

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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KEY TERMS	Work Health and Safety (WHS), Risk Management, Hazardous Manual Tasks, Musculoskeletal injuries, Manual Handling, Ergonomics, Bariatric, Posture, Movement, Force, Weight, Safe Work Practices (SWP), Equipment and Worker Training.
SUMMARY	This procedure provides clear instruction on how to reduce the risk of musculoskeletal injuries through the application of WHS manual handling risk management practices and principles as follows: <ul style="list-style-type: none"> • Manual task registration • Hazard identification • Patient and general risk assessment • Risk control and patient care planning • Task risk rating; among others

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

SESLHD has used the Safe Work Australia *Hazardous Manual Tasks Code of Practice* (2011) as the guide to the implementation of the manual task injury prevention strategy.

SESLHD is committed to eliminating or reducing musculoskeletal injuries associated with work tasks.

By following the steps, principles and practices laid out in this procedure, managers and workers can be reasonably assured that they are complying and working towards the organisation's goal of zero work related Musculoskeletal Disorders (MSD).

2. BACKGROUND

This procedure provides guidance on how to manage the risks associated with manual tasks by following a systematic process:

- Identify hazardous manual tasks
- Assess the manual tasks in consultation with the workers performing the task
- Develop controls to reduce the force, repetition, sustained posture or to control the environment
- Implement the agreed controls
- Monitor and evaluate the effectiveness of the controls.

Managers should thoroughly investigate any manual task incident ([Incident Investigation Form](#)) to ensure they will not reoccur. Incident trend analysis will assist in identifying hazardous manual tasks and the effectiveness of mitigating controls.

The keys to ensuring manual tasks are as safe as possible is to confirm that all the hazards associated with the task are identified and their risks controlled; and to ensure that a solution which appears satisfactory presently does not inadvertently contribute to injuries in the future. As part of the control measures, annual competency assessment in all high risk manual tasks is recommended for all workers.

2.1 Definitions

Bariatric - Persons who exceed the weight or size capacity of standard equipment and/or furniture should be considered Bariatric (persons greater than 120kg or with a Body Mass index of greater than 35).

Enterprise Risk Management System (ERMS): As part of the District's Enterprise Risk Management Strategic Plan, an enterprise-wide Risk Register (ERMS) has been established to record, manage (including escalation) and report on all risks and opportunities. SESLHD utilises the ERMS as the sole program to record, manage and review all risks and opportunities. All risks including clinical, corporate, Work Health Safety (WHS) or business that could impact on LHD's ability to deliver a quality, accessible, safe and efficient service, are entered into the ERMS risk register.

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Hazardous Manual Task: (as defined in the WHS Regulations) is a task that requires a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any person, animal or thing involving one or more of the following:

- Repetitive or sustained force – repeated or applied continuously over time
- High or sudden force – jerky or unexpected, very demanding or requires help to do task
- Repetitive movement – using same body part to repeat similar movements over a period of time
- Sustained or awkward posture – body is kept in same position for prolonged period, uncomfortable or unnatural position
- Exposure to vibration – whole or part of the body vibration causing discomfort and/or injury.

Musculoskeletal Disorder (MSD): (as defined in the WHS Regulations) means an injury to, or a disease of, the musculoskeletal system, whether occurring suddenly or over time. It does not include an injury caused by crushing, entrapment (such as fractures and dislocations) or cutting resulting from the mechanical operation of plant.

MSDs may include conditions such as: sprains and strains of muscles, ligaments and tendons, back injuries, including damage to the muscles, tendons, ligaments, spinal discs, nerves, joints and bones.

MSDs occur in two ways: gradual wear and tear to joints, ligaments, muscles and inter-vertebral discs caused by repeated or continuous use of the same body parts, static body positions, sudden damage caused by strenuous activity, or unexpected movements such as when loads being handled move or change position suddenly.

3. RESPONSIBILITIES

3.1. Employees will:

- Report to their manager any tasks which cause them discomfort, muscular strain, fatigue, or are difficult to control
- Report any incidents, injuries or near miss occurring in the workplace
- Comply with and use procedures for manual task and ergonomic risk management
- Consult with their colleagues and manager on any proposed manual handling task changes
- Use any measures put in place to protect the health and safety of themselves, patients, other workers, visitors and others
- Follow the department's training requirements before undertaking manual tasks and participate in a personal development process designed to improve manual handling skills
- Undertake the annual manual handling theory component (on-line or face to face) of corporate mandatory training and high risk practical manual handling task competency assessment as identified within the department/service
- Keep up to date and follow any changes in the patient Manual Handling Care Plans and the departmental manual task Safe Work Practices.

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Workers are required to participate in the SESLHD manual task risk management process to ensure they meet their obligations under the WHS Act and Regulation 2011.

3.2. Manual Handling Champions will:

Provide support and assistance to their line manager and fellow workers by:

- In consultation with the manager, initiate a risk assessment process for all identified high risk manual handling tasks. Assist in monitoring and reviewing the effectiveness of those risk control measures
- In consultation with workers and manager assist in development of Safe Work Practices (SWPs)
- As required, implement purchasing and design risk management (e.g. equipment trials) in consultation with the WHS coordinator, workers and manager
- Monitor and report to manager any department/service manual handling equipment preventative/break down maintenance requirements
- Assist manager in completion of the Quarterly Department Manual Handling Risk Management Report and/or other agreed monitoring arrangements
- In consultation with their manager, identify the department's manual handling training needs. Assist in development and implementation of manual handling practical task training
- Complete any additional Manual Handling Champions' personal development training as recommended by management
- Coordinate the manual task and ergonomic training for the department. Using the [Task Competency Checklist](#) for each identified task, ensure workers are able to manage all risks involved in the task
- Assist managers by ensuring all staff are aware of corporate mandatory theory options (face to face or on-line) and encourage staff to complete training annually
- Assist managers in observing workers in their manual handling tasks and provide manual handling/ergonomic assistance to help them correct postural or other potentially at risk actions.

3.3. Line Managers will:

- Conduct a needs analysis of the department's manual handling risk management program to identify performance gaps and opportunities for injury reduction improvements in their department. Add the actions to their department WHS plan
- Ensure there are sufficient numbers of Manual Handling Champions allocated for their department/service. Recommended guideline – for high risk areas one Champion per 10 to 12 staff is ideal. Encourage workers with suitable skill set to take on the role of champion
- Support the Manual Handling Champion/s in completing additional training as required by the organisation
- In consultation with the Manual Handling Champion/s, develop and implement a manual handling risk management program action plan for the department

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- From the identified training gaps in the department WHS plan, develop and implement manual handling training programs
- Review and monitor the effectiveness of the training programs in consultation with the workers and Manual Handling Champion/s
- Support and allocate time for the Manual Handling Champion/s to complete the required functions of training staff, reporting, record keeping, and updating of training records
- Ensure completion of the Quarterly Department Manual Handling Risk Management Report
- Ensure all their workers have completed the annual manual handling theory component (online or face-to-face) of corporate mandatory training and high risk practical manual handling task competency assessment as identified within the department/service
- Ensure workers (including new workers) are informed of all manual task hazards and the associated risk controls
- Monitor the work environment ([WHS Regular Workplace Inspection Checklist](#)) to ensure it is safe and without risk of harm
- Consult with workers and their representatives on manual task health and safety matters
- Ensure appropriate Safe Work Procedures (SWPs) are developed, implemented and all relevant workers are trained
- Ensure the condition of all wheeled manual handling equipment is checked at least monthly (included in the [WHS Regular Workplace Inspection Checklist](#))
- Ensure the department equipment preventative maintenance and emergency breakdown program is implemented as per facility recommended agreements
- Ensure the workers WHS performance is monitored and evaluated in line with the [SESLHDPR/415 Managing for Performance](#)
- Ensure all the department manual task risk management processes are documented and auditable (hazard register, risk assessments)
- Report the department's manual task performance to their direct Managers/ Service Managers
- Escalate manual task risks through ERMS and/or to their manager for resolution where the control is beyond their delegation.

3.4. District Managers/ Service Managers will:

- Demonstrate their leadership in duty of care by monitoring the implementation of this procedure and confirming the establishment and maintenance of manual task injury prevention strategies in all the departmental WHS plans within their portfolio
- Oversee the services use of and contribution to:
 - Site equipment register and/or provider list for >120kg (Bariatric) patients
 - Site manual handling aids and equipment procurement procedures
- Resolve manual handling task issues brought to their attention in a timely and informed manner
- Report on their department/services manual task risk management achievements and deficits to the SESLHD Chief Executive and DET
- Ensure managers complete the quarterly department manual handling risk management report

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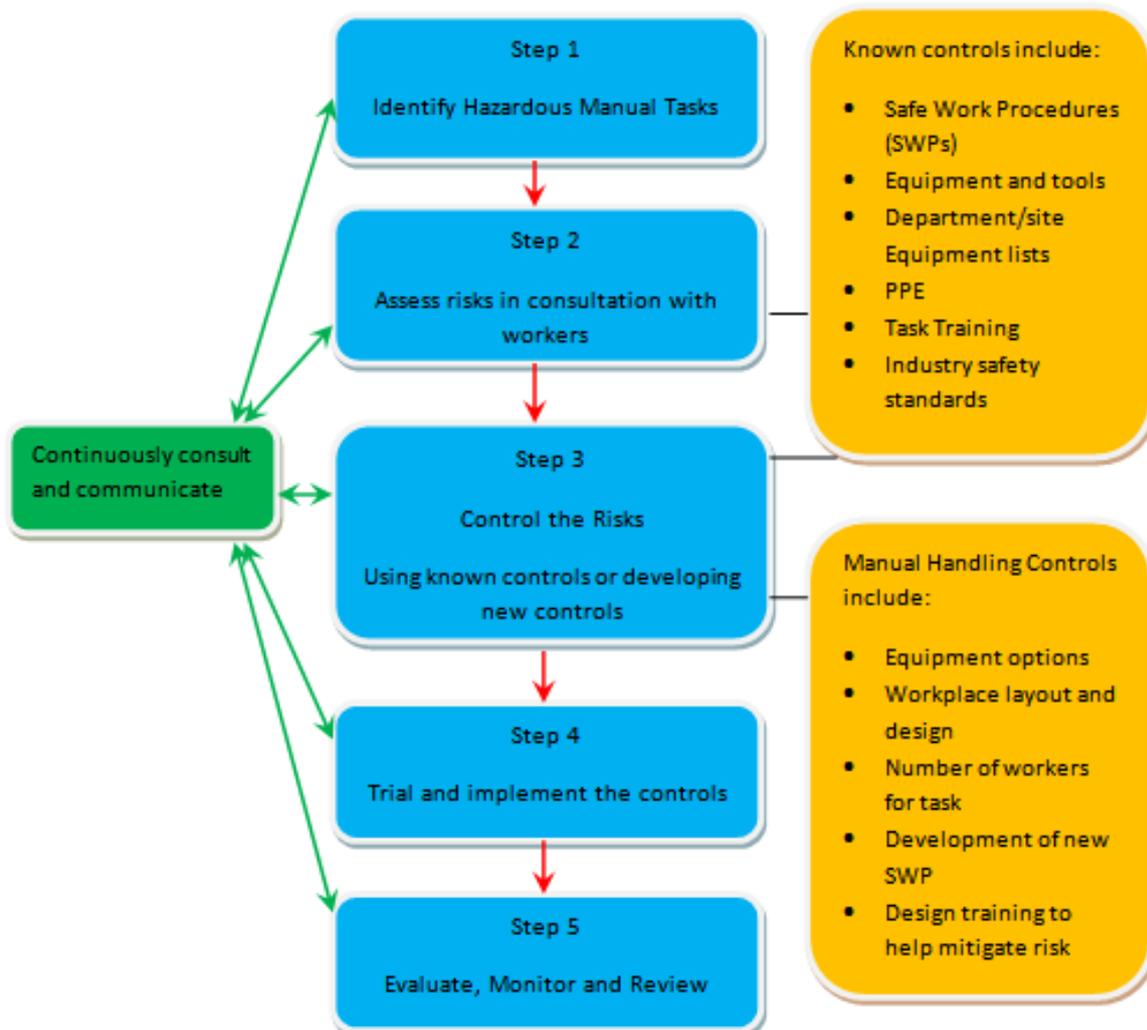
- Apply due diligence through ensuring the departments and services under their control are managing manual handling risks to prevent MSDs occurring to their workers and others.

3.5. Medical staff will:

- Demonstrate their due diligence and leadership in manual task risk management by ensuring they are up to date with and apply the latest work area policies and procedures for the prevention of worker MSDs when working on behalf of SESLHD.

4. PROCEDURE

4.1 Hazardous Manual Task Risk Management Procedure Overview



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SESLHDPR/315**4.2 Identify the department/service hazardous manual tasks**

The manager is to identify manual tasks that have the potential to cause MSDs. Hazards from manual tasks usually involve interaction between worker and the task performed, tools or equipment used for the task or the physical environment.

Consultation with workers and their health and safety representatives is necessary at each step of the risk management process to identify the hazards contained in performing a task, and potential solutions. (For further details on the obligation to consult with workers, refer to [SafeWork NSW - WHS Consultation, Co-operation and Coordination](#).)

In consultation with workers, compile a list of all the manual tasks in the department, including all tasks that involve:

- Lifting
- Lowering
- Pushing/Pulling
- Carrying
- Holding
- Restraining
- Moving objects

Workers must also be encouraged to report problems with manual tasks (perceived difficulty, tiring, awkward or cause discomfort) immediately in order to manage the risks before an injury occurs (ref: *Consulting Your Workers - Hazardous Manual Task Code of Practice*).

Manual tasks must be listed in the department/service WHS Hazard Register and/or ERMS. (High risk tasks or tasks where adequate controls are not available should be entered into ERMS.)

4.3 Assess the risk in consultation with workers

For all identified tasks involving manual handling hazards, a risk assessment is to be completed in consultation with workers using the [Manual Risk Assessment Form and Manual Task Risk Assessment Control Guide](#) taking into consideration the following potential hazards:

- The application of high force – a worker describes as very physically demanding and/or requiring assistance.
- Moving a heavy weight - a worker describes as very physically demanding and/or requiring assistance.
- Awkward posture/s – where the body is in an uncomfortable or unnatural position
- Exposure to vibration – when vibration is transmitted through the whole body
- Sudden force – jerky or unexpected movements while handling the load
- Frequency and intensity – how often is the task done, how much load or concentration is involved
- Repetitive actions/movements – using the same body part to repeat similar movements
- Sustained posture/force – where the body is kept in the same position for a prolonged period

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- Work environmental issues – for example, insufficient room to complete the task or harsh temperatures, uneven or slippery floor surfaces and poor lighting.

Apply a risk rating to the task using the [NSW Health Risk Matrix](#) to establish action priority and enter the rating into the hazard register. In the case of multiple tasks being assessed this will help to identify the level of priority for each task and the training actions required.

For assistance with computer workstation assessments please refer to [SESLHDHB/362 Work Health and Safety - Workstation Set Up Handbook](#) and use the [Workstation Self-Assessment Sheet](#)

4.3.1 Patient related manual tasks

a) Assess the individual patient manual handling requirements

To minimise risk of injury to workers and patients, a patient assessment must be completed and documented in the patient notes.

The Patient Risk Category Table (below) is a guide designed to help identify risk factors (for example, due to medical reasons, fatigue or medication) with a particular focus on bariatric (> 120kg) patient needs. Alternatively, a Bariatric Risk Assessment Team (BRAT) may assist with the assessment. The impact of the patient’s cooperation, non-cooperation and unpredictability must be considered, as well as their weight and mobility status with respect to the requirement for additional assistance or equipment for the provision of care.

Fully independent patients that require no manual task assistance may not require this patient assessment process (for example, day surgery walk-in/walk-out).

Patient Risk Category Table						
Cooperation level	Cooperative		Not cooperative		Unpredictable or variable	
Weight and Mobility	Bariatric	< 120kg	Bariatric	< 120kg	Bariatric	< 120kg
Immobile - no ability to assist in self care	Extreme	Very high	Extreme	Extreme	Extreme	Extreme
Partially mobile – can move though not weight bear or assist in self care	Very high	High	Extreme	Very high	Extreme	Extreme
Limited mobility - can move and weight bear with assistive aids and requires assistance in some self-care	High	Moderate	Very high	High	Extreme	Very high
Mobile – can weight bear independently but requires assistance in self care	Moderate	Low	High	Moderate	Very high	High

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The higher the risk of manual handling, the greater consideration must be given by the manager of the department to the numbers of staff required and/or availability of specialised manual handling equipment to assist with managing the patient.

Extreme or very high manual handling scenarios may require the manager of the department to seek additional advice or support from their Senior Manager or Sector Manual Handling Coordinator to develop an appropriate management plan.

In some instances, the required staffing and/or equipment procurement may be beyond the Department manager's delegation. In this situation, the manager must formally escalate the risk to staff to their Senior Manager.

Bariatric - All patients who exceed the weight or size capacity of standard equipment and/or furniture should be considered bariatric (patients greater than 120kg or Body Mass Index of greater than 35). All staff and managers have a responsibility to ensure bariatric patients are appropriately assessed. Some SESLHD facilities have a Bariatric Risk Assessment Team (BRAT) and business rule available to assist with bariatric assessment. Please contact the sector WHS coordinators for more details.

Further information is available through:

[Manual Handling Training Resources](#)

[SESLHDPR/380 Falls prevention and management for people admitted to acute and sub-acute care](#)

[SESLHDGL/042 Falls Prevention and Management: Guideline for Designated High Risk Observation Room \(Adult Inpatient\)](#)

b) Eliminate non-recommended patient lifts

The following patient lifts are not recommended and must be eliminated through the development of appropriate controls:

- Top and tail lift
- Hook underarm transfers
- Bear hug transfer
- Modified shoulder lift
- Cradle lift
- Full body lift

[Ref: SESLHD Manual Handling and Ergonomics](#)

4.4 Control the Risks

Managers have an obligation under the NSW Work Health Safety Act 2011 to utilise known controls in managing risks. There are a number of known control measures outlined in [Manual Risk Assessment Form and Manual Task Risk Assessment Control Guide](#) that should be considered in consultation with the workers, taking into account the type of the work being carried out and the characteristics of the service.

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If there is no suitable known control (equipment, tool or SWP) for the risk, suitable control/s must be developed. Consultation with workers about suitable controls should be documented and auditable, such as minutes of team meetings and team talks, or the [HSR Record of Health Safety Issue Form](#). It is also recommended that managers consult with the sector WHS coordinators for further assistance to confirm the chosen controls are the most suitable and appropriate to implement in the work area.

As part of the control process, managers must ensure that a SWP has been developed in consultation with workers for all tasks on the department list in the WHS Hazard Register. The SWP must include advice and instruction regarding the appropriate use of manual handling aids and equipment, and also ensure issues relevant to the work area (such as adequate space to complete patient handling tasks by removing clutter and improving access) are addressed.

The development of a control may include requisitioning of new equipment and/or implementation of new patient care procedures. When new equipment is introduced to the department/service, the manager must ensure that all workers are familiarised with and trained in the equipment prior to use.

4.5 Trial and Implement the Controls

4.5.1 Trial the controls

A trial of the proposed controls is recommended. The design of the trial is dependent on the departmental characteristics. For example, a trial may be carried out by a limited number of workers who report to the rest of the team, or by all workers for an agreed limited period.

- Inform all workers of the proposed controls or improvements to the task/s being reviewed and set up a trial within the department.
- Workers should be made aware of changes in the workplace and given a chance to practice using the new controls (for example, workstation setups, tools, equipment and SWP) before fully implementing the proposed controls.
- Encourage reporting of any problems or issues encountered during the trial.
- Review the risk assessment and controls with the work team, provide regular supervision and encourage feedback of the new task during the trial period.

After each trial period (prior to full implementation of controls) there must be a review of the new controls to ensure effectiveness and to confirm the risk has been mitigated. If the trial of the new controls proves successful, full implementation of controls and training of all workers should occur.

After the controls have been established, grade the overall risk level of the task using the [NSW Health Risk Matrix](#). The risk rating will prioritise the training sequence forming part of the control process:

- High Residual Risk – workers to be trained in this range first.
- Moderate Residual Risk – workers to be trained at this level after completion of High Residual Risk training.

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- Low Residual Risk – low level training priority.

4.5.2 Develop training to match the tasks overall risk level

Using the identified risk rating to prioritise the sequence (ref: 4.5.1), managers must develop a training schedule for the practical manual handling tasks and ensure workers are trained commencing with high risk tasks first.

The training should consider all of the below items:

- Task risk level
- Task frequency
- Number of workers required for the task
- Equipment availability
- Equipment accessories (for example, slings)
- Equipment type, model and controller functions
- Worker ability
- Worker strength and physical differences
- Worker age and experience
- Different roles in task
- Future work demands

4.5.3 Train the workers in the department/service

- Before a worker is allowed to undertake any high risk manual task they must demonstrate competency in following the SWP for the task ([Task Competency Checklist](#)). New workers must achieve competency in all high risk tasks during the induction period.

For high risk tasks the workers must demonstrate:

- Exceptional communication skills
- Team coordination
- Full knowledge of the risks
- High level of skill in doing the task correctly
- Contingency management
- Emergency situation preparedness

Evidence of the workers completion of training in SWPs is kept via the [Department Training Register](#)

5. Evaluate, Monitor and Review

The purpose of monitoring the work being conducted is to ensure tasks are being completed without problems and in a safe manner. It is recommended the manager evaluates the task after the controls have been in place for a sufficient period of time (at least three months and again at one year) to ensure the risk has been mitigated.

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5.1 Evaluation of training

Evaluate the competence of workers through safety observations using the existing [Task Competency Checklist](#) or one created for department specific hazardous manual tasks. It is recommended that workers undertake competency assessment of high risk manual tasks on an annual basis including the use of correct posture, movement and adhere to the SWP.

5.2 Monitor and evaluate tasks

Monitor new tasks/technique/equipment to ensure:

- That new work methods or equipment are reducing task physical strain or difficulty.
- Instruction and training on hazardous manual tasks has been successful.
- The frequency and severity of MSDs reduces over time.

5.3 Confirm that the risk of injury has been reduced

If the trial reveals unexpected problems adjust the controls to remove any additional risks. Confirm that the residual risk is less than the original risk rating. Where this is not achieved, new and/or additional controls must be introduced until this is less than the original risk rating.

5.4 Review risk assessments and SWPs

A review of risk assessments and SWPs is different to evaluation. A review is to ensure continuous improvement (new process or new equipment is available to improve the task) thus reducing the risk even further. This review should be done on a regular basis. Within SESLHD this must be completed every three years or when:

- An incident or injury occurs.
- A piece of equipment is added or changed.
- Changes are made to the environment (renovation or refurbishment).

If one or more of the above occurs, the risk assessment and SWP must be reviewed immediately.

5.5 Monitor and maintain equipment and required accessories

The equipment and accessories (such as slings and straps) should be inspected regularly and before use to ensure the equipment and accessories will not contribute to a risk of injury to workers, patients or others. At a minimum, the department is to formally document the periodic inspection of equipment for defects, faults and breakages through the monthly [WHS Regular Workplace Inspection Checklist](#).

The equipment preventative maintenance and emergency breakdown program must be implemented as per facility recommended agreements.

The manager must keep the department/site (as per facility agreed arrangements) equipment log up to date with new equipment added and deleted equipment removed.

5.6 Monitor the environment

The manual task risk management process will be assisted by conducting monthly environmental inspections ([WHS Regular Workplace Inspection Checklist](#)) to identify and

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rectify any unsafe or changing conditions (such as clutter, lighting failures, floor surface and layout changes, access and housekeeping issues).

5.7 Monitor changes in industry standard manual handling risk management practice (due diligence)

A requirement of the NSW WHS Act 2011 is that organisations must keep up to date with manual handling improvements relevant to the industry and work being conducted. Managers, WHS coordinators, manual handling coordinators, manual handling champions and workers should strive to keep themselves informed of manual task improvements and changes to equipment, and review new equipment and tools for existing tasks as it becomes available.

5.8 Report the Department's manual task risk management performance

Managers are to report on the department's progress and activities in manual handling risk management to senior management on a quarterly basis using the [Department Manual Task Risk Management Report](#) or other agreed and approved arrangements for facility based reporting (for example, the WHS Performance Tracker).

6. DOCUMENTATION

- [WHS Hazard Register](#)
- [Department Training Register](#)
- [WHS Regular Workplace Inspection Checklist](#)
- [Department Manual Task Risk Management Report](#)
- [Manual Risk Assessment Form and Manual Task Risk Assessment Control Guide](#)
- [Department Manual Task Risk Management Report](#)
- [Task Competency Checklist](#)
- [Incident Investigation Form](#)

7. AUDIT

This procedure will be audited through the WHS Audit Tool every two years.

The sector Manual Handling Coordinators or WHS coordinators will undertake random compliance and support audits as identified by injury and incident statistics or incident investigations

8. REFERENCES

- [Work Health and Safety Act 2011, No 10](#)
- [Work Health and Safety Regulation 2011](#)
- [How to Manage Work Health and Safety Risks Code of Practice](#)
- [NSW Ministry of Health Policy - PD2013_050 Work Health and Safety: Better Practice Procedures](#)
- [AS/NZS ISO 31000:2009, Risk Management - Principles and Guidelines](#)
- [SafeWork NSW Code of Practice - Hazardous Manual Tasks](#)

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- [NSW Ministry of Health Guideline - GL2005_070 Occupational Health & Safety Issues Associated with Management Bariatric \(Severely Obese\) Patients](#)
- [ISO/TR 12296-Ergonomics - Manual Handling of People in the Healthcare Sector](#)
- [SESLHDPR/415 Managing for Performance](#)
- [SESLHDGL/042 Falls Prevention and Management: Guideline for Designated High Risk Observation Room \(Adult Inpatient\)](#)
- [SESLHDPR/380 Falls prevention and management for people admitted to acute and sub-acute care](#)

9. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
Sept 2003	0	Heather Craig, OHS Educator. Approved by CEO 19 April 2004
Sept 2004	1	Reviewed and re-formatted by Manager, Systems Integration, released without change to content
Aug 2006	Draft 1	Karen Sutton OHS Officer SIMB in consultation with Area OHS Practitioners.
Mar 2007	2	Southern Hospital Network OHS Practitioners in consultation with Manager, Systems Integration. Approved by Executive Sponsor, Matthew Daly DCO on behalf DWD. Final approval by Area Executive Committee 13 March 2007 as an interim area policy until March 2008.
Feb 2009	01	MH coordinators SESIH
June 2009	3	Updated version approved by Chief Executive at Area Executive Meeting 9 June 2009.
Mar 2011	4	Peter Kuszelyk, OHS Officer, Health safety and Wellbeing. Amended to reflect change to Local Health Network and Cluster.
Jul 2011	5	Peter Kuszelyk, OHS Officer, Health safety and Wellbeing. Amended to include previous appendix.
Nov 2013	6	Ron Taylor WHS Consultant – Health Safety and Wellbeing SESLHD
Mar 2014	7	Revised by Peggy Pollock, Health Safety & Wellbeing Manager
Apr 2014	7	Endorsed by Director Workforce Services. Re-formatted by District Policy Officer.
May 2014	7	Approved by DET.
May 2014	7	Amended hyperlinks to forms as requested by Author.
Oct 2014	8	Ron Taylor WHS Consultant – Health Safety and Wellbeing SESLHD Minor amendments to reflect operational requirement.
April 2015	9	Ron Taylor WHS Consultant – Health Safety and Wellbeing SESLHD Minor grammatical changes. Approved by Executive Sponsor
June 2017	10	Chris Carrett and Tracey Clay – Managers, Operational WHS&IM Minor changes
Aug 2017	11	Updates to links and minor changes
June 2020	12	Risk rating reduced to Medium Risk. Review date amended to August 2020 to align with Medium Risk rating. Executive Sponsor updated from Director Workforce Services to Director People and Culture. Approved by Executive Sponsor.