



Department of Human Services –  
Public Hospital Sector  
Occupational Health and Safety  
Management Framework Model



# Occupational health and safety management framework model

Department of Human Services – Public Hospital Sector

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## Introduction

### Background

The Victorian Government's Occupational Health and Safety Improvement Strategy was initiated in March 2001, with the objective to improve occupational health and safety performance across the Victorian Budget Sector.

The objective of the strategy was for each Budget Sector agency to set and achieve a target of 20% improvement in key performance indicators over a three year period.

Principles were established to guide the Strategy. These included:

- promotion of the highest possible standards in occupational health and safety and welfare and injury management
- use of effective prevention strategies and injury management practices, and
- integration of occupational health and safety across all aspects of business operations, systems of work and procedures.

Effective implementation of the strategy at an agency level requires an integrated management system that encompasses all aspects of occupational health and safety, claims management, rehabilitation and return to work as a co-ordinated strategy. Underpinning such an approach is a continuous program of risk management which identifies hazards, implements effective risk controls and strives to maintain the safest possible work environment.

Every agency was required to undertake a gap analysis, analysing their existing policies, procedures, systems, programs and plans against Budget Sector performance standards and to develop an action plan, up to and including the 2003–4 financial year, that identified:

- gaps in existing programs, systems and arrangements
- planned initiatives to meet the performance standards, and
- additional initiatives to ensure compliance with the strategy.

Agency action plans were presented to the Expenditure Review Committee of the Cabinet as part of 2002–03 budget submissions.

An experienced consultant was engaged by the Department of Treasury and Finance to assess agency action plans. The Department of Human Services (DHS) received a separate report containing an assessment of the action plans submitted by the major metropolitan and regional hospitals and health services.

This report contained recommendations for each hospital or health service and also contained a number of sector wide recommendations.

A key sector wide recommendation was that hospitals should be encouraged to develop a comprehensive approach to improving occupational health and safety and WorkCover management, addressing improvements at three levels:

- more intensive claims and return to work management
- strategic injury management, and
- a structured and comprehensive management systems approach.

The report concluded that many hospitals and health services did not have a comprehensive or integrated program to manage their health and safety responsibilities and recommended that DHS should consider establishing a management system framework to guide hospitals and health services in developing a more comprehensive and integrated approach.

## **Development of the management system framework**

In addressing these recommendations, DHS set up a working group containing representatives from the Department and from major, regional and small hospitals to guide the development of a management system framework.

The consultant who developed the original assessment and recommendations was engaged to assist the working group.

## **Why have a management system framework?**

The management system framework provides the basis for any hospital or health service to develop a comprehensive approach to managing its health and safety obligations.

The framework contains all the elements which must be present to ensure that:

1. legal obligations to provide a workplace free of risk are satisfied
2. health and safety performance is continuously improved, and
3. costs arising from workplace accidents, illness and workers compensation premiums can be reduced.

In using this framework, it is important to understand that occupational health and safety is not just about the obvious physical risks such as might arise from chemicals or procedures involving manual handling. Effective management of occupational health and safety involves recognising and managing any risk to the mental and physical safety and well being for employees, contractors, volunteers and visitors in the workplace. This can best be achieved through a comprehensive management approach such as provided by the framework set out in this manual.

## How does the framework operate?

The attached framework is based on commonly accepted health and safety management system standards. A table is provided comparing the framework with recognised systems and standards including Australian Standards, SafetyMAP, EQuIP and AON.

The framework is intended as a guide to hospitals to assess the current state of their health and safety management against the elements required to ensure a comprehensive and integrated approach.

Information and guidance notes are made available so that hospitals are able to build and continuously improve their management approach.

The framework is made up of a number of components:

**i) System structure** – this document describes the fifteen key elements which need to be addressed to ensure a comprehensive approach to managing health and safety. Each element is described, its key requirements outlined and indicators are set out so that performance can be assessed.

**ii) OHS Self assessment and performance reporting matrix** – the matrix sets out four levels of achievement for each of the fifteen elements: Minimal Performance, Satisfactory Performance, Good Performance and Advanced Performance. The key components necessary for performance at each level are set out against each element.

Hospitals are able to use this matrix to assess their current level of performance for each element and to recognise what they must do to be able to progressively build higher levels of performance.

**iii) OHS Resource sheets** – these sheets provide further information to assist hospitals to understand what is required under each element. The element is described, examples provided and references given to further resources where hospitals can consider legal requirements and good practice in other organisations.

## Using the framework

The framework is not meant to be in addition to any existing system which a hospital may already have in operation. Rather it allows an assessment of current performance to ensure that all elements are satisfactorily addressed.

For those hospitals that do not have a current operating health and safety system, they are able to understand in simple terms what is required, undertake a self assessment and build upon current practices to develop a comprehensive and integrated approach.

Individual hospitals may be at different levels of achievement against each element. The framework allows a “building blocks” approach so that activity under each element can be progressively built up to higher levels of performance.

In undertaking a self assessment, hospitals should look closely at all health and safety activities and base their assessment on real evidence of what is actually taking place in the workplace. This may be ascertained from documents, workplace inspections and audits and discussions with staff and management. Perceptions by managers who are removed from the workplace are unlikely to accurately reflect actual practice and are not a sound basis on which to assess performance or develop an improvement program.

The framework should be used at a hospital level to assess performance and set desired standards to be implemented across all operations. Individual departments may use the framework to develop improvement plans to ensure their operations meet the required standards.

You can use the OHS self-assessment and reporting matrix to identify gaps in your health and safety management and to measure and report changes in OHS performance.

| <b>Integrated OHS Management system</b>   |   |
|---|---|
| <b>Building your system structure</b>   | <b>Elements</b>   |
| Developing policies, procedures and plans to establish the OHS management system.                           | <ul style="list-style-type: none"> <li>• OHS policies and commitments</li> <li>• OHS responsibilities</li> <li>• OHS consultation</li> <li>• OHS procedures</li> <li>• Contractor Management</li> <li>• OHS performance indicators &amp; targets</li> </ul> |
| <b>Running your system activities</b>   | <b>Elements</b>   |
| Implementing the policies, procedures and plans to maintain the operations of the OHS management system.    | <ul style="list-style-type: none"> <li>• Risk management processes</li> <li>• Inspection, testing and corrective action</li> <li>• Emergency response</li> <li>• Injury management and return to work</li> <li>• OHS document control</li> </ul>            |
| <b>Reviewing your system performance</b>  | <b>Elements</b>   |
| Assessing the performance of the policies, procedures and plans to achieve improvements in OHS performance. | <ul style="list-style-type: none"> <li>• OHS performance review</li> <li>• OHS auditing and corrective action</li> <li>• OHS continuous improvement</li> </ul>  |

You can use the OHS resource sheets to assist you to address each of the OHS management system elements.

### Further references

The Victorian Hospital OHS Bulletin Board has been established specifically to provide a point of further reference for information directly relevant to the management of health and safety in the hospital sector.

The Bulletin Board provides a list of policies and templates for forms and procedures relating to common health and safety matters which need to be addressed in hospitals. The Bulletin Board also provides a list of contacts of OHS managers and a forum for exchange of questions, ideas and information.

The following pages outline the key elements of the Bulletin Board and how it operates.

## Victorian hospital occupational health & safety website

The screenshot shows the homepage of the Victorian Hospital Occupational Health & Safety WebSite. The header features the Victorian Government logo and the text 'Victorian Hospital Occupational Health & Safety WebSite'. Below the header, there is a navigation menu on the left with items like 'Index', 'A-Z of OHS Topics', 'Research Projects', 'Providers of services/equipment', 'New initiatives', 'Contact List', 'Links', 'Resource Library', 'Templates - Forms, Procedures, Checklists', 'Training Materials', 'Policies/Policy Drafts', 'OHS Management Software', 'Statistics', and 'Communication Materials'. The main content area includes a 'Welcome' message, a 'Welcome' section with a paragraph about the OHS improvement strategy, a 'The objective of the strategy' section, a 'The Department of Human Services' section, a 'Documents in the Resource Library' section, and a 'References to legislation' section. On the right side, there are two call-to-action boxes: 'Access The Hospital OHS Rules Board' and 'Submitting Resources to this site'.

**Victoria**  
The Place to Be

**Victorian Hospital**  
**Occupational Health & Safety WebSite**

<http://ohs.health.vic.gov.au>

**Welcome**

The Occupational Health and Safety (OHS) improvement Strategy was initiated by the Victorian Government with the objective to improve OHS performance across the Victorian Budget Sector. The Expenditure Review Committee (ERC) of Cabinet endorsed the proposed OHS Improvement Strategy for the Victorian Budget Sector in October 2001.

The objective of the strategy is for each Budget sector agency to set and achieve a target of 20% improvement in a number of defined Work Cover performance indicators over a three year period (2001-2002 to 2003-2004).

The Department of Human Services has established this web site to facilitate more meaningful and targeted information exchange across the Victorian Hospital sector.


Documents in the Resource Library are for information only, they do not in any way represent advice or guidelines from the Victorian State Government.

The documents represent practice in the contributing organisation at the time of printing.

References to legislation may not be current and documents may have been superseded by more recent publications. Visit the Victorian Legislature and Parliamentary Documents Home Page to view the latest legislation.

**Access The Hospital OHS Rules Board**  
(password required - Contact Maria Dalton - 8616 8143 to arrange access)

**Submitting Resources to this site**


 Department of Human Services
 

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New...

**Welcome to the Hospital OH&S Bulletin Board.**

This Bulletin Board is a secure place on the Web that you can use to communicate with other OH&S professionals in the health sector and submit documents for peer review before placement on the Hospital OH&S website. You can also post questions and invite members to respond.

To request folder categories in the lefthand navigation bar be added or changed e-mail Morris Dalton - [morris.dalton@dhs.vic.gov.au](mailto:morris.dalton@dhs.vic.gov.au)

**Instructions for Managers**  
 As a manager, you have full control over the membership, organization, and content of this QuickPlace. To set it up for your team:

- 1 Add Content.**  
Click the **New...** button at the top of this page to add pages to the QuickPlace.
- 2 Customize.**  
Click the **Customize** link in the table of contents on the left to choose an appearance for the QuickPlace, and to customize it in many other ways.
- 3 Invite Members.**  
Click the **Members** link in the table of contents to add members to this QuickPlace at any time.

(Note: You can edit this Welcome page at any time by clicking the **Edit** button, above.)

**To Learn More...** Click the **Tutorial** or **Help** links on the left.

New...

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**1** You can send email with a link to the page you were just reading by filling in the information below.

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## Policies/Policy Drafts

Documents in the Resource Library are for information only, they do not in any way represent advice or guidelines from the Victorian State Government.







The documents represent practice in the contributing organisation at the time of publication.

References to legislation may not be current and documents may have been superseded by more recent publications. Visit the Victorian Legislation and Parliamentary Documents Home Page to view the latest legislation.

| Document Title   | Author                          | File Type/Size  |
|--|---------------------------------|---|
| <a href="#">Aggression &amp; Violence</a>                  | St Vincent's Hospital Melbourne |  259 kb    |
| <a href="#">Blood &amp; Body Fluid Spills</a>              | Melbourne Health                |  27 kb     |
| <a href="#">Brain Biopsy</a>                               | Melbourne Health                |  45 kb     |
| <a href="#">Buildings</a>                                  | St Vincent's Hospital Melbourne |  86 kb    |
| <a href="#">Chemical Disinfection</a>                      | Melbourne Health                |  67 kb   |
| <a href="#">Chemical spillage – Cidex OPA</a>              | St Vincent's Hospital Melbourne |  118 kb  |
| <a href="#">Chemical spillage – Peracetic Acid</a>         | St Vincent's Hospital Melbourne |  115 kb  |
| <a href="#">Chemicals</a>                                  | St Vincent's Hospital Melbourne |  113 kb  |
| <a href="#">Danger Tag – Isolation Procedure</a>           | St Vincent's Hospital Melbourne |  147 kb  |
| <a href="#">Dangerous Goods Policy</a>                     | Melbourne Health                |  38 kb   |
| <a href="#">Electricity</a>                                | St Vincent's Hospital Melbourne |  120 kb  |
| <a href="#">Emergency Procedures</a>                       | St Vincent's Hospital Melbourne |  50 kb   |
| <a href="#">Employee Consultation, &amp; Communication</a> | St Vincent's Hospital Melbourne |  224 kb  |
| <a href="#">Equipment</a>                                  | St Vincent's Hospital Melbourne |  111 kb  |
| <a href="#">Glutaldehyde</a>                               | Melbourne Health                |  33kb    |
| <a href="#">Hand Washing</a>                               | Melbourne Health                |  34 kb   |
| <a href="#">Hazard Reporting</a>                           | Melbourne Health                |  39 kb   |
| <a href="#">Hazardous Substances</a>                       | St Vincent's Hospital Melbourne |  540 kb  |
| <a href="#">Hearing Conservation Program</a>               | St Vincent's Hospital Melbourne |  74 kb   |
| <a href="#">Infection Prevention</a>                       | Melbourne Health                |  36 kb   |
| <a href="#">Lock-out / Tag-out Procedure</a>               | St Vincent's Hospital Melbourne |  80 kb   |
| <a href="#">Manual Handling</a>                            | St Vincent's Hospital Melbourne |  71kb    |
| <a href="#">Melbourne Health OHS Policy</a>                | Melbourne Health                | Link  |
| <a href="#">Occupational Rehabilitation Policy</a>         | St Vincent's Hospital Melbourne |  142 kb  |
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| <a href="#">Risk Management</a>                            | St Vincent's Hospital Melbourne |  306 kb  |
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| <a href="#">Smoking &amp; Illicit Drugs</a>                | St Vincent's Hospital Melbourne |  6016 kb |
| <a href="#">Urgent OHS Financial Assistance</a>            | St Vincent's Hospital Melbourne |  175 kb  |

| Index                                     | <b>Templates - Forms, Procedures</b>  |        |                |
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| Communication Materials                   |   |        |                |
| Statistics                                |   |        |                |

|  |                                 |  |
|--|---------------------------------|--|
| Blank Affidavit  | St Vincent's Hospital Melbourne |  12 kb  |
| Blank Job Safety Analysis                                    | St Vincent's Hospital Melbourne |  27 kb  |
| Chemical Substances Identification and Risk Assessment forms | Melbourne Health                | Link   |
| Contractor Induction Policy                                  | St Vincent's Hospital Melbourne |  49 kb  |
| Contractor Safety Induction Training                         | St Vincent's Hospital Melbourne |  300 kb |
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| Department Checklist   | St Vincents Hospital Melbourne  |  22 kb  |
| Department Audit Checklist                                   | St Vincent's Hospital Melbourne |  22 kb  |
| Department Checklist   | St Vincent's Hospital Melbourne |  22 kb  |
| Disaster Management Course outline                           | St Vincent's Hospital Melbourne |  |
| Draft for MSDS   | St Vincent's Hospital Melbourne |  15 kb  |
| Emergency Response Poster                                    | Melbourne Health                | Link   |
| Equip - Safe Practice and Environment                        | St Vincent's Hospital Melbourne |  83 kb  |
| Fire & Emergency Codes Training                              | St Vincent's Hospital Melbourne |  924 kb |
| Fire Extinguisher Poster                                     | St Vincent's Hospital Melbourne |  447 kb |
| Fire Extinguisher Poster (with precautions)                  | St Vincent's Hospital Melbourne |  447 kb |
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| General safety Checklist                                     | St Vincents Hospital Melbourne  |  35 kb  |
| General Safety Checklist                                     | St Vincent's Hospital Melbourne |  35 kb  |
| General Workplace Inspection Framework (procedure)           | Melbourne Health                | Link   |
| Guidelines for authorised witnesses                          | St Vincent's Hospital Melbourne |  93 kb  |
| Hazard/Incident/Near Miss Report                             | St Vincent's Hospital Melbourne |  417 kb |

|   |                                 |  |
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| Hazardous Substances Manual                                     | Melbourne Health                | Link   |
| Hot Work Permit   | St Vincent's Hospital Melbourne |  26 kb    |
| If you are injured at work poster (A4)                          | St Vincent's Hospital Melbourne |  1.03 mb  |
| Incident expenses calculation sheet                             | St Vincent's Hospital Melbourne |  20 kb    |
| Instructions for Quinrex GE9D EWS panel                         | St Vincent's Hospital Melbourne |  16.14 mb |
| Issue Resolution Procedure                                      | Melbourne Health                | Link   |
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| Lab Safety Checklist  | St Vincent's Hospital Melbourne |  81 kb    |
| Lock-Out Permit   | St Vincent's Hospital Melbourne |  14 kb   |
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| Manual Handling Risk Assessment                                 | St Vincent's Hospital Melbourne |  84 kb  |
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| Nursing OHS Checklist   | St Vincent's Hospital Melbourne |  17 kb  |
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| Plant safety Checklist  | St Vincent's Hospital Melbourne |  27 kb  |
| Risk Assessment Model   | St Vincent's Hospital Melbourne |  191 kb |
| Risk Management Flow chart                                      | St Vincent's Hospital Melbourne |  191 kb |
| Staff Incident Report Form                                      | Melbourne Health                | Link   |
| Statutory Declaration   | St Vincent's Hospital Melbourne |  13 kb  |
| S/WHM presentation OH&S Improvement Strategy                    | St Vincent's Hospital Melbourne |  639 kb |
| Telephone Threat – Record Sheet                                 | St Vincent's Hospital Melbourne |  30 kb  |
| WorkCover Incident Notification Form                            | St Vincent's Hospital Melbourne |  334 kb |
| WorkCover Industry Premium Rates                                | St Vincent's Hospital Melbourne |  118 kb |
| Workers Compensation for Employees guidelines                   | Melbourne Health                | Link   |

## Definitions

The table below contains a definition of some of the terms used throughout this manual.

| Term                                 | Definition   |
|--------------------------------------|--|
| Audit                                | <ul style="list-style-type: none"> <li>an independent systematic check of the health and safety system to find out whether workplace activities and outcomes are meeting planned arrangements and complying with legislative, management system and other requirements</li> <li>may be conducted by either internal or external resources</li> </ul> |
| Continuous improvement               | <ul style="list-style-type: none"> <li>the process by which the system and performance are continuously monitored to look for better ways of doing things and to constantly achieve better safety outcomes</li> </ul>  |
| Corrective actions                   | <ul style="list-style-type: none"> <li>a process through which problems identified during workplace inspections and audits and through incident reporting are fixed before new or further injury or illness can result</li> </ul>  |
| Designated Work Group                | <ul style="list-style-type: none"> <li>defined work groups as set out in the OHS Act</li> </ul>  |
| Hazard                               | <ul style="list-style-type: none"> <li>a source of potential harm or a situation with a potential to cause injury, illness, loss or damage</li> </ul>  |
| Hazardous substance                  | <ul style="list-style-type: none"> <li>any substance that is likely to cause a health risk to staff, patients or visitors</li> </ul>   |
| Incident                             | <ul style="list-style-type: none"> <li>any event that has caused or has the potential to cause injury, illness or damage</li> </ul>  |
| Incident reporting                   | <ul style="list-style-type: none"> <li>a formal process by which accidents, incidents, near misses or potentially unsafe situations are reported to people with the responsibility to investigate and institute any required corrective actions</li> </ul>   |
| Injury management and return to work | <ul style="list-style-type: none"> <li>the process by which the consequences of a workplace injury or illness are managed to help injured or ill workers to return to their duties as quickly as possible</li> </ul>   |
| Inspections                          | <ul style="list-style-type: none"> <li>a structured inspection of the workplace to check for obvious hazards and that appropriate safe work practices and hazard controls are in place – inspections are usually undertaken by workplace managers and/or health and safety representatives using a relevant inspection checklist</li> </ul>          |
| MSDS                                 | <ul style="list-style-type: none"> <li>Material Safety Data Sheet – a sheet of information, usually provided by suppliers of chemical and other like products setting out the nature and composition of the product as well as instructions for safe handling</li> </ul>   |
| OHS Act                              | <ul style="list-style-type: none"> <li>the Victorian Occupational Health and Safety Act (1985)</li> </ul>  |
| OHS committee                        | <ul style="list-style-type: none"> <li>a formal structure to facilitate communication and consultation on OHS matters. At least half the members must be employees and the committee must meet at least once every three months. Other powers are set out in the OHS Act.</li> </ul>   |

| Term                  | Definition  |
|-----------------------|---|
| OHS management system | <ul style="list-style-type: none"> <li>• a comprehensive and structured approach to managing health and safety responsibilities which ensures that all necessary activities are addressed</li> </ul>  |
| OHS procedures        | <ul style="list-style-type: none"> <li>• written procedures for key safety activities such as risk management, purchasing, training, emergency response, inspections and corrective actions</li> <li>• will also cover written work procedures to set out safe methods of working for potentially hazardous situations</li> </ul> |
| OHS representative    | <ul style="list-style-type: none"> <li>• a workplace representative, elected by employees, to represent their health and safety interests – have powers as determined by the OHS Act</li> </ul>   |
| Performance review    | <ul style="list-style-type: none"> <li>• regular assessment of the health and safety system to ensure that it is operating effectively and continues to meet its defined goals and targets</li> </ul>   |
| Risk Management       | <ul style="list-style-type: none"> <li>• a structured process by which the risks associated with all activities in the workplace are identified, assessed and appropriate controls put in place</li> </ul>  |
| SafetyMAP             | <ul style="list-style-type: none"> <li>• a recognised OHS management system adopted by many organisations in both the private and public sectors – other similar systems include AON 5 Star, National Safety Council, EQulP and relevant Australian Standards</li> </ul>  |

## Management framework structure

This section sets out all the key components of a comprehensive system for managing your health and safety obligations in the workplace.

There are 15 individual elements which make up the occupational health and safety management framework. These elements can be broken up into three broad categories:

**i) System structure** – the basic structures which must be in place for the system to work effectively. These are:

- policy and commitment
- OHS responsibilities
- consultation
- training
- OHS procedures
- contractor management
- OHS performance indicators and targets

**ii) System activity** – the key activities to identify and control hazards in the workplace:

- risk management
- inspection, testing and corrective action
- emergency response
- injury management and return to work
- document control

**iii) System review** – regular review of performance to ensure the system is operating effectively and to encourage continuous improvement:

- performance review
- auditing and corrective action
- continuous improvement processes

Each element contains an explanation of what is required and sets out a clear picture of what you will need to do to ensure effective health and safety management.

If all of these elements are in place and you meet all the requirements for each, you will not only have met all your legal obligations, but you will have implemented a comprehensive and effective system for managing your health and safety.

| System phase  | System element   |
|---|--|
| <p><b>System structure</b><br/> <i>This section sets out the basic structure that must be in place for the health and safety system to work effectively.</i></p> <p><i>Much of this structure relates to identifying people's various roles in the system and making sure they are fully able to carry out their roles</i></p>  | <ul style="list-style-type: none"> <li>• OHS policy and commitments</li> <li>• OHS responsibilities</li> <li>• OHS consultation</li> <li>• OHS training</li> <li>• OHS procedures – ie risk management, purchasing</li> <li>• Contractor management</li> <li>• OHS performance indicators and targets</li> </ul> |
| <p><b>System activity</b><br/> <i>The day by day operation of the health &amp; safety system is focused on maintaining a healthy &amp; safe work environment. This involves continuous activity to identify hazards &amp; control them before an incident happens in which people could get hurt.</i></p> <p><i>There must also be major fallback activities to deal with incidents – these include emergency response procedures &amp; procedures which support people who have been injured or become ill at work.</i></p> <p><i>The activities of the system need to be documented so that performance can be checked and there is evidence that the required activities have been carried out</i></p> | <ul style="list-style-type: none"> <li>• Risk management processes</li> <li>• Inspection, testing and corrective action</li> <li>• Emergency response</li> <li>• Injury management &amp; return to work programs</li> <li>• OHS Document control</li> </ul>  |
| <p><b>System review</b><br/> <i>System performance must be regularly reviewed to make sure it is operating effectively and is on track to achieve system targets.</i></p> <p><i>Efforts should also be made to continuously improve the system so that higher standards of health &amp; safety can be achieved</i></p>  | <ul style="list-style-type: none"> <li>• OHS performance review</li> <li>• OHS auditing and corrective action</li> <li>• OHS continuous improvement</li> </ul>   |

## OHS system cross-referencing

This section shows the relationship of the proposed OHS framework to other commonly used OHS management systems.

| System element                          | AS4804            | AS4801          | SafetyMap EQuIP | AON                  | Aged Care 'Green' Book   | OHS Act  |
|---|-------------------|-----------------|-----------------|----------------------|--------------------------|--|
| OHS policy                              | 4.1.4             | 4.2             | 1.1             | 2.2.1                | 7.1                      | Module 1 pp.25,26<br>Part 3 Sect. 21                                 |
| OHS responsibilities                    | 4.1.2             | 4.4.1.2         | 1.2             | 2.1.4 & 3.1.37.1     |                          | Module 1 pp. 5–8<br>Part 3 Sect. 21–23 & sect.25                     |
| OHS consultation                        | 4.3.2.4           | 4.4.3.1         | 1.4             | 5.1.1                | 7.5                      | Module 1 pp. 29–39<br>Part 3 Sect.21 & Part 4                        |
| OHS training                            | 4.3.2.5           | 4.4.2           | 12.0            | 3.1.2                | 7.4                      | Module 1 pp.40–43<br>Part 3 Sect.21 2(e) & Sect. 21 4(e)             |
| OHS procedures                          | 4.3.3.3           | 4.4.4           | 2.2             | 5.1                  | 7.2                      | –<br>Part 3 Sect.21 2(e) & Sect. 21 4(e)                             |
| Contractor management                   | 4.3.4.7           | –               | 12.4            | 5.1.1                | 4.3                      | –<br>Part 3 Sect.21 3  |
| OHS performance indicators & targets    | 4.4.3 & 4.5.2     | 4.5.1.1 & 4.5.4 | 10.2 & 11.1     | –                    | 7.9                      | Module 1 pp.27,28; 66,67<br>–  |
| Risk management processes               | 4.3.4             | 4.4.6           | 6.1             | 2.2.2 & 5.1          | 7.2 & 7.6                | Module 1 pp. 44–60<br>Part 3 Sect. 21 1 & 2(c) & various regulations |
| Inspection, testing & corrective action | 4.3.4.4           | 4.5.2           | 7.1             | 2.1.1 & 5.1.1        | 7.6                      | Module 1 pp.48–50<br>Part 3 Sect.21 2(c) & 4(d)                      |
| Incident reporting & emergency response | 4.3.5.1 & 4.4.4.2 | 4.4.7 & 4.5.2   | 6.6, 8.2 & 8.3  | 2.2.2 & 5.1.4        | 3.3, 3.4, 3.5, 3.6 & 7.7 | Module 1 pp. 61–63<br>Part 3 Sect. 21 2(c)                           |
| Injury management & return to work      | 4.3.5.2           | –               | –               | 5.1.1                | 7.8                      | Module 2<br>Accident Compensation Act (1985)                         |
| OHS document control                    | 4.3.3.4           | 4.4.5           | 10.1            | –                    | 4.1 & 4.2                | –<br>–   |
| OHS performance review                  | 4.5.2             | 4.6             | 10.2            | 4.2.1, 4.2.3 & 5.1.1 | 7.9                      | Module 1 pp. 27,28; 66,67<br>Part 3 Sect. 21 2(c)                    |
| OHS auditing & corrective action        | 4.4.3             | 4.5.4           | 11.1            | –                    | 7.6                      | –<br>Part 3 Sect. 21 2(c) & 4(d)                                     |
| OHS continuous improvement              | 4.5.3             | –               | –               | 2.3.1 & 6.1.1        | –                        | Module 1 pp. 64,65<br>–  |

## System structure

| System element   | System element content   | System element measurement   |
|--|--|--|
| <p><b>1. OHS Policy &amp; commitments</b></p> <p><i>A healthy &amp; safe workplace needs everyone's involvement &amp; commitment to make it happen and involves an on-going partnership between management, employees and their representatives.</i></p> <p><i>This should be expressed in a general policy which states the organisation's commitment to health &amp; safety &amp; how this commitment will be achieved. The policy should also set an objective of a workplace free from injury &amp; illness.</i></p> | <ul style="list-style-type: none"> <li>• OHS policy is in place</li> <li>• OHS policy was developed in consultation with employees</li> <li>• OHS policy states commitment to a workplace free from injury &amp; illness</li> <li>• OHS policy acknowledges management's primary responsibility for health &amp; safety in the workplace</li> <li>• OHS policy states management's commitment to meet legal obligations for OHS, appropriately resource OHS activities, consult on OHS issues &amp; review &amp; improve OHS performance</li> <li>• OHS policy states employees' commitment to look after the health &amp; safety of themselves &amp; the people they work with &amp; to co-operate with management's initiatives for health &amp; safety</li> <li>• OHS policy includes a process for periodic policy review</li> <li>• OHS policy is signed by CEO and dated</li> <li>• OHS policy is displayed at the workplace and is communicated to staff &amp; others in the workplace</li> </ul> | <ul style="list-style-type: none"> <li>• There is an OHS Policy</li> <li>• The OHS policy is signed by the current CEO &amp; is dated</li> <li>• The OHS policy contains a general organisation commitment to a workplace free from injury &amp; illness</li> <li>• The OHS policy sets out management &amp; employee commitments</li> <li>• The OHS policy has been reviewed</li> <li>• The OHS policy is displayed in the workplace</li> <li>• The OHS policy is part of induction training for staff, contractors &amp; visitors</li> </ul> |
| <p><b>2. OHS Responsibilities</b></p> <p><i>The health &amp; safety system can only be managed effectively if detailed responsibilities are identified &amp; assigned to those who have management &amp; supervisory positions.</i></p> <p><i>The responsibilities assigned to each position must tally with the authority the position carries.</i></p> <p><i>Employees also have responsibility for maintaining a safe and healthy workplace. These should be established in job descriptions.</i></p>                 | <ul style="list-style-type: none"> <li>• A senior manager has been given responsibility for establishing &amp; maintaining the health &amp; safety system</li> <li>• All positions which can impact on health &amp; safety have appropriate health &amp; safety responsibilities identified &amp; assigned to them</li> <li>• People who have management &amp; supervisory positions are trained in how to carry out their health &amp; safety responsibilities</li> <li>• Health &amp; safety responsibilities are listed in job descriptions &amp; are part of job selection criteria</li> <li>• Performance of OHS responsibilities is part of established job performance assessment process</li> </ul>  | <ul style="list-style-type: none"> <li>• A senior manager has responsibility for the overall management of the health &amp; safety system</li> <li>• Position descriptions list appropriate health &amp; safety responsibilities</li> <li>• Managers &amp; supervisors are trained in how to carry out their health &amp; safety responsibilities</li> <li>• Job performance assessments include an assessment of how well health &amp; safety responsibilities have been carried out</li> </ul>   |

## System structure

| System element  | System element content  | System element measurement  |
|---|---|---|
| <p><b>3. OHS Consultation</b></p> <p><i>People will be more committed to the health &amp; safety system if they are involved in its development and are consulted over aspects of the system which affect them.</i></p> <p><i>Consultation improves the operation of the system because it gives people information about health &amp; safety activities &amp; gives them a chance to contribute their thoughts &amp; ideas on how health &amp; safety can be managed in their workplace.</i></p> | <ul style="list-style-type: none"> <li>• Legal requirements for consultation are met through the operation of workplace OHS representatives and OHS Committees</li> <li>• Arrangements for health &amp; safety consultation and issue resolution in the workplace have been documented</li> <li>• All staff are told about the arrangements for health &amp; safety consultation and issue resolution</li> <li>• Staff are able to elect their representatives on health &amp; safety issues</li> <li>• OHS representatives are trained so they can effectively carry out their role</li> <li>• OHS Committees play an active role in managing and improving workplace health and safety</li> <li>• The agenda and minutes of OHS Committee meetings are circulated in the workplace so everyone has the chance to raise issues and to know what is going on</li> <li>• Staff are consulted when changes are planned for the workplace</li> </ul> | <ul style="list-style-type: none"> <li>• There is a consultation procedure which reflects legal requirements</li> <li>• OHS representatives and OHS Committees are operating in the workplace</li> <li>• OHS representatives and committee members have been trained to carry out their job</li> <li>• Staff in the workplace know who their OHS representatives are and when OHS Committee meetings are held</li> <li>• The agenda &amp; minutes of OHS Committee meetings are available in the workplace</li> <li>• Staff have been consulted when changes have been planned for the workplace</li> </ul> |
| <p><b>4. OHS Training</b></p> <p><i>Everyone has to know how health &amp; safety is managed in the workplace if they are to contribute to maintaining a high standard of health &amp; safety. They also need to know how to do their job safely.</i></p> <p><i>OHS training is particularly important when people first come into the workplace. At that stage they are unfamiliar with the system &amp; the hazards they might encounter</i></p>   | <ul style="list-style-type: none"> <li>• There is a process for identifying health &amp; safety training needs &amp; for meeting these needs</li> <li>• OHS training should at least cover responsibilities, consultation, risk management, major hazards, incident reporting &amp; emergency procedures</li> <li>• A training calendar is developed so training can be organised in an orderly way</li> <li>• There are sufficient resources to allow staff to attend the training that is necessary for them</li> <li>• Training materials are developed &amp; given to trainees</li> <li>• Training is delivered by people with appropriate qualifications</li> <li>• The knowledge &amp; competence of people who attend training is assessed to make sure the training was effective</li> <li>• Training records are kept for all staff</li> <li>• Regular refresher training is provided covering key safety issues</li> </ul>              | <ul style="list-style-type: none"> <li>• There is a health &amp; safety training procedure</li> <li>• There is a health &amp; safety training calendar which includes delivery of an appropriate range of health &amp; safety training</li> <li>• Resources have been allocated to health &amp; safety training</li> <li>• Health &amp; safety training materials are available</li> <li>• Staff training records are available</li> </ul>  |

## System structure

| System element   | System element content   | System element measurement   |
|--|--|--|
| <p><b>5. OHS Procedures</b></p> <p><i>Written procedures are required to ensure people know how the safety system operates and to ensure safety is incorporated into all standard work practices.</i></p> <p><i>These procedures must cover key activities under the system; such as risk management, purchasing, design, emergency response etc</i></p> <p><i>These procedures form the basis of the organisation's health &amp; safety manual.</i></p> | <ul style="list-style-type: none"> <li>• The need for key health &amp; safety procedures is identified e.g. risk management, purchasing, design, emergency response</li> <li>• Health &amp; safety procedures are developed with reference to legal requirements, codes of practice &amp; Australian Standards</li> <li>• Staff are consulted during the development of health &amp; safety procedures</li> <li>• Safety is incorporated into all standard work practices</li> <li>• Staff are trained in health &amp; safety procedures relevant to their work</li> <li>• Health &amp; safety procedures are periodically reviewed to assess their relevance &amp; effectiveness</li> <li>• Key current and emerging in the hospital sector which should be subject to detailed procedures are manual handling, stress, occupational assaults and slips, trips and falls</li> </ul> | <ul style="list-style-type: none"> <li>• Health &amp; safety procedures have been collected into a health &amp; safety manual which is available to staff</li> <li>• Health &amp; safety procedures are available electronically</li> <li>• Staff are trained in health &amp; safety procedures relevant to their work</li> <li>• Health &amp; safety procedures have been reviewed to assess their on-going effectiveness</li> </ul>  |
| <p><b>6. Contractor management</b></p> <p><i>Health facilities use contractors to provide a variety of medical &amp; other services.</i></p> <p><i>Health &amp; safety should be part of the contractor selection criteria so only competent contractors are engaged. Contractors must be managed while in the workplace to make sure they don't put themselves &amp; other people at risk.</i></p>  | <ul style="list-style-type: none"> <li>• A procedure has been developed for engaging contractors &amp; for managing them while they are in the workplace</li> <li>• Contractors are asked to provide evidence of satisfactory health &amp; safety performance with their tenders</li> <li>• Contractor health &amp; safety competence is assessed as part of the selection process</li> <li>• A list is kept of preferred contractors, who have demonstrated their health &amp; safety competence</li> <li>• Contractor staff are given health &amp; safety induction training before starting work</li> <li>• Relevant managers &amp; supervisors review the health &amp; safety performance of contractors</li> <li>• Relevant health &amp; safety information is circulated to contractors</li> </ul>   | <ul style="list-style-type: none"> <li>• There is a procedure which covers the management of contractors</li> <li>• Contractor health &amp; safety performance information is included in tender documents</li> <li>• A list of preferred contractors is available</li> <li>• Training records show contractor staff have been given health &amp; safety induction training</li> <li>• Documented reviews of contractor health &amp; safety performance are available</li> </ul> |

## System structure

| System element   | System element content  | System element measurement  |
|--|---|---|
| <p><b>7. OHS performance indicators &amp; targets</b></p> <p><i>Targets need to be set for the health &amp; safety system so that system activity is directed towards specified achievements and performance in managing health and safety can be measured.</i></p> <p><i>Targets give the system its direction &amp; provide a framework for on going system assessment.</i></p> <p><i>Performance indicators should be developed so the performance of the system can be regularly reviewed and corrective action taken to make sure progress is being made towards the targets.</i></p> | <ul style="list-style-type: none"> <li>• There is a procedure and performance indicators in place which assess health &amp; safety performance</li> <li>• Existing records are used to establish base line data. This would include injury rates in recent years, first aid incidents, incident reports etc.</li> <li>• Performance indicators balance negative indicators (injury rates, first aid treatments, reported incidents) with positive indicators (training activities, frequency of inspections, timeliness of corrective action)</li> <li>• Performance indicators are reviewed on a regular basis to make sure the health &amp; safety system is running effectively and performance is being improved</li> <li>• Any performance weaknesses are identified and corrected in a timely manner</li> <li>• Health &amp; safety performance is regularly reported to staff</li> </ul> | <ul style="list-style-type: none"> <li>• A procedure to cover system performance is available</li> <li>• Regular performance reports are available which chart the performance of the system</li> <li>• Corrective action has been taken to address weaknesses in system performance</li> <li>• Performance information has been made available to staff</li> </ul> |

## System activity

| System element  | System element content  | System element measurement   |
|---|---|--|
| <p><b>8. Risk management processes</b></p> <p><i>Hazards are present in all workplaces &amp; could pose a threat to everyone's health &amp; safety. hazards include: manual handling, infection exposures, hazardous substances, violent behaviour, slips, trips and falls.</i></p> <p><i>There must be a continuous process to identify hazards and put effective controls in place.</i></p> <p><i>Either the hazards should be eliminated altogether or the risk from hazards must be controlled so people are kept safe.</i></p> | <ul style="list-style-type: none"> <li>• There is a procedure which sets out how the risk management process operates in the workplace</li> <li>• Relevant people have been given responsibility for maintaining the risk management process</li> <li>• Efforts are made to identify hazards using information sources such as workplace records, workplace inspections, incident reports, reports from staff</li> <li>• Identified hazards are assessed to determine their likely impact &amp; appropriate risk controls are developed</li> <li>• Safe work practices are developed using the information gained from the risk management process</li> <li>• Everyone who comes into the workplace is told about the identified hazards and how they are controlled</li> <li>• The effectiveness of risk controls is regularly reviewed to ensure they continue to provide adequate protection &amp; to look for improvements</li> </ul> | <ul style="list-style-type: none"> <li>• A risk management procedure for the workplace is available</li> <li>• Risk management responsibilities have been given to relevant staff</li> <li>• Hazards have been identified &amp; risk controls are in place</li> <li>• Safe work practices have been developed</li> <li>• Everyone in the workplace knows about the hazards they face &amp; the risk controls that are applied</li> <li>• Documented reviews of risk controls are available</li> </ul>                                    |
| <p><b>9. Inspection, testing &amp; corrective action</b></p> <p><i>Regular and planned checks of the workplace are essential to make sure risk controls are effective &amp; new hazards haven't arisen.</i></p> <p><i>Checks include site inspections, maintenance of plant &amp; equipment &amp; tests of the work environment.</i></p> <p><i>Corrective actions should be identified, recorded and actioned to maintain a safe working environment.</i></p>   | <ul style="list-style-type: none"> <li>• There is a procedure which covers inspection, testing &amp; corrective action</li> <li>• There are checklists &amp; other forms to support inspection, testing &amp; corrective actions</li> <li>• There is an inspection &amp; testing schedule</li> <li>• People who undertake inspections &amp; testing are qualified</li> <li>• Identified problems are recorded &amp; appropriate corrective action is developed</li> <li>• Corrective action is reviewed to ensure it has been done in a timely manner &amp; has been effective</li> <li>• Inspection &amp; testing reports are provided to relevant managers &amp; safety representatives</li> <li>• Inspection &amp; testing records are kept</li> </ul>   | <ul style="list-style-type: none"> <li>• There is a procedure which sets out how inspection &amp; testing is done in the workplace</li> <li>• There are checklists &amp; forms for the inspection &amp; testing process</li> <li>• There is a schedule which sets out when inspection &amp; testing is done</li> <li>• Corrective action reports show that safety problems are resolved in a timely manner &amp; the effectiveness of corrective action is reviewed</li> <li>• Inspection &amp; testing reports are available</li> </ul> |

## System activity

| System element  | System element content   | System element measurement  |
|---|--|---|
| <p><b>10. Incident reporting &amp; emergency response</b></p> <p><i>While the health &amp; safety system aims to prevent people being injured or becoming ill at work, safety incidents may still happen. There must be a procedure available to report incidents, investigate them &amp; ensure they don't happen again.</i></p> <p><i>Procedures are required in case of a major safety incident involving, for example, fire, a chemical spill or violent behaviour.</i></p> | <ul style="list-style-type: none"> <li>• There is a procedure which sets out how safety incidents are reported, investigated &amp; corrective action taken</li> <li>• There are forms for reporting incidents &amp; doing investigations</li> <li>• Incident reporting forms are available in the workplace</li> <li>• Staff &amp; other people in the workplace know how to fill out an incident report &amp; what will be done with the report</li> <li>• Supervisors &amp; managers receive incident reports, carry out investigations to identify why an incident happened &amp; decide on corrective action to ensure it doesn't happen again</li> <li>• Corrective action is reviewed to ensure it is effective</li> <li>• There are procedures which cover emergency situations</li> <li>• Everyone has been trained in the emergency procedures</li> <li>• People have been appointed to responsible positions under the emergency procedures &amp; have been trained to carry out their responsibilities</li> <li>• The emergency procedures are regularly trialed</li> <li>• Weaknesses uncovered during trials of the emergency procedures are quickly corrected</li> </ul> | <ul style="list-style-type: none"> <li>• Procedures are in place for incident reporting &amp; investigation &amp; for emergency response</li> <li>• Staff are trained in how to follow the procedures</li> <li>• Incident report forms are available in the workplace</li> <li>• Completed incident report forms &amp; incident investigation reports are available</li> <li>• Incident investigation reports show that corrective action has been carried out promptly</li> <li>• Reports of trials of the emergency procedures are available</li> </ul> |
| <p><b>11. Injury management &amp; return to work</b></p> <p><i>People who become injured or ill at work should be supported to help them get back to work as soon as possible.</i></p> <p><i>There may need to be a staged return to work which involves the person working limited hours or doing less demanding work until they can return to full duties.</i></p>  | <ul style="list-style-type: none"> <li>• There is an Injury Management &amp; Return to Work policy which has been signed by the current CEO</li> <li>• There is a procedure which covers injury management &amp; return to work</li> <li>• There is a rehabilitation co-ordinator in the workplace</li> <li>• Staff have been told about the procedure</li> <li>• Workers compensation claim forms are available in the workplace</li> <li>• Managers &amp; supervisors have been trained in the role they can play in implementing injury management &amp; return to work programs</li> <li>• Senior managers review the number of injury claims and progress achieved by return to work programs</li> </ul>  | <ul style="list-style-type: none"> <li>• There is an Injury Management &amp; Return to Work policy signed by the current CEO</li> <li>• There is a procedure for injury management &amp; return to work</li> <li>• There is a rehabilitation co-ordinator</li> <li>• People know about the injury management &amp; return to work procedure</li> <li>• Managers &amp; supervisors know about their role in return to work programs</li> </ul>   |

## System activity

| System element  | System element content   | System element measurement  |
|---|--|---|
| <p><b>12. OHS document control</b></p> <p><i>An OHS system produces a number of important documents. These documents must be kept so there is a basis on which to compare system performance and to provide evidence that system activities are being carried out as planned.</i></p> | <ul style="list-style-type: none"> <li>• There is a procedure which covers control of OHS documents</li> <li>• The procedure covers the production, collecting, filing, storing &amp; archiving of OHS documents</li> <li>• OHS documents can be retrieved when required</li> <li>• OHS documents display the date they were produced &amp; a version number which indicates the current version</li> <li>• OHS documents include:               <ul style="list-style-type: none"> <li>– inspection &amp; audit reports</li> <li>– incident &amp; accident reports</li> <li>– maintenance records</li> <li>– OHS training records</li> <li>– risk management records</li> <li>– records of OHS consultation</li> <li>– purchasing records</li> <li>– tender selection records</li> <li>– contractor performance records</li> <li>– emergency testing &amp; trialling records</li> </ul> </li> <li>• Current copies of the OHS Act and regulations, codes of practice and guides are kept and made available to people in the workplace</li> </ul> | <ul style="list-style-type: none"> <li>• A procedure for document control is available</li> <li>• Relevant documents can be produced on request</li> <li>• Documents carry production dates &amp; version numbers</li> <li>• There are current copies of the OHS Act, regulations, codes of practice and guides available in the workplace</li> </ul> |

## System review

| System element  | System element content   | System element measurement  |
|---|--|---|
| <p><b>13. OHS performance Review</b></p> <p><i>The performance of the health &amp; safety system needs to be regularly reviewed to ensure it is operating properly &amp; that satisfactory standards of health &amp; safety are being maintained.</i></p> <p><i>The system should be reviewed against the identified performance indicators.</i></p>                  | <ul style="list-style-type: none"> <li>• There is a procedure for system review</li> <li>• The system is regularly reviewed against the identified performance indicators &amp; targets</li> <li>• Reports on performance are provided to the Executive by the senior manager with responsibility for maintaining the system</li> <li>• Reports on system performance are provided to staff &amp; OHS representatives</li> <li>• Areas where the system is under performing are identified &amp; corrected</li> <li>• Review of the system takes into account external factors such as changes in legislative &amp; regulatory requirements</li> </ul> | <ul style="list-style-type: none"> <li>• A procedure for system review is available</li> <li>• Regular reports of system performance against indicators &amp; targets are available</li> <li>• Minutes of Executive meetings show that system performance reports are considered</li> <li>• Changes in the system show that areas of under performance have been corrected</li> </ul> |
| <p><b>14. OHS auditing</b></p> <p><i>Audits of the health &amp; safety system should be done periodically to test how well the system has been established &amp; how well it is meeting operating standards.</i></p> <p><i>There can be both an internal &amp; external audit program. External audits can provide an independent check on system operations.</i></p> | <ul style="list-style-type: none"> <li>• There is a procedure for conducting audits of the health &amp; safety system</li> <li>• Relevant staff are trained in carrying out audits</li> <li>• Appropriately qualified external people are engaged to carry out audits</li> <li>• Audit reports are considered by senior management &amp; audit findings are responded to</li> <li>• Corrective action recommended in audit reports is carried out in a timely manner</li> </ul>  | <ul style="list-style-type: none"> <li>• There is a procedure for auditing the health &amp; safety system</li> <li>• A list of qualified auditors is kept</li> <li>• Audit reports show they have been considered by senior management and appropriate responses have been taken</li> <li>• Audit reports are available</li> </ul>  |
| <p><b>15. OHS continuous improvement</b></p> <p><i>No system is perfect; there is always room for improvement.</i></p> <p><i>Efforts should be made to improve the health &amp; safety system so it is capable of delivering even higher standards of safety in the workplace.</i></p>  | <ul style="list-style-type: none"> <li>• As part of performance review &amp; auditing efforts are made to see if the health &amp; safety system can be improved</li> <li>• Changes in legislation, technology, plant, equipment and work processes are all used as a basis for seeking improved performance</li> <li>• Comparisons are made with other health organisations, &amp; with other industries, to see if improvements to health &amp; safety management can be achieved</li> <li>• An annual OHS Improvement Plan is developed to further build on the OHS system</li> </ul>  | <ul style="list-style-type: none"> <li>• Performance indicators show that the health &amp; safety system is achieving steadily higher standards of performance</li> <li>• Improvements to the health &amp; safety system have been documented</li> <li>• Performance against the OHS Improvement Plan is regularly assessed through the year</li> </ul>                               |



## OHS self assessment and performance reporting matrix

This section provides a self assessment guide to allow you to consider and assess your own level of performance against each of the 15 elements which make up the health and safety management framework.

There are four levels of performance under each element – Minimal, Satisfactory, Good and Advanced. Satisfactory Performance is required as a minimum to meet your legal obligations.

Each level describes what you will need to do or have in place to be able to meet the requirements for that level.

The matrix has been developed on a “building block” approach. Working from the bottom to the top of the page under each element, once you have identified your current level of performance for that element, the boxes above provide an indication of what you will need to do to achieve a higher level of performance for that element.

### How do I use the matrix?

- start with Element 1 – OHS Policy and Commitment – and work progressively through each element to Element 15 – OHS Continuous Improvement
- working through each element one at a time, start with the dot points in the lowest box – Minimal Performance – and answer either yes or no, by placing a tick or cross in the adjacent box
- when you have a tick or a cross against every point under that element, you will be able to identify your current level of performance and what you need to do to move to a higher level of performance

For the matrix to be effective and to provide a useful guide to help you in assessing and improving your health and safety performance, it is essential that your answers are based on clear evidence from the workplace – this may involve:

- a document check** – visually check that relevant documents are in place and available
- knowledge and awareness** – ask the people in the workplace, whether they are aware of or have received training or instruction in the process, procedure or relevant behaviour
- observations** – observe actions in the workplace

### Performance reporting and continuous improvement

The matrix provides a format for reporting to management about your current performance and will assist you to develop a continuous improvement plan to progressively implement new actions to achieve higher levels of health and safety performance. Regular self assessment and reporting against the matrix will provide management with an assurance that everything is being done in a structured way to achieve the highest possible levels of health and safety in the workplace.

### OHS Self assessment and performance reporting matrix

| Grading  | OHS Management system elements   |   |  |
|--|--|---|--|
|  | 1. OHS Policy & commitments  | 2. OHS Responsibilities   | 3. OHS Consultation  |
| <b>ADVANCED PERFORMANCE</b><br>• system constantly measured and benchmarked for continuous improvement | As for Good, plus:<br>• OHS policy is promoted to external stakeholders<br>• Policy is periodically reviewed to make sure it gives practical direction to all OHS activities         | As for Good, plus:<br>• OHS responsibilities periodically reviewed to make sure they meet organisational & legal requirements<br>• Senior management performance is assessed against their OHS responsibilities | As for Good, plus:<br>• OHS consultation processes are periodically reviewed to make sure they are meeting workplace needs & legal requirements  |
| <b>GOOD PERFORMANCE</b><br>• all required elements in place and operating effectively                  | As for Satisfactory, plus:<br>• OHS policy is included in relevant OHS training for staff, contractors & visitors<br>• Policy makes provision for regular review                     | As for Satisfactory, plus:<br>• Job applicants are asked to demonstrate ability against OHS responsibilities<br>• Manager performance is assessed against OHS responsibilities of the position                  | As for Satisfactory, plus<br>• Staff can identify their OHS representative<br>• Staff know when the OHS Committee will meet<br>• Staff have been consulted when changes are planned for the workplace  |
| <b>SATISFACTORY PERFORMANCE</b><br>• basic system and legal compliance                                 | • OHS policy developed in consultation with staff<br>• Policy defines goals & major responsibilities<br>• Policy is signed by CEO & dated<br>• Policy is circulated in the workplace | • A senior manager is assigned responsibility for the OHS system<br>• All OHS responsibilities are defined & included in job descriptions<br>• People are trained in their OHS responsibilities                 | • There are OHS representatives for each designated work group<br>• The OHS Committee meets quarterly & its agenda & minutes are circulated<br>• There is the required staff/management balance on the OHS Committee<br>• Representatives & committee members have been trained<br>• There is a procedure for resolving OHS issues |
| <b>MINIMAL PERFORMANCE</b><br>• fails to meet basic legal requirements                                 | • OHS policy developed   | • OHS responsibilities are not defined or included in job descriptions  | • There is an OHS Committee  |

| Grading   | OHS Management system elements   |   |   |
|---|--|---|---|
|   | 4. OHS Training  | 5. OHS Procedures   | 6. Contractor management  |
| <b>ADVANCED PERFORMANCE</b> <ul style="list-style-type: none"> <li>system constantly measured and benchmarked for continuous improvement</li> </ul> | As for Good, plus: <ul style="list-style-type: none"> <li>OHS training procedures are reviewed to make sure they remain effective</li> <li>The training program responds to changes in the work environment &amp; legal requirements for OHS</li> </ul>  | As for Good, plus: <ul style="list-style-type: none"> <li>Procedures are made available to the Victorian Hospital OHS website for the benefit of others</li> <li>Procedures are compared against those in similar hospitals to assess them against industry practice</li> </ul>   | As for Good, plus: <ul style="list-style-type: none"> <li>Consultation takes place between senior management &amp; contractor management to review OHS performance issues</li> </ul>  |
| <b>GOOD PERFORMANCE</b> <ul style="list-style-type: none"> <li>all required elements in place and operating effectively</li> </ul>                  | As for Satisfactory, plus: <ul style="list-style-type: none"> <li>Suitably qualified people give training</li> <li>All managers are trained in their OHS responsibilities</li> <li>After training people demonstrate what they have learnt</li> <li>Refresher training is provided</li> </ul>  | As for Satisfactory, plus: <ul style="list-style-type: none"> <li>Procedures are available electronically</li> <li>Procedures are reviewed to assess their effectiveness</li> <li>Only current copies of procedures are available in the workplace</li> </ul>   | As for Satisfactory, plus <ul style="list-style-type: none"> <li>A list of preferred contractors is kept based on past performance standards</li> <li>Contractor OHS performance is part of general OHS performance reports</li> </ul>  |
| <b>SATISFACTORY PERFORMANCE</b> <ul style="list-style-type: none"> <li>basic system and legal compliance</li> </ul>                                 | <ul style="list-style-type: none"> <li>Staff do OHS training needs analysis</li> <li>An annual training plan is developed &amp; implemented</li> <li>Training is appropriately resourced</li> <li>Staff attend training</li> <li>Training records are kept</li> <li>Induction training is given before anyone starts work</li> </ul> | <ul style="list-style-type: none"> <li>Risk assessments have been done to identify the need for procedures</li> <li>Procedures reference legal &amp; other requirements</li> <li>Procedures are developed in consultation with staff</li> <li>Staff are trained in procedures relevant to their work</li> <li>Procedures are collected together in an OHS Manual</li> </ul> | <ul style="list-style-type: none"> <li>There is a procedure for the OHS aspects of contractor selection</li> <li>Tender selection involves assessment of OHS capabilities</li> <li>Contractors are asked for safety documents before starting work</li> <li>Contractors do OHS induction training</li> <li>Contractor OHS performance is assessed</li> <li>Unsatisfactory OHS performance is taken up with contractors</li> </ul> |
| <b>MINIMAL PERFORMANCE</b> <ul style="list-style-type: none"> <li>fails to meet basic legal requirements</li> </ul>                                 | <ul style="list-style-type: none"> <li>Some OHS information is given at induction</li> <li>No consistent effort is made to identify &amp; meet OHS training needs</li> </ul>   | <ul style="list-style-type: none"> <li>Some OHS procedures have been developed for obvious hazards eg manual handling, infection control</li> </ul>   | <ul style="list-style-type: none"> <li>Contractor selection does not include OHS criteria</li> <li>Contractors are not supervised while in the workplace</li> </ul>   |

| Grading   | OHS Management system elements  |  |   |
|---|---|--|---|
|   | 7. OHS Performance indicators   | 8. Risk management processes   | 9. Inspection, testing & corrective action  |
| <b>ADVANCED PERFORMANCE</b> <ul style="list-style-type: none"> <li>system constantly measured and benchmarked for continuous improvement</li> </ul> | As for Good, plus: <ul style="list-style-type: none"> <li>OHS performance is benchmarked against industry standards</li> </ul>  | As for Good, plus: <ul style="list-style-type: none"> <li>Risk management processes are benchmarked against industry practice</li> </ul>   | As for Good, plus: <ul style="list-style-type: none"> <li>Inspection procedures are reviewed to make sure they continue to be effective</li> <li>Outcomes from inspections are reviewed to identify weaknesses in workplace procedures &amp; practice</li> </ul>  |
| <b>GOOD PERFORMANCE</b> <ul style="list-style-type: none"> <li>all required elements in place and operating effectively</li> </ul>                  | As for Satisfactory, plus: <ul style="list-style-type: none"> <li>OHS performance is reported to external stakeholders</li> </ul>   | As for Satisfactory, plus: <ul style="list-style-type: none"> <li>Outcomes from risk management are reported to senior management &amp; the OHS Committee</li> <li>Risk management procedures are reviewed to make sure they continue to be effective</li> </ul>   | As for Satisfactory, plus <ul style="list-style-type: none"> <li>People doing inspections have OHS training &amp; experience of the workplace</li> <li>Only qualified people carry out testing of plant, equipment &amp; facilities</li> <li>Corrective action is reviewed to check on its effectiveness</li> </ul>   |
| <b>SATISFACTORY PERFORMANCE</b> <ul style="list-style-type: none"> <li>basic system and legal compliance</li> </ul>                                 | <ul style="list-style-type: none"> <li>There is a procedure for OHS performance measurement</li> <li>Performance indicators balance process &amp; outcome indicators</li> <li>There is a schedule for regular OHS reporting</li> <li>OHS reports are an agenda item at management meetings</li> <li>OHS performance is reported to staff</li> </ul> | <ul style="list-style-type: none"> <li>There is a procedure for risk management</li> <li>Managers have identified responsibilities for risk management</li> <li>Continuous efforts are made to identify hazards and control risks</li> <li>Safe work procedures have been developed for all hazardous situations</li> <li>Everyone is trained in safe work procedures</li> <li>The effectiveness of risk controls is regularly reviewed</li> </ul> | <ul style="list-style-type: none"> <li>There is a procedure for inspection, testing &amp; corrective action</li> <li>Inspections are done to a schedule</li> <li>Inspection checklists are used</li> <li>Corrective action is recorded &amp; taken</li> <li>Outcomes from inspections are reported to management &amp; the OHS Committee</li> <li>Inspection documents are kept</li> <li>There is a schedule for testing plant, equipment &amp; facilities</li> </ul> |
| <b>MINIMAL PERFORMANCE</b> <ul style="list-style-type: none"> <li>fails to meet basic legal requirements</li> </ul>                                 | <ul style="list-style-type: none"> <li>General goals are included in the OHS policy</li> <li>OHS performance measurement relies on injury data &amp; workers' compensation costs</li> </ul>   | <ul style="list-style-type: none"> <li>Risk management depends on each managers' level of interest</li> <li>Some efforts are made to identify hazards &amp; control risks</li> <li>Safe work procedures are available for obvious hazards</li> </ul>   | <ul style="list-style-type: none"> <li>Inspections rely on staff looking around to spot problems</li> <li>Corrective action may be taken</li> </ul>   |

| Grading   | OHS Management system elements   |   |   |
|---|--|---|---|
|   | 10. Incident reporting/<br>emergency response  | 11. Injury management/<br>return to work  | 12. OHS Document control  |
| <b>ADVANCED PERFORMANCE</b> <ul style="list-style-type: none"> <li>system constantly measured and benchmarked for continuous improvement</li> </ul> | As for Good, plus: <ul style="list-style-type: none"> <li>Senior management maintain appropriate liaison with external emergency service providers</li> <li>External emergency services are periodically included in trials of emergency procedures</li> </ul>   | As for Good, plus: <ul style="list-style-type: none"> <li>Senior management benchmark injury claims &amp; return to work performance against comparable hospitals &amp; the industry performance</li> </ul>   | As for Good, plus: <ul style="list-style-type: none"> <li>The procedure for OHS document control is periodically reviewed to make sure it continues to work effectively</li> <li>Senior management review changes in technology of document control to identify &amp; implement the most efficient methods</li> </ul>               |
| <b>GOOD PERFORMANCE</b> <ul style="list-style-type: none"> <li>all required elements in place and operating effectively</li> </ul>                  | As for Satisfactory, plus: <ul style="list-style-type: none"> <li>Staff are continually encouraged to report incidents</li> <li>Emergency procedures are benchmarked with similar hospital workplaces</li> </ul>   | As for Satisfactory, plus: <ul style="list-style-type: none"> <li>Senior management review the number of injury claims &amp; progress achieved by return to work programs</li> <li>Any weaknesses in performance are identified &amp; corrected</li> </ul>  | As for Satisfactory, plus: <ul style="list-style-type: none"> <li>OHS documents are periodically reviewed &amp; updated, as required</li> <li>OHS document control is tested as part of OHS auditing</li> </ul>   |
| <b>SATISFACTORY PERFORMANCE</b> <ul style="list-style-type: none"> <li>basic system and legal compliance</li> </ul>                                 | <ul style="list-style-type: none"> <li>There are incident reporting &amp; emergency response procedures</li> <li>Staff are trained in these procedures</li> <li>Incident report forms are available</li> <li>Most incidents are reported</li> <li>All reported incidents are investigated</li> <li>Corrective action is taken promptly</li> <li>Emergency procedures are regularly trialed &amp; improved</li> </ul> | <ul style="list-style-type: none"> <li>There is an Injury Management &amp; Return to Work procedure which complies with legal requirements</li> <li>There is a rehabilitation co-ordinator</li> <li>Staff know about their entitlements</li> <li>Managers &amp; supervisors know about their role in return to work programs</li> </ul> | <ul style="list-style-type: none"> <li>There is a procedure for OHS document control</li> <li>OHS documents are filed, stored &amp; archived</li> <li>OHS documents can be retrieved</li> <li>Documents carry dates &amp; version numbers</li> <li>There are current copies of OHS law, codes of practice, etc available</li> </ul> |
| <b>MINIMAL PERFORMANCE</b> <ul style="list-style-type: none"> <li>fails to meet basic legal requirements</li> </ul>                                 | <ul style="list-style-type: none"> <li>Incidents are sometimes reported and investigated</li> <li>There is an emergency procedure but it hasn't been trialed</li> </ul>  | <ul style="list-style-type: none"> <li>There is an Injury Management &amp; Return to Work policy</li> <li>Staff and managers do not fully understand their entitlements and role in return to work programs</li> </ul>  | <ul style="list-style-type: none"> <li>Some OHS documents are kept</li> <li>Dates and version numbers are not applied to OHS documents</li> </ul>   |

| GRADING   | OHS Management system elements  |  |   |
|---|---|--|---|
|   | 13. OHS Performance review  | 14. OHS Auditing   | 15. OHS Continuous improvement  |
| <b>ADVANCED PERFORMANCE</b> <ul style="list-style-type: none"> <li>system constantly measured and benchmarked for continuous improvement</li> </ul> | As for Good, plus: <ul style="list-style-type: none"> <li>OHS performance is benchmarked against comparable hospitals &amp; the industry sector</li> </ul>  | As for Good, plus: <ul style="list-style-type: none"> <li>Regular and planned OHS are a key component in developing continuous improvement plans</li> </ul>  | As for Good, plus: <ul style="list-style-type: none"> <li>System changes &amp; improvements are reported on the Victorian Hospitals OHS Website so they can be shared with all hospitals</li> </ul>   |
| <b>GOOD PERFORMANCE</b> <ul style="list-style-type: none"> <li>all required elements in place and operating effectively</li> </ul>                  | As for Satisfactory, plus <ul style="list-style-type: none"> <li>OHS performance outcomes are shared with staff</li> <li>OHS performance outcomes are reported to external stakeholders</li> </ul>  | As for Satisfactory, plus: <ul style="list-style-type: none"> <li>Senior management report OHS audit outcomes &amp; their implemented responses to external stakeholders</li> </ul>  | As for Satisfactory, plus: <ul style="list-style-type: none"> <li>System changes &amp; improvements are reported to staff</li> <li>System changes &amp; improvements are reported to external stakeholders</li> </ul>   |
| <b>SATISFACTORY PERFORMANCE</b> <ul style="list-style-type: none"> <li>basic system and legal compliance</li> </ul>                                 | <ul style="list-style-type: none"> <li>There is a procedure for OHS performance review</li> <li>Process &amp; outcome indicators are used for performance review</li> <li>Regular OHS performance reports are compiled</li> <li>OHS reports are considered by management &amp; the OHS Committee</li> <li>Performance improvements are identified &amp; introduced</li> </ul> | <ul style="list-style-type: none"> <li>There is an OHS audit procedure</li> <li>There is a schedule for audits</li> <li>Internal &amp; external auditors are qualified</li> <li>Audit reports are considered by senior management &amp; responses made to report recommendations</li> <li>Corrective action is taken promptly</li> <li>Audit reports are kept</li> </ul> | <ul style="list-style-type: none"> <li>There is a procedure which sets out how OHS system improvement will be achieved</li> <li>Senior &amp; line management review all OHS indicators &amp; performance information to identify possible system improvements</li> <li>System changes are decided on after consultation with relevant staff</li> <li>A system improvement plan is developed &amp; implemented</li> <li>System changes are reviewed to check that improved performance has resulted</li> </ul> |
| <b>MINIMAL PERFORMANCE</b> <ul style="list-style-type: none"> <li>fails to meet basic legal requirements</li> </ul>                                 | <ul style="list-style-type: none"> <li>Injury statistics and workers' compensation costs are sometimes reviewed</li> <li>Reviews rarely lead to change in procedure or practice</li> </ul>  | <ul style="list-style-type: none"> <li>OHS audits are not done</li> </ul>  | <ul style="list-style-type: none"> <li>Effort is focused on fixing OHS problems rather than achieving improved OHS performance</li> <li>Performance indicators show little evidence of improved OHS performance standards</li> </ul>  |

## OHS Resources sheet 1

### OHS Policy

#### Guidance note:

Every organisation should have a general OHS Policy which provides a starting point for everything the organisation wants to achieve in health and safety. The policy should be more than just a statement of broad commitment giving no indication about how health and safety commitments will be achieved. Policies of that type have little influence on how health and safety is managed. The OHS Policy should be a solid foundation from which effective health and safety management can be built.

The OHS Policy should spell out commitments and objectives for health and safety. It should list the general areas of OHS responsibility for managers and staff.

Provision should also be made for periodic review of the policy to make sure it continues to meet the organisation's needs and objectives. Finally, the OHS Policy should be signed by the most senior manager to show that commitment to high standards of health and safety comes from the top of the organisation.

The OHS Policy should reflect a partnership to deliver a safe workplace. The policy should be developed in consultation with staff so that everyone recognizes their commitment and feels they have a stake in the policy and what it aims to achieve. Once it is finalised the OHS Policy should be circulated through the workplace so everyone knows about the policy and what it contains. The OHS Policy should be included in induction training so that new staff, contractors and visitors understand the OHS Policy.

| System element   | System element content  | System element measurement  |
|--|---|---|
| <p><b>1. OHS Policy &amp; commitments</b></p> <p><i>A healthy &amp; safe workplace needs everyone's involvement &amp; commitment to make it happen and involves an on-going partnership between management, employees and their representatives.</i></p> <p><i>This should be expressed in a general policy which states the organisation's commitment to health &amp; safety &amp; how this commitment will be achieved. The policy should also set an objective of a workplace free from injury &amp; illness.</i></p> | <ul style="list-style-type: none"> <li>• OHS policy is in place</li> <li>• OHS policy was developed in consultation with employees</li> <li>• OHS policy states commitment to a workplace free from injury &amp; illness</li> <li>• OHS policy acknowledges management's primary responsibility for health &amp; safety in the workplace</li> <li>• OHS policy states management's commitment to meet legal obligations for</li> <li>• The OHS policy is displayed in the workplace OHS, appropriately resource OHS activities, training for consult on OHS issues &amp; review &amp; improve OHS performance</li> <li>• OHS policy states employees' commitment to look after the health &amp; safety of themselves &amp; the people they work with &amp; to co-operate with management's initiatives for health &amp; safety</li> <li>• OHS policy includes a process for periodic policy review</li> <li>• OHS policy is signed by CEO and dated</li> <li>• OHS policy is displayed at the workplace and is communicated to staff &amp; others in the workplace</li> </ul> | <ul style="list-style-type: none"> <li>• There is an OHS Policy</li> <li>• The OHS policy is signed by the current CEO &amp; is dated</li> <li>• The OHS policy contains a general organisation commitment to a workplace free from injury &amp; illness</li> <li>• The OHS policy sets out management &amp; employee commitments</li> <li>• The OHS policy has been reviewed</li> <li>• The OHS policy is part of induction staff, contractors &amp; visitors</li> </ul> |

### Sample policy:

XXXXX hospital is committed to providing the best possible standard of occupational health and safety for everyone at its workplaces, including employees, contractors, volunteers, patients and visitors.

In realising this commitment XXXXX hospital will comply with all relevant health and safety laws.

XXXXX hospital recognises that the best way to manage health and safety is through management and staff working together to identify and solve health and safety issues. XXXX hospital is committed to regular consultation with staff, and other people at its workplace, to make sure health and safety is effectively managed.

#### Management

Senior management at XXXX hospital acknowledge that there is a primary legal responsibility given to all those in management and supervisory positions for the health and safety of the people who work under their direction. Senior management will make sure that occupational health and safety responsibilities are defined and appropriately delegated. They will also make sure that managers and supervisors receive necessary training and resources to carry out their health and safety responsibilities.

All managers and supervisors have a duty to provide and maintain, as far as is practicable, a working environment that is safe and without risk to health. To carry out this responsibility managers and supervisors must:

- make sure XXXX hospital occupational health and safety policy and procedures are effectively implemented,
- make sure health and safety duties are assigned to appropriate employees
- make sure there is regular discussion on health and safety between management and staff,
- make sure all health and safety procedures are regularly reviewed and continue to meet XXXX hospital's health and safety needs and responsibilities,
- provide necessary information, training and supervision to employees so they can understand and follow safe working procedures,
- investigate and report on health and safety incidents and accidents so weaknesses in the health and safety system can be identified and corrected,
- keep up to date with developments in health and safety law and standards which impact on their work area,
- make sure contractors understand the safety standards expected of them and meet these standards in the way they carry out their work,
- make sure suppliers of equipment and services understand the safety standards expected of them and that the equipment meets appropriate standards and legislative requirements,
- monitor health and safety performance and try to achieve steadily improving standards of workplace health and safety.

### Employees

Staff of XXXX hospital have a responsibility to actively contribute towards maintaining a healthy and safe workplace.

To do this staff must:

- work safely at all times to protect their own health and safety, the health and safety of everyone around them and the health and safety of anyone else who is at the workplace,
- report to their supervisor any hazards they encounter in their working day,
- cooperate with all safety programs being implemented by XXXX hospital and follow specified safe systems of work,
- participate in occupational health and safety consultation and training initiatives, and
- use personal protective equipment and clothing that is specified for their work and supplied by XXXX hospital.

This occupational health and safety policy will be regularly reviewed to take account of changes in the workplace and changes in legal requirements for health and safety.

Management of XXXX hospital seeks the cooperation of all employees in realising our occupational health and safety objectives and in creating a healthy and safe working environment which will benefit everyone.

Signed: \_\_\_\_\_

Chief Executive/General Manager

Date:    /    /

### Resources:

A copy of Melbourne's St Vincent's Hospital OHS Policy can be found on the Victorian Hospital Occupational Health & Safety Website at: [www.health.vic.gov.au/ohs](http://www.health.vic.gov.au/ohs)

## OHS Resources sheet 2

### OHS Responsibilities

#### Guidance note:

A healthy and safe workplace needs commitment from all levels of management and employees to work in partnership to make it happen. Senior managers, workplace managers, supervisors and employees all need to understand their role in bringing this about.

OHS responsibilities must be defined for all positions that have responsibility for managing or supervising the work of other people or which can impact on the health and safety of the work environment. These responsibilities should be recorded in the relevant position descriptions so that the people who hold those positions know what is expected of them.

People with OHS responsibilities will also need training to help them understand and to carry out their responsibilities.

| System element   | System element content  | System element measurement   |
|--|---|--|
| <p><b>2. OHS Responsibilities</b></p> <p><i>The health &amp; safety system can only be managed effectively if detailed responsibilities are identified &amp; assigned to those who have management &amp; supervisory positions.</i></p> <p><i>The responsibilities assigned to each position must tally with the authority the position carries.</i></p> <p><i>Employees also have responsibility for maintaining a safe and healthy workplace. These should be established in job descriptions.</i></p> | <ul style="list-style-type: none"> <li>• A senior manager has been given responsibility for establishing &amp; maintaining the health &amp; safety system</li> <li>• All positions which can impact on health &amp; safety have appropriate health &amp; safety responsibilities identified &amp; assigned to them</li> <li>• People who have management &amp; supervisory positions are trained in how to carry out their health &amp; safety responsibilities</li> <li>• Health &amp; safety responsibilities are listed in job descriptions &amp; are part of job selection criteria</li> <li>• Performance of OHS responsibilities is part of established job performance assessment process</li> </ul> | <ul style="list-style-type: none"> <li>• A senior manager has responsibility for the overall management of the health &amp; safety system</li> <li>• Position descriptions list appropriate health &amp; safety responsibilities</li> <li>• Managers &amp; supervisors are trained in how to carry out their health &amp; safety responsibilities</li> <li>• Job performance assessments include an assessment of how well health &amp; safety responsibilities have been carried out</li> </ul> |

### Sample OHS responsibilities: senior management

- Make sure an OHS management system is operating at the hospital, supported by OHS policies and procedures
- Set goals and objectives for the OHS system
- Plan OHS activities over appropriate timeframes (1 year/3 year/5 year) to achieve the goals and objectives
- Make sure OHS responsibilities are defined and allocated to relevant management and supervisory positions
- Set OHS performance indicators for the hospital and monitor and review performance progress against the indicators
- Make sure the OHS needs of the hospital are adequately resourced
- Undertake OHS training for their role and make sure OHS training is available to others in management and supervisory positions
- Support OHS consultation activities within the hospital
- See that steps are taken to correct deficiencies in OHS performance
- Report progress and outcomes of OHS performance to staff and external stakeholders

### Sample OHS responsibilities: workplace managers

- Make sure OHS policies and procedures are operating effectively in the workplace
- Make sure regular risk management activities are undertaken in the workplace and effective risk controls are maintained.
- See that risk controls are periodically reviewed to make sure they continue to be effective
- Make sure job safety analysis is carried out and appropriate safe working practices are developed and followed
- Make sure supervisory staff are trained in their OHS responsibilities
- Make sure OHS training needs of staff are identified and required training is undertaken
- Make sure contractors demonstrate their OHS capabilities before being engaged, that contractors receive OHS induction training and that their work is appropriately supervised
- Support OHS consultation in the workplace by making sure OHS representatives and OHS Committees are in place and that the staff involved are trained and resourced to carry out their role
- Actively participate in OHS consultation activities
- Make sure incidents and accidents are investigated and corrective action is taken
- Make sure emergency procedures are in place and that the procedures are periodically trialed to determine whether they work effectively
- Make sure injury management procedures are operating effectively in the workplace and that return to work programs are followed
- Review workplace OHS performance against hospital performance indicators, take corrective action when required and report outcomes to staff and senior management

### Sample OHS responsibilities: supervisors

- Make sure risk management activities are regularly undertaken in the workplace
- Make sure staff follow safe work procedures
- Respond to hazard reports from staff and implement appropriate corrective action
- Report to management any OHS issues that cannot be solved at the supervisory level
- Undertake regular workplace inspections and see that corrective action is taken promptly
- Participate in incident/accident investigations and see that corrective action is taken promptly
- Monitor the activities of contractors in the workplace to make sure they are working safely
- Help identify OHS training needs of staff and see that they attend the training which is provided
- Participate in OHS consultation through staff meetings, contacts with OHS Representatives and OHS Committee members and contacts with individual staff
- Circulate relevant health and safety information to staff
- Participate in emergency procedure trials and help evaluate the success of the trial
- Support staff who are involved in a return to work program
- Report to management any matters which affect the health and safety of the work environment or the effective operation of the health and safety system

### Sample OHS responsibilities: employees

Major responsibility for implementing an effective health and safety management system and maintaining the health and safety of the work environment lies with people in management and supervisory positions. But employees also have OHS responsibilities. Their involvement in the management of health and safety is vital if the system is to work effectively for everyone's benefit.

- Look after their own health and safety
- Look out for the health and safety of others in the workplace
- Follow safe work practices and use personal protective equipment
- Participate in OHS consultation and OHS training initiatives
- Report hazards and injuries
- Cooperate with managers and supervisors so they can meet their OHS responsibilities
- Don't wilfully interfere with or misuse anything provided in the interest of health and safety or wilfully put anyone at risk

#### Resources

Victorian WorkCover Authority at [www.workcover.vic.gov.au](http://www.workcover.vic.gov.au)

National Occupational Health and Safety Commission at [www.nohsc.gov.au](http://www.nohsc.gov.au)



## OHS Resources sheet 3

### OHS Consultation

#### Guidance note:

Workplace health and safety relies on a partnership with all managers, supervisors and employees involved and playing their part in maintaining a safe working environment. Everyone in the workplace must do their best to work safely, look out for any hazards, be prepared to make suggestions about how work practices or the work environment can be made safer and be willing to participate in all health and safety activities that impact on their work.

For this level of participation to work there must be extensive consultation on OHS issues so people have a chance to be involved, are encouraged to contribute their own ideas and are able to find out about health and safety activities in the workplace.

Consultation and participation are essential to effective risk management. Staff usually know their job and the workplace as well as their managers and supervisors. They are often best placed to first notice hazards and they have to apply the OHS policies and procedures into daily practice. Consultation with staff should include issues such as:

- changes to work organisation and work practices
- introducing new technology
- buying new plant and equipment
- identifying hazards
- deciding on how to control risks
- reviewing the health and safety system
- setting new health and safety performance goals

Consultation is a basic requirement of OHS law. OHS consultation can be based on a formal structure of elected representatives and committees, or it can happen informally during workplace meetings and discussions. The formal structure for OHS consultation in the workplace is set out in Part 4 of the Victorian OHS Act (1985), sections 29 to 37.

| System element  | System element content  | System element measurement  |
|---|---|---|
| <p><b>3. OHS Consultation</b></p> <p><i>People will be more committed to the health &amp; safety system if they are involved in its development and are consulted over aspects of the system which affect them.</i></p> <p><i>Consultation improves the operation of the system because it gives people information about health &amp; safety activities &amp; gives them a chance to contribute their thoughts &amp; ideas on how health &amp; safety can be managed in their workplace.</i></p> | <ul style="list-style-type: none"> <li>• Legal requirements for consultation are met through the operation of workplace OHS representatives and OHS Committees</li> <li>• Arrangements for health &amp; safety consultation and issue resolution in the workplace have been documented</li> <li>• All staff are told about the arrangements for health &amp; safety consultation and issue resolution</li> <li>• Staff are able to elect their representatives on health &amp; safety issues</li> <li>• OHS representatives are trained so they can effectively carry out their role</li> <li>• OHS Committees play an active role in managing and improving workplace health and safety</li> <li>• The agenda and minutes of OHS Committee meetings are circulated in the workplace so everyone has the chance to raise issues and to know what is going on</li> <li>• Staff are consulted when changes are planned for the workplace</li> </ul> | <ul style="list-style-type: none"> <li>• There is a consultation procedure which reflects legal requirements</li> <li>• OHS representatives and OHS Committees are operating in the workplace</li> <li>• OHS representatives and committee members have been trained to carry out their job</li> <li>• Staff in the workplace know who their OHS representatives are and when OHS Committee meetings are held</li> <li>• The agenda &amp; minutes of OHS Committee meetings are available in the workplace</li> <li>• Staff have been consulted when changes have been planned for the workplace</li> </ul> |

## Features of OHS consultation:

### 1. A policy:

The OHS policy should detail the hospital's commitment to consult with its staff on OHS matters and set out how OHS consultation will take place. Management responsibilities for making sure that OHS consultation is happening should be assigned. All staff should know about the policy. It should be circulated in the workplace and be included in induction training for new staff.

### 2. OHS representatives:

OHS representatives may be elected by their peers in their designated work group. OHS representatives have a number of functions to represent the health and safety interests of employees and to consult with management on health and safety matters.

### 3. OHS committees:

An OHS representative can request that an OHS committee be established in the workplace. The OHS committee is designed to facilitate cooperation between staff and management on OHS matters. The committee can also develop, circulate and review standards, rules and procedures relating to health and safety which must be followed in the workplace. At least half the members of the committee must be employees and the committee must meet at least once every three months.

### 4. Informal consultation:

There are many opportunities during the working day for staff and their managers and supervisors to consult on OHS issues. These discussions could take place during regular workplace meetings where work is planned and organised. OHS issues could also be discussed on a one-to-one basis. Carrying out risk assessments will inevitably involve consultation when staff are asked to identify any hazards that concern them and suggest ways to control hazards. Staff should also be consulted when new equipment is being considered for purchase to make sure that what is bought is suitable for the workplace.

### 5. Staff suggestions:

Consultation and participation can also be encouraged through a staff suggestion scheme. These schemes can generate scepticism amongst staff if the suggestions are not seriously dealt with, but if the scheme is administered properly it can be a way to uncover good ideas for improving workplace safety and efficiency. It can also give staff a sense of involvement and achievement.

## 6. OHS communication

OHS consultation in the workplace can be supplemented by communication strategies which give people information about various health and safety issues. Communication strategies can involve posters, circulating pamphlets, producing newsletters, having health and safety presentations, running health promotion days etc. This form of communication can spark people's interest in health and safety issues, give them valuable information and encourage their participation.

### Resolving OHS issues:

Section 26 of the OHS Act (1985) deals with resolving OHS issues in the workplace. If an OHS issue arises it should be resolved by local management and the OHS Representative using the agreed issue resolution procedure. If an immediate safety threat is involved then management and the OHS Representative can, together, direct that work affected by the safety threat should cease. If there isn't agreement between them, then either side can order that relevant work cease until the issue is resolved.

If the OHS issue isn't resolved quickly, or if work has ceased, either party can call in a WorkCover inspector to review the situation. The inspector can take whatever action inspectors are empowered to take under the Act in order to resolve the issue.

#### Resources:

Victorian WorkCover Authority Guidance Note:  
*Consulting with Employees on Health and Safety (Revised September 2001)*  
Available from [www.workcover.vic.gov.au](http://www.workcover.vic.gov.au)

St Vincent's Hospital Melbourne: *Procedure for Employee Consultation & Communication*  
Melbourne Health *Issue Resolution Procedure*  
Available from: [www.health.vic.gov.au/ohs](http://www.health.vic.gov.au/ohs)

## OHS Resources sheet 4

### OHS Training

#### Guidance note:

People can only contribute to a healthy and safe work environment if they have the knowledge and skills to do so. They may bring a great deal of knowledge and skills with them when they begin work at the hospital, but they will still need to be told how health and safety is managed in their new workplace. OHS induction training is essential if new staff are to quickly play their role in how health and safety is managed.

Induction training should, at a minimum, cover:

- OHS policy and responsibilities
- OHS communications and consultation arrangements
- safe work practices
- major workplace hazards
- emergency procedures
- incident reporting

Existing staff will also have a lot of knowledge and skills which they use to do their job each day. But there may be gaps in their knowledge and skills which limit how effective they can be in supporting workplace health and safety. These gaps need to be identified for each person and appropriate OHS training provided. In addition, when people move to new jobs or are given new responsibilities they need further OHS training so they are appropriately equipped to carry out their new role.

There is also a need for an organised program of refresher training because people can forget the lessons they have learnt and can fall into unsafe work habits.

Records have to be kept of what OHS training people have done so managers and supervisors can be confident that a person is fully competent to do their work. The training records are also essential in identifying the gaps which need to be filled in people's knowledge and skills.

Under the OHS Act (1985) employers have to provide OHS training. At section 21 (2) (e) the Act says that an employer fails in their duty towards their employees if they don't "provide such information, instruction, training and supervision to employees as are necessary to enable the employees to perform their work in a manner that is safe and without risks to health."

To help meet this obligation in a hospital work environment staff need to be trained to deal with the main hazards they will face in their work. This would include training in:

- Manual handling (this is relevant for both clinical and non-clinical work areas)
- Aggression and violence,
- Slips, trips and falls,
- Hazardous substances and dangerous goods,
- Occupational stress.

Elected OHS representatives are also required to attend basic training programs to enable them to effectively carry out their responsibilities.

| System element  | System element content   | System element measurement   |
|---|--|--|
| <p><b>4. OHS Training</b></p> <p><i>Everyone has to know how health &amp; safety is managed in the workplace if they are to contribute to maintaining a high standard of health &amp; safety. They also need to know how to do their job safely.</i></p> <p><i>OHS training is particularly important when people first come into the workplace. At that stage they are unfamiliar with the system &amp; the hazards they might encounter</i></p> | <ul style="list-style-type: none"> <li>• There is a process for identifying health &amp; safety training needs &amp; for meeting these needs</li> <li>• OHS training should at least cover responsibilities, consultation, risk management, major hazards, incident reporting &amp; emergency procedures</li> <li>• A training calendar is developed so training can be organised in an orderly way</li> <li>• There are sufficient resources to allow staff to attend the training that is necessary for them</li> <li>• Training materials are developed &amp; given to trainees</li> <li>• Training is delivered by people with appropriate qualifications</li> <li>• The knowledge &amp; competence of people who attend training is assessed to make sure the training was effective</li> <li>• Training records are kept for all staff</li> <li>• Regular refresher training is provided covering key safety issues</li> </ul> | <ul style="list-style-type: none"> <li>• There is a health &amp; safety training procedure</li> <li>• There is a health &amp; safety training calendar which includes delivery of an appropriate range of health &amp; safety training</li> <li>• Resources have been allocated to health &amp; safety training</li> <li>• Health &amp; safety training materials are available</li> <li>• Staff training records are available</li> </ul> |

## The training process:

OHS training should be planned and delivered in an orderly way. The following broad steps provide the basis for building an effective OHS training program.

### 1. Legal requirement

Identify OHS training requirements for the hospital. These will include:

- Legal requirements eg. OHS representatives and committee members must be trained
- Essential work processes which require training eg needle stick injuries, infection controls, manual handling
- Induction training for new staff, contractors and volunteers

### 2. Training needs analysis

Undertake a training needs analysis with staff to identify the gaps in each person's knowledge and skills relating to health and safety to build a list of detailed training requirements which meet individual needs.

### 3. Annual training plan

Based on the OHS training needs identified in steps 1 and 2 put together an annual training plan so training can be provided in an orderly way. The plan lets everyone know what training is available and helps managers and supervisors organise for staff to be released for training. Care should be taken in choosing who delivers training to make sure that the training providers are appropriately qualified and are able to deliver quality training courses.

### 4. Assessment

After staff have done training there should be some form of assessment to make sure the training has achieved the outcomes that were expected of it. This could be done by asking the person who did the training to summarise what they learnt from it, or it could be done by observing the person's work to see how well they are putting the training into action. Training is usually expensive and time consuming and its outcomes should be assessed to make sure staff are getting good value out of the training activities they attend.

### 5. Training records

There should be a system in place which makes sure that training records are kept so that each staff member builds up a training profile of courses they have attended. This way managers and supervisors can be confident that people have the knowledge and skills they require to do their work. Reliable training records are also invaluable in helping to carry out a staff training needs analysis.

## 6. Refresher training

Training must be constantly reinforced to ensure people retain their skills and knowledge. Refresher training should revisit key skills and activities for all staff on a regular basis. Refresher training should also address any changes in policy, procedures, equipment and work practices which have occurred since the original training program was conducted.

### Resources:

Victorian WorkCover Authority Guidance Note:  
*Employee Health and Safety Training* (October 2000)

*Provisions of Occupational Health and Safety Information in Languages Other Than English* Code of Practice (No.16 1992)

Available from: [www.workcover.vic.gov.au](http://www.workcover.vic.gov.au)

St Vincent's Hospital Melbourne *Contractor Safety Induction Training Procedure*

Available from: [www.health.vic.gov.au/ohs/tmplte](http://www.health.vic.gov.au/ohs/tmplte)

Also see National Occupational Health and Safety Commission at [www.nohsc.gov.au](http://www.nohsc.gov.au)

## OHS Resources sheet 5

### OHS Procedures

#### Guidance note:

If people are to work safely and to support the operation of the health and safety system they need to have written procedures to follow. Written procedures are an important way for managers and supervisors to fulfil their responsibility to give staff appropriate safety information, instruction and supervision.

Written procedures are needed for key activities such as risk management, purchasing, training, design, emergency response and inspections and corrective action.

Health and safety procedures should be developed in consultation with staff so they are relevant to the work which has to be done and are practical and easy to follow. Involvement in developing procedures will give staff a sense of ownership and better understanding of the procedures.

Once procedures have been developed they need to be circulated and communicated to relevant staff. This can be done through OHS training activities, through staff meetings, and through the established communication channels in the workplace, such as circulars, newsletters and the intranet. Copies of procedures need to be readily available for staff to consult whenever they require advice and guidance. If there is widespread computer access in the workplace it is probably best to have procedures in electronic form so they can be quickly accessed and printed out, if required.

Written procedures are also necessary for particular hazards. Experience has shown that the key hazards in a hospital environment include manual handling, infection controls, dealing with aggressive and violent behaviour, stress and slips, trips and falls.

| System element   | System element content   | System element measurement  |
|--|--|---|
| <p><b>5. OHS procedures</b></p> <p><i>Written procedures are required to ensure people know how the safety system operates and to ensure safety is incorporated into all standard work practices.</i></p> <p><i>These procedures must cover key activities under the system; such as risk management, purchasing, design, emergency response etc</i></p> <p><i>These procedures form the basis of the organisation's health &amp; safety manual.</i></p> | <ul style="list-style-type: none"> <li>• The need for key health &amp; safety procedures is identified e.g. risk management, purchasing, design, emergency response</li> <li>• Health &amp; safety procedures are developed with reference to legal requirements, codes of practice &amp; Australian Standards</li> <li>• Staff are consulted during the development of health &amp; safety procedures</li> <li>• Safety is incorporated into all standard work practices</li> <li>• Staff are trained in health &amp; safety procedures relevant to their work</li> <li>• Health &amp; safety procedures are periodically reviewed to assess their relevance &amp; effectiveness</li> <li>• Key current and emerging in the hospital sector which should be subject to detailed procedures are manual handling, stress, occupational assaults and slips, trips and falls</li> </ul> | <ul style="list-style-type: none"> <li>• Health &amp; safety procedures have been collected into a health &amp; safety manual which is available to staff</li> <li>• Health &amp; safety procedures are available electronically</li> <li>• Staff are trained in health &amp; safety procedures relevant to their work</li> <li>• Health &amp; safety procedures have been reviewed to assess their on-going effectiveness</li> </ul> |

Safe work practice – an example:

**St. Vincent's Hospital Melbourne**

**JOB SAFETY ANALYSIS WORKSHEET** for .....

CONTRACTOR / Co. NAME

(attached Guidelines & Flowchart may provide assistance in identifying hazards)

THIS JSA IS TO BE SITE SPECIFIC AND INCLUDE ALL WORKERS IN ITS DEVELOPMENT

ID No.....

Date:.....

Permit to Work Required:  YES  NO

Activity:

Approved by SCHS representative:

| <p><b>Activity</b></p> <p><i>List the tasks to perform the activity responsible in the sequence they are carried out</i></p> | <p><b>Hazards</b></p> <p><i>Against each task list the hazards that could cause injury when the task is performed</i></p> | <p><b>Risk Control Measures</b></p> <p><i>List the control measures required to eliminate or minimise the risk of injury arising from the identified hazard</i></p> | <p><b>Who is responsible</b></p> <p><i>Write the name of the person (supervisor or above) to implement the control measure identified</i></p> |
|--|---|---|---|
|  |   |   |   |

Contractor Authorised

OH&S

Signature .....

Authorised Signature .....

**PART 2**

**Job Safety Statement (pertinent to the contract)**

**Personal Qualifications & Experience**

**Personnel, Duties & Responsibilities**

**Training Required to Complete Work**

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
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**Engineering Details/Certificates/WorkCover Approvals**

**Codes of Practice, Legislation applicable**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Plant/Equipment used**

**Maintenance Checks / Records**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Part 1 & 2 Read & Signed by All Employees on Site: .....

## Risk assessment – hazard guidelines

The potential hazards listed below are to be used as a guideline, it is not intended to act as a comprehensive checklist.

- **Vibration**
- **Emergency switches/guarding**
- **Confined spaces**
- **High pressure fluid**
- **Fumes or emissions**  
CFC
- **Hazardous substances**  
chemicals, asbestos
- **Biological**  
human, plant and animal
- **Crushing**  
falling, collapsing, trapping
- **Cutting, stabbing & puncturing**  
ejected, falling, disintegration
- **Striking**  
disintegrating, ejecting
- **Suffocation**  
low oxygen, high contamination, fumes
- **Friction**
- **Entanglement**
- **Fire**
- **Access/egress**
- **Shearing**
- **Environmental**  
dust, noise, weather
- **Manual handling**  
weight
- **Ergonomics**  
design, repetition, restriction,  
lighting, behaviour
- **Electrical**  
shock, burn, isolation, leads,  
cables, switches
- **Slipping tripping & falling**  
surfaces, spills, obstacles, guard rails,  
ladders, collapse
- **Temperature**  
air, surfaces, stability

### Hazard control – guidelines

**Step 1 – List applicable hazards (refer Hazard guidelines for assistance)**

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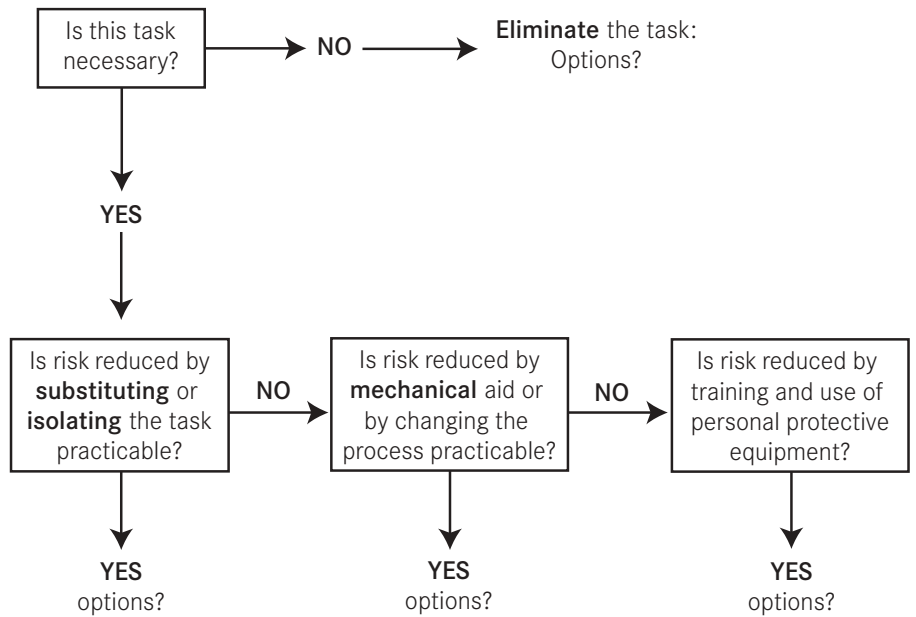


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**Step 2 –** The following is a flowchart of the process to be used in controlling the risk for each of the hazards listed in Step 1 in order to complete Job Safety Analysis worksheet



### Resources:

A range of OHS policies, procedures, forms and templates can be found on the Victorian Hospital OHS Website at: [www.health.vic.gov.au/ohs](http://www.health.vic.gov.au/ohs) These have been provided by St Vincent's Hospital, Melbourne and by Melbourne Health. This is a good way to see how people in other hospital workplaces have identified necessary policies and procedures and the documents they have developed. These resources are a valuable starting point for other hospitals who want to develop their own procedures.

The OHS policies and procedures on this website include:

- Aggression & violence
- Blood & body fluid spills
- Chemicals
- Danger tag – isolation procedure
- Dangerous goods policy
- Emergency procedures
- Hand washing
- Hazard reporting
- Hazardous substances
- Infection prevention
- Manual handling
- Personal protective clothing & equipment
- Purchasing, hiring & leasing
- Risk management
- Sharps handling
- Smoking & illicit drugs

## OHS Resources sheet 6

### Contractor management

#### Guidance note:

Contract workers make an important contribution to the running of any hospital; however, their presence in the workplace raises a number of important health and safety issues. The challenges involved in properly managing contractors in the workplace are often not fully appreciated. This can be because contractors:

- are only in the workplace for a limited time and people think they pose little risk,
- are wrongly thought to be solely responsible for their own safety
- may work in places and at times when there are few staff around
- may be exposed to risks that don't affect hospital staff
- may not know their own responsibilities for risk management and may have few risk controls in place for their work, and
- may take unnecessary risks to cut costs and increase profits.

All of these factors can make contractors a potential risk to themselves and to staff, patients and visitors to the hospital.

While contractors are in the workplace, hospital management have a duty of care for their safety. This duty is shared with management of the contracting company.

| System element  | System element content   | System element measurement   |
|---|--|--|
| <p><b>6. Contractor management</b></p> <p><i>Health facilities use contractors to provide a variety of medical &amp; other services.</i></p> <p><i>Health &amp; safety should be part of the contractor selection criteria so only competent contractors are engaged.</i></p> <p><i>Contractors must be managed while in the workplace to make sure they don't put themselves &amp; other people at risk.</i></p> | <ul style="list-style-type: none"> <li>• A procedure has been developed for engaging contractors &amp; for managing them while they are in the workplace</li> <li>• Contractors are asked to provide evidence of satisfactory health &amp; safety performance with their tenders</li> <li>• Contractor health &amp; safety competence is assessed as part of the selection process</li> <li>• A list is kept of preferred contractors, who have demonstrated their health &amp; safety competence</li> <li>• Contractor staff are given health &amp; safety induction training before starting work</li> <li>• Relevant managers &amp; supervisors review the health &amp; safety performance of contractors</li> <li>• Relevant health &amp; safety information is circulated to contractors</li> </ul> | <ul style="list-style-type: none"> <li>• There is a procedure which covers the management of contractors</li> <li>• Contractor health &amp; safety performance information is included in tender documents</li> <li>• A list of preferred contractors is available</li> <li>• Training records show contractor staff have been given health &amp; safety induction training</li> <li>• Documented reviews of contractor health &amp; safety performance are available</li> </ul> |

## Selection and management of contractors:

There are three essential steps in effective management of contractors.

### Select contractors who:

- can show they are competent to do the job
- can provide concrete evidence of satisfactory health and safety performance, and
- can demonstrate that they know how to apply effective risk controls

### Only allow contractors in the workplace who:

- have done the required OHS induction training, and
- demonstrate they have appropriate safe work practices in place and that their staff are trained in using them

### Monitor how contractors are working:

- monitor contractors to make sure they are working according to their safety plans and procedures, and
- if a contractor's work doesn't meet health and safety requirements let them know and ensure they correct any problems

### Selecting contractors

The first thing to do when selecting contractors is to clearly define what you expect of them. Tender or engagement documents should spell out the health and safety requirements contractors must meet and the standard of OHS performance that will be expected of them.

As part of their tender, contractors should be asked to provide their company documents which show they have existing procedures to manage the health and safety risks that may be encountered. In addition, contractors should be asked to provide evidence which shows they can put their safety procedures into practice. This could be lost time injury figures, number of workers compensation claims, any OHS prosecutions etc. Contractors could also be asked to provide references from other hospitals where they have worked, attesting to their health and safety performance.

The contractor should be asked to show that they have appropriately trained staff and how they would supervise their staff while they are working at the hospital. The contractor should also be asked about their emergency procedures and how these can link with the hospital's own emergency procedures.

### Inducting contractors

When contract workers first come to the hospital they need to be told about the hazards they could encounter and about the procedures they must follow to protect themselves from risk. They need to know about the safety rules which apply in the workplace and who they can contact if they have an immediate health and safety issue. This is particularly important for contractors as they may be working outside

of normal business hours. They should be told about the emergency procedures and how they fit into these procedures.

No one should be allowed into the workplace unprepared for the hazards they may encounter.

### **Monitoring contractors**

Contractors cannot be left unsupervised in the workplace. Managers and supervisors have to check that contractors are working according to their own safety procedures and are meeting the safety standards set by the hospital. Without regularly watching what contractors are doing they could compromise health and safety in the workplace.

Managers and supervisors should have copies of the contractor's safe work procedures so they can regularly check these are being followed. Managers and supervisors should follow up on any reports of unsatisfactory behaviour on the part of contract workers. If problems arise these should be taken up immediately with management in the contractor company and be appropriately resolved.

If a contractor's safety performance does not improve after discussion has taken place, and the contractor continues to be a risk to themselves and everyone about them, then the contractor must be told to stop work. If a contractor's safety performance fails to meet the standards required then it may be necessary to terminate the contract.

Records should be kept of contractor performance so these can be reviewed at the end of the contract and a decision made about how well the contractor performed. This information could be valuable if the contractor applies for further work and provide the basis for creating a list of preferred contractors – companies who have proved they can provide a high standard of health and safety performance.

### **Who is a contractor?**

Contractors are usually thought of as people who are not full or part time employees, but who are engaged under an agreement to carry out specific types of work or provide specific types of services. The legal definition of a contractor can be complex, so if there is doubt whether a person or company are operating as a contractor the WorkCover publication *Contractors and WorkCover* should be consulted for guidance. This publication is available from [www.workcover.vic.gov.au](http://www.workcover.vic.gov.au) under the button *publications*.

#### **Resources:**

St Vincent's Hospital Melbourne *Contractor Induction Policy*

St Vincent's Hospital Melbourne *Contractor Safety Induction Training Procedure*

Available from: [www.health.vic.gov.au/ohs/tmplte](http://www.health.vic.gov.au/ohs/tmplte)



## OHS Resources sheet 7

### OHS Performance indicators and targets

#### Guidance note:

The OHS management system should have goals and performance indicators set for it. The goals establish the ultimate outcomes the system is expected to achieve. The performance indicators are measures that can be used along the way to make sure the system is effective in delivering a safer workplace.

The goals and performance indicators chosen for the hospital should reflect the size and complexity of its operations. They should be practical and achievable, even if meeting them takes a number of stages over a period of time.

Goals and performance indicators should be part of the system from the beginning to give the appropriate direction and performance measurement framework.

Regular performance measurement and review then becomes an essential part of health and safety activity. As time passes performance indicators may change as the hospital working environment and the service demands of the community change. New goals may need to be set if the system achieves its initial goals.

| System element   | System element content  | System element measurement  |
|--|---|---|
| <p><b>7. OHS performance indicators &amp; targets</b></p> <p><i>Targets need to be set for the health &amp; safety system so that system activity is directed towards specified achievements and performance in managing health and safety can be measured.</i></p> <p><i>Targets give the system its direction &amp; provide a framework for on going system assessment.</i></p> <p><i>Performance indicators should be developed so the performance of the system can be regularly reviewed and corrective action taken to make sure progress is being made towards the targets.</i></p> | <ul style="list-style-type: none"> <li>• There is a procedure and performance indicators in place which assess health &amp; safety performance</li> <li>• Existing records are used to establish base line data. This would include injury rates in recent years, first aid incidents, incident reports etc.</li> <li>• Performance indicators balance negative indicators (injury rates, first aid treatments, reported incidents) with positive indicators (training activities, frequency of inspections, timeliness of corrective action)</li> <li>• Performance indicators are reviewed on a regular basis to make sure the health &amp; safety system is running effectively and performance is being improved</li> <li>• Any performance weaknesses are identified and corrected in a timely manner</li> <li>• Health &amp; safety performance is regularly reported to staff</li> </ul> | <ul style="list-style-type: none"> <li>• A procedure to cover system performance is available</li> <li>• Regular performance reports are available which chart the performance of the system</li> <li>• Corrective action has been taken to address weaknesses in system performance</li> <li>• Performance information has been made available to staff</li> </ul> |

### OHS system goals:

OHS goals can be set for the hospital as a whole and for particular parts of the hospital's operations. The hospital's OHS goals should be included in its OHS policy statement so that everyone is clear about what the hospital seeks to achieve in health and safety.

There are two obvious minimum OHS goals for all hospitals:

1. maintain a workplace free of injury and illness. This is simply an expression of the employer's duty of care from section 21 of the OHS Act (1985).
2. comply with all OHS law and regulations. Legal compliance must be a goal for all employers and for every workplace.

Other goals could include:

- maintain superior performance across all elements of the OHS management system,
- maintain superior OHS performance against comparable hospitals in Victoria,
- lead the industry sector in the development of innovative safe work systems and safe equipment design.

Goals for individual parts of the hospital's operations could focus on particular hazards which give concern. For example, a goal could be set to eliminate all manual handling injuries or to eliminate all needle stick injuries. With these types of goals there is the opportunity to set milestones and timeframes. Taking the current year's performance as a baseline figure a goal could be set to reduce manual handling injuries by 20% over the next two years as a milestone along the way to eventually eliminating all such injuries.

### OHS performance indicators:

OHS performance indicators usually fall into two main types:

- Process indicators
- Outcome indicators

**Process indicators** (or positive indicators) are used to measure how well the OHS management system is operating. These indicators focus on the activities that are going on in the workplace to prevent people being injured. Some examples of process indicators are:

- The number of management and supervisory positions that have OHS responsibilities defined for them and written into their job description
- Regular conduct of OHS committee meetings
- The number of staff who attend training
- The number of contractors who attend induction training before starting work
- The number of scheduled workplace inspections that are carried out

- All corrective action following inspections are carried out
- All identified hazards have safe work procedures written for them
- Incident/injury reports are completed after every workplace incident

Process indicators can also be used to focus on how well safety procedures are being followed. For example:

- The number of staff who use required personal protective equipment
- The number of staff who apply infection control procedures
- The number of times lifting devices are used when moving patients

Process indicators should be designed to suit the needs and approach of each organisation.

**Outcome indicators** (sometimes called negative indicators) are usually based on measuring the failure of the OHS management system because they relate to the volume of injuries that are experienced in the workplace. They focus on things like the number of incidents and injuries, the lost time injury frequency rate and the frequency and cost of workers compensation claims.

These indicators are widely used because it is relatively easy to get direct numerical results. But these numbers can be misleading because they don't give a direct insight into how the OHS management system is operating. There could be injuries happening in the workplace even though a great deal of good effort is going towards building a successful OHS system. It just may take time to have the desired impact on the injury rate. In some smaller workplaces injuries may be infrequent and provide no meaningful basis upon which to measure OHS performance.

It is also common practice for people not to report incidents or injuries that happen in the workplace. Someone who is injured may opt to take sick leave rather than claim workers compensation. This often happens with people who suffer from workplace stress. Lost time injury frequency rates can be manipulated by bringing people back to work quickly and giving them trivial tasks which have no relation to their normal duties.

OHS performance indicators should be a balance of process measures and outcome measures. This is the best way to obtain the most accurate picture possible of how well the OHS management system is operating and where it might need to be improved.

Performance against OHS goals and indicators should be used to continuously improve health and safety management and should be reported to staff and external stakeholders so that everyone knows how well the workplace is handling health and safety. That way everyone can take pride in achievement and everyone will better understand where improvements might need to be made.

## Sample OHS performance indicators

### Process (or positive) indicators: measure system health

| Indicator  | Comment  |
|--|--|
| There is an OHS Policy, which is periodically reviewed   | The organisation has publicly declared goals, commitments & responsibilities for OHS management & periodically reviews these to keep its OHS policy relevant & practical |
| OHS responsibilities have been identified & assigned   | OHS responsibilities have been identified & delegated to managers, supervisors and employees   |
| Position holders have been trained in how to carry out their OHS responsibilities                | People who have OHS responsibilities have been trained in how to carry them out  |
| OHS is a performance criteria for managers   | The performance of managers is assessed against how well they carry out their OHS responsibilities   |
| OHS is a fixed agenda item for management meetings   | OHS issues & performance are always considered at management meetings  |
| There is a purchasing policy which includes OHS requirements & specifications                    | All goods & services are assessed for their OHS impacts before being purchased   |
| OHS is a criteria for selection of contractors & subcontractors                                  | The OHS capabilities of contractors & subcontractors are assessed before they are engaged  |
| OHS representatives & committee members have been trained  | People with OHS representation responsibilities are trained in how to carry them out   |
| The OHS committee meets regularly & its agenda & minutes are circulated                          | OHS consultation is carried out regularly & people in the workplace are told what is going on  |
| There are regular activities to identify hazards, assess their risks & implement risk controls   | Risk management activities are being continuously applied  |
| There are regular inspections of the workplace and necessary corrective action is taken          | The workplace is regularly checked to identify hazards & apply risk controls   |
| There is a schedule for preventative maintenance on plant & equipment                            | The maintenance needs of plant & equipment have been assessed & maintenance is carried out on a regular basis  |
| OHS training needs of staff are identified & necessary training is provided                      | Staff training needs have been assessed & a training program is undertaken to meet these needs   |
| New staff, contractors & visitors receive OHS induction training before they enter the workplace | Everyone is given an OHS induction before they enter the workplace   |

**Outcome (or negative) indicators: measure system breakdown**

| <b>Indicator</b>                        | <b>Comment</b>  |
|---|---|
| Lost time injuries                      | This the number of injuries which result in the injured person taking time off work to recover  |
| Frequency of all injuries               | This is the figure for all injuries, including those where the injured person doesn't need to take time off work  |
| Accident/incident reports               | The nature & frequency of safety incidents and accidents are a direct indication that there are unidentified and uncontrolled hazards in the workplace. This is an indication that risk management activities aren't working effectively.   |
| Workers compensation premium & payments | Accidents in the workplace which result in the injured person receiving workers' compensation payments feed into the organisation's workers compensation record which helps determine workers' compensation premiums. These are one of the main direct dollar costs of workplace accidents. |
| First aid attendance                    | The number of times first aid is given to people who are injured at work. This figure also indicates that risk management activities may not be fully effective.  |
| Plant & equipment breakdown             | Plant and equipment breaking down while in operation presents a hazardous situation. It indicates that plant & equipment is not being effectively maintained.   |
| Workplace evacuations                   | An emergency situation which forces the evacuation of the workplace graphically shows that risk management activities aren't effective  |
| Disputes over OHS issues                | If disputes develop between management and staff over OHS issues it is an indication that OHS consultation in the workplace is not operating effectively  |
| WorkCover inspections                   | If a WorkCover inspector is called to the workplace to make an inspection during a dispute over an OHS issue it indicates a serious breakdown in internal consultation processes between management & staff   |
| Improvement & prohibition notices       | If a WorkCover inspector issues an improvement or prohibition notice because a safety threat has been identified during an inspection it means the internal OHS system is not operating effectively to identify and control hazards   |
| Prosecutions                            | A prosecution for safety breaches indicates that the OHS system is not effectively identify & controlling hazards in order to achieve compliance with OHS law   |



## OHS Resources sheet 8

### Risk management processes

#### Guidance note:

Hazards are present in every hospital workplace and are a threat to everyone's health and safety. Hazards can arise from many sources, including manual handling activities, infection exposure, using hazardous substances and violent behaviour by patients and visitors. There must be a continuous process to identify hazards and do something about them before anyone gets hurt. Either the hazards should be eliminated or the risks they pose must be controlled so people are kept safe.

The risk management process also needs to be linked to the purchasing procedure to make sure that the purchase of equipment, materials and services doesn't 'buy in' hazards to the workplace.

The risk management process represents the basic preventative philosophy of OHS law. It also reflects the key responsibilities placed on employers to provide a healthy and safe workplace. Because conditions in the workplace frequently change, hazard identification and risk control has to be a continuing process.

| System element   | System element content  | System element measurement  |
|--|---|---|
| <p><b>8. Risk management processes</b></p> <p><i>Hazards are present in all workplaces &amp; could pose a threat to everyone's health &amp; safety. Likely hazards include: manual handling, infection exposures, hazardous substances, violent behaviour, slips, trips and falls.</i></p> <p><i>There must be a continuous process to identify hazards and put effective controls in place.</i></p> <p><i>Either the hazards should be eliminated altogether or the risk from hazards must be controlled so people are kept safe.</i></p> | <ul style="list-style-type: none"> <li>• There is a procedure which sets out how the risk management process operates in the workplace</li> <li>• Relevant people have been given responsibility for maintaining the risk management process</li> <li>• Efforts are made to identify hazards using information sources such as workplace records, workplace inspections, incident reports, reports from staff</li> <li>• Identified hazards are assessed to determine their likely impact &amp; appropriate risk controls are developed</li> <li>• Safe work practices are developed using the information gained from the risk management process</li> <li>• Everyone who comes into the workplace is told about the identified hazards and how they are controlled</li> <li>• The effectiveness of risk controls is regularly reviewed to ensure they continue to provide adequate protection &amp; to look for improvements</li> </ul> | <ul style="list-style-type: none"> <li>• A risk management procedure for the workplace is available</li> <li>• Risk management responsibilities have been given to relevant staff</li> <li>• Hazards have been identified &amp; risk controls are in place</li> <li>• Safe work practices have been developed</li> <li>• Everyone in the workplace knows about the hazards they face &amp; the risk controls that are applied</li> <li>• Documented reviews of risk controls are available</li> </ul> |

## The risk management process:

### Adopting a risk management approach

OHS risk management is a tool for achieving essential safety performance to meet the requirements of OHS law and the objectives of the organisation's OHS policy and procedures. It can have additional benefits in such areas as staff morale and procedural efficiency. OHS risk management is a commonsense, step by step process to achieve a desired outcome. It is a tool used every day of our lives to help us achieve goals and to avoid or minimise threats.

OHS law is based on preventative strategies. If employers are to fulfil their obligations under OHS law to provide a safe and healthy workplace then steps must be taken to adequately control risk so that no one is hurt during the course of their work. The only way an employer can meet this obligation is through the constant application of OHS risk management techniques in the workplace. Basically this means that you must be out looking for trouble, not waiting for trouble to come to you. Hazards must be identified and controlled before any one gets hurt. Finding out about a hazard after someone has been injured is not an appropriate way to manage workplace health and safety.

OHS risk management comprises four steps:

- Hazard identification
- Risk assessment
- Risk control
- Monitor and review

In its simplest form this involves four questions:

- What is the problem?
- Why is it a problem?
- How can the problem be fixed?
- Is the problem still fixed?

### Hazard identification

There is no single way to recognise hazards. A number of strategies need to be applied to give an accurate picture of the hazards involved in a job.

When trying to identify hazards the focus should not just be on the hospital's own staff. The health and safety of hospital work environments also impacts on the safety of contractors, volunteers, patients and visitors. These people need to be taken into account as well.

Consideration should be given to situations where staff work away from the hospital site, such as visiting patients in their homes. Controlling hazards in these situations presents a tough challenge because the staff member is distant from supervision, communication and support.

Strategies to identify hazards include:

- *Analysing records of accidents and injuries in the workplace.* This analysis can uncover incidence patterns which may point to particular hazardous situations, client profiles, training limitations, communication failings etc.
- *Accident and incident investigations.* Investigations should involve a senior manager and relevant staff, who should look at all the circumstances to identify what went wrong and how similar situations can be better handled in the future.
- *Workplace inspections.* Regular inspections of the workplace should be undertaken in an effort to spot hazards. A checklist should be used so that all areas are covered every time and the outcomes are recorded.
- *Reporting hazards.* The first people to be alerted to a hazard are often the staff doing the job. An effective reporting system is the quickest way for hazards to be recognised.

### Risk assessment

Once hazards have been identified the risks they pose need to be assessed so action can be taken about them. A risk assessment is an attempt to work out what the consequences could be if a hazard resulted in an accident. It is a speculative exercise which asks “What if....?”. A risk assessment attempts to balance the consequences of an accident against how likely it is that an accident will happen.

A risk assessment results in a priority of hazards. The levels of priority run from those hazards which could have major consequences and happen often to those which will happen infrequently and have minor consequences. The hazards which have the highest rating should be tackled first because they are the ones which will have the worst outcomes if an accident happens.

Risk assessments can be performed with the help of a matrix which applies values to the frequency and consequences of accidents. This allows hazards to be easily prioritised. The following simple matrix has been adapted from the Australian Standard 4360:1999 ‘Risk Management’.

| LIKELIHOOD         | CONSEQUENCES       |            |               |            |                   |
|--------------------|--------------------|------------|---------------|------------|-------------------|
|                    | Insignificant<br>1 | Minor<br>2 | Moderate<br>3 | Major<br>4 | Catastrophic<br>5 |
| A (almost certain) | H                  | H          | E             | E          | E                 |
| B (likely)         | M                  | H          |               | E          | E                 |
| C (moderate)       | L                  | M          | H             | E          | E                 |
| D (unlikely)       | L                  | L          | M             | H          | E                 |
| E (rare)           | L                  | L          | M             | H          | H                 |

E – extreme risk; immediate action required

H – high risk; senior management attention needed

M – moderate risk; management responsibility must be specified

L – low risk; manage by routine procedures

## Risk control

Once hazards have been identified and their level of risk assessed steps must be taken to control the risk. Risk controls are usually identified in the form of a hierarchy:

### HIERARCHY OF CONTROL

**Eliminate** the hazard and so eliminate any risks

**Substitute** a less hazardous alternative  
(eg. use water based chemicals rather than solvent based ones)

**Isolate** the hazard (eg enclose a noisy machine)

Use **engineering controls** (eg install exhaust ventilation to extract dangerous fumes or dusts)

Use **administrative controls** (eg job rotation to make sure people don't work close to a hazard for a long time)

Use **personal protective equipment and clothing**



The hierarchy of risk control reflects the philosophy of prevention, in that the best approach is to eliminate risks, if this is possible. That way people have a safe workplace so they don't have to be concerned about risks and their own safety. The least desirable risk controls are those which require people to always do the right thing by following set procedures or using personal protective equipment.

It will often be the case that no single risk control will effectively do the job on its own. A number of risk controls may have to be applied at the same time. It may also be the case that the best risk control can't be introduced immediately, there may be budget constraints or the need for technology upgrades. In these situations interim risk controls may have to be introduced until the preferred option becomes available.

The information and analysis gathered during the risk management process must be recorded and used to develop safe operating procedures. It is through these standard procedures that staff can be informed of the risk involved in the work they are undertaking, and advised on how best to carry out their work with maximum security to themselves and everyone else involved.

## Monitor and review

The risk management process is not concluded when risk controls are introduced. The working environment is always subject to change and risk controls have to be monitored and periodically reviewed to make sure they are still working. Risk controls also need to be monitored because sometimes introducing a risk control to solve one problem can cause other problems which weren't anticipated during the risk management process.

Changes in technology, community standards, the OHS legal framework and acceptable work practices can also force change in the way risks are controlled. These changes can open up opportunities to develop better risk controls and so improve the safety of the working environment.

The OHS risk management process gives managers and staff the opportunity to analyse their work activities and work environment in order to achieve the best possible standard of health and safety for themselves and everyone affected by their work. It will also assist hospitals to comply with the requirements of OHS law and will shift focus onto effective preventative strategies rather than simply trying to manage the aftermath of injuries and incidents in the workplace.

#### Resources:

Victorian WorkCover Authority Guidance Note:

*Hazard identification, risk assessment and risk control in the workplace* (October 2000)

Victorian WorkCover Authority Guidance Note:

*Managing Manual Handling in a large organisation* (March 2001)

Victorian WorkCover Authority Guidance Note:

*Managing Manual Handling in a small organisation* (March 2001)

Victorian WorkCover Authority Alert

*Manual Handling Risks* (November 1999)

Victorian WorkCover Authority

*A Guide to Risk Control Plans* (September 2001)

The following regulations include responsibilities for employers to identify hazard and assess and control risks.

Occupational Health and Safety (Manual Handling) Regulation 1999

Occupational Health and Safety (Plant) Regulation 1995

Occupational Health and Safety (Hazardous Substances) Regulation 1999

Occupational Health and Safety (Noise) Regulation 1992

Occupational Health and Safety (Confined Spaces) Regulation 1996

Occupational Health and Safety (Lead) Regulation 2000

Available from: [www.workcover.vic.gov.au](http://www.workcover.vic.gov.au)

St Vincent's Hospital *Risk Management Procedure*

Available from: [www.health.vic.gov.au/ohs/policy](http://www.health.vic.gov.au/ohs/policy).

Also see National Occupational Health and Safety Commission at [www.nohsc.gov.au](http://www.nohsc.gov.au) and Standards Australia at [www.standards.com.au](http://www.standards.com.au)



## OHS Resources sheet 9

### Inspection, testing and corrective action

#### Guidance note:

Regular inspections of the workplace are essential to make sure risk controls are working and to uncover any new hazards that may have arisen. Inspections should be programmed so they happen regularly and cover all the workplace.

To be effective the inspections should be carried out by people who have health and safety training and experience of the workplace so they know what to look for. They should also use checklists to make sure they don't overlook anything important. The inspection checklists should be kept as part of OHS documents because there may be a need to refer to them in the future and because they provide evidence that regular inspections are being carried out in the workplace. The outcomes from inspections should be reported to the OHS Committee and to senior management.

Any problems found during the inspection should be fixed as quickly as possible. Corrective action should be assigned to appropriate supervisors and managers and timeframes established for corrective actions to be completed. Corrective action should be reviewed after a period of time to make sure it continues to be effective.

Along with inspections of the work environment and checks on work processes there should also be a plan for regular testing of machinery, equipment and safety facilities. This would include boilers and other pressure vessels and electrical equipment. There must also be regular inspection and testing of emergency equipment such as fire hydrants, hose reels, extinguishers, smoke detectors and emergency lighting and alarms.

| System element  | System element content  | System element measurement   |
|---|---|--|
| <p><b>9. Inspection, testing &amp; corrective action</b></p> <p><i>Regular and planned checks of the workplace are essential to make sure risk controls are effective &amp; new hazards haven't arisen.</i></p> <p><i>Checks include site inspections, maintenance of plant &amp; equipment &amp; tests of the work environment.</i></p> <p><i>Corrective actions should be identified, recorded and actioned to maintain a safe working environment.</i></p> | <ul style="list-style-type: none"> <li>• There is a procedure which covers inspection, testing &amp; corrective action</li> <li>• There are checklists &amp; other forms to support inspection, testing &amp; corrective actions</li> <li>• There is an inspection &amp; testing schedule</li> <li>• People who undertake inspections &amp; testing are qualified</li> <li>• Identified problems are recorded &amp; appropriate corrective action is developed</li> <li>• Corrective action is reviewed to ensure it has been done in a timely manner &amp; has been effective</li> <li>• Inspection &amp; testing reports are provided to relevant managers &amp; safety representatives</li> <li>• Inspection &amp; testing records are kept</li> </ul> | <ul style="list-style-type: none"> <li>• There is a procedure which sets out how inspection &amp; testing is done in the workplace</li> <li>• There are checklists &amp; forms for the inspection &amp; testing process</li> <li>• There is a schedule which sets out when inspection &amp; testing is done</li> <li>• Corrective action reports show that safety problems are resolved in a timely manner &amp; the effectiveness of corrective action is reviewed</li> <li>• Inspection &amp; testing reports are available</li> </ul> |

## Example – General health and safety checklist

Responsible manager: .....

OH&S representative: .....

Worksite location: ..... Date: .....

Persons completing inspection: .....

Indicate in the following manner:

**✓ Acceptable    ✗ Not acceptable    N/A Not applicable**

### 1. Health and Safety Systems

- |      |   |
|------|---|
| 1.1  | OH&S policy displayed                             |
| 1.2  | Accident report book                              |
| 1.3  | Induction records                                 |
| 1.4  | Rehabilitation policy available                   |
| 1.5  | Workplace inspection records                      |
| 1.6  | Emergency procedures                              |
| 1.7  | Training records                                  |
| 1.8  | Documented safe work procedures                   |
| 1.9  | Protective clothing & equipment records           |
| 1.10 | MSDS available                                    |
| 1.11 | Health & safety systems manual                    |
| 1.12 | H&S representatives elected & accredited training |
| 1.13 | Management safety representative appointed        |
| 1.14 | Risk assessment available                         |
| 1.15 | Health & safety plan available                    |

### 2. Housekeeping

- |     |   |
|-----|---|
| 2.1 | Work areas free from rubbish & obstructions |
| 2.2 | Surfaces safe and suitable                  |
| 2.3 | Free from slip/trip hazards                 |
| 2.4 | Floor openings covered                      |
| 2.5 | Stock/material stored safely                |

#### **AISLES**

- |     |                                  |
|-----|----------------------------------|
| 2.6 | Unobstructed and clearly defined |
| 2.7 | Adequate lighting                |
| 2.8 | Vision at corners                |
| 2.9 | Wide enough                      |

### 3. Electrical

- 3.1 No broken plugs, sockets, switches
- 3.2 No frayed or defective leads
- 3.3 Power tools in good condition
- 3.4 No work near exposed live electrical equipment
- 3.5 Tools and leads inspected and tagged
- 3.6 No strained leads
- 3.7 No cable-trip hazards
- 3.8 Switches/circuits identified
- 3.9 Lock-out procedures/danger tags in place
- 3.10 Earth leakage systems used
- 3.11 Start/stop switches clearly identified
- 3.12 Switchboards secured
- 3.13 Appropriate fire fighting equipment

### 4. Lighting

- 4.1 Adequate and free from glare
- 4.2 Lighting clean and efficient
- 4.3 Windows clean
- 4.4 No flickering or inoperable lights
- 4.5 Emergency lighting system

### 5. Fire Control

- 5.1 Extinguishers in place
- 5.2 Fire fighting equipment serviced/tagged
- 5.3 Appropriate signing of extinguishers
- 5.4 Extinguishers appropriate to hazard
- 5.5 Emergency exit signage
- 5.6 Exit doors easily opened from inside
- 5.7 Exit path ways clear of obstruction
- 5.8 Alarm/communication system – adequate
- 5.9 Smoking/naked flame restrictions observed
- 5.10 Minimum quantities of flammables at workstation
- 5.11 Flammable storage procedures
- 5.12 Emergency personnel identified and trained
- 5.13 Emergency procedures documented – issued

5.14 Emergency telephone numbers displayed

5.15 Alarms tested

5.16 Trial evacuations conducted

5.17 Personnel trained in use of fire fighting equipment

## 6. Hazardous Substances

6.1 Stored appropriately

6.2 Containers labeled correctly

6.3 Adequate ventilation/exhaust systems

6.4 Protective clothing/equipment available/used

6.5 Personal hygiene – dermatitis control

6.6 Waste disposal procedures

6.7 Material safety data sheets available

6.8 Chemical handling procedures followed

6.9 Chemical register developed

6.10 Appropriate emergency/first aid equipment – shower, eye bath, extinguishers

6.11 Hazchem signing displayed

## 7. Stairs, steps and landings

7.1 No worn or broken steps

7.2 Handrails in good repair

7.3 Clear of obstructions

7.4 Adequate lighting

7.5 Emergency lighting

7.6 Non-slip treatments/treads in good condition

7.7 Kick plates where required

7.8 Clear of debris and spills

7.9 Used correctly

## 8. Manual Handling

8.1 Mechanical aids provided and used

8.2 Safe work procedures in place

8.3 Manual handling risk assessment performed

8.4 Manual handling controls implemented

## 9. Workplace Ergonomics

9.1 Workstation and seating design acceptable

9.2 Ergonomic factors considered in work layout and task design

9.3 Use of excessive force and repetitive movements minimised

9.4 Appropriate training provided

#### **10. First Aid**

10.1 Cabinets and contents clean and orderly

10.2 Stocks meet requirements

10.3 First aiders names displayed

10.4 First aiders location and phone numbers

10.5 Qualified first aider(s)

10.6 Record of treatment and of supplies dispensed

#### **11. Material Storage**

11.1 Stacks stable

11.2 Heights correct

11.3 Sufficient space for moving stock

11.4 Material stored in racks/bins

11.5 Shelves free of rubbish

11.6 Floors around stacks and racks clear

11.7 Drums checked

11.8 Pallets in good repair

11.9 Heavier items stored low

11.10 No danger of falling objects

11.11 No sharp edges

11.12 Safe means of accessing high shelves

11.3 Racks clear of lights/sprinklers

#### **12. Personal Protection**

12.1 Employees provided with PPE

12.2 PPE being worn by employees

12.3 Sun cream and sunglasses provided

#### **13. Amenities**

13.1 Washrooms clean

13.2 Toilets clean

13.3 Lockers clean

13.4 Meal rooms clean and tidy

13.5 Rubbish bins available – covered

13.4 Correct signage at access points

**14. Ladders**

- 14.1 Ladders in good condition
- 14.2 Ladders not used to support planks for working platforms
- 14.3 Correct angle to structure 1:4
- 14.4 Extended 1.0 metre above top landing
- 14.5 Straight or extension ladders securely fixed at top
- 14.6 Metal ladders not used near live exposed electrical equipment

**15. Public Protection**

- 15.1 Appropriate barricades, fencing, hoarding, gantry secure and in place
- 15.2 Signage in place
- 15.3 Suitable lighting for public access
- 15.4 Footpaths clean and free from debris
- 15.5 Dust and noise controls in place
- 15.6 Site access controlled
- 15.7 Traffic control procedures in place
- 15.8 Public complaints actioned

**16. Prevention of Falls**

- 16.1 All work platforms have secure handrails, guarding or fence panels
- 16.2 Harness and lanyard or belts provided
- 16.3 All floor penetrations covered or barricaded
- 16.4 Unsafe areas signposted and fenced
- 16.5 Safe work procedure in place

**17. Mobile Plant and Equipment**

- 17.1 Plant and equipment in good condition
- 17.2 Daily safety inspection procedures/checklists
- 17.3 Fault reporting/rectification system used
- 17.4 Operators trained and licensed
- 17.5 Warning and instructions displayed
- 17.6 Warning lights operational
- 17.7 Reversing alarm operational
- 17.8 Satisfactory operating practices
- 17.9 Fire extinguisher
- 17.10 Tyres satisfactory
- 17.11 SWL of lifting or carrying equipment displayed

17.12 Height limits displayed

### **18. Confined Spaces**

18.1 Risk assessment undertaken

18.2 Communication and rescue plan in place

18.3 Safety equipment in good working condition

18.4 Suitable training provided to employees

18.5 Confined Space permit used

### **19. Lasers**

19.1 Operator has laser operator licence

19.2 Signage displayed

19.3 Laser not used in a manner to endanger other persons

### **20. Machinery and Workbenches**

20.1 Adequate work space

20.2 Clean and tidy

20.3 Free from excess oil and grease

20.4 Adequately guarded

20.5 Warnings or instructions displayed

20.6 Emergency stops appropriately placed and clearly identifiable

20.7 Operated safely and correctly

#### **WORKBENCHES**

20.8 Clear of rubbish

20.9 Tools in proper place

20.10 Duckboards or floor mats provided

### **21. Welding**

21.1 Gas bottles securely fixed to trolley

21.2 Welding fumes well ventilated

21.3 Fire extinguisher near work area

21.4 Only flint guns used to light torch

21.5 Flash back spark arresters fitted

21.6 Vision screens used for electric welding

21.7 LPG bottles within 10 year stamp

21.8 PPE provided and worn

21.9 Hot Work permit system used

**22. Demolition**

- 22.1 Risk assessment undertaken in advance
- 22.2 Access prevented to demolition area
- 22.3 Overhead protection in place
- 22.4 Protection of general public
- 22.5 Safe work procedure in place

**23. Excavations**

- 23.1 Shoring in place and in sound condition
- 23.2 Excavation well secured
- 23.3 Signage displayed
- 23.4 Banks battered correctly and spoil away from edge
- 23.5 Clear and safe access around excavation
- 23.6 Separate access and egress points from excavation
- 23.7 Safe work procedure in place

**Resources**

A range of sample OHS inspection checklists, forms and templates can be found on the Victorian Hospital Website at [www.health.vic.gov.au/ohs](http://www.health.vic.gov.au/ohs). These have been provided by Melbourne's St Vincent's Hospital and Melbourne Health. The resources are a valuable starting point for other hospitals who need to develop their own inspection and testing checklists and documentation.

These checklists include:

- General Workplace Inspection Framework (procedure)
- General safety checklist
- Lab safety checklist
- Nursing OHS checklist
- Office safety checklist
- Office workstation assessment form.

## OHS Resources Sheet 10

### Incident reporting and emergency response

#### Guidance note:

#### Incident reporting

Even with the best planned and operating health and safety system there is still a chance that something could go wrong in the workplace – an accident may happen, there could be a ‘near-miss’, or someone could do something which isn’t safe. All of these situations highlight the fact that there are hazards in the workplace which need to be controlled. There has to be a process in place for these events to be reported and examined so appropriate action can be taken to make sure they don’t happen again.

The incident reporting process is based on an incident reporting form which people in the workplace fill out, giving as much information as possible about what happened. The incident reporting form should go to the local manager and supervisor so they are informed of the incident and can take steps to investigate the circumstances. The investigation should result in the main causes being identified and corrective action being taken to ensure the situation does not happen again.

For the incident reporting process to work effectively it is important that a ‘no blame’ approach is adopted. If people feel they are going to be blamed for what happened they will be much less inclined to report an incident or a ‘near-miss’. Even accidents may be concealed, with the injured person taking sick leave rather than claiming workers’ compensation. The purpose of an incident investigation is to stop the situation happening again not to point the finger at anyone. If the investigation does discover that someone did the wrong thing the reason for their behaviour should be determined. They may need further training and instruction, or they may require closer supervision.

OHS law requires that some incidents be reported to the WorkCover Authority. This is spelt out in the Occupational Health and Safety (Incident Notification) Regulation 1997.

Workplace incidents which result in someone being killed or seriously injured have to be reported to WorkCover immediately. Written notification of what happened has to be sent to WorkCover within 48 hours of the incident. This can be done on the Incident Notification Form available from WorkCover.

#### Resources:

Occupational Health and Safety (Incident Notification) Regulation 1997  
 Victorian WorkCover Authority *Incident Notification – At A Glance* (July 2002)  
 Victorian WorkCover Authority *Incident Notification Form*  
 Available from: [www.workcover.vic.gov.au](http://www.workcover.vic.gov.au)

St Vincent’s Hospital Melbourne *Hazard Reporting Procedure*  
 St Vincent’s Hospital Melbourne *Hazard/Incident/Near Miss Report*  
 Melbourne Health *Staff Incident Report Form*  
 Available from: [www.health.vic.gov.au/ohs](http://www.health.vic.gov.au/ohs)

## Emergency response

Emergency situations can develop in the workplace even with the best risk controls operating. These situations could involve, for example, fire, extreme weather conditions or the actions of a violent intruder. There have to be procedures in place which guide people in how to respond if an emergency happens.

Everyone in the workplace should know about the emergency procedures and the role they must play in an emergency. Staff should be trained in the emergency procedures. Relevant information should also be given to people in the workplace for a short time, like contractors and visitors. There should be signs in various parts of the workplace which list crucial steps in the emergency procedure and indicate the location of assembly points if an evacuation is required.

Certain staff should be given responsibility for taking control in an emergency and providing direction and leadership to everyone else. This is often done through a hierarchy of chief warden, deputy warden and floor wardens. These people must be trained to carry out their role. Everyone in the workplace should know who the people are in this hierarchy and should take direction from them during an emergency.

The emergency procedures should be periodically trialed to make sure they work effectively. Emergency procedure trials give everyone the chance to become familiar with their role so that if a real emergency happens they know exactly what to do. Any problems encountered during the trial should be examined and steps taken to fix the problem. The effectiveness of emergency procedures could be crucial if a real emergency happens so it is important to use the trials to eliminate any problems.

External emergency services – police, fire brigade etc. – should also know about the emergency procedure and it may be appropriate to include them in trials of the procedure.

### Resources:

Melbourne Health *Emergency Procedures Manual*  
St Vincent's Hospital Melbourne *Emergency Procedures Manual*  
Available from: [www.health.vic.gov.au/ohs](http://www.health.vic.gov.au/ohs).

| System element  | System element content   | System element measurement  |
|---|--|---|
| <p><b>10. Incident reporting &amp; emergency response</b></p> <p><i>While the health &amp; safety system aims to prevent people being injured or becoming ill at work, safety incidents may still happen. There must be a procedure available to report incidents, investigate them &amp; ensure they don't happen again.</i></p> <p><i>Procedures are required in case of a major safety incident involving, for example, fire, a chemical spill or violent behaviour.</i></p> | <ul style="list-style-type: none"> <li>• There is a procedure which sets out how safety incidents are reported, investigated &amp; corrective action taken</li> <li>• There are forms for reporting incidents &amp; doing investigations</li> <li>• Incident reporting forms are available in the workplace</li> <li>• Staff &amp; other people in the workplace know how to fill out an incident report &amp; what will be done with the report</li> <li>• Supervisors &amp; managers receive incident reports, carry out investigations to identify why an incident happened &amp; decide on corrective action to ensure it doesn't happen again</li> <li>• Corrective action is reviewed to ensure it is effective</li> <li>• There are procedures which cover emergency situations</li> <li>• Everyone has been trained in the emergency procedures</li> <li>• People have been appointed to responsible positions under the emergency procedures &amp; have been trained to carry out their responsibilities</li> <li>• The emergency procedures are regularly trialed</li> <li>• Weaknesses uncovered during trials of the emergency procedures are quickly corrected</li> </ul> | <ul style="list-style-type: none"> <li>• Procedures are in place for incident reporting &amp; investigation &amp; for emergency response</li> <li>• Staff are trained in how to follow the procedures</li> <li>• Incident report forms are available in the workplace</li> <li>• Completed incident report forms &amp; incident investigation reports are available</li> <li>• Incident investigation reports show that corrective action has been carried out promptly</li> <li>• Reports of trials of the emergency procedures are available</li> </ul> |

This form should be filled in by the individual staff member involved, immediately following an incident, accident, injury or near miss/hit.

It should be forwarded **by the end of the shift** to the **Work Environment Consultant** responsible for the Campus/Location c/- Human Resources

If the person involved is unable to fill in the form, their Manager/Supervisor must complete it. **(Please print all information)**

|  |   |
|--|---|
| <p><b>1. Details of person involved in incident</b></p> <p>Surname: _____</p> <p>Given Names: _____</p> <p>Date of Birth: / /</p> <p>Phone (H): _____</p> <p>Home Address: _____</p> <p>_____</p> <p>Post Code: _____</p> <p>Occupation: _____</p> <p>_____</p> <p>Division: _____</p> <p>Cost Centre: _____</p> <p>Campus/Location: _____</p> <p>Phone (W): _____</p> <p>Employee No: _____</p> <p><b>Employment Status:</b></p> <p><input type="checkbox"/> Employee   <input type="checkbox"/> Agency   <input type="checkbox"/> Contractor</p> <p><input type="checkbox"/> Full Time   <input type="checkbox"/> Part Time   <input type="checkbox"/> Casual</p> <p><i>occurring?</i></p> <p><input type="checkbox"/> Other (please specify): _____</p> <p><b>Gender:</b>   <input type="checkbox"/> Male   <input type="checkbox"/> Female</p> | <p><b>4. Detail of injury</b></p> <p>Did an injury occur?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Bodily Location(s) (eg. Right Wrist): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Nature of Injury</b></p> <p><input type="checkbox"/> Fracture                      <input type="checkbox"/> Sprain/Strain</p> <p><input type="checkbox"/> Needle stick                      <input type="checkbox"/> Laceration</p> <p><input type="checkbox"/> Foreign body                      <input type="checkbox"/> Bruising</p> <p><input type="checkbox"/> Chemical exposure              <input type="checkbox"/> Stress/Anxiety</p> <p><input type="checkbox"/> Dermatitis                      <input type="checkbox"/> Body fluid exposure</p> <p><input type="checkbox"/> Burn/Scald                      <input type="checkbox"/> Puncture</p> <p><input type="checkbox"/> Electric shock                      <input type="checkbox"/> Pain/Discomfort only</p> <p>Other (<i>please specify</i>): _____</p> <p>_____</p> <p><i>Treatment required at the time of incident</i></p> <p><input type="checkbox"/> Report Only                      <input type="checkbox"/> First Aid</p> <p><input type="checkbox"/> Medical Treatment              <input type="checkbox"/> Time Lost</p> <p><input type="checkbox"/> Needle Stick Follow Up</p> |
| <p><b>2. Detail of incident</b></p> <p>Date of incident: / /</p> <p>Time of incident: _____ am/pm</p> <p>Exact location of incident: _____</p> <p>_____</p> <p>_____</p> <p><b>Factors contributing to the incident:</b></p> <p><i>(What were you doing at the time e.g. pushing trolley)</i> _____</p> <p>_____</p>   | <p><b>5. Details of personal protective equipment (PPE)</b></p> <p>Did this task require PPE?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Was correct PPE being used at time of incident?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>Please give details of PPE worn:</b></p> <p><input type="checkbox"/> Eye Protection                      <input type="checkbox"/> Gloves</p> <p><input type="checkbox"/> Gowns/Aprons                      <input type="checkbox"/> Face Protection</p> <p><input type="checkbox"/> Footwear                      <input type="checkbox"/> Hearing Protection</p>  |

| 3. Likely cause of incident  | 6. Other details about incident  |
|--|--|
| <p><i>(Please tick as many as appropriate)</i></p> <p><input type="checkbox"/> Fall from height    <input type="checkbox"/> Striking against object</p> <p><input type="checkbox"/> Slip/trip/fall    <input type="checkbox"/> Struck by moving object</p> <p><input type="checkbox"/> Physical assault    <input type="checkbox"/> Verbal abuse</p> <p><input type="checkbox"/> Repetitive movement</p> <p><input type="checkbox"/> Manual handling – patient</p> <p><input type="checkbox"/> Manual handling – other (please specify): _____</p> <p><input type="checkbox"/> Exposure – Hot/cold</p> <p><input type="checkbox"/> Contact – electricity</p> <p><input type="checkbox"/> Exposure – Chemical</p> <p><input type="checkbox"/> Single                      <input type="checkbox"/> Prolonged</p> <p><input type="checkbox"/> Exposure – Biological <i>(please specify)</i>:</p> <p><input type="checkbox"/> Sharps injury    <input type="checkbox"/> Blade    <input type="checkbox"/> Needle</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p><i>Procedure Type</i></p> <p><input type="checkbox"/> Set up for procedure</p> <p><input type="checkbox"/> During procedure</p> <p><input type="checkbox"/> Laboratory procedure</p> <p><input type="checkbox"/> Clean up after procedure</p> <p><input type="checkbox"/> During sharps disposal</p> <p><input type="checkbox"/> During garbage disposal</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p>_____</p> | <p>Details of other visitors/patients involved: _____</p> <p>_____</p> <p>_____</p> <p>Did the incident involve a visitor? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Did the incident involve a patient? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Patients Name: _____</p> <p>UR: _____</p> <p><i>Details of witness(es) involved:</i></p> <p>Surname: _____</p> <p>Given name: _____</p> <p>Phone (H): _____</p> <p>Phone (W): _____</p> <p><b>Details of supervisor/manager to whom incident was reported</b></p> <p>Surname: _____</p> <p>Given name: _____</p> <p>Position: _____</p> <p>Phone: _____</p> <p>_____ Signature:\</p> <p>Date:    /    /</p> <p>Signature of person involved in incident: _____</p> <p>Date:    /    /</p> |

| INCIDENT FOLLOW-UP REPORT   | 3. Action to be taken to preventing and control re-occurrence   |
|---|---|
| <p>This form is to be filled by the <b>Manager/Supervisor</b> of the staff member involved in the incident. It must be completed before the <b>end of the shift</b> and forwarded with the Staff Incident Report Form (page 1) to the Work Environment Consultant responsible for the Campus/location c/o Human Resources.</p>  | <p>This action must be implemented by those involved in the Incident Follow-up process. All Staff Incident Reports will be followed up by the Return to Work Coordinator/Administrator. The Incident Follow-up Reports will be followed up by the Work Environment Consultant with the Department Manager concerned, and where appropriate with the General Manager.</p>  |
| <p><b>1. Details of Manager/Supervisor responsible for the staff member</b></p> <p><i>Manager/Supervisor's:</i><br/>Surname: _____<br/>Given Name: _____<br/>Division: _____<br/>Campus / Location: _____<br/>Phone: _____</p>  | <p><input type="checkbox"/> Remove Hazard<br/><input type="checkbox"/> Clean up / Housekeeping<br/><input type="checkbox"/> Improve Layout of Work Place<br/><input type="checkbox"/> Repair Equipment / Tools / Signs<br/><input type="checkbox"/> Upgrade Equipment / Tools / Signs<br/><input type="checkbox"/> Improve Inspection Procedure<br/><input type="checkbox"/> Staff Counselling<br/><input type="checkbox"/> Staff Training<br/><input type="checkbox"/> Personal Protective Equipment<br/><input type="checkbox"/> Manager to provide<br/><input type="checkbox"/> Employee to wear</p>   |
| <p><b>2. Details of Manager/Supervisor of department in which incident occurred</b></p> <p><i>(If incident occurred in the same department where staff member normally works write "As Above".)</i><br/><i>Manager / Supervisor's:</i><br/>Surname: _____<br/>Given Name: _____<br/>Occupation: _____<br/>Division: _____<br/>Campus / Location: _____<br/>Phone: _____</p>                       | <p>Please specify details of required action: _____<br/>Other follow-up recommended: _____<br/>_____</p>  |
| <p><i>Others involved in incident follow-up process: (eg. Supervisors or Health and Safety Representative)</i></p> <p>i) Surname: _____<br/>Given Name: _____<br/>Occupation: _____<br/>Department: _____<br/>Campus/Location: _____<br/>Phone: _____</p> <p>ii) Surname: _____<br/>Given Name: _____<br/>Occupation: _____<br/>Department: _____<br/>Campus/Location: _____<br/>Phone: _____</p> | <p><b>4. Follow-up of staff member involved</b></p> <p>Did an injury occur? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Treatment required at time of incident occurring:</i><br/><input type="checkbox"/> Report Only<br/><input type="checkbox"/> First Aid<br/><input type="checkbox"/> Medical Treatment<br/><input type="checkbox"/> Inpatient Admission<br/><input type="checkbox"/> Time Lost<br/><input type="checkbox"/> Needle Stick follow up<br/><input type="checkbox"/> Debriefing<br/><input type="checkbox"/> Counselling</p> <p><i>Manager/Supervisor</i><br/>Please ensure that this completed Incident Follow-up Report AND the Staff Incident Report (page 1) as completed by the staff member involved in the incident, are forwarded to the following parties, by the completion of the shift in which the incident occurred.<br/><b>Original to:</b> The <i>Work Environment Consultant</i> responsible for your campus / location at the Work Environment Unit c/o Human Resources, ROYAL MELBOURNE HOSPITAL<br/><b>Copy to:</b> The <i>Manager / Supervisor</i> of the staff member involved in the incident to place in the Register of Injuries for the Departments (S101, Accident Compensation Act 1985)<br/><br/>Copy to: The staff member involved in the incident (S102, Accident Compensation Act 1985)</p> |

## OHS Resources sheet 11

### Injury management and return to work

#### Guidance note:

The OHS management system is designed to stop people being injured or getting sick at work. However, no matter how good the system there is still a chance that someone will be injured or become sick because of their employment. There must be a procedure in place which covers how injured or ill workers will be helped to return to their usual work duties as quickly as possible. Having a procedure to cover these eventualities is part of good risk management.

An efficient injury management procedure reduces the time an injured or ill worker is out of the workplace, reducing workers compensation costs and significantly increasing the chances that the worker will regain their full work capacity. The longer a person remains on workers compensation payments the harder it may become for them to return to work.

The Victorian Accident Compensation Act (1985) says that employers must have:

- an occupational rehabilitation program
- an individual return to work plan for injured workers, and
- a risk management program

When these requirements apply depends on the size of the organisation.

**Large employers** (payroll more than \$1 million) must:

- establish and maintain both a risk management program and an occupational rehabilitation program at all times, and
- prepare a return to work plan for an injured or ill worker who has no current work capacity for 20 or more calendar days.

**Small employers** (payroll \$1 million or less) must:

- establish and maintain a risk management program and an occupational rehabilitation program when there is a work related injury at the workplace and the injured worker has no current work capacity for 20 or more calendar days
- prepare an individual return to work plan for the injured worker, and
- nominate a return to work coordinator for the workplace.

The **Risk Management Program** must set out the steps that will be taken after the injury has happened to reduce the chances of any such injury happening again.

The **Occupational Rehabilitation Program** must be:

- developed in consultation with staff
- in writing, and
- made available to all staff.

The **Occupational Rehabilitation Program** must include:

- a statement of the hospital's return to work policy
- the name of the return to work coordinator
- details of the resources and training that will be provided to the return to work coordinator
- the name of at least one approved provider of occupational rehabilitation services who will be available to help support the return to work of an injured worker
- any other matters agreed to during consultation between management and staff that took place during development of the program
- a statement signed by staff, or staff representatives, which certifies that the program has been developed in consultation with staff, and
- provision for sign-off by a person with sufficient authority to commit the hospital to the occupational rehabilitation program.

Successful return to work programs rely on consultation and agreement between all the parties – the worker, their treating medical staff, rehabilitation professionals and managers and supervisors in the person's work area. Returning an injured worker to their full work capacity will take time and usually involves graduated steps. The return to work program must be understood and supported by local managers and supervisors if the injured worker is to have the chance to regain their full work capacity without undue stress. This will include respecting necessary confidentiality about the injured or ill worker's condition.

#### **Resources:**

Victorian WorkCover Authority: *The Return to Work Guide for Victorian Employers*

Victorian WorkCover Authority: injuryMAP: *Injury Management Assessment Program* (July 2002)

Available from: [www.workcover.vic.gov.au](http://www.workcover.vic.gov.au)

St Vincent's Hospital Melbourne: *Occupational Rehabilitation Policy*

Melbourne Health: *Workers Compensation for Employees: guidelines*

Available from: [www.health.vic.gov.au/ohs](http://www.health.vic.gov.au/ohs)

| System element   | System element content  | System element measurement  |
|--|---|---|
| <p><b>11. Injury management &amp; return to work</b></p> <p><i>People who become injured or ill at work should be supported to help them get back to work as soon as possible.</i></p> <p><i>There may need to be a staged return to work which involves the person working limited hours or doing less demanding work until they can return to full duties.</i></p> | <ul style="list-style-type: none"> <li>• There is an Injury Management &amp; Return to Work policy which has been signed by the current CEO</li> <li>• There is a procedure which covers injury management &amp; return to work</li> <li>• There is a rehabilitation co-ordinator in the workplace</li> <li>• Staff have been told about the procedure</li> <li>• Workers compensation claim forms are available in the workplace</li> <li>• Managers &amp; supervisors have been trained in the role they can play in implementing injury management &amp; return to work programs</li> <li>• Senior managers review the number of injury claims and progress achieved by return to work programs</li> </ul> | <ul style="list-style-type: none"> <li>• There is an Injury Management &amp; Return to Work policy signed by the current CEO</li> <li>• There is a procedure for injury management &amp; return to work</li> <li>• There is a rehabilitation co-ordinator</li> <li>• People know about the injury management &amp; return to work procedure</li> <li>• Managers &amp; supervisors know about their role in return to work programs</li> </ul> |



## OHS Resources sheet 12

### OHS Document control

#### Guidance note:

A management system produces a great many documents. Firstly, there are the policies and procedures which must be in place at the beginning to document the system itself so people know what the system contains and requires. Then there are all the documents produced by the system during its operations. These documents need to be kept so there is evidence that system activities are going according to plan and to allow for assessment of system performance.

OHS documents take many forms:

|                                |   |
|--------------------------------|---|
| <b>Policies and procedures</b> | Documents that describe how the OHS system works and give guidance on how system activities should be carried out.  |
| <b>Plans</b>                   | Documents which set out when and how OHS activities will take place. These include: <ul style="list-style-type: none"> <li>• Annual safety improvement plan</li> <li>• OHS training plan</li> <li>• Inspection/audit plans</li> <li>• Maintenance plans</li> </ul>  |
| <b>Records</b>                 | Documents that show the full range of system activities are taking place. These include: <ul style="list-style-type: none"> <li>• risk assessment reports</li> <li>• safe operating procedures</li> <li>• inspection checklists</li> <li>• accident investigation reports</li> <li>• training records</li> <li>• maintenance checklists</li> <li>• return to work reports</li> <li>• OHS performance reports</li> </ul> |
| <b>OHS information</b>         | Documents which provide important information to assist system activities and to build people's knowledge and understanding. These include: <ul style="list-style-type: none"> <li>• OHS Act and regulations</li> <li>• codes of practice</li> <li>• guides</li> <li>• Australian Standards</li> <li>• material safety data sheets</li> <li>• plant and equipment operating manuals</li> </ul>                          |

OHS documents must be:

|                    |   |
|--------------------|---|
| <b>Controlled</b>  | There must be a way to show that OHS documents have been authorised and that the document is the correct one to use.  |
| <b>Current</b>     | OHS documents should be dated so people know they are using the most up to date version.  |
| <b>Available</b>   | OHS documents should be readily available to everyone who needs them. They should be in the most convenient and accessible form – either in paper or electronic form.   |
| <b>Stored</b>      | OHS documents should be retained for future reference. This allows for OHS performance review and provides evidence of system activities. This can be important when investigations need to be carried out or when people become injured or ill and their work history needs to be known. |
| <b>Retrievable</b> | OHS documents should be readily retrievable from storage so that information about OHS activities can be provided as required.  |

### Legal obligation for OHS records

OHS law establishes certain obligations for keeping OHS records. For example, section 21 of the OHS Act (1985), which sets out the basic obligations for employers, includes the obligation to keep information and records relevant to workers' health and safety. These could include:

- records of biological monitoring
- records of asbestos assessments in the workplace
- records of first aid treatments, and
- other relevant medical information.

| System element  | System element content   | System element measurement  |
|---|--|---|
| <p><b>12. OHS document control</b></p> <p><i>An OHS system produces a number of important documents. These documents must be kept so there is a basis on which to compare system performance and to provide evidence that system activities are being carried out as planned.</i></p> | <ul style="list-style-type: none"> <li>• There is a procedure which covers control of OHS documents</li> <li>• The procedure covers the production, collecting, filing, storing &amp; archiving of OHS documents</li> <li>• OHS documents can be retrieved when required</li> <li>• OHS documents display the date they were produced &amp; a version number which indicates the current version</li> <li>• OHS documents include: <ul style="list-style-type: none"> <li>– inspection &amp; audit reports</li> <li>– incident &amp; accident reports</li> <li>– maintenance records</li> <li>– OHS training records</li> <li>– risk management records</li> <li>– records of OHS consultation</li> <li>– purchasing records</li> <li>– tender selection records</li> <li>– contractor performance records</li> <li>– emergency testing &amp; trialling records</li> </ul> </li> <li>• Current copies of the OHS Act and regulations, codes of practice and guides are kept and made to people in the workplace</li> </ul> | <ul style="list-style-type: none"> <li>• A procedure for document control is available</li> <li>• Relevant documents can be produced on request</li> <li>• Documents carry production dates &amp; version numbers</li> <li>• There are current copies of the OHS Act, regulations, codes of practice and guides available in the workplace</li> </ul> |



## OHS Resource sheet 13

### OHS Performance review

#### Guidance note:

The health and safety system must be regularly assessed to ensure it is operating properly and on track to achieve its goals.

System performance review is important for managers because it is the way they can be confident they are meeting their legal obligation to maintain a healthy and safe workplace. Performance review checks the vital signs of system health and gives managers the chance to improve how the system works to achieve better outcomes.

OHS performance review can be undertaken in individual hospital workplaces, across departments or for the hospital as a whole. At whatever level of hospital activity reviews are undertaken the outcomes should be considered by relevant managers and action taken in response. Staff should be kept informed about outcomes and involved in developing and implementing performance improvement strategies.

OHS performance review should be based on practical measures which give an insight into the system structure and system activities. Some practical measures could be:

|   |   |
|---|---|
| <b>Health &amp; safety policy &amp; goals</b>   | <ul style="list-style-type: none"> <li>• Are the policy &amp; goals reviewed to make sure they remain realistic &amp; relevant?</li> <li>• Are staff consulted when the OHS policy &amp; goals are reviewed?</li> <li>• Does everyone in the hospital know about, &amp; understand, the OHS policy &amp; goals?</li> </ul>  |
| <b>Inclusion of health &amp; safety in job descriptions, selection criteria &amp; performance appraisal</b> | <ul style="list-style-type: none"> <li>• Are health &amp; safety responsibilities included in job descriptions &amp; selection criteria?</li> <li>• Are health &amp; safety questions part of selection criteria?</li> <li>• Are standards &amp; goals for OHS performance part of staff performance appraisal?</li> </ul>  |
| <b>Purchasing policy includes health &amp; safety criteria</b>  | <ul style="list-style-type: none"> <li>• Does the purchasing policy include OHS selection criteria?</li> <li>• Do purchasing staff understand how to apply the OHS criteria in the purchasing policy?</li> <li>• Has the purchasing policy been communicated to suppliers &amp; contractors?</li> <li>• Are relevant staff consulted before purchases of plant, equipment &amp; materials?</li> </ul> |
| <b>Risk management activities</b>   | <ul style="list-style-type: none"> <li>• Are there regular efforts to identify hazards, assess risks &amp; develop risk controls?</li> <li>• Are there safe operating procedures for jobs that have been identified as having safety risks?</li> <li>• Are there regular workplace inspections?</li> <li>• Are workplace incidents investigated &amp; corrective action taken promptly?</li> </ul>    |

|                                     |  |
|-------------------------------------|--|
| <b>OHS consultation</b>             | <ul style="list-style-type: none"> <li>• Are OHS committee meetings held regularly?</li> <li>• Are meeting agendas and minutes circulated in the workplace?</li> <li>• Does each meeting result in an action schedule which is reviewed at the following meeting?</li> <li>• Does everyone know their OHS committee members &amp; OHS representative?</li> </ul>   |
| <b>Scheduled maintenance</b>        | <ul style="list-style-type: none"> <li>• Is there a schedule for maintenance?</li> <li>• Do plant, equipment &amp; tools always pass site safety testing?</li> <li>• Are hazards identified as part of maintenance checks reported to the responsible supervisor or manager &amp; is corrective action taken quickly?</li> </ul>   |
| <b>Health &amp; safety training</b> | <ul style="list-style-type: none"> <li>• Have staff training needs been identified?</li> <li>• Have training needs been prioritised &amp; a training plan developed to meet these priorities?</li> <li>• Has relevant training been provided?</li> <li>• Are staff attending training as planned?</li> <li>• Are contractors given health &amp; safety induction training before they start work?</li> </ul> |

These indicators are designed to reassure everyone in the workplace that systematic activities to protect them from workplace injury or disease are going on all the time.

| System element   | System element content   | System element measurement  |
|--|--|---|
| <p><b>13. OHS performance Review</b></p> <p><i>The performance of the health &amp; safety system needs to be regularly reviewed to ensure it is operating properly &amp; that satisfactory standards of health &amp; safety are being maintained.</i></p> <p><i>The system should be reviewed against the identified performance indicators.</i></p> | <ul style="list-style-type: none"> <li>• There is a procedure for system review</li> <li>• The system is regularly reviewed against the identified performance indicators &amp; targets</li> <li>• Reports on performance are provided to the Executive by the senior manager with responsibility for maintaining the system</li> <li>• Reports on system performance are provided to staff &amp; OHS representatives</li> <li>• Areas where the system is under performing are identified &amp; corrected</li> <li>• Review of the system takes into account external factors such as changes in legislative &amp; regulatory requirements</li> </ul> | <ul style="list-style-type: none"> <li>• A procedure for system review is available</li> <li>• Regular reports of system performance against indicators &amp; targets are available</li> <li>• Minutes of Executive meetings show that system performance reports are considered</li> <li>• Changes in the system show that areas of under performance have been corrected</li> </ul> |



OHS audits should be **repeated**. A hospital's performance can change over time and audits need to be done on a regular basis to check that performance continues to meet the hospital's OHS goals. Regular audits can be one way to chart changes in the hospital's performance and the comparison of audit outcomes can be an important performance indicator for the hospital.

OHS audits should be **planned** and the plan should be developed on the basis of a risk analysis. This allows audits to focus on those areas where the highest risk exposure has been identified. These could be work areas or work activities which are known to be of high risk, or where recent incidents indicate that health and safety problems could exist.

OHS audits should be based on **checklists**. The audit checklist contains a series of questions which the auditor wants to answer during the course of the audit. The questions will relate to the operation of the various system elements. Having a checklist helps keep the audit on track, allows the audit results to be presented in an orderly way, and makes it easier to compare the results from audits done at different times.

OHS audits should be carried out by **qualified** people. To get the best results from an audit the people doing the audit should be trained in auditing, they should have OHS knowledge and they should have some knowledge and experience of hospital workplaces. Audits are often done by teams of auditors. This gives the opportunity to bring together people independent of the workplace being audited with someone who is familiar with the workplace. This mix encourages different perspectives on audit evidence and can add value to audit findings and recommendations.

OHS audits should produce an **audit report**. The audit report should:

- set out the scope of the audit, so it is clear what the audit was looking at
- list who comprised the audit team, so it is clear who was involved and their qualifications for doing the audit
- set out what was done during the audit, so people reading the report can know how the audit was conducted, and
- contain findings and recommendations, so people know what conclusions the audit team came to, what deficiencies they found and how the audit team thinks these deficiencies could be addressed.

The OHS audit report should be considered by relevant managers, who should respond to any deficiencies the audit team discovered during the audit.

A documented plan should be developed to respond to any audit findings with the results of implementation reported to senior management.

| System element  | System element content  | System element measurement   |
|---|---|--|
| <p><b>14. OHS auditing</b></p> <p><i>Audits of the health &amp; safety system should be done periodically to test how well the system has been established &amp; how well it is meeting operating standards.</i></p> <p><i>There can be both an internal &amp; external audit program. External audits can provide an independent check on system operations.</i></p> | <ul style="list-style-type: none"> <li>• There is a procedure for conducting audits of the health &amp; safety system</li> <li>• Relevant staff are trained in carrying out audits</li> <li>• Appropriately qualified external people are engaged to carry out audits</li> <li>• Audit reports are considered by senior management &amp; audit findings are responded to</li> <li>• Corrective action recommended in audit reports is carried out in a timely manner</li> </ul> | <ul style="list-style-type: none"> <li>• There is a procedure for auditing the health &amp; safety system</li> <li>• A list of qualified auditors is kept</li> <li>• Audit reports show they have been considered by senior management and appropriate responses have been taken</li> <li>• Audit reports are available</li> </ul> |



## OHS Resources sheet 15

### OHS Continuous improvement

#### Guidance note:

Now that the health and safety system is in place and operating smoothly everyone can feel pleased at what has been achieved. However, no matter how much has been achieved there is always the need to do more. A static system will quickly go into decline so there is the need to frequently check whether the health and safety system can be improved so that even higher standards of safety can be achieved.

There are a number of ways to keep improving the health and safety system.

1. Make sure the outcomes from OHS performance reviews and OHS audits are responded to promptly and any deficiencies in performance are corrected.
2. A good source of ideas for improvement can be found in the hospital workforce. A system which encourages staff to share their ideas with management can pay great dividends. But it will only work if staff see that their ideas are being taken seriously and are leading to real improvements in the workplace.
3. Keep in touch with changes in technology, products and work practices. There are always new technologies and products coming onto the market which could improve the health and safety of the work environment. Different work practices could also be examined to provide an opportunity to improve health and safety.
4. Develop a regular improvement plan which sets out actions to improve OHS management, responsibilities, measures of success and timelines. A draft improvement plan is attached.
5. Sharing experience with other hospitals in Victoria and around the country which are also trying to manage the challenges of health and safety. This collective experience is a powerful resource and should be tapped for good ideas. This experience can also provide salutary lessons in the pitfalls to avoid, which could save a lot of money and anguish.

All hospitals have access to the Victorian Hospital Occupational Health and Safety website, which is a valuable exchange point for ideas and experiences. The website is at: [www.health.vic.gov.au](http://www.health.vic.gov.au)

General discussion of issues relating to continuous improvement and measuring OHS performance can be found on the website of the National Occupational Health and Safety Commission at [www.nohsc.gov.au](http://www.nohsc.gov.au)

| System element   | System element content  | System element measurement  |
|--|---|---|
| <p><b>15. OHS continuous improvement</b></p> <p><i>No system is perfect; there is always room for improvement.</i></p> <p><i>Efforts should be made to improve the health &amp; safety system so it is capable of delivering even higher standards of safety in the workplace.</i></p> | <ul style="list-style-type: none"> <li>• As part of performance review &amp; auditing efforts are made to see if the health &amp; safety system can be improved</li> <li>• Changes in legislation, technology, plant, equipment and work processes are all used as a basis for seeking improved performance</li> <li>• Comparisons are made with other health organisations, &amp; with other industries, to see if improvements to health &amp; safety management can be achieved</li> <li>• An annual OHS Improvement Plan is developed to further build on the OHS system</li> </ul> | <ul style="list-style-type: none"> <li>• Performance indicators show that the health &amp; safety system is achieving steadily higher standards of performance</li> <li>• Improvements to the health &amp; safety system have been documented</li> <li>• Performance against the OHS Improvement Plan is regularly assessed through the year</li> </ul> |

**Sample action plan for OHS improvement**

| Action   | Who must do the action | When must action be completed | Measures of success | Sign off<br>(Confirm action completed) |
|--|------------------------|-------------------------------|---------------------|--|
| 1. Assess current OHS arrangements against the Self-Assessment Matrix  |                        |                               |                     |  |
| 2. Prepare a report on outcomes and recommendations: <ul style="list-style-type: none"> <li>• Current OHS arrangements fully match Matrix?</li> <li>• Current OHS arrangements can be improved to fully match Matrix?</li> <li>• There are gaps in OHS arrangements which must be filled?</li> </ul> |                        |                               |                     |  |
| 3. Report considered and OHS improvement strategies developed  |                        |                               |                     |  |
| 4. OHS improvement strategies assigned to appropriate managers   |                        |                               |                     |  |
| 5. OHS improvement strategies implemented  |                        |                               |                     |  |
| 6. Implementation of OHS improvement strategies reviewed against Self-Assessment Matrix.   |                        |                               |                     |  |