

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Joy Hiley Director Workforce Services
AUTHOR	John Parkinson WHS Consultant, Health Safety and Wellbeing
POSITION RESPONSIBLE FOR THE DOCUMENT	Peggy Pollock Manager Health Safety and Wellbeing peggy.pollock@sesiahs.health.nsw.gov.au
KEY TERMS	WHS Risk Management
SUMMARY	Procedure for the management of work, health and safety risks in SESLHD. Provides guidance on relevant system, procedures and forms required to actively reduce the risk of worker injury and to assist in achieving legislative compliance.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

The NSW Ministry of Health mandates that all NSW Health organisations adopt an effective Work Health and Safety (WHS SMS) Management System that is consistent with NSW WHS legislation. This procedure has been developed as a guide to the implementation of the WHS Risk Management framework in SESLHD.

By following this procedure, management and workers will be complying with the requirements of the organisation's WHS Risk Management Framework, Work Health and Safety (WHS) Act 2011 No10 and WHS Regulation 2017.

2. BACKGROUND

Risk management is a proactive process that helps respond to change and facilitate continuous improvement. Risk management entails a systematic and planned approach to managing all reasonably foreseeable hazards and their associated risks.

Specific concepts related to the WHS Act such as 'reasonably practicable' are also explained within this procedure to guide the end user in appropriately applying WHS risk management decision making.

Definitions for this procedure are contained in the [WHS Definitions Dictionary](#).

3. RESPONSIBILITIES

3.1 Workers will: comply with procedures for work health and safety risk management and any measures put in place to protect their own health and safety and take reasonable care for the health and safety of patients, visitor and others.

3.2 Line Managers will:

Demonstrate their duty of care by implementing WHS and Injury Management (IM) policies and procedures evidenced by:

- ensuring all the department's risk management processes are documented and auditable
- ensuring all workers are trained in appropriate Safe Work Procedures (SWP's)
- ensuring all workers are informed of work hazards and the associated risk controls
- monitoring of the work environment to ensure it is safe and without risk
- monitoring the health of workers where required
- documented consultation with workers and representatives on health and safety matters
- monitoring and evaluation of all workers' WHS performance in accordance with [SESLHDPR/415 Managing for Performance](#)
- documented departmental emergency procedures which are regularly reviewed and evaluated for their effectiveness
- reporting WHS performance to the Service Manager, Director or General Manager

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- where the required control is beyond their delegation, record the WHS risk in ERMS and escalate the risk to senior managers for resolution
- reporting notifiable incidents as outlined in [SESLHDPR/322 Work Health and Safety - Incident Management, Investigation and Reporting Procedure](#) and the WHS Act and Regulation.

3.3 District/Service Managers will:

Demonstrate their due diligence and duty of care by:

- ensuring WHS and IM policies are implemented and monitored
- ensuring WHS and IM performance is monitored and evaluated
- resolving WHS issues in a timely and informed manner
- reporting the Department/Service WHS risk management achievements and deficits to the Chief Executive for communication to the Board.

3.4 Medical staff will:

Demonstrate due diligence and leadership by:

- ensuring they are up to date with the latest WHS and IM policies and procedures
- ensuring they are using current WHS risk controls, resources and information

4. PROCEDURE

4.1 Overview:

WHS Risk Management comprises of 4 basic steps:

- identify
- assess
- control
- review

This generic health and safety risk management procedure includes basic principles and steps that apply to all work risk areas.

To ensure SESLHD is compliant with legislative requirements, there are also a number of specific WHS risk management procedures and associated forms which include but are not limited to:

- Chemicals/dangerous goods
- Construction work
- Electricity
- Environment – regular and pre-occupancy inspections
- Equipment
- Falls
- Manual Handling
- Noise
- Task – safe work procedures (SWP)

Please note that in some cases additional assessments may be required to ensure all risks are mitigated so far as reasonably practicable.

4.2 Consultation:

Under Section 49 WHS Act 2011 No.10 – a person conducting a business or undertaking (PCBU) must consult with workers when:

- Identifying hazards and assessing risks arising from the work carried out or to be carried out
- Making decisions about ways to eliminate or minimise those risks
- Making decisions about the adequacy of facilities for the welfare of workers
- Proposing changes that may affect the health or safety of workers
- Making decisions about procedures for consulting with workers; resolving health and safety issues; monitoring health of workers; monitoring the conditions at the workplace and providing information and training for workers.

Consultation is a two-way process between the PCBU (organisation - SESLHD) and workers where both parties:

- talk to each other about health and safety matters
- listen to each other's concerns
- seek and share views and information
- consider what the other party says before making decisions.

Consulting with workers at every stage of the WHS risk management process assists to inform workers of the hazards, risks and the reason for change.

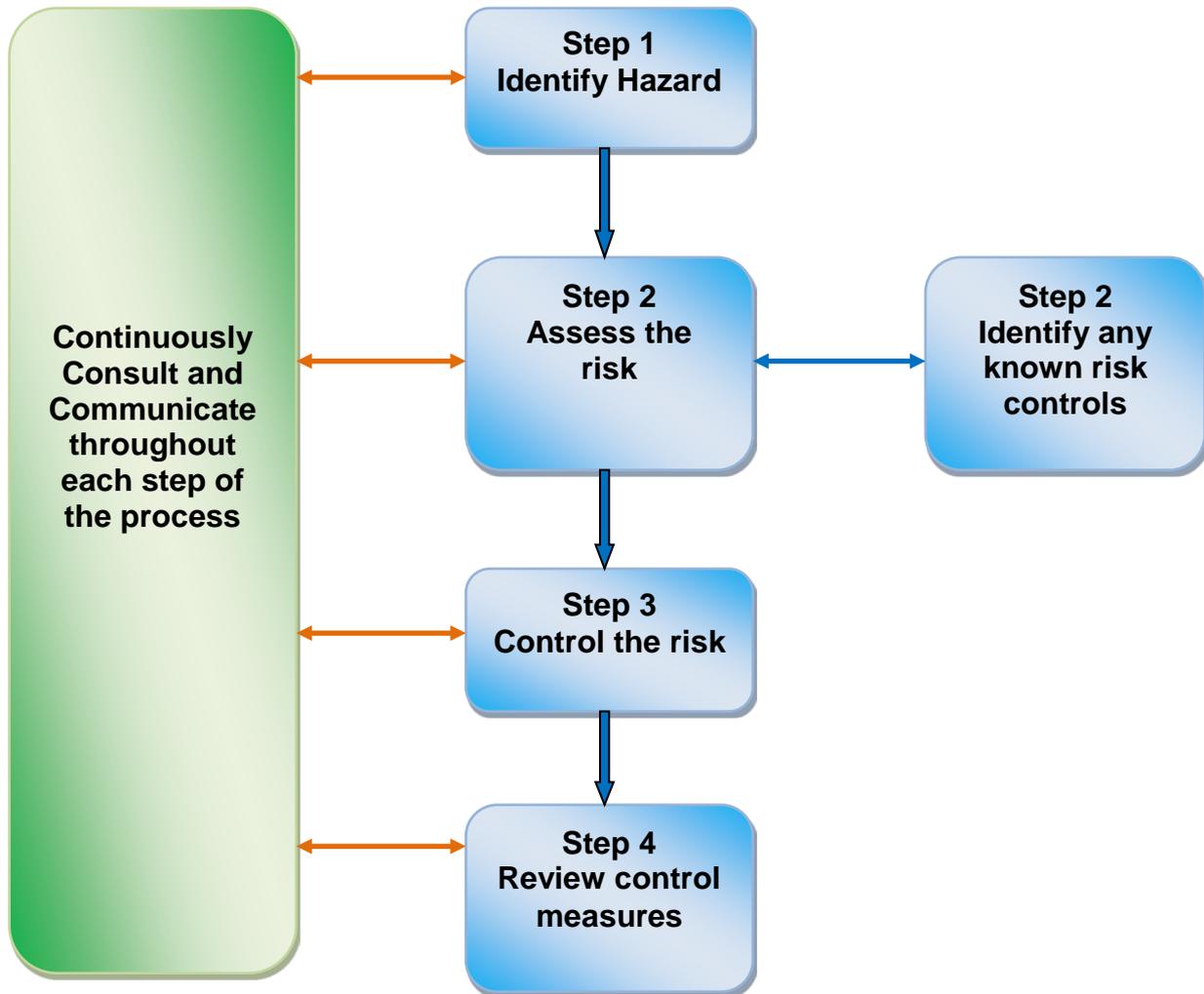
Consultation also facilitates continuous improvement to procedures and processes.

Consultation should be planned, systematic and cover all reasonably foreseeable hazards and associated risks along with the agreed risk controls and implementation strategy.

For more information on consultation refer to the following district guidelines:

- [SESLHDGL/019 Work Health and Safety - Consultation Guideline,](#)
 - [SESLHDGL/20 Work Health and Safety - Nomination and Election of Health and Safety Representatives Guideline](#)
- And/or
- [Code of Practice - WHS Consultation, Co-operation and Co-ordination](#)

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4.3 Step 1- Identify hazards

Identifying hazards and hazardous tasks in the workplace is the key element in WHS risk management and must be an active and ongoing process.

The term “hazard” should be interpreted as anything that may cause harm or endanger the health, safety or welfare of workers, volunteers, contractors, students, patients or visitors.

How to identify hazards

- consultation - by talking to workers to find out what they consider to be hazards or problems in the workplace
- direct observation - by directly observing the workplace or the way work is done, for example: conducting regular workplace inspections and safety audits
- investigating and analysing incident data - by reviewing injury notifications, investigating incidents, analysing IIMS incident reports and workers compensation data
- reviewing product information - provided by suppliers regarding; substances, material, plant, equipment and tools
- reviewing workplace design - by reviewing the design and layout of workplaces in relation to workflow or where incidents or near misses occur
- equipment damage or breakage - is a sign that processes are not controlled and a hazard could be a risk of harm
- building damage - identifies a hazard.

Common hazards or hazardous jobs include:

- keyboard work for long periods without a break
- activities that involve lifting, holding or carrying of people, materials or equipment
- trip hazards like frayed carpet, electrical cords or boxes in walkways
- using a hazardous substance in a laboratory process or for cleaning
- solar heat and UV radiation or sources of ionising radiation
- working with infectious patients or micro-organisms that may cause infection
- dealing with potentially violent patients or other people
- working with sharp instruments, e.g. needles and blades
- working with or close to machinery with moving parts
- noise generated during loud events or by machinery
- driving long distances as part of the work task.

When to identify hazards

- prior to purchasing, or introducing or changing the design, layout or use of (new/old):
 - plant, equipment, tools or material
 - the workplace
 - a work activity or the service provided
 - substances, their handling, transport, storage or disposal
- when supervising work activities
- when something did or could have harmed someone – during the incident investigation process
- when new or additional information becomes available - industry hazard alerts, manufacturer alerts or recall notices, general hazard notifications.

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4.4 Step 2 – Assess the Risk

A work group may have a considerable number of hazards to be managed. Therefore, the highest priority should be assigned to those that have the greatest potential to cause loss or injury. The [Generic Risk Assessment](#) guides a work group through the risk assessment process.

When assessing the risk, it is essential to consult with workers directly involved in doing the work to obtain first-hand information about hazard exposures, potential problems and possible solutions.

There are two aspects to be considered when prioritising and rating risks:

- likelihood - the probability that exposure to the hazard will cause harm, consider how many people, how often and the duration of the exposure to the hazard
- consequence – the severity of the exposure to the hazard.

Use the [PD2015_043 Risk Management - Enterprise-Wide Risk Management Policy and Framework](#) to assign a “risk rating” to a hazard. Where exposure to harm is more likely and the potential consequence severe, this identifies the hazard as the highest priority for prompt resolution.

Any task found to present an imminent risk of serious injury or other adverse event should be halted until suitable controls are put in place to reduce the risk to an acceptable level.

The risk assessment should consider each of the following risk factors:

- physical activity required for the task; involving physical exertion, repetitive action, sustained or awkward posture
- work environment; lighting, layout, temperature, egress routes, isolation, traffic
- nature of the hazard; hazardous substances, machinery, sharps/blades, radiation, potentially violent clients or intruders
- individuals involved in the process/task; their level of training and expertise, their physical capacity to perform the task
- the health status of workers involved in the task; check if they have any pre-existing condition that may increase the risk - age, pregnancy, allergy.

The risk assessment may find that more than one of these risk factors is present.

4.5 Step 3 - Control the Risk

In the WHS Act the term “*reasonably practicable*” is used in relation to the duty to ensure the health and safety of workers and others. *Reasonably practicable* means that which can reasonably be done, taking into account and weighing up all risk factors.

Risk controls are ranked from the highest level of protection and reliability to the lowest as shown in the table below. This ranking is known as the Hierarchy of Control. The most

effective control is elimination of the hazard. If this is not reasonably practicable to do so then action is required to ensure the risk is minimised by controlling the hazard.

Risk Control Hierarchy	Control level	Level of health and safety protection	Reliability of safety measures
1. Elimination	Level 1	Highest	Most
2. Substitution	Level 2		
3. Isolation			
4. Engineering			
5. Administrative	Level 3	Lowest	Least
6. Personal protective equipment			

Table ref: "How to Manage WHS Risks Code of Practice 2011"

If elimination cannot be achieved, then use the Hierarchy of Control to work through other alternatives to manage WHS risks.

Based on the information gathered in the risk assessment, the following risk control decisions need to be made:

- what can be done to eliminate the hazard or minimise the risk of harm
- what level of residual risk will remain after controls have been implemented
- could the new controls create additional risk/s
- should an injury/illness result from incidents caused by the residual risk, then a plan needs to be in place, including first aid treatment and emergency actions, for example: chemical spills.

If there are any legislative prescribed measures that need to be applied, they must be incorporated in the risk management process. Likewise, the [Codes of Practice](#) controls must be applied in all cases where they apply. Most SESLHD WHS procedures on specific hazards list and reference the relevant Code of Practice controls.

- If the entire Code of Practice recommended controls are not in place, then implementation of at least the mandatory controls is required
- If the required controls in the Code of Practice are in place and a risk is still present, then continue with a risk assessment

The results of the risk assessment and the control measures must be communicated to all relevant workers affected by the hazard.

The cost of controlling a risk may be taken into account in determining what is reasonably practical, but cannot be used as a reason for not controlling a hazard.

Refer: [Code of Practice How to Manage Work Health and Safety Risks](#).

If two control measures provide the same level of protection and are equally reliable, adopting the least expensive option is acceptable.

Controls should not rely exclusively on changing workers' behaviour or actions when more effective controls are available through substitution, engineering or isolation.

Implementation of the risk control measures

Management, in consultation with workers, must ensure that risk control measures are implemented in a timely manner.

The ideal risk control plan would have the following elements:

- trial
- documented safe work procedures (SWP)
- competency based training, instruction and information
- supervision
- measurable outcomes (such as all staff are trained in the process, or adhere to the SWP).

In some instances a trial is not possible such as a new building or installing a large specialised piece of equipment. In all other cases a trial is recommended to help identify and correct any additional risk prior to full implementation of controls.

Where the preferred controls cannot be implemented within a suitable timeframe (considering the level of risk) interim measures must be put in place to control the risk until such time as the preferred risk controls can be implemented.

Management in consultation with workers must ensure that action plans are developed and documented and coordinate the implementation of the risk control measures. For further information see Section 4 of [F038 Generic Risk Assessment](#) form.

The action plan should be monitored to ensure action is taken within the specified time frames.

If the hazard cannot be eliminated or controlled effectively at a local level it must be escalated in a timely manner to the appropriate senior manager for actioning and entering into ERMS as required.

The person who has the delegation for the risk control is the 'owner' of that risk and has the full duty of care to ensure the risk is controlled.

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4.6 Step 4 – Review Control Measures

A review of safe work procedures (SWP) and risk assessments (RA) is required on a regular basis. In SESLHD the minimum review time frame is every three years. The risk assessment should clearly define the requirements of the controls, section 3 of [F038 Generic Risk Assessment](#) form as it is important to confirm that the controls are achieving the desired health and safety outcome.

The evaluation needs to be documented and the outcome communicated to the workers. This will also assist the workers in identifying if the agreed controls are achieving the desired result or if anything else needs to be changed.

The control measures that are put in place should be reviewed regularly to make sure they work as planned, rather than waiting until something goes wrong.

There are certain situations under the WHS Regulations when a review of control measures is required, that is:

- when the control measure is not effective in controlling the risk
- before a change at the workplace that is likely to give rise to a new or different health and safety risk that the control measure may not effectively control
- if a new hazard or risk is identified
- if the results of consultation indicate that a review is necessary
- if a health and safety representative requests a review.

Use the same methods as in the initial hazard identification step to check controls. Consult with workers and their health and safety representatives and consider the following questions:

- Are the control measures working effectively in both their design and operation?
- Have the control measures introduced new problems?
- Have all hazards been identified?
- Have new work methods, new equipment or chemicals made the job safer?
- Are safety procedures being followed?
- Has instruction and training provided to workers on how to work safely been successful?
- Are workers actively involved in identifying hazards and possible control measures?
- Are they openly raising health and safety concerns and reporting problems promptly?
- Is the frequency and severity of health and safety incidents reducing over time?
- If new legislation or new information becomes available; does it indicate current controls may no longer be the most effective?

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If problems are found, go back through the risk management steps, review your information and make further decisions about risk control. Priority for review should be based on the seriousness of the risk. Control measures for serious risks should be reviewed more frequently.

If products are designed, manufactured or supplied by SESLHD and used for work, quality assurance processes that check that the product effectively minimises health and safety risks must be undertaken. Obtain feedback from users of the product to determine whether any improvements can be made to make it safer.

5. DOCUMENTATION

- [F115 Chemical Inventory/SDS Register](#)
- [F121 Chemical Substance Risk Assessment](#)
- [F004 Other Offsite Activity Safety Checklist](#)
- [F119 Workstation Self Assessment sheets](#)
- [F129 Department Training Register](#)
- [F128 Electrical Equipment Register, Assessment and Testing Requirements](#)
- [F038 Generic Risk Assessment](#)
- [F118 WHS Hazard Register](#)
- [F221 Manual Risk Assessment Form and Manual Task Risk Assessment Control Guide](#)
- [F220 Patient Manual Handling Assessment & Care Plan Checklist](#)
- [F219 Pre-Occupancy Checklist](#)
- [F131 Safe Work Procedure](#)
- [F132 Safety Rules](#)
- [F127 WHS Regular Workplace Inspection checklist](#)

6. AUDIT

This procedure will be audited through the NSW Health WHS & IM Audit Tool every two years

7. REFERENCES

- [Work Health and Safety Act 2011.](#)
- [Work Health and Safety Regulation 2017](#)
- [Code of Practice - How to Manage Work Health and Safety Risks](#)
- [PD2013_050 Workplace Health and Safety Better Practice Procedure](#)

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
January 2005	0	Former SESAHS Hazard Identification, Assessment and Control Procedures: SESAHS OHSMS-09 Hazard reporting OHSMS-10.
February – August 2006	Draft 1-2	Merging of Former SESAHS OHS & IAHS OHS policy documents by Manager Systems Integration-Area Policy in consultation with Manager Workforce Services
March 2007	1	Manager, Systems Integration in consultation with Southern Hospital Network OHS Practitioners. Approved by Executive Sponsor, Matthew Daly, DCO acting for DWD. Final approval by Area Executive Committee 13 March 2007 as an interim area policy until March 2008.
June 2009	2	Karen Sutton (Area WSIMS OHS Officer) Change from PD to Procedure in accordance with the SESIH policy framework. Amended by T Williams. Approved by Chief Executive in Area Executive Team meeting 9.6.2009
April 2010	3	Inclusion of new form - F240 - Detailed Plant and Equipment Risk Assessment Form – prepared by Dieter Schultejoann
April 2011	4	Peter Kuszelyk, OHS Officer, Health Safety and Wellbeing. Amended to reflect change to Local Health Network and Cluster
October 2012	5	Dieter Schultejoann, WHS Officer, Health Safety and Wellbeing. Amended to reflect change in legislation.
November 2012	5	Approved by Sharon Litchfield Director Workforce Services
November 2014	6	Ron Taylor WHS Consultant – Health Safety and Wellbeing. Minor changes: re-formatting, grammatical and clarifying statements to improve flow and understanding throughout the procedure, Generic Risk Assessment Form – F038
July 2015	7	Ron Taylor WHS Consultant – Health Safety and Wellbeing. Amended to align with the Ministry of Health WHS Audit Tool
August 2017	8	Desktop Revision and Links Update - John Parkinson, WHS Consultant
November 2017	8	Updates endorsed by Executive Sponsor