a business or undertaking’ (PCBU). A PCBU conducts a business or undertaking alone or with other PCBUs, and is responsible for the primary duty of care for workplace health and safety, as far as is reasonably practicable.

The PCBU does not need to be a natural person and in NSW Health a PCBU is an agency ie:

- The NSW Ministry of Health
- A Local Health District
- A statutory health corporation
- An affiliated health organisation in respect of its recognised establishments and recognised services.

Worker: Anyone who carries out work for NSW Health is given the legal status of ‘worker’, Workers include:
• Employees;
• Contractors, including Visiting Practitioners;
• Sub-contractors;
• Sub-contractors and employees of contractors;
• Employee of a labour hire company e.g. agency staff;
• Volunteers;
• Apprentices or trainees; and
• Students on clinical, work experience or other placements.

1.4 Legislative Framework

The WorkCover Authority of NSW is the regulator of WHS in NSW. It administers work health and safety, injury management, return to work and workers compensation laws and manages the workers compensation system in NSW.

See Appendix 1 for the Legislative Framework.

2 Key Features of the Legislation

The Chief Executive must ensure that officers within the Agency are aware of their WHS obligations.

The NSW Work Health and Safety Act 2011 and Work Health and Safety Regulation 2011 have introduced some significant changes to work health and safety in NSW. These include:

1. A change in terminology from ‘Occupational Health and Safety’ to ‘Work Health and Safety’.
2. The term ‘employer’ is replaced by ‘persons conducting a business or undertaking’ (PCBU). ‘Employees’ is replaced by ‘workers’, which provides a broader coverage.
3. The absolute duty of care placed on the employer to maintain a safe and healthy workplace, under the previous legislation, has been removed. Now, persons conducting a business or undertaking (PCBU) must ensure, so far as is reasonably practicable, the health and safety of, for example, workers engaged by them.

In determining whether a work health or safety duty has been met by the PCBU, a test of what is ‘reasonably practicable’ will be applied.

4. There has been a broadening of persons on whom health and safety duties are imposed:

• ‘Other persons’ (eg patients and visitors) at a workplace now have a legal duty to take ‘reasonable care’ to ensure that their acts are not harmful to the health and safety of themselves or others. Other persons must also comply with reasonable instruction given by the PCBU to maintain work health and safety.

• ‘Officers’ have an active duty to apply ‘due diligence’. Officers are defined to include persons who participate in making decisions (as opposed to just implementing them) that affect the whole or a substantial part of the business or undertaking.

5. Workers have a legal duty to take ‘reasonable care’ to ensure that their acts are not harmful to the health and safety of themselves or others. Workers must also comply with any reasonable instruction by the PCBU and cooperate with any reasonable policies and procedures of the PCBU.
6. While the principles of consultation remain the same, obligations have broadened. The PCBU’s duty to consult extends to all workers (including employees) and to all other PCBUs that may share a work health and safety duty in relation to the same matter e.g. other businesses on a hospital campus or parties to a public private partnership (PPP). They must consult with workers and with other duty holders who may have a shared responsibility to provide a safe physical work environment and facilities. For example, this would apply to building owners who lease floors. They must arrange emergency plans and practice evacuation procedures with leaseholders. It would also apply to agencies that lease facility buildings to, for example, clinical schools.

Also, there is a greater role for Health and Safety Representatives and a different role for Health and Safety Committees. An Information Sheet on consultative mechanisms can be found at: [http://internal.health.nsw.gov.au/jobs/safety/natharmonisation.html](http://internal.health.nsw.gov.au/jobs/safety/natharmonisation.html)

7. Penalties for breaches of the legislation have been considerably increased for all parties: PCBUs, officers and workers.

Other key matters that are covered by the Work Health and Safety Act 2011 and the Work Health and Safety Regulation 2011 follow:

- So far as is reasonably practicable, there must be no risks to the health and safety of anyone at a workplace, or anyone who enters and exits a workplace. A workplace can include, for example, a vehicle, an aircraft or mobile structure.

- A PCBU has a duty to ensure, so far as reasonably practicable, that the management or control of fixtures, fittings or plant at a workplace are without risks to the health and safety of anyone. Plant includes:
  - Any machinery, equipment, appliance, container, implement and tool
  - Any component of any of those things
  - Anything fitted or connected to any of those things.

- Where the Agency modifies equipment to suit its purposes or creates substances it becomes a designer or manufacturer and has legal obligations as such under WHS legislation.

3 Overview of a Work Health & Safety Management System

3.1 What is a Work Health Safety (WHS) Management System?

A Work Health Safety Management System (WHS Management System) is a systematic approach to managing health and safety risks in the workplace and managing workplace incidents, injuries or illnesses, when they occur.

This system should be part of an Agency’s usual business planning processes and become part of core business. Officers, managers and supervisors should seek to develop a culture where safety is valued by the leadership and the workforce.

3.2 Components of an Work Health Safety Management System

A WHS Management System should be integrated into the Agency’s wider management system. Components, based on Australian Standard AS/NZS 4801: 2001 *Occupational health and safety management systems - Specification with guidance for use* as interpreted by WorkCover NSW, follow:
Work Health and Safety – Better Practice Procedures

1. WHS policy and commitment
2. Management Responsibility: Structures and Governance Arrangements
4. Consultation
5. Risk Management Processes
6. Information, Instruction and Training Arrangements
7. Injury Treatment and Management
8. Claims Management
9. Incident Recording, Investigation, Analysis and Review
10. Measuring and Evaluating WHS Performance
11. Reviewing the WHS Management System
12. CE reporting and Leadership.

Section 4 of this document takes each of these components and provides guidance on their implementation, particularly as they relate to the responsibilities of officers and managers/supervisors.


4 Components of a WHS Management System

4.1 WHS Policy/Statement of Commitment

What is my role as an officer?
The Chief Executive should demonstrate his or her commitment to improve WHS by:

- Authorising a local WHS policy/statement of commitment, promulgating the document throughout the organisation and making it available to any interested parties, such as patients and contractors.
- Ensuring the relevancy and effectiveness of the WHS policy/statement of commitment by periodic review:
  - Where this is a significant change, such as organisational, policy or legislative changes; or
  - at least every 2 years.
- Updating, authorising and promulgating the WHS policy/statement of commitment where required after a review and at a minimum every 4 years.
- Developing measurable objectives and targets to meet the commitment outlined in the WHS policy/statement of commitment and to ensure continued improvement aimed at elimination of work-related injury and illness.

Officers should exercise due diligence to ensure that:

- Safety is embedded in core business, through the inclusion of WHS considerations in all decision making processes, particularly in planning and in purchasing of goods and services.
Visible and active leadership on WHS matters is provided, including prompt action to address WHS issues.

**What is my role as a manager or supervisor?**

The manager/supervisor should demonstrate commitment to improved WHS by:

- Visible and active leadership on WHS matters, including prompt action to address WHS issues.
- Actively communicating and promoting the local policy to workers, making sure they know about it and understand its meaning and implications.
- Providing the local WHS policy/statement of commitment (and updates) to staff on the commencement of their appointment, by display in the workplace or by email/intranet distribution.

A local WHS policy/statement of commitment is a public statement giving effect to an Agency’s commitment to work health and safety. The policy informs workers, suppliers, patients, visitors and other persons that WHS management is an integral part of all operations. **Appendix 2** provides a model local WHS policy/statement of commitment for use by Agencies (for A3 size paper).

A meaningful local WHS policy/statement of commitment would include the following elements:

- A focus on prevention, based on risk management principles
- A statement reinforcing commitment to improving the safety culture
- A commitment to comply with relevant WHS legislation and with other requirements placed upon the Agency
- Clearly defined responsibilities and accountabilities of officers, managers, workers and others for work health and safety
- A commitment to effective consultation with workers through agreed consultative forums as a key strategy for eliminating or, if not reasonably practicable, minimising risks
- A commitment to engage in consultation, coordination and co-operation with other duty holders, eg. businesses on a hospital campus or landlords of leased premises as another key strategy for eliminating and minimising risks
- A commitment to the implementation and continuous improvement of health and safety programs with the establishment of measureable (as far as is practicable) objectives and targets to eliminate work-related injury and illness
- A system of review and monitoring of WHS issues at all levels and in multiple ways including audits, and assessing the effectiveness of procedures and training
- Commitment to the provision of adequate training and resources.

The local WHS policy/statement of commitment should be:

- Signed by the Chief Executive and dated
- Communicated to all workers, including on commencement with the agency
- Displayed in the workplace
- Reviewed to ensure it remains relevant to the agency.
4.2 Management Responsibility: Structures and Governance Arrangements

What is my role as an officer?
Officers must ensure that:

- They maintain an appropriate level of understanding of their WHS obligations
- Appropriate and effective structures and systems are in place, and remain in place, so that safety is entrenched in all business activities, and decisions are based on WHS information that is current and relevant to the Agency
- They gain an understanding of the nature of the business undertaken by the Agency, and of the hazards and risks associated with the operations of the business
- Managers/supervisors have specific WHS responsibilities, which should be set out in performance agreements. Managers/supervisors must be provided with the skills, authority and resources to implement and maintain risk control measures effectively.

What is my role as a manager or supervisor?
Managers/supervisors must:

- Ensure that WHS is a standing agenda item of staff meetings and individual performance development meetings and that information is shared, as appropriate
- Ensure WHS matters or purchases, requiring the approval of more senior managers, are escalated for consideration in a timely way
- Provide information on WHS matters eg Prohibition and Improvement Notices (PINS) issued by WorkCover or Health and Safety Representatives, emerging issues, to senior managers in a timely way
- Ensure WHS implications are considered as part of any decisions they make.

Note: Most managers and supervisors, under the WHS Act, are classified as workers. As workers they must comply with any reasonable instruction by the PCBU and cooperate with any reasonable policies and procedures of the PCBU. They will also have appropriate and reasonable levels of administrative responsibility for implementing WHS processes in the workplaces for which they have responsibility.

For officers to demonstrate that they have been pro-active in ensuring that an Agency has done what is reasonably practicable to address a work health or safety matter, the following structures and systems should be in place:

1. A governance structure that cascades and documents WHS information, both from the Chief Executive/Senior Management to workers and from the workers to senior management and the Board (top/down and bottom/up). The governance structure should make provision for:
   - Forums where officers and senior managers are briefed on WHS and discuss WHS issues for the Agency (executive management meetings could be used to achieve this purpose)
   - WHS briefings/reports for Board meetings
   - Mechanisms for consultation within the Agency and with other PCBUs where there are shared WHS duties.

2. Standardised regular WHS reports for informing various levels of the organisation on hazards and risks, for example: progress of WHS projects and improvement plans; emerging issues; trends; training undertaken; equipment purchases; Prohibition and Improvement Notices
(PINS) issued by WorkCover or Health and Safety Representatives, actions taken to remedy WHS matters and actions that remain outstanding.

3. A communication system for reinforcing safety, sharing WHS innovation and outcomes of WHS projects.

4. Processes that give Risk Managers access to decision makers for urgent issues.

5. Processes that accelerate approvals for WHS related purchases.

6. Processes whereby WHS matters that require redress are escalated, in a timely way, up to the appropriately delegated manager.

7. Clear and appropriate delegations for approving WHS related purchases so that WHS matters are promptly addressed.

8. Documented consideration of WHS issues/implications in all planning and decision making, including the corporate plan and business plans. This could be achieved by including a section titled ‘WHS implications’ in any templates utilised to seek approval for decisions affecting the Agency, including purchasing/procurement and capital development/refurbishment templates.

9. WHS education and training processes which identify needs and provide training and instruction to address the identified needs and which target all levels of the Agency, commensurate with responsibilities.

10. WHS requirements included in statements of duties/job descriptions and performance agreements.

11. Feedback on WHS compliance being included in formal meetings with staff to discuss performance development (ie performance appraisals).

4.3 Planning Process

What is my role as an officer?

Officers must ensure that:

- WHS implications are considered, and these considerations documented, when making decisions and undertaking planning activities
- WHS objectives, targets and performance indicators are identified in planning documents and progress against these monitored
- Adequate resources are provided to ensure workplaces are safe for workers, patients, visitors and others who may be impacted by the activities of the Agency.

What is my role as a manager or supervisor?

Managers/supervisors must:

- Ensure that WHS is considered, and these considerations documented, when plans are developed and workplace decisions made
- Refer up any WHS issues that are outside their authority to remedy
- Respond in a timely way to remedy WHS issues brought to their attention, and within their scope of authority and delegation.
4.3.1 WHS and strategic, operational and service delivery planning

Planning includes the process of making decisions that impact on the future.

A safety culture can be strengthened by ensuring all decisions are made after an analysis of their WHS impact. WHS considerations should be included in planning at all levels of an agency. Eliminating the risks in the planning phase is cheaper and more effective than controlling risks.

In line with an agency’s risk management framework (see PD2009_039 Risk Management - Enterprise-Wide Policy and Framework – NSW Health) WHS considerations need to be reflected in:

- Strategic, operational and annual business plans
- Service development plans
- Building/refurbishment plans
- Individual unit plans.

4.3.2 Incorporating WHS in the planning process

In a practical sense, the involvement of WHS in the planning process can be demonstrated by:

- Including a section on risk/WHS implications on briefing and planning templates
- Having WHS as a standing agenda item for team meetings
- Analysing WHS risks before the commencement of a new project, such as a new ward or clinical service, and documenting these actions
- Considering and addressing WHS implications as part of the health facility design/refurbishment process (noting that failure to consider safety at the design/building stage may result in costly modifications to meet overlooked WHS requirements after commissioning)
- Including a documented WHS assessment on the purchasing template for goods and services
- Including specified WHS obligations and accountabilities in all contracts for services and leases etc.

4.3.3 WHS Planning

Specific WHS Improvement Plans may also be developed. This type of planning is directly related to improving the overall WHS management system, and may be based on audits and reviews that identify areas for improvement.

Sources of information to assist with WHS planning include:

- Incident reports (Register of Injuries) to determine what hazards need treatment e.g. manual handling incidents
- Workers’ compensation data
- Prohibition and Improvement Notices (PINS) issued by WorkCover or Health and Safety Representatives
- Reports arising from workplace inspections especially those identifying emerging hazards
- Results of the WHS Profile (biennial audit) for a facility or service
- Minutes of OHS Committees or meetings with OHS Representatives
- Input from workers.

WHS priorities should then be determined and reflected in the unit planning documents. Priorities may be, for example, improving incident reporting or hazard assessment.

A WHS Activities Calendar might also be developed for the year with a focus on a particular hazard each month e.g. January - manual handling, April – housekeeping, July - dangerous
goods storage, October – review a safe operating procedure, December – inspect facilities for trip hazards.

Progress towards achieving targets in WHS plans must be regularly reviewed. Targets at risk of not being met should be prioritised following consideration of the risks of not meeting those targets.

4.4 Consultation, representation and participation

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<td>Consultation is a legal requirement – it is not optional.</td>
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<td>Officers must ensure that</td>
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<tr>
<td>• Consultative mechanisms are in place to meet legislative requirements and they are utilised by an agency</td>
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<tr>
<td>• Consultative mechanisms link to the governance structure of the agency including a top down/bottom up reporting of significant issues raised within the consultative mechanisms</td>
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<td>• Consultative mechanisms are appropriately linked into the agency’s planning and decision making processes</td>
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<td>• Consultation mechanisms are in place where there are shared WHS responsibilities with other organisations.</td>
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<th>What is my role as a manager or supervisor?</th>
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<tr>
<td>Managers/supervisors must consult, so far as is reasonably practicable:</td>
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<td>• With workers who are, or who are likely to be, directly affected by a work health or safety matter</td>
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<tr>
<td>• Prior to introducing any changes e.g. to premises, systems, procedures, equipment or substances. Information should be provided early on so that workers and their WHS representatives have time to consider matters and discuss them and provide feedback</td>
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<td>• As new staff, updated processes and new technology are introduced into the health workplace, new hazards will emerge that must be eliminated or minimised. Consequently ongoing communication with workers about the risks in their jobs and the risk management strategies to be implemented to guard against an injury or illness should be undertaken.</td>
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4.4.1 Consultation duties of an Agency

Consultation is a key component in keeping a workplace safe. NSW WHS legislation requires that an Agency must consult, as far as is reasonably practicable, with workers who are, or are likely to be, directly affected by a health and safety matter.

4.4.2 What is reasonably practicable in relation to the duty to consult?

The Code of Practice: Work Health and Safety Consultation, Cooperation and Coordination (issued by Safe Work Australia) provides guidance on what may be considered reasonably practicable. This document can be found at www.workcover.nsw.gov.au

In summary ‘reasonably practicable’ consultation is that which is both possible and reasonable for the particular circumstances.
What is reasonably practicable will depend on factors such as the:

- Size and nature of the workplace
- Nature of the work being carried out e.g. is it a low risk environment such as an administrative unit or is it a mental health facility
- Nature and severity of the particular hazard e.g. asbestos removal requiring the advice of an Agency’s WHS consultant or occupational hygienist or is it a patient transfer matter
- Nature of the decision or action, including the urgency to make a decision or take action
- Availability of the relevant workers and any health and safety representatives e.g. when Health and Safety Representatives are on leave
- Work arrangements, such as shift work and remote work.

Demographics of the workforce, including languages spoken and literacy levels. The aim of consultation should be to ensure there is sufficient information to make well-informed decisions and that the workers who may be affected are given a reasonable opportunity to provide their views and understand the reasons for decisions.

An urgent response to an immediate risk may necessarily limit the extent of consultation in some circumstances. It may not be reasonably practicable to consult with workers who are on extended leave. However, it would be appropriate to ensure that these workers are kept informed about any matters that may affect their health and safety when they return to work.

It is not always necessary to consult with every worker in your workplace. The workers you consult with will be those who are, or could be, directly affected by a health and safety matter.

What is reasonably practicable in relation to consulting, co-operating and co-ordinating activities with other duty holders will depend on the circumstances, including the nature of the work and the extent and duration of the shared duty.

### 4.4.3 Purpose of consultation

Workers may have the best knowledge about hazardous work practices and any gaps in work health and safety management, so effective consultation with workers and their representatives is crucial to the success of any WHS management system.

The purpose of consultation is to:

- Develop an understanding of potential hazards and risks
- Share relevant WHS information with workers
- Provide workers with a reasonable opportunity to express their views and have them taken into account: consultation is not necessarily consensus or agreement
- Provide workers with a reasonable opportunity to contribute to the decision-making process relating to a matter.

Following consultation, workers need to be advised of the outcome in a timely manner.

### 4.4.4 When is consultation required?

Consultation needs to occur when:

- Decisions are to be made about WHS consultation arrangements. Workers must be consulted about the types of consultation mechanisms to be put in place in their workplace
- Identifying hazards and assessing risks to health and safety, and making decisions on how to eliminate or minimise those risks
- Decisions are to be made about amenities for the welfare of workers
• Changes are proposed that affect the health and safety of workers. For example changes to facilities, fixtures, fittings, furniture, equipment, substances or systems of work that may affect the health or safety of workers or other persons. This would include the development of new facilities and refurbishment of existing facilities.

• Developing procedures for:
  - Resolving work health or safety issues at the workplace
  - Monitoring the health of workers
  - Monitoring the conditions at any workplace under the management or control of an agency
  - Providing information and training for workers

• Determining training needs

• Investigating incidents

• Developing, implementing and evaluating related programs, policies, procedures and management systems

• Designing, purchasing or customising equipment.

Where WHS duties are shared

Where an agency shares a work health and safety duty with another company or business (PCBU) in relation to the same matter, they must consult, cooperate and coordinate with each other and their workers, so far as is reasonably practicable.

While consultation is not a new duty under legislation, it has been broadened from consulting with employees to consulting with workers and other duty holders (PCBUs). Workers include employees and any person who carries out work for an agency e.g. volunteers, contractors, and self employed people.

Other duty holders or PCBUs include:

• Labour hire companies that provide ‘agency staff’ in hospitals
• Universities that place students in public health facilities
• Other businesses located on a hospital campus eg. a florist, café, gift shop or credit union
• Agencies that lease NSW Health properties
• Agencies that share office space/buildings
• Ambulance Service of NSW in respect of delivering patients to a facility
• Health Infrastructure
• HealthShare.

See Appendix 3 for examples of sharing WHS duties with another PCBU.

Generally, a standard funding agreement arrangement between an Agency and a non government organisation (NGO) pursuant to which the Agency provides funding to the NGO to deliver a service will not, by itself, involve the Agency and the NGO holding a duty “in relation to the same matter” for the purposes of s46 of the WHS Act.

There may be exceptions to this general position, such as where:

• The Agency’s and the NGO’s services are co-located (eg the NGO provides a service from a public hospital or community health facility) and/or
• The Agency and NGO share workers.

In either of these cases, both organisations would effectively owe duties to each other other’s workers, and consultation would be required.
4.4.5 How to consult – consultative arrangements

Once there has been agreement to procedures for consultation, consultation needs to be in accordance with those procedures. For example, if the workers are represented by a health and safety representative, consultation must involve that representative.

There must also be an agency procedure for the resolution of WHS disputes. This procedure must include a process for escalating unresolved issues to more senior managers within the agency.

The Work Health and Safety Consultation, Co-operation and Co-ordination Code of Practice, December 2011 (issued by Safe Work Australia) sets out requirements and advice on the form that agreed consultative arrangements can take, and how they must be supported.

4.5 Risk Management

What is my role as an officer?

Officers must ensure that:

- An agency has in place, and utilises, an appropriate process for identifying, eliminating or minimising risk and monitoring the effectiveness of these processes
- They monitor compliance with WHS processes
- An agency directs appropriate resources to ensure that risk is identified, eliminated or minimised and monitored
- Managers/supervisors have the skills to identify hazards and assess, manage and monitor risks
- Assessing WHS implications forms part of, and is documented for, procurement processes
- Managers and supervisors have gone through an approval process that considers WHS ramifications of variations to new buildings and refurbishments
- Appropriate decision making arrangements are in place to allow managers to implement controls or escalate decisions/approvals where the necessary controls fall outside the scope of their decision making.

What is my role as a manager or supervisor?

Managers/supervisors must ensure that they:

- Attend Agency training to develop an appropriate level of competence in risk assessment and risk management
- Consistently identify hazards and assess risks, in consultation with workers, including when planning or undertaking development/refurbishment of the workplace, when procuring goods and services, and when staff are delivering services in the community
- Implement controls to eliminate or minimise identified risk
- Monitor the effectiveness of risk controls
- Apply delegations for approving WHS related purchases to ensure that WHS matters are promptly addressed
- Build WHS risk assessments into the delivery of treatment plans eg violence, manual handling considerations
- Seek advice from Risk Managers and WHS staff concerning any exposures requiring health surveillance.
4.5.1 What is risk management?
Risk management involves developing systems to identify andanalyse hazards, and eliminate or minimise any harmful consequences.

The Agency has obligations under the WHS Regulation to identify any foreseeable hazards that may arise in the workplace and to manage the risk by eliminating the risk. Where elimination is not reasonably practicable, the Agency must minimise the risk, as far as is reasonably practicable by using control measures to reduce the risk of harm to the lowest possible level. The WHS Regulation provides a way of selecting the most effective types of controls by providing a hierarchy of risk controls.

4.5.1.1 What is a hazard?
A hazard is anything that has the potential to cause harm to people, equipment, structures and/or the environment, such as workplace violence, hazardous chemicals, electricity, working from ladders or moving patients.

4.5.1.2 What is a risk?
The risk is the probability, high or low, that somebody could be harmed by the identified hazard, considered in conjunction with a consideration of how serious the harm could be. Risk is judged or assessed in terms of likelihood (how likely is it that the event will happen?) and consequence or impact (how bad will an event be if it happens?). Risk assesses who could be harmed and what would the consequences be.

The assessment needs to consider hazards or risks that may cause harm to an individual in the future or has a latency period eg. asbestosis following exposure to asbestos.

4.5.1.3 What is reasonably practicable?
Deciding what is 'reasonably practicable' to protect people from harm requires taking into account and weighing up all relevant matters, including:

- The likelihood of the hazard or risk concerned occurring; then
- The degree of harm that might result from the hazard or risk; then
- Knowledge about the hazard or risk, and ways of eliminating or minimising the risk; then
- The availability and suitability of ways to eliminate or minimise the risk; then
- After assessing the extent of the risk and the available ways of eliminating or minimising the risk, the cost associated with available ways of eliminating or minimising the risk, including whether the cost is grossly disproportionate to the risk.

The degree of control an agency has over the hazard/risk will also impact on what is considered reasonably practicable.

4.5.2 The risk management process
NSW Health has adopted the risk management process outlined in AS/NZS ISO 31000:2009 Risk Management – Principles and Guidelines. The Standard has more steps than those listed in the WHS Regulation and supporting Code of Practice, however, the intent of both processes is consistent.

Managing work health and safety risk is a proactive and ongoing process. The risk management process can be briefly described covering the following key stages:

1. Establishing the context
2. Identifying the hazards
3. Assessing/analysing the risks
4. Eliminating or controlling the risks, considering the hierarchy of risk controls
5. Monitoring and reviewing risks and controls
6. Communicating and consulting during each step of the process.

Attached at Appendix 4 is a guide to assist managers/supervisors with implementing risk management, including risk assessments.

4.5.2.1 Procurement of safe premises, goods and services

Agencies have a duty of care to ensure that premises, goods and services are without risks to the health and safety of workers and others.

Leasing of premises

Agencies must consider WHS issues before signing a lease for premises and must ensure that mechanisms for consulting with landlords are included in lease arrangements, together with the requirement for repairs and maintenance to be undertaken promptly.

Prior to leasing premises consideration should be given to whether:

- The building is fit for purpose for which it will be used.
- There is asbestos in the building. Before leasing premises the Agency must identify if asbestos is present by reviewing the Asbestos Register, and if possible find alternative premises. If this is not possible carry out an assessment of the risk of exposure to workers.
- There is a fire evacuation and emergency plan. This would need to include appropriate procedures so assistance can be provided to staff in the event of an emergency or violent incident, notification to emergency personnel and provision for testing of alarms and fire and emergency drills.
- There is fire safety compliance. This would involve viewing inspection schedules and checking that fire fighting equipment is working and correct for the specific risks.
- Residual current devices are installed. This is essential where the premises are a hostile working environment, including for example, kitchens, laboratories, laundries, outpatient clinics, training rooms and administrative offices. There would need to be consideration of whether there are adequate power points and cabling.
- There are adequate and appropriate amenities available. There would need to be consideration of how often they are cleaned and how frequently waste is removed.
- There is fire safety compliance. This would involve viewing inspection schedules and checking that fire fighting equipment is working and correct for the specific risks.
- The building structure is sound with no sign of leaks, damp or mould.
- The lighting is appropriate to the work to be undertaken and doesn’t create unlit areas.
- It meets ‘crime prevention through environmental design’ standards including no hiding/concealment places, appropriate access control, appropriate barriers between public and private areas, appropriate lines of sight for staff.
- There are traffic management plans.

Building design and retrofitting

Where WHS issues are considered and addressed early in a building design process there is potential to reduce WHS problems and eliminate the costs associated with undertaking expensive retrofitting.

NSW Health utilise a series of health facility guidelines, referred to as the Australasian Health Facility Guidelines. This series represents the minimum standards for health facility design specifications. Agencies are required to seek approval to vary these standards during the design,
Procurement of goods and equipment

Agencies must carry out risk assessments prior to purchasing goods and equipment available on government contract as well as when they have approval to purchase off contract items. While WHS matters are considered when choosing providers for inclusion in contracts, it is not possible to consider risks specific to the use and the location of those goods or equipment.

Agencies must ensure that goods and equipment is fit for purpose, appropriate to the environment and appropriate for the staff who will be using it.

Where there are adverse incidents arising out of goods or equipment on NSW Government contract, agencies, in addition to local actions, are required to record the details of those incidents in the Health Quality Reporting System (HQRS). This system is monitored by designated HealthShare staff and appropriate action taken where there are identified emerging NSW Government contract issues. For further information see the NSW Health Purchase and Supply Manual for Public Health Organisations.

Procurement of services

Agencies must utilise risk management practices when engaging and managing contractors or consultants. In particular, there should be assessment to determine that the work of the contractor/consultant does not create risks for workers and others, there is a safe workplace for the contractor/consultant and there is a process to ensure that appropriate documentation (eg licences) are sighted prior to the contractor/consultant commencing work. For further information see the NSW Health policy Including Health and Safety in the Engagement, Management and Evaluation of Contractors

4.5.2.2 Delivering services in the community safely

The delivery of health services in the community, eg. home or accident sites, introduces specific WHS considerations, particularly manual handling, and personal safety and security issues, which must be assessed and eliminated or controlled.

Regardless of the fact that an agency may not have complete control over the working environment in the community, they are still responsible for ensuring a safe system of work and for controlling risks as far as possible.

The risk management process should address issues associated with:

- Infection control procedures and sharps disposal and exposure to blood borne pathogens
- Manual handling and accessing appropriate equipment
- Slips, trips and falls
- Spills and waste disposal
- Exposure to smoking
- Violence, mechanisms for summoning assistance eg duress alarms and access to an appropriate duress response
- Vehicle accidents.

A risk assessment, that takes account of the individual circumstances, should occur prior to a visit to a home or other community setting. Workers must be clear that they are entitled to withdraw from a situation if they feel under threat or unsafe in any way.

PD2005_ 315 Zero Tolerance to Violence and the NSW Health Security Manual Protecting People and Property provide further detailed guidance on the management of security related risks for working in the community.
4.5.3 Risk management and consultation
Consultation with workers is a legal requirement when identifying hazards and assessing risks and when determining risk control strategies.

4.5.4 Specific requirements for high risk activities/high risks
Agency Risk Managers and WHS professionals can provide advice on managing these risks.
The WHS Regulation specifies control measures that must be implemented in agencies for certain identified high risks/high risk activities such as:

- *Remote or isolated work* – where the worker is isolated from the assistance of other persons because of location, time or the nature of the work, they must be provided with a system of work that includes effective communication. Assistance includes rescue, medical assistance and the attendance of emergency service workers.
- *Hazardous manual tasks* - risks to health and safety relating to a musculoskeletal disorder associated with a hazardous manual task must be risk managed.
- *Restricted carcinogens, for example, Cyclophosphamide* – use, handling and storage.
- *Confined spaces* - risks associated with entering, working in, on or in the vicinity of the confined space (including a risk of a person inadvertently entering the confined space). This requires, for example, confined space entry permits, signage and constant communication with the person in the confined space.
- *Falls* from one level to another or any other place that is reasonably likely to cause injury to a person e.g. stairs
- *Hazardous chemicals* - health monitoring of exposure to hazardous chemicals, creation of Registers and Manifests.
- *Asbestos* – all asbestos or Asbestos Containing Materials at the workplace must be identified by a competent person by 1 January 2013.
- *Noise* – exposure levels.
- *High risk work* – licences.
- *Demolition work/ Construction work.*
- *Electrical work* [for energised (live) electrical work, which is permitted in very limited situations].

4.5.5 Record Actions Taken
All consultation should be recorded, including consultation with workers, health and safety representatives/work health and safety committees, unions and in house WHS professionals. Recording actions that have been taken (even if it is simply referral to higher levels of management or consultation with appropriate staff) creates a record that can assist in demonstrating that all reasonable care was taken.

4.5.6 Multi-layered control strategies
Due to the nature of work conducted in NSW Health workplaces there are potentially a wide range of hazards which need to be identified, and eliminated or controlled e.g. chemicals, carcinogens, violence from patients and visitors, manual handling, slips trips and falls, radiation, biological hazards, electrical hazards and asbestos.

When considering risk controls a range of contributing internal and external factors will need to be identified, considered and managed in order to eliminate or control the risk.

For example, when seeking to prevent violence in the workplace, controls could include elimination of any concealment points in the facility layout; zero tolerance to violence posters;
appropriate staff skills; appropriate provision of security personnel, clinical protocols including patient risk assessment and file flagging of repeat offenders; duress response procedures; clear protocols for police assistance; adequate lighting at night; after hour limited access; staff training in de-escalation and evasive self defence; and appropriate staff support. Also, when considering how to eliminate or control manual handling risks associated with bariatric patients a range of controls would be required such as communication protocols with the Ambulance Service of NSW, provision of adequate weight bearing equipment such as hover mats and hoists, ensuring procedures for clinical assessment, availability of appropriate medical instruments; adequate facility design that allows for the use of bariatric equipment and furniture and appropriately trained staff.

4.6 Information, Training, Instruction and Supervision

What is my role as an officer?
Officers must ensure that:

- There is a system for identifying and addressing training needs
- An agency has a WHS training program that is updated regularly.

What is my role as a manager or supervisor?
Managers/supervisors must:

- Attend available workplace training on WHS and risk management
- Ensure staff have adequate instruction, both on induction and on a continuing basis, particularly in safe systems of work
- Identify when workers need further training
- Provide adequate supervision to ensure compliance with WHS policies and safe workplace conduct
- Ensure that workers are aware of potential hazards and any work practices unique to the workplace
- Maintain staff training records and ensure that training records have a sign-off date to indicate that the training was completed.

4.6.1 Duty to provide information, training, instruction or supervision
Each agency has a duty under the WHS Act to ensure, so far as is reasonably practicable, the provision of any information, training, instruction or supervision that is necessary to protect all people from risks to their health and safety from work carried out by the agency.

The extent of information, training, instruction and supervision depends on the nature of the work being carried out, the nature of the associated risks at the time and implemented control measures. The existing skills, knowledge and experience of the workforce must also be considered.

By providing workers with effective training and adequate information, instruction and supervision, they will become aware of safety issues and should be better able to perform their work safely.

4.6.2 Information
Workers must be provided with adequate information to safely do their work, which includes:
• Information on the nature of hazards in their workplace
• Procedures for emergency evacuation
• Details of the designated first aid officers, first aid procedures and location of first aid rooms.
• Correct use of personal protective equipment
• Up to date information for the safe use of equipment
• Sufficient information about the safe use, handling and storage of hazardous chemicals including accessing and interpreting Safety Data Sheets
• Understanding safety signage.

4.6.3 Training

4.6.3.1 Training to be provided to officers and managers
Officers should have access to training, as required, to:
• Assist them in ensuring appropriate systems and structures are developed and implemented, to fulfil their duty of care obligations
• Ensure they understand WHS legislation and their obligations
• Ensure they understand the hazards and risks arising from the nature of the work undertaken by the agency.

Managers/supervisors should have access to training, as required, to:
• Ensure they can provide adequate supervision to workers
• Ensure they have an appropriate level of competence in undertaking risk management.

4.6.3.2 Training for workers
Training requirements of workers should be based on the nature of their work and their skills, knowledge and expertise. Generally this covers:
• How WHS is managed in the workplace
• How to report a hazard or other safety issues
• The health and safety procedures there are in place for tasks (such as safe work procedures)
• What information is available to help them do their job safely eg operator manuals, safety data sheets
• Manual handling
• Violence prevention and management
• Duress response training (when member of a duress team)
• Complaint management processes
• Hand hygiene
• Safe handling of cytotoxic drugs for workers who handle cytotoxic drugs
• Safe use of glutaraldehyde for workers who come into contact with glutaraldehyde.

4.6.3.3 Induction training
Induction information should be provided when a worker first starts at the workplace. At a minimum, this should cover information and instruction on:
• Emergency procedures
• Use of duress alarms or procedures for summoning assistance
• How work health and safety is managed, including consultative arrangements
• Procedures for reporting incidents, injuries and hazards
• Amenity facilities e.g. safe entry and exit to and from the workplace; specific procedures for after hours work (eg able to be escorted to car by security); afterhours access control; toilets, drinking water, eating facilities
• First aid – who provides first aid and location of first aid kits and rooms
• The health and safety procedures required for relevant tasks such as manuals, safety data sheets (for chemicals), personal protective equipment, safe work procedures etc
• Accessing the Employee Assistance Program (EAP)
• Procedures for maintaining communication when providing services in the community, where relevant.

4.6.3.4 Other legislated training requirements applicable to NSW Health

In addition, there are specific training requirements under the WHS Regulation for:
• Health and safety representatives (HSR)
• Working in confined spaces e.g. content of confined space entry permit, control measures, personal protective equipment, emergency procedures.

Agencies must decide whether training for HSRs (and Health and Safety Committees where relevant) will be automatically provided to HSRs. Under the legislation it is required only when the HSR requests training and is not required for Health and Safety Committees.

4.6.4 Keeping training records

Agencies are required to keep training records. In the event of a notifiable incident, training records should be kept for 5 years after the incident.

4.6.5 Instruction and Supervision

Providing day to day instruction and supervision to workers is a fundamental part of the role of managers/supervisors.

When determining the level of supervision required for workers, the risks associated with the task being completed, the experience of the job holder and their level of skill should be considered. Additional support for job holders with disabilities, English as a second language, or poor literacy skills should also be considered and addressed.

Instruction and supervision are especially important when workers are undertaking a new task. In these instances the provision of step by step procedures and coaching will ensure tasks are undertaken safely.

More specific requirements for the supervision of workers who use, handle, generate or store hazardous chemicals are described in the WHS legislation and relevant code of practice.

4.7 Injury Treatment and Management

What is my role as an officer, manager or supervisor?

The NSW Health policy for Injury Management and Return to Work provides detailed information on responsibilities for injury management.

The Workplace Injury Management and Workers Compensation legislation provides for the coordination of treatment and return to work of occupationally injured or ill employees. In certain circumstances prescribed by the legislation the employee is entitled to seek compensation payments during this process.

The NSW Health Policy Directive on Injury Management and Return to Work Policy and Procedures provides information on injury treatment and management.
Injury management includes:

- Treatment of the injury
- Early return to work
- Rehabilitation in the workplace
- Retraining where the employee cannot return to their pre-injury job
- Workers compensation benefits.

Agencies are required to have in place a Register of Injuries. Under Workplace Injury Management and Workers Compensation legislation a Register of Injuries must be readily accessible to workers at every workplace. Managers must therefore ensure that the Agency’s Register of Injuries is readily accessible to workers. It may be a computerised Register.

Particulars of a workplace illness, injury or near miss should be entered into the Register by the worker or their representative on their behalf if necessary. An entry concerning an injury or illness suffices for the making of a workers compensation claim. See PD2013_006 NSW Health Injury Management and Return to Work.

### 4.8 Claims Management

**What is my role as an officer, manager or supervisor?**

Refer to the NSW Health policy for Injury Management and Return to Work, as amended from time to time, for information on responsibilities for injury management.

Claims management refers to the management of an employee’s claim for workers compensation and the payment of workers compensation benefits to injured or occupationally ill employees.

The payment of benefits are approved in an Agency by WorkCover-appointed insurers called ‘Fund Claims Managers’, following an investigation of the injury and receipt of WorkCover Medical Certificates from the employee’s nominated treating doctor.

### 4.9 Incident Recording, Investigation, Analysis and Review

**What is my role as an officer?**

Officers must ensure that:

- The Agency has a system for recording and investigating incidents and near misses and for ensuring that WHS reports/notifications are provided to WorkCover and the Ministry of Health as required.
- Relevant information on incidents is reported through the governance structure, including findings from investigations, action taken to implement recommendations and actions that remain outstanding.

**What is my role as a manager or supervisor?**

Managers/supervisors must:

- Ensure staff know of and can access and use reporting systems for hazards and incidents.
- Investigate incidents promptly, in accordance with NSW Health policies
- Provide feedback to staff when reported hazards and incidents are investigated.
- Consult with staff in improving systems following incidents and investigations.
- Ensure recommendations arising from investigations are implemented, within the scope of their role, to assist in avoiding a reoccurrence.
4.9.1 Investigating, Analysing and Reviewing Incidents and Near Misses

NSW Health standards on investigating, analysing and reviewing incidents and near misses are set out in:

- Investigate the Injury/Illness section of PD2013_006 NSW Health Injury Management and Return to Work
- PD2005_234 Incident - Effective Incident Response Framework for Prevention & Management in the Health Workplace
- PD2007_061 Incident Management.

Incident investigation provides an Agency with an opportunity to examine aspects of the operation of its WHS Management System, including the process for identifying training needs, safe systems of work, the identification of WHS issues as part of planning, hazard identification, risk control, emergency preparedness.

The aim of incident investigation should be to determine the underlying cause and provide corrective action, rather than apportion blame.

A link between the incident investigation findings and the review of WHS management system needs to be in place so that:

- The incident/risk investigator considers whether the findings have implications for the WHS management system eg training, procedures, equipment, substances etc
- There is a system for communicating WHS findings to relevant officers to respond to the findings
- Changes can be made to the system/procedure
- Changes are communicated throughout an agency.

4.9.2 Triggers for investigating incidents

Triggers for conducting a WHS investigation include the occurrence of incidents or near misses reported by patients, visitors or workers.

4.9.3 NSW Ministry of Health reporting requirements

NSW Ministry of Health reporting requirements are covered in NSW Health PD2007_061 Incident Management.

This Policy Directive outlines a system for the prioritisation and notification of incidents to the Ministry using the Severity Assessment Code. There may also be other reporting requirements e.g. in relation to a staff member acquiring a communicable disease.

4.9.4 WorkCover NSW reporting requirements

In certain circumstances an incident, in addition to being managed by the Agency, requires a notification to WorkCover NSW. Appendix 5 provides guidance on the nature of these incidents.

4.10 Measuring and Evaluating WHS Performance

What is my role as an officer?

Officers must ensure that:

- They have regular access to indicators of WHS performance to identify what has happened and what may happen
- They review, analyse and question the information and take appropriate action to resolve issues or concerns
• Audits and compliance checks are regularly undertaken, and that the Agency responds to the outcomes of such activities
• They undertake periodic inspections of a workplace to see firsthand what controls are in place and how effective they are
• Ensure that information is provided to officers, as appropriate on actions against recommendations arising from audits and compliance checks.

What is my role as a manager or supervisor?
Managers/supervisors must:
• Participate in regular compliance checks e.g. emergency evacuation procedures
• Undertake regular workplace hazard audits, in consultation with staff, to ensure that controls are working.

4.10.1 System Audits
System audits (or systematic reviews) are conducted to measure the effectiveness of a WHS management system, and to identify the strengths and opportunities for improvement. The NSW Health tool for measuring and evaluating WHS performance is currently outlined in PD 2007_030 Work Health Safety & Injury Management Profile.

The Profile is a system audit tool for assessing performance in essential aspects of WHS and injury management. It requires public hospitals to be audited by accredited ‘Profilers’ at least once every two years.

Profilers are workers who have been trained and accredited in the use of the Profile.

4.10.2 Compliance checks/audits
Compliance checks/audits can also be done to review operations with specific aspects of legislation or local protocols, for example: workplace fire safety inspections (refer to PD2010_024 Fire Safety in Health Care Facilities), to ensure that duress alarms and duress response arrangements are functioning effectively, and to ensure that personal protective equipment is being used correctly.

4.10.3 Hazard specific audits
Hazard specific audits are used to identify any breakdown in the systems used to minimise risks to health and safety from a specific hazard eg. systems for administering cytotoxic drugs.

Officers, where practicable, should also undertake periodic inspections of a workplace to see firsthand what controls are in place and how effective they are. This demonstrates/models a proactive WHS culture from the top down.

4.10.3.1 Incident investigation
Incident investigation provides an opportunity to examine many aspects of the WHS Management System, for example, training, hazard identification, risk controls, emergency preparedness.

A formal feedback loop between the incident investigation findings and the review of WHS management system needs to be in place so that:
• The incident/risk investigator considers whether the findings have implications for the WHS management system, training, procedures, equipment, substances etc
• There is a system for communicating WHS findings to senior management
• Changes can be made to the system/policy/procedure
• Changes are communicated throughout the Agency.

4.10.4 Remedial action
Urgent remedial action should be taken, starting with actions to ensure compliance with legislative requirements where there may be non-compliance, and including processes to include recommendations into current planning processes to ensure continuous improvement of WHS and injury management performance.

4.11 Reviewing the WHS Management System

What is my role as an officer?
• The Chief Executive must arrange regular reviews of the WHS management system to ensure that it has been implemented and is effective.
• Officers, including the Chief Executive, should consider the outcomes of these reviews and accompanying plans for improvement.

What is my role as a manager or supervisor?
Managers/supervisors must:
• Participate in any review of the workplace health and safety management system and maintain those systems, to the extent required by their role
• Implement any strategies, consistent with the scope of their role, from WHS management system reviews.

To ensure that the systems which support WHS performance remain effective they should be reviewed. An effective review would consider data such as:
• The findings of the WHS Audits
• Lessons learned from WHS incidents
• Changes in reporting and communication
• Feedback, particularly from workers, Risk Managers and other WHS professionals and Health and Safety Representatives and Committees.

A review would take account of:
• The stated WHS objectives, targets and WHS performance indicators
• Changes in health service structure, directions or activities.

It is important to build strategies for addressing gaps in the WHS Management System into the corporate and business plans and include a timetable for implementing improvements.

4.12 Chief Executive Reporting and Leadership
Responsibility for safety starts with the most senior staff in an Agency. Developing a safety culture requires consistent and visible leadership shown through a commitment of time and resources.
The Chief Executive and senior management influence the safety culture. Their actions and attitudes should send a message to managers, supervisors and workers that an agency is serious about safety.

As outlined in previous sections strategies to influence safety culture would include:

- Ensuring WHS implications are considered in all decision making processes and are included in briefs, proposals and submissions
- Ensuring that the Risk Manager/WHS officer has access to decision makers where urgent matters arise
- Responding to serious incidents and the recommendations of risk assessments and incident investigation reports
- Communicating with managers, supervisors and workers on WHS activities undertaken at the agency level
- Incorporating WHS in an agency’s planning and procurement processes
- Specifying WHS activities in the performance agreements of senior management
- Having WHS as a standard agenda item for meetings of the executive and other senior management
- Providing adequate resources for WHS
- Promoting regular safety audits (e.g. WHS&IM Profile) and compliance audits (checks) to ensure compliance with WHS related NSW Health policies and guidelines.

Separate Guidelines are being developed to provide guidance to LHD Board members on their officer obligations under the WHS legislation.

5 ADDITIONAL INFORMATION

5.1 Health Surveillance

Risk Managers and WHS staff can provide advice concerning any exposures requiring health surveillance.

Health Surveillance is the monitoring of individuals to identify changes in health status that may be due to occupational exposure to a hazard.

The exposure must be such that an identifiable disease or other effect on health may be related to the exposure, and there is a reasonable likelihood that the disease or other effect on health may occur under the particular conditions of work.

At the same time, there must be available an effective technique for detecting indications of the disease or other effect on health. The WHS Regulation also lists particular substances requiring health surveillance eg. asbestos exposure.

5.2 Registers and plans

5.2.1 Register of Injuries

Refer to Section 4.7 of this document for information on Registers of Injuries.

5.2.2 Risk Register

In accordance with NSW Health PD 2009_039 Risk Management - Enterprise-Wide Policy and Framework all agencies must have an enterprise-wide risk register that is used to record, rate, monitor and report all risk, including work health and safety risk.
5.2.3 Hazardous Substances Register - ChemAlert

The WHS Regulation requires the establishment and maintenance a register of all hazardous substances used at the place of work.

These ‘chemical registers’ must include a list of all hazardous substances used in the workplace, along with their Safety Data Sheets (SDS), and be accessible to all staff, contractors and others who use or might be exposed to the hazardous substances and dangerous goods, including emergency personnel. Chemical registers can be paper based or computer based.

In NSW Health the current chemical register is a single consolidated database called ChemAlert Chemical Information Management System. The System provides:

- A consolidated register of all hazardous substances and dangerous goods in use at their place of work and provides users with access to MSDSs and reports
- Stock inventory of chemicals and chemical products on-site, print labels and stock registers, record approvals for the use of new chemicals and assist with prioritising and conducting risk assessments for hazardous substances and dangerous goods.

Further information on ChemAlert is contained in NSW Health Policy Directive PD2009_006 ChemAlert Chemical Information Management System – Implementation

5.2.4 Asbestos and ACM Register and Labelling

Asbestos will not be present in buildings constructed after 31 December 2003 and therefore an Asbestos Register will not be required for such buildings.

Before approving any repairs, building maintenance or renovations to buildings built before 31 December 2003, managers and supervisors must ensure that asbestos is not present by referring to the Asbestos Register.

Asbestos and asbestos containing materials (ACM) must be labelled where reasonably practicable.

Under the WHS Regulation the controller of a premises (or property) must identify any foreseeable asbestos hazards and control them. An Asbestos Register and all updates to it, plus exposure standards, must be kept and a copy made available to the occupiers of the premises.

The Asbestos Register under the Work Health and Safety Regulation 2011 must record:

- The date on which it was identified
- The type, condition and location of all asbestos and asbestos-containing material or likely asbestos containing material
- If no asbestos has been identified, a statement to that effect.

A new Register is not required where one already exists. If a person with management or control of a workplace plans to relinquish management or control of the workplace, they must, so far as is reasonably practicable, ensure that the Register is given to the person, if any, assuming management or control of the workplace.

5.2.5 Asbestos Management Plan

From 1 January 2012, a person with management or control of the workplace must ensure that a written Asbestos Management Plan for the workplace is prepared. It must include information on:

- Identification of asbestos or ACM – a reference to the Asbestos Register for the workplace and signage and labelling is acceptable
- Decisions, and reasons for decisions, about the management of asbestos at the workplace – eg. safe work procedures and control measures
• Procedures for detailing incidents or emergencies involving asbestos or ACM
• Workers carrying out work involving asbestos – including consultation, responsibilities, information and training.

A person with management or control of a workplace must ensure that a copy of the Asbestos Management Plan for the workplace is readily accessible to a:

• Worker who has carried out, carries out or intends to carry out, work at the workplace
• Health and Safety Representative who represents a worker referred to in the point above
• Person conducting a business or undertaking who has carried out, carries out or intends to carry out, work at the workplace
• Managers who require, or intend to require work to be carried out at the workplace
• WorkCover Inspectors, on request
• Entry Permit Holders, after required notice is given.

The plan must be updated at least once every 5 years or when:

• There is a review of the Asbestos Register or a control measure
• The asbestos is removed, disturbed, sealed or enclosed at, the workplace
• The plan is no longer adequate for managing asbestos or ACM
• A Health and Safety Representative requests a review based on the above 3 dot points which may have affected a member of the work group the HSR represents, or on the understanding that management plan is not being adequately reviewed.

5.3 Health and Safety Representatives - Provisional Improvement Notices

In addition to WorkCover Inspectors, Health and Safety Representatives (HSRs – an elected worker representative) have powers under section 90 of the WHS Act to issue Provisional Improvement Notices where the HSR believes that there is a contravention of the Act, or there has been a contravention that is likely to be continued or repeated, with respect to WHS issues that affect the work group they represent. A Provisional Improvement Notice requires a WHS matter to be remedied or a potential WHS incident to be prevented.

The main role of a HSR is to represent to management the WHS interests of their work group and provide management with an opportunity to rectify any WHS breach. However they can, in some circumstances, issue the Agency with a Provisional Improvement Notice but only where they have:

• Completed initial HSR training as set out under the Regulations (5 day training, plus one day of refresher training each year)
• Consulted with the alleged contravener or likely contravener before issuing a Provisional Improvement Notice, to allow them to rectify the matter.

The Agency can seek a WorkCover review of the Provisional Improvement Notice within 7 days. A WorkCover Inspector may cancel, confirm, or confirm with modification, the Notice.

5.4 When a WorkCover Inspector Visits

All WorkCover NSW Inspectors must carry an identity card and, on entering a workplace, produce the identity card on request.

The WorkCover Inspector may be accompanied by a management representative and/or workers’ representative (eg. HSR) around the workplace.
Anything that is said to a WorkCover Inspector may be reported in subsequent prosecution proceedings, particularly when a death, serious illness or injury, or dangerous incident has occurred.

Managers and Supervisors should:

- Identify the Inspector - ask to see the Inspectors’ identity card
- Ensure that the most senior member of staff on duty has been notified of the Inspector’s presence
- Report an Inspector’s visit to their Risk Manager or WHS Advisor as soon as possible. The WHS advisor can assist in implementing actions required by WorkCover and communicate these requirements to other facilities/services, where applicable

In metropolitan hospitals, the Risk Manager or WHS Advisor may wish to be in attendance during the visit. In rural NSW, where there may be long distances to travel, managers should inform their local Risk Manager of the visit and provide the WHS Advisor with an opportunity to attend

- Comply with a WorkCover Inspector’s request and act on their advice.

WorkCover Inspectors have powers of entry and inspection of a workplace and broad ranging powers of investigation when a breach, or potential breach, of the WHS legislation has occurred.

5.4.1 Powers to Enter a Workplace

An Inspector may enter any premises the Inspector has reason to believe is a place of work without giving notice. However the Inspector must notify the occupier of the premises of their entry, and the purpose of their entry, onto the premises as soon as practicable after entering the premises, unless to do so would interfere with an investigation about a breach of the WHS legislation.

5.4.2 Role of the WorkCover Inspector

Inspectors visit workplaces to:

- Give advice and information to management, unions and workers
- Investigate an accident and/or breaches of legislation
- Investigate complaints from workers, unions, Health and Safety Representatives
- Carry out a random inspection
- Target hazards as a part of a specific campaign e.g. safe use of cytotoxic drugs
- Make instructions to bring plant, equipment and work methods up to the required standards
- Require the establishment of a workplace injury management program where the PCBU has failed to comply with legislation
- Resolve workplace health and safety disputes
- Review a Provisional Improvement Notice issued by a HSR.

5.4.3 Powers on Entry

WorkCover Inspectors have broad powers of investigation. Where there is a breach or potential breach of the legislation, or a reportable incident has occurred, they can:

- Inspect, examine & make enquiries
- Inspect and examine anything (including a document)
- Bring to the workplace and use any equipment or materials that may be required
- Take measurements, conduct tests and make sketches or recordings (including photographs, films, audio, video, digital or other recordings)
- Take and remove for analysis a sample of any substance or thing without paying for it
• Require a person at the workplace to give the inspector reasonable help to inspect, examine and make enquiries and to take or remove for analysis a sample of any substance or thing
• Exercise any compliance power or other power so that the workplace complies with the WHS Act.

5.4.4 Powers to obtain information, documents or evidence from a person
Inspectors can require persons to appear before them at a time and place specified in a written notice for the purpose of obtaining information or to produce documents or give evidence (s 155 WHS Act). This would usually only occur if the Inspector believed evidence was being withheld.

5.4.5 Enforcement measures
In certain circumstances, inspectors have the power to:
• Issue Improvement Notices which require the remedy of unsafe working conditions or hazards within a particular timeframe
• Issue Prohibition Notices to prohibit or immediately stop dangerous work until a hazard is fixed
• Issue Non-Disturbance Notice which requires the person in control of the premises to preserve the site at which a notifiable incident (refer to Appendix 5) has occurred for a specified period (so that an Inspector can investigate the incident), or prevent the disturbance (including operation of plant) at a site
• Issue Penalty Notices for breaches of WHS legislation
• Collect evidence and recommend a prosecution.

5.4.6 Display a Copy of a Notice issued by an Inspector in the workplace
A copy of a notice issued by an Inspector must be displayed in a prominent place at or near the workplace, or part of the workplace, at which work is being carried out that is affected by the notice.

5.5 When a Union Representative Visits – Entry Permit Holders
Under the WHS Act union officials can obtain a WHS entry permit issued under the Industrial Relations Act 1996 or the Fair Work Act if they have:
• Have satisfactorily completed prescribed work health and safety training
• Have had the application for a WHS entry permit endorsed by their union.

An entry permit is valid for three years but can be revoked if the permit is misused.

The WHS entry permit holder must have a valid entry permit and matching photo identification available for inspection by any person upon request when exercising a right of entry to a workplace. The WHS entry permit includes the name of the entry permit holder, their signature, the union that they represent, the expiry date of the permit and any conditions on the permit.

If a union official seeks to enter a workplace managers and supervisors must:
• Ask to see the union representative’s valid entry permit and photo identification
• Ensure that the most senior member of staff on duty has been notified of the union’s presence
• Notify the Risk Manager or person with WHS responsibility of a union representative’s visit
• Allow the WHS entry permit holder (union representative) to enter the workplace without delay
• Not hinder or obstruct a union representative’s entry and allow them to exercise their rights while they are in the workplace. (If they are entitled to enter – see above sections - this is a legal requirement).
Where possible the most senior person available on duty in the facility should accompany the union representative when they are investigating a breach of the WHS legislation.

Risk Managers should be advised of any recommendations provided by the union.

5.5.1 Protocols with unions

It is recommended that each agency has a protocol with unions concerning inspections and how to arrange access on the day of an inspection.

These protocols would include who unions should notify when advising of an entry permit holder’s visit i.e. who represents the agency. For example, the agency may be represented by the General Manager of the facility/service. When conducting inspections, the union may be accompanied by, for example, the Director of Nursing or the NUM in charge of the shift, and perhaps the Risk Manager or WHS Consultant for the facility/service.

5.5.2 Powers to Enter a Workplace

The union has the power to enter workplaces (sometimes with notice and sometimes without notice – see below) where their members work any time of the day that work is being carried out or is normally carried out.

A union official with a WHS entry permit may:

- Advise and/or consult with union members or persons eligible to be members of their union
- Assist Health and Safety Representatives (HSR) if requested
- Assist in resolving issues as part of issue resolution
- Inspect any work system, plant, substance, structure or other thing relevant to a suspected contravention of WHS legislation
- Consult with relevant workers and the Agency in relation to a suspected contravention of the WHS Act
- Assist with conducting an election of a HSR.

The Entry Permit Holder is not required to disclose to the person with management or control of the workplace the name of any worker on whose behalf they are making enquiries at the workplace. If they do wish to disclose the name of any worker they may only do so with the consent of the worker.

5.5.3 Conditions for Entering a Workplace

Without prior notice

If a union reasonably suspects a contravention of the WHS laws, they can enter a workplace without prior notice.

They can:

- Inspect the workplace
- Consult with relevant workers and Agency management
- Warn a person exposed to a serious risk emanating from an immediate or imminent exposure
- Make copies of any document that is directly relevant to the suspected contravention that is kept at the workplace or is accessible from a computer kept at the workplace. Unions cannot request access to medical records if to do so would disclose health information about individual patients.
At least 24 hours notice (but not more than 14 days)

If the entry relates to consultation and advice to workers on WHS matters, and there is no suspected breach of legislation, the permit holder must give a written notice of entry to the Agency during usual working hours and at least 24 hours before entry (but not more than 14 days before the entry). Notice should be given to the most senior officer of the Agency eg General Manager of a facility.

This also applies where the union wishes to inspect employee records and documents held by a third party that are directly relevant to the suspected contravention.

5.5.4 Register of WHS entry permit holders - Industrial Relations Commission

In accordance with section 151 of the WHS Act, the Industrial Relations Commission must publish on its website (on and from 1 January 2013) for public access:

- An up-to-date register of WHS entry permit holders
- The date on which the Register was last updated.
RESOURCES

NSW Ministry of Health’s intranet has a WHS group of policies and guidelines:

Standards


AS/NZ4801:2001 Occupational health and safety management systems – Specifications and guidance for use

AS/NZS 4804:2001 Occupational health and safety management systems – General guidelines on principals systems and supporting techniques

Key Codes of Practice

Code of Practice: How to Manage Work Health and Safety Risks
Code of Practice: Work Health and Safety, Consultation, Cooperation and Coordination

Safe Work Australia Interpretive Guideline - Model Work Health and Safety Act the Health and Safety Duty of an Officer under Section 27

LIST OF APPENDICES

Appendix 1 Legal framework
Appendix 2 Model WHS policy/statement of commitment (for A3 size paper)
Appendix 3 Examples of sharing WHS duties in relation to the same matter with another PCBU
Appendix 4 Steps in a Risk Assessment
Appendix 5 Incident Notification to WorkCover NSW
Legal Framework

National Harmonisation of WHS Laws

The Commonwealth, states and territories have agreed to harmonise their work health and safety laws (including Regulations and Codes of Practice) so that work health and safety laws are similar around Australia and deliver the same work health and safety protections and outcomes to all Australians.

Each state and territory is responsible for introducing its own consistent WHS legislation.

Work Health and Safety Act 2011

For NSW the Work Health and Safety Act 2011 (WHS Act) which commenced on 1 January 2012, is the main piece of legislation that describes what is required under the law to ensure a safe and healthy workplace.

Work Health and Safety Regulations 2011

The Work Health and Safety Regulation 2011 supports the WHS Act.

The Regulation defines obligations on such issues as:
- Representation and participation (consultation mechanisms).
- General risk and workplace management e.g. risk management and hierarchy of controls, workplace training and instruction, first aid, personal protective equipment.
- Hazardous work e.g. hazardous manual tasks, working in confined spaces, falls, and electrical work.
- Hazardous chemicals e.g. asbestos, carcinogenic substances.
- Duties of a designer, manufacturer, importer, supplier, installer and constructor of plant or a structure.
- Incident reporting.
- Licensing.
- Construction work.

Codes of Practice

Approved Industry Codes of Practice support WHS legislation and provide practical guidance and advice on how the required standard of health and safety under the WHS Act and WHS Regulation can be achieved.

Codes of Practice are developed through consultation with industry, workers and employers, special interest groups and government agencies.
Appendix 1

While a Code of Practice is not law, it should be followed unless there is an alternative course of action which achieves the same or better standards. An alternative course of action may be to follow a technical or an industry standard, if it provides an equivalent or higher standard of work health and safety than the Code of Practice.

Failure to follow a Code of Practice (minimum standard) can be used as evidence in legal proceedings concerning a breach of WHS legislation.

Copies of Codes of Practice can be found at www.workcover.nsw.gov.au

Standards

Australian Standards are developed by regulating bodies such as Standards Australia, and Safe Work Australia, with the input of industry experts.

Standards set minimum levels of quality or specifications for products, equipment and materials used in work health and safety, and for safe systems of work. Adoption of the standard is voluntary. Where Regulations incorporate or refer to Standards, they become compulsory (legally binding). Examples of Standards incorporated in the WHS Regulation are:

- AS 2593:2004 (Boilers—Safety management and supervision systems)
- AS/NZS 3012:2010 (Electrical installations—Construction and demolition sites)

The risk management process in NSW Health policy is based on AS/NZS ISO 31000:2009 Risk management – Principles and Guidelines.

Where there is a disparity between the legislation and a Standard, the legislation overrules the Standard.

Industry Guidelines

Industry Guidelines are produced by industry groups and provide guidance material to assist employers to comply with the law. They do not have the same status as approved industry Codes of Practice (unless they are called up in legislation) e.g. Employer Guide to OHS in the Entertainment Industry.

Guidance Notes

Guidance Notes are explanatory documents issued by various organisations such as WorkCover NSW and Safe Work Australia. They provide detailed information to support the various requirements of legislation, codes of practice and standards, for example Worker Representation and Participation Guide which supports the Model Code of Practice Work Health and Safety Consultation, Cooperation and Coordination.
NSW HEALTH - WORK HEALTH AND SAFETY POLICY/STATEMENT OF COMMITMENT

A safe and healthy workplace

(Agency) is committed to maintaining a safe and healthy working environment for workers and visitors to NSW Health facilities and services, in accordance with Work Health and Safety legislation, Codes of Practice and Australian Standards. Our workers are anyone who carries out work for (Agency), including employees, volunteers, contractors (including agency staff and Visiting Practitioners), subcontractors, the employees of contractors and subcontractors, students, trainees and apprentices.

(Agency) will consult with workers and their representatives on health, safety and welfare matters to ensure that our work health and safety risk management is a continuous process that is of the highest standard. We will take all reasonable actions to prevent injury and illness from occurring.

(Agency) will also consult, co-operate and co-ordinate activities with other organisations, as far as possible, where there is a shared duty of care concerning the same workplace health and safety matter, for example where other businesses are located on a hospital campus.

Incidents will be reported to WorkCover NSW in accordance with the law.

Senior Management’s responsibility

The management team at (Agency) will take all reasonable steps to promote and maintain the workplace health, safety and welfare of workers, patients and visitors to public health facilities and services. This includes keeping under review work health and safety programs and strategies to prevent workplace injuries and illnesses and to continually improve the safety culture of (Agency).

Specific responsibilities

a) Managers and Supervisors will:

• Take actions necessary to maintain a safe workplace, which is fundamental to effective workplace management, and report to more senior managers any work health and safety issues that cannot be resolved within their level of delegation.

• Act quickly on matters raised by Health and Safety Representatives, WorkCover or other entry permit holders.

• Implement work health and safety policies, programs and procedures in their areas of control and reinforce safe workplace practices.

• Ensure that workers receive on-going supervision and are trained in safe work practices and know who to use work health and safety reporting/recording systems e.g. to report incidents and near misses.

• Ensure that workers are consulted on issues which affect their health and safety and that any concerns they may have are addressed promptly. Workers will be given a reasonable opportunity to express their views relating to a health and safety matter and have their views taken into account.

b) Workers and Other Persons at the workplace e.g. visitors and patients have a duty to:

• Take reasonable care for their own health and safety.

• Take reasonable care that their actions do not harm the health and safety of others.

• Follow any reasonable instruction that is given to ensure health and safety.

Also workers must cooperate with any reasonable policy or procedure they have been made aware of.

Work Health and Safety Program

In order to implement the general provisions of this policy, a program of activities and procedures will be supported, continually updated and effectively carried out.

The program will relate to all aspects of work health and safety including, for example: provision of work health and safety equipment; safe work procedures; workplace inspections and evaluations; the reporting and recording of incidents; and provision of information/training to workers.

(Agency) will establish measurable objectives and targets to facilitate continual improvement of health and safety in the workplace and reduce work-related injury and illness.

CHIEF EXECUTIVE’S SIGNATURE…………………………………………………………DATE……………

2013
Sharing WHS duties with another PCBU

PCBU co-located on hospital campus
If a credit union or any type of retail outlet is located on a hospital campus the Agency must consult, co-ordinate and cooperate with that PCBU and their workers concerning health and safety matters, for example, emergency evacuation procedures.

Construction/refurbishment
On a construction site on a facility campus the Agency must consult, co-ordinate and cooperate with contractors and sub-contractors and their workers concerning health and safety matters, for example, safe access and egress to the site and traffic control.

HealthShare and Health Infrastructure
Agencies utilising HealthShare (HS) and Health Infrastructure (HI) must also have arrangements in place for consulting and coordinating health and safety matters that affect HS or HI workers eg work health and safety issues that affect hospital environment cleaning and sterilisation services workers. Similar arrangements must be made with HI workers while onsite managing capital works and infrastructure projects.

Ambulance Service of NSW
Consultation, co-operation and coordination must also be undertaken between an Agency and the Ambulance Service of NSW for issues concerning the health and safety of paramedics and the delivery of patients.

Engagement of labour hire staff
Where labour hire staff (eg nursing agency or security contractors) are engaged, the Agency must consult, co-operate and co-ordinate with the labour hire company and the labour hire staff to ensure that they are given appropriate instruction, training and supervision to undertake the contracted role safely.
Overview
The risk management process, including risk assessments, should be documented except for hazards with simple solutions e.g. torn carpet, sharp edge on window frame, stiff door hinges, and safe use of an electric toaster.

Risk management aims to:
- Tease out complex issues with multiple contributing factors.
- Determine factors contributing to the risk. These factors then act as pointers concerning where risk controls can be applied to reduce the risk.
- Determine whether standard risk control measures are appropriate for the specific circumstances.
- Determine the severity of the risk and the urgency of the required response.
- Determine which of several risk control measures would be the most effective.
- Review the effectiveness of existing risk control measures.

The risk management process must be carried out in consultation with workers. More complex risk assessments may require the input of WHS or content experts.

Some hazards that have exposure standards, such as hazardous chemicals, may require scientific testing or measurement by a competent person to accurately assess the risk and to check that the relevant exposure standard is not being exceeded (e.g. glutaraldehyde exposure and mould spore contamination that both require an occupational hygienist to measure concentrations for air quality).

Advice should be sought from the Agency Risk Manager on any local risk assessment tools adopted for use by the Agency.

When to risk manage:
You should undertake a risk management when:
- Changing work practices, procedures or the work environment;
- Purchasing new or used equipment or using new substances;
- Planning to improve productivity or reduce costs;
- New information about workplace risks becomes available;
- Responding to workplace incidents (even if they have caused no injury);
- Responding to concerns raised by workers, health and safety representatives or others at the workplace;
- Required by the WHS regulations for specific hazards.

Risk management must also be part of the process for designing and planning products, processes or places used for work. It is more effective to eliminate hazards at the design stage.

Generally the risk management process is made up of the following steps:
5 Steps in Risk Management

Step 1  Establish the context

In establishing the context of work health and safety (WHS) consideration needs to be given to:

- **What type of workplace is it?**
  For example a crash site for the NSW Ambulance Service, a remote home for a community nurse, a multipurpose facility in rural NSW, a kitchen, and office or a metropolitan teaching facility.

- **Who are the stakeholders, internal and external, who will be affected?**
  Consider workers and other businesses or organisations that may be impacted by hazards in the workplace, visitors to the workplace, and clients. For example: florists, cafes, credit unions on campus; NGOs or clinical schools that use NSW Health premises; nearby businesses that may be affected by, for example, an evacuation.

- **What is the task?**

- **What is the work process?**
  Consider the activities making up the work process.

Step 2  Identify the Hazards

Hazard categories
The following categories, with examples, may help you to identify hazards:

- **Physical**
  Noise, vibration, heat and cold, lighting and radiation (e.g. ionising radiation, ultra violet, X rays, infra red), air quality or ventilation, electricity and ergonomic design.

- **Chemical**
  Cleaning agents, chemicals for disinfecting or sterilising medical equipment, aesthetic gases, tissue preservatives in labs, fire and explosion hazards and asbestos.

- **Biological**
  Fungi (mould), viruses, bacteria, parasites, blood borne infectious diseases.

- **Mechanical**
  Slips, trips and falls; plant and equipment; contact with a moving or stationery object, objects blocking emergency exits; and manual handling.
5 Steps in Risk Management

**Psychosocial**  
Violence/ aggression, bullying and harassment (emotional, verbal and sexual harassment), repetitive work, shift work, fatigue, tobacco and uncontrolled alcohol use.

Some hazards may fall into more than one category.

### Identify the hazards

Identify what has potential to cause harm or injury in the workplace and consider the level of harm that may result. Consider also what may cause long term harm e.g. exposure to asbestos, cytotoxic drug exposure.

A hazard is something that could cause harm. Risk is how serious the harm could be and the likelihood of it happening from exposure to the hazard.

Hazard identification should be conducted in consultation with those performing the activity.

#### How people could be harmed?

First you need to work out how people could be harmed. See the above table which may assist in identifying the various types of hazards.

#### Tips to help you identify hazards

When you work in a place every day it is easy to overlook some hazards, so here are some tips to help you identify the ones that matter:

- **Regular Safety Inspections**  
  Managers/supervisor and Health and Safety Representatives should regularly walk around the workplace together and see what could reasonably be expected to cause harm, how suitable the work environment or tools are to the work being undertaken and whether changes have occurred in the workplace that may impact of health and safety—observe the workplace and record what you see.

- **Consult with Workers**  
  Ask workers what they think is a hazard as they are often more aware of hazards and possible ways of controlling them.

- **Review and analyse available information, including:**
  - **Manufacturer’s Instructions**  
    Check the manufacturer’s instructions on equipment and products and check Safety Data Sheets for the safe use of chemicals (ChemAlert is the electronic repository of Safety Data Sheets in NSW Health).
  - **Injury and Illness records**  
    Sick leave records, workers compensation records, reports of accidents and near misses from your workplace, Registers of Injuries (the keeping of one is a requirement...
5 Steps in Risk Management

under the law) and reports by workers or supervisors, tell you about potential and unnoticed hazards and those work practices that have resulted in someone getting hurt.

**Safety Audit Results**
Results from safety audits of facilities and services will help identify areas needing attention.

**Results of Health and Environmental Monitoring**

WHS Professionals (e.g. occupational hygienists) can provide technical advice about suspected problems, e.g. air quality, radiation levels and asbestos identification, including substances or processes. They can also provide advice about risk assessment and control.

Consider also the long-term impact of exposure to fumes, harmful substances or noise.

**Complaints**
An individual may bring a hazard to the attention of the Agency through a complaint.

**Observations**
A supervisor, manager or Health and Safety Representative, as part of their usual duties may observe and report a hazard.

**Task and Location of Equipment**
Think about how suitable the things you use are for the task are and how well they are located.

**How Equipment is Used**
Think about how people use the equipment and materials – is there a better option.

### Decide who might be Harmed and How

Once you are clear on who may be harmed, and this may involving asking workers to identify anyone you might have missed, you can identify the best way of managing the risk. Consider:

- Particular requirements of the worker e.g. young or new workers, older workers, workers with a disability, pregnant workers, workers with English as a second language;
- People who may not be in the workplace all the time e.g. cleaners, visitors, contractors, maintenance workers;
- Members of the public, if they could be injured by your workplace’s activities;
- How your activities affect others present in the workplace if you share your workplace;
- How the work affects your staff
5 Steps in Risk Management

Step 3  Assess/Analyse the Risks

Risks are expressed as a probability or likelihood of developing a disease or getting injured, whereas hazards refer to the possible consequences (for example, the consequences of exposure to high noise levels is noise induced hearing loss and tinnitus).

If you have found a hazard you must judge how dangerous it is. Ask yourself how seriously someone could be affected and how likely this is to happen. This is a ‘risk assessment’.

This step is not an essential requirement under the WHS legislation if a hazard and its control are well known or specified in WHS legislation and are suitable to the workplace. While controls may be known the risks may differ in different contexts. The focus on the outcome, ie risk elimination and control, and not the process.

To judge or rate the level of risk, use your Agency Risk Matrix which will take you through the following stages:

- **Judge how dangerous the hazard is**
  - Judge the **severity** of the risk associated with the hazard.
  - Is the risk of injury or illness high or low?

- **Judge the likelihood that someone would be injured by the hazard.**
  - What is the **likelihood** that someone could get hurt.
  - To determine the level of risk also consider:
    - a) The **range of possible effects** or outcomes e.g. a chemical might be toxic if swallowed or absorbed through the eyes or skin, and flammable if exposed to heat. The range of possible effects increases the level of risk.
    - b) Exposure (the number of people in contact, how often and for how long) for example, the frequency and duration of exposure to sun increases the risk of skin cancer.
    - c) Worker differences (skill level, experience, training and physical capabilities). For example the level of knowledge, experience and training can increase or decrease the risk of injury when moving patients.

- **Plan and prioritise**

  You cannot necessarily immediately fix all hazards, so you need to plan and prioritise your actions to make your workplace safer. Deal with the worst hazards first, plus the hazards that are simple to fix.
5 Steps in Risk Management

Step 4   Treat or control the risks

Having spotted the hazard and identified the risk, you then need to decide how to deal with the risk:

- Can I get rid of the hazard?
- If not, how can I control the risk so that harm is unlikely or minimised?

A hierarchy of controls, as outlined below, acts as a way of ordering controls for treating /controlling the risk. The hierarchy of controls is specified in WHS legislation.

![Hierarchy of Controls Diagram]

**Level 1**    Eliminate the hazard (the number one goal)

- Remove the hazard from the workplace, for example, fix faulty equipment and use safer materials or chemicals.

Eliminating the hazard is the most effective way of making the workplace safer. Where it is not reasonably practicable to eliminate the hazard, the WHS legislation requires the use of the highest level of controls or a combination of controls that will provide the highest level of protection to workers.
5 Steps in Risk Management

The other types of controls to be considered, in order of their effectiveness are:

**Level 2  Substitute and isolate the hazard, and reduce the risk**

One or more of these approaches may be required to minimise the risk to the lowest level possible. These are more reliable controls than those at level 3 on the hierarchy, providing a higher level of safety and reliability.

- **Substituting the hazard with something safer or a safer process**
  
  For example, use retractable needles to avoid needle stick injuries, or find and use less hazardous materials, equipment or substances.

  Alterations to tools, equipment or work systems can often make them much safer, for example patients, when capable, are requested to move from hospital beds onto operating tables to reduce manual handling/team lifting.

- **Isolating the hazard from people**
  
  Enclose or isolate the hazard through the use of guards or remote handling techniques or by isolating the hazard from workers and others.

  Another example is to automate a process, such as using an automatic instrument washing machine/ enclosed system to sterilise heat sensitive probes.

- **Reducing the hazards through engineering controls**
  
  Engineering controls are measures that are physical in nature and usually involve utilising mechanical devices or processes eg purchasing equipment to assist workers moving patients, using retractable syringes to reduce needle stick injuries of operating machinery via remote control systems.

**Level 3  Minimise the Hazard by using administrative processes or Personal Protective Equipment (PPE):**

Level 3 controls do not treat the hazard at the source but rely on human behaviour and supervision and, used on their own, are the least effective. They should be used as a last resort when there are no other higher level control measures available, or as an interim measure when seeking a more effective way of controlling the risk, or to supplement a higher level control.

- **Use administrative controls eg**
  
  - Safe work procedures or work method statements or procedures developed for the use of machinery.
  - Job rotation utilised to reduce exposure; or timing the job so that fewer workers are exposed.
  - Routine maintenance and housekeeping procedures adopted.
  - Warning signs displayed.
  - Training provided in hazards and correct work procedures.
  - Exposure to a risk is time limited.
5 Steps in Risk Management

- **Use personal protective equipment**

  Using personal protective equipment (PPE) is the least effective way of controlling risk. People need to know how to wear it and how to fit and look after it, and therefore this introduced additional risks.

  PPE must always be in good condition and be worn correctly and may include protective masks, gloves, goggles, hearing protection, sunscreen.

- **Step 5  Monitor and review risks and controls**

  Risk Management does not end with the initial investigation. Hazard identification, risk assessment and risk control steps must be repeated as part of an ongoing practice, especially when there are changes to the workplace.

  Once a control, or range of controls, are implemented you must ensure that they are maintained and regularly reviewed for effectiveness/compliance.

  Keep checking to see if your controls are working. Talk to your workers for advice and information on whether the control/s are working or if they are creating new or additional risks. Encourage workers to let you know if there is anything dangerous about hazards that you think have been eliminated or treated. Keep checking workers compensation and injury records and reports of near misses – these will be a useful guide to your progress.

  Feedback to staff on changes to control measures is necessary and builds credibility in the organisation’s commitment to WHS.

  Prohibition and Improvement Notices (PINS) issued by WorkCover NSW or Health and Safety Representative can be used as a trigger to review risk assessments and control strategies, not only locally, but across the Agency.
Appendix 5

Incident Notification to WorkCover NSW

What is a “notifiable incident”

In the Act, notifiable incident means:

a) the death of a person, or

b) a serious injury or illness of a person, or

c) a dangerous incident.

WorkCover NSW must be notified IMMEDIATELY.

Keep records of the above notifiable incidents for 5 years.

To notify WorkCover – contact the Risk Manager and your most senior person on duty at the workplace (e.g. General Manager of a facility) who must phone WorkCover on 13 10 50.

Serious illness or injury

Serious illness or injury means that the person requires:

- Immediate treatment as an in-patient in hospital (overnight stay)
- Immediate treatment for:
  - Amputation of any part of a body
  - Serious head, eye or burn injuries
  - Separation of skin from the underlying tissue e.g. Degloving or scalping
  - Spinal injury
  - Loss of bodily function
  - Serious laceration or
- Medical treatment within 48 hours of exposure to a substance*.

*Where staff are exposed to a blood borne pathogen, the immediate care given to the worker ie flushing the site or showering, is not considered treatment for the purposes of notification to WorkCover. An updated Information Sheet providing advice on notification requirements where there is exposure to a blood borne pathogen can be found at [http://internal.health.nsw.gov.au/jobs/safety/natharmonisation.html](http://internal.health.nsw.gov.au/jobs/safety/natharmonisation.html)

Dangerous incident

A dangerous incident is an incident in the workplace that exposes a worker or any person to a serious risk to the person’s health or safety from an immediate or imminent exposure to:

- Uncontrolled escape, spillage or leakage of a substance
- Uncontrolled implosion, explosion or fire
- Uncontrolled escape of gas or steam
- Uncontrolled escape of a pressurised substance
- Electric shock
- Fall or release from a height of any plant, substance or thing
Incident Notification to WorkCover NSW

- Collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use by the Regulations
- Collapse or partial collapse of a structure.

Preserve the site

In all of the above notifications the person with management or control of the site must preserve the site so that WorkCover NSW, and sometimes the Police, can investigate.

A site includes any plant, substance, structure or thing associated with the notifiable incident

The incident scene must be preserved until the Inspector arrives at the site or at an earlier time that an inspector directs/advises (S 39 WHS Act) if the Inspector decides not to attend.

When can the person with management or control allow the site to be disturbed?

The site can be disturbed when:
- WorkCover NSW/Inspector has given permission as mentioned above
- Assisting someone that is injured and when emergency services attend
- To remove a deceased person
- Making the site safe so that further injury does not occur
- Disturbance is related to a Police investigation

NOTE:

Workers compensation legislation has not changed. The Agency must notify its Fund Claims Manager **WITHIN 48 HOURS** where a worker sustains an injury or illness and workers compensation is or may be payable.