



Dear 

I refer to your application under the ACT *Freedom of Information Act 1989* (the Act), received by the Directorate on 10 December 2012, in which you requested access to the following documents:

- *“Documents relating to the obligations, rights, duties and condition of employment of people employed as cleaners at Canberra Hospital. Documents relating to the cleaning procedures employed.”*
- *Pages of the contract between ISS and ACT Health for the provision of services to the Canberra Hospital. The elements sought are all of the following or those parts of the following which may be released:*
  - *Those pages demonstrating what ISS is require to pay Help desk officers*
  - *Those pages containing representations of ACT Health as to ISS’s rate of wages to be paid to Help Desk Operators.*
  - *Those pages demonstrating whether there has been a variation in the contract such that would bring page 20 of ‘Schedule 3; price and payments schedule’ into operation.”*

As Executive Director, Business and Infrastructure, I am an officer authorised to make a decision in respect of a request for information, under section 22 of the Act.

After conducting a search of all relevant ACT Government Health Directorate records, the Directorate has identified a number documents in its possession that meet the scope of your request. I have decided that some of these documents are to be released to you in full, while some are to be partially released and some are exempt from release, in accordance with exemption provisions under the Act, as identified in the schedule at Attachment A.

My decision is appealable under the Act. This means that if you are dissatisfied with this outcome you have a right to seek a review under section 59 of the Act. This right of review extends to a review of the adequacy of the search for documents undertaken by the Directorate. If you wish to seek a review you should write to:

The Principal Officer  
Executive Coordination  
Health Directorate  
GPO Box 825  
CANBERRA ACT 2601

You have 28 days from the date of this letter to seek a review of the outcome or such other period as the Principal Officer permits.

Under section 54 of the Act, if you are concerned about the processing of your request or related administrative matters, you may complain to the Ombudsman, who may conduct an independent investigation into your complaint. There is no fee for this, and the contact details are as follows:

The Ombudsman  
GPO Box 442  
CANBERRA ACT 2601

Please be aware that under the ACT Government's Online FOI Publication Policy, information released to you under the Act may be published on the internet.

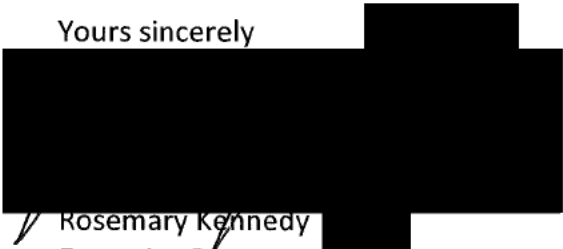
Information, the release of which would constitute an unreasonable disclosure of personal information or business affairs will not be made publicly available under this policy. If you believe the content of your request would contain such information, please inform me at your earliest convenience.

A copy of the policy, detailing what information may be published on the internet, is available online at:

[http://www.cmd.act.gov.au/data/assets/pdf\\_file/0016/250333/FOI\\_Web\\_Release\\_Policy\\_-\\_Final.pdf](http://www.cmd.act.gov.au/data/assets/pdf_file/0016/250333/FOI_Web_Release_Policy_-_Final.pdf)

If you have any queries concerning this Directorate's processing of your request, or would like further information, please contact the Freedom of Information Coordinator on: (02) 6205 1340 or via email at: [fraser.powrie@act.gov.au](mailto:fraser.powrie@act.gov.au)

Yours sincerely



Rosemary Kennedy  
Executive Director  
Business and Infrastructure  
February 2013

Attachment A

SCHEDULE OF DOCUMENTS

FOI12-124

FOLIO	ITEM	DATE	STATUS	REASON FOR EXEMPTION	Internet publication
1-3	ISS letter to Health Directorate re ISS Contract Compliance Presentation	16/06/10	Full release	Nil	Yes
4-11	ISS Regional Work Practice TCH - Introduction	May-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
12-16	ISS Distribution Service Delivery Model for ACT Health	27/04/10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
17-73	ISS Contract Management Plan for TCH - Quality Plan	May-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
74-108	ISS Contract Management Plan for TCH - Occupational Health, Safety & Environmental	May-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
109-131	ISS Contract Management Plan for TCH - Environmental Management Plan	May-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
132-139	ISS Contract Management Plan for TCH - Emergency Response Plan	May-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
140-170	ISS Contract Management Plan for TCH - IR and HR Management	May-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
171-188	ISS Contract Management Plan for TCH - Infection Control	May-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
189-198	ISS Cleaning Service Delivery for ACT Health	29/04/10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
200-202	ISS Comprehensive Cleans	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No

203-205	ISS Vancomycin Resistant Enterococcus Cleaning	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
206-208	ISS Gastroenteritis Clean	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
209-210	ISS Use of Polivac Machine	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
211-212	ISS Carpet Extraction	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
213-214	ISS Vacuuming	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
215	ISS Blood & Bodily Fluids Clean up	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
216-217	ISS Dry Static Micro-Fibre Mopping	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
218-219	ISS Replacing Curtains	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
220-222	ISS Cleaning of an Open Baby Cot	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
223	ISS Washing Walls	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
224-225	ISS Scrubbing & Polishing Hard Floors	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
226-230	ISS Bed Making	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
231-232	ISS Cleaning Lifts	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
233-235	ISS Cleaning Theatres & Sterilisation Units	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
236-237	ISS Damp Mopping	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
238-239	ISS Damp Dusting	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No

240-241	ISS Spot Cleaning (Carpets, Hard Surfaces & Floors)	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
242	ISS Cleaning Stairs	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
243-244	ISS Discharge Cleaning	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
245-246	ISS General Waste Collection from Wards & Offices	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
247-248	ISS Cleaning of Birthing Suites	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
249	ISS Negative & Positive Flow Isolation Rooms	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
250	ISS Cleaning Drug & Medical Supply Fridges	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
251-253	ISS Cleaning of Isolettes and Incubators	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
254-255	ISS Waste Collection	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
256-258	ISS Cleaning Transicots	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
259-260	ISS Handling of Linen	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
261	ISS Broken Glass	Jun-10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
262-264	ISS Cleaning Kitchenettes	May-09	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
265-266	ISS Cleaning Air Vents	May-09	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
267-269	ISS Cleaners Storerooms	May-09	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
270-271	ISS Cleaning Toilets & Urinals Using Microfiber Cloths	May-09	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No

272-273	ISS Dry Mopping	May-09	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
274-275	ISS Glass Cleaning	May-09	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
276-277	ISS High Pressure Washing	May-09	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
278-280	ISS Jonmaster Microfiber Trolley Setup	May-09	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
281-282	ISS Mopping of Floors with Microfiber	Oct-08	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
283-284	ISS Sharps Handling	May-09	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
285-286	ISS Sweeping	May-09	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
287-290	ISS Vacuuming	May-09	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
291-292	ISS SOP - Infectious Cleaning	23/11/09	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
293	ISS SOP - Bin Washing (Food Services bins)	23/11/09	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
294	ISS SOP - Transporting Waste Bins from Hospital Wards to Waste Compactor	23/11/09	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
295	OHS Risk Assessment RA TSK 001	undated	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
296	OHS Risk Assessment RA TSK 008	19/04/10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
297	OHS Risk Assessment RA TSK 011	19/04/10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
298	OHS Risk Assessment RA TSK 012	19/04/10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
299	OHS Risk Assessment RA TSK 016	19/04/10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No

300	OHS Risk Assessment RA TSK 018	22/04/10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
301	OHS Risk Assessment RA TSK 019	19/04/10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
302	OHS Risk Assessment RA TSK 021	19/05/09	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
303	OHS Risk Assessment RA TSK 022	9/07/09	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
304	OHS Risk Assessment RA TSK 001	19/04/10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
305	OHS Risk Assessment RA TSK 005	19/04/10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
306	OHS Risk Assessment RA TSK 006	19/04/10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
307	OHS Risk Assessment RA TSK 007	19/04/10	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
308-309	Safe Work Practice TCH OHSE SWP 126	14/06/11	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
310-312	Safe Work Practice TCH OHSE SWP 084	10/08/12	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
313-315	Safe Work Practice TCH OHSE SWP 085	21/09/11	Exempt	Section 43 - Documents relating to ISS business affairs and trade secrets	No
316	Infectious Occupied & Discharge Cleans - Ward 8A	22/06/12	Full release	Nil	Yes
317	Infectious Occupied & Discharge Cleans - Ward 4B	22/06/12	Full release	Nil	Yes
318	Infectious Occupied & Discharge Cleans - ICU	22/06/12	Full release	Nil	Yes

319-813	Domestic & Environmental Services Contract and Schedules			Full release	See the following links: <a href="http://www.contractsregister.act.gov.au/contracts/cr.nsf/0/446A19E50A705525CA2575A70006F5F0?OpenDocument">http://www.contractsregister.act.gov.au/contracts/cr.nsf/0/446A19E50A705525CA2575A70006F5F0?OpenDocument</a> <a href="http://www.contractsregister.act.gov.au/contracts/cr.nsf/0/446A19E50A705525CA2575A70006F5F0/\$File/Domestic%20and%20Environmental%20Services%20Contract%20(public%20text).pdf">http://www.contractsregister.act.gov.au/contracts/cr.nsf/0/446A19E50A705525CA2575A70006F5F0/\$File/Domestic%20and%20Environmental%20Services%20Contract%20(public%20text).pdf</a>	
814-816	COR12/636 - Contract Variation to Provision of D&ES to ACT Health	17/01/12	Partial release	Partial release	• Sections 40 and 43 of the FOI Act have been applied as it contains commercial value and operational business affairs.	Partial release
817-821	COR12/0014 - Provision of D&ES to Health Directorate	22/12/11	Partial release	Partial release	• Sections 40 and 43 of the FOI Act have been applied as it contains commercial value and operational business affairs.	Partial release
822-855	Deed of Variation C09286	30/01/12	Exempt	Exempt	• Sections 43 of the FOI Act has been applied as it contains a commercial value.	No
856-884	Deed of Variation C09286	13/07/11	Exempt	Exempt	• Sections 43 of the FOI Act has been applied as it contains a commercial value.	No
885-886	COR11/6027 - Contract Variation to Provision of D&ES to ACT Health	6/07/11	Partial release	Partial release	• Sections 40 and 43 of the FOI Act have been applied as it contains commercial value and operational business affairs.	Partial release
887-888	Variation 1 to Environmental & Domestic Services Agreement	30/10/09	Partial release	Partial release	• Sections 40 and 43 of the FOI Act have been applied as it contains commercial value and operational business affairs.	Partial release
889-1067	Safety Management System (SMS) ACT Health	Nov-10	Full release	Full release	Nil	Yes
1068-1111	Waste Management Plan for Health Directorate	Aug-12	Full release	Full release	Nil	Yes
1112-1158	Canberra Hospital & Health Services - Infection Prevention and Control - Standard Precautions	Jul-12	Full release	Full release	Nil	Yes

1159-1166	ACT Health Contractor Safe Work Practice & Compliance Policy	Jun-11	Full release	Nil	Yes
1167	Email Dengate to ISS re Helpdesk Disposal Checklists and Process	23/12/09	Full release	Nil	Yes
1168	Guideline for Health staff to request repair and disposal of equipment via ISS	undated	Full release	Nil	Yes
1169	Form - Asset Management Checklist for Disposal of Equipment	undated	Full release	Nil	Yes
1170	Form - Asset Management Checklist for Disposal of Equipment	undated	Full release	Nil	Yes



16<sup>th</sup> June 2010

Mr Ralph Bradbury  
Contract Manager  
Domestic and Environmental Services  
Infrastructure Support  
ACT Health  
GPO Box 11  
Woden ACT 2606

Dear Ralph

**RE: ISS Contract Compliance Presentation**

Thank you for your time on Tuesday 15<sup>th</sup> June to allow ISS to provide our third and final presentation on our path demonstrating contract compliance.

We shall continue to finalise the minor additional items to satisfy your requirements however we believe that we have demonstrated contract compliance with the close out of the gaps highlighted in your correspondence dated 14 March 2010.

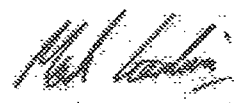
Our structured presentations, supporting documentation and evidence based assessments process has been a rewarding and satisfying experience knowing that we have the support of ACT Health in the process. On behalf of the Team I would like to acknowledge the support that yourself, David and Melissa have provided us during this process.

Attachment 1 to this correspondence outlines the documentation that was presented in the folder to you at our meeting.

We are extremely confident that we can further develop our relation by offering further benefits to ACT Health from this point on. As we discussed during our presentation we welcome the opportunity to workshop our collective ideas on service enhance and initiates for the next 12 month period.

Finally, we look forward to receiving your formal sign off that ISS have demonstrated contract compliance. In the meantime please do not hesitate to contact the undersigned should you have any further requirements

Yours sincerely



Mark Gerdovic  
Group General Manager  
ISS Health Services Pty Ltd

Encl:

## Attachment 1

Below is the list of all documents provided to ACT Health on 15/8/10.

- \* Introduction
- \* Distribution Operations
- \* Info Booklet
- \* Quality Assurance
- \* Return to Work & Injury Management
- \* OHS & E Plan
- \* Pest Control Licence
- \* Environmental Management Plan
- \* Emergency Response Plan
- \* IR & HR Management
- \* Infection Control
- \* Cleaning Operations

### SAFE WORK PRACTICES:

- \* Comprehensive Cleans
- \* VRE Cleans
- \* Gastro Clean
- \* Use of the Polyvac Machine
- \* Carpet Extraction
- \* Vacuuming
- \* Blood and Bodily Fluids Clean Up
- \* Dry Static Mopping
- \* Replacing Curtains
- \* Cleaning of Open Baby Cot
- \* Washing Walls
- \* Scrub and Polish Hard Floors
- \* Bed Making
- \* Cleaning Lifts
- \* Cleaning Theatres
- \* Damp Mopping
- \* Spot Cleaning
- \* Cleaning Stairs
- \* Discharge Cleaning
- \* General Waste Collection
- \* Cleaning Birthing Suite
- \* Cleaning neg and pos flow isolation rooms
- \* Cleaning drug and medical fridges
- \* Cleaning isolettes and incubators
- \* Waste Collection
- \* Cleaning transicots
- \* Handling of Linen
- \* Broken Glass

May Monthly Report.

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Date:	22/6/12	Time:	
Area/Ward:	8A	Room No:	2
Cleaned by:	Christophe		
Infectious Occupied		Infectious Discharge	
	Done		Done
	Heavily soiled = 3/4ml/l).		Heavily soiled = 3/4ml/l).
	Infection Type: MRSA( ),		Bleach = 30ml/l. and rinse
	CMRSA( ), VRE( ), MRO( )		Infection Type: MRSA( ), CMRSA( )
1	Table		VRE( ), MRO( )
2	Bedrail		1. Remove curtains and wipe curtain rails
3	Chair		2. Beds stripped of linen and mattresses
4	Ledges		Cleaned top and bottom.
5	Light fittings		3. Remove rubbish/ clean bins
6	Handrails		4. Wash walls with flat mop
7	Bed side drawers		5. Bed rails and accessories, (lockers, chairs
8	Over way tables		, over way tables, call buttons, ledges and
9	Call buttons		Wardrobes).
10	Wardrobes		6. Windows and ledges
11	Bin; clean and replace liner		7. Dispensers, (hand soap, towel & gloves).
12	Consumables		8. Telephone: call bell and cord
13	Floor (using flat mop)		9. Floor using flat mop
14	Bathroom Bleach		10. Bathroom, Actichlor two in cleaner
15	Toilet paper		
16	Hand towel, remove 30cm		11. Toilet paper, throw out
17	Basin, fittings, fixtures & plug hole		12. Hand towel, remove 30 cm
18	Toilet: Button, walls, seat, rim, bowl		13. Basin, fittings & fixtures & plug hole
19	Shower: Walls, floor, fixtures & fittings		14. Toilet: button, back seat, rim & bowl
			15. Shower: walls, floors, fixtures & fittings
		CNC Signature:	<i>Christophe</i>

PPE Protocol: Infectious discharge; Gloves, gown, goggles and mask  
 Infectious occupied; Gloves, gown, goggles and mask

Water must be changed after every room clean!!



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Date:	22/06/12	Time:	
Area/Ward:	14B	Room No:	2
Cleaned by:	Christophe		
<b>Infectious Occupied</b>		<b>Infectious Discharge</b>	
	Done		Done
	Heavily soiled - 3/4ml/l).		Heavily soiled - 3/4ml/l).
	Infection Type: MRSA(-),		Bleach - 30ml/l. and rinse
	CMRSA(-), VRE(-), MRO(-)		Infection Type: MRSA(-), CMRSA(-)
1	Table		VRE(-), MRO(-)
2	Bedrail		1. Remove curtains and wipe curtain rails
3	Chair		2. Beds stripped of linen and mattresses
4	Ledges		Cleaned top and bottom.
5	Light fittings		3. Remove rubbish/ clean bins
6	Handrails		4. Wash walls with flat mop
7	Bed side drawers		5. Bed rails and accessories, (lockers, chairs
8	Over way tables		, over way tables, call buttons, ledges and
9	Call buttons		Wardrobes).
10	Wardrobes		6. Windows and ledges
11	Bin; clean and replace liner		7. Dispensers, (hand soap, towel & gloves).
12	Consumables		8. Telephone: call bell and cord
13	Floor (using flat mop)		9. Floor using flat mop
14	Bathroom Bleach		10. Bathroom, Actichlor two in cleaner
15	Toilet paper		
16	Hand towel, remove 30cm		11. Toilet paper, throw out
17	Basin, fittings, fixtures & plug hole		12. Hand towel, remove 30 cm
18	Toilet: Button, walls, seat, rim, bowl		13. Basin, fittings & fixtures & plug hole
19	Shower: Walls, floor, fixtures & fittings		14. Toilet: button, back seat, rim & bowl
			15. Shower: walls, floors, fixtures & fittings
		CNC Signature: Helen Rowe	

PPE Protocol: Infectious discharge; Gloves, gown, goggles and mask  
Infectious occupied; Gloves, gown, goggles and mask

Water must be changed after every room clean!!



Date:	22.6.12	Time:	
Area/Ward:	IC-0	Room No:	13
Cleaned by:	Tijm		
<b>Infectious Occupied</b>		<b>Infectious Discharge</b> ✓	
	Done		Done
	Heavily soiled = 3/4ml/l).		Heavily soiled = 3/4ml/l).
	Infection Type: MRSA( ),		Bleach = 30ml/l. and rinse
	CMRSA( ), VRE( ), MRO( )		Infection Type: MRSA( ), CMRSA( )
1	Table		VRE( ), MRO( )
2	Bedrail		1. Remove curtains and wipe curtain rails
3	Chair		2. Beds stripped of linen and mattresses
4	Ledges		Cleaned top and bottom.
5	Light fittings		3. Remove rubbish/ clean bins
6	Handrails		4. Wash walls with flat mop
7	Bed side drawers		5. Bed rails and accessories, (lockers, chairs
8	Over way tables		, over way tables, call buttons, ledges and
9	Call buttons		Wardrobes).
10	Wardrobes		6. Windows and ledges
11	Bin; clean and replace liner		7. Dispensers, (hand soap, towel & gloves).
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16	Hand towel, remove 30cm		11. Toilet paper, throw out
17	Basin, fittings, fixtures & plug hole		12. Hand towel, remove 30 cm
18	Toilet: Button, walls, seat, rim, bowl		13. Basin, fittings & fixtures & plug hole
19	Shower: Walls, floor, fixtures &		14. Toilet: button, back seat, rim & bowl
	fittings		15. Shower: walls, floors, fixtures & fittings
		CNC Signature:	

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**PPE Protocol: Infectious discharge; Gloves, gown, goggles and mask**  
**Infectious occupied; Gloves, gown, goggles and mask**

**Water must be changed after every room clean!!**



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## CORRESPONDENCE COVER SHEET

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**Correspondent:** Kennedy, Rosemary

**Record Number:** COR12/636

**Date Due:** .....

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**Topic:** Minute From Rosemary Kennedy - Contract Variation to the Provision of Domestic & Environmental Services to ACT Health - Contract No. C09286.

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<b>Action Required:</b>	<i>Draft Response</i>	No	<i>Info Only</i>	No	<i>Brief to Minister</i>	No
	<i>Reply Directly</i>	No	<i>Action as Necessary</i>	No	<i>Comments to D-G</i>	No
	<i>Brief to D-G</i>	Yes	<i>For Discussion</i>	No	<i>Coordinate Response</i>	No
	<i>Action by Group</i>	No	<i>Advice</i>	No	<i>Speaking Notes</i>	No
	<i>Ministerial Response</i>	No				

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**Assignee:** Burton, Grace since 20/01/2012 at 12:21 PM

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**Comments for Cover Sheet:**

**CORRESPONDENCE CLEARANCE**

**SUBJECT: Minute From Rosemary Kennedy - Contract Variation to the Provision of Domestic & Environmental Services to ACT Health - Contract No. C09286.**

**NUMBER: COR12/636**

**DATE DUE:** .....

Director-General - Health Directorate: .....  Date: 30/1/12

Deputy Director-General, Strategy & Corporate: ..... Date: .....

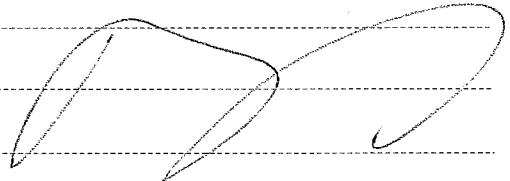
Deputy Director-General, Canberra Hospital & Health Services: ..... Date: .....

Director, Executive Coordination: ..... Date: .....

Director, Communications and Marketing: ..... Date: .....

Chief Information Officer, E-Health & Clinical Records: ..... Date: .....

Chief Finance Officer, Financial Management: ..... Date: .....

Exec Director, Business and Infrastructure: .....  Date: 20/1/12

Exec Director, Capital Region Cancer Service: ..... Date: .....

Chief Health Officer, Population Health: ..... Date: .....

Exec Director, Critical Care & Diagnostics: ..... Date: .....

Exec Director, Human Resource Management: ..... Date: .....

Exec Director, Medicine: ..... Date: .....

Exec Director, Mental Health, Justice Health & Alcohol & Drug Services: ..... Date: .....

Exec Director, Pathology: ..... Date: .....

Exec Director, Performance & Innovation: ..... Date: .....

Exec Director, Policy & Government Relations: ..... Date: .....

Exec Director, Quality & Safety Unit: ..... Date: .....

Exec Director, Rehabilitation Aged & Community Care: ..... Date: .....

Exec Director, Service & Capital Planning: ..... Date: .....

Exec Director, Surgery & Oral Health: ..... Date: .....

Exec Director, Women Youth & Children: ..... Date: .....

Professional Leadership Research & Education: ..... Date: .....

Manager, Canberra Hospital Foundation: ..... Date: .....

Medical Director, Donate Life ACT: ..... Date: .....

Manager, Internal Audit & Risk: ..... Date: .....

Operational Support: ..... Date: .....



**SUBJECT: Contract Variation to the Provision of Domestic & Environmental Services to ACT Health – Contract No. C09286.**

To: Dr Peggy Brown, Director – General, Health Directorate

From: Rosemary Kennedy, Executive Director, Business & Infrastructure

Date: 17 January, 2012

**Purpose**

1. To obtain your signature on the attached Deed of Variation to the contract for the provision of Domestic & Environmental Services to ACT Health Directorate.


**Background**

2. On the 6<sup>th</sup> of April 2009, ACT Health (through Procurement Solutions) executed an agreement with ISS Health Services Pty Ltd for the 'Provision of Domestic and Environmental Services to ACT Health'.
3. On the 5<sup>th</sup> of January 2012, you approved a Deed of Variation to be sent to ISS reflecting an annual contract price escalation [REDACTED] and a price increase for growth areas that include the MAPU, SAPU, Peri-operative Unit, WIC, MAHU, PET CT and multi level car park. **Correspondence attached (COR12/00014).**
4. ISS returned the signed Deed of Variation on Friday 13<sup>th</sup> January 2012, **attached.**
5. The attached Deed of Variation represents a contract price [REDACTED] the contract.
6. After signature, arrangements will be made through Procurement Solutions for the Deed to be issued to the supplier and published on the ACT Health Procurement website.

**Recommendations**

- 1. That you note the above information.

SUPPORTED/NOT SUPPORTED




---

Rosemary Kennedy  
20/1 / 2012

- 2. That you approve and sign the attached Deed of Variation.

APPROVED/NOT APPROVED




---

Dr Peggy Brown  
30/1 / 2012

Name            Rosemary Kennedy  
 Title            Executive Director  
 Branch          Business & Infrastructure  
 Division        ACT Health

Date            17 January 2012

Action Officer: David Dredge  
 Branch:        Business & Infrastructure  
 Extension:     6244 3588

**Attached**

- 1. Prior / background correspondence (COR12/00014).
- 2. Deed of Variation for signature

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MINUTE**SUBJECT: Provision of Domestic & Environmental Services to the Health Directorate – Contract No. C09286**

To: Dr Peggy Brown, Director General, Health Directorate

From: Rosemary Kennedy, Executive Director, Business and Infrastructure

Via: Ian Thompson, Deputy Director General, Strategy and Corporate *Is 3/1*

Date: 22/12/2011

Dr Brown,

The details of this contract variation are as follows:

<b>Title:</b>	Provision of Domestic & Environmental Services to the Health Directorate – Contract No. C09286
<b>Procurement Method:</b>	Contract Variation
<b>Requesting Officer:</b>	Ralph Bradbury
<b>Total Contract Duration:</b>	Deed of Variation
<b>Estimated Total Cost:</b>	

**Purpose**

This minute has two purposes, they are as follows:

1. To seek your endorsement for Shared Services Procurement (acting on behalf of and instruction from the Health Directorate) to approach ISS Health Services Pty Ltd with the attached draft Deed of Variation; and
2. To seek your endorsement to empower Business & Infrastructure to instruct Shared Services Procurement (acting on behalf of the Health Directorate) to approach ISS Health Services Pty Ltd for any future Deeds of Variation that are required for this contract.

**Background**

On the 6<sup>th</sup> of April 2009, the Health Directorate (through Shared Services Procurement and the Government Procurement Board) executed an agreement with ISS Health Services Pty Ltd for the 'Provision of Domestic and Environmental Services to ACT Health'.

Since the execution of the original contract the Health Directorate has implemented two (2) variations. The details of these variations are as follows:

- 1. Variation One addressed drafting errors that related to numerical references. There were no contract price implications or increases in variation 1; and
- 2. Variation Two included a contract price increase for services to the new Gungahlin Collection Centre and an annual contract price increase of 3.52%. The variation represented a total contract price increase over the remaining period of the contract of [REDACTED] Variation 2 was executed 13/07/2011.

It has been proposed that a third variation (draft deed attached) be carried out in order to update the original contract with the service requirements to complement the current capital works developments within the Health Directorate. The details of the third variation are as follows:

- 1. ISS submitted 3 Contract Change Proposals (CCPs) in June 2011 proposing contract price increases to meet increased demand for services.
- 2. The increased demand for services was related to several areas of growth or change including the TCH Peri-operative Unit, the Surgical Assessment and Planning Unit (SAPU), the Medical Assessment and Planning Unit (MAPU), the Neurosurgery Suite, the Walk in Centre (WIC), the Mental Health Assessment Unit (MHAU), The PET CT, TCH multi level car park, Building 24 and Village Creek Aged Care and Rehabilitation Centre.
- 3. ISS submitted a CCP on the 9th of June for an annual contract price escalation (effective Oct 1, 2010) of [REDACTED] in accordance with the terms of the agreement.
- 4. ACT Health engaged [REDACTED] to review the 4 CCPs submitted by ISS and recommend a price for each of the CCPS.
- 5. [REDACTED]
- 6. The ACT Health Director General was advised on the [REDACTED] contract price recommendations and approved issuing ISS with an offer reflecting the [REDACTED] contract price recommendations.
- 7. [REDACTED]
- 8. [REDACTED]

9. [Redacted]

10. [Redacted]

11. The variation represents a total contract price increase of [Redacted] INC over the remaining term of the contract.

12. The variations in the attached draft Deed include;

- i. Schedule 1, Item 7 entitled 'Sites' has been amended to include Village Creek Aged Care and Rehabilitation Services. See Attachment A to the Deed.
- ii. Schedule 2 entitled 'Specifications' of the Agreement has been amended to include the provision of services to the Village Creek Aged Care and Rehabilitation Services at Marr Street, Kambah. See Attachment B to the Deed.
- iii. Schedule 2 entitled 'Specifications (Cleaning Schedules)' of the Agreement has been varied to reflect the inclusion of Domestic and Environmental services to the MAPU, SAPU, Peri-operative Unit including the Neurosurgery Suite, WIC, MAHU, Building 24, PET CT and TCH multi level car park. See Attachment C to the deed.
- iv. Schedule 3 entitled 'Price and Payments' has been amended to reflect a contract price increase and FTE increases for services to the growth/change areas as listed in point iii above. See Attachment D to the deed.
- v. Schedule 3 entitled 'Price and Payments' has been amended to reflect an annual contract price escalation of [Redacted] effective from the 1st of October 1, 2010. See Attachment D to the deed.

**Procurement Methodology**

As the Health Directorate continues to expand and new areas of the hospital and offsite locations come on line, there will be a need for multiple future variations to the current contract. Due to these foreseeable alterations and in the interest of efficiency, it is proposed that you empower Business & Infrastructure to instruct Shared Services Procurement to approach ISS Health Services Pty Ltd for all future variations to this agreement.

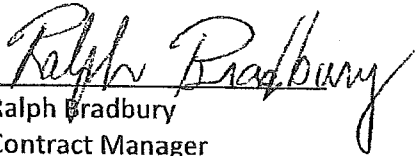
This is only procurement delegation and all financial delegations will remain in accordance with the Financial Management Act and subsequent Health Directorate Financial Delegations. It is also important to note that there is minimal risk to this strategy as the Territory has not committed itself to any changes to the contract until your or any acting Director General's consent is given via the execution of a Deed of Variation.

**Recommendations:**

- 1. That you give permission for Shared Services Procurement (acting on behalf of and instruction from the Health Directorate) to approach ISS Health Services Pty Ltd with the attached draft Deed of Variation; and

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2. That you empower Business & Infrastructure to instructed Shared Services Procurement (acting on behalf of the Health Directorate) to approach ISS Health Services Pty Ltd for any future Deeds of Variation that are required for this contract.

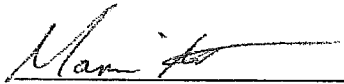


Ralph Bradbury  
Contract Manager  
Domestic and Environmental Services  
23/12/2011

**Endorsements**

1. Supported:

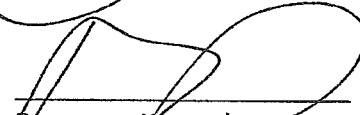
AGREED / NOT AGREED / NOTED / PLEASE DISCUSS



Mario Silec  
A/g Director  
Strategic Support  
23/12/2011

2. Supported:

AGREED / NOT AGREED / NOTED / PLEASE DISCUSS



Rosemary Kennedy  
Executive Director  
Business & Infrastructure  
23/12/2011

3. Supported:

AGREED / NOT AGREED / NOTED / PLEASE DISCUSS

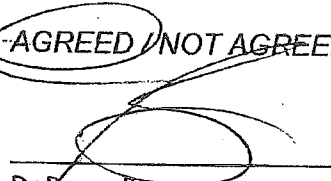


Ian Thompson  
Deputy Director-General  
Health Directorate  
3/1/2011

4. Procurement Delegate Endorsement:

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~~AGREED / NOT AGREED / NOTED / PLEASE DISCUSS~~

  
\_\_\_\_\_  
Dr Peggy Brown  
Director-General  
Health Directorate

5/1/2012

Attached:

1. Shared Services Procurement Deed of Variation Minute; and
2. Draft Deed of Variation.

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**CORRESPONDENCE CLEARANCE**

**SUBJECT: Contract Variation to the Provision of Domestic and Environmental Services to ACT Health - Contract No. C09286**

**NUMBER: COR11/6027**

**DATE DUE:** .....

Director-General - Health Directorate: ..... *[Signature]* Date: 13/7/11

Deputy Director-General, Strategy & Corporate: ..... *[Signature]* Date: 27/11

Deputy Director-General, Canberra Hospital & Health Services: ..... Date: .....

Director, Executive Coordination: ..... Date: .....

Director, Communications and Marketing: ..... Date: .....

Chief Information Officer, E-Health & Clinical Records: ..... Date: .....

Chief Finance Officer, Financial Management: ..... Date: .....

Exec Director, Business and Infrastructure: ..... *[Signature]* Date: 11/5/11

Exec Director, Capital Region Cancer Service: ..... Date: .....

Exec Director / Chief Health Officer, Population Health: ..... Date: .....

Exec Director, Critical Care & Diagnostics: ..... Date: .....

Exec Director, Human Resource Management: ..... Date: .....

Exec Director, Medicine: ..... Date: .....

Exec Director, Mental Health, Justice Health & Alcohol & Drug Services: ..... Date: .....

Exec Director, Pathology: ..... Date: .....

Exec Director, Performance & Innovation: ..... Date: .....

Exec Director, Policy & Government Relations: ..... Date: .....

Exec Director, Quality & Safety Unit: ..... Date: .....

Exec Director, Rehabilitation Aged & Community Care: ..... Date: .....

Exec Director, Service & Capital Planning: ..... Date: .....

Exec Director, Surgery & Oral Health: ..... Date: .....

Exec Director, Women Youth & Children: ..... Date: .....

Professional Leadership Research & Education: ..... Date: .....

Manager, Canberra Hospital Foundation: ..... Date: .....

Medical Director, Donate Life ACT: ..... Date: .....

Manager, Internal Audit & Risk: ..... Date: .....

Operational Support: ..... Date: .....



**SUBJECT: Contract Variation to the Provision of Domestic and Environmental Services to ACT Health – Contract No. C09286**

To: Dr Peggy Brown, Director-General  
Through: Ian Thompson, Deputy Director-General  
From: Adrian Scott, Ag Executive Director

Date: 6 July 2011

**Purpose**

1. To seek your approval and signature to the attached Deed of Variation (Deed) of the Domestic and Environmental Services contract for the Health Directorate.

**Background**

2. On 6 April 2009 ACT Health (through Procurement Solutions) executed an Agreement with ISS Health Services Pty Ltd for the 'Provision of Domestic and Environmental Services to ACT Health' (the Agreement). This agreement encompasses all cleaning and sanitisation requirements for ACT Health sites [REDACTED]
3. Since execution several changes have been required and accepted by both parties which require formal variation of the agreement.
4. Schedule 1, Items 2 & 3 entitled *Commencement and Expiration Date* is amended to reflect the true commencement and expiration date for services received and/or to be received by the Health Directorate. **Attachment A.**
5. Schedule 2 pages 46, 56, 120, 121 are deleted and replaced with amendments to include provisions for waste, cleaning and hygiene services at the Gungahlin Collection Centre (115a Anthony Rolfe Ave, Gungahlin ACT). Page 157a is a new addition to the agreement detailing the cleaning specifics at the Gungahlin Collection Centre. **Attachment B.**
6. Schedule 2 pages 78, 80 95, 96 are deleted and replaced with amendments to reflect changes that have occurred at the Canberra Hospital including relocation of existing units or establishment of new units. These amendments have no impact on the contract price. **Attachment C**
7. Schedule 3 includes costs for services provided under the Agreement. An amendment to this will include a new page *PROFORMA MONTHLY TAX INVOICE* to reflect the monthly cleaning costs for services provided at the [REDACTED]  
**Attachment D.**

Variation 1 to Environmental and Domestic Services Agreement

between

AUSTRALIAN CAPITAL TERRITORY represented by ACT Health

and

ISS HEALTH SERVICES PTY LIMITED ACN 109 689 223 (Contractor)

- 1. On 6 April 2009, the Territory and the Contractor executed an agreement for the provision of environmental and domestic services (Agreement). Under clause 3.8 the Agreement may be varied only by the agreement of the parties.
- 2. The parties agree to correct a numerical reference in the Agreement in clause 12.2 (Confidential Text), by substituting the reference to "Item 10 Schedule 1" with the reference to "Item 11 Schedule 1".
- 3. The parties therefore agree that clause 12.2 should read:

The Confidential Text is confidential for the purposes of the Procurement Act on the grounds set out in Item 11 Schedule 1.

- 4. The parties agree to correct several numerical references in the Agreement in Schedule 3 paragraphs 6.c. to 6.f. by making the following substitutions as indicated in the table 1 below:

Table 1

Paragraph Number	Original Reference	Amended Reference
6.c.	"8(b)"	"6.b.(2)"
6.c.	"7"	"6.a."
6.d.	"9"	"6.c."
6.d.	"7"	"6.a."
6.e.	"9"	"6.c."
6.e.(1)	"9"	"6.c."
6.e.(2)	"9(a)"	"6.c."
6.f.	"11(b)"	"6.e.(1)"

- 5. The parties therefore agree that Schedule 3 paragraphs 6.c. to 6.f. should read:
  - c. If the Territory elects to proceed under paragraph 6.b.(2), then within 15 business days after receipt of the Contractor's claim under paragraph 6.a., the Territory must advise the Contractor in writing of that election and whether the Territory requires the Contractor to submit to the Territory a proposal in relation to changes in the Specifications, or the scope of the Services, or both, for the purposes of paragraph 6.b.(2).

- d. If the Territory has not provided written advice to the Contractor in accordance with paragraph 6.c., then the Territory will be deemed to have agreed with the Contractor's claim under paragraph 6.a.
- e. If the Territory provides advice to the Contractor in accordance with paragraph 6.c.:
  - (1) the Contractor must submit a proposal in accordance with paragraph 6.c. to the Territory within 15 business days of receipt of the Territory's advice in accordance with paragraph 6.c.; and
  - (2) the Territory must advise the Contractor of the Territory's decision concerning the Contractor's proposal within 20 business days of the receipt of the Contractor's proposal under paragraph 6.c.

f.



6. A copy of the amended Schedule 3 is attached with details of the amendments tracked

The parties' Contract Officers, respectively named in Item 1 Schedule 1, hereby agree to the correction by way of this Variation 1 to the Agreement.

*Ralph Bradbury*  
 .....  
 Ralph Bradbury  
 Contract Manager  
 for and on behalf of  
**AUSTRALIAN CAPITAL TERRITORY**

*Phillip Thomson*  
 .....  
 Phillip Thomson  
 Contract Officer  
 for and on behalf of  
**ISS HEALTH SERVICES PTY LIMITED ACN 109 689 223**

Date: *30 October* 2009

Date: *27/10/* 2009

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# **SAFETY MANAGEMENT SYSTEM (SMS)**



# **ACT HEALTH**



## FOREWORD

As clearly stated in **ACT Health Work Safety Policy**, the effectiveness of this Policy and Safety Management System can only be achieved by the active involvement of all staff members and effective implementation of Work Safety at each workplace.

Responsibility for a healthy and safe working environment is accepted by management but also rests equally on each individual working for and on behalf of ACT Health.

To achieve the goals and objectives as established in the **Work Safety Policy** this **Safety Management System (SMS)** has been developed to support staff in this vital area of the business activities.

**It is imperative that the content and policies detailed in this manual are understood by everyone as health and safety is all our responsibility.**

**ACT Health Portfolio Executive**

**Date 07/11/2010**

## COPYRIGHT MATERIAL

The ACT Health Safety Management System (SMS) has been developed by John Owens Pty Ltd to specifically support ACT Health in their Workplace Safety Program.

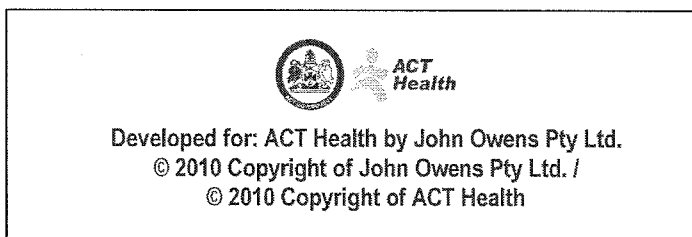
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John Owens  
John Owens Pty Ltd  
208 Saunders Road  
OAKVILLE NSW 2765

Office: 0245 723 956  
Mobile: 0417 477 200  
Email: johnowensptyltd@attglobal.net

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<b>ACT HEALTH SAFETY MANAGEMENT SYSTEM</b>		
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		2.4 ACT Health OHS Goals & Objectives (Sample)
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## ACT HEALTH OHS MANAGEMENT SYSTEM

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## SCOPE OF ACT HEALTH SAFETY MANAGEMENT SYSTEM (SMS)

ACT Health Management has developed this Safety Management System (SMS) to address local Workplace Safety policy and procedural requirements relevant to ACT Health operations.

This Manual supports the **ACT Health Corporate Governance Statement (CGS)** which is “a high-level document outlining who we are, why we exist, and what we are accountable for, without going into a lot of detail. The CGS is not meant to be a “how-do-do-it” Manual.....”

The ACT Health SMS provides processes necessary to comply with our Workplace Safety responsibilities and has been developed with the purpose of providing “hands-on” guidelines for all line managers, workers and relevant support staff. As outlined by the ACT Health Chief Executive and stated in the “Foreword”:

“It is imperative that the content and policies detailed in this manual are understood by **everyone** as health and safety is all **our** responsibility”.

ACT Health SMS is based on the five principles outlined in Australian Standards referenced below:

- **Work Safety Policy**
- **Planning**
- **Implementation**
- **Measurement and evaluation**
- **Management review**

Relevant standards are:

- “AS/NZS 4804:2001 Occupational health and safety management systems – *General guidelines on principles, systems and supporting systems*”;
- “AS/NZS 4801:2001 Occupational health and safety management systems – *Specification with guidance for use*”.
- “AS/NZS ISO 31000:2009 Risk Management – *Principles and guidelines*”.

It is important to recognise that by complying with this SMS Manual all ACT Health workers also comply with the:

- Work Safety Act 2008
- Work Safety Regulation 2009 and other relevant regulations
- Equip 4 Criterion 3.2.1 – Safety Management Systems, ensure safety and well-being for consumers / patients, staff, visitors and contractors.
- Australian Standards and
- Codes of Practice

It is also an expectation that by compliance with these important legal requirements which are part of the running of our business, all workers, including Directors, Line Managers and relevant support staff at ACT Health will meet “**Duty of Care/Due Diligence**” Standards.

Again, responsibility for a healthy and safe working environment is accepted by management but also rests on each individual working for and on behalf of ACT Health. It needs to be emphasised that by not complying with this SMS legal standards could be breached and place ACT Health at risk.

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<b>Section 1</b>	<b>Approved:</b> Chief Executive	<b>Effective Date:</b> 7.11.2010	<b>Revision 4</b>
	<b>Revision Date:</b> 7.11.2010		
<b>Subject Description: WORK SAFETY POLICY &amp; ADMINISTRATION</b>			

<b>SECTION 1</b>		
<b>WORK SAFETY POLICY &amp; ADMINISTRATION</b>		
<b>Sub Section</b>	<b>Contents</b>	
<b>1.1</b>	<b>INTRODUCTION</b>	
<b>1.2</b>	<b>WORK SAFETY POLICY</b>	
<b>1.3</b>	<b>CONTROLLED COPY OF THE SMS</b>	
<b>1.4</b>	<b>SMS RECORDS &amp; DOCUMENT CONTROL</b>	
<b>1.5</b>	<b>CORRECTIVE ACTION - QUARTERLY WORK SAFETY REPORT</b>	
<b>1.6</b>	<b>LEGAL &amp; OTHER REQUIREMENTS</b>	
	<b>BACK TO CONTENTS</b>	

## 1.1 INTRODUCTION

The ACT Health Work Safety Policy is a key organisational Policy Statement as it outlines and establishes the ACT Health's expected standards for OHS to all relevant parties, i.e.:

- **Our Staff**
- **Students**
- **Visitors**
- **Volunteers**
- **Contractors and**
- **Patients/Clients/Consumers**

It is a policy that all staff and relevant parties must strictly adhere to as our OHS requirements, as outlined in this SMS, are in accordance with legislation.

It should be noted that a breach of ACT Health Work Safety Policy/Procedures, as outlined in this SMS, by a member of staff or contractor can possibly result in breaching the **Work Safety Act 2008** and/or relevant **Regulations, Australian Standards and Codes of Practice**. Depending on the issue(s) involved there can be significant fines appropriated to relevant parties if ever actioned.

Because of the significance of this policy to everyone associated with ACT Health this policy must be kept in a **position of prominence**, thus, clearly demonstrating ACT Health commitment to these standards.

## 1.2 WORK SAFETY POLICY

ACT Health is committed to the provision of a safe and healthy working environment for all workers, where worker contribution drives a culture of continuous improvement in injury prevention.

The Work Safety Policy has been developed to demonstrate ACT Health's commitment to workplace health and safety. The Policy is:

- Organisationally integrated and relevant;
- In compliance with current legislative requirements;
- Engaged in consultation with workers, contractors, clients, carers and visitors; and
- ACT Health's accountability for the health, safety and welfare of its workers, contractors, clients, carers and visitors.

Link to [ACT Health Work Safety Policy poster](#)

Website address: <http://health.act.gov.au/c/health?a=dlpubpoldoc&document=2221>



# Work Safety Policy

## PURPOSE AND SCOPE

To demonstrate that ACT Health's commitment to workplace health and safety is:

- organisationally integrated and relevant;
- in compliance with current legislative requirements;
- engaged in consultation with employees, contractors, clients, carers and visitors; and
- ACT Health's accountability for the health, safety and welfare of its employees, contractors, clients, carers and visitors.

## POLICY STATEMENT

ACT Health is committed to the provision of a safe and healthy working environment for all employees, where employee contribution drives a culture of continuous improvement in injury prevention.

In recognition that safety is our responsibility ACT Health will ensure that:

- All staff employed by ACT Health will be informed of the basic principles of injury prevention and management, their role and responsibilities in the workplace; and will be provided with sufficient information to take personal accountability for their own safety, the management of environmental risks to ensure the safety of themselves and other employees on our premises.
- Staff, students, contractors and volunteers are equipped with the appropriate training, skills, knowledge and capabilities required to effectively carry out their roles in a manner that is safe and without risk of injury to themselves or others.
- All managers, from the Chief Executive down, are responsible for implementing and ensuring the maintenance of Occupational Health & Safety policies, procedures and practices, and accordingly will be held accountable as defined in appropriate procedures/ position descriptions for Work Safety within their designated units.
- ACT Health workplace safety policies, practices and procedures operate in compliance with ACT Work Safety Legislation and Regulations as well as appropriate Australian Standards and Codes of Practice.
- All policies and procedures will be reviewed every two years (or more frequently in high risk areas) by management to assess operational effectiveness and ensure continued compliance with legislative requirements.

- Occupational Health & Safety objectives and targets with appropriate Occupational Health & Safety Management Plans will be developed to ensure that a risk management approach is undertaken for all identifiable hazards / risks.
- Regular consultation will be undertaken with employees in all areas on any issues that impact on the health and safety of employees.
- The Work Safety policy will be effectively communicated to all employees and prominently displayed in the workplace.

## Related Legislation and Policies

- Work Safety Act 2008  
<http://www.legislation.act.gov.au/a/2008-51/default.asp>
- Work Safety Regulation 2009  
<http://www.legislation.act.gov.au/sl/2009-45/default.asp>
- Public Service Management Act 1994  
<http://www.psm.act.gov.au/legislation/psm-act/PSM-1994-37.pdf>
- AS/NZS 4801:2001 Occupational health and safety management systems – Specification with guidance for use
- AS/NZS 4804:2001 Occupational health and safety management systems – General guidelines on principles, systems and supporting techniques
- AS/NZS 4360:2004 Risk Management Standard
- ACT Health Injury Prevention Agreement  
<http://www.psm.act.gov.au/documents/OH&Sagreement2003.pdf>

## REFERENCE

- Injury Prevention & Management Intranet Homepage  
<http://acthealth/c/HealthIntranet?a=da&did=2174947>
- Public Sector Management Website  
<http://www.cmd.act.gov.au/governance/public/wpsafety>
- Office of Regulatory Services / ACT WorkCover Website  
<http://www.ors.act.gov.au/workcover/index.html>
- Disclaimer: This document has been developed by ACT Health, Injury Prevention and Management, specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at his or her own risk and ACT Health assumes no responsibility whatsoever.

Document Control	
Chief Executive Policy No	CE010-040
Document Classification	Policy
Authored by	Injury Prevention & Management
Applies to	All ACT Health staff
Review date	December 2012

Version 1.2



Endorsed by Chief Executive, Dr Peggy Brown  
10 November 2010

### 1.3 CONTROLLED COPY OF THE SMS

The controlled copy of the SMS will be managed by Injury Prevention & Management (IP&M) via the use of the ACT Health intranet. Only approved documents will be loaded onto the intranet by IP&M.

The pathway to the SMS is as follows:

Business Support → Injury Prevention & Management → Safety Management System.

It is divided up into individual sections and all supporting tools are also located in the Appendix.

Link to ACT Health IP&M Intranet page

Website Address: <http://acthealth/c/HealthIntranet?a=da&did=2174947>

Note: The employee nominated to make any change to this SMS is the Director, ACT Health Injury Prevention and Management (IP&M). Any desired change must be referred to the Director. The procedure for Document Control is outlined in the next section 1.4 OHS Records & Document Control.

### 1.4 SMS RECORDS & DOCUMENT CONTROL

#### 1.4.1 SMS CONTROL SHEET

Sect.	Subject Description	Revision Level	Effective Date	Revision Date	Authorised By
1	Work Safety Policy & Administration	4	7.11.2010	7.11.2010	Chief Executive
2	Leadership & Responsibility	4	7.11.2010	7.11.2010	Chief Executive
3	OHS Communication & Consultation	4	7.11.2010	7.11.2010	Director IP&M
4	OHS Risk Management	4	7.11.2010	7.11.2010	Director IP&M
5	Planned Inspection Program	4	7.11.2010	7.11.2010	Director IP&M
6	Training	4	7.11.2010	7.11.2010	Director IP&M
7	Accident / Incident Reporting & Investigation	4	7.11.2010	7.11.2010	Director IP&M
8	Return to Work (RTW)	4	7.11.2010	7.11.2010	Director IP&M
9	Safe Work Procedures (SWP)	4	7.11.2010	7.11.2010	Director IP&M
10	Management of Hazardous Substances / Dangerous Goods	4	7.11.2010	7.11.2010	Director IP&M
11	Clinical OHS Hazards	4	7.11.2010	7.11.2010	Director IP&M
12	First Aid Administration	4	7.11.2010	7.11.2010	Director IP&M
13	Security & Emergency Preparedness	4	7.11.2010	7.11.2010	Director IP&M
14	Fitness for Work	4	7.11.2010	7.11.2010	Director IP&M
15	Manual Handling Guidelines	4	7.11.2010	7.11.2010	Director IP&M
16	Preventative Maintenance	4	7.11.2010	7.11.2010	Director IP&M
17	Design Control	4	7.11.2010	7.11.2010	Director IP&M
18	Work Permits / OHS Hazards	4	7.11.2010	7.11.2010	Director IP&M
19	Procurement, Contractor, Accommodation & Asset Management	4	7.11.2010	7.11.2010	Director IP&M
20	Personal Protective Equipment (PPE)	4	7.11.2010	7.11.2010	Director IP&M
21	ACT Health Safety Rules	4	7.11.2010	7.11.2010	Director IP&M
22	Staff Welfare & Wellbeing	4	7.11.2010	7.11.2010	Director IP&M
23	Environmental & Waste Management	1	Future development		Director IP&M
24	Management of Information	2	7.11.2010	7.11.2010	Director IP&M
25	SMS Audits	4	7.11.2010	7.11.2010	Director IP&M

## 1.4.2 SMS DOCUMENT CONTROL PROCEDURE

### 1.4.2.1 GENERAL

All documentation in the Safety Management System is controlled as follows:

- All documents / forms / records are required to be approved, as identified in the 'Authorised By' column, for adequacy prior to issue.
- All documents / forms have a Revision Number with Revision 1 being the level for the initial release of a document.
- All documents have an 'Effective Date' which dictates the date from which the document / form comes into use.
- All documents / forms are reviewed every 2 years or as circumstances dictate due to changes/non-conformances identified. The final approval is outlined in the 'Authorised By' column in each Register.
- Documents utilised in the SMS are controlled through a Document Register, forms are controlled through a Forms Register and a Records Register is to be established to identify the means by which records are to be retained.
- No changes can be made to documentation/forms/records without the approval of the designated 'Approval Authority' which is identified in the 'Authorised By' column in each Register.
- It is the responsibility of the 'Approval Authority' to communicate effectively any changes to their respective documents / forms / records.
- It is the responsibility of the users / nominated controller of the documentation / forms / records to ensure that changes are communicated to appropriate personnel and that all superseded documentation / forms are withdrawn from the system.
- It is the responsibility of the 'Approval Authority' to ensure that a historical record of changes is maintained.
- Any required changes to documentation / forms must be submitted to the 'Approval Authority' in writing and cannot be utilised until approved.
- All records are to be appropriately filed, indexed, stored and archived / backed-up.
- Documents of an external origin are to retain their document number and revision level. If the document does not have a document number and revision level then the internal system is to be applied.

### 1.4.2.2 SAFETY MANAGEMENT SYSTEM

- The SMS control is outlined in the Control Sheet in section 1.4.1.
- The responsibility for the maintenance of the SMS is identified in the Document Register in Table A (next page).

### 1.4.2.3 SMS DOCUMENTATION

- The various procedures and documentation utilised in the SMS are identified in the Table A - Document Register.
- Responsibilities for the issue of documentation utilised in the SMS are identified in the Table A - Document Register.
- Any new document required for the SMS must be reviewed and agreed to by all Stakeholders prior to release. Once agreement has been reached and recorded then the new document becomes the responsibility of the person who wishes to introduce the new document and must be added to the Table A - Document Register.
- Any procedure developed for specific use in a department / location must be added to a local Table A - Document Register.

**1.4.2.4 SMS FORMS**

- All Forms utilised in the SMS are designated OHSF.XXX and are controlled as outlined in section 1.4.2.1.
- All forms required for the SMS are outlined in the Table B - Forms Register as well as the designated Approval Authority.
- Any new Form required for the SMS must be reviewed and agreed to by all Stakeholders prior to release. Once agreement has been reached and recorded then the new Form becomes the responsibility of the person who wishes to introduce the new Form and must be added to the Table B - Forms Register.
- Any Form developed for specific use in a department / location must be added to a local Table B - Forms Register.

**1.4.2.5 SMS RECORDS**

- The maintenance and responsibilities of records for the SMS are outlined in the Section 24, Table 24.3.
- The requirements for the retention of records are also outlined in the Section 24.3.
- Any new Records required for the SMS must be reviewed and agreed to by all Stakeholders prior to release. Once agreement has been reached and recorded then the new Records becomes the responsibility of the person who wishes to introduce the new Record and must be added to the table in Section 24.3.
- Any Record required to be maintained for specific use in a department / location must be added to a local Records Register.
- All records must be legible, readily identifiable and readily retrievable and appropriately stored.
- All records are to be appropriately archived off-site in such a fashion as to ensure that they can remain in good condition and be readily retrievable.

**TABLE A - DOCUMENT REGISTER.**

<b>Document Name</b>	<b>Authorised By</b>
Safety Management System	<b>Director IP&amp;M</b>
Job Descriptions	Relevant Divisional Manager
Safe Work Procedures	Relevant Divisional Manager
OHS Objectives	Relevant Divisional Manager
Action Plans/Schedules/Risk Management Programs.	Relevant Divisional Manager
Hazardous Substance Register	Relevant Divisional Manager
Electrical Equipment Register	Relevant Divisional Manager

**TABLE B - FORMS REGISTER**

Document Name	Document No	Revision Level	Authorised By
Quarterly Work Safety Report	OHSF.001	2	Director IP&M
OHS Strategies template	OHSF.002	1	Director IP&M
OHS Responsibility Statements – Exec Level	OHSF.003	2	Director IP&M
OHS Responsibility Statements – Director level	OHSF.004	2	Director IP&M
OHS Responsibility Statement – Mgr/Supervisor level	OHSF.005	2	Director IP&M
OHS Responsibility Statement – Employee Level	OHSF.006	2	Director IP&M
OHS Hazard Prompt List	OHSF.007a	1	Director IP&M
Violence & Aggression Hazard Prompt List	OHSF.007b		Director IP&M
Planned Inspection Checklist – Operational Areas	OHSF.008	2	Director IP&M
Planned Inspection Checklist - Office	OHSF.009	2	Director IP&M
Training Plan/Register	OHSF.010	1	Director IP&M
Accident/Incident Investigation Form	OHSF.011	1	Director IP&M
Safe Work Procedure – Version 1	OHSF.012a	1	Director IP&M
Safe Work Procedure – Version 2	OHSF.012b	1	Director IP&M
Safe Work Procedure Register	OHSF.013	1	Director IP&M
Safe Work Procedure Acknowledgement Form	OHSF.014	1	Director IP&M
SWP Assessment Check	OHSF.015	1	Director IP&M
First Aid Certificate Form	OHSF.016	1	Director IP&M
Manual Handling Risk Identification Checklist	OHSF.017	1	Director IP&M
Manual Handling Action Plan	OHSF.018	1	Director IP&M
Workstation Self-Assessment Checklist	OHSF.019	1	Director IP&M
Authorised persons for Confined Space Entry	OHSF.020	1	Director IP&M
Confined Space Entry Permit	OHSF.021	2	Director IP&M
Confined Space / Restricted Space Register	OHSF.022	1	Director IP&M
Hot Work Permit	OHSF.023	1	Director IP&M
Contractor Audit Tool	OHSF.024	1	Director IP&M
OHS Activity Schedule	OHSF.025	1	Director IP&M
SMS Internal Audit Tool - Core	OHSF.026	1	Director IP&M
SMS Internal Audit Tool – 1 <sup>st</sup> Qtr	OHSF.027	1	Director IP&M
SMS Internal Audit Tool – 2 <sup>nd</sup> Qtr	OHSF.028	1	Director IP&M
SMS Internal Audit Tool – 3 <sup>rd</sup> Qtr	OHSF.029	1	Director IP&M
SMS Internal Audit Tool – 4 <sup>th</sup> Qtr	OHSF.030	1	Director IP&M
Danger Out of Service Tag	OHSF.031	1	Director IP&M

## 1.5 CORRECTIVE ACTION – QUARTERLY WORK SAFETY REPORT

- To ensure OHS compliance at the Executive level, the **Quarterly Work Safety Report**, is to be completed and submitted by the Executive Director (or person nominated) to the **IP&M Assistant Director, Injury Prevention and Management** by the **5<sup>th</sup> day of the commencement of each quarter**. (March, June, September, December) This report is a key OHS monitoring procedure and is tabled at the ACT Health Tier 1 Work Safety Committee Meeting for review. **Timeliness** of completion of all **Quarterly Work Safety Reports** is appreciated and is part of each relevant staff member's performance management review.
- Any identified hazard / non-conformance with Extreme or High risk ratings from the previous quarter must be included in the Quarterly Work Safety Report. Where a corrective/preventive Action has been completed within the quarter, this must also be included in the report. Hazards and non-conformances can be derived from Planned Inspections, Toolbox Meetings, Accident / Incident reports, Risk assessments, Audits, etc.
- Injury Prevention and Management will compile an **OHS Management Summary** report from the **Quarterly Work Safety Reports** from each Division / Section. The aim of the report is to keep ACT Health Executive fully informed of OHS performance. The **OHS Management Summary** will consist of corrective/preventive action items that are viewed as having the highest risk potential from an overall ACT Health perspective. This report will be attached the IP&M Report and tabled Quarterly at Portfolio Executive Finance & Performance Committee.

Note: Items listed on the Quarterly Work Safety Report are critical due diligence elements and are assessed in all OHS Audits. Failure to effectively address "recurring" identified hazards is viewed as a serious "non conformance" by all relevant parties as it demonstrates a lack of commitment toward OHS.



# 1.5 QUARTERLY WORK SAFETY REPORT

To: Assistant Director, Injury Prevention and Management

Division:

Date Raised	Identified Hazard	Risk Rating	Recommended Corrective Action	Action By:	Date Started	Comments	Date Completed
Have all department Planned Inspections been conducted for the last quarter?							
If No, provide outline why this has not occurred?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have all scheduled departmental staff meetings included Work Safety issues?							
If due & was not held, provide outline why this has not occurred?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Has all relevant Work Safety Committee Meetings been held for last quarter?							
If due & was not held, provide outline why this has not occurred?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Is the Program on target as per the OHS Schedule (refer section 2.3 of SMS)?							
If No, provide outline why this has not occurred?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Has the department reviewed ACT Health Corporate OHS Objectives?							
Any Incidents occurred in previous quarter? If yes, provide brief details.				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Comments:							

Signature: \_\_\_\_\_

Authorised by (print): \_\_\_\_\_

Position: (print): \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

Form OHSF.001

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## 1.6 LEGAL AND OTHER REQUIREMENTS

ACT Health identifies OHS legal and other requirements through the following methods:

- Access to the internet to review current OHS legislation and Standards / Codes of Practice.  
Available web sites include:
  - Work Safety Act 2008  
Website Address: <http://www.legislation.act.gov.au/a/2008-51/default.asp>
  - Work Safety Regulation 2009  
Website Address: <http://www.legislation.act.gov.au/sl/2009-45/default.asp>
  - Occupational Health and Safety Management Systems
    - Australian/New Zealand Standard AS/NZS 4804:2001
    - Australian/New Zealand Standard AS/NZS 4801:2001
    - Standards Australia
  - Dangerous Substances Act 2004  
Website Address: <http://www.legislation.act.gov.au/a/2004-7/default.asp>
  - Radiation Protection Act 2006  
Website Address: <http://www.legislation.act.gov.au/a/2006-33/current/pdf/2006-33.pdf>
  - Public Sector Management Act 1994  
Website Address: <http://www.legislation.act.gov.au/a/1994-37/default.asp>
  - Chief Ministers Department  
Website Address: <http://www.cmd.act.gov.au/governance/public>
  - Office of Regulatory Services / Workcover / WorkSafe ACT endorsed Codes of Practice  
Website Address:  
<http://www.ors.act.gov.au/WorkCover/WebPages/WorkSafe/codesohs.htm>
  - Safe Work Australia  
Website Address:  
<http://www.safeworkaustralia.gov.au/swa/AboutUs/Publications/NationalStandards/IndexofNationalStandardsCodesofPracticeandrelatedGuidanceNotes.htm>
- Access to ACT Health Intranet sites.  
Available intranet sites include:
  - ACT Health Injury Prevention and Management.  
Website Address: <http://acthealth/c/HealthIntranet?a=da&did=2174947>
  - ACT Health Business & Infrastructure  
Website Address: <http://acthealth/c/HealthIntranet?a=da&did=5098623>
  - ACT Health Risk Management  
Website Address: <http://acthealth/c/HealthIntranet?a=da&did=5172747>
- Industry magazines.
- Information from consultants and other external bodies.

Where applicable, information is communicated to workers through the following methods:

- Notices on notice boards
- Work Safety Committee(s) – Tier 1, Tier 2 and Tier 3
- Review at Staff/Team/Management Meetings
- Emails
- Safety Alerts (including ACT Health Safety Alerts and Bulletins on the News Hub)
- Training or Information sessions

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Section 2	Approved:	Effective Date:	Revision 4
	Chief Executive	7.11.2010	Revision Date: 7.11.2010
<b>Subject Description: LEADERSHIP &amp; RESPONSIBILITY</b>			

<b>SECTION 2</b>		
<b>LEADERSHIP &amp; RESPONSIBILITY</b>		
Sub Section	Contents	
2.1	PLANNING ARRANGEMENTS OVERVIEW (OHS GOALS & OBJECTIVES)	
2.2	ACT HEALTH CORPORATE GOALS & OBJECTIVES	
2.3	DIVISIONAL KEY OHS STRATEGIES	
2.4	ACT HEALTH GOALS & OBJECTIVES (SAMPLE)	
2.5	DIVISIONAL KEY OHS STRATEGIES (SAMPLE)	
2.6	RESPONSIBILITY STATEMENTS	
2.7	ACT HEALTH WORK SAFETY RESOURCES	
2.8	MANAGEMENT OHS PERFORMANCE/ACCOUNTABILITY	
	BACK TO CONTENTS	

## 2.1 PLANNING ARRANGEMENTS OVERVIEW (OHS GOALS & OBJECTIVES)

ACT Health OHS Goals and Objectives are a key driver of ACT Health SMS and will be an essential part of critical evaluation in all conducted OHS Audits. OHS Goals and Objectives are to be developed and implemented by the following:

- Chief Executive
- ACT Health Executive Management
- Tier One ACT Health Work Safety Committee
- Collective input from all Divisional Work Safety Committee's (Tier Two, Three and Four)

OHS Goals and Objectives are an excellent tool in terms of demonstrating continuous improvement / due diligence and need to be kept on file for an indefinite period as this has significant due diligence importance.

## 2.2 ACT HEALTH CORPORATE OHS GOALS AND OBJECTIVES

ACT Health is to develop and implement Corporate OHS Goals and Objectives (refer section 2.4, sample ACT Health OHS Goals and Objectives 2010/2011) addressing the following:

- OHS Goals and Objectives are to be developed at least annually as per the **Financial Year**.
- A copy of the current status of OHS Goals and Objectives are to be prominently displayed on each Division / Branch / Section notice board to communicate OHS progress to all staff. For Document Control purposes the date last reviewed and the next review date must be displayed on the document.
- OHS Goals and Objectives are to be established under consultative arrangements.
- OHS Goals and Objectives are to be an Agenda Item and performance will be monitored at each quarterly Tier One Work Safety Committee Meeting to determine actual performance against planned objectives and are to be updated to outline their status.
- Objectives established shall contain '**SMART**' elements, i.e.:

**S**pecific  
**M**easurable  
**A**ctionable  
**R**ealistic  
**T**imely.

## 2.3 DIVISIONAL KEY OHS STRATEGIES

- To support ACT Health OHS Goals and Objectives each Division / Branch / Section are to develop their own **Key OHS Strategies** relevant to their needs (refer 2.5).
- ACT Health (Corporate) Goals and Objectives by nature are broad and organisationally driven, whilst Division / Branch / Section Key OHS Strategies are specific.
- Divisional Goals and Objectives need to reflect ACT Health Goals and Objectives.
- "**Key OHS Strategies**" are critical to the success of the ACT Health OHS Program and the following standards apply:
  - are to be reviewed / revised at least every 6 months by the Division.
  - a copy of the current status of Divisional Goals and Objectives is to be also prominently displayed on each Division / Branch / Section Noticeboard beside ACT Health OHS Goals and Objectives to communicate OHS progress to all staff. For Document Control purposes the date last reviewed and the next review date must be displayed on the document.
  - are to be established under consultative arrangements with relevant WSR's.
  - are to be an Agenda Item at Divisional Work Safety Committee's. Performance will be monitored against planned objectives and are to be updated to outline their status. Detailed minutes need to reflect this position.
  - shall contain '**SMART**' elements.



## 2.4 - ACT HEALTH WORK SAFETY GOALS AND OBJECTIVES 2010 / 2011

(SAMPLE ONLY)

Consistent with ACT Health values of care, excellence, collaboration and integrity

### GOALS

For all ACT Health staff, patients/clients/consumers, students, visitors, volunteers and contractors

- Provide a safe working environment
- Ensure our duty of care is met
- Promote and develop a vision and culture of safety

### OBJECTIVES

Achieve targets under the ACT Government and ACT Health Corporate Governance Statement

- Achieve a reduction of injury claims by 10% for 2002 to 2012
- Reduce the average costs of claims by 10% for 2002 to 2012
- Incur no work-related fatalities
- Ensure consultation, governance and legal compliance is met by ACT Health
- Meet the ACT Public Sector Workplace Health Strategic Plan targets for 2008 to 2012
- Reduce the workers compensation premium rate for ACT Health by 0.25% pa
- Utilise the Safety Management System (SMS) to achieve satisfactory compliance by all Divisions in SMS External Audits
- Achieve at least a Moderate Achievement (MA) rating or better for the next ACHS Accreditation – Safe Practice & Environment

### Reporting

- Timely SAIR reporting by staff and timely follow up by management to incidents including risk assessment and effective preventative control measures.

- Ensure completion of Divisional Work Safety Quarterly reports to the Chief Executive

### Services

- Ensure timely and effective Early Intervention and Return to Work Services to injured staff
- Ensure timely Early Intervention Physiotherapy and Employee Assistance Program services are provided to ACT Health staff
- Ensure all staff, WSRs and managers are trained in workplace safety
- Ensure consistent application of safety policies and procedures

Revision No: 3

Date: 77.11.2010

Next Revision Date: March 2011

# SAMPLE ONLY



## 2.5 DIVISIONAL KEY OHS STRATEGIES FOR 2010 & 2011 (IP&M Sample)

		2010												2011											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1																									
2																									
3	Ongoing																								
4																									
5																									
6																									
7	Ongoing																								
8																									
9	Ongoing																								
10																									
11																									

OHS STRATEGIES PROGRESS & DETAILS		Action By:	Completed:
1	Regular revision and update of SMS for ACT Health	IP&M	
2	Consultation with all relevant ACT Health parties	IP&M	
3	Implementation of SMS in all Divisions	IP&M / All Divisional Mgrs	
4	Train staff in accordance with the SMS	All Divisional Mgrs	
5	Conduct Internal Audits at all Divisions	IP&M	
6	Conduct AS4801:2001 External Audits at nominated Divisions	External Auditor	
7	Undertake ACHS Accreditation process	ACHS	
8	Development of SAIR (Staff Accident Incident Reporting) database	IP&M	
9	Conduct SAIR training	IP&M	
10	Review Contractor Programs	IP&M	
11	To initiate an Audit Program of ACT Health Contractors	IP&M	

Revision No: 1

Date: December 2009  
Next Revision Date: December 2010

## 2.6 RESPONSIBILITY STATEMENTS

The Responsibility Statements, outlined in this element for all listed staff are a further expansion of the **ACT Health Corporate Governance Statement** in terms of OHS expectations, and will form an integral part of each relevant staff member's **performance management** review.

### 2.6.1 CHIEF EXECUTIVE

The Chief Executive acknowledges and accepts overall responsibility for the development and implementation of the SMS at ACT Health as required under the Work Safety Act 2008 and other relevant legislation, the Work Safety Regulations and ACT Public Sector Workplace Health Strategic Plan 2008-2012. The Chief Executive Officer entrusts and empowers those who have direct OHS duties to achieve all relevant moral and legal responsibilities.

### 2.6.2 DIVISIONAL HEADS/EXECUTIVE DIRECTORS/GENERAL MANAGERS

All Divisional Heads/Directors/Executive Directors are responsible to the Chief Executive for the ACT Health Safety Management System.

As part of their overall duties, all Divisional Heads/Directors/Executive Directors have specific responsibility for the development, implementation and progressive improvement of ACT Health SMS. This will include:

1. To lead by example by giving health and safety equal emphasis as compared with other ACT Health issues.
2. Interpreting & implementing ACT Health policy on OHS and actively supporting development and implementation in all departments for which they are responsible.
3. Ensuring that all ACT legislative requirements are adhered to.
4. To create the understanding that "safety awareness" is part of ACT Health's culture.
5. Development and implementation of OHS Objectives in consultation with other Managers and staff.
6. Requiring that OHS consultation is a priority for all Managers with staff under their control.
7. To ensure that employees are adequately trained to perform their assigned tasks safely so as to not endanger themselves or other employees, subcontractors, volunteers, students, visitors or patients/clients/consumers.
8. To ensure that OHS planning and training will be integrated into all aspects of operations.
9. To ensure that corrective actions within their area of control are identified and followed up.
10. To ensure all major incidents or, near-miss incidents with a high-risk exposure are investigated within 24 hours and then, to determine causes and implement corrective actions needed to prevent a recurrence.
11. To ensure that all reports entered on the Staff Accident Incident Reporting module on Riskman are addressed as soon as possible by implementing actions or controls that have a preventative focus.
12. To ensure all serious events or dangerous occurrences are reported to WorkSafe ACT (formerly known as ACT Workcover) as per Work Safety legislative requirements.
13. Ensuring that adequate funds/time is assigned/budgeted for any identified risks.
14. To actively support the Early Intervention or Return to Work of employees injured at ACT Health or in other activities associated with ACT Health operations.
15. To administer performance management reviews where safety regulations are breached.
16. To ensure that an internal audit is conducted on a quarterly basis in accordance with Section 25 - SMS Audits.

### 2.6.3 DONS / DIRECTORS / UNIT DIRECTORS / PROGRAM MANAGERS

As part of their overall duties ACT Health DONS / Directors / Unit Directors / Program Managers have specific responsibility for the development, implementation and progressive improvement of ACT Health SMS, including:

1. To lead by example by giving health and safety equal emphasis as compared with other ACT Health issues.
2. Interpreting & implementing ACT Health policy on OHS and actively supporting development and implementation in all departments for which they are responsible.
3. Ensuring that all ACT legislative requirements are adhered to.
4. To create the understanding that "safety awareness" is part of ACT Health's culture.
5. Support with development, implementation and communication of OHS Objectives in consultation with other Managers and staff.
6. To ensure the ACT Health OHS Consultation Policy & Procedures in Section 3 of the SMS Manual are fully implemented, consistently practised and appropriately recorded. Notice boards with OHS information are to be kept current at all times.
7. To ensure that staff are appropriately represented by Work Safety Representatives (WSR's) and that WSR's are appropriately trained.
8. To ensure all new employees are fully inducted and oriented in accordance with the ACT Health SMS and other relevant ACT Health procedures.
9. To ensure that all employees are adequately trained to perform their assigned tasks safely so as to not endanger themselves or others around them.
10. To participate in all SMS planning and training to ensure the required safety measures are integrated into day to day operations.
11. To ensure that all Planned Inspections are carried out in accordance with the SMS, Section 5.
12. To ensure risk assessments/controls are implemented in appropriate areas based on risk classifications outlined in Section 4 – OHS Risk Management and Section 9 - Safe Work Procedures of this manual.
13. To recognise and take prompt corrective action(s) whenever management systems deviate from standard practices.
14. To ensure all injuries are recorded and immediately reported to their respective Divisional Heads/Directors/Executive Directors and to Injury Prevention and Management.
15. To investigate within 24 hours all incidents, or, near-miss incidents with a high-risk exposure, to determine causes and corrective action needed to prevent a recurrence.
16. To ensure that all reports entered on the Staff Accident Incident Reporting module on Riskman are addressed as soon as possible by implementing actions or controls that have a preventative focus.
17. To ensure all serious events or dangerous occurrences are reported to WorkSafe ACT (formerly known as ACT WorkCover) as per OHS legislative requirements, with notification and / or consultation with an Executive Director.
18. To actively support the Return to Work of employees injured at ACT Health or in other activities associated with ACT Health operations.
19. To ensure that all employees under their control work in accordance with relevant ACT Health Policies and Procedures as outlined in the SMS.
20. To ensure that all appropriate forms are duly completed for all incidents.
21. To ensure that their areas of responsibility are appropriately resourced with relevant staff trained in emergency preparedness procedures.
22. To ensure that all employees are aware of First Aid location/procedures.
23. Ensuring all Hazardous Substances are being identified, correctly assessed and the necessary risk controls implemented.
24. To administer performance management reviews where safety regulations are breached.

#### 2.6.4 MANAGERS / TEAM LEADERS / SUPERVISORS

As part of Managers/Team Leaders/Supervisors overall duties they have specific responsibility for the implementation and progressive improvement of ACT Health SMS. This will include:

1. Leading by example and ensure that all employees work in accordance with the Policies and Procedures as outlined in the ACT Health SMS.
2. Implementing ACT Health Policies and Procedures for all elements of OHS and actively supporting consistent practice in each area.
3. Ensuring that all ACT legislative requirements are adhered to.
4. To create the understanding that "safety awareness" is part of ACT Health's culture.
5. To ensure the ACT Health OHS Consultation Policy & Procedures in Section 3 of the SMS Manual are fully implemented, consistently practised and appropriately recorded. The standard of noticeboards with OHS information is to be kept current at all times.
6. To ensure that all new employees are fully inducted and oriented in accordance with the SMS.
7. To ensure that all employees are adequately trained to perform their assigned tasks safely so as to not endanger themselves or others around them.
8. To carry out site Planned Inspections in accordance with the SMS, Section 5.
9. To ensure risk assessments/controls are implemented in appropriate areas as outlined in Section 4 – OHS Risk Management and Section 9 – Safe Work Procedures of the SMS.
10. To address corrective action(s) whenever management systems deviate from standard practices. If it is deemed outside the area of responsibility for the Managers/Team Leaders/Supervisors then the matter is to be immediately reported and followed-up with their immediate manager.
11. To record all injuries and immediately report any which have serious implication to the Executive Director.
12. To investigate within 24 hours all incidents, or, near-miss incidents with a high-risk exposure, to determine causes and corrective action needed to prevent a recurrence.
13. To ensure that all reports entered on the Staff Accident Incident Reporting module on Riskman are addressed as soon as possible by implementing actions or controls that have a preventative focus.
14. To ensure all serious events or dangerous occurrences are reported to WorkSafe ACT (formerly known as ACT WorkCover) as per OHS legislative requirements, with notification and / or consultation with an Executive Director.
15. To ensure that all appropriate forms are duly completed for all incidents.
16. To ensure that relevant staff are appropriately trained in emergency preparedness procedures.
17. To ensure that all employees are aware of First Aid location/procedures.
18. Ensure that all employees are aware of their responsibilities in reporting injuries to the nominated First Aiders, relevant supervisor and online using SAIR on Riskman.
19. To actively support the Early Intervention or Return to Work of employees injured at ACT Health or in other activities associated with ACT Health operations.
20. Ensuring that staff are appropriately trained in the use of all Hazardous Substances.
21. To administer performance management reviews where safety regulations are breached in liaison with the immediate manager.

### 2.6.5 EMPLOYEES

As part of each employee's legal and moral responsibility to ACT Health, they are to support management by the following:

1. Cooperating with ACT Health to enable compliance with relevant legislation including Acts, Regulations, Australian Standards and guidelines.
2. Using proper and effective equipment designed to safeguard his/her well being.
3. Being aware of factors or situations that may impact upon the health and safety of them and to be conscious that their behaviour and actions affect the health and safety of others.
4. Immediately report to their Manager / Team Leader / Supervisor any safety concern or hazard identified in any aspect of their work.
5. Reporting Accident / Incidents as soon as practical by completing the ACT Health Staff Accident Incident Report (SAIR) form on Riskman.
6. Right to refuse to undertake a task that involves a high or extreme risk to their health and safety.
7. Actively participate in the consultation process within ACT Health as required by Work Safety Legislation and relevant Regulations.
8. Perform all aspects of their work as per relevant documented procedures or as per specific verbal and/or documented instructions received from their Supervisor/Manager.
9. Comply with ACT Health's procedures and the relevant legislation regarding the Return to Work and Early Intervention Process.
10. Being aware of First Aiders, Fire Wardens, Work Safety Representatives (WSR's) and appropriate emergency response mechanisms.
11. Employees are to work within their trained competency levels.

## 2.7 ACT HEALTH WORK SAFETY RESOURCES

### 2.7.1 INJURY PREVENTION AND MANAGEMENT (IP&M)

Injury Prevention and Management **support** the effective implementation of the SMS for ACT Health management and staff. However, as clearly defined in Work Safety Legislation it is Management's responsibility to ensure work safety by managing risk.

The prime services that Injury Prevention and Management provide are outlined below.

#### 2.7.1.1 WORKPLACE SAFETY TEAM

The Workplace Safety team is responsible for the implementation and monitoring of the SMS, which includes Staff Accident Incident Reporting, Manual Tasks and Preventing and Managing Aggression and Violence in ACT Health program. Below are more detailed responsibilities for each of the core areas of responsibility.

##### 2.7.1.1.1 SAFETY MANAGEMENT SYSTEM RESPONSIBILITIES

The team's responsibilities include, but are not limited to:

1. Advising on the development, planning, implementation and monitoring of the ACT Health SMS.
2. To provide support and advice to management and staff in relation to Work Safety legislation, Australian Standards, Codes of Practice and best practice principles.
3. Annual review of the ACT Health SMS with the Executive Management Team and also in consultation with employee representatives.
4. The review of ACT Health OHS objectives in consultation with ACT Health Staff and Management on a six monthly basis.
5. Incident Reporting and Investigation:
  - Ensuring maintenance of incident reporting statistics, eg, frequency and severity rates, for monthly reporting purposes.
  - Coordinating the investigation and associated reporting of any incidents that may occur.
  - Ensuring notification of all incidents and dangerous occurrences to WorkSafe ACT (formerly known as ACT Workcover) as per legislative requirements.
  - To support investigations of all incidents, or, near-miss incidents with a high-risk exposure within 24 hours, to determine causes and corrective action needed to prevent a recurrence.
  - To ensure that all appropriate forms are duly completed for all accidents & incidents by regularly reviewing Staff Accident Incident Reporting on Riskman.
  - Reviewing incident data to identify trends and hotspots.
6. Coordinating and developing OHS Training Programs with employee representatives and management.
7. Monitoring the ACT Health SMS by conducting Internal Audits as outlined in Section 25.
8. Lodge notifications and liaison of all accidents/incidents to Chief Ministers Department.

##### 2.7.1.1.2 MANUAL HANDLING RESPONSIBILITIES

The team's responsibilities include, but are not limited to:

1. Advising on the planning, development, implementation and monitoring of the ACT Health Manual Handling Program.
2. Keeping senior management and all staff informed of current requirements under the Work Safety legislation, ACT Health Work Safety Policy and ACT Health Manual Handling Policy.
3. Developing, co-ordinating & delivering manual handling training for ACT Health staff.
4. Regular evaluation of the Manual Handling Program and reporting to Executive staff.
5. Manual handling Accident & Incident reporting:
  - Investigation of manual handling Accident & Incident reports.
  - Advising managers with regard to the implementation of control measures.
6. Provision of advice with regard to the selection and procurement of manual handling equipment.
7. Provision of advice with regard to the development and implementation of manual handling management plans for Clients / Patients / Consumers and other situations as required.

### 2.7.1.1.3 PREVENTING AND MANAGING AGGRESSION AND VIOLENCE

The team's responsibilities include but are not limited to:

1. Advising on the planning, development, implementation and monitoring of The Preventing and Managing Aggression and Violence in ACT Health Program.
2. Implementation and management of prevention programs to train staff to manage violence and aggression in the workplace.
3. Regular evaluation of The Preventing and Managing Aggression and Violence in ACT Health Program and reporting to Executive staff.
4. Violence and aggression reporting
  - Review Aggression and Violence Accident Incident reports.
  - Investigation of extreme and high risk Accident and Incident reports.
  - Advise managers on implementation of control measures.

### 2.7.1.2 RETURN TO WORK (RTW) TEAM

The Return to Work team is responsible for the monitoring of the Injury Management Program with ACT Health staff. The team comprises of an Early Intervention Officer, Early Intervention Physiotherapist and Return to Work Coordinators. The team's responsibilities are outlined further below.

#### 2.7.1.2.1 EARLY INTERVENTION OFFICER

The Early Intervention Officer assists in staff injury prevention, recovery and return to work by:

1. Initial contact with the injured or ill staff member and facilitating early intervention processes and practises
2. Initial contact with their manager, and/or Delegate
3. Referral to a Return To Work Co-ordinator where appropriate
4. Referral to the Early Intervention Physiotherapist where appropriate for musculoskeletal Injuries.

#### 2.7.1.2.2 EARLY INTERVENTION PHYSIOTHERAPIST

The Early Intervention physiotherapist assists in staff injury prevention, recovery and return to work by:

1. Early intervention in musculoskeletal injury through individual assessment and treatment.
2. Education on strategies to prevent recurrence of the injury.
3. Simple workplace assessments as required as part of the treatment process.
4. Regular communication with IP&M, supervisors and other health professionals.

#### 2.7.1.2.3 RTW CO-ORDINATORS

1. Facilitate the durable return to work of individual injured employees, ensuring they are aware of their obligations under the Safety, Rehabilitation and Compensation (SRC) Act 1988 and the expectations of their employer.
2. Facilitate contact between the parties involved in the injured officer's return to work including the delegate, rehabilitation professional and the medical or health practitioners.
3. Negotiate with Delegates and managers to identify suitable duties.
4. In consultation with the Delegate arrange for injured staff to be referred to a rehabilitation professional for assessment to determine their need for a customised Return To Work Plan.
5. In consultation with the Delegate arrange for injured staff to be referred for a Section 36 assessment to determine their need for a customised Return To Work Plan.
6. In consultation with the Delegate arrange for the injured staff to be referred through the Pathways process.
7. In co-operation with the rehabilitation professionals, where engaged, the appropriate medical practitioners, the Delegate and other relevant stakeholders, determine the customised Return To Work Plan content and goals.
8. Monitor Return to Work Plan and compensation claims costs and their effect on the workers' compensation premium at a local level.
9. Monitor claim incidences and their effect on the workers' compensation premium at a local level.
10. Providing monthly reports to the Delegates and Portfolio Executive of ACT Health, in relation to type of injury, processing time for new claims, details of claims including cost to date and future likely costs.

11. Contracting, managing and evaluating the performance of approved rehabilitation providers within the framework of the ACT Government Provider Panel.

### **2.7.2 WORK SAFETY REPRESENTATIVES (WSR's)**

The Work Safety Representative assists in staff in their work area in regards to OHS issues. Please refer to Section 3 – OHS Communication and Consultation. WSR's responsibilities include but are not limited to:

1. Representing employees and other relevant parties (e.g. volunteers, contractors, students, etc) in their workplace on matters regarding OHS.
2. Ensuring that their WSR training is current. Training is required to be refreshed every two years once re-elected.
3. Attend Work Safety Committees and submit WSR reports to be tabled at the Work Safety Committee for the applicable work area.
4. Using legislated powers of a WSR to promote or ensure the health and safety of fellow employees. These powers include inspecting the workplace for hazards or to investigate an accident/incident, accompanying an WorkSafe ACT (formerly known as ACT Workcover) inspector, investigating OHS complaints made by employees, accessing information relating to OHS, issuing a Provisional Improvement Notice (PIN) and using the Emergency Procedure in an emergency or immediate threat to OHS of employees.
5. Contact Injury Prevention and Management if the use of a PIN or Emergency Powers is required.

### **2.8 MANAGEMENT OHS PERFORMANCE / ACCOUNTABILITY**

An essential aspect of the continuous improvement and management accountability of ACT Health is the structured/formalised Performance Appraisal process of all of ACT Health Key Managers. As part of this process OHS is a significant and integral component.

It is the responsibility of each Divisional Head/Director/Executive Director to ensure that this process is undertaken as it is a key requirement in all OHS audit processes. Information is provided on OHS Performance through the following:

- Finance & Performance Reporting – monthly.
- Reports to Work Safety Committees – minimum quarterly.
- SMS Gap Analysis/Internal Audit/External Audit reports.
- Report to Divisional Managers – monthly.
- Report to Divisional Executives - monthly.

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Section 3	Approved: Director IP&M	Effective Date: 7.11.2010	Revision 4
			Revision Date: 7.11.2010
<b>Subject Description: OHS COMMUNICATION/CONSULTATION</b>			

<b>SECTION 3</b>		
<b>WORK SAFETY COMMUNICATION / CONSULTATION</b>		
Sub Section	Contents	
3.1	<b>INTRODUCTION / DEFINITIONS</b>	
3.2	<b>WORK SAFETY ISSUE RESOLUTION &amp; FLOWCHART</b>	
3.3	<b>WORKER CONSULTATION UNIT</b>	
3.4	<b>WORK SAFETY COMMITTEES</b>	
3.5	<b>WORK SAFETY REPRESENTATIVES (WSR'S)</b>	
3.6	<b>COMMUNICATION ARRANGEMENTS</b> <ul style="list-style-type: none"> <li>• STAFF / TEAM MEETINGS</li> <li>• MANAGEMENT MEETINGS</li> <li>• WORK SAFETY NOTICE BOARDS</li> <li>• SAFETY ALERTS AND BULLETINS</li> <li>• TOOL BOX TALKS / SAFETY DISCUSSIONS</li> <li>• SAFETY SIGNAGE</li> <li>• RISSC FORM</li> </ul>	
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### 3.1 INTRODUCTION / DEFINITIONS

Consultation between employers and workers is a legislated requirement of the Work Safety Act 2008. It has been found to be an effective method of improving the safety performance of an organisation.

Consultation involves sharing information with workers on any equipment, task, and change to procedure that may affect workers safety. It involves giving workers the opportunity to contribute to the decision by providing further information or giving feedback on the safety issue. Employers must consider the views of workers before decisions can be made regarding their safety in the workplace.

The current consultation arrangements at ACT Health are:

- OHS committees with a Tier Structure (see 3.4.2) and:
- Work Safety Representatives (WSR's)
- Safety on the agenda of team/management meetings
- Use of the Safety Issue resolution chart whereby the manager/supervisors first point of contact when raising workplace safety issues.

The consultation arrangements require annual review to ensure effectiveness for each Workers Consultation Unit. The Work Safety Act 2008 provides flexibility for consultation, therefore, alternative arrangements include:

- Roving WSR's
- Different methods of consultation that are agreed to by the Worker Consultation Unit (WCU), for example, use of regular toolbox meetings to discuss safety.

Link to Work Safety Act 2008

Website Address: <http://www.legislation.act.gov.au/a/2008-51/default.asp>

Link to Work Safety Regulation 2009

Website Address: <http://www.legislation.act.gov.au/sl/2009-45/default.asp>

Link to Office of Regulatory Services / Workcover / WorkSafe ACT - Work Safety Consultation internet page

Website Address: <http://www.ors.act.gov.au/WorkCover/WebPages/WorkSafe/hsr.htm>

#### 3.1.1 DEFINITIONS/TERMINOLOGY

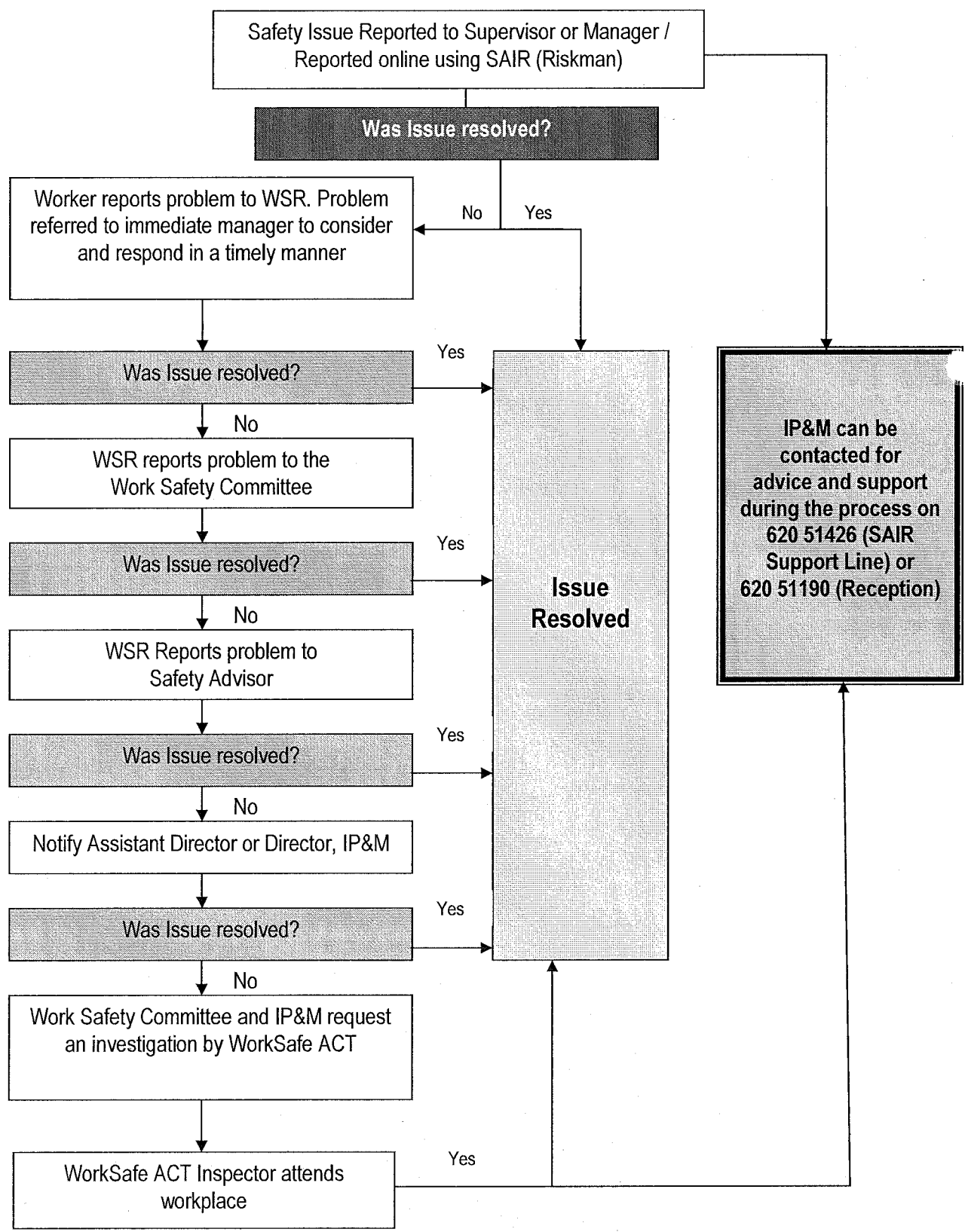
**Workers Consultation Unit (WCU)** – Previously known as the Designated Work Group (DWG), the Worker Consultation is the unit of workers that is established based on specific criteria including number of employees, type of work performed, nature of risks, workplace locations, etc.

**Work Safety Committee (WSC)** - Previously known as the OHS Committee. This is a consultative forum that meets on a regular basis, includes management, Work Safety Representatives and invited guests such as representatives from Injury Prevention and Management and Business & Infrastructure.

**Work Safety Representative (WSR)** – Previously known as a Health and Safety Representative. The Work Safety Representative (WSR) is usually an elected member of the Worker Consultation Unit who represents other workers in that area on Work Safety matters. An alternative is the Roving WSR who can be external to ACT Health, however, must hold a Certificate IV in Occupational Health and Safety.

### 3.2 WORK SAFETY ISSUE RESOLUTION & FLOWCHART

The use of this flowchart aims to eliminate Safety related disputes by establishing communication between management, workers and Work Safety Representatives to resolve and action any Safety issues as they arise.



### 3.3 WORKER CONSULTATION UNIT

Previously known as a Designated Work Group (DWG), the Worker Consultation Unit (WCU) is established within an organisation based on the following requirements:

- The number of workers
- The nature of each type of work performed
- The number and grouping of workers
- The workplaces and the areas within the workplaces, where each type of work is performed
- The nature of any risks to health and safety at the workplaces
- Any arrangements relating to overtime and shift work

Examples of current WCU within ACT Health include:

Client Services Program (Community Health), Radiation Oncology (Capital Region Cancer Service), Food Services (Business & Infrastructure), ACTGAL (Population Health), Brian Hennessy Rehabilitation Centre (Mental Health), Rehabilitation Engineering (Aged Care & Rehabilitation Services), Perioperative (The Canberra Hospital) & Medical Records (The Canberra Hospital).

### 3.4 WORK SAFETY COMMITTEES

It is an expectation by ACT Health that all Divisions have effective Work Safety Committees (WSC) working within their workplace. The number and make-up of each Work Safety Committee is the responsibility of the staff within each work area / Worker Consultation Unit (WCU). Each Work Safety Committee is to have a formal "**Terms of Reference**" (Constitution) which outlines the structure and processes required for the running of an effective Work Safety Committee.

It is essential that minutes of all Work Safety Committee Meetings held are readily available for audit and accreditation purposes. It needs to be noted that minutes of Work Safety Committee Meetings have significant legal due diligence emphasis. They need to be readable, legible and contain sufficient information to provide an insight as to what was discussed. All staff need to be kept informed of meetings held thus current minutes are to be placed on Work Safety noticeboards and on the ACT Health intranet (via email to IP&M – [InjuryPrevention&Management@act.gov.au](mailto:InjuryPrevention&Management@act.gov.au) )

**Note:** The Injury Prevention and Management can support each Division Work Safety Committee by providing a pro forma "Terms of Reference" which can be developed to be reflective of each ACT Health workplace area.

[Link to Terms of Reference and Minutes for Work Safety Committees](#)

Website address: <http://acthealth/c/HealthIntranet?a=da&did=5063940>

### 3.4.1 TIER 1 WORK SAFETY COMMITTEE

ACT Health has established a Tier One Work Safety Committee comprising of one WSR and one manager from each Division. It has been agreed that the Tier 1 WSC will meet on a quarterly basis. The purpose of this committee is to:

- Ensure policies / procedures are being consistently implemented
- Identify issues which are common to all sites and develop an uniform approach to address them
- Collate information from other committees to drive new initiatives.
- Review any outstanding OHS issues that cannot be resolved at the Tier 2 level

### 3.4.2 TIER 2 WORK SAFETY COMMITTEES

ACT Health has established Tier 2 Work Safety Committees to address Divisional Work Safety issues that cannot be resolved at the Tier 3 or Workplace level.

### 3.4.3 TIER 3 WORK SAFETY COMMITTEES

ACT Health has established Tier 3 Work Safety Committees to address Work Safety issues at a branch/section/department/stream level. This enables consultation for Divisions with a large workforce.

### 3.4.4 QUORUM

ACT Health expects the quorum to be met at Work Safety Committees and the quorum is met when there is at least **one** management representative and **more than half** of the WSR's present at the meeting. IP&M representatives are there as an observer and are not included in the quorum. This is the same for any invited guest speaker or observer. (Reference: Part 5, Division 5.2, Section 59 (3) Work Safety Committee – governance – Work Safety Regulation, 2009)

### 3.4.4 FREQUENCY OF MEETINGS & ATTENDANCE

Work Safety Committees are required to meet at least quarterly each year; however, urgent meetings can be convened as necessary. All meeting requests should include the IP&M mailbox ([InjuryPrevention&Management@act.gov.au](mailto:InjuryPrevention&Management@act.gov.au)).

IP&M have a schedule available online that includes the names of IP&M representatives who will attend the meeting.

[Link to WSC Schedule & IP&M representation](#)

Website Address: <http://acthealth/c/HealthIntranet?a=da&did=5063940>

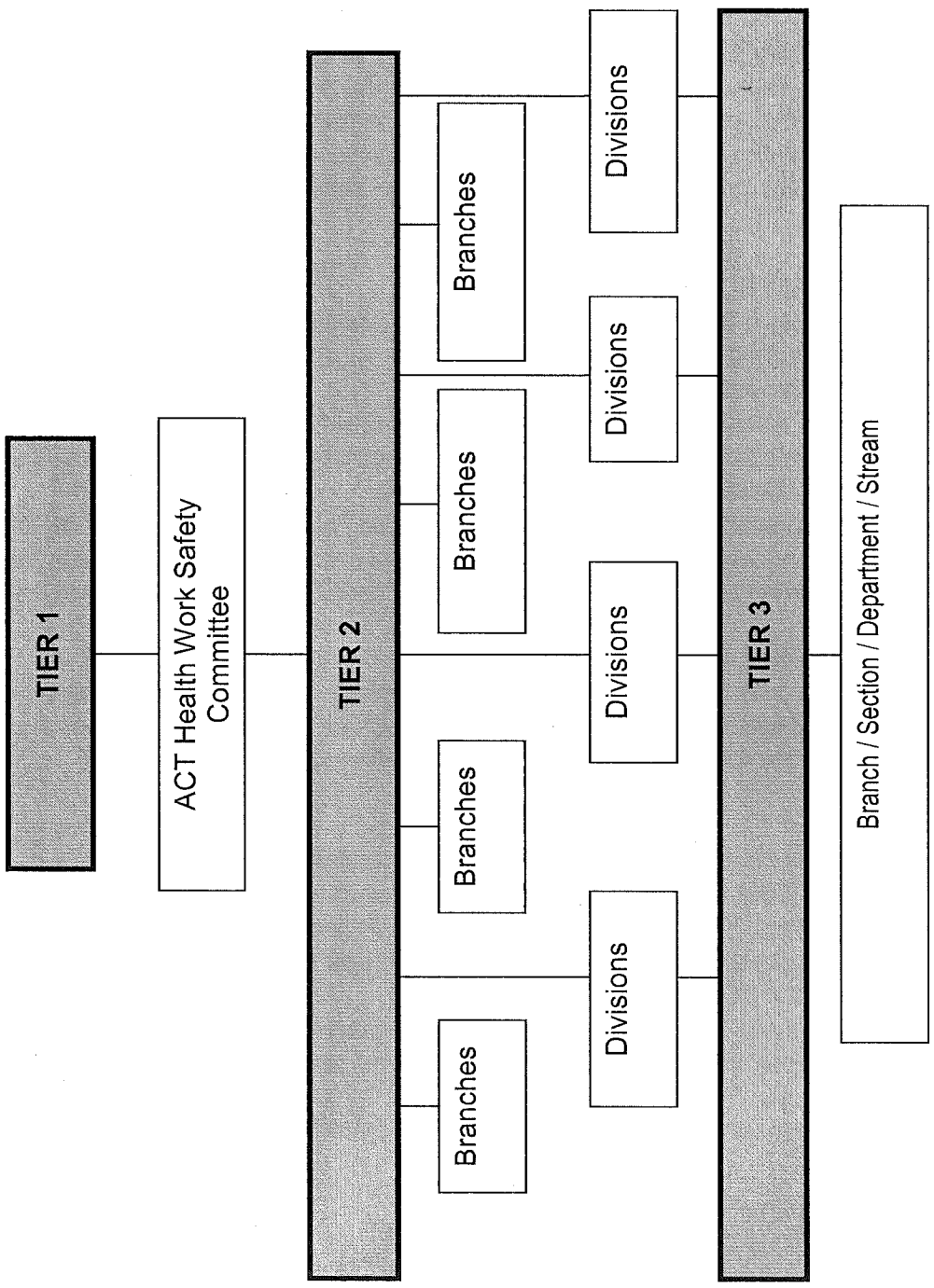
Attendance is required at all Work Safety Committees unless unable to attend due to unforeseen circumstances. Management representatives or Work Safety Representatives are required to attend 75% of meetings held in a 12 month period.

### 3.4.4 AGENDA

ACT Health Work Safety Committees should adhere to the following agenda as a minimum.

- Attendance/Apologies
- Previous Minutes
- Actions arising from previous minutes
- Work Safety Representatives report (based on Planned Inspections conducted – see Section 5)
- Review of Accident/Incident data provided by IP&M focussing on the following:
  - Risk ratings of high or extreme
  - Identified trends in accidents or injuries
  - Effectiveness of control measures
  - Monitor and review of control measures
- Other Reports - including IP&M Workplace Inspection reports, WorkSafe ACT (formerly known as ACT Workcover), Risk Assessments conducted by WSR's or Management.
- New Business
- Date of next meeting

### 3.4.5 WORK SAFETY COMMITTEE ORGANISATION STRUCTURE



Note: This will be updated and revised once ACT Health Structures are finalised.

### 3.5 WORK SAFETY REPRESENTATIVES (WSR'S)

The role of a WSR is to represent workers from the Workers Consultation Unit in workplace safety matters. The WSR can improve workplace safety by the following methods:

- Consultation with managers/supervisors on behalf of workers
- Attending Work Safety Committees
- Consultation with IP&M
- Attending WSR training and ensuring it is refreshed every two years (if re-elected).
- Provided with adequate resources and time to conduct a regular (monthly or quarterly)
- Planned inspection of the workplace and other duties as required. A minimum of 2 hours per week should be allocated based on risk and need in the Workers Consultation Unit.
- Exercising legislated powers (Provisional Improvement Notice or Emergency Procedure) when workers are exposed to risk that has not been resolved by the workplace safety issue resolution process.

#### 3.5.1 ELECTION PROCESS

When a new Workers Consultation Unit is created or a vacant WSR position becomes available, the manager for the WCU is required to complete the following steps:

- Call for nominations from workers in the WCU
- Conduct an open voting process that ensures all workers in the WCU are given the opportunity to vote. This can be done by formal ballot or via email using voting buttons or with union involvement. Records should be kept of the election process.
- Once voting is completed, the manager/supervisor is required to notify the WCU of the successful worker who was voted as WSR. This can be done via email or a notice on the Safety Noticeboard. Notification is also required by IP&M to ensure the WSR listing is up to date and accurate.

#### 3.5.2 PROVISIONAL IMPROVEMENT NOTICES

A Provisional Improvement Notice (PIN) is one of the legislated powers a WSR can use. It enables a WSR to place an improvement notice on a work area that is deemed unsafe to workers and has not been resolved during the workplace safety issue resolution and consultation process.

A PIN must:

- State the circumstances, the reasons and action requested to rectify the issue.
- Be actioned within 7 days, or 24 hours in limited circumstances
- Be complied with by the person who receives the PIN and they must advise the WSR of their actions to comply. The person who receives the PIN has the right to ask for WorkSafe ACT (formerly known as ACT Workcover) to review the PIN within 7 days.
- Be revoked by an Inspector (from WorkSafe ACT (formerly known as ACT Workcover)) if it should not have been given, has been complied with or should not remain in force for any other reason.

Prior to a PIN being issued by a WSR, it is recommended that IP&M be advised.

### 3.5.3 EMERGENCY PROCEDURES

Emergency powers are the other legislated power that a WSR can enforce. An emergency procedure involves stopping workers from working when there is an emergency or immediate threat to worker safety. If the supervisor or manager of the area is unavailable, the WSR can direct work to stop in a safe manner and advise the supervisor of the situation. The workers may be required to perform alternative work when an emergency procedure is operated.

WorkSafe ACT (formerly known as ACT Workcover) can be involved if a disagreement regarding the exercising of an emergency procedure and can exercise his/her powers as appropriate.

### 3.5.4 TERM OF OFFICE

Term of office for a WSR is no longer than two years. Previous WSR's can be re-elected to the position. WSR's can resign from office by giving written notice to their employer.

### 3.5.5 DEPUTY WSR'S

Deputy WSR's can be elected in the same manner as the WSR. A deputy represents the WSR when they cannot attend Work Safety Committees or are on leave. The deputy WSR is required to attend the same training course as the WSR and can hold the term for no longer than 2 years, unless re-elected.

### 3.5.6 WSR TRAINING

WSR's require to be trained in within 3 months of election. An approved training provider provides training. IP&M arrange 4 to 5 courses per year of both the 4 day WSR course and the 1 Day Refresher course. If you cannot attend a course within the first 3 months of the term, please contact IP&M to discuss. Courses are available on Capabiliti. Below is a table detailing when training and refresher training is required.

WSR Training	Initial upon election and then every 2 years	WSR Refresher to be undertaken after 2 years if re-elected. Every 4 years the WSR 4 day course should be completed.
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### 3.5.7 LIST OF WSR'S

IP&M keep a list of WSR's on the ACT Health Intranet. It is the responsibility of WSR's and Work Safety Committees to ensure any changes to WSR's is notified to IP&M to ensure the list is up to date and accurate.

Please email any changes to WSR details or to notify a new WSR to [InjuryPrevention&Management@act.gov.au](mailto:InjuryPrevention&Management@act.gov.au)

[Link to Work Safety Representative List](#)

Website Address: <http://acthealth/c/HealthIntranet?a=da&did=5063940>

### 3.6 COMMUNICATION ARRANGEMENTS

Communication arrangements are additional methods of consultation used within ACT Health to communicate workplace safety hazards/risks to workers within the organisation.

#### 3.6.1 STAFF/TEAM MEETINGS

As outlined in the ACT Health Work Safety Policy it is the policy of ACT Health to consult with workers regarding OHS issues. To further support effective consultation processes it is encouraged that during Staff/Team Meetings that OHS be communicated.

OHS Communication during Staff/Team meetings is a valuable resource for discussing OH&S issues including, but not limited to, the following:

- Staff Accidents/Incidents - addressing "lesson learned" issues to prevent recurrence
- If a specific OHS training issue needs to be discussed / reviewed amongst workers
- Planned Inspections – discuss outcomes e.g. housekeeping issues, unsafe work practices, etc
- Reviewing Return to Work principles and issues
- Changes to the SMS
- Reviewing Safe Work Procedures
- When introducing "change" within a Department / Division
- Any issues that staff members want to raise

Staff OHS Communication does not have to be lengthy and can be integrated within existing meeting frameworks by adding to the agenda of existing meetings. Brief minutes of the meetings need to be taken with attendance documented, distributed to all relevant staff and a copy be appropriately filed/retained by the relevant Manager.

#### 3.6.2 MANAGEMENT MEETINGS

Within all Divisions, OHS and Return to Work (when relevant) matters are to be raised as an Agenda Item at all senior Management Meetings.

Senior management meetings are to be held quarterly as a minimum and minutes of the meetings are to be recorded and be maintained in accordance with statutory requirements, i.e., seven years.

### 3.6.3 WORK SAFETY NOTICE BOARDS

It is acknowledged that the use of notice boards is an effective communication tool and, as such, it is important that an effort be directed to ensure that a presentation standard of excellence is to be maintained at all times. It needs to be appreciated that the standard of presentation impacts on all staff and any 3<sup>rd</sup> party coming on-site. It is part of the role of the Manager/ Work Safety Representatives (WSR's) to ensure and oversee that appropriate standards for all ACT Health notice boards are being maintained.

Items placed on a noticeboard should include, but are not limited to the following:

- Work Safety Policy or Work Safety Policy poster
- Return to Work policy – compensable and non-compensable
- Minutes of meetings (Work Safety Committee Meetings or Staff/Team Meetings)
- Emergency Management procedures (eg evacuation poster)
- Details of First Aiders/WSR's/Fire Wardens

<Insert> Link to Work Safety Policy

Website Address: <TBA>

<insert> Link to ACT Health Work Safety Policy poster

Website address: <TBA>

Link to Compensable Return to Work policy

Website Address: <http://health.act.gov.au/c/health?a=dlpol&policy=128927806>

Link to Non-Compensable Return to Work Policy

Website Address: <http://health.act.gov.au/c/health?a=dlpol&policy=1669401443>

### 3.6.4 SAFETY ALERTS AND BULLETINS

Safety alerts and bulletins are a method of communicating workplace safety issues that may affect other work areas within ACT Health. This will include notification of areas of concern from SAIR/Riskman data, supplier issues and WorkSafe ACT (formerly known as ACT Workcover) or other Regulators in different jurisdictions safety alerts. Safety alerts will be notified by IP&M or B&I via the News Hub Bulletin board.

### 3.6.5 TOOLBOX TALKS / SAFETY DISCUSSIONS

Toolbox talks / Safety discussions are a method of relaying workplace safety issues in a short time frame on an ad-hoc basis or by a scheduled program. A toolbox talk should be documented with details of attendance, time/date and content of discussion. Toolbox talks / safety discussions can be based on the following issues, however, are not limited to this list. These topics can also be utilised in team/management meetings.

- Any hazardous situation that is unable to be fixed immediately,
- A safety alert from the News Hub
- The development of a new Safe Work Procedure (SWP) or discussion regarding a current SWP (refer to Section 9)
- Recommendations from an accident/incident investigation (refer to Section 7)
- Sections of the Safety Management System
- Issues raised in relevant Work Safety Committees
- Planned inspection findings (refer to Section 5)

### 3.6.6 SAFETY SIGNAGE

Safety signage is a visual way to highlight workplace safety issues within the workplace. Signage can highlight hazards, show the location of safety equipment or point out safe access or egress to the workplace. Safety signage must meet AS1319 and should not be relied upon as the only control measure (Refer to Section 4 – Hierarchy of Control). When determining safety signage to be used consideration must be given to literacy levels, workers who speak English as a Second Language and the symbols used.

During Planned inspections it is important that safety signage is checked for vandalism or damage or has been removed, in which case they should be immediately replaced.

### 3.6.7 REQUEST TO INTERFERE WITH SERVICES OR SAFETY CONDITIONS (RISSC) FORM

The RISSC form is to be completed when works being conducted regarding new equipment, accommodation changes, contractor work, etc will cause the following:

- The unscheduled or sudden unavailability of services can cause extreme operational difficulties or life threatening situations within ACT Health.
- The compromising of existing safety conditions during construction activities can seriously jeopardise the integrity of ACT Health.

This RISSC process ensures that all relevant parties are consulted during work that may affect patient or staff safety and includes Injury Prevention and Management or a Work Safety Representative for the area affected. The Dangerous Substances Coordinator is required to sign off any RISSC forms that have information regarding chemicals or other substances used during the works.

[Link to RISSC form on the ACT Health Intranet](#)

Website Address: <http://health.act.gov.au/c/health?a=dldivpoldoc&document=1351>

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Section 4	Approved: Director IP&M	Effective Date: 7.11.2010	Revision 4
			Revision Date: 7.11.2010
<b>Subject Description: OHS RISK MANAGEMENT</b>			

<b>SECTION 4</b>		
<b>OHS RISK MANAGEMENT</b>		
<b>Sub Section</b>	<b>Contents</b>	
4.1	INTRODUCTION	
4.2	IDENTIFY HAZARDS / RISKS	
4.3	ANALYSE RISKS	
4.4	EVALUATE RISKS	
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4.6	MONITOR AND REVIEW RISKS	
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## 4.1 INTRODUCTION

Risk Management is an integral part of managing OHS in the workplace because it allows the employer to eliminate or minimise the risk to employees for all identified risks. Often workplaces are under a false sense of security due to a relatively small number of injuries, therefore, believing that no hazards/risks exist. By following the Risk Management process a workplace can address risk before a devastating accident occurs. The risk is often addressed after a serious accident has occurred at a cost to the person involved, their family and friends, the organisation and the community.

ACT Health has developed and implemented an Integrated Risk Management framework based on the Australian Standard AS/NZS 4360:2004. OHS risks are one of many types of risks ACT Health must manage and this section focuses on risk to the health and safety of people within the organization. The flow chart (4.1.1 Risk Management Process – Overview) on the next page outlines the relationship of effective consultation to identify, appropriately assess and effectively control risks. In addition, ongoing monitoring and review ensure that the desired outcomes are achieved.

The OHSF.007a - OHS Hazard Prompt List and OHSF.007b – Violence and Aggression Prompt List can be used in conjunction with the ACT Health Integrated Risk Management Framework as a resource to determine if OHS hazards are present in your workplace. These documents are located in Appendix 1.

Section 4.5 – Hierarchy of Control can be used when completing the Risk Treatment Options section of the Risk Assessment Template.

If required, please contact IP&M for further support and assistance when conducting a workplace safety Risk Assessment.

[Link to ACT Health's Integrated Risk Management Policy and Procedure](#)

Website address: <http://health.act.gov.au/c/health?a=dlpol&policy=-563299314>

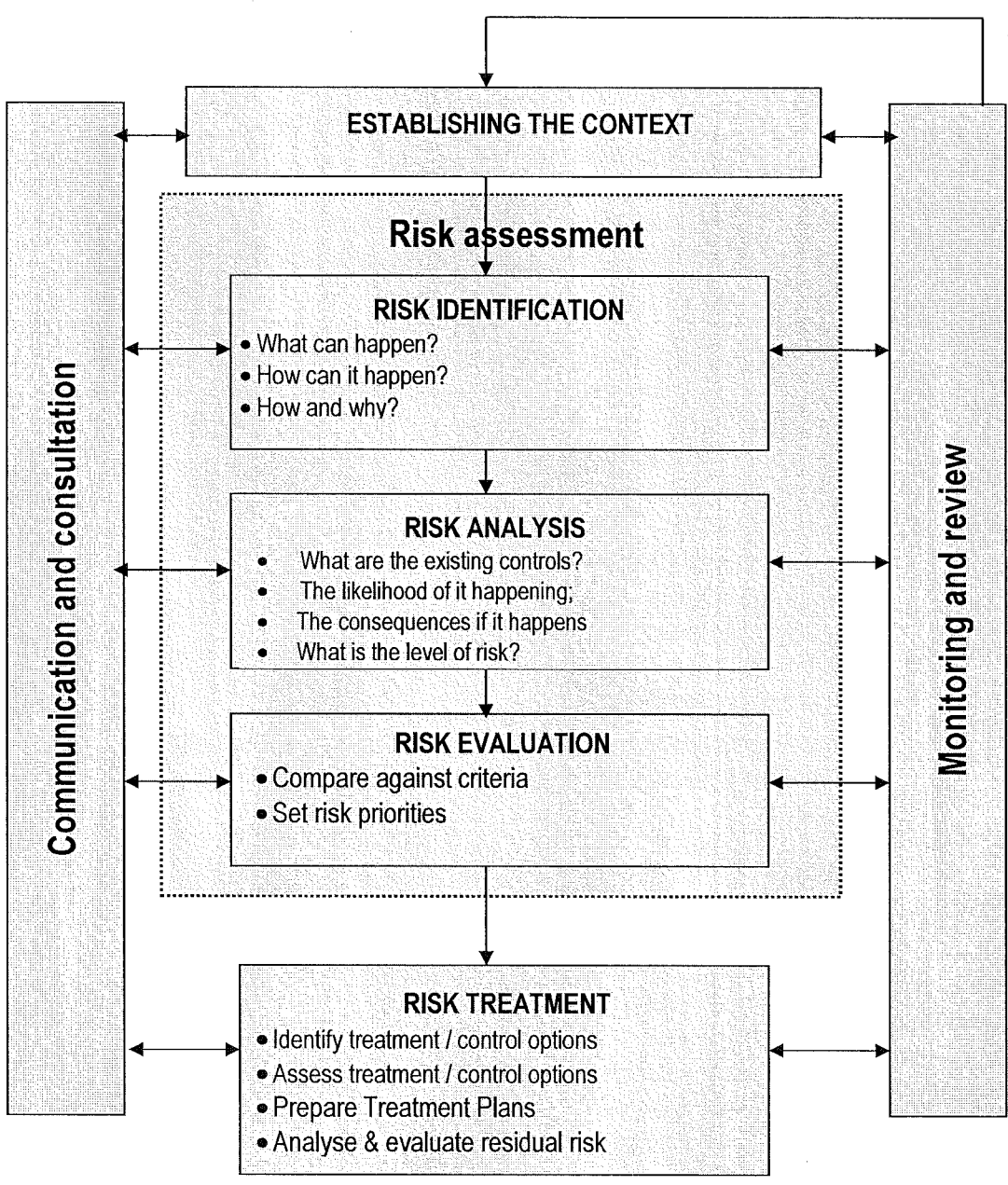
[Link to ACT Health's Integrated Risk Management Guidelines](#)

Website address: <http://health.act.gov.au/c/health?a=dlpol&policy=1217568747>

[Link to ACT Health's Risk Assessment Template](#)

Website address: <http://acthealth/c/healthintranet?a=sendfile&ft=p&fid=1249524787&sid=>

### 4.1.1 RISK MANAGEMENT PROCESS - OVERVIEW



Reference Source: RISK MANAGEMENT PROCESS FLOW CHART  
(AS/NZS ISO 31000: 2009 – Risk Management – Principles and Guidelines)

## 4.2 IDENTIFY HAZARDS/RISKS

Hazards/Risks that may be present in the workplace include but are not limited to the following:

- Physical (e.g. noise, heat, cold, electricity, plant and equipment, height, confined spaces, etc)
- Chemical (e.g. Cytotoxic drugs, paints, solvents, flammable products, toxic substances, etc)
- Ergonomic/Manual Tasks (e.g. repetitive movements, prolonged, crouching or stooping, awkward postures or movements, restraining a person or object, moving awkward loads, etc)
- Radiation (e.g. working outdoors, exposure to radiation, etc)
- Biological (e.g. infectious diseases, moulds, blood, body fluids, needlestick, etc)
- Psychological (e.g. bullying, harassment, physical abuse, stress, occupational violence, etc)
- Slip, trip and fall (e.g. working at heights, poor housekeeping, uneven surfaces, slippery surfaces, inadequate lighting, etc)

Hazard/Risk identification is an essential element of the Risk Management Process as a hazard/risk that is not identified cannot be eliminated or controlled. Methods of identifying hazards/risks in ACT Health include the following:

- Accident/Incident reports and investigations (Section 7)
- Planned Inspection Checklists (Section 5)
- Safe work procedures (Section 9)
- Audits and previous audit reports (Section 25)
- Material Safety Data Sheets (Section 10)
- Work Safety Committee/Staff meeting minutes (Section 3)
- Safety Alerts (Section 3)
- Workers Compensation data (Section 8)

For hazard/risk identification to be effective it needs to be done in consultation with the people who perform the activity and should implement the methods listed above. Refer to Section 3 OHS Communication/Consultation).

## 4.3 ANALYSE RISKS

The analysis of risks involves identifying the likelihood and consequences of an event occurring. ACT Health uses the Risk Matrix on the following page as a tool to determine the Risk Rating of the hazard/risk identified.

Factors influencing Likelihood may include:

- Frequency and duration of exposure
- Number of people exposed to the hazard/risk
- Environmental factors (e.g. rain, heat, etc)
- Existing control measures (e.g. are they in place, working, adequate training, etc)
- Quality of plant and equipment (e.g. wear and tear, corrosion, damaged, regular preventative maintenance, etc)

Factors influencing the Consequence may include:

- Position of people in relation to the hazard/risk – (e.g. working outdoors in the sun vs working inside)
- Concentrations of substances – (e.g. a minor injury may result from contact with diluted substance, however, a death occurs when exposed to a concentrated form of the same substance)
- Volumes of material ( e.g. a small spill vs. a major spill of the same substance)
- Speeds of projectiles and moving parts
- Heights (e.g. falling 20 cm vs. falling 2 or 20 metres)
- Weights (e.g. lifting a 6kg object vs. lifting a 160kg object)
- Forces and energy levels (e. g. voltage of electricity, level of radiation, etc)

4.3.1 RISK ASSESSMENT MATRIX

		Consequence				
		Injuries or ailments not requiring medical treatment.	Minor injury or First Aid Treatment Case.	Serious injury causing hospitalisation or multiple medical treatment cases.	Life threatening injury or multiple serious injuries causing hospitalisation.	Death or multiple life threatening injuries.
People		Internal Review Minor errors in systems or processes requiring corrective action, or minor delay without impact on overall schedule. 1% of Budget or <\$5K Some minor adverse effects to few species / ecosystem parts that are short term and immediately reversible.	Scrutiny required by internal committees or internal audit to prevent escalation. Policy procedural rule occasionally not met or services do not fully meet needs. 2.5% of Budget or <\$50K Slight, quickly reversible damage to few species / ecosystem parts, animals forced to change living patterns, full, natural range of plants unable to grow, air quality creates local nuisance, and water pollution exceeds background limits for short period.	Scrutiny required by external committees or ACT Auditor General's Office, or inquest, etc. One or more key accountability requirements not met. Inconvenient but not client welfare threatening. > 5% of Budget or <\$500K Temporary, reversible damage, loss of habitat and migration of animal population, plants unable to survive, air quality constitutes potential long term health hazard, potential for damage to aquatic life, pollution requires physical removal, land contamination localised and can be quickly remediated.	Intense public, political and media scrutiny. E.g. front page headlines, TV, etc. Strategies not consistent with Government's agenda. Trends show service is degraded. > 10% of Budget or <\$5M Death of individual people / animals, large scale injury, loss of keystone species and widespread habitat destruction, air quality requires 'safe haven' / evacuation decision, remediation of contaminated soil only possible by long term programme, e.g. off-site toxic release requiring assistance of emergency services.	Assembly inquiry or Commission of inquiry or adverse national media. Critical system failure, bad policy advice or ongoing non-compliance. Business severely affected. >25% of Budget or >\$5M Death of people / animals in large numbers, destruction of flora species, air quality requires evacuation, permanent and wide spread land contamination, e.g. caused by toxic release on-site, chemical, biological or radiological spillage or release on-site.
Reputation		Internal Review	Scrutiny required by internal committees or internal audit to prevent escalation.	Scrutiny required by external committees or ACT Auditor General's Office, or inquest, etc.	Intense public, political and media scrutiny. E.g. front page headlines, TV, etc.	Assembly inquiry or Commission of inquiry or adverse national media.
Business Process & Systems		Minor errors in systems or processes requiring corrective action, or minor delay without impact on overall schedule. 1% of Budget or <\$5K	Policy procedural rule occasionally not met or services do not fully meet needs. 2.5% of Budget or <\$50K	One or more key accountability requirements not met. Inconvenient but not client welfare threatening. > 5% of Budget or <\$500K	Strategies not consistent with Government's agenda. Trends show service is degraded. > 10% of Budget or <\$5M	Critical system failure, bad policy advice or ongoing non-compliance. Business severely affected. >25% of Budget or >\$5M
Financial		1% of Budget or <\$5K	2.5% of Budget or <\$50K	> 5% of Budget or <\$500K	> 10% of Budget or <\$5M	>25% of Budget or >\$5M
Environment		Some minor adverse effects to few species / ecosystem parts that are short term and immediately reversible.	Slight, quickly reversible damage to few species / ecosystem parts, animals forced to change living patterns, full, natural range of plants unable to grow, air quality creates local nuisance, and water pollution exceeds background limits for short period.	Temporary, reversible damage, loss of habitat and migration of animal population, plants unable to survive, air quality constitutes potential long term health hazard, potential for damage to aquatic life, pollution requires physical removal, land contamination localised and can be quickly remediated.	Death of individual people / animals, large scale injury, loss of keystone species and widespread habitat destruction, air quality requires 'safe haven' / evacuation decision, remediation of contaminated soil only possible by long term programme, e.g. off-site toxic release requiring assistance of emergency services.	Death of people / animals in large numbers, destruction of flora species, air quality requires evacuation, permanent and wide spread land contamination, e.g. caused by toxic release on-site, chemical, biological or radiological spillage or release on-site.
		Insignificant	Minor	Moderate	Major	Catastrophic
		M	H	H	E	E
		M	M	H	H	E
		L	M	M	H	E
		L	M	M	H	H
		L	L	M	M	H
		L	L	M	M	H
Almost Certain	Probability:	>1 in 10	Historical: Is expected to occur in most circumstances			
Likely	Probability:	1 in 10 - 100	Will probably occur			
Possible	Probability:	1 in 100 - 1,000	Might occur at some time in the future			
Unlikely	Probability:	1 in 1,000 - 10,000	Could occur but doubtful			
Rare	Probability:	1 in 10,000 - 100,000	May occur but only in exceptional circumstances			
		Likelihood				

E - Extreme risk - detailed action plan required  
H - High risk - needs senior management attention  
M - Medium risk - specify management responsibility  
L - Low risk - manage by routine procedures  
High or Extreme risks must be reported to Senior Management and require detailed treatment plans to reduce the risk to Low or Medium.

Please note: The Risk Assessment Matrix should be used with reference to the ACT Health Integrated Risk Management Policy and Guidelines

Adapted from Australian/New Zealand Standards AS/NZS 4360: 2004 Risk Management

#### 4.4 EVALUATE RISKS

Evaluation of the risk of the hazard/risk involves deciding if the hazard/risk is acceptable and then prioritising the control/treatment if unacceptable. The Risk Management Priority Table below is used to determine the priority and timeframe to begin developing and implementing control/treatment measures. It also details levels of responsibility in the Actions column, for example, for an Extreme Risk the timeframe is Immediate and Chief Executive or relevant Executive Director are involved in management of the risk.

Risk Class	Timeframes	Actions
<b>EXTREME</b>	<b>IMMEDIATE</b>	Must be brought to the attention of the Chief Executive and Executive Directors for immediate management. All possible treatments must be put in place to reduce the risk to an acceptable level. If possible avoid the event altogether.
<b>HIGH</b>	<b>WITHIN 24 HRS</b>	Must be managed by senior management, with detailed planning, allocation of implementation responsibilities and resources and regular monitoring of progress by the Senior Management Team.
<b>MEDIUM</b>	<b>WITHIN 1 WEEK</b>	Set-up an action plan to ensure risk managed or eliminated. Identify management responsibility, monitor and review response action as necessary. Where the consequence is high ensure that appropriate contingency plans are in place and working, perhaps through independent review. If the likelihood is high ensure that day-to-day procedures make sure that appropriate management processes are in place, either through self-assessment or independent review.
<b>LOW</b>	<b>8 WEEKS</b>	Manage through existing processes and procedures. Set-up an action plan to ensure the risk is managed or eliminated

## 4.5 CONTROL / TREAT RISKS

Development of Control/Treatment options is the next part of the Risk Management process utilising the Hierarchy of Control. The aim is to reduce the likelihood and consequence of a hazard/risk. The hierarchy of control is part of the Work Safety Act 2008 Part 2, Division 2.1, Section 14 – Meaning of manages risks.

[Link to Work Safety Act 2008](http://www.legislation.act.gov.au/a/2008-51/default.asp)

Website address: <http://www.legislation.act.gov.au/a/2008-51/default.asp>

The **Hierarchy of Control** is, in descending order of effectiveness:

- **Eliminate** the Hazard/Risk (Best possible control)
  - Changing the task or process to ensure a hazardous process is not conducted e.g. remove heavy lifting from task
  - During the **design** phase consider and remove OHS implications
  - Removing the hazard/risk from the workplace e.g. removing sharp edges from equipment
- **Substitute** the hazard/risk /task process for a different method/material/substance that is less hazardous
- **Isolate** the hazard/risk from the personnel or isolate the people from the hazard e.g. guarding
- **Engineering** – Apply an Engineering Control/Treatment from the list below.
  - **Enclose** the hazard/risk, e.g. barriers to reduce noise reaching the operator of equipment
  - **Containment** e.g. use of ventilation systems to limit hazard/risk to its source.
  - **Limitation** refers to ensuring hazard/risk remains below hazardous levels e.g. pressure relief valves for gases, earth leakage devices for electricity
  - Use **equipment** to complete a task e.g. using a trolley to move items around instead of carrying them
- **Administrative** - Apply an Administrative Control/Treatment such as a Safe Work Procedures (SWP's)/Signage/Training and Supervision. This is a method of enhancing awareness of the risk in the workplace.
- **PPE** - When a risk cannot be addressed by using the above controls/treatments then the need to assess and use the correct Personal Protective Equipment (PPE) is to be implemented. PPE can be used in conjunction with the above controls/treatments to minimise the risk further.

It is essential to assess the effectiveness of the control/treatment measures to ensure that a new hazard/risk is not introduced into the workplace. This can be done by:

- Consulting with people who work in the area
- Reviewing Codes of Practice, Legislation and Regulations and Australian Standards
- Seeking expert advice from IP&M or an expert in that area (for example an expert in Confined Spaces or Height Safety).

**Timeframes and assigning a responsible person are the next actions to be taken to ensure that the control/treatment measures are implemented and the risk is reduced.**

## 4.6 MONITOR AND REVIEW RISKS

The monitoring and reviewing process is important to answer the following questions:

- Has the control/treatment been implemented? Is it being used? Is it being used correctly?
- Did the planned risk control/treatment result in change?
- Did the planned risk controls result in actual risk reduction?
- How successful are the risk controls/treatments in eliminating or reducing the risk to people who work at ACT Health?
- Have any new problems been identified after the risk controls/treatments were implemented?
- Are changes to the risk controls/treatments required?

Monitoring and reviewing occurs through the Risk Assessment process, through planned inspections and through OHS audits.

## 4.7 RISK REGISTER

It is a requirement of ACT Health that management can demonstrate that high-risk areas have been identified, assessed and with supporting controls/treatments implemented.

ACT Health documents, maintains and reviews identified risks in ACT Health Integrated Risk Register. Each division is responsible for documenting, maintaining and reviewing their risks, and reporting to the ACT Health Risk Management Committee.

Any ACT Health risk that is assessed as high or extreme **after** controls/treatments have been implemented shall be entered into the risk register; this includes new incidents. The risk register shall be regularly reviewed at Work Safety meetings, and link into an organisational/divisional risk register.

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Section 5	Approved: Director IP&M	Effective Date: 7.11.2010	Revision 4
			Revision Date: 7.11.2010
<b>Subject Description: PLANNED INSPECTION PROGRAM</b>			

<b>SECTION 5</b>		
<b>PLANNED INSPECTION PROGRAM</b>		
<b>SUB SECTION</b>	<b>CONTENTS</b>	
<b>5.1</b>	<b>INTRODUCTION</b>	
<b>5.2</b>	<b>PLANNED INSPECTIONS</b>	
<b>5.3</b>	<b>INTERNAL AUDIT PROGRAM</b>	
<b>5.4</b>	<b>AD-HOC REPORTING PROGRAM</b>	
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## 5.1 INTRODUCTION

An essential part of maintaining a safe working environment for all workers throughout any organisation is by having an effective formal **Planned Inspection Program**. Although it is recognised that it is part of all our responsibility to be vigilant and on continual alert for potential safety hazards, there is a need for consistent formalised assessment of our working environment to identify, assess and control hazards.

**Note:** ACT Work Safety Legislation clearly states that it is Management's responsibility to ensure work safety by managing risk. The Planned Inspection Program if rigorously applied is a key process to prevent a breach of legislation and it is every worker's responsibility to be active in this Program. It is the basis of duty of care / due diligence.

## 5.2 PLANNED INSPECTIONS

Planned Inspections must be conducted as follows with **minimum** frequency levels:

Frequency of Formal Planned Inspections	
<b>Operations Areas</b> (e.g. Ward areas, Plant rooms, Food Preparation areas, etc)	<b>To be determined (minimum monthly)</b>
<b>Office Areas</b> (e.g. some office based Clinical settings such as counselling/interview room, Admin areas, etc)	<b>To be determined (minimum quarterly)</b>

A formal Planned Inspection is a planned walk-through of an entire area. It is comprehensive. Those conducting the inspection should be looking for and identifying hazards and risks being undertaken by staff. Some of the guidelines for conducting inspections include the following:

- Devote full attention to the inspection and ensure adequate time has been allocated to complete the inspection
- Conduct the inspection focusing on what can be improved in the work area, have a continuous improvement focus.
- Look for areas/work methods/equipment where there is potential for an accident/incident.
- Use checklists as a guide to ensure that a thorough inspection has been made, customise the checklist to better suit your area and level of risk, i.e. a more thorough/detailed inspection checklist would be appropriate for a higher risk area. Additional checks can be added in the Other Issues section of the checklist.
- When completing the checklist if a 'NO' response is selected against any item, then action is required to address the OHS issue identified.
- Inspections need to observe the whole work environment. This includes inspecting closed rooms, compartments, equipment not in use and inspecting around, behind, beneath and above any work activity.
- Reports of findings and recommendations are to increase hazard awareness, corrective actions and accident prevention measures. These reports should be submitted to the Work Safety Committee for the work area as part of the WSR report.
- Seek involvement from workers who undertake tasks in the area being inspected. Workers have valuable on-the-job experience and are integral in identifying hazards as well as developing appropriate and realistic corrective actions.
- The final page of the checklist contains a *Corrective/Preventative Action List* that is used to summarise issues found during the inspection, allocation of timeframes and responsible person. Corrective actions should be developed by using the Hierarchy of Control (refer to Section 4.5 Hierarchy of Control).
- The *Status of previously reported Corrective/Preventative Actions* table (also on the final page of the checklist) is utilised for previously identified issues. This is important to identify issues that may need

to be raised at a Work Safety Committee because they are not being addressed in a timely manner or to track the progress of an issue that may take some time to resolve.

Planned Inspections, using the checklists as outlined in **Appendix 1 – SMS Forms**, shall be conducted principally by management and should be rotated between WSR's and nominated workers. For instance, one manager and one staff member conduct the planned inspection together.

If non-management staff members are nominated to conduct Planned Inspections, the manager shall accompany them until they are deemed adequately trained. The Manager shall undersign the checklists thus accepting responsibility for the area(s) assessed.

Once the planned inspection has been completed, any issues arising from the inspection need to be addressed in the required time frame that is prescribed in Section 4.4.2 – Risk Management Priority Table and should use the Hierarchy of Control to determine preventative actions to address hazards/risks found during the inspection (refer to Section 4). Records need to be kept by the work area as per local procedures (refer to Section 24 – Management of Information)

[Link to Planned Inspection Checklists](#)

Website address: <http://acthealth/c/HealthIntranet?a=da&did=5076247&pid=1227574487>

### **5.3 INTERNAL AUDIT PROGRAM**

All Planned Inspection Checklists will be reviewed on a regular basis to ensure that:

- All Planned Inspections are being conducted in strict accordance with Divisional expectations
- All identified hazards / defects are being actioned in an appropriate manner.

IP & M will assist Divisions with the Internal Audit Program (once a year as a minimum). Refer to Section 25 for further information.

### **5.4 AD HOC REPORTING PROGRAM**

It is acknowledged that hazards / incidents may arise outside the normal Planned Inspection Program. When they do, they need to be effectively managed.

To ensure that this occurs the online Staff Accident Incident Report (SAIR) module on Riskman is to be completed detailing the hazard / incident observed and the appropriate response needed to resolve the matter. Any worker can initiate the report and it is instantly forwarded it to their appropriate supervisor / manager and Injury Prevention and Management.

It is an ACT Health requirement that this form be completed & distributed to relevant parties **within 48 hours** of the incident (or as soon as possible after becoming aware of the incident).

[Link to ACT Health Intranet page for Incident Reporting](#)

Website address: <http://acthealth/c/HealthIntranet?a=da&did=5045722>

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<b>Section 6</b>	<b>Approved: Director IP&amp;M</b>	<b>Effective Date: 7.11.2010</b>	<b>Revision 4</b>
			<b>Revision Date: 7.11.2010</b>
<b>Subject Description: TRAINING</b>			

<b>SECTION 6</b>		
<b>TRAINING</b>		
<b>Sub Section</b>	<b>Contents</b>	
<b>6.1</b>	<b>TRAINING COMMITMENT &amp; LEGAL OBLIGATIONS</b>	
<b>6.2</b>	<b>REQUIRED CORE TRAINING POLICY</b>	
<b>6.3</b>	<b>ORIENTATION TRAINING PROGRAM</b>	
<b>6.4</b>	<b>TRAINING NEEDS ANALYSIS</b>	
<b>6.5</b>	<b>TRAINING PLANS</b>	
<b>6.6</b>	<b>TRAINING RECORDS</b>	
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## 6.1 TRAINING COMMITMENT AND LEGAL OBLIGATIONS

ACT Health is committed to ensuring that staff, students, contractors and volunteers are equipped with the essential skills, knowledge and capabilities required to effectively carry out their roles in a manner that is safe and without risk of injury to themselves or others.

## 6.2 REQUIRED ESSENTIAL EDUCATION POLICY

Required essential training includes key knowledge and skills considered essential for staff working within ACT Health to:

- ensure the protection and safety of patients/clients/consumers and staff members, and
- enable staff to undertake their duties effectively and efficiently consistent with their roles and responsibilities.

The Essential Education Policy defines the core training requirements for ACT Health workers and the appropriate timeframes for completion.

[Link to Essential Education Policy](#)

Website address: <http://health.act.gov.au/c/health?a=dldivpoldoc&document=2079>

### 6.2.1 CORE TRAINING AND COMPETENCY PROFILES

- In order to outline the training requirements required for ACT Health, the “Required Essential Education Policy and Procedure” outlines core training requirements for ACT Health. It defines levels of training required, and all staff must have completed a minimum of level 1. In addition, staff with varying roles and responsibilities may require additional training. These include, but are not limited to the following:
  - Senior management
  - Managers / Supervisors
  - Operational personnel
  - Specialised personnel such as fire wardens, first aid officers and WSR’s.
- Duty Statements outline the level of experience and training standards required to undertake specified role, eg, Registered Nurse, Cook, Physiotherapist, Administration, and Dietician etc.
- Training requirements are also identified in a number of policies and procedures/work instructions/Safe Work Procedures utilised.
- Worker competencies are maintained on a training management system in Staff Development Unit (SDU) and/or a Worker Training File for each location/facility that can be accessed by all relevant line managers/supervisors. Competency Profiles will take into account work activities undertaken which include OHS standards.
- Designated personnel are authorised to ensure that records of competencies are complete and current.

### 6.2.2 LABOUR HIRE ASSESSMENT

Other than for short term placement of labour hire personnel, labour hire personnel are deemed workers by ACT Health and undertake the same assessments, evaluation and training programs as full time workers.

Assessment is undertaken by ensuring that any labour hire person to be employed for a specific role must meet the criteria outlined in the Position Description / Duty Statement. Other than for short term placement labour hire personnel the provisions of 6.2.1 will apply.

A minimum requirement is that all labour hire personnel who will be required to work in operational areas must have completed the Staff Orientation Program (see 6.2.1) and, where necessary, specific induction for identified high level / complex tasks deemed.

### 6.2.3 CONTRACTOR ASSESSMENT

- Contractor training requirements and competencies are identified and assessed as part of the contractor requirements, outlined in Section 19
- Contractors are required to undertake a Divisional / location specific approved Induction Program which outlines ACT Health OHS requirements.
- Contractors may also be required to undertake a specific induction for areas in which they may operate. The induction outlines the specific hazards and requirements for those areas.

### 6.3 ORIENTATION TRAINING PROGRAM

The objectives of ACT Health Orientation Program to all new staff (and when required, hired labour, contractors) is to:

- Ensure that staff are made aware of ACT Health standards of OHS and Return to Work principles
- Support staff in the recognition of the inherent hazards associated with the work environment
- Support staff to better understand what is expected of them
- Ensure that staff have a broader appreciation of the work at hand and therefore able to make sounder decisions when faced with varying OHS choices
- Develop the understanding that staff are an integral part of the ACT Health Team and are significant to the success of ACT Health's future.

ACT Health has an Orientation Policy that outlines the ACT Health requirements for new workers, managers and volunteers to attend an orientation program.

[Link to Orientation Policy](#)

Website Address: <http://health.act.gov.au/c/health?a=dipol&policy=-1226714140>

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Section 19	Approved: Director IP&M	Effective Date: 7.11.2010	Revision 4
			Revision Date: 7.11.2010
<b>Subject Description: PURCHASING &amp; CONTRACTOR CONTROLS</b>			

<b>SECTION 19</b>		
<b>PROCUREMENT, CONTRACTOR, ACCOMODATION AND ASSET MANAGEMENT</b>		
<b>Sub Section</b>	<b>Contents</b>	
<b>19.1</b>	<b>PROCUREMENT POLICY AND GUIDELINES</b>	
<b>19.2</b>	<b>CONTRACTOR MANAGEMENT</b>	
<b>19.3</b>	<b>ACCOMODATION POLICY</b>	
<b>19.4</b>	<b>STRATEGIC ASSET MANAGEMENT POLICY</b>	
<b>19.5</b>	<b>REQUEST FOR INTERFERENCE WITH SERVICES OR SAFETY CONDITIONS (RISSC) FORM</b>	
	<b>BACK TO CONTENTS</b>	

### 18.5.5 REFERENCES/RESOURCES

Link to Dangerous Substances Act 2004

Website address: <http://www.legislation.act.gov.au/a/2004-7/default.asp>

Link to Dangerous Substances (General) Regulation 2004

Website address: <http://www.legislation.act.gov.au/sl/2004-56/default.asp>

Link to Code of Practice for the Safe Removal of Asbestos 2nd Edition [NOHSC:2002(2005)],

the Code of Practice for the Management and Control of Asbestos in Workplaces

[NOHSC:2018(2005)] and the Guidance note on the membrane filter method for estimating  
airborne asbestos Fibres 2nd Edition [NOHSC:3003(2005)].

Website Address: <http://www.safeworkaustralia.gov.au/swa/HealthSafety/OHSstandards/>

Link to Asbestos Awareness ACT website

Website address: <http://www.asbestos.act.gov.au/>

Link to list of Asbestos removalists and assessors - ACTPLA

Website address: [http://www.actpla.act.gov.au/topics/hiring\\_licensing/find\\_professional/list](http://www.actpla.act.gov.au/topics/hiring_licensing/find_professional/list)

Link to NATA Accredited Laboratory website

Website address: <http://nata.asn.au/facilities-and-labs>

**Please note: Click on Chemical Testing and then Asbestos.**

Link to Health and Safety Executive – Asbestos Health and Safety website

Website address: <http://www.hse.gov.uk/asbestos/index.htm>

### 18.6 NOISE MANAGEMENT (FUTURE DEVELOPMENT)

### 18.7 FORK LIFT MANAGEMENT (FUTURE DEVELOPMENT)

- Consultation with staff (for example, CNC, area manager, work safety representative, etc) near the removal works is to be conducted prior to commencement of removal work, if possible, 10 working days prior to removal begins.

During and after asbestos removal

- Any equipment, power tools, ladders, contaminated clothing, etc from a contaminated site is to be wrapped in plastic and sealed whilst within the asbestos removal work area and removed from site.
- If bringing onto site power tools, equipment that have been used in the removal of asbestos elsewhere, these items are only to be unwrapped and used within the sealed off asbestos removal work area and are to be re-wrapped at completion of the works for removal off site.
- Only vacuums with HEPA filters are to be used for clean up.
- All surfaces are to be properly vacuumed / wiped down prior to the site hand over including any surfaces exposed to the removal process.
- Do not remove safety signage and barriers until area is thoroughly cleared and clearance certification has been received by the project manager.
- Provide an Asbestos Removal Work clearance certification from a competent person (as defined by Code of Practice for the Management and Control of Asbestos in Workplaces [NOHSC:2018(2005)]) who is independent from the person responsible for removal work. A visual clearance inspection by a licensed asbestos assessor is required at the completion of works.
- Provide a copy of the Air Monitoring results and delivery docket for disposal to ACT Health.
- Final sign off required by Dangerous Substances Coordinator or delegate to ensure all ACT Health requirements have been met.
- Provide information to Property Maintenance & Management to ensure the Asbestos Register is updated.

#### **18.5.4 INCIDENT/ACCIDENT MANAGEMENT**

During the event of asbestos materials being disturbed or discovered during maintenance work, refurbishment or redevelopment work, Property Maintenance and Management should be notified immediately. The incident should be reported in Riskman as a Non-individual (asbestos found, number of people exposed to asbestos fibres) or staff incident (staff potentially exposed to asbestos fibres).

No one is to enter an area where asbestos has been disturbed or where there is risk of contamination unless there is complete compliance with PPE required in Safe Removal of Asbestos Code of Practice. The area should be sealed off to prevent further contamination to other areas.

### 18.5.1 ASBESTOS REGISTER

ACT Health's Asbestos register is kept with Strategic Support, Business & Infrastructure.

### 18.5.2 MANAGEMENT OF ASBESTOS IN-SITU

The identification of asbestos materials in a building does not automatically necessitate its immediate removal. Asbestos materials in a stable condition and not prone to mechanical damage can generally remain *in situ*. Review of the identified material should be undertaken every five years unless there is a change in the condition of the material, then it should be reviewed more regularly.

Asbestos identified during capital works or through other redevelopment needs to be reported immediately to Property Maintenance and Management. The removal or repair of asbestos process needs to be followed – see 18.5.4.

Labelling of identified asbestos containing material should comply with AS 1319 Safety Signs for the Occupational Environment

### 18.5.3 ASBESTOS REMOVAL / REPAIR WORK

The following steps **MUST** be followed when carrying out work involving Asbestos Containing Material.

**Before any work commences:**

- Review ACT Health's Asbestos Register and determine the location(s) of any confirmed or presumed Asbestos containing material.
- The area has to be cordoned off and sealed with industrial plastic sheets and barriers. The project manager has responsibility for ensuring the site has been sealed prior to removal works commencing.
- Safety signage should be erected as per AS 1319 Safety Signs for the Occupational Environment
- RISSC form for asbestos removal must be completed detailing the following information and with the appropriate sign off:

1. Name of removalist and licence number, please refer to the ACTPLA website for licensed asbestos removalists within the ACT:  
[http://www.actpla.act.gov.au/topics/hiring\\_licensing/find\\_professional/list](http://www.actpla.act.gov.au/topics/hiring_licensing/find_professional/list)
2. Name of air monitoring/sample analysis contractor (independent from removalist) and license number/NATA accreditation number. Air monitoring is required for all asbestos removal work.
3. Attached drawing of the location of the asbestos removal and location of air monitoring equipment.
4. Provision of a Safe Work Method Statement (SWMS) based on the Code of Practice for the Safe Removal of Asbestos 2<sup>nd</sup> ed. NOHSC:2002(2005). Include a copy of any MSDS's for substances used during removal and/or Hot Works Permit if required during the removal. Only low toxic, low odour, non-carcinogenic substances to be used during the removal works. Dilution instructions are to be followed and where appropriate additional ventilation or sealing off of additional areas engaged to ensure emissions do not permeate throughout the building.
5. The following are required to sign off RISSC forms regarding Asbestos:
  - Dangerous Substances Coordinator
  - Injury Prevention & Management representative
  - Infection Control for removal in or adjacent to Clinical Areas
  - Representatives from areas adjacent to the removal works
  - Security and Emergency
  - Property Maintenance & Management
  - Strategic Support

## 18.5 ASBESTOS MANAGEMENT

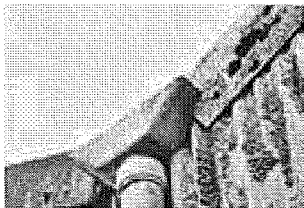
ACT Health has Asbestos management guidelines that are based on the ACT Government – Management of Asbestos in Non-Residential Government Buildings Guideline (2008), the Dangerous Substances Act 2004 and the Dangerous Substance (General) Regulation 2004.

Asbestos is a naturally occurring fibre that has properties such as good flexibility, resistance to heat and is non-conductive. Asbestos has been used widely in over many products, including heat resistant textiles (cloth, padding), cement products (sheets, pipes), special filters for industrial chemicals, thermal insulation products, friction materials (clutch, brakes), gaskets, floor tiles, roofing material, packing material, paint and protective paper. The use of all types of asbestos has been banned in Australia since December 2003 due to the serious health effects when fibres become airborne and people inhale them.

Exposure to asbestos has been linked to respiratory conditions including Mesothelioma, lung cancer and Asbestosis. Asbestosis is a progressive scarring of the lung tissue and onset typically occurs after 15 to 40 years after initial exposure. Mesothelioma has a latency period of 30 to 40 years after exposure and is a malignancy of the mesothelium cells of the pleura surrounding the lungs or abdomen.

Asbestos can be described as either friable (loosely bound) or non-friable (bonded). Friable asbestos is a risk to health and safety as is non-friable if the material is damaged or not in good, sealable condition. In other words, the risk to people is based on the condition of the asbestos and a key strategy is the prevention of the generation of dust from asbestos material.

Some images of common types and locations for Asbestos containing material below:



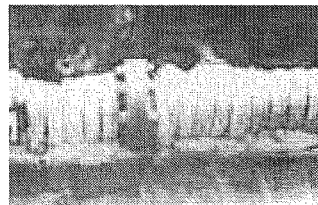
Asbestos cement downpipe



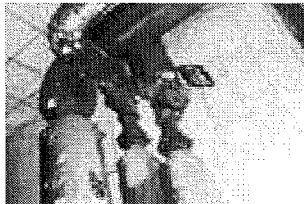
Asbestos containing floor tiles



Asbestos panelling inside heater cupboard



Asbestos rope used for insulation on a pipe



Damaged asbestos lagging on hot water pipes



Damaged asbestos pipe lagging

Images taken from Health and Safety Executive, Asbestos Image Gallery - <http://www.hse.gov.uk/asbestos/gallery.htm>

### 18.4.2 PROTECTION AGAINST FALLS

Workers must be provided with fall protection if:

- The nature of the work requires the worker to be placed in a position that they could fall from
- If the worker fell it is likely they would be injured.

Fall protection methods should be based on a risk management approach with elimination being the ultimate goal. However, if other control methods are required they can include, but are not limited to:

- safe means of entry and exit from the work area
- protective barriers, a cover for an opening
- training and supervision
- fall-arresting devices
- safe working platform e.g. elevated work platform, scaffolding
- safety harness or safety static-line system

If ladder use is required the ladder should be of sound construction and kept in a safe condition. The ladder should meet the following requirements:

- the horizontal distance between the ladder's top support point and its foot is less than  $\frac{1}{4}$  of its supported length. More than this is an offence under the Work Safety Regulation 2009 Section 78 (1)(a).
- it should be placed on firm footing
- the ladder should be secured to prevent slipping and sideways movement.

For further information regarding Prevention of Falls refer to Part 7, Division 7.3, Section's 73 – 78 in the Work Safety Regulation 2009.

### 18.3 CERTIFICATION: HOT WORK PERMIT

A **Hot Work Permit**, refer Section 18.4 "Forms", is required for any work where naked flames, sparks or heat maybe generated in a **confined space / restricted area / area where significant levels of combustible goods are stored**. Examples of such hot work are:

- Electric & Oxy Welding
- Electric Grinding
- Brazing (by plumber's)
- Explosive tool.

The responsibility to ensure all works are completed within the Work Permit System rests with the **Executive Director, Business & Infrastructure**.

It should be noted that ACT Health management retains discretionary judgement for all aspects of the Permit Issue including the level of recipient.

Before equipment or areas are handed over for work for which a Hot Work Permit is required, the issuing authorised person must ensure that all sections of the "Hot Work Permit" have been completed.

The authorising person is responsible for ensuring that all necessary precautions required to overcome hazards prior to the issue of the permit have been carried out. The authorised person is also responsible for ensuring that all precautions which is necessary to take to safeguard against remaining hazards have been listed, eg, wearing of appropriate eye protection, gloves masks etc.

**Note:** Work **CANNOT** proceed without a "Hot Work Permit" completed. A sample is available in Section 18.5.

### 18.4 PREVENTION OF FALLS / WORKING AT HEIGHTS

#### 18.4.1 BACKGROUND

This section of the ACT Health SMS is to give an overview of the **ACT legislative requirements when working at heights**. The objective of the Legislation and Regulations is to prevent incidents at workplaces involving falls of more than 2 metres and to prevent or reduce injury resulting from those falls.

It must be emphasized that falls from a height of less than 2 metres can also easily result in serious injury, even death, to any person involved. Consequently, all necessary risk assessments must be made and corresponding Risk Controls implemented in any work at heights within the organisation.

It is also emphasized that this section is not comprehensive but covers the essential elements of working at heights above 2 metres for operations which may be undertaken at ACT Health. To ensure that all necessary requirements are met, it is vital those involved refer to the full copy of the following:

[Link to Work Safety Regulation 2009](http://www.legislation.act.gov.au/sl/2009-45/default.asp)

Website Address: <http://www.legislation.act.gov.au/sl/2009-45/default.asp>

[Link to Scaffolding and Lifts Act 1912](http://www.legislation.act.gov.au/a/1912-38/default.asp)

Website Address: <http://www.legislation.act.gov.au/a/1912-38/default.asp>

[Link to Scaffolding and Lift Regulation 1950](http://www.legislation.act.gov.au/sl/db_591/default.asp)

Website Address: [http://www.legislation.act.gov.au/sl/db\\_591/default.asp](http://www.legislation.act.gov.au/sl/db_591/default.asp)

#### 18.2.4 AUTHORISED PERSONS:

An “**Authorised Person**” is a nominated worker, authorised by the **Business and Infrastructure** who is trained and tested in the correct methods for entry to confined spaces. **Authorised persons must be tested every two years and must have successfully completed an accredited Confined Spaces Course.** Authorised persons able to have access to Confined Space in ACT Health detailed in Appendix 1 – SMS forms – OHSF.0## - Authorised persons for confined space entry.

#### 18.2.5 PERSONAL PROTECTIVE EQUIPMENT

##### Respiratory Protective Equipment

Suitable air-supplied respiratory protective devices, complying with appropriate legislation and standards, must be worn where the nature of the task within the confined space is likely to produce an oxygen deficient or toxic atmosphere.

##### Safety Harness and Lines

Safety Harnesses and Lines must comply with appropriate legislation and standards. These should be worn where:

- there is a hazard of falling from the working platform or during ascent or descent;
- rescue methods would require lifting by a safety line;
- rescue by a horizontal or vertical lift is required.

Note: Appropriate Personal Protective Equipment and auxiliary equipment is to be clearly identified in each of the defined Confined Space SWP's.

#### 18.2.6 CERTIFICATION: CONFINED SPACE CLEARANCE CERTIFICATE

Before any **authorised person enters** a defined Confined Space, a “**CONFINED SPACE CLEARANCE CERTIFICATE**” is to be issued (refer section 18.4 “**Forms**”). The authorised person must take account of all factors likely to affect the safety of the operation and decide if a “**CONFINED SPACE CLEARANCE CERTIFICATE**” can be issued or not.

Each person who enters a Confined Space must sign the Clearance Certificate before entering and sign off after leaving the Confined Space. This procedure **must** be followed irrespective of a person's position in the organisation or their occupation.

### 18.2.2 RISK FACTORS OF A CONFINED SPACE:

Generally, work performed in confined spaces is usually **non routine** thus requiring special attention. An accident in a confined space has a **high Risk Factor** and could be fatal.

**Note:** Fatalities in confined spaces are often multiple because the initial victim and possible ensuing rescuers did not effectively evaluate the full risk potential of the overall situation.

Hazards, which are often confronted when entering a confined space, include:

- **Toxic gas / vapours:** These may result from material known to be in the tank, eg, by gradual release from sludge or scale;
- **Flammable gas or vapours:** These could result in fire or explosion;
- **Scalding or Burning:** This could result from accidental opening of a steam valve;
- **Electric Shock:** This result from taking portable equipment, such as lights, tools and associated equipment, into the confined space.
- **Injury from moving mechanical equipment:** This can result in injury / death when equipment such as stirrers, mixers, conveyors etc, are accidentally / inadvertently activated.
- **Burial** beneath solids.

### 18.2.3 CONFINED SPACE PROCEDURE:

Safe working in confined spaces depends entirely on strict adherence to a well planned procedure. It is essential that the Procedures outlined below are followed without exception on every occasion.

#### 18.2.3.1 REGISTER OF CONFINED SPACES:

A **Register of Confined Spaces** is to be maintained by the **Injury Prevention and Management unit** listing all places within ACT Health which satisfy the definition of a confined space. Identified Confined Spaces in ACT Health located in Appendix 1: OHSF.020 – Register of Confined Spaces and Restricted Spaces.

#### 18.2.3.2 SWP FOR ENTRY TO A CONFINED SPACE:

Each **defined** Confined Space **must** have a **SWP** for entry. The SWP must outline the method to handle all the foreseeable hazards and define appropriate precautions and testing.

#### 18.2.3.3 REVISION OF CONFINED SPACES SWP'S:

Each Confined Space SWP is to be revised if the confined space is modified or after two years have elapsed.

- Each Danger Tag must bear the employer's / Sub-contractor's name, and the worker / subcontractor's printed name, as well as the worker / sub-contractor's signature and date of affixing the tag.
- Each person is responsible for placing their own Danger Tag prior to commencing work and removal of their Tag when work is completed, or at the end of the work period.
- Each Danger Tag must be securely fixed to the handle, switch or button of the isolating device so that there is no risk of the tag being accidentally dislodged, or of an operator being able to energise the equipment without seeing the Danger Tag.
- Each person is to be fully informed as to the extent of such isolation and must be advised of specific areas or items that are not de-energised, if any.
- If working alone and the job is incomplete at the end of the work period, remove the Danger Tag and replace it with an "Out of Service" tag.
- Danger Tags must be destroyed after each use.
- While Danger Tags can only be removed by the person who signed and fixed the tag, in exceptional circumstances such as sickness or inability to contact that person, a responsible management person may remove the tag, only after making certain they know the reasons for the tag being attached, and after a thorough inspection and testing of the apparatus to make sure it is safe to restore power.

## 18.2 CONFINED SPACE

### 18.2.1 INTRODUCTION:

The term "Confined Space" has very wide application in industry. Some situations are clearly confined spaces, eg, closed tanks, reaction vessels and large ducts. Other situations are less obvious but can be equally as hazardous, eg, open topped tanks, furnaces, ovens, sewers, tunnels, and unventilated spaces where an accumulation of hazardous gas / vapours can build up because of inadequate air circulation.

The definition of a confined space as per the Work Safety Regulation 2009, Part 7, Division 7.8, Section 95 is an enclosed, or partly enclosed, space in the workplace that—

- (a) is not designed as, or intended to be, a workplace; and
- (b) is at atmospheric pressure while people are in it; and
- (c) may have—
  - (i) an atmosphere with potentially harmful contaminants; or
  - (ii) an unsafe oxygen level; or
  - (iii) stored substances that may cause engulfment; and
- (d) may have restricted entry and exit.

### Examples

1. storage tanks, tank cars, process vessels, boilers, pressure vessels, silos and other tank-like compartments
2. pits, degreasers and other open-topped spaces
3. pipes, sewers, shafts, ducts and similar structures

Link to AS2865:1995 Safe Working in a Confined Space

Website Address:

<http://www.ors.act.gov.au/workcover/pdfs/WorkSafe/CofPs/ConfinedSpaces.pdf>

Link to Work Safety Regulation 2009

Website Address: <http://www.legislation.act.gov.au/sl/2009-45/default.asp>

## **18.1 ISOLATE / TAG OUT / LOCK OUT**

### **18.1.1 GENERAL**

Whenever there is a potential risk of being endangered by the presence or operation of machinery, flow of electricity, steam, gas, compressed air, liquids or any other form of energy then preventive action is required to be taken.

Firstly the potential danger must be isolated, and then prevent others from operating the source by locking out the isolator, then tag the switch or isolating device and test to ensure it is safe to proceed.

### **18.1.2 DANGER TAGS**

Danger tags must be securely attached to the isolator / control switch or device so there is no risk of becoming dislodged. They must be clearly visible to ensure inadvertent restoration of the power source does not occur.

- A Danger Tag is to be affixed by each person working on the equipment.
- Each Danger Tag must bear the employer's name, and an worker's / sub-contractor's printed name, as well as the worker / sub-contractor's signature and date.
- Each person is responsible for placing their own Danger Tag prior to commencing work and removal of their Tag when work is completed, or at the end of the work period.
- When working alone and the job is incomplete at the end of the work period, the Danger Tag must be removed and replaced with an "Out of Service" tag.
- Danger Tags must be destroyed after each use.
- While Danger Tags can only be removed by the person who signed and fixed the tag, in exceptional circumstances such as sickness or inability to contact that person, a responsible management person may remove the tag, only after making certain they know the reasons for the tag being attached, and after a thorough inspection and testing of the apparatus to make sure it is safe to restore power.

**Please refer to OHSF.031 – Danger/Out of Service tag available in the Appendix 1**

### **18.1.3 ELECTRICAL ISOLATION / LOCKOUT / TAG OUT / TEST PROCEDURE**

When necessary to isolate an electrical circuit or equipment to enable work to be carried out, on or adjacent to such equipment, this procedure is required to be implemented:

- Care must be taken to properly identify circuitry before isolating to ensure satisfactory precautions are made in cases of Automatic Sequence Starting, Fail-safe Start-up Systems, Remote Control Systems, Emergency Power Supply Systems, or other technology that may be cause for a system over-riding a single isolation technique.
- Where practicable, a padlock is to be used to lock-out switches and / or circuit breakers on electrical circuits or equipment to enable work to be carried out, on or adjacent to such equipment.
- Preferably, a separate lock is to be attached for each person involved in the work; otherwise, a single lock key is to be held by a responsible manager or supervisor.
- A Danger Tag is to be affixed by each person working on or near to the electrical equipment.
- Each Danger Tag must be an approved type in new condition, without erasures / alterations.

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			Revision Date: 7.11.2010
<b>Subject Description: WORK PERMITS</b>			

<b>SECTION 18</b>		
<b>WORK PERMITS</b>		
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<b>18.3</b>	<b>HOT WORK PERMIT</b>	
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- Construction activities including, but not limited to overhead protection, means of raising / lowering materials, formwork, prevention of structural collapse, site security, excavation work, demolition work, adjacent buildings and public places, asbestos
- Fall protection and any working at heights
- Hazardous substances / dangerous goods (Registers and storage)
- Equipment installation
- Electrical work
- Hazardous processes such as spray painting, welding
- Mobile plant and equipment (eg cranes, waste removal, elevated lift platforms, etc)
- Static plant and equipment such as scaffolding
- Emergency procedures
- First Aid.

### **17.5.7 REFURBISHMENT UNDERTAKEN AND BUSINESS BEING CONDUCTED**

As well as the issues outlined in 17.7(C) above consideration must also be given to mitigating the risk to workers and customers by providing adequate risk controls such as barriers or other identified controls.

### **17.5.8 BUILDING/FACILITY OPENING**

Where appropriate the opening of a refurbished Building/Facility must follow the process outlined in section 17.6.

Prior to the normal operations commencing the following areas are to be implemented:

- Training competencies and records for all workers who will work in the Building/Facility.
- All electrical equipment has been fully tested, installed and earthing and safety features / guarding tested.
- All appropriate fire fighting equipment has been installed.
- All appropriate signage has been implemented.
- Cool Room safety features installed.
- Appropriate storage facilities are installed and are established to minimise manual handling hazards.
- Chemicals and cleaning equipment are appropriately stored, a Hazardous Substance Register and MSDS's available.

The process outlined in 17.4 – Installation of New Equipment must also be complied with.

- Scope of Works
- Appropriate licences / certificates / permits where necessary
- Proposed frequency of further Safety Review meetings
- Contractor Inductions in accordance with SMS section 184.4

**Project Plan**

All projects are to have a Project Plan developed outlining agreed timelines in the project where a review is conducted to ensure the project continues to meet the requirements outlined in the contract documents and Scope of Work. OHS issues are reviewed as part of this process.

**Non Conformance**

- Any non conformance identified within the project viz documentation, hazards, materials, plant, equipment must be recorded on a Corrective Action Report in accordance with OHS Procedures.
- It is the responsibility of the Principal Contractor to ensure that all contractors are familiar with this ACT Health Procedure.

**Project Records**

A Project File is to be established at the initiation of a project and all project documentation is to be maintained in the Project File either electronically or hard copy or both.

If the Project File is maintained electronically reference should be made to documents which have only a hard copy.

**Project Documentation**

The documentation required to be addressed for the project is as follows:

- All contractors are to produce Safe Work Method Statements related to the tasks that they will be undertaking.
- Safety Management Plan which outlines the following:
  - Initial Risk Assessment.
  - Construction methods including processes and materials.
  - Use and maintenance of any equipment being installed.
  - Training requirements for use of equipment / plant.
  - Any removal, demolition or decommissioning activities.
- Where deemed relevant, all contractors can only undertake work after obtaining appropriate Work Permits which are authorised and retained by the Maintenance Manager.

**Training**

- It is a requirement that all personnel involved in implementing projects are to have had appropriate training.
- Training Records / licences / certificates are to be identified for personnel undertaking specialised tasks within the project.

**17.5.6 REFURBISHMENT UNDERTAKEN WITHOUT BUSINESS BEING CONDUCTED**

In the refurbishment process the Risk Assessment is to consider but is not limited to the following areas that need to be addressed:

- Contractors undertaking the ACT Health Contractor Induction Program
- Evidence that contractors have undertaken the "Building construction industry Common Safety Induction Course" / "Green card"
- Access / Egress during refurbishment

### **Initial Risk Assessment**

A requirement of any project undertaken by ACT Health is that an initial risk assessment is to be conducted in consultation with relevant workers and Line Management and be recorded. The Risk Assessment should be conducted in accordance with section 4 of the ACT Health's SMS and show that all hazards have been reviewed and where the hazard is identified as not being significant then this should be recorded.

### **17.5.5 REFURBISHMENT OF A BUILDING/FACILITY**

Depending on the extent of the refurbishment, i.e., minor, medium or major, the process outlined in this section is to be followed.

#### **Tender and Contract Documentation**

It is the responsibility of the designated party, Maintenance Manager, Architect or Builder to ensure that Tender documentation is developed for the project. The documentation should consist of as a minimum:

- A Scope of Works outlining the work required to be undertaken.
- The standards, design calculations and technical specifications to be applied to the work.
- Drawings / construction plans are prepared.
- All legal requirements are identified.
- OHS requirements / standards to be maintained throughout the project.
- The requirement for a Safety Management Plan and Safe Work Method Statements from the contractor.

#### **Tender and Contract Process**

- It is the responsibility of the Purchasing Department to ensure that Tender / Contract documentation and Terms and Conditions are supplied to Approved Contractors and other designated interested parties.
- Once all expressions of interest are received they are reviewed by the following personnel prior to choosing an appropriate contractor:
  - Purchasing / Procurement Manager
  - Maintenance Manager
  - Divisional Head / Senior Manager.
  - Personnel with appropriate expertise.
- A decision is then made to appoint a contractor to undertake the project.

#### **Safety Review Meeting for Refurbishment of an Existing Building/Facility**

At the start of a project, when considering refurbishment of an existing Building/Facility, a Safety Review Meeting is to be conducted and, depending on the assessed level risk, all or some of the following personnel prior to any work being initiated may be required:

- Section Manager
- Principal Contractor
- IP&M
- Division Manager from the area in which the work is to be conducted
- Architect or Builder
- Personnel with appropriate expertise if required.

The following items (where relevant) are to be reviewed at the Safety Review Meeting:

- Initial Risk Assessment
- Project Plan
- Safety Management Plans

## 17.5 DESIGN CONTROL PROCEDURE FOR BUILDING REFURBISHMENT

### 17.5.1 PURPOSE

The purpose of this procedure is to outline the process at ACT Health regarding the management of projects regarding the introduction of new equipment to an existing Building/Facility.

### 17.5.2 DEFINITIONS

**Tender:** The process by which contractors are chosen to conduct work outlined in a Scope of Works.

**Scope of Works:** A document which outlines the requirements, technical specifications and standards to which a project is to be undertaken.

**Safety Management Plan:** A plan that identifies the OHS system, policies and procedures that are to be implemented for the project.

**Project:** A project consists of the introduction of new or modifications to plant / equipment / facilities.

### 17.5.3 RESPONSIBILITIES

Responsibilities are outlined in the body of the procedure.

**Divisional Head:** The Divisional Head is responsible for ensuring that OHS procedures as outlined in the SMS are adhered to. Monitoring of these procedures is a key of the External Audit Program.

**Principal Contractor:** The Principal Contractor has overall responsibility for a project and should ensure that:

- An initial Hazard identification and Risk Assessment is conducted for the work to be undertaken.
- That a Purchase Order / Tender Document is provided that outlines the health and safety requirements.
- A Scope of Works has been provided to contractor(s) who undertake the work.
- A Safety Management Plan is developed prior to work being undertaken.
- All specifications / standards are being maintained or changes are agreed with all appropriate personnel at ACT Health.
- To ensure compliance to the Safety Management Plan.
- All ACT Health documentation required to conduct the project such as permits, safety rules, checklists, etc are completed

**Note:** In the context of this element the Principal Contractor could involve the nominated Architect / Builder.

### 17.5.4 GENERAL PROCEDURE

Depending on the extent of the refurbishment, i.e., minor, medium or major this could be managed by the nominated architect, builder or ACT Health Maintenance Manager. Once a project idea has been initiated the relevant party is to oversee this process and a risk assessment is to be conducted and recorded.

For day-to-day operational requirements the Division Manager takes responsibility for implementation of processes along with the nominated overseeing person.

**Note:** It is the experience of ACT Health management that refurbishment presents the greatest risk exposure in terms of Design Control because we are directly dealing with / interfacing with the public.

For this reason Division Line Management has an important role to play because if they observe a process(s) which they believe present a high risk to the public they have the authority to immediately stop the process and discuss the matter with the on-site contractors or ACT Health senior management, i.e., Divisional Head or equivalent.

### **Project Plan**

All projects are to have a Project Plan developed outlining agreed timelines and key milestones / key tasks in the project where a review is conducted to ensure the project continues to meet the requirements outlined in the tender documents and Scope Of Work.

### **Non Conformance**

- Any non conformance identified within the project viz documentation, hazards, materials, plant, equipment must be recorded on a Corrective Action Report in accordance with OHS Procedures.
- It is the responsibility of the Principal Contractor to ensure that all contractors are familiar with this ACT Health Procedure.

### **Project Records**

- A Project File is to be established at the initiation of a project and all project documentation is to be maintained in the Project File either electronically or hard copy or both.
- If the Project File is maintained electronically reference should be made to documents which have only a hard copy.

### **Training**

- It is a requirement that all personnel involved in implementing projects are to have had appropriate training.
- Training Records / licences / certificates are to be identified for personnel undertaking specialised tasks within the project.

### **Project Documentation**

The documentation required to be addressed for the project is as follows:

- All contractors are to produce Safe Work Method Statements related to the tasks that they will be undertaking.
- All contractors can only undertake work until after obtaining appropriate Work Permits which are authorised and retained by the Maintenance Manager.
- Minutes of Safety Review Meetings.
- Safety Management Plan which outlines the following:
  - Initial Risk Assessment.
  - Construction methods including processes and materials.
  - Use and maintenance of any equipment being installed.
  - Training requirements for use of equipment / plant.
  - Any removal, demolition or decommissioning activities.
- Final Risk Assessment conducted to ensure that there are no residual risks.

### **Building/Facility Start Up Requirements**

Prior to the Building/Facility opening the following areas are to be implemented:

- Training competencies and records for all workers who will work in the Building/Facility.
- All electrical equipment has been fully tested, installed and earthing and safety features / guarding tested.
- All appropriate fire fighting equipment has been installed.
- All appropriate signage has been implemented.
- Appropriate storage facilities are installed and are established to minimise manual handling hazards.
- Chemicals and cleaning equipment are appropriately stored, a Hazardous Substance Register and MSDS's available.
- The process outlined in 16.4 – Installation of New Equipment must also be complied with.

#### **17.4.5 OPENING A NEW BUILDING / FACILITY**

It is a requirement that the opening of a new Building/Facility is managed as a **major project** and that the process outlined in this section is followed.

##### **Tender and Contract Documentation**

It is the responsibility of the appointed 3<sup>rd</sup> party to ensure that Tender documentation is developed for the project. The documentation should consist of as a minimum:

- A Scope of Works outlining the work required to be undertaken.
- The standards, design calculations and technical specifications to be applied to the work.
- Drawings / construction plans are prepared.
- All legal requirements are identified.
- OHS requirements / standards to be maintained throughout the project.
- The requirement for a Safety Management Plan and Safe Work Method Statements from the contractor.

##### **Tender and Contract Process**

- It is the responsibility of the Purchasing Department to ensure that Tender / Contract documentation and Terms and Conditions are supplied to Approved Contractors and other designated interested parties.
- Once all expressions of interest are received they are reviewed by the following personnel prior to choosing an appropriate contractor:
  - Purchasing / Procurement Manager
  - Maintenance Manager
  - Divisional Head / Senior Manager.
  - Personnel with appropriate expertise.
- A decision is then made to appoint a contractor to undertake the project.

##### **Safety Review Meeting for Opening of a New Building/Facility**

At the start of a project, when considering construction of a new Building/Facility, a Safety Review Meeting is to be conducted with the following personnel prior to any work being initiated:

- Section / Senior Manager
- Principal Contractor
- IP&M
- Division Manager from the area in which the work is to be conducted
- Architect or Builder
- Personnel with appropriate expertise if required.

The following items (where relevant) are to be reviewed at the Safety Review Meeting:

- Initial Risk Assessment
- Project Plan
- Safety Management Plans
- Scope of Works
- Appropriate licences / certificates / permits where necessary
- Proposed frequency of further Safety Review meetings
- Principal Contractor site inductions.

## 17.4 DESIGN CONTROL PROCEDURE FOR THE OPENING OF A NEW BUILDING

### 17.4.1 PURPOSE

The purpose of this procedure is to outline the process at ACT Health regarding the management of projects regarding the opening of a new Building / Facility.

### 17.4.2 DEFINITIONS

**Tender:** The process by which contractors are chosen to conduct work outlined in a Scope of Works.

**Scope of Works:** A document which outlines the requirements, technical specifications and standards to which a project is to be undertaken.

**Safety Management Plan:** A plan that identifies the OHS system, policies and procedures that are to be implemented for the project.

**Project:** A project consists of the introduction of new or modifications to plant / equipment / facilities.

### 17.4.3 RESPONSIBILITIES:

Responsibilities are outlined in the body of the procedure.

**Divisional Heads:** The Head of the Division is responsible for ensuring that OHS procedures as outlined in the SMS are adhered to. Monitoring of these procedures is a key of the External Audit Program.

**Principal Contractor:** The Principal Contractor has overall responsibility for a project and should ensure that:

- An initial Hazard identification and Risk Assessment is conducted for the work to be undertaken.
- That a Purchase Order / Tender Document is provided that outlines the health and safety requirements.
- A Scope of Works has been provided to contractor(s) who undertake the work.
- A Safety Management Plan is developed prior to work being undertaken.
- All specifications / standards are being maintained or changes are agreed with all appropriate personnel at ACT Health.
- To ensure compliance to the Safety Management Plan.
- All ACT Health documentation required to conduct the project such as permits, safety rules, checklists, etc are completed

**Note: Principal Contractor:** In the context of this element the Principal Contractor could involve the nominated Architect / Builder.

### 17.4.4 GENERAL PROCEDURE

#### Project Initiation

As the construction of new Building/Facility requires the appointment of a Principal Contractor, the nominated responsible party is to oversee this process and a risk assessment is to be conducted and recorded.

#### Initial Risk Assessment

A requirement of any project undertaken by ACT Health is that an initial risk assessment is to be conducted in consultation with relevant workers and Line Management and be recorded. The Risk Assessment should be conducted in accordance with section 4 of the ACT Health's SMS and show that all hazards have been reviewed and where the hazard is identified as not being significant then this should be recorded

- Require additional safety equipment?
- Require a change in frequency of equipment inspection?

During installation the following testing must be conducted:

All electrical equipment is to be tested prior to use including but not limited to:

- Residual current device trip times.
- Isolation points to be labelled and readily accessible.
- Effective earthing.

Any equipment utilising LPG or medical gases are to be tested prior to use including but not limited to:

- Pressure test of system for leaks.
- All pipes to be appropriately labelled per hazardous substances / dangerous goods regulations.
- Isolation points to be labelled and readily accessible.

**Note:** Any other testing that may be required other than that outlined above must also be recorded on the Risk Assessment.

### **Competencies**

All equipment upgrades must be undertaken by personnel who have appropriate competencies and skills. It is the responsibility of the Principal Contractor to identify that personnel undertaking these tasks have the appropriate competencies and skills.

documents and Scope of Work. Medium projects will still be required to also outline these elements and would be more complex in nature. OHS issues are reviewed as part of this process.

### **Project Records**

- A Project File is to be established at the initiation of a project and all project documentation is to be maintained in the Project File either electronically or hard copy or both.
- If the Project File is maintained electronically reference should be made to documents which have only a hard copy.

### **Project Documentation**

The documentation required to be addressed for the project is as follows:

- All contractors are to produce Safe Work Method Statements related to the tasks that they will be undertaking.
- Safety Management Plan which outlines the following:
  - Initial Risk Assessment.
  - Construction methods including processes and materials.
  - Use and maintenance of any equipment being installed.
  - Training requirements for use of equipment / plant.
  - Any removal, demolition or decommissioning activities.
- Where deemed relevant, all contractors can only undertake work after obtaining appropriate Work Permits which are authorised and retained by the Maintenance Manager.

## **17.3.6 DECOMMISSIONING OF EQUIPMENT**

### **Risk Assessment**

The risk assessment should also include the risk controls to be implemented to mitigate the risk to workers and customers during the installation of the equipment.

### **Issues to be Addressed**

When considering the decommissioning of equipment the following areas need to be addressed:

- Affect PPE?
- Require additional safety equipment?
- Require a change in frequency of equipment inspection?
- Affect any existing trip or alarms system or requires additional trips and alarms?
- Affect existing test / isolation procedures or require new procedures?
- Affect existing operating or maintenance procedures or require new procedures?
- Affect on standards and regulations considered?

### **Testing of Decommissioned Equipment**

In general all decommissioned equipment that is to be relocated must be tested to ensure that the operational effectiveness and safe use of the equipment meets manufacturer's and health and safety standards. Any identified defects must be addressed prior to relocation.

### **Installation of Relocated Equipment**

Prior to installation of the relocated equipment the following areas must be addressed:

- An inspection is to be conducted to ensure that no damage has been incurred during transportation.
- A Risk Assessment has been conducted regarding the installation of the equipment.

During the installation of the relocated equipment the following issues may need to be addressed:

- Affect personal safety equipment?

- To ensure compliance to the Safety Management Plan.
- All ACT Health documentation required to conduct the project such as permits, safety rules, checklists, etc are completed in conjunction with appropriate contractors.

Note: In the context of this element the Principal Contractor could involve the nominated Architect / Builder.

### 17.3.4 GENERAL PROCEDURE

#### Project Initiation

Once a project idea has been initiated the Principal Contractor is to oversee this process and a risk assessment is to be conducted and recorded.

#### Initial Risk Assessment

A requirement of any project undertaken by ACT Health is that an initial risk assessment is to be conducted in consultation with relevant workers and Line Management and be recorded. The Risk Assessment should be conducted in accordance with section 4 of the ACT Health SMS and show that all hazards have been reviewed and where the hazard is identified as not being significant then this should be recorded.

### 17.3.5 RELOCATION OF EQUIPMENT FROM ONE SECTION / DIVISION TO ANOTHER.

It is a requirement that the relocation of equipment from a Section / Division is defined as a **minor project** where there are only a few items being decommissioned or **medium** if there is to be **significant decommissioning** and that the process outlined in this section is followed.

#### Contract Documentation

It is the responsibility of the designated Principal Contractor to ensure that Tender documentation where the decommissioning of equipment is undertaken in a number of Divisions / Locations or a Purchase Order for a single Division is developed for the project. The documentation should consist of as a minimum:

- A Scope of Works outlining the work required to be undertaken.
- The standards, design calculations and technical specifications to be applied to the work.
- Drawings / construction plans are prepared.
- All legal requirements are identified.
- OHS requirements / standards to be maintained throughout the project.
- The requirement for a Safety Management Plan where a number of Divisions is involved and / or Safe Work Method Statements from the contractor.
- Packaging and transportation of equipment is identified to eliminate damage to the equipment.

#### Contract Process

- It is the responsibility of the Purchasing Department or Purchase Initiator to ensure that Contract documentation and Terms and Conditions are supplied to Approved Contractors and other designated interested parties.
- Once all expressions of interest are received, review could include the following personnel prior to choosing an appropriate contractor:
  - Purchasing / Procurement Manager
  - Maintenance Manager
  - Divisional Head / Senior Manager.
  - Personnel with appropriate expertise.
- A decision is then made to appoint a contractor to undertake the project.

#### Project Plan

A minor project is to have a basic Project Plan developed outlining agreed timelines in the project where a review is conducted to ensure the project continues to meet the requirements outlined in the contract

- Affect on standards and regulations considered?

**Testing of Upgraded Equipment**

In general all upgraded equipment must be tested to ensure that the effectiveness and safe use of the equipment is not impaired and that new hazards are not introduced.

All electrical equipment is to be tested prior to use including but not limited to:

- Residual current device trip times.
- Isolation points to be labelled and readily accessible.
- Effective earthing.

Any equipment utilising LPG or medical gases are to be tested prior to use including but not limited to:

- Pressure test of system for leaks.
- All pipes to be appropriately labelled per hazardous substances / dangerous goods regulations.
- Isolation points to be labelled and readily accessible.

**Competencies**

All equipment upgrades must be undertaken by personnel who have appropriate competencies and skills. It is the responsibility of the Principal Contractor to identify those personnel undertaking these tasks have the appropriate competencies and skills.

**17.3 DESIGN CONTROL PROCEDURE FOR EQUIPMENT RELOCATION**

**17.3.1 PURPOSE:**

The purpose of this procedure is to outline the process at ACT Health regarding the management of projects for the relocation of equipment to another Division.

**17.3.2 DEFINITIONS:**

**Tender:** The process by which contractors are chosen to conduct work outlined in a Scope of Works.

**Scope of Works:** A document which outlines the requirements, technical specifications and standards to which a project is to be undertaken.

**Safety Management Plan:** A plan that identifies the OHS system, policies and procedures that are to be implemented for the project.

**Project:** A project consists of the introduction of new or modifications to plant / equipment / facilities.

**17.3.3 RESPONSIBILITIES:**

Responsibilities are outlined in the body of the procedure.

**Divisional Head:** The Divisional Head is responsible for ensuring that OHS procedures as outlined in the SMS are adhered to. Monitoring of these procedures is a key of the External Audit Program.

**Principal Contractor:** The Principal Contractor has overall responsibility for a project and should ensure that:

- An initial Hazard identification and Risk Assessment is conducted for the work to be undertaken.
- That a Purchase Order / Tender Document is provided that outlines the health and safety requirements.
- A Scope of Works has been provided to contractor(s) who undertake the work.
- A Safety Management Plan is developed prior to work being undertaken.
- All specifications / standards are being maintained or changes are agreed with all appropriate personnel at ACT Health.

- It is the responsibility of the Purchasing Department or Purchase Initiator to ensure that Contract documentation and Terms and Conditions are supplied to Approved Contractors and other designated interested parties.
- Once all expressions of interest are received, review could include the following personnel prior to choosing an appropriate contractor:
  - Purchasing / Procurement Manager
  - Maintenance Manager
  - Divisional Head / Senior Manager.
  - Personnel with appropriate expertise.
- A decision is then made to appoint a contractor to undertake the project.

**Project Plan**

A medium project is to have a basic Project Plan developed outlining agreed timelines in the project where a review is conducted to ensure the project continues to meet the requirements outlined in the contract documents and Scope of Work. OHS issues are reviewed as part of this process.

**Project Records**

- A Project File is to be established at the initiation of a project and all project documentation is to be maintained in the Project File either electronically or hard copy or both.
- If the Project File is maintained electronically reference should be made to documents which have only a hard copy.

**Project Documentation**

The documentation required to be addressed for the project is as follows:

- All contractors are to produce Safe Work Method Statements related to the tasks that they will be undertaking.
- Safety Management Plan which outlines the following:
  - Initial Risk Assessment.
  - Construction methods including processes and materials.
  - Use and maintenance of any equipment being installed.
  - Training requirements for use of equipment / plant.
  - Any removal, demolition or decommissioning activities.
- Where deemed relevant, all contractors can only undertake work after obtaining appropriate Work Permits which are authorised and retained by the Maintenance Manager.

**17.2.4.2 UPGRADING NEW EQUIPMENT**

**Risk Assessment**

The risk assessment should also include the risk controls to be implemented to mitigate the risk to workers and customers during the upgrade of the equipment.

**Issues to be Addressed**

When considering the upgrade of new equipment the following areas need to be addressed:

Will the upgrade affect or change any of the following:

- Affect PPE?
- Require additional safety equipment?
- Require a change in frequency of equipment inspection?
- Affect any existing trip or alarms system or requires additional trips and alarms?
- Affect existing test / isolation procedures or require new procedures?
- Affect existing operating or maintenance procedures or require new procedures?

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Responsibilities are outlined in the body of the procedure.

**Divisional Head:** The Divisional Head is responsible for ensuring that OHS procedures as outlined in the SMS are adhered to. Monitoring of these procedures is a key of the External Audit Program.

**Principal Contractor:** The Principal Contractor has overall responsibility for a project and should ensure that:

- An initial Hazard identification and Risk Assessment is conducted for the work to be undertaken.
- That a Purchase Order / Tender Document is provided that outlines the health and safety requirements.
- A Scope of Works has been provided to contractor(s) who undertake the work.
- A Safety Management Plan is developed prior to work being undertaken.
- All specifications / standards are being maintained or changes are agreed with all appropriate personnel at ACT Health.
- To ensure compliance to the Safety Management Plan.
- All ACT Health documentation required to conduct the project such as permits, safety rules, checklists, etc are completed in conjunction with appropriate contractors.

Note: the context of this element the Principal Contractor could involve the nominated Architect / Builder.

#### **17.2.4 PROCEDURE**

Once a project idea has been initiated the Principal Contractor is to oversee this process and a risk assessment is to be conducted and recorded.

##### **Initial Risk Assessment**

A requirement of any project undertaken by ACT Health is that an initial risk assessment is conducted in consultation with users, workers and Division management and recorded. The Risk Assessment should be conducted in accordance with section 4 of the ACT Health SMS and show that all hazards have been reviewed and where the hazard is identified as not being significant then this should be recorded.

##### **17.2.4.1 UPGRADE OF NEW EQUIPMENT TO A DIVISION.**

It is a requirement that the upgrading of new equipment to a Division is defined as a **minor project** and that the process outlined in this section is followed.

##### **Contract Documentation**

It is the responsibility of the Principal Contractor to ensure that Tender Documentation where the installation of equipment is undertaken in a number of Divisions or a Purchase Order for a single Division is developed for the project. Where applicable, the documentation could include of the following:

- A Scope of Works outlining the work required to be undertaken.
- The standards, design calculations and technical specifications to be applied to the work.
- Drawings / construction plans are prepared.
- All legal requirements are identified.
- OHS requirements / standards to be maintained throughout the project.
- The requirement for a Safety Management Plan where a number of Divisions is involved and / or Safe Work Method Statements from the contractor.

#### **Contract Process**

### 17.1.4.2 INSTALLATION OF NEW EQUIPMENT

The risk assessment should also include the risk controls to be implemented to mitigate the risk to workers and customers during the installation of the equipment.

#### Issues to be Addressed

When considering the installation of new equipment the following areas need to be addressed

Will the installation affect or change any of the following:

- Affect PPE?
- Require additional safety equipment?
- Require a change in frequency of equipment inspection?
- Affect any existing trip or alarms system or requires additional trips and alarms?
- Affect existing test / isolation procedures or require new procedures?
- Affect existing operating or maintenance procedures or require new procedures?
- Affect on standards and regulations considered?

#### Testing of New Equipment

In general all new equipment must be tested to ensure that the effectiveness and safe use of the equipment is not impaired and that new hazards are not introduced.

All electrical equipment is to be tested prior to use including but not limited to:

- Residual current device trip times.
- Isolation points to be labelled and readily accessible.
- Effective earthing.

Any equipment utilising LPG or medical gases is to be tested prior to use including but not limited to:

- Pressure test of system for leaks.
- All pipes to be appropriately labelled per hazardous substances / dangerous goods regulations.
- Isolation points to be labelled and readily accessible.

#### Competencies

All equipment installation must be undertaken by personnel who have appropriate competencies and skills. It is the responsibility of the Principal Contractor to identify those personnel undertaking these tasks have the appropriate competencies and skills.

## 17.2 DESIGN CONTROL PROCEDURE FOR THE UPGRADING OF NEW EQUIPMENT

### 17.2.1 PURPOSE

The purpose of this procedure is to outline the process at ACT Health regarding the management of projects regarding the upgrading of new equipment to an existing Division.

### 17.2.2 DEFINITIONS

**Tender:** The process by which contractors are chosen to conduct work outlined in a Scope of Works.

**Scope of Works:** A document which outlines the requirements, technical specifications and standards to which a project is to be undertaken.

**Safety Management Plan:** A plan that identifies the OHS system, policies and procedures that are to be implemented for the project.

**Project:** A project consists of the introduction of new or modifications to plant / equipment / facilities.

### 17.2.3 RESPONSIBILITIES

### 17.1.4.1 INSTALLATION OF NEW EQUIPMENT TO A DIVISION.

It is a requirement that the installation of new equipment to a Division is defined as a **medium project** and that the process outlined in this section is followed.

#### Contract Documentation

It is the responsibility of the Principal Contractor to ensure that Tender Documentation where the installation of equipment is undertaken in a number of Divisions or a Purchase Order for a single Division is developed for the project. Where applicable, the documentation could include the following:

- A Scope of Works outlining the work required to be undertaken.
- The standards, design calculations and technical specifications to be applied to the work.
- Drawings / construction plans are prepared.
- All legal requirements are identified.
- OHS requirements / standards to be maintained throughout the project.
- The requirement for a Safety Management Plan where a number of Divisions is involved and / or Safe Work Method Statements from the contractor.

#### Contract Process

(a) It is the responsibility of the Purchasing Department or Purchase Initiator to ensure that Contract documentation and Terms and Conditions are supplied to Approved Contractors and other designated interested parties.

(b) Once all expressions of interest are received, review could include the following personnel prior to choosing an appropriate contractor:

- Purchasing / Procurement Manager
- Maintenance Manager
- Divisional Head / Senior Manager.
- Personnel with appropriate expertise.

(c) A decision is then made to appoint a contractor to undertake the project.

#### Project Plan

A medium project is to have a basic Project Plan developed outlining agreed timelines in the project where a review is conducted to ensure the project continues to meet the requirements outlined in the contract documents and Scope of Work. OHS issues are reviewed as part of this process.

#### Project Records

- A Project File is to be established at the initiation of a project and all project documentation is to be maintained in the Project File either electronically or hard copy or both.
- If the Project File is maintained electronically reference should be made to documents which have only a hard copy.

#### Project Documentation

The documentation required to be addressed for the project is as follows:

- All contractors are to produce Safe Work Method Statements related to the tasks that they will be undertaking.
- Safety Management Plan which outlines the following:
  - Initial Risk Assessment.
  - Construction methods including processes and materials.
  - Use and maintenance of any equipment being installed.
  - Training requirements for use of equipment / plant.
  - Any removal, demolition or decommissioning activities.
- Where deemed relevant, all contractors can only undertake work after obtaining appropriate Work Permits which are authorised and retained by the Maintenance Manager.

## 17.1 DESIGN CONTROL PROCEDURE FOR THE INSTALLATION OF NEW EQUIPMENT

### 17.1.1 PURPOSE

The purpose of this procedure is to outline the process at ACT Health regarding the management of projects regarding the installation of new equipment to an existing Division.

### 17.1.2 DEFINITIONS

**Tender:** The process by which contractors are chosen to conduct work outlined in a Scope of Works.

**Scope of Works:** A document which outlines the requirements, technical specifications and standards to which a project is to be undertaken.

**Safety Management Plan:** A plan that identifies the OHS system, policies and procedures that are to be implemented for the project.

**Project:** A project consists of the introduction of new or modifications to plant / equipment / facilities.

### 17.1.3 RESPONSIBILITIES

Responsibilities are outlined in the body of the procedure.

**Divisional Head:** The Divisional Head is responsible for ensuring that OHS procedures as outlined in the SMS are adhered to. Monitoring of these procedures is a key of the External Audit Program.

**Principal Contractor:** The Principal Contractor has overall responsibility for a project and should ensure that:

- An initial Hazard identification and Risk Assessment is conducted for the work to be undertaken.
- That a Purchase Order / Tender Document is provided that outlines the health and safety requirements.
- A Scope of Works has been provided to contractor(s) who undertake the work.
- A Safety Management Plan is developed prior to work being undertaken.
- All specifications / standards are being maintained or changes are agreed with all appropriate personnel at ACT Health.
- To ensure compliance to the Safety Management Plan.
- All ACT Health documentation required to conduct the project such as permits; safety rules, checklists, etc are completed in conjunction with appropriate contractors.

**Note:** In the context of this element the Principal Contractor could involve the nominated Architect / Builder.

### 17.1.4 PROCEDURE

Once a project idea has been initiated the Principal Contractor is to oversee this process and a risk assessment is to be conducted and recorded.

#### Initial Risk Assessment

A requirement of any project undertaken by ACT Health is that an initial risk assessment is to be conducted in consultation with relevant workers and Line Management and be recorded. The Risk Assessment should be conducted in accordance with section 4 of the ACT Health SMS and show that all hazards have been reviewed and where the hazard is identified as not being significant then this should be recorded.

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<b>Subject Description: DESIGN CONTROL</b>			

<b>SECTION 17</b>		
<b>DESIGN CONTROL</b>		
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All plant and equipment whether bought or hired will be subject to a safety inspection prior to use and on a regular basis thereafter. This is also outlined in Section 17 Design Control and Section 18 Work Permits.

## 16.1 PREVENTATIVE MAINTENANCE PROGRAM

ACT Health has a comprehensive Preventative Maintenance Program managed by Property Management and Maintenance, Business & Infrastructure.

It is the responsibility of all ACT Health Management to ensure that effective preventative maintenance is undertaken within their area of responsibility. It is also the responsibility of Property Management and Maintenance to implement preventative maintenance procedures in accordance with defined schedules (Mainét).

ACT Health uses Mainét to issue Preventive Maintenance Work Orders as well as repair orders that are input by ACT Health staff when plant or equipment needs repairing. Out of service permits should be placed on any equipment in need of repair. OHSF.031 – Danger Out of Service Tag

Link to Business & Infrastructure Intranet Site

Website Address: <http://acthealth/c/HealthIntranet?a=da&did=5098623>

Note: For staff requiring Mainét access contact Property Management & Maintenance for further information.

## 16.2 ELECTRICAL EQUIPMENT

Management of electrical equipment is a critical process due to the associated/potential high risk to all users. Whenever electrical defects are identified they must be treated either as Extreme or High Risk and be addressed in accordance with the ACT Health Risk Management Framework (refer section 4 – OHS Risk Management).

Use of electrical wiring, distribution boards and plugs / sockets will be in accordance with the AS 3000 - 1991. All electrical equipment used in ACT Health will be listed in the Electrical Equipment **Test and Tag Register**, which is maintained by Property Management and Maintenance. The Electrical Register will be maintained as a record that regular inspections have been conducted. **The Test and Tag Register must be readily available if required.** Thus, it should be maintained on-site at all times and be up-to-date at all times.

Note: This Register has significant due diligence legal requirements.

All electrical leads and electrical equipment, will be tested, inspected by a licensed electrician and labeled with a tag of current date before being used. Testing and tagging is conducted as per AS / NZS 3760: 2003 "In-service safety inspection and testing of electrical equipment", viz:

FREQUENCY OF ELECTRICAL CHECKS	
Description	Frequency of Inspection
Hospital (Clinical) Equipment or areas deemed as "Hostile Environment", e.g., workshops.	6 months
Office Equipment	12 months (ACT Health requirement)
Portable Power Tools	3 months
Hired equipment	Be able to demonstrate that prior to equipment being hired or every 3 months

Tagging of electrical equipment is a legislative requirement; however, it is essential that a visual inspection for all electrical equipment be undertaken prior to use. Also, attention to Planned Inspections (refer section 5 Planned Inspections) is critical to identify possible hazards between formal electrical checks.

Electrical Equipment **Test and Tag** registers are maintained by Property Management & Maintenance for Acute sites and Non-Acute sites.

## 16.3 PLANT AND EQUIPMENT

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			<b>Revision Date: 7.11.2010</b>
<b>Subject Description: PREVENTATIVE MAINTENANCE</b>			

<b>SECTION 16</b>		
<b>PREVENTATIVE MAINTENANCE</b>		
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#### **15.6.4 RECORDS OF MANUAL HANDLING EQUIPMENT MAINTENANCE**

Records of manual handling equipment maintenance and preventative maintenance should be kept by those in charge of workplaces.

### **15.7 MANUAL HANDLING EQUIPMENT**

#### **15.7.1 SLIDE SHEETS**

It is the manager's responsibility to establish appropriate Imprest levels of slide sheets and to adjust these levels as necessary, to meet the needs of the area. If supplies received from Supply do not meet the Imprest levels or the needs of the area, managers should contact Supply.

#### **15.7.2 OTHER MANUAL HANDLING EQUIPMENT**

It is the Manager's responsibility to notify the appropriate staff member if manual handling equipment does not meet the needs of the area. Managers should consult a Safety Advisor if they require any advice regarding the selection or use of manual handling equipment. It is also the Manager's responsibility to ensure that staff receives appropriate training in the use of new equipment, before they start using it.

## 15.5 PATIENT / CLIENT MANUAL TASK ASSESSMENT

The appropriate Manual Task Assessment shall be completed for each Patient/Consumer/Client as part of their admission process/initial consultation.

This process is critical to identify manual task issues prior to the patient being admitted as well as continual assessment / review of the patient throughout their admission in ACT Health.

These processes are critical to be implemented as they are key areas for prevention of musculoskeletal injury to staff. For further details of these processes it is essential to contact your immediate Supervisor and / or IP&M Workplace Safety Team.

In ACT Health a number of risk assessment forms have been developed to meet the needs of different clinical areas. Each of these risk assessment forms has an accompanying instruction sheet which outlines how the documents should be utilised.

1. The Canberra Hospital Manual Task Risk Assessment - Clinical
2. Simple Risk Assessment (This was developed for Continuing Care, Community Health and is endorsed)
3. Complex Risk Assessment for Continuing Care, Community Health (This was developed for Continuing Care, Community Health and is endorsed)

## 15.6 COMPETENCY ASSESSMENTS (for clinical staff involved in the manual handling of Patients, Consumers and Clients/clients)

Competency assessment forms have been developed by the Manual Handling Team and are available on the ACT Health Intranet.

All staff should be assessed for competency by the Trainer or Clinical Development Nurse on the clinical unit, approximately 2 weeks after training.

Those in charge of the workplace are responsible for ensuring that this occurs and maintaining appropriate records.

Link to Competency Assessment tools

Website Address: <http://acthealth/c/HealthIntranet?a=da&did=5059994>

### 15.6.1 COMPETENCY ASSESSMENT IN NON-CLINICAL AREAS

Those in charge of the workplace are responsible for ensuring that all staff using manual handling equipment has been deemed competent and appropriate records are maintained.

### 15.6.2 COMPLIANCE MONITORING

It is the responsibility of those in charge of workplaces to monitor staff compliance with the principles of the Manual Handling Program. A compliance monitoring pro forma is available on the Intranet. A different pro-forma is available from the Manual Handling Team, for non-clinical areas.

Non-clinical managers may also develop their own pro-formas to meet their local needs. Managers should report the results of their compliance monitoring audits, to the Manager of the Manual Handling Team.

### 15.6.3 TRAINING RECORDS

Records of training will be maintained on Capabiliti, the training management system used by ACT Health. Managers should have records of training to ensure compliance with mandatory manual handling training requirements.

### 15.4 RISK IDENTIFICATION CHECKLIST FOR MANUAL TASKS

Description of Work Area \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Task Description \_\_\_\_\_

Assessed by \_\_\_\_\_

MOVEMENTS, POSTURE, WORK ENVIRONMENT & LAYOUT DURING MANUAL TASK	Yes	No
Does bending down require the hands to pass below mid-thigh height for frequent or prolonged periods?		
Does reaching involve frequent or prolonged periods above the shoulders?		
Does bending due to extended reach forward involve frequent or prolonged periods?		
Does twisting of the back involve frequent or prolonged periods?		
Are awkward postures that are not forward facing and upright assumed frequently or over prolonged periods?		
Are manual tasks performed frequently or for long time periods by the worker(s)?		
Are loads moved or carried over long distances?		
For pushing, pulling or other applications of forces: are large push/pulling forces involved?		
Is the load difficult or awkward to handle, for example, due to its size, shape, temperature, instability or unpredictability?		
Is it difficult or unsafe to get adequate grip of the load?		
Is the task being performed in a confined space?		
Is the lighting inadequate for safe manual tasks?		
Is the climate particularly cold or hot?		
Are the floors, working surfaces cluttered, uneven, slippery or otherwise unsafe?		
Is the worker new or returning from an extended period away from work?		
Are there age related factors, disabilities or other special factors that may affect task performance?		
Does the worker's clothing or personal protective equipment interfere with manual task performance?		

**Note:** Weight is not used to prescribe absolute limits, but is one of the important factors to be considered when assessing and controlling risks.

If risks/hazards are identified using this checklist, please follow the Risk Assessment process detailed in Section 4 – OHS Risk Management.

**Visibility**

A person carrying a load should ideally have a clear, unobstructed view ahead and to the sides. Where this is not possible it is necessary to provide assistance.

**Special Loads**

When hazardous materials or physically dangerous loads are to be handled risk assessment is required. Clear instruction and supervision as well as suitable equipment should be provided to deal with such a situation.

**Personal Protection Equipment (PPE)**

Where PPE is required in conjunction with a manual task, consideration will need to be given as to how this equipment may interfere with the task, e.g. overalls should fit well and not restrict movement and gloves should not affect dexterity, etc.

**Patients, Consumers and Clients as the load**

1. The level of comprehension
2. The level of co-operation
3. The ability to manoeuvre their own body as necessary for the procedure to be effected
4. The ability to maintain their own balance or weight-bear for the procedure to be effected

Note: All of these factors are identified in the Patient Risk Assessment form

**15.3 RISK ASSESSMENT OF MANUAL TASKS**

The OHS Risk management section (Section 4) details the Risk Assessment process and below are further guidance materials specific to reducing Manual Task risks.

Link to ACT Health Manual Handling Policy

Website Address: <http://health.act.gov.au/c/health?a=dlpol&policy=775382759>

Link to Work Safety Regulation 2009

Website Address: <http://www.legislation.act.gov.au/sl/2009-45/default.asp>

Link to the National Standard for Manual Tasks (2007) & the National Code of Practice for the Prevention of Musculoskeletal Disorders from Performing Manual Tasks at Work (2007)

Website Address: <http://www.safeworkaustralia.gov.au/swa/HealthSafety/OHSstandards/>

### 15.1.3 PERSONAL LIMITATIONS OF INDIVIDUALS

Lifting, carrying and moving loads consume muscular energy. People vary significantly in their capacity to produce such energy, both within and between sexes. Accidents can occur during manual tasks unless full account is taken of the individual's abilities. These differences are determined by personal factors, particularly:

- age, strength, degree of bodily development, co-ordination,
- general state of health and effect of any previous injury,
- training and experience.

### 15.2 IMPROVEMENT OF MANUAL TASKS

ACT Health acknowledges that it is ACT Health's responsibility and objective to ensure that a manual task is conducted with the least possible risk of injury to staff. To achieve this objective, it is accepted that there are three main factors which are likely to reduce the risks associated with manual tasks:

1. efficient design of handling systems,
2. effective matching of individual capabilities, skills & knowledge to manual tasks, and
3. observance of reduced-risk manual task practices.

#### 15.2.1 THE DESIGN OF HANDLING SYSTEMS

The Hierarchy of Control outlines that, the best way to avoid injuries associated with the manual handling of loads is to eliminate the need for it. As this is not always feasible it is necessary that, where practicable, systems should be revised to make use of such aids and mechanical handling equipment/techniques, as are available/taught.

Whenever installing new equipment / new systems of work, it is essential that consideration be given to the use of powered or mechanical handling rather than manual systems.

When developing SWP's (refer Section 9 Safe Work Procedures) it is again essential that the overall process of the manual task should be considered.

#### 15.2.2 MATCHING THE TASK TO THE INDIVIDUAL

To ensure that a manual task is not likely to jeopardise the health or safety of an worker, the following may need to be taken into account:

- The personal characteristics of the worker,
- Skill and experience,
- The nature of the load,
- Environmental conditions, and
- The rate of work.

#### 15.2.3 REDUCED-RISK MANUAL TASK PRACTICES

The following factors may need to be taken into account when reviewing manual task procedures:

##### Appropriate Heights for Storage and Handling

The safest height for manipulating unsupported loads is between the waist and shoulder level. Storage above or below this level may lead to difficulties with balance and control when handling difficult loads

In general, the heaviest/most frequently used objects should be stored at middle height whilst lighter/less frequently used loads may be stored above or below this level. Heavy loads must not be stored above head height.

## 15.1 INTRODUCTION

It is acknowledged that injuries attributed to manual tasks are the greatest cause of lost time at work in Australia. The most common injuries are to the back; however, other injuries to other parts of the body, such as shoulders, necks, hands, fingers, toes, legs and abdomen are not uncommon.

An injury may arise from manual tasks unless proper account is taken of each of three factors:

1. the characteristics of the load,
2. working conditions, and
3. personal limitations of individuals.

### 15.1.1 CHARACTERISTICS OF THE LOAD

A load may be difficult to handle safely because it is:

- too heavy, large or awkward,
- unbalanced, unstable or the contents liable to shift,
- contains moving parts,
- difficult to grip (e.g. smooth, slippery, greasy, lack of handles),
- poorly positioned.

Manual tasks which involve people are often more hazardous than the manual tasks of inanimate objects. Specific hazards include:

- uncooperative people
- unpredictable behaviour
- resistive behaviour
- people who cannot assist with the task
- bariatric patients, consumers and clients.

The total effort required to handle any load depends upon:

- the weight of the load
- the distance over which it must be moved
- the additional strain on the person exerted by the load if it is not possible to position it close to the body
- the exertion necessary to change the speed or direction of a moving load
- any additional hold necessary to control the load
- any friction to overcome when pushing or pulling
- the degree and nature of the resistance from patients, consumers and clients.

Any manual task may cause accidents if a greater effort is required than consideration of the deadweight alone would suggest. This is particularly so if they:

- have to be handled in circumstances where the centre of gravity is not close to the body,
- have to be manoeuvred in a way which changes the speed and / or direction of the load,
- are difficult to grip, grasp or control,
- have to be moved frequently during a work period.
- if the patient/client is resisting the manoeuvre

### 15.1.2 WORKING CONDITIONS

Any manual task will be made more hazardous if it has to be performed in difficult or unfavourable working conditions. The Planned Inspection Program outlined in section 5 addresses hazard identification.

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<b>SECTION 15</b>		
<b>MANUAL TASK GUIDELINES &amp; OFFICE ERGONOMICS</b>		
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15.3	RISK ASSESSMENT OF MANUAL TASK	
15.4	RISK IDENTIFICATION CHECKLIST FOR MANUAL TASKS	
15.5	PATIENT / CLIENT MANUAL HANDLING ASSESSMENT	
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15.7	MANUAL HANDLING EQUIPMENT	
15.8	MANUAL TASK ACTION PLAN	
15.9	SETTING UP YOUR WORKSTATION	
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### 14.2.7 RECOVERY FROM FATIGUE

- Sufficient sleep
- Breaks between shifts
- Breaks during shifts
- Work-life balance
- training and other opportunities for skill development and advancement
- feel their efforts are acknowledged and rewarded with appropriate pay and status
- opportunities for project work (work that has a clear end) as a change from repetitive work
- have a balance of effort and rest
- are properly trained and supervised
- get objective, prompt feedback
- opportunities for relief from shift work

### 14.2.8 FATIGUE AND DRIVING

Driver Fatigue is a serious cause of major road accidents, injuries and fatalities in Australia. It is normally understood that driver fatigue applies only to Long Distance drivers. However this is not the only group affected.

ACT Health's operations are mostly located in Canberra. However, it cannot be assumed that drivers will not be affected by fatigue when driving to or from ACT Health responsibilities.

Additionally the nature of our operation requires that some of our staff work evening or night shift. It is now understood that the human body follows a cycle of expecting to sleep when it is dark and this is most marked in the hours 1am-6am. All ACT Health workers & contractors must be aware of this fact and make necessary adjustments when working evenings / night work and also in preparation for night work.

Some precautions include:

- Avoid driving when you are tired
- Share the drive with other people
- Try not to drive in the hours when you would ordinarily be asleep (especially midnight to dawn).
- Any driver who becomes drowsy must stop to change drivers
- No driver should drive for a period longer than 2 hours without taking at least a 10-minute break. This is in line with the 'Stop, Revive, Survive' program for drivers in some Australian States.
- Break up your driving time by taking a 30-minute stretch every four hours on extended trips. Get out of your vehicle and walk around. This will help to loosen tired muscles and rest tired eyes. Use this time to inspect your vehicle. It will also improve your alertness. Remember: night driving can be especially hazardous since the body naturally wants to sleep at night. Most drivers are less alert at night, especially after midnight. If you are sleepy, the **only safe cure** is to get off the road and get some sleep. If you don't, you risk your life and the lives of others.
- Be aware of any prescribed drugs or medications that may affect driving ability. If there are any concerns in this area medical advice will be sought **before** using them.

The following methods only have an effect for approximately **15 minutes**. Therefore, whenever you are driving a car and begin to feel fatigued (i.e. find it difficult not to fall asleep while driving), then turning up the radio or relying on cold air should only be used as a method to stay awake until you find a safe place to pull over and rest.

### 14.2.9 RESOURCES ON FATIGUE MANAGEMENT

Fatigue Management guide - Workplace Health and Safety Qld

Website Address: <http://www.deir.qld.gov.au/workplace/subjects/fatigue/index.htm>

Managing shift work to minimise workplace fatigue - Dept of Labour, NZ

Website Address: <http://www.osh.dol.govt.nz/order/catalogue/shiftwork-fatigue2007.shtml>

### 14.3 STRESS MANAGEMENT (FUTURE DEVELOPMENT)

ACT Health Safety Management System / November 2010 Revision 4  
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## 14.2.4 WARNING SIGNS

### General

- Yawning
- Sore or Heavy Eyes
- Slower reaction times
- Heavy eyes / struggling to keep eyes open
- Impaired performance eg. Missing steps in a common work procedure
- Cannot remember what you were meant to be doing
- Impatience
- Stiffness and cramps
- Daydreaming and poor concentration

### Driving

- Yawning
- Sore or Heavy Eyes
- Slower reaction times
- Impatience
- Impaired driving performance eg. poor gear changes
- Cannot remember last few hundred metres or what vehicles were behind you
- Stiffness and cramps
- Driving Speed inconsistent
- Daydreaming and poor concentration
- Heavy eyes / struggling to keep eyes open

## 14.2.5 CONSEQUENCES

People working in a fatigued state **may place themselves and others at risk**, most particularly when:

- operating machinery (including driving vehicles);
- performing critical tasks that require a high level of concentration and
- the consequence of the error is serious.

Consequences may include but are not limited to:

- Human errors which can lead to a workplace accident or incident
- Lack of concentration
- Lower productivity
- Workplace stress
- Health effects
- Poor Judgement

## 14.2.6 MANAGING FATIGUE

Fatigue within the workplace should be managed by using a risk management approach.

There are four basic steps in the risk management process. (Refer to section 4 – OHS Risk Management)

They include:

- identifying hazards
- assessing risks that may result because of these hazards
- control or minimise the level of risks
- monitoring and reviewing the effectiveness of control measures

## 14.1 ALCOHOL AND DRUG POLICY

ACT Health is committed to providing a safe and healthy work environment for its workers, contractors, clients and visitors. The Alcohol and Drug policy and associated procedures are part of a safety management system approach to OHS and applies to all staff, volunteers and contractors. The formulation of this policy has taken into account ACT Health's interest in maintaining a productive work environment, in meeting our legal responsibilities and our commitment to making our work environment a safe place for all staff.

[Link to ACT Health Alcohol and Drug Policy](#)

Website Address: <http://acthealth/c/HealthIntranet?a=da&did=2155388&pid=1128906045>

## 14.2 FATIGUE MANAGEMENT

### 14.2.1 DEFINITION

"Fatigue is a physical and/or mental state caused by overexertion. It reduces a person's capabilities to an extent that may impair their strength, speed, reaction time, coordination, decision making, or balance.

A level of fatigue is a natural response to the mental and physical effort of everything we do. Normally, good quality sleep reverses the imbalance, allowing the body and the brain to recover.

However, working long hours, working with intense mental or physical effort, or working during some or all of the natural time for sleep can all cause excessive fatigue. All of these have obvious implications for workplace and public safety. Fatigue can also have longer-term effects on health."<sup>2</sup>

It is the intention of ACT Health to ensure that ACT Health and its workers adopt and implement proper fatigue management procedures and practices.

### 14.2.2 CIRCADIAN RHYTHMS

Circadian rhythms, or the internal body clock, are the body's natural rhythms that are repeated approximately every 24 hours. Circadian rhythms affect:

- body temperature
- digestion
- hormone levels
- sleeping patterns
- many other functions of the human body.

Human beings are day-oriented. We are designed to work during the day and sleep at night.

Circadian rhythms are responsible for this. Most of the body's functions show maximum activity during the day and minimum activity during the night.

### 14.2.3 CAUSES OF FATIGUE

Fatigue is also caused by prolonged periods of physical and/or mental exertion without enough time to rest and recover. Some known contributors to fatigue include but are not limited to:

- Shift work
- Extended work hours
- Night work
- Having more than one job
- Irregular and unpredictable work hours
- Driving for extended periods of time.

<sup>2</sup> Managing shift work to minimise workplace fatigue – a guide for employers, Department of Labour, Te Tari Mahi, NZ, 2007: <http://www.osh.dol.govt.nz/publications/booklets/shiftwork-fatigue2007/managing-shiftwork-fatigue-employers-07.pdf>

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## 13.1 INTRODUCTION

ACT Health Security and Emergency Preparedness standards, as outlined in the **ACT Health Security Policy and Procedures** are guidelines relating to the handling of emergencies in the event they should ever arise in any location for ACT Health.

The Security Procedures Manual should be read in conjunction with other relevant sections of the SMS and any existing ACT Health policies, operating procedures or practices which are designed to prevent emergencies arising. By developing and implementing such processes it is envisaged that such emergencies are handled in the most effective manner. Therefore effective, training and familiarisation are essential.

It should be noted that effective procedures for security and emergency preparedness are key requirements in all safety programs and all staff must be trained and be made aware of their importance. Management should use the "ACT Health Security Procedures" as the standard for reference and training.

## 13.2 SECURITY POLICY AND PROCEDURE

The policy and procedures covers the following areas for all Divisions, Branches, Streams and Units within ACT Health.

- Fire
- Bomb Threat
- Assault
- Safety of Community Workers
- Armed Hold up
- Effective Incident Response
- Communication systems
- Access Control
- Alarm systems
- Duress Alarms
- Key control
- Lighting
- Security in ACT Health Car Parks
- Theft of Property
- Security of Information
- Pharmacy security
- Patients, Consumers and Clients in custody
- Emergency Department security
- Mail security
- Reporting of Security Incident
- Newborn and Paediatrics Security

[Link to ACT Health Security Policy and Procedure](#)

Website Address: <http://health.act.gov.au/c/health?a=dlpol&policy=-1267077882>

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<b>Section 13</b>	<b>Approved: Director IP&amp;M</b>	<b>Effective Date: 7.11.2010</b>	<b>Revision 4</b>
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<b>Subject Description: SECURITY &amp; EMERGENCY PREPAREDNESS</b>			

<b>SECTION 13</b>		
<b>SECURITY &amp; EMERGENCY PREPAREDNESS</b>		
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## 12.1 FIRST AID POLICY

ACT Health recognises that employers have a responsibility to provide workers with an appropriate medical and first aid service. This First Aid policy is designed to outline minimum standards for the provision of workplace first aid.

[Link to First Aid in the Workplace Policy](#)

Website Address: <http://health.act.gov.au/c/health?a=dlpol&policy=1217557220>

[Link to ORS / ACT Workcover First Aid in the Workplace Code of Practice](#)

Website Address: <http://www.ors.act.gov.au/workcover/WebPages/WorkSafe/codesohs.htm>

## 12.2 RECORDING WORK INJURIES (REGISTER OF INJURIES) - SAIR

ACT Health has a moral and legal responsibility to ensure that all incidents, which result in injury, are listed in the **Register of Injuries** as established in **Australian Standards AS 1885.1 Workplace injury and disease recording standard**.

“Whenever an accident occurs which has serious loss potential or results in injury, it is necessary to record certain information regarding the accident so that remedial action to prevent a recurrence can be implemented” (excerpt from **Australian Standard 1885.1 Workplace injury and disease recording standard**).

A Register of Injuries is used to review work injuries that have occurred so that, at any time, attention can be drawn to common factors and trends. Register of Injuries records are to be maintained online (in SAIR / refer Section 7 Accident/Incident Reporting and Investigation and Section 24.3 Management of OHS Records).

[Link to AS1885.1 – 1990 Workplace Injury and disease recording standard](#)

Website Address: <http://www.safeworkaustralia.gov.au/swa/HealthSafety/OHSstandards/>

## 12.3 FIRST AID KIT ADMINISTRATION

All first aid kits are to comply with the Contents outlined in the **ACT First Aid in the Workplace Code of Practice**.

Supplies can be ordered using the PICS system. Details of First Aid Kit products can be located in the PICS product catalogue by:

- clicking on the down arrow on Specialty Code
- selecting FirstAidKits
- click Search
- Select appropriate products from the list of First Aid Kit products that appears.

[Link to Supply Services Mitchell Intranet page](#)

Website Address: <http://acthealth/c/HealthIntranet?a=da&did=5116376>

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<b>Subject Description: FIRST AID ADMINISTRATION</b>			

<b>SECTION 12</b>		
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## 11.4 RADIATION

### 11.4.1 INTRODUCTION

ACT Health uses radiation in the diagnosis and treatment of disease and for research purposes. Because radiation can pose a significant risk to people and the environment, ACT Health has developed policy, based on the following principles:

- **Justification:** Processes involving radiation should only be adopted where the risk is assessed and found to provide a net benefit.
- **Optimisation:** Once a practice has been justified, the magnitude of individual doses, the number of people exposed, and the likelihood of exposure should all be kept As Low As Reasonably Achievable [ALARA].
- **Dose Limitation:** Dose limitation is required to minimise the risk to individuals by ensuring compliance with effective dose limits.

### 11.4.2 LEGISLATION

Radiation safety in the ACT is currently governed by the ACT Radiation Protection Act 2006 and associated Regulations. This legislation is designed to provide for the safe use, transport and disposal of radioactive materials and irradiating apparatus.

Responsibility for the operation and administration of this legislation rests with the ACT Radiation Council.

The legislation requires compliance in the following specific issues:

- Licensing of individuals to use radiation
- Registration of irradiation apparatus and substances
- Radiation Safety
- Transport of radioactive materials, and
- Storage and disposal of radioactive material.

ACT Health abides by the legislation through the Radiation Safety Policy and local Radiation Management Plans.

[Link to Radiation Protection Act 2006](#)

Website Address: <http://www.legislation.act.gov.au/a/2006-33/>

[Link to Radiation Protection Regulation 2007](#)

Website Address: <http://www.legislation.act.gov.au/sl/2007-18/default.asp>

[Link to Radiation Safety Policy](#)

Website Address: <http://health.act.gov.au/c/health?a=dlpol&policy=1161237425>

### 11.4.3 RADIATION MANAGEMENT PLANS

All divisions, branches, streams or units where radiation materials or irradiating apparatus are used have a developed site-specific radiation management plans.

The site specific radiation management plans:

- Supplement and acknowledge the ACT Health Radiation Safety Policy and Radiation Management Plan
- Outline specific procedures relevant to the work undertaken, equipment used, risk and local control strategies hazards, and
- Once approved by the Radiation Safety Committee, be incorporated into the Radiation Management Plan for ACT Health.

The site-specific radiation management plans identify roles and responsibilities within that area and appropriate handling, education and safety of the use of radiation in that site.

## 11.3 CYTOTOXIC DRUGS

Cytotoxic drugs (also referred to as chemotherapy) are therapeutic agents used in a variety of healthcare settings, for the treatment of cancer and other medical conditions such as rheumatoid arthritis, multiple sclerosis and autoimmune disorders.

Cytotoxic drugs are hazardous drugs capable of causing toxicity to personnel and others who come in contact with them. They may be either genotoxic, carcinogenic, teratogenic or impair fertility.

Capital Region Cancer Service and Community Health have several policies, procedures and supporting Appendices that cover but are not limited to the following areas:

- Training
- Personal Protective Equipment
- Cleaning and Decontamination
- Caring for patients in the Community and Health Care Settings
- Spill or suspected spill management
- Cleaning for Pharmacy
- Screening
- Waste handling and disposal

Capital Region Cancer Services Cytotoxic policies, procedures and appendices

Website address:

<http://health.act.gov.au/c/health?a=ap&ap=divpolreg&keyword=&order=pn&fl=C&register=14>

And

<http://health.act.gov.au/c/health?a=ap&ap=divpolreg&pg=2&keyword=&order=pn&fl=C&register=14>

Community Health Cytotoxic Policy

Website address:

<http://health.act.gov.au/c/health?a=ap&ap=divpolreg&pg=7&keyword=&order=pn&fl=C&register=2>

### 11.3.1 HEALTH EFFECTS

Where control measures are not adequate, adverse health effects may result from occupational exposure to cytotoxic drugs and related waste. Various studies have been conducted with people preparing and administering cytotoxic drugs. Some of the reported effects include:

- contact dermatitis, local toxic or allergic reaction—may be as a result of direct contact with skin or mucous membranes
- cytogenic abnormalities and mutagenic activity related to biological uptake by exposed workers
- alterations to normal blood cell counts
- excretion of the drugs or metabolites in the urine of exposed workers
- abdominal pain, hair loss, nasal sores and vomiting
- liver damage
- fertility changes
- foetal loss and malformations of the offspring of exposed pregnant women

Exposure to cytotoxic drugs may occur through:

- inhalation
- ingestion
- dermal absorption
- mucosal absorption
- percutaneous injury

### **11.2.7 INFORMATION ABOUT THE TEST BEING PERFORMED AND ITS LIMITATIONS.**

Information should include the range of the serology tests such as Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human immunodeficiency virus (HIV), and an explanation of the limitations, such as false positive and false negative results. The source person should be informed that their test results would be available in two weeks. If the source patient is still an inpatient when the results become available, the Occupational Medicine Unit (OMU) will inform the source person of the results on the ward.

If it is likely that the source person will have been discharged from the Canberra Hospital when the results become available, there are two options for receiving the results:

- An appointment can be made with the Occupational Medicine Unit (OMU) in a drop-in clinic at The Canberra Hospital or
- Consent is obtained from the source person for the results to be sent to their own general practitioner (GP) and/or relevant specialist. If this occurs, the Occupational Medicine Unit (OMU) will call the GP and inform them of the occupational exposure and confirm that he/she is agreeable to tell the source of the test results. The Occupational Medicine Unit (OMU) will then mail the test results in a sealed envelope marked "Confidential" to their practice.

### **11.2.8 EXPLANATION OF THE "WINDOW PERIOD".**

An explanation of the "window period", which is the time from exposure to seroconversion when a person may be asymptomatic or experiencing a seroconversion illness, must be given to the source person. If the source person becomes anxious or has concerns regarding a possible or probable positive result, arrangements should be made for referral to an infectious diseases physician and/or relevant specialist e.g. Gastroenterologist as soon as possible.

### **11.2.9 POST SEROLOGY TEST COUNSELLING PROCESS**

The Occupational Medicine Unit (OMU) or their treating medical officer should inform the source person in person when serology test results are negative for Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human immunodeficiency virus (HIV). Any 'high risk' activities should also be addressed.

If requested by the source person the Occupational Medicine Unit (OMU) can mail the test results in a sealed envelope marked "Confidential" to their general practitioner (GP).

### **11.2.10 WHERE SOURCE PERSON TESTS POSITIVE**

In the event that a source person has positive test results for Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) or Human immunodeficiency virus (HIV), and was not previously aware of those results, the Occupational Medicine Unit (OMU) will speak to the individual and make an appointment for them to be reviewed by the Director of Occupational Medicine Unit (or another Infectious Diseases Physician and/or relevant specialist) to discuss the results, the implications and a follow-up plan.

## **11.2 SHARPS MANAGEMENT AND OCCUPATIONAL EXPOSURE MANAGEMENT**

### **11.2.1 SHARPS MANAGEMENT**

The potential for transmission of blood-borne diseases is greatest when needles, scalpels and other sharp instruments or devices are used.

Special care must be taken to prevent injuries

- during procedures,
- when cleaning used sharp instruments, and
- during disposal of sharps.

Wherever possible, eliminate the use of sharp devices and replace with a safety product, e.g. safety syringes, cannulas, needleless systems, etc.

### **11.2.2 SHARPS DISPOSAL**

All persons using a sharp object are responsible for its immediate and proper disposal.

- Don't recap used needles.
- Don't remove used needles from syringes by hand.
- Don't bend, break, or manipulate used needles by hand.
- Place used sharps in puncture-resistant containers immediately after use. containers must not be overfilled (please refer to label on container).
- Sharps containers must conform to AS 4031-1992 or AS/NZS 4261-1994.

### **11.2.3 MANAGEMENT OF A SOURCE PERSON AFTER AN OCCUPATIONAL EXPOSURE**

There are no legal requirements for Patients, Consumers and Clients to declare their infectious status to health care institutions therefore, health care institutions should obtain oral consent for testing for blood borne viruses and also provide pre and post test counselling to a source person involved in an occupational risk exposure (ORE).

It is important to note, common law accepts that the source person has rights of control and self-determination in respect of his /her body therefore the source person has the right to refuse consent for the testing for blood borne viruses.

### **11.2.4 PRE SEROLOGY TEST COUNSELLING**

The Pre Serology counselling should include: -

- Explanation of the Injury that has occurred
- Risk Assessment
- Information about the test being performed and its limitations
- Explanation of the "Window Period"

### **11.2.5 EXPLANATION OF THE INJURY THAT HAS OCCURRED**

The source person should be informed that a staff member has been involved in an incident causing them to come into contact with the source person's blood and/or body fluid.

### **11.2.6 RISK ASSESSMENT**

In order to establish risk factors, which could influence a positive test result; it is necessary to do a comprehensive risk assessment of the source person. The Occupational Medicine Unit (OMU) should inform the source person that some questions asked might cause embarrassment, but are necessary and routine procedure in all occupational exposures.

The source person should be questioned about their history of: -

- blood transfusions;
- injecting intravenous drug use;
- sexual history;
- any previous tests for Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and/or Human immunodeficiency virus (HIV).

### 11.1.3 PERSONAL PROTECTIVE EQUIPMENT (PPE)

**Gloves (AS/NZ 4011, 4179)** should be worn whenever there is a possibility of contact with:

- blood, including dried blood
- body fluids
- secretions (eg. wound exudate)
- excretions (eg. urine, faeces)
- contaminated items
- mucous membranes
- non-intact skin.

Note: gloves need not be worn for subcutaneous, intramuscular or intradermal injection unless exposure to blood is anticipated. Some viruses can survive in dried blood for long periods.

**Mask (AS 4381), Eye Protection (safety glasses, goggles) (AS 1337), Face Shield** should be worn to:

- protect mucous membranes of the eyes, nose and mouth **during procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.**

Note: Prescription glasses are not considered adequate protection from splash or splatter.

**Gowns/Aprons (AS 3789.2/3789.3)** should be worn to:

- protect skin
- prevent soiling of clothing during procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

Semi-permeable gowns or plastic aprons may be selected if a large degree of soiling is expected.

**Footwear should be enclosed, non-slip and capable of protecting from injury or contact with sharp objects.**

## 11.1 INFECTION PREVENTION AND CONTROL MANUAL

ACT Health has provided infection prevention and control guidelines to minimise the chance of Patients, Consumers and Clients within our health care system developing infections. The guidelines are also designed to minimise the chance of health care workers acquiring infections through occupational injury or exposure.

[Link to Infection Prevention & Control Manual](#)

Website address: <http://cid/c/healthintranet?a=da&did=5085259&pid=1197946306>

### 11.1.1 EXCLUSION PERIODS FOR HEALTH CARE WORKERS (HCW), WHO HAVE BEEN EXPOSED TO OR HAVE DEVELOPED AN INFECTIOUS DISEASE POLICY

ACT Health has standardised the list of infectious disease which may preclude staff from attending their place of work. The purpose of this policy is to reduce or stop the transmission of infective organisms from healthcare workers/food handlers to other healthcare workers/food handlers, other staff, Patients, Consumers and Clients and visitors who work in the health care setting.

### 11.1.2 HAND HYGIENE

Hand hygiene is the single most important procedure for preventing healthcare associated infections for your patient and protecting yourself. Intact skin (i.e. without cuts, abrasions or lesions) is a natural defence against infection. Cover any cuts, abrasions or lesions with a water resistant occlusive dressing. Medical advice must be sought for conditions that persist more than a few days, e.g. allergic dermatitis, psoriasis, exfoliating dermatitis or cold sores. Remember to remove all jewellery, wet hands before applying hand solution and pat hands dry.

#### When should hand hygiene be performed?

- Before commencing work and after completion of work each day.
- Before and after significant patient contact.
- After touching blood, body fluids, secretions, excretions.
- After touching inanimate sources that are likely to be contaminated, eg urine measuring devices and/or contaminated items.
- Before performing invasive procedures.
- Before taking care of particularly susceptible Patients, Consumers and Clients, such as those who are immuno-compromised and newborns.
- Immediately after removing gloves.

HAND HYGIENE CATEGORIES		
Type of Hand care	Purpose	Method
General hand hygiene	Remove soil and transient microorganisms	Neutral soap for at least 10-15 seconds
Procedural hand hygiene	Remove or destroy transient microorganisms	Antimicrobial agent (or alcohol-based hand rub: see note above) for at least 60 seconds
Surgical hand scrub	Reduce, remove or destroy transient microorganisms and reduce resident flora	Antimicrobial agent. First wash for the day 5 minutes and subsequent washes 3 minutes With brushing to nails only (Refer to ACORN Standard or area specific OR standards).
Handrub	Remove or destroy transient microorganisms	Apply handrub to hands rub vigorously over all surfaces of hands until dry 15-30 seconds

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<b>Subject Description: CLINICAL OHS HAZARDS</b>			

<b>SECTION 11</b>		
<b>CLINICAL OHS HAZARDS</b>		
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<b>11.4</b>	<b>RADIATION</b>	
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## 10.4 LABELLING

Under the **ACT Dangerous Substances Act 2004, Sections 18 (i.e., Responsible person for a Dangerous Substance) and 19 (i.e., what is a Safety Management System)**, Employers are required to ensure that a management system for the handling of dangerous substances is in place and includes the following:

- Identifies the risks and hazards associated with the substance
- Identifies and assess the risks resulting from the identified hazards
- Controls the risks by eliminating the hazards, or, minimising the hazards as far as reasonably practicable through implementation of controls
- Outlines how the system is to be documented.

It is ACT Health Policy that at **all times all** products must be correctly labelled and that the label is not to be removed, defaced or altered until such time as the container is emptied of its contents and washed. This includes products that are decanted or created (manufactured) by mixed or blending two or more products together. Labelling is also a legislated requirement for ACT under the Dangerous Substances Act 2004. Labelling must include mandatory information such as risk and safety phrases. Labelling specifics are outlined in the Dangerous Substances Manual and may be automatically printed using Chemwatch.

## 10.5 EMERGENCY PROCEDURES

Each unit needs to have a Dangerous Substance Manual available to staff and visitors. Within that Manual is a section where Chemical Spill procedures reside. It is important that all staff are aware of the emergency procedures for the dangerous substances created, used or stored in the work area. For example a minor spill can be isolated and a spill kit used, a major spill would involve Emergency Services and the Dangerous Substance Coordinator.

All emergency procedures and disaster plans are available on the ACT Health Intranet.

[Link to Emergency and Security Intranet page](#)

Website address: <http://acthealth/c/HealthIntranet?a=da&did=5157812>

## 10.6 DANGEROUS SUBSTANCES TRAINING

Mandatory introductory training is available for all new and existing ACT Health staff as part of the orientation programme.

## 10.1 ACT HEALTH POLICY FOR THE MANAGEMENT OF DANGEROUS SUBSTANCES

The policy provides ACT Health divisions, streams, branches and units with an integrated approach to the safe use of dangerous goods and hazardous substances in accordance with Legislation, Codes of Practice, Australian Standards and ACHS requirements.

Note: For the purposes of this SMS, the term 'dangerous substances' includes dangerous goods and hazardous substances.

[Link to Management of Dangerous Substances Policy](#)

Website address: <http://health.act.gov.au/c/health?a=dldivpoldoc&document=920>

## 10.2 MANAGEMENT OF DANGEROUS SUBSTANCES

There are many dangerous goods and hazardous substances (dangerous substances) used throughout ACT Health. It is therefore recognised by ACT Health that the safe management of dangerous substances is an integral part of the SMS and the objective of this section is to establish Policies and Procedures to safely control these substances.

The ACT Health intranet provides the following:

A link to the Dangerous Substance Manual which provides information and guidance on:

- Dangerous Substances Policy and Procedures
- ACT Health's Model for the Safe Management of Dangerous Substances
- Dangerous Substance Registers
- Risk Assessments
- Dangerous Substance Handling, Storage and Labelling (including segregation and separation requirements)
- Training
- Spill Kits
- Dangerous Substances Disposal/Trade Waste Guidance
- Injury reporting

The ACT Health intranet also provides access to:

- Material Safety Data Sheets (MSDS) through /Chemwatch
- Dangerous Substance Committee details

[Link to ACT Health Dangerous Substance Intranet site](#)

Website address: <http://acthealth/c/HealthIntranet?a=da&did=5067598>

## 10.3 MATERIAL SAFETY DATA SHEETS (MSDS)

ACT Health uses the **Chemwatch Chemical Management System** as a risk management tool to support in meeting its legal obligations in regard to the management of chemicals in the workplace. Chemwatch supports ACT Health by providing online MSDS data to all staff requiring information.

Chemwatch MSDS's provide emergency information which includes vital first aid action, spill and containment information as well as fire fighting requirements.

The role of ACT Health management is to ensure that MSDS's are readily accessible to workers who could be exposed to the substance and, depending on the physical layout of each workplace, this may entail specific copies of MSDS's near where the dangerous substances are being used.

An MSDS must be kept in the local Dangerous Substance Manual for all chemicals manufactured, handled or stored within a unit.

[Link to Chemwatch Chemical Management System](#)

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<b>SECTION 10</b>		
<b>MANAGEMENT OF HAZARDOUS SUBSTANCES / DANGEROUS GOODS</b>		
<b>Sub Section</b>	<b>Contents</b>	
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<b>10.4</b>	<b>LABELLING</b>	
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### 9.3.5 SWP RISK RATINGS

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#### Assessment of Risk

For each potential workplace hazard identified a Risk Rating will be determined. A Risk Rating is a measure of the likelihood and consequence of injury from a potential hazard. For further understanding of the OHS risk management / assessment process see Section 4.

#### Selection and Use:

The Risk Rating will determine the level of controls required to eliminate or minimise the potential hazard. The higher the Risk Rating the more extensive the controls to be provided.

### 9.4 ACT HEALTH SAFE WORK PROCEDURES

It is essential that all workers follow the established procedures; however, if a worker has a question or requires further information on the process they are to discuss the matter with their Manager / Supervisor.

Note: At no point are workers to make changes to a defined SWP without discussing it first with their manager as this is viewed as a serious breach of worker standards and disciplinary procedures could be implemented.

#### 9.4.1 FORMS – AVAILABLE IN APPENDIX 1

OHSF.012a and OHSF.012b Safe Work Procedure Template

OHSF.013 Safe Work Procedure Register

OHSF.014 Safe Work Procedure Acknowledgement Form

OHSF.015 Safe Work Procedure Assessment Check

### 9.3 SWP REVIEW

#### 9.3.1 PURPOSE OF THE REVIEW

The purpose of the review is to identify changes or variations to conditions that existed previously. New operators will be instructed from the appropriate SWP so it is important that the SWP is always correct and up-to-date.

#### 9.3.2 SYSTEMATIC SWP REVIEW

- SWP's must be reviewed at least every two years to identify if the Safe Work Procedure is still valid and correct.
- Apart from 2-year reviews, the SWP is to be reviewed any time that there is a change to the:
  - Procedure
  - Conditions or
  - Equipment used.
- After the review the SWP is to be re-issued.
- The review is to be performed with the involvement of the people who actually carry-out the procedure and if possible should involve the people who originated or performed the previous review.

#### 9.3.3 NON SCHEDULED REVIEW

The purpose of the Non Scheduled review is to identify changes or variations to conditions that existed previously. New operators will be instructed from the appropriate SWP so it is important that the SWP is always correct and up-to-date. SWP reviews are often prompted by the outcome of an accident or incident investigation.

#### 9.3.4 SWP ISSUE

The following table describes the process by which SWP's are developed, revised and issued:

ACTION	DESCRIPTION
<b>SWP Register</b>	All work activities are to be recorded in the SWP Register (see form in section 9.5).
<b>Draft</b>	Completed by Supervisor, Manager etc in consultation with workers (expected users).
<b>Distribution</b>	Distributed to other supervisors, Manager, WSR's and operators for comments.
<b>Revision</b>	When Revisions are undertaken the revision will commence with a re draft of the SWP as above and then be distributed for comment etc prior to being issued. For any revisions the Document Control is undertaken by increasing the Revision of the SWP incrementally.
<b>Issue</b>	Copy at each worksite / workstation.
<b>Training</b>	SWP verbally explained to each operator who signs back an acknowledgement to say that he / she understands the requirements of the SWP.
<b>SWP Compliance Check</b>	Periodic, planned checks on compliance to highlight problems with procedure leading to possible revision (section 9.5).
<b>Operator SWP Acknowledge Form</b>	After the SWP has been compiled and checked, all relevant workers are to "sign off" on the "Operator SWP Acknowledgement Form" (section 9.5) thus acknowledging operator competency standards for this task.

## 9.2 DEVELOPMENT OF SWP's

### 9.2.1 FOUR BASIC STEPS INVOLVED IN DEVELOPING SWP's:

1. Select the job to be analysed
2. Work out the "basic job steps" / stages / tasks involved in doing the job
3. Identify each step and all hazards and risks associated with those step then carry out risk assessments as required (see section 4 – OHS Risk Management - of this manual).
4. Find solutions, i.e. ways to eliminate or minimise hazards and incorporate the risk assessment results into new Safe Work Procedures.

#### **When developing SWP's the key workers involved shall include:**

- Selected workers who are experienced and preferably who are currently performing the nominated job,
- Manager / Supervisor.

#### **To provide a broader coverage of the work process the following personnel could considered**

- Work Safety Representatives (WSR's) and / or
- Senior Safety Advisors / Safety Advisors.

### 9.2.2 SELECTION OF JOB

It is important to establish priorities for SWP development, especially when commencing a new SWP program. In selecting which jobs should be analysed, it is useful to begin with those associated with a high accident frequency or those where obvious high-risk exposure is evident.

### 9.2.3 COMPLETION OF SWP'S

After developing all "Basic Job Steps" to eliminate or control each hazard identified, the relevant safety information gathered must be included in a new written Standard Work Procedure.

### 9.2.4 INFORMATION REQUIRED IN SWP'S.

The SWP format should contain the following:

- Activity description
- Supervisory responsibility
- Sequential steps of the process
- Potential hazards
- Safety controls to minimise risk
- Health and safety precautions to be undertaken during the process.

## 9.1 SAFE WORK PROCEDURES (SWP's) / BACKGROUND

**Note:** The term Safe Work Procedure refers to Safe Work Method Statements (SWMS), Job Safety Analysis' (JSA's), Standard Work Procedures, Standard or Safe Operating Procedures (SOP's), Clinical Policy, Procedures and Guidelines, etc that includes provisions for performing a task safely. The terms SWP or SOP may be used optionally in ACT Health, therefore there should only be one SWP or SOP for a task.

A key element for ACT Health having a "safe system of work" requires the following tasks to be addressed:

- Identification of potential workplace hazards,
- Assessment of the risk of the hazard and
- Development of controls to eliminate, or minimise, the risk.

To support ACT Health workers to identify potential hazards, the work to be undertaken will be, where practicable, broken into activities reflecting the sequence of operation. These activities are provided in a Safe Work Procedure (SWP), which is made up of a list of tasks and other work related practices. SWP's will inform the worker how the Job will be carried out; hence, outline expected training standards. For each of the work activities and associated job steps identified in the SWP potential hazards must be identified. These hazards will be identified using available resources including but not limited to:

- Legislation, Regulations and Standards
- Codes of Practice including WorkSafe ACT (formerly known as ACT Workcover) and other publications, e.g. safety alerts
- Planned Inspections
- Accident / Incident Investigations & Reports
- Non Scheduled Review
- Hazard Profiles for specific trade groups
- Manufacturer specifications and operating manuals
- Material Safety Data Sheets (MSDS's)
- Workplace experience and
- Consultation with workers experienced in the task.

SWP's are designed to review job methods, possible job redesign, uncover hazards and initiate recommendations for standard methods of operation. In this manner they contribute not only to health and safety but also to productivity (job redesign) and training.

SWP's are an effective way of encouraging workers to participate in hazard assessment and accident prevention. Through SWP's, workers can make an important contribution towards the setting up and maintenance of effective safety procedures and practices.

Although SWP's refer predominantly to "Safety" consideration should be given to less obvious hazards such as a job's potential for causing musculoskeletal injuries (e.g. associated back injuries, occupational overuse injuries, etc).

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<b>SECTION 9</b>		
<b>SAFE WORK PROCEDURES (SWP)</b>		
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9.2	DEVELOPMENT OF SWP's	
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## 8.10 PROVISION OF SUITABLE DUTIES

The provision of suitable duties seeks to satisfy the following elements:

- A Program for graduated return-to-work to be established to meet each need. "Suitable duties" will be outlined in the Return-to-Work Plan and will be time limited and reviewed at the end of each time period.
- The duties will be meaningful, contribute to the work environment and include task variety where this is practicable. Any changes to Suitable Duties will be undertaken in consultation with all parties.
- The injured worker's overall return to normal duties will be monitored to ensure that reasonable progress is being achieved.
- Prior to provision of suitable duties being provided the Return to Work Coordinator will consult with the following parties where applicable, i.e.:
  - Injured Worker
  - Manager/Supervisor
  - Treating Doctor
  - ACT Health Doctor
  - Rehabilitation Provider

No suitable duties shall be performed or prescribed which have not been recommended by the Accredited Rehabilitation Provider and / or the Treating Doctor.

Where suitable duties cannot be provided then reasons will be stipulated on the Return-to-Work Plan. However, when suitable duties are identified and agreed to, these will be reduced to written form including:

- The job
- Any condition(s) required in respect of the work to be performed
- Hours to be worked
- The anticipated period of time whilst undergoing suitable duties.

In the development of each Return to Work Plan, consideration needs to be given to the effective close monitoring of the given suitable duties to ensure no further issues arise, eg, no aggravation of the existing injury.

The workload impact on other workers should be considered and be minimised.

## 8.11 RETURN TO WORK FORMS

Click on the link below to download Comcare Workers Compensation Claim forms. Alternatively, contact IP&M for Workers Compensation claim pack.

[Link to Workers Compensation Claim forms](#)

Website address: [http://www.comcare.gov.au/forms and publications/forms](http://www.comcare.gov.au/forms_and_publications/forms)

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## **8.8 CORRECTIVE ACTION**

It is the policy at ACT Health that all injuries are reported through the Staff Accident and Incident Reporting process on Riskman. This procedure outlines that an investigation is undertaken and appropriate corrective actions are outlined to ensure that the accident is prevented from reoccurring.

## **8.9 RETURN TO WORK PROCEDURES**

The following procedures should be implemented to develop and establish individual Return to Work Plans for injured workers and to ensure each case is properly managed.

### **8.9.1 FOLLOW UP AFTER INJURY/ILLNESS**

After medical care has been received, the Return to Work Coordinator will seek advice as to how the workplace can support the injured worker and determine what arrangements are necessary for returning to work.

### **8.9.2 INVOLVING A REHABILITATION PROVIDER**

Where an injured or ill worker is unlikely to return to pre injury duties in the short term, the Return to Work Coordinator may, in consultation with the appropriate Delegate, involve an accredited Rehabilitation Provider on the ACT Government Preferred Provider Panel. In certain circumstances the RTW Coordinator may, in consultation with the appropriate Delegate, engage the services of an independent medical advisor to assist in the return to work process.

## 8.4 OBLIGATIONS – ACT HEALTH

- To prevent occupational injury / illness by provision of a safe system of work and a healthy work environment as established in the **Work Safety Act 2008 (section 6)**.
- To assist in an early, safe return to meaningful and productive work following injury / illness.
- To establish Return to Work as the usual course of action following injury or illness and have it commence at the earliest possible date.
- To ensure an early, accurate medical assessment and involvement of rehabilitation specialists, as needed, to support the role of the Treating Medical Practitioner.
- To integrate the occupationally injured / ill worker into the workforce successfully.
- To ensure that the employer notifies the Insurer of significant injuries within 48 hours and all other injuries within seven days.
- Where practicable ACT Health will offer any assistance to seek alternative employment to injured workers who are unable to return to their pre-injury job.

## 8.5 OBLIGATIONS - WORKERS

- Commitment to the prevention of accidents and injuries at work; in accordance with the **Work Safety Act 2008 (section 6)**.
- To notify **their immediate Supervisor / Manager** of any injury as soon as possible. The relevant Supervisor will inform the **Return to Work Coordinator** of the situation.
- Cooperate with reasonable workplace changes designed to assist Return to Work.
- Cooperate with ACT Health in achieving the Return to Work obligations outlined by the Act and in meeting WorkSafe ACT (formerly known as ACT Workcover) Guidelines.
- To notify your employer as soon as possible in order that the employer can comply with the requirements of notifying the WorkSafe ACT (formerly known as ACT Workcover) within 48 hours for significant injuries and 7 days for all other injuries.

## 8.6 OBLIGATIONS – COMCARE

On receipt of a workers compensation claim Comcare will, with due process, make a decision on whether liability exists for the claim. If liability exists and Comcare accepts the claim Comcare are responsible for the management of the liability of the claim. That is for decisions on

- liability for ongoing treatment, medical expenses and workers compensation entitlements as per the provisions of the Safety, Rehabilitation and Compensation (SRC) Act 1988
- advice regarding rehabilitation and return to work strategies
- to work co-operatively with ACT Health in the management of ACT Health's claims.

Comcare are not responsible for the provision of return to work services to ACT Health staff, this is an ACT Health responsibility.

## 8.7 CONSULTATIVE PROCESS

- When the situation arises, the Return to Work Program can be raised at formal review meetings with the appropriated Delegate. This is an opportunity for management to provide an input into the progress of any worker who may be on the Program. Confidentiality is to be maintained at all times.
- Where an injured or ill worker requires a Return to Work Plan, relevant information will be forwarded to the Individual, Return to Work Coordinator and Management for review and control requirements.
- The Return to Work Program process is to be reviewed with workers in Return To Work Case Meetings at appropriate intervals (refer section 3.2 Staff/Team Meetings – OHS communication) to ensure all parties are kept informed of their obligations and responsibilities.

## 8.1 RETURN TO WORK POLICIES

### 8.1.1 COMPENSABLE RETURN TO WORK POLICY

Link to Compensable Return to Work Policy

Website address: <http://health.act.gov.au/c/health?a=dlpol&policy=128927806>

The purpose of this policy is:

- To clearly specify ACT Health's commitment to managing the early return to work of ACT Health workers following work related illness or injury.
- To identify the responsibilities of both the employer and worker in the return to work process.

### 8.1.2 NON-COMPENSABLE RETURN TO WORK POLICY

Link Non-Compensable Return to Work Policy

Website address: <http://health.act.gov.au/c/health?a=dlpol&policy=1669401443>

The purpose of this policy is:

- To clearly specify ACT Health's commitment to managing work based issues of officers with non compensable injuries or illness.
- To identify the responsibilities of both the employer and worker in managing the work based issues of officers with non-compensable injuries or illness.

## 8.2 RETURN TO WORK COORDINATOR'S ROLE

The manager of RTW Co-ordination, in consultation with the Early Intervention Officer will assign, where appropriate, a Return To Work Co-ordinator to a case.

The appropriate Delegate shall be committed to the restoration of injured or ill workers, for whom ACT Health has responsibility and the Return to Work Coordinator shall assist in the co-ordination of this process. **It is acknowledged that restoration means that this will be to the fullest physical, psychological, social, vocational and economic usefulness of which they are capable.**

The Return to Work Coordinator shall be the co-ordination point for all contact, liaison and review, related to the Return to Work of any worker of ACT Health who has sustained any injury or illness at work. The role of the Return to Work Coordinator shall include:

- Liaising with the treating Doctor, the Insurer and the Accredited Rehabilitation Provider to determine the needs of any such injured or ill worker, and will facilitate and coordinate services necessary to meet these needs. The Coordinator will also monitor progress in treatment and / or Return to Work.
- Ensuring that information concerning any such injured or ill worker's job activities and possible suitable work activities are made available to the treating doctor and the rehabilitation provider.
- Ensuring that "Claims Reviews" are being conducted on a regular basis so that all outstanding claims are being effectively managed.

## 8.3 ACCREDITED REHABILITATION PROVIDERS

- ACT Health is obligated to, where appropriate; engage the services of Rehabilitation Providers accredited by Comcare. The ACT Government has in place a Preferred Provider Panel as a subset of Comcare's accredited Rehabilitation Providers. ACT Health is a party to this and only uses rehabilitation Providers from this panel
- ACT Health shall either facilitate or assist any accredited provider who may be involved in Return to Work of a worker.
- ACT Health, notes that accreditation requirements specify that the rehabilitation provider should liaise and work cooperatively with the treating doctor - that is, the worker's own doctor responsible for his/her medical care.

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<b>Subject Description: RETURN TO WORK</b>			

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The following elements form the basic approach to "investigation interviewing":

- Conduct the interview in private and if appropriate in the workplace.
- Put the interviewee at ease and do not hurry matters.
- Ask for the interviewee's version of what happened.
- Only ask necessary questions. Do not ask leading questions.
- Clarify by repeating the Interviewee's version of what occurred.
- Close the interview on a positive note. Thank the interviewee for cooperation received.

### 7.8.8 COLLECTION OF DATA / INFORMATION

When investigating the Accident / Incident the investigator should inspect the incident area and, where appropriate, take detailed notes, photographs, sketches and by observation check for hazards such as:

- Poor Housekeeping
- Manual handling
- Energy sources such as Electricity, Heat, Radiation
- Confined Spaces
- Heights
- Hazardous Substances
- Personal Protective Equipment (PPE)
- Fatigue or Stress
- Faulty equipment or machinery

The following list includes, but is not limited to, data/information that will assist the investigation:

- Safe Work Procedures (SWP's)
- Training Records
- Risk Assessments
- Accident/Incident Data
- Planned Inspection Checklists
- Equipment Maintenance Records
- Work Safety Committee minutes
- Material Safety Data Sheets

Where necessary, use internal and external expertise; check thoroughly all relevant machinery, equipment and facilities. Involve competent staff in the investigation, seek different opinions and be objective.

**Try to appreciate the role of human behaviour in Accident/Incident responses.**

### 7.8.3 WHEN TO INITIATE AN INVESTIGATION

An Accident/Incident Investigation is normally conducted in the following instances:

- An incident causing an injury which results in either Lost Time and/or medical treatment.
- Incidents in the workplace resulting in "Near Miss" situations to workers, damage to property, plant / equipment. This is particularly relevant to "Near Miss" situations that have a perceived high risk potential.
- Any incident involving electricity
- Any fire
- Any incident that did not, but under slightly different circumstances, could have resulted in injury, damage or business interruption.

### 7.8.4 EVENTS LEADING UP TO THE ACCIDENT/INCIDENT

- Describe the system of work being undertaken.
- Describe the instructions given for the work.
- Any variations to instructions of Safe Work Procedures (SWP's).
- Workplace Conditions, eg, lighting, floor surfaces, housekeeping standards etc.
- The exact location and time of the Accident/Incident.
- Materials or equipment in use at the time.
- Any other relevant issues.

### 7.8.5 OBTAINING FACTS OF THE ACCIDENT / INCIDENT

- Detail the sequence of events leading to the Accident/Incident.
- If persons are involved in the sequence of events; objectively provide an account of their action(s).
- List any tools, equipment and directly involved.

### 7.8.6 RESPONSIBILITY FOR THE ACCIDENT / INCIDENT INVESTIGATION

As stated previously, it is the Supervisor of the injured person who is primarily responsible for the investigation into the Accident / Incident. The Manager / Supervisor upon receiving the Accident / Incident Investigation Form are required to:

- Identify the basic causes or "essential factors" that contributed directly or indirectly to each incident. There are normally four to six causes or "essential factors" which lead to an incident and the role of the Supervisor is to identify them.
- Identify any deviations from the established management system which contributed to the incident.
- Suggest specific **corrective action plans** and follow-up to determine whether these actions have been undertaken and completed.
- May seek expert assistance with investigation (*this may include IP&M – see Section 2.7.1.1.1.5*)

### 7.8.7 INTERVIEW TECHNIQUES

The accuracy and completeness of the incident information depends a great deal on how the person is interviewed.

When interviewing a person try to create an atmosphere where the two of you together are attempting to establish the cause of the incident and solve a problem so that the appropriate corrective measure can be taken to prevent recurrence.

Key points when investigating an Accident / Incident are to be:

- Objective
- Accurate
- Unemotional - deal with the facts
- Ask questions: how, when, why, who, what, where???

## 7.7 WORKER NOTIFICATION OF AN INJURY & FORMS

If a worker/contractor/student/volunteer incurs an injury whilst at work it must be reported to their respective Supervisor/Manager as soon as possible. As well as being a legal requirement, notification is important in situations where, for example, what may appear to be a minor cut could turn into a serious infection.

All injuries **must** be reported using the **Staff Accident Incident Reporting (SAIR) Module** on Riskman (or the ACT Government Accident Incident Report (AIR)<sup>1</sup> Form and forwarded to IP&M).

**Upon return to work from injury all workers must report to their respective Supervisor to confirm suitability to continue working and supply relevant medical information as requested.**

Medical information is required by Comcare to determine eligibility for a Worker's Compensation Claim (for further information please refer to Section 8 Return to Work Program).

### 7.7.1 FORMS

Staff Accident Incident Reporting (SAIR) Module of Riskman

Website Link: <https://acthealthriskman/Default.aspx>

ACT Government Accident Incident Report Form

Website Link: <http://www.cmd.act.gov.au/governance/public/wpsafety>

See Appendix 1 – SMS Forms for ACT Health Accident/Incident Investigation Form

## 7.8 WHY ACCIDENTS ARE INVESTIGATED / INVESTIGATION PROCEDURE

### 7.8.1 PREVENTION

The objective of Incident Investigation is **prevention**. It is essential that all workers, particularly Managers and Supervisors fully understand ACT Health Policy on Incident Investigation and Reporting.

Accidents can occur at anytime. In the event of this happening the person in charge, i.e. Manager / Supervisor or a responsible worker must take control of the situation.

**The fact an incident occurred means that something went wrong in the management of the system.** There was an omission, an oversight or lack of control of circumstances that permitted the accident/incident to occur. Possible consequences of an incident are injury to personnel, damage to property / equipment or both and business interruption.

As stated previously, the prime objective of Incident investigations is **prevention**. The investigation process should strive to meet requirements of common courtesy to those involved, presenting a humane image to the investigation process.

### 7.8.2 HUMAN ERROR / BLAME

*"Causes of work-related fatalities occurring in Australia over 3 years revealed that human behavioural factors were involved in more than 90% of accidents"*<sup>1</sup>. This issue is frequently made as a way of apportioning sole blame to the injured person.

The real question to ask is the unemotional one **"why did the accident happen"**? Investigation of the causes and the elimination of ways to prevent a recurrence is the goal - not the allocation of blame.

<sup>1</sup> Anne-Marie Feyer and Ann M. Williamson, *Encyclopedia of Occupational Health and Safety Vol 2, (Fourth Edition)* by Jeanne Mager Stellman.

### 7.6.1 GUIDELINES FOR EXTERNAL REPORTING

This is a summary of the **WorkSafe ACT** (formerly known as ACT WorkCover) requirements for Serious Event Reporting. <http://www.ors.act.gov.au/WorkCover/WebPages/WorkSafe/injreport.htm>

Note: In ACT, by law, reporting is obligatory for Accident / Incidents as follows:

INCIDENT	AGENTS TO BE NOTIFIED	METHOD OF NOTIFICATION	TIME OF NOTIFICATION	WHO MUST NOTIFY
<b>WORKERS &amp; NON-WORKERS</b> (Non-workers are those not covered by ACT Health Workers Compensation, e.g. customer, contractor)				
Serious events involving a fatality, serious injury or illness / Other incidents where the injury or illness results in the person being unable to perform their normal activities for 7 or more days	WorkSafe ACT (formerly known as ACT Workcover)	Phone: 6205 0200 Fax: 6205 0336 Email: <a href="mailto:WorkCover@act.gov.au">WorkCover@act.gov.au</a> Mail: GPO Box 158 Civic Square, ACT, 2601	Immediately – as an urgent investigation may be required Within 7 days of being aware of the matter.	Manager/ Supervisor of injured worker
<b>INCIDENTS THAT PRESENT A RISK TO HEALTH AND SAFETY AT YOUR WORKPLACE</b> (where there is no injury or illness to workers or non-workers known)				
Serious events that are immediately life threatening but result in no injury or illness	WorkSafe ACT (formerly known as ACT Workcover)	Phone: 6205 0200 Fax: 6205 0336 Email: <a href="mailto:WorkCover@act.gov.au">WorkCover@act.gov.au</a> Mail: GPO Box 158 Civic Square, ACT, 2601	Immediately – as an urgent investigation may be required  Within 7 days of being aware of the matter.	ACT Health  ACT Health
Other Incidents – not immediately life threatening	WorkSafe ACT (formerly known as ACT Workcover)	Phone: 6205 0200 Fax: 6205 0336 Email: <a href="mailto:WorkCover@act.gov.au">WorkCover@act.gov.au</a> Mail: GPO Box 158 Civic Square, ACT, 2601	Within 7 days of being aware of the matter.	ACT Health
<b>SERIOUS EVENTS INVOLVING ELECTRICITY</b>				
All electrical fires, accidents, including shocks or suspect electrical work	ACTPLA & WorkSafe ACT (formerly known as ACT Workcover)	ACTPLA Phone: 6207 1923 Fax: 6207 1925 WorkSafe ACT Phone: 6205 0200 Fax: 6205 0336 Email: <a href="mailto:WorkCover@act.gov.au">WorkCover@act.gov.au</a> Mail: GPO Box 158 Civic Square, ACT, 2601	Immediately – as an urgent investigation may be required	ACT Health

### 7.6.2 SERIOUS EVENT SITE NOT TO BE DISTURBED.

In the event of a serious event, the site of the incident must not be disturbed, except to assist any injured persons and to avoid further injuries or problems (Work Safety Act 2008, Part 3, Division 3.3, Section 41)

Any incident involving an injury/illness of serious risk potential at ACT Health must be communicated to management **IMMEDIATELY** after all necessary corrective action has been taken.

### 7.3.1 REPORTING

It is a legal requirement to report accidents, incidents, near misses and hazards under ACT Work Safety Legislation. It can also prevent accidents/incidents happening to others in the workplace. In some circumstances a Significant Incident Report may be required. Significant incidents meet the criteria of:

- Catastrophic
- Major
- High Risk Incident.

Further information on identifying significant incidents and the reporting requirements are available in the following policy:

Significant Incident Reporting Policy

Website Address: <http://health.act.gov.au/c/health?a=dldivpoldoc&document=1363>

### 7.3.2 SYSTEM SECURITY AND CONFIDENTIALITY

The manager assigned will see the incident and this will enable them to implement controls to prevent reoccurrence. IP&M will review incidents to ensure management are addressing issues raised by incidents/accidents in the workplace and/or they are controlling hazards/risks. Some areas within Business & Infrastructure will be distributed SAIR's based on the issue/hazard reported, for example, the Dangerous Substances Coordinator will receive all incidents related to Dangerous Substances. Patient Safety and Quality Unit (PSQU) will not view or review any Staff Accident Incident Forms on SAIR Riskman.

### 7.3.4 ASSISTANCE AND TRAINING

A support line is available within IP&M that can provide assistance for Staff Accident / Incident reporting. The contact number is 620 51426.

Training is conducted monthly during the first week of the month at TCH and bi-monthly at 1 Moore Street, Civic. Registration for SAIR training is via Capabiliti. Alternatively contact the SAIR support line to organise an alternative training session for your work area.

Link to IP&M Intranet site

Website address: <http://cid/c/healthintranet?a=da&did=5061928&template=4>

### 7.4 ACCIDENT/INCIDENT REPORT MAINTENANCE

For legal and recording requirements it is ACT Health policy that all Accident / Incident Reports are to be maintained online (in SAIR / refer section 24.3 Management of OHS Records). Chief Ministers Department archives ACT Govt Accident Incident Reports for up to 30 years as required by the Territory Administrative Records Disposal Schedule (TARDiS).

### 7.5 ACCIDENT / INCIDENT STATISTICS

Accident / Incident Safety Statistics are compiled on a **monthly basis** and sent to Divisional Heads and the Executive for review. Statistics are also provided to Work Safety Committees.

ACT Health statistics are derived from Accident/Incident Reports submitted to IP&M using the online Staff Accident Incident Reporting module on Riskman and from hardcopy ACT Government Accident Incident reports submitted to IP&M.

Note: All hardcopy ACT Government Accident Incident reports are added to SAIR after receipt in IP&M.

### 7.6 EXTERNAL NOTIFICATION OF ACCIDENTS / INCIDENTS

ACT Health and legislative standards require the external reporting of any Accident / Incident to the WorkSafe ACT (formerly known as ACT WorkCover), Chief Minister's Department and Comcare (ACT Health Worker's Compensation insurer). In the event of any incident involving an injury / illness of serious risk potential please immediately contact **Injury Prevention and Management** prior to WorkSafe ACT (formerly known as ACT WorkCover) notification. The manager / supervisor are responsible for WorkSafe ACT notification.

### 7.2 HAZARD / NEAR MISS / INCIDENT REPORTING PROGRAM

It is acknowledged that Hazards / Near Miss / Incidents may arise outside the normal Planned Inspection or Accident / Incident Reporting Program. When such an event arises, they need to be effectively managed.

To ensure hazards / near misses / incidents are reported, the **Staff Accident Incident Reporting (SAIR) Module** on Riskman (or the ACT Government Accident Incident Report (AIR) Form) is to be completed detailing the hazard / incident observed and the appropriate response needed to resolve the matter.

It is the ACT Health Policy that both management and relevant workers are consultatively involved in investigation of all incidents of any nature.

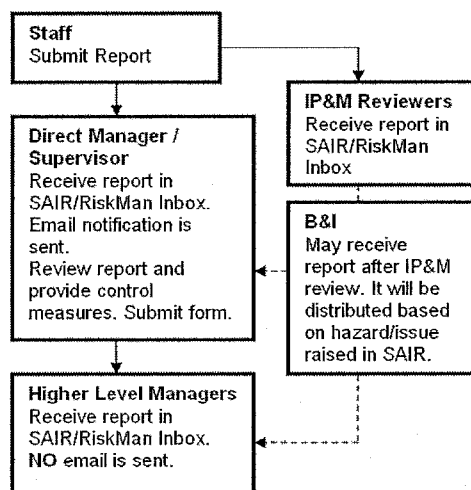
### 7.3 STAFF ACCIDENT INCIDENT REPORTING (SAIR) MODULE ON RISKMAN

ACT Health has a moral and legal responsibility to ensure that all incidents, which result in injury, are listed in the **Register of Injuries** as established in **Australian Standards AS 1885.1 Workplace injury and disease recording standard**.

SAIR is a module in the Riskman system that allows instant reporting of accidents, incidents, near misses and hazards that occur in the workplace, to management and, Injury Prevention and Management (IP&M). This incident reporting system is to be used instead of the green / blue ACT Government Accident / Incident report forms (except when computer access is not available or the incident involves violence or aggression from an immediate supervisor/manager). SAIR can be used to report staff, contractor, volunteer and student accidents/incidents. Violence, aggression, bullying and harassment by a patient or visitor can be reported on RiskMan however, where this occurs from another staff member, this is an HR process and should not be reported electronically on RiskMan SAIR.

The system is online and user friendly. It's a paperless therefore cannot get lost like a paper incident report. IP&M receives the reports within minutes rather than days, therefore, reports are reviewed by IP&M and follow up is provided when required.

Each incident report has a visible audit trail documenting the journey of the report. Staff can log in and view who has seen or commented on their report. Management can review incident reports from all the staff (under their control) instantly. Below is a notification flow chart for SAIR identifying the audit trail:



## 7.1 ACCIDENT / INCIDENT INVESTIGATION & REPORTING

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It is a requirement of ACT Health and ACT Government that all Accident / Incidents are to be reported so that they can be fully and thoroughly investigated. It is **Management's role**, as outlined in the **ACT Work Safety 2008 (Part 3, Div 3.1, Section 21(3))** that they:

- (a) providing and maintaining a safe workplace and safe systems of work; and
- (b) providing and maintaining plant that is safe and without risk to the work safety of workers and other people at the business or undertaking; and
- (c) ensuring that plant is operated only by workers and other people at the business or undertaking who are qualified to operate the plant; and
- (d) ensuring the safe use, handling, storage and transport of substances; and
- (e) providing adequate facilities for the work safety of workers and other people at the business or undertaking; and
- (f) monitoring the work safety of workers at the business or undertaking, and the conditions at the workplace, to ensure that work-related illness and injury are prevented; and
- (g) keeping the information and records relating to work safety required under this Act, including incident reports and training records, in relation to the business or undertaking; and
- (h) providing appropriate information, instruction, training or supervision to workers and other people at the business or undertaking to allow work to be carried out safely; and
- (i) consulting workers at the business or undertaking on matters that directly affect their work safety; and
- (j) any other duty prescribed by regulation."

It is for this reason that the relevant Division manager or nominated manager is to conduct the initial incident investigation, and oversee any further investigations to ensure relevant causes are determined.

The investigation procedure is to cover the following areas:

- What kinds of Accident/Incidents are to be reported
- When they are to be notified under various conditions
- Who is to be notified under various conditions
- Who is to be responsible for conducting and participating in the Accident/Incident investigation
- Who is to be contacted (and how) for various Accident/Incident investigations
- Instructions to be followed in conducting an Accident/Incident investigation and
- Reports to be prepared.

It is essential to understand and follow the procedures for incident Investigation outlined in this section as the purpose of these requirements is to find out and determine the **underlying cause** and **prevent recurrence** for the incident being investigated.

By investigating all Accident/Incidents, this contributes to the identification of any defective aspects of the ACT Health SMS. The degree of investigation should be linked to the severity of the actual loss and/or the realistic potential severity of loss. Informal investigations should be conducted for low/medium risk rated accidents/incidents. High to extreme risk rated accident/incidents require formal and detailed investigation.

**All** Accident/Incident investigation procedures require investigation of the following items by ACT Health Management and that reports are forwarded to Chief Executive, relevant senior Divisional Management and Injury Prevention and Management. They include:

- All non-disabling injuries and occupational illnesses (High to Extreme risk rated)
- All disabling injuries and occupational illnesses
- Fatalities
- Fire and explosions
- Property damage
- Near-miss incidents which have a high to extreme risk potential
- Other safety incidents such as 3<sup>rd</sup> party

Any incident involving an injury/illness of serious risk potential at ACT Health must be communicated to management **IMMEDIATELY** after all necessary corrective action has been taken. **Divisional Management** will also immediately inform **Injury Prevention and Management** of the matter.

Note: The maximum amount of time to elapse between the incident and the on-site investigation participation of relevant parties should not exceed twelve hours and all Investigation Reports to be completed within 24 Hours for all Extreme or High risk rated accidents/incidents.

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<b>Subject Description: ACCIDENT / INCIDENT REPORTING &amp; INVESTIGATION</b>			

<b>SECTION 7</b>	
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### 6.5.1 TRAINING PLAN TABLE

Training Plans need to address OHS issues and includes, but is not limited to the following areas:

REQUIRED TRAINING	FREQUENCY	COMMENTS (where applicable)
OHS Overview	At ACT Health Orientation	Re-attendance required every 5 years
Fire and Emergency Response	At ACT Health Orientation	Refresher annually
Dangerous Goods and Hazardous Substances	At ACT Health Orientation	
Infection Control	At ACT Health Orientation	
Manual Handling	During Orientation	Refresher annually.
Staff Accident Incident Reporting (SAIR)	During Orientation	Needs to be done during the orientation period or as soon as practicable to enable staff to be able to report workplace accidents, near misses and hazards on SAIR.
CARM Training (Preventing and Managing Violence and Aggression)	During Orientation	E-learning package.
WSR Training	Initial upon election and then every 2 years	WSR Refresher to be undertaken after 2 years if re-elected. Every 4 years the WSR 4 day course should be completed. Refer to Section 3.
OHS Manager Training	Every two years	For Managers & Supervisors

### 6.6 TRAINING RECORDS

It is essential that all formal training provided by ACT Health and undertaken by workers/labour hire/contractors be appropriately recorded in order to identify completed training. The Training Records are then used in conjunction with expected training standards to identify OHS training gaps for each worker or group of workers within ACT Health.

Due to the wide range of competency skills/training requirements required at ACT Health it is the responsibility of each Division Head to ensure that appropriate records are in place.

**Note:** The ACT Health Training Management System, *Capabiliti* provides a consistent, centralised and coordinated approach to managing learning and development activities, including online access to course information, bookings, individual and organisational education records, recording data, and reporting on learning and development across the organisation. All staff members shall have access to *Capabiliti*, with specific access requirements identified for divisional heads, line managers, educators/trainers and general users.

**For assistance in using ACT Health *Capabiliti* contact the *Capabiliti* Help Desk on:**

**Phone:** 02 6244 2258

**Email:** [staff.development@act.gov.au](mailto:staff.development@act.gov.au)

**Location:** Building 5, Level 1, TCH Campus, Yamba Drive, Garran, ACT 2605

**Postal address:** Staff Development Unit, ACT Health, PO Box 11, Woden, ACT 2606

**Website:** <https://training.health.act.gov.au/menuscript.asp>

## 6.4 TRAINING NEEDS ANALYSIS

In order to identify the gaps between the competency profiles for a specific role and the actual competencies of a specific worker / labour hire / contractor a Training Needs Analysis is undertaken as follows:

- Each Manager is to identify training needs for their staff using the Performance Management process and the Learning and Development plan which, where relevant, shall include OHS requirements. The manager needs to consider the role the staff member is undertaking, registration requirements, mandatory / core training requirements and legislative requirements for that role.
- The online system, Capabiliti, managed by SDU is a guide to the type of training available to ACT Health staff. This supports the planning and identification of training needs.

### 6.4.1 WORKER / LABOUR HIRE

Each year a Training Needs Analysis is to be developed in a joint consultative approach between Management and Workers / Labour Hire.

Because of the wide range of competency skills required at ACT Health it is the responsibility of each Division to ensure that appropriate processes are in place.

### 6.4.2 CONTRACTORS

Where identified, training needs of competency skills for contractors, which is based on the same principles as required for staff, shall be undertaken. Again, due to the wide range of competency skills required at ACT Health it is the responsibility of each Division Head to ensure that appropriate processes are in place.

## 6.5 TRAINING PLANS

Based on the outcomes from the Training Needs Analysis a written Training Plan will be developed as follows:

- By the Training Group and/or other designated personnel where there is common (generic) OHS training required across the location / Division.
- By management where there is specific OHS training required for the worker.

The above will address gaps in training requirements also identified in the Competency Profiles developed for workers and labour hire personnel.

Please refer to Appendix 1 – SMS Forms for a training matrix template.

**It is a requirement that no worker/labour hire / contractor undertakes any work task until their competency to perform such duties has been checked against the relevant industry standards.**

A Staff Training Review is to be undertaken on an annual basis as part of the Performance Management Process.

## 19.1 PROCUREMENT POLICY AND GUIDELINES

The acquisition of any goods and services must comply with the purchasing principles and guidelines based on the requirements of the Government Procurement Act 2001 (GPA 2001), Chief Executive Financial Instructions and any other relevant policies and procedures.

All procurement needs to be processed taking into account the centralised procurement strategy. OH&S risks need to be reviewed during the procurement process and by complying with the Risk Management Procurement Circular available on ACT Procurement Solutions webpage. OH&S risks are considered and minimised as far as possible.

Link to ACT Health Procurement Policy

Website Address: <http://health.act.gov.au/c/health?a=dlpol&policy=1411248804>

Link to ACT Health Procurement Guidelines

Website Address: <http://health.act.gov.au/c/health?a=dldivpoldoc&document=1893>

Link to ACT Procurement Solutions Risk Management Circular

Website Address: [http://www.procurement.act.gov.au/about\\_us/procurement\\_policy](http://www.procurement.act.gov.au/about_us/procurement_policy)

## 19.2 CONTRACTOR MANAGEMENT

This section is about ensuring that all material, equipment, plant / services purchased or hired and all contractors conform to specified SMS standards.

As part of the Work Safety Act 2008, Part 2, Division 2.1, Section 9 – Meaning of a worker, the definition of a worker now incorporates an independent contractor therefore compliance with the ACT Health Contractor Safe Working & Compliance Policy is imperative. Contractor management should cover the following areas and meet the ACT Health Contractor Safe Working & Compliance Policy.

- Risk Management – identification & management strategies using a Safe Work Procedure for minimising the following OHS issues (but not limited to):
  - Working at Heights,
  - Confined Spaces,
  - Hazardous Substances / Dangerous Goods,
  - Electrical work including isolation/lock out/tag out processes,
  - Manual Handling,
  - First Aid and Emergency Management,
  - Traffic Management, etc.
- Contractor insurances such as Workers Compensation and Public Liability as well as other mandatory certifications (for example, electrical licenses, etc).
- Service / performance monitoring & reporting (e.g. against deliverables, specs, K.P.I.'s, accident/incident reports)
- Contract variations to deliverables, performance requirements, price, etc.
- Regular meetings with the contractor, complaints / dispute resolution, OHS issue resolution, etc. Contract review, extension, and renewal.

Link to ACT Health Contractor Safe Work and Compliance Policy

Website Address: <http://health.act.gov.au/c/health?a=dlpol&policy=-1750470040>

Link to ACT Procurement Solutions Risk Management Circular

Website Address: [http://www.procurement.act.gov.au/about\\_us/procurement\\_policy](http://www.procurement.act.gov.au/about_us/procurement_policy)

### **19.2.1 ACT HEALTH LIST OF “APPROVED SUPPLIERS”**

Whenever appointing Contractors / Suppliers to undertake work on behalf of ACT Health it is essential that the formal list of approved Contractors / Suppliers be referred to. All listed Contractors / Suppliers have met ACT Government requirements to ensure that the highest standards are used and maintained and are available on the ACT Procurement Solutions website. Suppliers will be selected by Project or contract managers, for example, Property Maintenance and Management, Capital Works, Capital Asset Development Plan, etc.

[Link to ACT Procurement Solutions Prequalified supplier list](#)

Website Address: [http://www.procurement.act.gov.au/prequalification/list\\_of\\_pre-qualified\\_suppliers](http://www.procurement.act.gov.au/prequalification/list_of_pre-qualified_suppliers)

### **19.2.2 CONTRACTOR INDUCTION AND TRAINING**

All contractors used in any situation in ACT Health are to be fully inducted into all aspects of ACT Health operations as required by the ACT Health Contractor Safe Working & Compliance Policy. The induction is the responsibility of the project or contract manager as per the above policy.

[Link to ACT Health Contractor Safe Work and Compliance Policy](#)

Website Address: <http://health.act.gov.au/c/health?a=dlpol&policy=-1750470040>

### **19.2.3 CONTRACTOR AUDIT**

Contractor audits may be undertaken to identify and evaluate the OHS practices of key ACT Health contractors to determine whether they are consistent / inconsistent with the contractor's presented OHS Management Plan and/or Safe Work Method Statement.

### **19.2.4 CONTRACTORS AUDIT TOOL – see Appendix 1 - Forms**

## **19.3 ACCOMODATION POLICY**

The office accommodation strategy for ACT Health is in line with the whole-of-government office accommodation guidelines. These guidelines detail space allocation/utilisation for staff, office sizes, building requirements such as staff rooms, toilets, parent's rooms etc. The following factors are considered when prioritising request for Accommodation:

- patient safety;
- staff safety;
- clinical need;
- legislative requirements;
- improvements to workplace efficiency; and
- budget availability.

[Link to ACT Health Accommodation Policy](#)

Website Address: <http://health.act.gov.au/c/health?a=dlpol&policy=1220236296>

## 19.4 STRATEGIC ASSET MANAGEMENT POLICY

ACT Health has a considerable inventory of medical and non-medical plant and equipment that is vital in assisting staff to perform ACT Health's role. It is essential that this equipment is well maintained and replaced periodically. This ensures continued effective service delivery and a safe environment for both patients and staff. These requirements can be found at the ACT Health Asset Management Policy.

Link to Strategic Asset Management Policy & Intranet page

Website Address: <http://acthealth/c/healthintranet?a=da&did=5153209&pid=1196039458>

## 19.5 REQUEST TO INTERFERE with SERVICES OR SAFETY CONDITIONS (RISSC) FORM

The RISSC form is to be completed when works being conducted regarding new equipment, accommodation changes, contractor work, etc will cause the following:

- The unscheduled or sudden unavailability of services can cause extreme operational difficulties or life threatening situations within ACT Health.
- The compromising of existing safety conditions during construction activities can seriously jeopardise the integrity of ACT Health.

This RISSC process ensures that all relevant parties are consulted during work that may affect patient or staff safety and includes Injury Prevention and Management or a Work Safety Representative for the area affected. The Dangerous Substances Coordinator is required to sign off any RISSC forms that have information regarding chemicals or other substances used during the works.

Link to RISSC form on the ACT Health Intranet

Website Address: <http://health.act.gov.au/c/health?a=dldivpoldoc&document=1351>

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<b>Section 20</b>	<b>Approved: Director IP&amp;M</b>	<b>Effective Date: 7.11.2010</b>	<b>Revision 4</b>
			<b>Revision Date: 7.11.2010</b>
<b>Subject Description: PERSONAL PROTECTIVE EQUIPMENT (PPE)</b>			

<b>SECTION 20</b>		
<b>PERSONAL PROTECTIVE EQUIPMENT (PPE)</b>		
<b>Sub Section</b>	<b>Contents</b>	
<b>20.1</b>	<b>PERSONAL PROTECTIVE EQUIPMENT (PPE)</b>	
<b>20.2</b>	<b>USE OF PPE / WORKER RESPONSIBILITIES</b>	
	<b>BACK TO CONTENTS</b>	

## 20.1 PERSONAL PROTECTIVE EQUIPMENT (PPE)

### 20.1.1 BACKGROUND

Protecting people against workplace hazards can involve using a number of different options from the Hierarchy of Control (refer to Section 4 – OHS Risk Management). The last line of protection involves ensuring people to wear protective equipment while they do their work. Where other options don't fully control a hazard, Personal Protective Equipment (PPE) can add some additional protection to allow work to be done safely and this can be identified in the Risk Assessment process.

Under ACT legislation the employer is required to provide personal protective and safety equipment that is appropriate for the person and minimises risk. The worker has responsibilities to wear PPE supplied according to training and instructions provided and to notify the employer if the PPE is defective or has become damaged. The Work Safety Regulation 2009 provides specific requirements for Air Supplied respiratory equipment (Part 7, Division 7.2, Section 72) and certain situations such as when exposed to radiation, extreme temperature, when working with sharp objects or situations that may cause eye or hearing injury (Part 7, Division 7.2, Section 71).

Link to Work Safety Regulation 2009

Website Address: <http://www.legislation.act.gov.au/sl/2009-45/default.asp>

### 20.1.2 SELECTION

ACT Health will observe and comply with all legislative safety requirements regarding the issue and type of Personal Protective Equipment (PPE) and will ensure that such equipment is issued to staff. The equipment will be of a type suitable for our working conditions and will be of a standard which complies with legislative requirements. Consultation and trial periods will be conducted with workers when new PPE is introduced into the workplace or new technology is available.

The list outlined below includes but is not limited to all equipment ACT Health shall provide:

#### General PPE

- Safety helmets to AS1801
- Protective Footwear to AS/NZS 2210:1:1994
- Safety glasses to AS/NZS 1337 - 1992
- Ear plugs / muffs to AS 1270
- Grinding goggles, and visors to AS/NZS 1337 - 1992
- Welders' protective leathers to AS 1558 - 1973
- Welders' protective helmets - lens to AS/NZS 1337, Filters to AS/NZS 1338
- Welding goggles to AS/NZS 1337
- Gloves to AS 2161- 1978
- Respirator ½ mask and disposable to AS 1716 - 1991
- Reflective Vests AS 4602 – 1999 / 1906.4 - 1997
- Confined Space Equipment as per AS 2865 -1995.

#### Clinical PPE

- Gloves (AS/NZ 4011, 4179) for clinical work with exposure to biohazards
- Mask (AS 4381), Eye Protection (safety glasses, goggles) (AS 1337), Face Shield
- Gowns/Aprons (AS 3789.2/3789.3)
- Footwear should be enclosed and capable of protecting from injury or contact with sharp objects, in some areas Protective Footwear to AS/NZS 2210:1:1994 should be used e.g. wet areas, slippery surfaces, etc. All staff are encouraged to wear aforementioned protective footwear.

**Note:** Any footwear complying to AS/NZA 2210:1:1994 can be classed as Personal Protective equipment, and could therefore be claimed in a tax return (seek your accountants advice).

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### **20.1.3 SUPPLY / STORAGE**

- PPE is to be supplied in quantities to meet both normal and emergency demands. It will be available on request and stored in an easily accessible location.
- It is stored in a way to protect it from any contaminants which could affect its performance and which makes it available to workers.

### **20.1.4 TRAINING**

Training is to be provided to workers on the correct use, maintenance and storage of PPE supplied. The Work Safety Regulation 2009 (Part 7, Division 7.2, Section 70) requires training to be conducted to ensure that the correct use of PPE minimises the risk to the worker. Manufacturer's instructions are to be followed to ensure correct use.

### **20.2 USE OF PPE / WORKER RESPONSIBILITIES**

- Any problems involving protective equipment shall, in the first instance, be discussed with management and, if this is unsatisfactory, shall be a matter for resolution with management.
- The Work Safety Regulation 2009 Part 7, Division 7.2, Section 70 provides specific responsibilities for workers in regards to PPE. It states that
  - workers must use PPE in accordance to training and instruction provided
  - workers must not misuse or damage PPE
  - workers must notify the employer as soon as possible when there is damaged, defective or unhygienic PPE.

Link to Work Safety Regulation 2009

Website Address: <http://www.legislation.act.gov.au/sl/2009-45/default.asp>

#### **20.2.1 RECORDS**

A record of PPE issued to workers and training received should be kept by the manager/supervisor.

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Section 21	Approved: Director IP&M	Effective Date: 7.11.2010	Revision 4
			Revision Date: 7.11.2010
<b>Subject Description: ACT HEALTH SAFETY RULES</b>			

<b>SECTION 21</b>		
<b>ACT HEALTH SAFETY RULES</b>		
<b>Sub Section</b>	<b>Contents</b>	
21.1	ACT HEALTH SAFETY RULES	
21.2	SMOKEFREE WORKPLACE	
21.3	DRIVING REQUIREMENTS FOR ACT HEALTH VEHICLES	
21.4	MOBILE PHONE/PERSONAL DIGITAL ASSISTANT PROCEDURES	
21.5	GENERAL SAFETY INSTRUCTIONS	
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## 21.1 ACT HEALTH SAFETY RULES

As outlined in section "2.2.5 Employees", it is each ACT Health worker, student, volunteer & contractor responsibility whilst doing his or her work to:

- Cooperate with the ACT Health to enable compliance with any duty imposed upon them by law.
- Use proper and effective equipment designed to safeguard his / her well-being.
- Be aware of factors or situations that may impact upon the health, safety and welfare of themselves and to be conscious that their behaviour and actions affect the health, safety and welfare of others.
- To formally report to their Manager / Team Leader / Supervisor any safety concern or hazard identified in any aspect of their work and complete the ACT Health *online* Staff Accident / Incident Report (SAIR) form or ACT Government Accident Incident Report (AIR). If an employee is not satisfied with the appropriate action being taken, the matter can also be referred to the relevant safety representative.
- Perform all aspects of their work as per documented Safe Work Procedures or as per specific instructions received from their Supervisor.

To address the above, the following OHS rules have been developed with the prime purpose to prevent incidents and personal injury from occurring.

## 21.2 SMOKEFREE WORKPLACE

ACT Health is committed to providing a healthy and safe workplace for all workers, patients, visitors and contractors. The ACT Health Smokefree Workplace Policy aims to provide a workplace that is smoke free to ensure a safer, pleasant, cleaner environment for all. The policy's goal is to reduce the health risks associated with smoking and exposure to environmental tobacco smoke.

[Link to ACT Health Smokefree Workplace Policy](#)

Website Address: <http://health.act.gov.au/c/health?a=ddivpoldoc&document=1416>

## 21.3 DRIVING REQUIREMENTS FOR ACT HEALTH VEHICLES

ACT Health Fleet Management provides support for ACT Health Staff, in the arrangement and day to day running of ACT Health government leased vehicles.

If an ACT Health Driver loses their Driver's License for **any reason whatsoever** they are to ***immediately*** report the loss of license to fleet manager and their immediate supervisor. The Fleet Management Intranet site contains links to policies, Driver responsibility guidelines, accident reporting process, etc.

[Link to Fleet Management Intranet page](#)

Website Address: <http://acthealth/c/HealthIntranet?a=da&did=5117863>

## 21.4 MOBILE PHONE/PERSONAL DIGITAL ASSISTANT PROCEDURES

The ACT Health Mobile Phone/Personal Digital Assistant Procedures details Safe use requirements for ACT Health such as not using mobile phones whilst driving and keep volume at a reasonable level to minimise effects to hearing. For more information, please refer to the ACT Health Mobile Phone policy.

[Link to ACT Health Mobile phone policy](#)

Website Address: <http://health.act.gov.au/c/health?a=dipol&policy=1185432135>

## 21.5 GENERAL SAFETY INSTRUCTIONS

These safety instructions apply to all ACT Health personnel while on site. Specific circumstances may require additional safety instructions to be issued on particular projects. All safety instructions are to be applied in conjunction with relevant legislation, regulations etc.

### 21.5.1 HOUSEKEEPING

Untidy work area causes incidents

- All leads are to be kept off the ground or run through protective covers, or in locations that avoid the creation of a trip hazard
- All tools and equipment must be locked away at the end of the day as appropriate
- Keep materials stored in designated areas
- Keep stairways, landings and access ways clear and unrestricted at all times.

### 21.5.2 MOVEMENT WITHIN ACT HEALTH

- Use recognised walkways wherever possible
- Beware of mobile equipment and motor vehicles while moving around site
- Observe any "local" safety requirements stipulated by way of signs including infection control requirements.

### 21.5.3 ELECTRICAL SAFETY – PLEASE ALSO REFER TO SECTION 16:

- Do not reset a tripped circuit breaker, report it immediately to Property Maintenance & Mgt
- All electrical tools and leads must be inspected and tagged prior to their use
- Double adapters and "piggy-back" adapters are prohibited throughout all ACT Health premises
- Do not join leads together so that they exceed 32.0 metres in length.

### 21.5.4 LADDERS – PLEASE ALSO REFER TO SECTION 18:

- Use only strong, unpainted, undamaged ladders long enough for the job
- The base of the ladder is to be approximately one fourth of the ladder's length from vertical
- The ladder should extend a minimum of one metre beyond the landing place
- Make sure the ladder is tied-off and cannot slip
- Face the ladder and hold onto the side rails when climbing up or down
- Clean mud and greasy substances from boots before using ladders
- Do not carry tools or materials in your hands when climbing up or down
- Do not use electrically conductive ladders around live power cables.

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<b>Section 22</b>	<b>Approved: Director IP&amp;M</b>	<b>Effective Date: 7.11.2010</b>	<b>Revision 4</b>
			<b>Revision Date: 7.11.2010</b>
<b>Subject Description: STAFF WELFARE &amp; WELLBEING</b>			

<b>SECTION 22</b>		
<b>STAFF WELFARE &amp; WELLBEING</b>		
<b>Sub Section</b>	<b>Contents</b>	
<b>22.1</b>	<b>INTRODUCTION</b>	
<b>22.2</b>	<b>ANTI DISCRIMINATION, HARASSMENT AND BULLYING POLICY</b>	
<b>22.3</b>	<b>VIOLENCE AND AGGRESSION PROGRAM</b>	
<b>22.4</b>	<b>EMPLOYEE ASSISTANCE PROGRAM</b>	
<b>22.5</b>	<b>OFF CAMPUS VISITING POLICY</b>	
	<b>BACK TO CONTENTS</b>	

## 22.1 INTRODUCTION

As outlined in the ACT Health Work Safety Policy, management "*recognises that the health, safety and welfare of its employees, contractors, clients, carers and visitors is of primary importance for our responsibilities for service delivery and operational management.*"

Looking after the welfare of staff is fundamental to the manner in which ACT Health conducts business and we have established specific policies and procedures to protect all our staff in terms of their welfare and well being.

It is essential that the policies and procedures in this section are reviewed with staff to ensure compliance as well as establishing a framework for them to work within if they are ever confronted with situations which these policies seek to address.

It should be noted that breach of these policies by offending parties could result in Discipline Procedures being instigated against any worker involved in behavior which contravenes ACT Health Policy.

## 22.2 ANTI DISCRIMINATION, HARASSMENT AND BULLYING POLICY

ACT Health is committed to providing a safe and harmonious work environment that enhances the achievements of both individual and organisational goals. In this environment, everyone has the right to be treated fairly and with respect. Accordingly, any form of discrimination, harassment or bullying in the workplace will not be tolerated and disciplinary action may be taken against any individual proven to be engaging in such conduct.

[Link to ACT Health Anti Harassment, Bullying and Discrimination Policy and Procedures](#)

Website Address: <http://health.act.gov.au/c/health?a=dlpol&policy=-897407058>

For further information please contact HR ([Link to HRM contact list](#)) or go to HR online ([Link to HR Online](#))

## 22.3 VIOLENCE AND AGGRESSION PROGRAM

The health, safety and welfare of all persons employed by ACT Health are of utmost importance. People working at ACT Health have the right to a workplace free of aggression and violence. Patients/clients/consumers and other visitors to ACT Health facilities have the right to receive care and visit in an environment that is therapeutic and free from threat or risk to their personal safety.

### Definition

Aggression and violence is understood as any incident in which an individual is abused, threatened or assaulted and includes verbal, physical or psychological abuse, threats or other intimidating behaviours, intentional physical attacks, aggravated assault, threats with an offensive weapon, sexual harassment and sexual assault. It also includes bullying, harassment and discrimination.

### ACT Health Policies

[Link to Preventing and Managing Aggression and Violence in ACT Health Policy](http://health.act.gov.au/c/health?a=dipol&policy=1218772213)

Website address: <http://health.act.gov.au/c/health?a=dipol&policy=1218772213>

[Link to Anti Discrimination, Bullying and Harassment Policy and Procedures](http://health.act.gov.au/c/health?a=dipol&policy=-897407058)

Website address: <http://health.act.gov.au/c/health?a=dipol&policy=-897407058>

[Link to Providing Health Services in an Off-Campus Environment Policy](http://health.act.gov.au/c/health?a=dipol&policy=1172798942)

Website address: <http://health.act.gov.au/c/health?a=dipol&policy=1172798942>

**Acknowledgements:** The information below is based on the work completed by the United Kingdom National Institute for Clinical Excellence Guideline Number 25, February 2005.

[Link to Clinical Excellence Guideline No 25](http://www.nice.org.uk/Guidance/CG25)

Website Address: <http://www.nice.org.uk/Guidance/CG25>

The crisis communication section is based on the work of Vaughan Bowie, 1992 *May I shake you by the throat? Dealing with difficult clients* from the Australian Institute of Criminology.

[Link to Publications, Australian Institute of Criminology](http://www.aic.gov.au/en/publications/by%20subject.aspx)

Website Address: <http://www.aic.gov.au/en/publications/by%20subject.aspx>

## 22.3.1 PREDICTION OF VIOLENCE AND AGGRESSION

### 22.3.1.1 RISK FACTORS

Violence may result from the desire of a person to have an unmet 'need' addressed. Once that 'need' has been addressed, usually the violence will dissipate. Certain factors may indicate an increased risk of violent behaviour. The following list of factors is not designed to be exhaustive, but to serve as a guide and should be considered on an individual basis.

#### Demographic or personal history

- History of disturbed or violent behaviour
- History of misuse of substances or alcohol
- Previous expression of intent to harm others
- Previous use of weapons
- Previous dangerous impulsive acts
- Severity of previous acts Known personal trigger factors
- Verbal threat of violence
- Evidence of recent severe stress, particularly a loss event or threat of loss

**Clinical Variables**

- Under the influence of substances or alcohol
- Delusions or hallucinations with violent content
- Organic dysfunction
- Poor collaboration with suggested treatments
- Antisocial, explosive or impulsive personality traits or disorder

**Situational Variables**

- Extent of social support
- Immediate availability of a potential weapon
- Access to potential victim
- Limit setting (for example, staff members setting parameters for activities, choices etc)
- Staff attitudes

**22.3.1.2 WARNING SIGNS**

Certain signs may indicate that a patient may be escalating towards physically violent behaviour. The list below is not intended to be exhaustive and should be considered on an individual basis.

**Clinical Variables**

- Tense and angry facial expressions
- Increased or prolonged restlessness, body tension, pacing, erratic movements
- General over arousal
- Increased volume of speech
- Prolonged eye contact
- Discontentment, refusal to communicate, fear, irritation
- Unclear thought processes, poor concentration
- Delusions or hallucinations with violent content
- Verbal threats or gestures
- Reporting anger or violent feelings
- Blocking escape routes

**22.3.1.3 RISK ASSESSMENT**

All staff should be aware that attitudinal, situational, organisational or environmental factors may provoke an aggressive or violent incident. The manager in association with the local WSR and multi-disciplinary team should undertake a regular and comprehensive general risk assessment of the clinical environment.

The following guidelines can be used as a quick checklist before assessing a patient.

**THE TASK****Temperament**

- Is the person agitated or in a bad mood?
- Is the person drunk or under the influence of drugs?
- Could the person be suffering from an acute mental health condition?
- Is the person likely to be carrying a weapon?
- Has the person come with a complaint?
- Is the person feeling trapped?
- Have other people been winding him/her up?

- What is the reason for the visit?
- What is the anticipated timeframe?
- What actions are to be undertaken?
- What is the anticipated state of the patient?
- Who else may be with the patient?

### **Expectations**

- Are you able to meet the person's demands?
- Is the person being unreasonable?
- Does the person think that you are being unreasonable?
- Are you giving the person bad news?

### **THE SETTING**

- Will you be alone with the person?
- Will your colleagues be aware of the fact you may be in a potentially threatening situation?
- Will you be out of your normal workplace?
- Is there potential for weapons to be around?
- Are you visiting in an isolated location?

### **THE PATIENT**

- Is there a previous record of threats, anger or violence?
- Is the person's body language hostile or aggressive?
- Is the person acting in a strange or bizarre manner?
- Is there likely to be a hostile or negative attitude to you?

## **22.3.2 PREVENTION OF VIOLENCE AND AGGRESSION**

### **22.3.2.1 WORKING WITH PATIENTS / CLIENTS / CONSUMERS**

To minimise any potential for aggressive or violent behaviour, staff should:

- Treat all patients / clients / consumers with dignity and respect, regardless of culture, gender, diagnosis, sexual orientation, disability, ethnicity or religious / spiritual beliefs.
- Offer patients / clients / consumers identified as being at risk of aggressive or violent behaviour the opportunity to record their wishes and needs in advance.
- Ensure that patients / clients / consumers physical needs are assessed and regularly reassessed.
- Help to establish therapeutic relationships by taking time to listen to patients / clients / consumers, including those from diverse backgrounds where interpreters may be necessary.

### **22.3.2.2 DE-ESCALATION**

A patient/client/consumer's anger needs to be treated with an appropriate, measured and reasonable response. De-escalation techniques should be used before and during any other intervention. In a crisis, staff are to avoid provocation and should be aware of, and monitor, their own verbal and non verbal behaviour.

#### **De-escalation Techniques**

- One staff member should assume control and should
  - consider which techniques are appropriate for the situation
  - manage others in the environment and move towards a safe place
  - ask for facts about the problem, attempt to establish rapport, ask open questions and ask about the patients / clients / consumers anger showing concern and attentiveness

- attempt to negotiate realistic options
  - ensure that their own verbal and non verbal communication is not threatening or provocative
  - Where there are potential weapons, the patient should be moved to a safer environment
- Provide reasonable positive reinforcements and propose alternatives to aggressive behaviour, such as talking with staff members or making a phone call.

### 22.2.2.3 CRISIS COMMUNICATION STRATEGIES

In a situation of potential or actual violence, there are three main ways of gaining or maintaining control. The first two are interrelated and rely on intellectual and emotional processes (verbal persuasion and reasoning) and social pressures (family, culture, control agents), while the third relies on physical restraint. The choice of approach to be taken will be influenced by the situation, the problem, constraints and the participants.

#### Verbal Persuasion

Persuading others can be done in five ways:

- by appeal to the other person's reason
- by appeal to their emotions
- by appeal of the worker's own character and personality (persona)
- by appeal to consequences
- by appeal to sociocultural pressures

Alongside these types of verbal persuasion there are also non-verbal means or 'channels' of communication. These non-verbal channels include:

#### Non-Verbal Persuasion

- Paraverbal communication: utterances, sounds and pauses, as well as tone, inflection and volume, but not actual words
- Kinesic channels: body posture, stance, eye contact, facial expressions, movements and gestures. Closely related to these are cues like physical appearance and clothing style
- Proxemics: relate to use and structuring of space with objects and people. Private space and territoriality are important factors to be taken into account
- Haptic channels involve the use of touch and how it is used.

Normally in communication, all these different channels must be used in an integrated fashion and not distract from each other, or negate the message of any other channel.

During times of increasing stress, the communication capacity of the above channels are lost from the top down, that is, with increasing distress to both the other's and the worker's verbal ability, and message perception may be replaced by non-verbal responses and needs. As the situation is resolved, the reverse may occur, with movement up towards the more verbal, conscious channels.

### 22.3.3 RESPONDING TO VIOLENCE

In a violent incident, it is important that staff are aware that they have a range of response options. The response will depend on a number of factors including the nature and severity of the event, whether the incident involves a patient, visitor or intruder and the skills, experience and confidence of the staff member/s involved. Staff should use the minimum amount of force necessary in responding to an aggressive or violent incident consistent with ensuring their own safety. On the following page a flowchart shows the process for responding to violence (see 22.2.3.1 – Responding to Violence Flowchart).

When staff are considering options in response to aggression or violence, the possibility of an underlying clinical condition contributing to the violent behaviour should always be kept in mind.

#### **Immediate and short-term response options**

- continue to use de-escalation techniques
- one staff member should assume control throughout the process
- seek support from other staff
- in the case of a violent visitor, requesting that the aggressor leave
- request review by more senior staff member or clinician - in some circumstances this may be enough to calm a violent person and also allow for a clinical assessment
- retreat from the violent person and remove all non essential people from the area
- initiate internal emergency response, for example, security, duress response team
- utilise restraint policies as appropriate, using the minimum amount of force possible
- initiate external emergency response, for example, police.

Staff should be aware that any and/or all acts of violence might re-escalate in the period immediately after the incident appears resolved.

#### **Longer-term response options**

- alternate treatment arrangements, for example at a different location
- conditional treatment agreements or visiting rights
- patient alerts in conjunction with support management plan
- written warnings
- formal recognition of inability to treat in certain circumstances
- Apprehended Violence Orders (AVO) to protect staff
- lay charges.

**If a staff member feels physically threatened disengage from the situation**

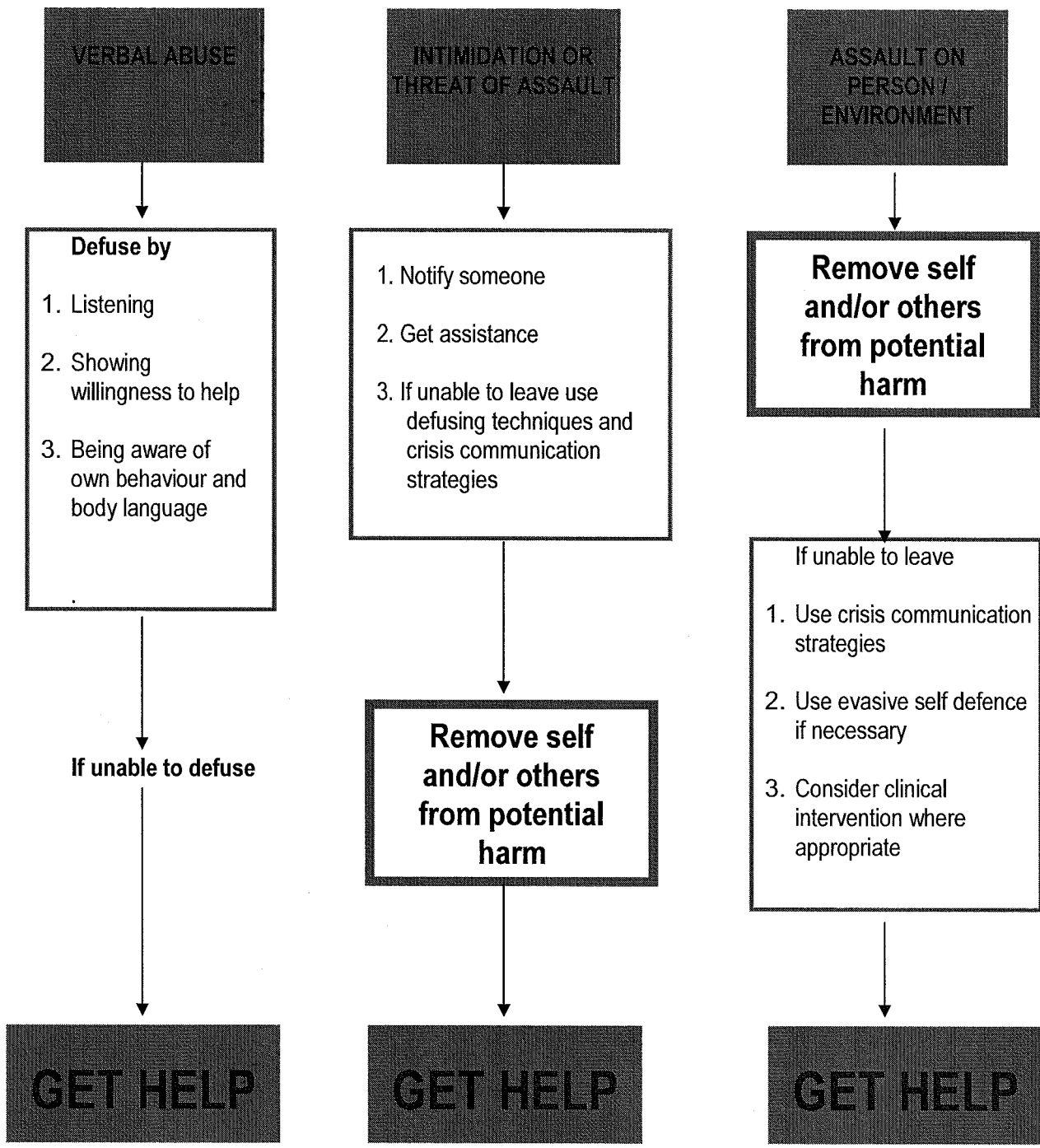
**Staff located at:**

**The Canberra Hospital - CALL CODE BLACK**

**Health Centres – Call Security if available or call Police**

**Other locations – Call Police**

### 22.2.3.1 RESPONDING TO VIOLENCE FLOWCHART



**If a staff member feels physically threatened disengage from the situation**

**Staff located at:**  
**The Canberra Hospital - CALL CODE BLACK**  
**Health Centres – Call Security if available or call Police**  
**Other locations – Call Police**

## 22.2.4 POST INCIDENT REVIEW

Following the resolution of the incident, any injuries should be attended to and staff allowed time out from their duties if necessary.

Debriefing or an opportunity to express emotions for all involved or witness TO an incident is important, but not mandatory. Patients / clients / consumers, visitors and others involved in the incident should be provided with the opportunity to explore the possible causes of the aggressive incident to inform preventative activities.

A post incident review within 72 hours should be undertaken by a senior staff member with the aim to learn lessons, support staff and any others involved in the incident and encourage the establishment of therapeutic relationships. The immediate post incident actions should be evaluated and monitored.

### 22.2.4.1 STAFF INCIDENT REPORTING

Immediately report the incident of violence and aggression to your Manager for follow-up action. Details of what happened, witnesses and their contact information must be recorded and a Staff Accident Incident Report completed using either the electronic reporting system for staff (SAIR) or paper based report form. Details may also be reported to senior management, police or agencies such as WorkSafe ACT (formerly known as ACT Workcover) as appropriate.

### 22.2.4.2 MANAGEMENT RESPONSE TO VIOLENCE AND AGGRESSION

Violence and aggression is not tolerated in ACT Health.

**If a staff member feels physically threatened disengage from the situation**

**Staff located at:**

**The Canberra Hospital - CALL CODE BLACK  
Health Centres – Call Security if available or call Police  
Other locations – Call Police**

The following action is to be taken regarding any incidents of violence:

- **Patient/Client/Consumer**

Discuss the incident with the patient and determine the cause/s of the incident. If appropriate explain to the patient that verbal, physical and psychological violence is not acceptable. Identify possible consequences of their actions to them. Develop strategies with the patient and with staff to avoid further conflict. If this is not an appropriate solution, identify to senior management the situation and request further guidance from them and contact Injury Prevention and Management.

- **Visitors and Relatives**

Request Security Staff to attend the situation immediately.

- **Members of staff**

Bullying and harassment of other members of staff is not to be accepted or tolerated under any circumstances in ACT Health. Repeated (more than once) acts of bullying are to be addressed immediately with the parties involved. Guidance can be obtained from the Anti-discrimination, Bullying and Harassment Policy and Procedures and Human Resource Management.

Staff are to report all incidents of violence and aggression using the staff incident reporting system. Contact Injury Prevention and Management if further advice is required.

### **22.2.4.3 EMPLOYEE ASSISTANCE PROGRAM**

The Employee Assistance Program is an independent and confidential counselling service provided for staff free of charge. For EAP details please see below.

### **22.2.5 TRAINING**

#### **22.2.5.1 LEVEL 1 CARM TRAINING**

This is an interactive e-learning computer based training program for ACT Health staff. The program is accessed using an Authorisation Code on the Internet/Intranet and usually takes an average of 3 hours to complete. The training program reviews the causes of violence and aggression, using a risk management approach and de-escalation techniques. Injury Prevention and Management maintain the program.

[Link to Capabiliti](#)

Website Address: <https://training.health.act.gov.au/menuscript.asp>

[Link to Instructions for accessing CARM eLearning](#)

Website Address: <http://acthealth/c/HealthIntranet?a=da&did=5249931>

#### **22.2.5.2 LEVEL 2 P.A.R.T. (PROACTIVE RESPONSE APPROACH TRAINING)**

This is a Level 2 interactive course over 4 days designed for staff who have potential interaction with patients / clients / consumers that may be physical in nature. The training program reviews the causes of violence and aggression, using a risk management approach and de-escalation techniques and how to physically manage or avoid any physical interaction.

To view training schedule or to register, please go to ACT Health Capabiliti.

[Link to Capabiliti](#)

Website Address: <https://training.health.act.gov.au/menuscript.asp>

### **22.4 ACT HEALTH EMPLOYEE ASSISTANCE PROGRAM POLICY**

The Employee Assistance Program (EAP) is an early intervention program to assist employees at all levels to resolve work related and/or personal issues through the provision of short-term individual and group counselling. EAP provides employees with confidential, professional counselling at no cost to the employee.

[Link to ACT Health Employee Assistance Program Policy & Procedure](#)

Website Address: <http://acthealth/c/HealthIntranet?a=da&did=2155388&pid=1128906045>

For further information please contact HR or go to HR online:

[Link to HR Online](#)

Website Address: <http://acthealth/c/HealthIntranet?a=da&did=2155388>

## 22.5 OFF CAMPUS VISITING POLICY

ACT Health has a responsibility to ensure the safety of staff in all work locations, including off campus, which may include patient / client / consumer homes, clinics and other locations as required to provide health care services in an Off Campus Environment.

When visiting new work locations for the first time, the WorkSafety legislation requires a risk assessment be undertaken, to identify hazards and risks in the proposed workplace, then implementing effective controls and procedures to reduce the risk(s) to an acceptable level and ensure staff safety.

[Link to Community Health Off Campus Visit Pre-Assessment Form](#)

Website Address: <http://health.act.gov.au/c/health?a=dldivpoldoc&document=1379>

[Link to CYWHP Off Campus visiting Policy](#)

Website Address: <http://health.act.gov.au/c/health?a=dldivpoldoc&document=1832>

[Link to Mental Health Home Visiting Standard Operating Procedures](#)

Website Address: <http://health.act.gov.au/c/health?a=dldivpoldoc&document=1691>

[Link to Community Health Off Campus Visiting Policy and Protocol](#)

Website Address: <http://health.act.gov.au/c/health?a=dldivpoldoc&document=1523>

[Link to Continuing Care Program Off Campus Visit Pre-Assessment Form](#)

Website Address: <http://health.act.gov.au/c/health?a=dldivpoldoc&document=1484>

[Link to Community Health Attainment of Manual Handling Equipment for the Off Campus Environment](#)

Website Address: <http://health.act.gov.au/c/health?a=dldivpoldoc&document=1647>

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Section 23	Approved: Director IP&M	Effective Date: 1.12.08	Revision 1 Revision Date: 1.12.10
<b>Subject Description: MANAGEMENT OF SMS INFORMATION</b>			

<b>SECTION 23 ENVIRONMENT and WASTE MANAGEMENT (Future Development)</b>		
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<b>Section 24</b>	<b>Approved: Director IP&amp;M</b>	<b>Effective Date: 1.12.08</b>	<b>Revision 2</b>
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<b>Subject Description: MANAGEMENT OF SMS INFORMATION</b>			

<b>SECTION 24</b>		
<b>MANAGEMENT OF SMS INFORMATION</b>		
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