Policy Directive

Work Health and Safety - Better Practice Procedures

Summary	This Policy Directive supports NSW Health Organisations to implement an effective work health and safety management system that is consistent with NSW Work Health and Safety (WHS) legislation; and provide information to clarify the duties and responsibilities of officers and managers/supervisors in contributing to a safe and healthy work environment.
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Distributed to	Ministry of Health, Public Health System, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, Health Associations Unions
Audience	Officers (WHS Act);Senior Managers and Supervisors;All Staff of NSW Health

Secretary, NSW Health

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.

Work Health and Safety - Better Practice Procedures

Policy Statement

NSW Health is committed to creating a safe and healthy workplace by implementing a Work Health and Safety (WHS) Management System that meets legislative requirements, prevents work-related physical and psychological injuries and illnesses, and promotes continuous improvement through a systems thinking approach.

This Policy Directive provides a basis within which the Work Health and Safety Act 2011 (WHS Act) and *Work Health and Safety Regulation 2017* (WHS Regulation) can be implemented in all NSW Health Organisations using a WHS Management System.

The system should also be should be consistent with Australian Standard AS/NZS ISO 45001:2018 *Occupational health and safety management systems – Requirements with guidance for use* and AS/NZS ISO 45003: 2021 *Occupational health and safety management - Psychological health and safety at work - Guidelines for managing psychosocial risks*.

Summary of Policy Requirements

Health and safety in the workplace is a key business risk and must be considered in all decisions of the NSW Health Organisation. The WHS Framework should be integrated with other management systems and include these key areas:

Leadership and Governance

The Chief Executive, and other Officers, must be committed and actively drive WHS management system implementation through accountability, resourcing, communication and governance structures. This also includes developing and enabling a positive safety culture through visible leadership.

Risk management and compliance

Managing work health and safety risk is a proactive and ongoing process. NSW Health Organisations must have processes for hazard identification, risk assessment, and risk control based on legislative requirements.

NSW Health Organisations must have procedures to identify, access and comply with WHS legislation. Officers, managers, workers need to be aware of their WHS responsibilities and have structures to ensure accountability. There must be a process for WHS entry to the workplace according to the WHS legislation for SafeWork NSW Inspectors and union representatives with WHS permits.

Worker Participation and Training

NSW Health Organisations must consult, <u>as far as is reasonably practicable</u>, with workers who are, or are likely to be, directly affected by a health and safety matter. Consultation must occur as per agreed arrangements with workers and their representatives in the development, planning, implementation and performance evaluation to improve the WHS Management System. Identification of shared duty holders is required with mechanisms to consult, coordinate and cooperate about matters related to health and safety.

Each NSW Health Organisation must provide information, training, instruction or supervision as far as reasonably practical to protect all people from risks to their health and safety from work carried out by the organisation. Training for workers based the risks associated with the work they performed must occur. This includes induction training for workers that are new or moving to a new work area.

Planning, reporting and operation controls

Measurable WHS objectives must be determined by NSW Health Organisations to meet the objective of creating a safe and healthy workplace. Plans to achieve these objectives should be created, reviewed and communicated. Local reporting of WHS safety performance should occur according to WHS governance arrangements, on a regular basis.

NSW Health Organisations must have procedures to manage risks and ensure safe operations based on legal requirements. This includes emergency response plans and procedures to respond in an emergency to address hazards and risks.

Incident management

NSW Health Organisations must have systems for reporting, investigating and addressing workplace physical and psychological incidents. This includes providing immediate support to the worker and opportunities to recover at work, according to legislative requirements. It also includes processes to notify incidents as required to SafeWork NSW.

Monitoring, evaluation and continuous improvement

Measuring, evaluating and reviewing the WHS Management System is required to ensure that it is being effective implemented, and legally compliant. Audits, checks and investigations must be conducted to identify the strengths and opportunities for improvement. When gaps are identified, changes need to be implemented to ensure continued improvement aimed at elimination of work-related injury and illness.

NSW Health
Policy Directive

Revision History

Version	Approved By	Amendment Notes
PD2025_024 June-2025	Deputy Secretary, People, Culture and Governance	Significant updates and changes include: • Updates based on legislation changes including psychosocial hazards and risks • Updates to align with current international standards • Systems approach to WHS system management considering the context of the organisation and emphasis on the importance of consultation, cooperation and coordination.
PD2018_013 May-2018	Deputy Secretary People, Culture and Governance	Replaces PD2013_050. Changes include Safety Huddles, the WHS Issue Resolution process and other minor updates.
PD2013_050 December-2013	Deputy Director-General	Replaces PD2013_005. Changes to WHS Policy/Statement of Commitment and minor updates.
PD2013_005 February-2013	Director General	Replaces PD2005_409. Changes to WHS legislation and terminology.
PD2005_409 January-2005	Director General	Minor updates.

Contents

1.   Background

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

WHS Management Systems will be a set of tangible and intangible elements that can vary over time but interact in a coordinated manner to protect and promote the physical and psychological health, safety and welfare of those present in the workplace or directly affected by workplace activities (OHS Body of Knowledge Chapter 12.2, p 40).

A safe workplace is achieved when everyone communicates about physical and psychological risks, acknowledges their responsibilities, talks about safety concerns and works together to find solutions.

1.1.   About this document

The intended outcomes of the WHS Management System are to provide safe and healthy workplaces and prevent work-related injury and ill health to NSW Health workers.

This Policy Directive provides guidance and expectations for a WHS Management System. This WHS Management System must be part of a NSW Health Organisation's usual business planning processes and become part of core business. The NSW Health Organisation must develop a culture where safety is valued by the leadership and the workers and is consistent with the principles outlined in Section 4.3 *Embedding a Safety Culture*.

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

1.2.   Key definitions

Consultation	See Section 5 *Consultation, Coordination, Cooperation and Participation.*
Due Diligence	A legal duty of care for Officers of a NSW Health Organisation to ensure the work health and safety of workers and others. It means taking reasonable steps to comply with the *Work Health and Safety Act 2011* (NSW) [WHS Act] and *Work Health and Safety Regulation 2017* (NSW) [WHS Regulation]. See Section 1.3 *Legal and legislative framework* and Section 4 *Leadership and Management Responsibilities*.

Duty Holder	See Section 1.3 *Legal and legislative framework*. Refers to any person who holds a health and safety duty under the under the WHS Act. There are WHS duties for duty holders such as: • a person conducting a business or undertaking (PCBU), such as a Health organisation • an officer, such as a board member, CE or senior leader • worker or other person in the workplace. Four key principles that apply to WHS duty holders: • WHS duties are not transferable • a person can have more than one duty • more than one person can have the same duty • management of risks to health and safety by eliminating risk as far as reasonably practicable and if not, minimise the risks as far as reasonably practicable.
Hazard	See Section 7 *Identifying and Managing Risk*. a hazard is anything that has the potential to cause harm to people, equipment, structures and /or the environment. Hazards in the workplace can include hazardous manual tasks and chemicals, electricity, working from ladder, violence and aggression, exposure to trauma and bullying and harassment.
Health and Safety Representatives (HSR)	See Section 5.7 Roles and responsibilities of *Health and Safety Representatives (HSRs)*. HSRs are elected by a work group to represent them on work health and safety matters as part of a consultation arrangement agreed between the NSW Health Organisation and its workers.
Health and Safety Committee (HSC)	See Section 5.6 *Establishing consultation arrangements*. A HSC brings together workers and management to assist in the development and review of health and safety policies and procedures, including the WHS Management System, for the workplace. In this Policy Directive the terms Health and Safety Committee (HSC) and Work Health and Safety Committee (WHS Committee) are used interchangeably.

Interested parties	This includes both internal and external stakeholders.
	The definition of internal stakeholders includes all workers—managerial and non-managerial and at all levels—along with their representatives including unions, as well as suppliers and contractors.
	The definition of external interested parties includes patients, consumers, visitors, regulators, the media, government and the public.
Lead Indicator Key Performance Indicator (KPI)	Leading indicators are proactive, preventive, and predictive measures that provide information about the effective performance of your safety and health activities. They measure events leading up to injuries, illnesses, and other incidents and reveal potential problems in your safety and health program[1].
Lag Indicator KPI	Lagging indicators measure the occurrence and frequency of events that occurred in the past, such as the number or rate of injuries, illnesses, and fatalities[2].
NSW Health Organisations (Health Organisations)	For the purposes of this Policy Directive, NSW Health Organisations are public health organisations and all other bodies and organisations under the control and direction of the Minister for Health or the Secretary of NSW Health. NSW Health Organisations include:
	- NSW Ministry of Health - Local health districts and specialty networks - Statutory health corporations - Affiliated health organisations in respect of their recognised establishments and recognised services - Pillars - Shared services - Statewide health services - HealthShare NSW - Health Infrastructure

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[1] Occupational Safety and Health Administrators (2019) Using Leading Indicators to Improve Safety and Health Outcomes, OSHA 3970.

[2] Occupational Safety and Health Administrators (2019) Using Leading Indicators to Improve Safety and Health Outcomes, OSHA 3970.

	• Albury Wodonga Health Service in respect of staff who are employed in the NSW Health Service.
Officer	See Section 4.1 *Demonstrating due diligence as an Officer*. An 'Officer' means a person who: • Makes or participates in decision making that affects the whole or a substantial part of the NSW Health Organisation, or • Has the capacity to affect significantly the NSW Health Organisation's financial standing. Officers are generally only those people at the most senior level/s of a NSW Health Organisation who are in a position to prevent contraventions of the WHS Act. This will include Chief Executives and is also likely to include other senior executives with substantial organisation-wide responsibilities such as Directors of Finance and Directors of Clinical Operations. Middle level managers and supervisors are generally not Officers as their role is to implement the decisions of others or report to more senior levels within their organisation. Board members of Local Health Districts, Sydney Children's Hospitals Network and Justice Health & Forensic Mental Health Network are also likely to be considered Officers.
Other persons	Include patients, consumers, clients, customers, sales representatives and visitors entering or utilising the NSW Health Organisation's workplaces.
Person conducting a business or undertaking (PCBU)	Under the WHS Act, NSW Health Organisations are PCBUs and are responsible for the primary duty of care for workplace health and safety, as far as is reasonably practicable.
Reasonably Practicable	Reasonably practicable means that which is, or was at a particular time, reasonably able to be done to ensure health and safety, taking into account and weighing up all relevant matters. Refer to Safe Work Australia Guide *Interpretive guideline - Model Work Health and Safety Act - the meaning of reasonably practicable* for further information.
Risk	See Section 7 *Identifying and Managing Risk*. Is the possibility that harm (death, injury or illness) might occur when exposed to a hazard. It is assessed based on the likelihood of occurrence and the consequence of exposure.

Safety Huddles (including those in a clinical setting)	The term Safety Huddle is used in this Policy Directive to mean a brief meeting in which work health and safety issues are discussed and actions taken to minimise risk to staff safety. They are multidisciplinary, occur at the beginning of every shift. They are focused on the exchange of information on potential or existing safety risks which may affect patients, staff and any person accessing the healthcare environment. Safety risks may include the patients' medical condition, behaviour and requirements for care, the environment, plant, equipment and/or how work is done including emergency planning.
	NSW Health Organisations have discretion on whether to call meetings with this purpose a Safety Huddle or another name. Other examples include Team Safety Meeting, Toolbox Talks and Safety Moments.
	Safety Huddles are in addition to the consultation arrangements required under WHS legislation.
	See Section 5.9 *Safety Huddles to improve communication and culture* for more information.
System Thinking	How the different parts of a work system combine and interact to create health and safety risks, and to support or erode the effectiveness of workplace controls.
Worker	Anyone who carries out work for NSW Health is given the legal status of 'worker' under the WHS Act. Workers include:
	• employees
	• contractors, including visiting practitioners
	• sub-contractors and employees of contractors
	• employees of a labour hire company, such as Agency staff
	• volunteers
	• apprentices, cadets or trainees
	• students on clinical, work experience or other placements.
Work System	Work tasks, organisation systems, working environment system and the human system that together will deliver the products and services to internal and external customers.

1.3. Legal and legislative framework

The *Work Health and Safety Act 2011* (NSW) [WHS Act] and *Work Health and Safety Regulation 2017* (NSW) [WHS Regulation] is designed to ensure the health and safety of everyone at the workplace. NSW Health Organisations have a primary duty of care (Section 19 WHS Act) to ensure, so far as is reasonably practicable, that workers and other persons (such as visitors) are not exposed to a risk to their health and safety.

1.3.1. Section 19 of the WHS Act summarised

Under Section 19 of the WHS Act, NSW Health Organisations as PCBUs must ensure, so far as is reasonably practicable, the health and safety of:

a) workers engaged, or caused to be engaged by, PCBU; and

b) workers whose activities in carrying out work are influenced or directed by the PCBU while the workers are at work in the business or undertaking, and

c) other persons who may be put at risk from work carried out as part of the conduct of the business or undertaking, such as patients, visitors, members of the public.

The obligation of a PCBU to ensure health and safety is assessed by reference to what is "reasonably practicable". The test of "reasonably practicable" is an element of almost every duty in the WHS Act. It is defined by Section 18 of the WHS Act to mean that which is, or was at a particular time, reasonably able to be done in relation to ensuring health and safety, taking into account and weighing up all relevant matters.

In giving effect to this ***primary duty to ensure health and safety***, a NSW Health Organisation must, so far as is reasonably practicable:

- Provide and maintain:
    - a safe work environment/safe systems of work
    - adequate facilities for the welfare of workers, such as lunchrooms, toilets, first aid facilities.

- Eliminate risks to health and safety, and if this is not reasonably practicable, to minimise those risks.

- Ensure the safe use, handling, storage and transport of plant, structures and substances.

- Provide information, training, instruction or supervision that is necessary to protect all persons from risks to their health and safety arising from work carried out by the NSW Health Organisation.

- Monitor the health of workers and conditions at the workplace for the purpose of preventing illness or injury.

- Where premises owned, controlled or managed by the PCBU are being used for worker accommodation, the PCBU must maintain the premises so that the workers occupying the premises are not exposed to risks to health and safety.

There is also a legal duty to consult with workers and other duty holders (see Section 46 to 49 of the WHS Act). A NSW Health Organisation as a PCBU **must** consult with workers (see Section 47 of the WHS Act), as far as reasonably practicable, when they are likely to be or are directly affected by a situation involving their health and safety. Refer to Section 5 *Consultation, Cooperation, Coordination and Participation* for further information on the legislative requirements for consultation for workers and shared duty holders.

The WHS Act defines "health" as both physical and psychological health. The WHS Regulations was amended to address psychosocial hazards and risks. PCBU's must manage psychosocial risks in accordance with their general duties to manage risks to health and safety under Division 11 Clause 55 A to D WHS Regulation.

A business or undertaking is operated (governed) by individuals who, through their decision making, influence the specific activities and behaviours that determine the success or failure of health and safety initiatives and compliance by the PCBU with WHS laws. Section 27 of the WHS Act accordingly places a duty to exercise due diligence on these individuals, who are described as Officers, to require them to take reasonable steps that will support a health and safety culture, accountability, the allocation of resources and development of appropriate policies.

Officers

Officers need to demonstrate that they have been pro-active in ensuring that a NSW Health Organisation has done what is reasonably practicable to address a work health or safety matter. For further information on the due diligence requirements for Officers refer to Section 4.1 *Demonstrating due diligence as an Officer*. Safe Work Australia provides further information on *How to determine what is reasonably practical to meet a health and safety duty*.

To support the standards provided in this Policy Directive, particular guidance around specific risk areas can be found at MOH-WRB Safety and Security Improvement, and include:

- NSW Health Guideline *Work Health and Safety - Other Workers Engagement* (GL2024_012)

- NSW Health Guideline *Fatigue Management in NSW Health Workplaces* (GL2023_012)

- NSW Health Guideline *Management of Patients with Bariatric Needs* (GL2024_001)

- NSW Health Guideline *Blood and Body Substances Occupational Exposure Prevention* (GL2024_002)

- Information Sheets, such as *Asbestos management* and *Hazardous Chemicals Management*.

To support the management of psychosocial hazards in the workplace the NSW Health *Mental Health & Wellbeing Framework* outlines an organisation, team, and individual approach to create a mentally healthy workplace. Further guidance material is located on the Mental Health and Wellbeing webpage at MOH-WRB Safety and Security Improvement.

Note: Injury management and recovery at work are important components of any WHS management system and are separately addressed in the NSW Health Policy Directive

Rehabilitation, Recovery and Return to Work (PD2023_016) as injury management and recovery at work are not covered by WHS legislation.

2. Overview of the Work Health and Safety (WHS) Management System

2.1. What is a WHS Management System?

A work health and safety (WHS) Management System provides a framework using a coordinated and systematic approach to managing health and safety risks in the workplace and managing workplace incidents, injuries or illnesses, when they occur.

The intended outcomes of the WHS Management System are to prevent work-related physical and psychological injury and ill health to workers, as well as to provide safe and healthy workplaces.

NSW Health Organisations must establish, implement, maintain and continually improve their WHS Management Systems including the processes to support and resource their system. This system must be part of a NSW Health Organisation's usual business planning processes and become part of core business.

Officers, managers and supervisors must develop a culture where safety is valued by the leadership and the workforce, that is consistent with the principles outlined in Section 4.3 *Embedding a Safety Culture*.

Guidance on setting up a WHS System can be found on the Better Practice Procedures webpage at MOH-WRB Safety and Security Improvement.

2.2. Principles of a WHS Management System

Safety is influenced by multiple contributing factors (work processes, people, equipment, environment, culture) across all levels of the work system (workers, managers, Officers, government and regulators). A systems thinking approach to WHS recognises the complex interrelationships of many factors that contribute to safety and injury prevention. It assists in finding all the factors influencing a risk so they can be addressed, rather than a single focus, to create sustainable change and prevent harm and illness.

Adopting a system thinking approach to a WHS Management System will encourage and identify that there are interactions between multiple components across an entire complex system (Leveson, 2004[3], Rasmussen, 1997[4]). This approach acknowledges that by concentrating on the whole work system the real risks can be identified and shared responsibilities for safety are highlighted. Systems thinking is an effective approach to WHS management systems, as they need to:

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[3],Leveson, N. (2004). A new accident model for engineering safer systems. Safety Science, 42(4), 237-270

[4] Rasmussen, J. (1997). Risk management in a dynamic society: a modelling problem. Safety Science, 27, 183-213.

- acknowledge the dynamic relationships between key parts of the work system
- build on existing health and safety processes
- be integrated with other management systems
- use feedback to manage and improve safety related outcomes
- ensure everyone has accountabilities for health and safety.

This approach will also facilitate:

- more informed decision making underpinned by consultation
- strengthened corporate cultures and demonstrated due diligence
- identified and prioritised controls that are most important for worker health and safety
- better health and safety outcomes for everyone
- worker safety being integrated into business-as-usual practices.

Where possible systems thinking should be applied to WHS risk in NSW Health Organisations. SafeWork NSW *Understanding and preventing work-related violence in hospital settings: a systems thinking approach* provides a practical example of systems thinking approach.

2.3.   Components of a WHS Management System

A WHS management system must be integrated into the NSW Health Organisation's wider management system and should be consistent with Australian Standard AS/NZS ISO 45001:2018 *Occupational health and safety management systems – Requirements with guidance for use* and AS/NZS ISO 45003: 2021 *Occupational health and safety management - Psychological health and safety at work - Guidelines for managing psychosocial risks*.

Sections 3 to 16 takes the following components and provides guidance on their implementation, particularly as they relate to the responsibilities of Officers and managers/supervisors in NSW Health.

1. Understanding the organisational context (Section 3.1)
2. Structures and governance arrangements (Section 3.2)
3. WHS policy and commitment (Section 3.3 and Section 3.4)
4. Leadership and management responsibility (Section 4)
5. Safety Culture (Section 4.3)
6. Executive reporting (Section 4.4)
7. Consultation, cooperation and coordination (Section 5)
8. WHS strategic planning (Section 6)
9. Risk management processes (Section 7)
10. Information, instruction and training framework (Section 9)
11. Injury management and return to work (Section 10.2)

12. Claims management ([Section 10.3](#))

13. Incident recording, investigation, analysis and review ([section 10.4](#))

14. Measuring and evaluating WHS performance ([Section 11](#))

15. Reviewing and continuous improvement of the WHS management system ([Section 12](#)).

In the context of Standard [AS/NZS ISO 45001:2018](#) these sections listed above map to areas in the Standard such as Context, Leadership, Planning, Support, Operations, Evaluation and Improvement.

2.4. Responsibilities and Commitment to the WHS Management System

Commitment to the WHS Management System needs to be demonstrated in the NSW Health Organisation by their leaders. This can be achieved by:

- Compliance with legislation including due diligence requirements and an understanding of the hazards, risks and risk profile associated with the NSW Health organisation (see [Section 4](#) *Leadership and Management Responsibilities*).

- Visible and active leadership on WHS matters is provided, including prompt action to address WHS issues (see [Section 4.3](#) *Embedding a Safety Culture*).

- Communicating the importance of an effective WHS Management System and conforming to the system requirements (see [Section 3.3](#) *WHS Policy / Statement of Commitment by Chief Executive* and [Section 3.4](#) *Developing a WHS Policy / Statement of Commitment*).

- Ensuring resources needed to establish, implement, maintain and improve the WHS Management System are available (see [Section 6](#) *WHS Strategic Planning*).

- Ensuring systems and operations are established and maintained to meet the WHS Management System requirements including hazard identification and risk management (see [Section 7](#) *Identifying and Managing risk* and [Section 10.4](#) *Incident Recording, Investigation, Analysis and Review*).

- Ensuring consultation and participation of workers and their representatives in the development, management and continuous improvement of the WHS Management System (see [Section 5](#) *Consultation, Cooperation, Coordination and Participation*).

- Ensuring the WHS Management System is integrated into the NSW Health Organisation's business processes and compatible with the strategic direction of the organisation (see [Section 6](#) *WHS Strategic Planning*, [Section 4](#) *Leadership and Management Responsibilities* and [Section 3.2](#) *Structures and Governance Arrangements*).

- Enabling governance structure that cascades and documents WHS information, both from the Chief Executive/senior management to workers and from the workers to senior management and the Health Organisation Board (top/down and bottom/up).

- Developing measurable objectives and targets to meet the commitment outlined in the WHS policy/statement of commitment and to ensure continued improvement aimed at elimination of work-related injury and illness (see Section 3.3 *WHS Policy / Statement of Commitment by Chief Executive*, Section 11 *Measuring and Evaluating WHS Performance* and Section 12 *Reviewing the WHS Management System*).

- Directing and support persons to contribute to the effectiveness of the WHS Management System based on their level of responsibility including performance agreements with levels of responsibility and suitable training (see Section 9 *Information, Training, Instruction and Supervision*).

3.   Implementing a WHS Management System

3.1.   Understanding the Organisational Context

It is important to establish that the work health and safety (WHS) Management System aligns with the NSW Health Organisation's goals, objectives and values related to worker health and safety. In Australia, everyone shares a fundamental right to basic health care. Workers also have a right to safety in the workplace and to be treated with respect. These rights must be balanced to ensure the safety of everyone is the priority.

NSW Health Organisations should understand the internal and external contributing factors unique to their workplace that impacts the implementation and effectiveness of their WHS Management System. These factors influence how effectively the system functions and whether it achieves its intended outcomes:

- ***External factors*** to NSW Health Organisations such as social, economic, environmental, technology and regulatory context can impact achieving the intended outcomes of a WHS Management System.

- ***Internal factors*** due to the characteristics and conditions within the NSW Health organisation include, but are not limited to, organisational governance, safety culture, processes and procedures, characteristics of the workforce, location of work, type of work performed and supervision and management.

NSW Health Organisations are to consider the scope of their WHS Management System, including the boundaries and applicability of the system to their operations. They need to understand the planned and performed work activities, needs and expectations of workers and other interested parties that may be impacted by the WHS management system.

NSW Health Organisations must identify the legal and regulatory requirements impacting work health and safety, maintain systems to keep up to date with legislative changes and ensure these are communicated and implemented. They also need to tailor and adjust the design of activities to manage both physical and psychosocial risks in the context of the workplace.

3.2.   Structures and Governance Arrangements

A WHS Management System must have a governance structure, and accountabilities assigned according to legislative responsibilities. This approach will assist in WHS

Management System oversight and support management decision making. It also allows consultation to occur through the governance framework.

The following steps should be implemented to create a WHS governance framework:

- The governance structure for the NSW Health Organisation should integrate local WHS governance and facility/service governance

- When designing, consider current governance arrangements and integrate the WHS governance as part of other governance structures.

- Consider agreed consultation arrangements and include health and safety representatives (HSR) and Health and Safety Committees (HSC) (see Section 5.6 *Establishing consultation arrangements*). Ensure there is a facility level committee (WHS or other) with reporting and escalation pathways to the local executive leadership team. This should also connect to the NSW Health Organisation WHS governance structures including senior executive and the NSW Health Organisation's Board.

- Accountability and due diligence reports produced as part of the WHS governance system to be provided to executive leaders and board members, in accordance with the local WHS governance arrangements.

- WHS performance exception reporting to be provided to the Ministry of Health (see Section 10.4 *Incident Recording, Investigation, Analysis and Review*).

When creating a WHS governance framework, the following needs to be considered:

- Review the requirements, accountabilities, actions and outputs outlined to ensure arrangements align with this Policy Directive, as well as Policy and Procedure Manual *Protecting People and Property*.

- Confirm the local processes and procedures to operationalise the requirements according to this Policy Directive and the Policy and Procedure Manual *Protecting People and Property*.

- Monitor and review compliance to the WHS Management System (see Section 11 *Measuring and Evaluating WHS Performance*).

- Identify and communicate gaps and corrective actions to accountable executives. Obtain their approval to complete corrective actions to continually improve the local WHS and risk management systems.

- Ensure a structure that cascades and documents WHS information, both from the Chief Executive/senior management to workers and from the workers to senior management and the NSW Health Organisation's Board (top/down and bottom/up). The governance structure should make provision for:

  - Forums where Officers and senior managers are briefed on WHS and discuss WHS issues for the organisation (executive management meetings could be used to achieve this purpose).

  - An escalation process is in place so that urgent WHS issues can be addressed at senior management level.

- - WHS briefings/reports for Board meetings.
  - Arrangements for consultation within the NSW Health Organisation and with other persons conducting a business or undertaking (PCBU) where there are shared WHS duties.
- Ensure responsibilities and roles for the WHS Management System are assigned and communicated at all levels in the organisation.

3.3. WHS Policy / Statement of Commitment by Chief Executive

The Chief Executive is to demonstrate accountability and commitment to improve WHS by:

- Authorising a local WHS policy/statement of commitment, communicating the document throughout their organisation and making it available to any interested parties, such as patients and contractors.

- Ensuring the relevancy and effectiveness of the WHS policy/statement of commitment by periodic review in consultation with workers and their representatives:
  - where there is a significant change, such as organisational, policy or legislative changes; or
  - at least every 2 years.

- Updating, authorising, announce and publish the WHS policy/statement of commitment where required after a review and at a minimum every 4 years to all relevant stakeholders in the organisation.

- Ensuring a commitment to the Return to Work Program.

3.4. Developing a WHS Policy / Statement of Commitment

A local WHS policy/statement of commitment is a public statement giving effect to an NSW Health Organisation's commitment to work health and safety to take all reasonably practical measures to eliminate or minimise the risk in the workplace. This includes preventing ill health and injuries related to both physical and psychosocial risk and promoting wellbeing in the workplace. The local policy informs workers, suppliers, patients, visitors and other persons that WHS management is an integral part of all operations. A model local WHS policy/statement of commitment for use by NSW Health Organisations is available on the at MOH-WRB Safety and Security Improvement.

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

- A focus on prevention based on risk management principles.

- A focus to prevent both physical and psychological ill health and injuries.

- A statement reinforcing responsibility and commitment to improving the safety culture.

- A commitment to comply with relevant WHS legislation and other requirements placed upon the NSW Health Organisation.

- Clearly defined responsibilities and accountabilities of Officers, managers, workers and others regarding work health and safety.

- A commitment to effective consultation and participation with workers through agreed consultative forums as a key strategy for eliminating or, if not reasonably practicable, minimising risks.

- A commitment to engage in consultation, coordination and cooperation with other duty holders, such as businesses on a hospital campus or landlords of leased premises as another key strategy for eliminating or minimising risks.

- A commitment to the implementation and continuous improvement of health and safety programs with the establishment of measurable, as far as is practicable, objectives and targets to eliminate work-related injury and illness.

- A system of review and monitoring of WHS issues at all levels and in multiple ways, including audits, and assessing the effectiveness of procedures and training.

- Commitment to the provision of adequate training and resources.

- Commitment to a system thinking approach to an effective WHS Management System which is psychological safe and encourages a "speak up" culture.

- Commitment to the Return-to-Work Program (see NSW Health Policy Directive *Rehabilitation, Recovery and Return to Work* (PD2023_016).

The local WHS policy/statement of commitment must be:

- signed and dated by the Chief Executive

- communicated to all workers, including on commencement of new workers with the NSW Health Organisation

- displayed in the workplace

- reviewed to ensure it remains relevant to the NSW Health Organisation.

The NSW Health organisation should have systems to provide the local WHS policy/statement of commitment (and updates) to staff on the commencement of their appointment, and when there is an update by display in the workplace and/or by email/intranet distribution. The information should take into consideration the language and literacy requirements of workers.

4.   Leadership and Management Responsibilities

Effective leadership is being visible and active, including prompt action to address WHS issues and opportunities. Some leaders are considered "Officers" in NSW Health based on their role and influence in the NSW Health Organisation. Generally, an Officer has the capacity to significantly impact the financial delegation in the NSW Health Organisation. Refer to the NSW Health Information Sheet *Officers and Due Diligence*.

Officers must exercise due diligence to ensure they meet their duties under the *Work Health and Safety Act 2011* (NSW) [WHS Act] to ensure the physical and psychological safety of workers and others, so far as reasonably practicable, by eliminating the risks to health and

safety. If this is not possible, risk must be minimised using a risk management approach, as far as reasonably practicable.

4.1.   Demonstrating due diligence as an Officer

Officers must have regard to the following 6 key reasonable steps as set out in Section 27(5) of the WHS Act to meet their due diligence obligations. Figure 1 provides a framework for identifying, organising and reporting WHS information to assist in meeting due diligence requirements.

Figure 1. Informing WHS Due Diligence (SafeWork Australia *Measuring and reporting on Work Health and Safety (2017) page 9*)
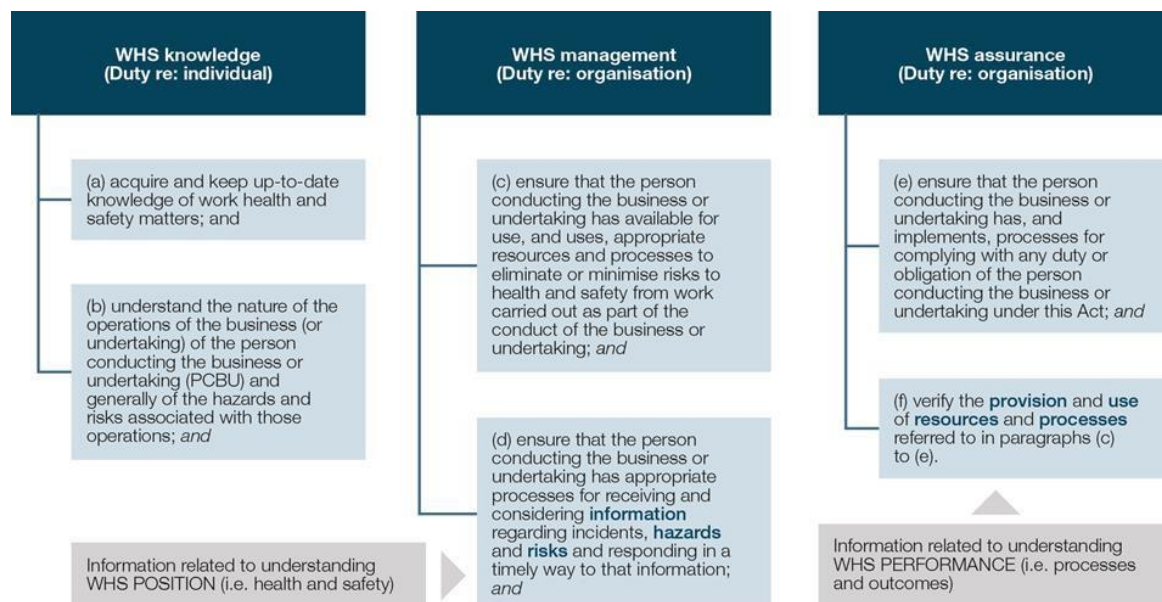
WHS Knowledge and Understanding

Officers must maintain an appropriate level of knowledge and understanding of their WHS obligations and the accountability and responsibility for preventing work related ill health and injury, as well as provide a safe and healthy workplace. This can be achieved by:

- having up-to-date knowledge of WHS duties and obligations
- having an understanding of the hazards and risks associated with the NSW Health Organisation. This should include both physical and psychosocial hazards and risks and the organisation's risk profile.

WHS Management (resource the system and receiving information)

Officers need to ensure the NSW Health Organisation provides adequate and suitable resources, including physical, technological and people resources, and processes in place to manage WHS risk. These should be communicated to the organisation, used, and actively checked. This can be achieved by:

- ***Approving resources and processes to eliminate or minimise the risk*** to both the physical and psychological health and safety from the work performed.

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

- *WHS responsibilities based on role are included in statements of duties, job descriptions and performance agreements*, and are reviewed regularly (for example, during performance reviews).

- *Appropriate processes to escalate and receive information about incidents, hazards and risks*, and respond in a timely manner to that information. This should include an escalation pathway to the appropriately

- WHS governance structure including accountabilities that cascades and documents WHS information (see Section 3.2 *Structures and Governance Arrangements*).

- Oversight of the WHS Management System (see Section 2.4 *Responsibilities and Commitment to the WHS Management System*).

- *Documented consideration of WHS issues/implications in all planning and decision making*, including the corporate plan and business plans. This could be achieved by including a section titled 'WHS implications' in templates utilised to seek approval for decisions affecting the NSW Health Organisation, such as purchasing/procurement and capital development/refurbishment templates.

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

- Standardised regular WHS reports for informing various levels of the organisation (see Section 4.4 *Executive Reporting*).

WHS Assurance (complying with legal duties and verifying resources and processes)

The NSW Health Organisation needs to comply with legal duties and actively check processes and resources are working to manage WHS risks. Factors to consider when determining what needs to be monitored and measured include:

- the extent to which legal requirements are fulfilled

- activities and operation related to hazards and risks

- progress toward achieving its WHS objectives and the effectiveness of controls.

This can be achieved by:

- Processes to implement, maintain and evaluate compliance with legal requirements, including notifiable incident reporting and enforcement notice compliance (see Section 10.8 *SafeWork NSW Reporting Requirements*).

- Regular reviews of the WHS Management System are resourced, scheduled and conducted to monitor and improve its effectiveness. Improvement plans are developed and reviewed accordingly (see section 11 *Measuring and Evaluating WHS Performance*).

- WHS education and training processes which identify needs and provide training, instruction and information to address the identified needs, targeted at all levels of the NSW Health Organisation.

- Ensure consultation, cooperation and participation of workers and shared duty holders as per the agreed arrangements based on their duties, responsibilities and role.

4.2.   What is my role as a manager or supervisor?

Managers are responsible for leading and providing clear expectations, through decisions, actions and behaviours to support health, safety and wellbeing in their area of control.

Managers/supervisors must:

- Maintain an appropriate level of understanding of their WHS obligations.

- Have up-to-date knowledge of WHS matters.

- Have an understanding of the risks and hazards associated with their areas of responsibility.

- Ensure WHS implications are considered as part of any decisions they make.

- Implement safe systems of work, ensure plant and/or substances are safe so as not to expose risk to workers or others, including patients, contractors, visitors and members of the public.

- Actively communicate and promote the local WHS policy to workers, making sure they know about it and understand its meaning and implications.

- Ensure that WHS is a standing agenda item of staff meetings and individual performance development meetings, and that information necessary to protect workers from risks to their health and safety is shared.

- Ensure consultation, cooperation and participation of workers as per the agreed arrangements, while addressing language and literacy barriers and encouraging a "speak up" culture.

- Facilitate worker and HSR consultation when making decisions about managing risks, investigating incidents, proposing changes that may affect the health and safety of workers and when resolving health or safety issues.

- Provide instruction, training and supervision, as necessary, to enable workers in their work/service area to perform work safely, as well as monitor worker compliance with safe operating procedures and work practices relevant to the work/service area.

- Investigate hazards, incidents and near misses reported by workers in their work/service area.

- Support WHS investigations and audits that are conducted in their work/service area by providing relevant evidence upon request.

- Ensure all WHS issues are addressed promptly or where consideration of more senior managers is required, that these issues are escalated in a timely manner.

- Provide timely information to senior managers on WHS matters, such as:
  - notices issued by SafeWork NSW (Prohibition, Improvement, Non-disturbance and Penalty Notices)

- o Provisional Improvement Notices issued by HSRs

- o incidents notifiable to SafeWork NSW

- o emerging issues.

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

4.2.1.   What is my role as a worker?

Workers also have responsibilities under Section 28 of the WHS Act. While at work, a worker must:

- take reasonable care for their own health and safety

- take reasonable care that their acts or omissions do not adversely affect the health and safety of other persons; and

- comply with any reasonable instruction by the NSW Health Organisation and cooperate with any reasonable policies and procedures of the organisation which they have been notified.

4.3.   Embedding a Safety Culture

Responsibility for safety starts with the Chief Executive, senior management and Officers in a NSW Health Organisation. Developing a safety culture requires consistent and visible leadership shown through a commitment of time and resources.

The Chief Executive senior management and Officers influence the safety culture. Their actions and attitudes should send a message to managers, supervisors and workers that a NSW Health Organisation is serious about safety.

Understanding and accepting accountability is what influences a safety culture and can make a significant contribution to changing attitudes and behaviours in relation to workplace health and safety. This involves leading by example, as well as integrating safety considerations into all decision-making.

The Chief Executive must ensure, as far as reasonably practicable, that Officers within the NSW Health Organisation are aware of their WHS obligations. The due diligence requirements outlined in Section 27(5) of the WHS Act (also refer to Section 4.1 *Demonstrating due diligence as an Officer* of this Policy Directive) are intended to be drivers of active involvement by Officers in work health and safety matters. These requirements also facilitate leadership in workplace health and safety, which is a prerequisite of a positive organisational safety culture.

The Chief Executive, senior managers and Officers as work health and safety leaders will influence the culture of their NSW Health Organisation by observing the following principles:

- **Communicating the Organisations values**: Communicate behaviours, decisions and attitudes that are expected, supported and valued.

- **Demonstrating leadership**: Act to motivate and inspire others to work towards achieving common goals or outcomes by sending clear and consistent messages about the importance of work health and safety.

- **Clarifying required and expected behaviour**: Clarify the specific behaviours required and expected in the workplace.

- **Personalising safety outcomes**: Make work health and safety more obvious, relevant and emotional for the individual to personalise their role in preventing and eliminating risks and hazards.

- **Developing positive safety attitudes**: Foster the development of attitudes and beliefs that support safe behaviour.

- **Communicating, consulting and engaging with workers to demonstrate their input is valued**: Ensure consultation arrangements are implemented and supported.

- **Engaging and owning safety responsibilities and accountabilities**: Increase workers' input, actions and involvement in the safety management process through mechanisms such as Safety Huddles. Underpinning this is an emphasis on encouraging the real time reporting of incidents and near misses, as well as taking action to respond to these incidents to effect meaningful change.

- **Increasing hazard/risk awareness and preventive behaviours**: Increase the understanding of the work health and safety outcomes associated with decisions, behaviours and actions.

- **Improving understanding and effective implementation of safety management systems**: Enable individuals to increase their knowledge of specific ways in which hazards are managed as well as their ability to apply and implement the actual WHS processes.

- **Monitoring, reviewing and reflecting on personal effectiveness**: Frequently use various sources of information to gain feedback on the effectiveness of culture actions and other safety-related behaviours.

- **Ensuring systems are in place to investigate identified WHS issues and provide support for injured workers**.

Practical applications of embedding a safety culture include Safety Huddles, work health and safety specific key performance indicators and work health and safety audits.

Further examples are provided throughout this Policy Directive and are consistent with the principles.

4.4.   Executive Reporting

NSW Health Organisations need systems in place as part of normal operations to understand and respond to hazards, risk and performance. By developing measurable objectives and targets, NSW Health Organisations can monitor their performance to meet the commitment outlined in their WHS policy/statement of commitment. They can ensure continued improvement aimed at elimination of work-related injury and illness (see Section 3.3 *WHS Policy / Statement of Commitment by Chief Executive*, Section 11

Measuring and Evaluating WHS Performance and Section 12 *Reviewing the WHS Management System*)*.*

Some of the standardised regular WHS reports for informing various levels of the NSW Health Organisation on hazards and risks can include:

- progress of WHS projects and improvement plans

- progress, completion and actions outstanding from the WHS Audit and Security Improvement Audit Tool and improvement plans to address identified gaps

- emerging issues

- Prohibition and Improvement Notices issued by SafeWork NSW or Provisional Improvement Notices issued by HSRs

- trends using available data sources including human resource data, surveys, workers compensation performance

- training undertaken and completion rates

- equipment purchases and trials

- information about incidents, hazards, risks and actions taken, as well as those that remain outstanding.

Guidance on options for key performance measures can be found on the Better Practice Procedures webpage at MOH-WRB Safety and Security Improvement.

5. Consultation, Cooperation, Coordination and Participation

What is my role as an Officer?

Consultation is a legal requirement – it is not optional. Officers must ensure that consultation arrangements:

- meet legislative requirements

- link to the governance structure of the NSW Health Organisation, including a top down/bottom-up reporting of significant issues raised within the consultation arrangements

- are appropriately linked into the NSW Health Organisation's planning and decision-making processes

- are in place where there are shared WHS responsibilities with other organisations.

What is my role as a manager or supervisor?

Managers/supervisors must consult, so far as is reasonably practicable:

- With HSRs and those who represent the workers in their work location.

- With workers who are, or who are likely to be, directly affected by a work health or safety matter.

5.1. Consultation duties of a NSW Health Organisation

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

Effective consultation is a 2-way process which requires the NSW Health Organisation to:

- Talk with workers and their representatives about health and safety matters.

- Provide workers with relevant information.

- Listen to their concerns and raise concerns with them.

- Seek and share views and information.

- Consider what workers say before making a decision.

- Provide feedback on actions and decisions.

- Ensure mechanisms for 2-way, timely relevant information sharing.

Consultation must occur as per agreed arrangements with workers and their representatives in the development, planning, implementation, performance evaluation and actions to improve the WHS system. Consultation must occur when introducing any changes, such as to premises, systems, procedures, equipment or substances. Information must be provided, as early as reasonably practicable, so that workers and their WHS representatives have time to consider matters and provide feedback prior to decisions being made of changes introduced to minimise increased risks/costs. If updated processes and new technology are introduced into the health workplace, new hazards may emerge that must be eliminated or controlled.

Ongoing communication and collaboration with workers about job-related risks and the risk management strategies to prevent injury or illness must be maintained.

5.2. Reasonably practicable considerations for the duty to consult

The SafeWork NSW Code of Practice *Work health and safety consultation, cooperation and coordination* provides guidance on what may be considered reasonably practicable.

In summary 'reasonably practicable' consultation is that which is both possible and reasonable for the particular circumstances.

What is reasonably practicable will depend on factors such as the:

- size and nature of the workplace

- nature of the work being carried out, for example:
  - is it a low-risk area such as an administrative unit?

- is it a higher risk area such as an inpatient clinical area at a mental health facility?
- nature and severity of the particular hazard, such as:
  - asbestos removal, requiring the advice from the organisation's WHS consultant or occupational hygienist
  - patient transfer matter involving different considerations
- nature of the decision or action, including the urgency to decide or take action
- availability of the relevant workers and any HSRs, such as when HSRs are on leave
- work arrangements, such as shift work and remote work
- demographics of the workforce, including languages spoken and literacy levels.

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

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

It is not always necessary to consult with every worker in the workplace. The workers consulted will be those (or their representatives) who are, or could be, directly affected by a health and safety matter.

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

5.3.   Purpose of consultation

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

The purpose of consultation is to:

- Develop an understanding of potential hazards and risks.
- Share relevant WHS information with workers.
- Provide workers with a reasonable opportunity to express their views and have them considered. However, consultation is not necessarily consensus or agreement.
- Provide workers with a reasonable opportunity to contribute to the decision-making process relating to a matter.
- Following consultation workers need to be advised of the outcome as soon as reasonably practicable.

5.4.   Requirements for consultation

Consultation must occur when:

- Decisions are to be made about WHS consultation arrangements. Workers must be consulted about the types of consultation arrangements to be put in place in their workplace.

- Identifying hazards and assessing risks to health and safety, as well as making decisions on how to eliminate or minimise those risks.

- Decisions are to be made about amenities for the welfare of workers.

- Changes are proposed that may affect the health and safety of workers. For example, changes to:

  - facilities

  - fixtures

  - fittings

  - furniture

  - equipment

  - substances or systems of work that may affect the health or safety of workers or other persons.

  This includes the development of new facilities and refurbishment of existing facilities.

- Developing procedures for:

  - Resolving work health or safety issues at the workplace.

  - Monitoring the health of workers.

  - Monitoring the conditions at any workplace under the management or control of a NSW Health Organisation.

  - Providing information and training for workers.

  - Establishing the WHS policy and management system, WHS measurement indicators, WHS objectives and planning to achieve these objectives.

5.5.   Shared WHS duties between organisations

Where a NSW Health Organisation shares a WHS duty with another organisation, company or business (PCBU) in relation to the same matter, they must consult, cooperate and coordinate with each other and their workers, so far as is reasonably practicable.

Other duty holders or PCBUs include:

- labour hire companies that provide 'Agency staff' in hospitals

- premises owners

- contractors

- public private partnerships

- universities and medical colleges that place students, trainees or cadets in public health facilities

- other businesses located on a hospital campus, such as a florist, cafe, gift shop or credit union

- NSW Health Organisations that provide a service to a hospital campus or other type of facility such as HealthShare NSW and NSW Health Pathology

- NSW Health Organisations that lease NSW Health properties

- NSW Health Organisations that share office space/buildings

- NSW Ambulance Service in respect to delivering patients to a facility and the health and safety of paramedics

- Health Infrastructure

- NSW Health Organisations or services that provide a service to other government entities, (for example, Justice Health) or government organisations that assist NSW Health such as NSW Police.

See NSW Health Guideline *Work Health and Safety - Other Workers Engagement* (GL2024_012) for examples of sharing WHS duties with another PCBU and on the Better Practice Procedures webpage at MOH-WRB Safety and Security Improvement.

The method and process of communicating information on the relevant elements of the WHS Management System should be agreed and occur between all parties.

Generally, a standard funding agreement between a NSW Health Organisation and a non-government organisation (NGO), where the NSW Health Organisation provides funding to the NGO to deliver a service, will not, by itself, establish a shared duty. This means that the organisation and the NGO will not hold a duty "in relation to the same matter" for the purposes of Section 46 of the WHS Act.

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

- the NSW Health Organisation's and the NGO's services are co-located (for example, the NGO provides a service from a public hospital or community health facility), and/or

- the NSW Health Organisation and NGO share workers.

In either of these cases, both organisations would effectively owe duties to each other's workers, and consultation would be required. See the Safe Work Australia Factsheet *Duty to consult, cooperate and coordinate with other duty holders*.

5.6. Establishing consultation arrangements

Considerations when establishing consultation arrangements

Agreeing on procedures for consultation with workers can save time and confusion about how and when consultation must occur. The agreed consultation procedures must clarify key responsibilities of people in the workplace and clearly state when consultation is necessary. Consultation arrangements should consider:

- the size of the NSW Health Organisation and how it is structured

- the way work is arranged and where workers are located

- what suits workers

- the complexity, frequency and urgency of issues that require consultation.

Consultation options

Consultation arrangements can include HSRs, HSC or other agreed arrangements which are flexible alternatives where there are no HSRs or HSCs. Some NSW Health Organisations may need a mix of HSRs, HSC and other agreed consultation arrangements tailored to suit the workers and the work environment.

Establishing work groups and health and safety representatives

If a worker requests to elect a HSR to assist in consultation on their behalf, work groups will need to be established to facilitate the representation of workers. Section 52 of the WHS Act outlines the requirements including commencing this process within 14 days after a request is made. Negotiations for workgroups need to include:

- the number and composition of work groups to be represented by HSR's

- the number of HSRs and deputy HSRs (if any) to be elected

- the workplace or workplaces to which the work groups will apply, and

- the businesses or undertakings to which the work groups will apply.

Work groups consist of workers who perform similar types of work or have similar health and safety conditions in their work location. NSW Health Organisations must collaborate and negotiate with workers (and other representatives) on the number and composition of workgroups. The number of workgroups and the number of HSRs and Deputy HSRs, need to be negotiated and agreed as part of the consultation arrangements. This needs to be documented and retained.

The work groups can be renegotiated and varied at any time. Once negotiations are complete, and as soon as reasonably practicable, workers must be notified the of the outcome. If there is a failure of negotiations, any person can request a SafeWork NSW inspector to assist in determining an outcome.

Duties of Health and Safety Committees

 A HSC must be established 2 months after the request by 5 or more workers or their HSR in the workplace. The benefits of a WHS committee include bringing together a group of worker and business representatives from across the business or undertaking to collaboratively discuss and develop ways of improving the systems for managing health and safety at the workplace.

Distinguishing functions of Health and Safety Representatives, and Health and Safety Committees

When a workplace has both a HSC and HSR then there should be a clear distinction between their roles. HSR can be part of a committee but don't have to be. Important details of a HSC (for example, its membership, functions and how it will operate) are agreed through

the development of a 'terms of reference'. Effective HSC meetings have an agreed agenda circulated ahead of the meeting and record key points of discussion, decisions, and action items in meeting minutes circulated soon after the meeting.

Tailoring consultation arrangements to workplaces

Some workplaces may have "other agreed arrangements" which could be a mix of HSRs, HSCs and/or other consultation arrangements tailored to suit the workers and the work environment. If this is the case, it is important that:

- this has occurred in consultation with workers

- the nature of consultation and when it occurs is consistent with legislative and policy requirements

- consultation occurs as per these arrangements

- the process is monitored and reviewed for effectiveness.

Resources for consultation procedures

Guidance documents and additional resources can be found on the Consultation webpage at MOH-WRB Safety and Security Improvement.

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

The Safe Work Australia guide *Worker Representation and Participation Guide* provides information on the representation and participation of workers in health and safety matters at the workplace. It also provides guidance on resolving health and safety issues.

The SafeWork NSW Code of Practice *Work health and safety consultation, cooperation and coordination* sets out requirements and advice on the form that agreed consultation arrangements can take, and how they must be supported.

5.7.   Roles and responsibilities of Health and Safety Representatives (HSRs)

Elections and term

HSRs are elected by a work group to represent them on work health and safety matters as part of a consultation arrangement agreed between the NSW Health Organisation and its workers. HSRs hold office for 3 years and is eligible for re-election.

Elections must be conducted as per the legislative requirements under Section 61 of the WHS Act and guidance material available on the Better Practice Procedures webpage at MOH-WRB Safety and Security Improvement.

Duties

Under the Section 68 of the WHS Act, HSRs have the functions to:

- Represent the workers in their work group in matters relating to work health and safety.

- Monitor measures taken by the NSW Health Organisation or representatives of the organisation in compliance with the WHS Act in relation to their work group.

- Investigate complaints from members of their work group relating to work health and safety.

- Inquire into anything that appears to be a risk to the health or safety of their work group arising from the conduct of the NSW Health Organisation.

- Inspect the workplace or a part of the workplace where a worker within their work group works, under the conditions set out in the WHS Act.

- Accompany a SafeWork NSW Inspector during an inspection of the workplace.

- Be present at interviews concerning work health and safety with consent of one or more workers.

- Request the establishment of a health and safety committee.

- Receive information concerning the work health and safety of workers in the work group.

- Request the assistance of any person whenever necessary.

In addition, HSRs:

- Facilitate the flow of information about health and safety between management and their work group workers.

- Monitor health and safety actions, investigate workers' complaints and investigate anything that might be a risk to the health and safety of the workers they represent.

Training requirements

HSR's should have some training to perform their role. The prescribed SafeWork NSW training under Section 72 of the WHS Act is required to issue Provisional Improvement Notices (PINs).

Issuing Provisional Improvement Notices

HSRs, in some circumstances, issue the NSW Health Organisation with a PIN under Section 90 of the WHS Act but only where they have:

- Completed initial HSR training as set out under the WHS Act.

- Consulted with the alleged contravener or likely contravener before issuing a Provisional Improvement Notice, to allow them to rectify the matter.

A PIN requires a WHS matter to be remedied or a potential WHS incident to be prevented. The PIN must be displayed in the workplace in the relevant area it applies and remedied in the timeframe agreed in the PIN. The NSW Health Organisation can seek a SafeWork NSW review of the PIN within 7 days of the notice being issued. A SafeWork NSW Inspector may cancel, confirm, or confirm with modification, the PIN.

Directing workers to cease work

Under the Division 6 of the WHS Act, a HSR may direct a worker in their work group to cease work if there is a reasonable concern that continuing the work would expose the worker to serious risk to their health and safety. The HSR must first consult with the manager who is directing the work before making this decision.

A HSR may direct a worker to cease work without consultation where the risk is so serious and immediate or imminent that it is not reasonable to consult before giving direction.

Support and training

The NSW Health Organisation is required to provide any resources, facilities and assistance that is reasonably necessary to enable HSRs to carry out functions and exercise their powers.

HSRs may elect to, and are entitled to, attend an approved 5-day training course in work health and safety and a one-day refresher course each year during their term of office. The 5-day course must be one approved by SafeWork NSW.

The HSR can choose in consultation with the NSW Health Organisation which course they wish to attend and be able to attend as soon as practicable (within 3 months of the request for training being made). They are given time off with their normal pay (including allowances). The course fees and reasonable expenses are paid by the NSW Health Organisation.

If agreement can't be reached on the training, the training provider or if any issues arise, these matters can be referred to a SafeWork NSW Inspector to resolve.

Disqualification

HSRs can be disqualified under the Section 65 of the WHS Act through applying to the Industrial Relations Commission of NSW if they exercise a power or perform a function for an improper purpose.

Maintaining an up-to-date Health and Safety Representative list

NSW Health Organisations, under Section 74 of the WHS Act, must ensure they have an up-to-date list of HSRs and Deputy HSRs which is displayed in the workplace and provided to SafeWork NSW.

5.8.   WHS Issue Resolution

Under Sections 80 to 82 of the WHS Act *Issue Resolution,* NSW Health Organisations must have documented procedures in place for resolving WHS issues. The issue resolution process applies after a work health and safety matter is raised but not resolved to the satisfaction of any party after discussing the matter. All parties involved in the issue must make reasonable efforts to come to an effective, timely and final solution of the matter.

Parties involved and requesting assistance from SafeWork NSW

A party to the issue under Section 80 the WHS Act not only includes the NSW Health Organisation, worker and a HSR but can also include representatives of these persons such as a union representative.

If the WHS issue is not resolved after reasonable efforts have been made to achieve an effective resolution, anyone who is party to the issue may ask SafeWork NSW to appoint an Inspector to attend the workplace to assist in resolving the issue (see Section 82 of the WHS Act).

Procedure requirements and consultation

There must be a documented procedure which can be either the default procedure outlined in Clause 23 of the *Work Health and Safety Regulation 2017* (NSW) [WHS Regulation] or an agreed procedure that includes, at a minimum, the steps set out in Clause 23. The Better Practice Procedures webpage at MOH-WRB Safety and Security Improvement provides a flow chart example of the process. With an agreed procedure, there needs to be consultation and agreement on a written process and steps to resolve an issue. These need to apply to work health and safety issues and be consistent with WHS legislation.

Considerations for resolving WHS issues

When resolving a WHS issue, NSW Health Organisations must consider the degree and immediacy of the risk, number of workers and locations effected, what measurements are required to resolve the issue (temporary or permanent) and who will be responsible for implementing.

5.9. Safety Huddles to improve communication and culture

Safety Huddles are another important method for communication of risk with workers. These are brief meetings that provide an opportunity for staff to discuss significant safety and quality matters for both staff and patients with managers to identify hazards, assess risks and implement controls to eliminate/minimise risk to their safety in the workplace.

Safety Huddles are to be held regularly at work commencement, each shift handover and when issues arise. They are multidisciplinary, and follow a three point agenda – looking back, looking forward and planning.

These brief meetings can be incorporated into existing meetings, where this is appropriate. For example, Safety Huddles about **staff safety** must be incorporated into existing huddles that are held in clinical areas prior to commencing work and at shift handover to discuss patient safety.

Each NSW Health Organisation must have a mechanism to capture discussions and outcomes. There must be a follow-up process to ensure any actions identified are completed.

Discussions are to include:

- significant safety or quality issues from the last 24 hours/last shift
- anticipated safety or quality issues in the next 24 hours/next shift
- staff safety concerns relating to patients (where relevant), such as aggressive patients, manual handling issues
- serious safety incidents
- environmental or equipment safety issues

- follow-up on significant safety issues

- sharing of safety success stories

- verifying duress alarms are working, personal duress alarms are being worn (where issued) and inspections completed

- shift arrangements for emergencies, work allocation and allocated breaks (and coverage) to ensure safety is maintained.

Each NSW Health Organisation must ensure that Safety Huddles are held as follows:

Clinical areas

Multidisciplinary Safety Huddles are to be held at work commencement and shift handover.

Each Safety Huddle is to consist of managers and key team members from each relevant discipline. This must include security staff/health and security assistants where appropriate, such as in emergency departments and where aggression risks are identified.

Where risks are identified that could affect workers who may not attend the Safety Huddle, such as allied health, porters, food delivery staff, ward administration staff, there must be a process to alert them to the risk.

The Clinical Excellence Commission (CEC) has published guidelines, information sheets and posters about Safety Huddles that incorporate points for discussion about both patient safety and work health and safety (see CEC website System safety culture). The CEC also has useful information on the management and structure of Safety Huddles in general.

Non-clinical areas

Non-clinical areas must have processes in place to ensure communication around safety issues.

6. WHS Strategic Planning

What is my role as an Officer?

Officers must ensure that:

- WHS implications are considered and documented, when making decisions, and undertaking planning activities including corporate and business plans.

- Resources and training required for workers and their representatives to participate in strategic planning are provided.

- WHS objectives, targets and performance indicators are identified in planning documents and progress against these monitored.

- Adequate resources are provided to ensure workplaces are safe for workers, patients, visitors and others who may be impacted by the activities of the NSW Health Organisation.

What is my role as a manager or supervisor?

Managers/supervisors must:

- Ensure that WHS is considered and documented, when plans are developed and workplace decisions made.

- Ensure that consultation and participation of workers and their representatives in the planning process.

- Respond in a timely way to remedy WHS issues brought to their attention, and within their scope of authority and delegation.

- Escalate any WHS issues that are outside their delegation/authority to remedy.

6.1.   WHS, strategic, operational service delivery planning

Plans are in place to include the process of making decisions that impact on the future, taking WHS into consideration to identify and achieve WHS objectives and targets. They should consider the NSW Health Organisation context and include risks and opportunities.

A safety culture can be strengthened by ensuring all decisions are made after considering and analysing its WHS impact. It's important to consult with affected workers. WHS considerations must be included in planning at all levels of a NSW Health Organisation. Eliminating risks in the planning phase is required under WHS legislation, lowers costs and is more effective than controlling risks. In line with a NSW Health Organisation's risk management framework WHS considerations need to be reflected in:

- strategic, operational and annual business plans

- service development plans

- building/refurbishment plans

- individual unit plans

- procurement risk assessment.

6.2.   Incorporating WHS in the planning process

In a practical sense, the involvement of WHS in the planning process, including consultation and participation of workers and their safety representatives, can be demonstrated by:

- Including a section on risk/WHS implications on briefing and planning templates

- Having WHS as a standing agenda item for team meetings and Safety Huddles

- Analysing WHS risks before the commencement of a new project, such as a new ward or clinical service, and documenting these actions

- Providing access for workers to NSW Health policies, WHS legal documentation, and other updates, such as standards and codes of practice

- Considering and addressing WHS implications as part of the NSW Health facility design/refurbishment process (noting that failure to consider safety at the

design/building stage may result in costly modifications to meet overlooked WHS requirements after commissioning)

- Including a documented WHS assessment for goods and services

- Including specified WHS obligations and accountabilities in all contracts for services, leases, and other relevant agreements

- Creating and implementing communication and change management plans

- Including a section titled 'WHS implications' in any templates utilised to seek approval for decisions affecting the NSW Health Organisation, including purchasing/procurement and capital development/refurbishment templates.

6.3.   WHS planning

Specific WHS Improvement Plans may also be developed in consultation with HSCs/HSRs or any other consultation arrangements that may apply. This type of planning is directly related to improving the overall WHS Management System. These plans can include what will be done, resources required, responsibility, date of completion, how success will be measured. Actions may be based on audits and reviews that identify areas for improvement. Sources of information to assist with WHS planning include:

- incident reports/data

- workers compensation data

- Prohibition, Improvement, Non-disturbance and Penalty Notices issued by SafeWork NSW or Provisional Improvement Notices issued by HSRs

- reports arising from workplace inspections, especially those identifying emerging hazard

- results of biennial WHS Audits (biennial audit) for a facility or service (refer to NSW Health Policy Directive *Work Health and Safety Audits* [PD2023_010])

- results of biennial Security Audits (refer to NSW Health Policy Directive *Security Improvement Audits* [PD2021_037])

- outcomes of risk assessments and specific audits, such as hazard audits

- minutes of HSC meetings or from other consultation arrangement meetings, such as with HSRs

- input from workers, such as surveys, focus groups, regular staff meetings.

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

A WHS Activities Calendar might also be developed for the year with a focus on a particular hazard each month, such as:

- January – manual handling

- April – housekeeping

- July – dangerous goods storage

- October – review a safe operating procedure

- December – inspect facilities for trip hazards.

The types of hazards included should reflect the risks identified at the facility and include both physical and psychosocial hazards.

Progress towards achieving targets in WHS plans must be regularly reviewed. Where targets are at risk of not being met, actions must continue to occur to ensure work progresses. Priority must be allocated to actions associated with higher risk of causing adverse outcomes for workers and the NSW Health Organisation.

7. Identifying and Managing Risk

What is my role as an Officer?

Officers must ensure that:

- A NSW Health Organisation has in place, and utilises, an appropriate process for identifying, eliminating or minimising risk as far as reasonably practicable and monitoring the effectiveness of these processes in a timely way.

- They monitor compliance with WHS processes.

- A NSW Health Organisation directs appropriate resources to ensure risk is identified, eliminated or minimised using controls, and monitored in consultation with workers and their representatives.

- Managers/supervisors have the skills to identify hazards and assess, manage and monitor risks.

- Assessing WHS implications forms part of, and is documented for, procurement processes.

- There is an approval process that considers WHS ramifications of variations to new buildings and refurbishments.

- Appropriate decision-making arrangements are in place to allow managers to implement controls or escalate decisions/approvals where the necessary controls fall outside the scope of their decision making.

What is my role as a manager or supervisor?

Managers/supervisors must ensure that they:

- Attend NSW Health Organisation training to develop an appropriate level of competence in risk assessment and risk management.

- Consistently identify hazards and assess risks, in consultation with workers and their representatives, including:

  o when changes are proposed that may affect the health and safety of workers

  o when planning or undertaking development/refurbishment of the workplace

- when procuring goods and services
- when staff are delivering services in the community.

- Implement controls to eliminate or minimise identified risk in consultation with affected workers and their HSRs.

- Monitor and review the effectiveness of risk controls in consultation with affected workers and their HSRs.

- Apply delegations for approving WHS related purchases to ensure that WHS matters are promptly addressed.

- Build WHS risk assessments and controls into the provision of clinical care and the development and delivery of treatment plans, such as violence prevention, manual handling considerations.

- Seek advice from risk managers, WHS workforce or other staff concerning any exposures requiring health surveillance.

7.1.   What is risk management?

Risk management is a systematic process to identify and analyse hazards, assess risks and to eliminate or minimise any harmful consequences by implementing controls. The WHS legislation requires that risks are eliminated so far as is reasonably practicable. Where risks cannot be eliminated, they must be minimised so far as is reasonably practicable.

The NSW Health Organisation has obligations under the WHS Regulation to identify any foreseeable hazards that may arise in the workplace and to manage the risk by eliminating it. Where elimination is not reasonably practicable, the NSW Health Organisation must minimise the risk using the hierarchy of control measures provided in Clause 36 of the WHS Regulation as far as reasonable practicable. Refer to the SafeWork NSW Code of Practice *How to manage work health and safety risks* for information on managing work health and safety risks.

For guidance and regulatory expectations on risk management process and controls for particular hazards, see the Better Practice Procedures webpage at MOH-WRB Safety and Security Improvement.

What is reasonably practicable?

Deciding what is 'reasonably practicable' to protect people from harm requires considering and weighing up all relevant matters, including:

- The likelihood of the hazard or risk concerned occurring.

- The degree of harm that might result from the hazard or risk.

- Knowledge about the hazard or risk, and ways of eliminating or minimising the risk.

- The availability and suitability of ways to eliminate or minimise the risk.

- After assessing the extent of the risk and the available ways of eliminating or minimising it, consider the cost associated with these methods, including whether the cost is grossly disproportionate to the risk.

The degree of control a NSW Health Organisation has over the hazard/risk will also impact on what is considered reasonably practicable.

## 7.2. The risk management process

Throughout this Policy Directive the process described for the management of WHS risks is, where appropriate, consistent with the requirements of the NSW Health Policy Directive *Enterprise-wide Risk Management* (PD2022_023).

NSW Health has adopted the risk management process outlined in AS/NZS ISO 31000:2018 *Risk Management - Guidelines*. However, it must be noted that this risk management standard has limited application to WHS as some strategies allowed by generic risk management processes are not acceptable under WHS legislation. For example, WHS risk cannot be transferred to another party and a level of risk cannot be accepted. Under the WHS legislation, risk must be eliminated or, if that is not reasonably practicable, minimised so far as is reasonably practicable. The Standard has more steps than those listed in the WHS Regulation and supporting Code of Practice *Managing work hazards and risks*, however, the intent of both processes is consistent.

Managing WHS risk is a proactive and ongoing process. Communicating and consulting during each step of the process must occur with workers and HSRs. After establishing the context, the risk management process can be briefly described covering the following key stages:

1. Identifying the hazards.
2. Assessing/analysing the risks.
3. Eliminating or controlling the risks, considering the hierarchy of risk controls.
4. Monitoring and reviewing risks and controls.

Figure 2. The risk management process
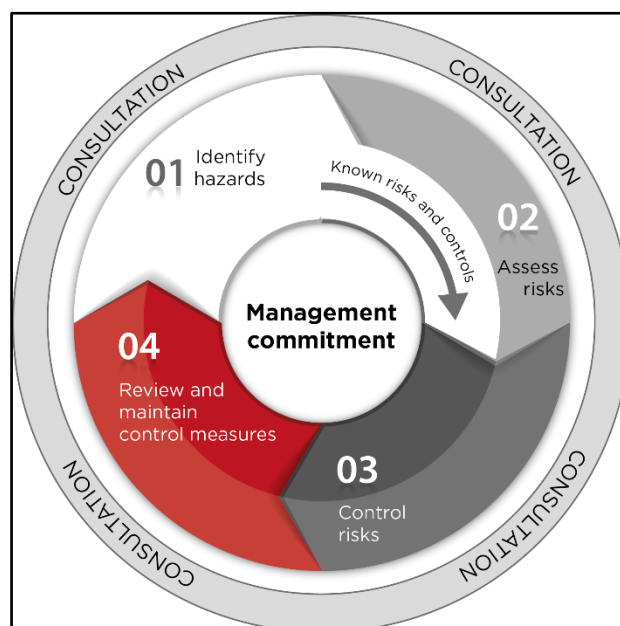
The risk management process, including risk assessments, should be documented except for hazards with simple solutions, for example torn carpet, sharp edge on window frame, stiff door hinges, and safe use of an electric toaster.

Formal risk assessments are also unnecessary in the following situations:

- Legislation requires some hazards or risks to be controlled in a specific way – these requirements must be complied with.

- A code of practice or other guidance sets out a way of controlling a hazard or risk that is applicable to the particular situation and the recommended controls are chosen.

- There are well-known and effective controls that are in use in the industry, that are suited to the circumstances in your workplace.

Risk management process aims to:

- Tease out complex issues with multiple contributing factors.

- Understand the interaction between different hazards and how they interact to possibly cause greater risk.

- Determine factors contributing to the risk. These factors then act as pointers concerning where risk controls can be applied to reduce the risk.

- Determine whether standard risk control measures are appropriate for the specific circumstances.

- Determine the severity of the risk and the urgency of the required response.

- Determine which of several risk control measures would be the most effective.

- Use the hierarchy of controls to establish a way of ordering controls to improve reliability for treating/controlling the risk (see Clause 36 of the WHS Regulations).

- Review the effectiveness of existing risk control measures (see Clause 37 of the WHS Regulations).

The risk management process must be carried out in consultation with workers and their HSRs. More complex risk assessments may require the input of the WHS team or subject matter experts.

7.3.   Risk management and consultation

Consultation with workers, HSRs, HSCs and any other consultative arrangements within the workplace such as work groups is a legal requirement when identifying hazards and assessing risks and opportunities, and when determining risk control strategies. This includes providing all relevant information in controlling the risk or hazard and allowing workers to contribute to decision making.

A worker may also cease or refuse to carry out work if they have reasonable concerns of immediate or imminent exposure of the hazard to their health or safety. NSW Health Organisation risk managers and WHS professionals can provide advice on managing these risks.

7.4.   Multi-layered control strategies

Due to the nature of work conducted in NSW Health workplaces there are potentially a wide range of hazards which need to be identified, and eliminated or controlled, such as:

- hazardous chemicals and substances
- carcinogens
- psychosocial hazards including violence from patients and visitors and exposure to traumatic events, organisational change
- manual handling
- slips trips and falls
- radiation
- biological hazards
- electrical hazards
- noise
- asbestos.

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

7.4.1.   Prevention of violence in the workplace

When controlling violence in the workplace, controls should include:

Physical environment

- good line of sight and elimination of any concealment points in the facility layout
- adequate lighting at night
- limited access after hours
- area to retreat.

Staffing

- appropriate staff skills
- appropriate provision of security personnel.

Clinical review

- clinical protocols including patient risk assessment and file flagging to identify patients presenting a risk to health and safety of staff.

Code Black response

- duress response procedures
- clear protocols for police assistance
- staff training in de-escalation and evasive self-defence

- appropriate staff support.

7.4.2.   Managing bariatric patients

Also, when considering how to eliminate or control manual handling risks associated with patients with bariatric needs a range of controls would be required such as:

- communication protocols with NSW Ambulance Service and Patient Transport Services

- adequate facility design that allows for the use of bariatric equipment and furniture

- ensuring procedures for clinical assessment

- provision of adequate weight bearing equipment such as air assisted transfer mats and hoists

- availability of appropriate medical instruments

- appropriately trained staff.

For further information refer to NSW Health Guideline *Management of Patients with Bariatric Needs* (GL2024_001).

7.4.3.   Prevention and management of bullying and harassment and other unacceptable workplace behavior

When considering the risk of bullying, harassment and unacceptable behaviour in the workplace, it is important to focus on a preventative, risk management approach. Often, there can be multiple psychosocial hazards present which need to be identified and assessed to determine appropriate control strategies.

For guidance and regulatory expectations on risk management process and controls for psychosocial hazards, see the Mental Health and Wellbeing webpage at MOH-WRB Safety and Security Improvement. These documents include information on psychosocial risks that may occur in health settings. When considering controls for bullying and harassment and unacceptable workplace behaviour, control options can include:

Policy Directives

There are requirements in NSW Health policy directives:

- *Prevention and Management of Unacceptable Workplace Behaviours* (PD2025_022)

- *Resolving Workplace Grievances* (PD2016_046)

to implement appropriate control measures. The implementation of these policies is assisted using the NSW Health website for managers and staff Addressing grievances and concerns. Workers should be trained regarding what is and isn't unacceptable workplace behaviour. Managers should be clear about the process to manage bullying and harassment and unacceptable workplace behaviour complaints.

Ensuring a positive workplace culture with open communication

Workers should feel safe reporting concerns without fear of retribution. The NSW Health Culture and Staff Experience Framework provides guidance and direction on behavioural expectations in our workplace for building positive culture and staff experience.

Strong Leadership practice

The *NSW Health Leadership and Management Framework* by HETI provides a framework for training to build the skills of managers and leaders in healthcare. Having skills to support a team and create psychological safety helps prevent bullying and harassment.

7.5.   Risk Assessments for Specific Circumstances

7.5.1.   Managing change

NSW Health Organisations must establish, implement and maintain processes for communication and control of change that can impact health, safety and wellbeing at work. This includes consulting with workers and their representatives early in the process. Areas of change could include:

- Changes to organisational objectives, activities, work processes and leadership. This can include workplace locations and surroundings, equipment and resources, workforce and terms of employment.

- Changes to the work tasks, organisation of work (reporting lines, shift patterns, workflow) and working conditions.

- Changes to legal requirements.

- Changes in knowledge or information about hazards and risks.

- Development of knowledge and technology and the needs to develop workers competency through additional training.

7.5.2.   Changes to work design

Effective design of 'good work' considers the work tasks, work systems, the physical working environment, and the workers and others in the workplace. The best chance to find ways to eliminate hazards and minimise risks is during the design phase. When designing or refurbishing, Safe Work Australia handbook *Principles of Good Work Design* and SafeWork NSW guide *Designing Work to Manage Psychosocial Risks* should be applied.

7.5.3.   Procurement of safe premises, goods and services

NSW Health Organisations have a duty of care to ensure that when procuring premises, goods and services risks are identified and eliminated. If it is not practicable to eliminate the risks must, they must be minimised so far as is reasonably practicable. Additionally, procurement arrangements must comply with legislation and meet the intended outcomes of the WHS Management System.

Leasing of premises

NSW Health Organisations must consider WHS issues before signing a lease for premises and must ensure that mechanisms for consulting with landlords are included in lease arrangements, together with the requirement for repairs and maintenance to be undertaken promptly. See the NSW Health Policy and Procedure Manual *Protecting People and Property* for further detail on security requirements and assessment when leasing premises. Also refer to the NSW Health guidance material *Leasing of premises* and NSW Health Policy Directive *Asset Management* (PD2022_044).

Building design and retrofitting

Where WHS issues are considered and addressed early in a building design process, there is potential to either eliminate or minimise work health and safety risks and eliminate or reduce the costs associated with undertaking expensive retrofitting.

NSW Health utilises a series of health facility guidelines, referred to as the *Australasian Health Facility Guidelines*. This series represents the minimum standards for health facility design specifications. NSW Health Organisations are required to seek approval to vary these standards during the design, building or retrofitting of facilities. For further information, see NSW Health Policy Directive *Australasian Health Facility Guidelines Variation Process* (PD2019_051) and NSW Health Guideline *Australasian Health Facility Guidelines - Use in NSW Health* (GL2025_001).

There are also standards set out in:

- NSW Health Policy and Procedure Manual *Protecting People and Property*
- NSW Health Guideline *Safe Assessment Rooms* (GL2020_001)
- NSW Health Policy Directive *The Safety and Wellbeing of Children and Adolescents in NSW Acute Health Facilities* (PD2022_053).

Procurement of goods and equipment

NSW Health Organisations must carry out risk assessments prior to purchasing goods and equipment available on government contracts, as well as when they have approval to purchase off contract items. While WHS matters are considered when choosing providers for inclusion in contracts, it is not possible to consider risks that are specific to the use and the location of those goods or equipment. For example, contracts are available for the purchase of lifters and a risk assessment must be conducted to determine which lifter is the most appropriate based on its intended use. Factors to consider include whether it can carry the intended weight, size, shape; can it fit through doors; does it need to lift items directly from the floor, among other considerations.

NSW Health Organisations must ensure that workers and HSRs are consulted as part of the process of procurement of goods and equipment to ensure they are fit for purpose. The following factors need consideration when undertaking risk assessments prior to purchase:

- use of the goods/equipment
- the location and environment in which it will be used
- the workers using the goods/equipment.

Where there are adverse incidents arising out of goods or equipment on NSW Government contract, NSW Health Organisations, in addition to local actions, must record the details of those incidents in ims+ and the Health Quality Reporting System (HQRS). HealthShare NSW monitor this system and takes appropriate action where there are emerging issues related to NSW Government contracts. For further information see the NSW Health Policy Directive *NSW Health Procurement Goods and Services* (PD2024_044).

Procurement of services

NSW Health Organisations must utilise risk management practices when engaging and managing contractors or consultants. There should be an assessment to determine that the work of the contractor/consultant does not create risks for workers and others (and vice versa).

Additionally, the workplace must be safe for the contractor/consultant and there must be a process to ensure that appropriate documentation (such as licences) is sighted before they commence work. For further information, see the NSW Health Guideline *Work Health and Safety - Other Workers Engagement* (GL2024_012).

7.5.4. Delivering services in the community safely

The delivery of health services in the community, such as home or accident sites, introduces specific WHS considerations. These include the conduct of hazardous manual tasks such as patient handling, as well as personal safety and security issues, which must be assessed and eliminated or controlled.

Although a NSW Health Organisation may not have complete control over the working environment in the community, it is still responsible for ensuring a safe system of work and for controlling risks as far as reasonably practicable. The risk management process should address known issues working in the community (see NSW Health checklist *Security Risk Management Improvement*). A risk assessment, that takes into account the individual circumstances, must occur prior to a visit to a home or other community setting and reviewed if changes occur in the environment or if determined necessary by the clinical team. Workers must be clear that they are entitled to withdraw from a situation if they feel under threat or unsafe in any way.

NSW Health Policy Directive *Preventing and Managing Violence in the NSW Health Workplace – A Zero Tolerance Approach* (PD2015_001) and the NSW Health Policy and Procedure Manual *Protecting People and Property* (*Chapter 16 Working in the Community* and *Chapter 26 Violence*) include information on isolated and remote working, including working from home. These policies provide detailed guidance on the management of security related risks in these contexts.

8. Operational Requirements

NSW Health Organisations are required to implement a risk management approach to all identified hazards. This includes a documented procedure that meets legislative requirements and guidance from this Policy Directive.

It is expected that NSW Health Organisations consider their context (see Section 3.1 *Understanding the Organisational Context*) when creating their procedure. This must be supported by the leadership team and consultation must occur throughout the process. Documentation for the system must include:

- roles and responsibilities to meet legislative requirements

- consultation, coordination and cooperation with stakeholders (see Section 5 *Consultation, Cooperation, Coordination and Participation*)

- hazard identification and risk management (see Section 7 *Identifying and Managing Risk*)

- training requirements and supervision (see Section 9 *Information, Training, Instruction and Supervision*)

- processes for monitoring and continuous improvement (Section 11 *Measuring and Evaluating WHS Performance* and Section 12 *Reviewing the WHS Management System*).

8.1. Emergency preparedness and response

NSW Health Organisations need to identify potential emergency situations in the workplace and implement processes to prepare for and respond. This must include:

- Establishing a planned response to emergency situations in accordance with NSW Health Policy Directive *Emergency Management Arrangements for NSW Health* (PD2012_067)

- WHS Regulations Division 4, Clause 43.

NSW Health Policy and Procedure Manual *Protecting People and Property* contains requirements to manage:

- o Security Risk Controls in Unplanned Events – Section 4

- o Fire (code red), Evacuation (code orange) and other Emergencies – Chapter 24

- o Bomb Threat (Code Purple) /Terrorist Threat – Chapter 25

- o Violence – Chapter 26

- o Armed Hold–up – Chapter 27

- o Use of Weapons by Security Staff – Chapter 28

- o Code Black Arrangements – Chapter 29

- o Effective Incident Management – Chapter 30.

- Code Yellow (internal emergency) and Code Brown (external emergency) planning.

- First Aid arrangements must be assessed and implemented according to Clause 42 of the WHS Regulation and Safe Work NSW Code of Practice *First Aid in the workplace*. First aid arrangements for workers that use wards and the emergency department to provide medical treatment require a risk assessment. See NSW Health First aid Guidance Sheet webpage at MOH-WRB Safety and Security Improvement.

- A management plan for responding to and managing traumatic events, such as incidents and assaults, or witnessing or experiencing serious injuries and providing appropriate support. This must include prevention, what to do during an event, immediate support following an incident including first aid and ongoing support.

- Individual personal emergency evacuation plans (PEEP) for workers unable to evacuate a building in a prompt safe manner, unaided in an emergency.

- A written plan for the storage, handling or processing of hazardous chemicals (dangerous goods) that exceed the quantities specified in the relevant legislation and lodge a copy with *Fire and Rescue NSW* and have information available when they are onsite.

8.2.   Record keeping

All consultation must be recorded, including consultation with workers, HSRs, HSCs, unions and in house WHS professionals.

Recording actions that have been taken (even if it is simply referral to higher levels of management or consultation with appropriate staff) creates a record that can assist in demonstrating that all reasonable care was taken. Records need to be maintained as per *State Records Act 1998* (NSW) and the *General Retention and Disposal Authority GA28*, see NSW Government website Records retention and disposal authorities. There are different timeframes for keeping records prior to disposal depending on the information contained in the document.

NSW Health Organisations must maintain processes and records for all internal and external communications related to the WHS Management System. These records are to document key details such as recipients, content, and timing of communications to ensure accountability and compliance.

9.   Information, Training, Instruction and Supervision

What is my role as an Officer?

Officers must ensure that:

- There is a documented system for identifying and addressing training needs.

- Their NSW Health Organisation has a resourced and supported WHS training program that is reviewed and updated regularly.

What is my role as a manager or supervisor?

Managers/supervisors must:

- Attend available workplace training on how to meet WHS responsibilities, risk management, incident investigation, injury management and other courses identified by senior leaders as a requirement of their role.

- Ensure staff receive instruction during induction and on a continuing basis, particularly in safe systems of work.

- Train workers for the specific tasks they must perform and support refresher training.

- Identify when workers need further training.

- Provide adequate supervision to ensure compliance with WHS policies and safe workplace conduct.

- Ensure workers are aware of potential hazards and any work practices unique to the workplace.

- Maintain staff training records and ensure training records have a sign-off date to indicate training was completed.

9.1.   Duty to provide information, training, instruction or supervision

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

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

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

For advice refer to the *Training needs analysis guide* to determine training needs for workers.

9.2.   Information

NSW Health workers must be provided with adequate information to safely do their work, which includes:

- information on the nature of hazards in their workplace and control measures to manage any associated risks

- how to report and escalate WHS issues and concerns

- procedures for emergency evacuation

- details of the designated first aid officers, first aid procedures and location of first aid rooms and/or facilities

- correct use of personal protective equipment

- up-to-date information for the safe use of equipment

- sufficient information about the safe use, handling and storage of hazardous chemicals including accessing and interpreting Safety Data Sheets (SDS)

- understanding safety signage.

9.3.   Training

Training to be provided to Officers and managers/supervisors

Officers must have access to information and training, as required, to:

- assist them in ensuring appropriate systems and structures are developed and implemented, to fulfil their duty of care obligations

- ensure they are aware of their due diligence duties and responsibilities

- ensure they understand WHS legislation and their obligations

- ensure they understand the hazards and risks arising from the nature of the work undertaken by the NSW Health Organisation.

Managers/supervisors must have access to information and training, as required, to:

- understand their obligations under the WHS Act and WHS Regulation as managers/supervisors

- understand the consultation arrangements in place and utilise them to maintain a safe workplace

- ensure they can provide adequate supervision to workers

- ensure they have an appropriate level of competence in undertaking risk management activities and incident investigations.

Training for workers

Training and information requirements of workers must be based on the nature of their work and their skills, knowledge and expertise. Generally, this covers:

- understanding their obligations under the WHS Act and the WHS Regulation as workers

- how WHS is managed in the workplace

- how to report a hazard or other safety issues, how to escalate an issue to assist to resolve a WHS issue

- the health and safety procedures in place for tasks (such as safe work procedures)

- what information is available to help them do their job safely, such as operator manuals, SDSs

- safe manual handling

- violence prevention and management training and exercises

- code black response training (if member of a code black team), including drills

- complaint management processes

- hand hygiene

- safe use and handling of hazardous chemicals (as relevant) such as:

  o cytotoxic drugs

  o cleaning and disinfection chemicals, and similar substances

- working at heights.

Induction training

Induction information must be provided when a worker first starts at the workplace and when moving to a new work area. At a minimum, this must cover information and instruction on:

- workers' responsibilities under the WHS legislation

- how work health and safety is managed, including consultative arrangements

- procedures for reporting incidents, injuries and hazards

- emergency procedures training (see SafeWork NSW *Emergency plans*)

- use of duress alarms or procedures for assistance

- amenity, such as toilets, drinking water, eating facilities, staff lockers and other related facilities (see SafeWork NSW *Facilities at work*)

- after hours access control, for example:

  o safe entry and exit to and from the workplace

  o being escorted to car by security

- first aid including who provides first aid and location of first aid kits and rooms

- the health and safety procedures required for relevant tasks such as manuals, SDSs (for chemicals), personal protective equipment, safe work procedures

- accessing the Employee Assistance Program (EAP)

- procedures for maintaining communication when providing services in the community, where relevant

- procedures for communication for safety, such as Safety Huddles.

Other legislated training requirements applicable to NSW Health

In addition, there are specific training requirements under the WHS Regulation for:

- HSRs [see Section 5.7 *Roles and responsibilities of Health and Safety Representatives (HSRs)*].

- Working in confined spaces, such as content of confined space entry permit, control measures, personal protective equipment and emergency procedures.

- WHS induction and orientation.

9.4. Keeping training records

NSW Health Organisations are required to keep training records according to the *State Records Act 1998* (NSW)*. For example, summary records created to facilitate the provision of work health and safety training to employees, contractors and others, such as safety training registers, must be retained for a minimum of 75 years after action completed.

9.5. Instruction and supervision

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

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

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

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

10. Incident Management

10.1. Initial response following an incident

When an incident has occurred in the workplace, there must be systems to:

- provide first aid and make sure the worker gets the right care. Consider both their physical and mental health. The requirements for first aid are outlined in Clause 42 of the WHS Regulation and the SafeWork NSW Code of Practice *First aid in the workplace*.

- record the incident in ims+ or equivalent (see SafeWork NSW Mandatory injury register).

- help the worker recover at work by offering suitable employment, staying connected with the worker, and planning a return to work program in accordance with NSW Health Policy Directive *Rehabilitation, Recovery and Return to Work* (PD2023_016).

- determine if the incident is notifiable (see Section 10.8 *SafeWork NSW reporting requirements*).

10.2. Injury treatment and management

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

The NSW Health Policy Directive *Rehabilitation, Recovery and Return to Work* (PD2023_016) provides detailed information on responsibilities for injury management.

The *Workplace Injury Management and Workers Compensation Act 1998* (NSW) provides for the coordination of treatment and recovery at work of occupationally injured or ill employees. In certain circumstances prescribed by the legislation, the employee is entitled to seek compensation payments during this process.

Each NSW Health Organisation is required to have an individual and tailored Return to Work Program and review it every 2 years.

Injury management includes:

- treatment of the injury

- early recovery at work

- rehabilitation in the workplace

- retraining where the employee cannot recover to their pre-injury job

- worker's compensation benefits.

Consideration for the workers exposure to psychosocial risks should be part of the program.

Register of Injuries

NSW Health Organisations are required to have in place a Register of Injuries. Under the *Workplace Injury Management and Workers Compensation Act 1998* (NSW), a Register of Injuries must be readily accessible to workers at every workplace*.* Managers must ensure that the NSW Health Organisation's Register of Injuries is readily accessible to workers. It may be an electronic register such as ims+.

Particulars of a workplace illness, injury or near miss must be entered into the Register of Injuries by the worker or their representative on their behalf, if necessary. All injuries are required to be reported to the insurer (claims service provider) within 48 hours. *If an incident results in the need for medical treatment or time away from usual duties, this is considered an injury and is therefore required to be reported to the insurer, regardless of whether workers compensation will be claimed.*

10.3.   Claims management

Claims management refers to the management of an employee's claim for workers compensation. This includes payment of workers compensation benefits to injured or occupationally ill employees, treatment, and facilitation of return to work.

Decisions regarding the payment of workers compensation benefits, are made by iCare appointed insurers called ''claim service providers'. Decisions are made following factual and medical investigation of the injury.

10.4.   Incident Recording, Investigation, Analysis and Review

What is my role as an Officer?

Officers must ensure that:

- The NSW Health Organisation has a system which is implemented for recording and investigating incidents and near misses and ensuring that WHS reports/notifications

are provided to SafeWork NSW and the Ministry of Health, Safety and Security Team, as required.

- Relevant information on incidents is reported through the governance structure, including findings from investigations, action taken to implement recommendations and actions that remain outstanding.

What is my role as a manager or supervisor?

Managers/supervisors must:

- Ensure staff know of and can access and use reporting systems for hazards and incidents.

- Investigate incidents promptly, in accordance with NSW Health policies.

- Provide feedback to staff when reported hazards and incidents are investigated.

- Consult with staff in improving systems following incidents and investigations.

- Ensure recommendations arising from investigations are implemented, within the scope of their role, or escalated to assist in avoiding a recurrence.

10.5. Investigating, analysing and reviewing incidents and near Misses

Standards on investigating, analysing and reviewing incidents and near misses are set out in NSW Health Policy Directive *Incident Management* (PD2020_047).

Incident investigation provides a NSW Health Organisation with an opportunity to examine aspects of the operation, including:

- the process for identifying training needs

- safe systems of work

- the identification of WHS issues as part of planning

- hazard identification

- risk control

- emergency preparedness.

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

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

- The incident/risk investigator considers whether the findings have implications for the WHS Management System, such as training, procedures, equipment, substances and other relevant factors.

- There is a system for communicating WHS findings to relevant Officers to respond to the findings.

- Changes can be made to the system/procedure.
- Changes are communicated throughout the NSW Health Organisation.

The investigation needs to be documented including, the outcome, all work changes or risk controls put in place as a result, and how these changes have been communicated to workers impacted.

10.6.   Triggers for investigating incidents

Triggers for conducting a WHS investigation include the occurrence of incidents or near misses reported regarding patients, visitors or workers. Clinical investigations must include consideration of WHS issues where they are relevant, such as when patient behavior is aggressive towards workers.

Those involved in investigations (all parties) need to be provided with a trauma informed approach throughout the investigation. Workers must be provided with support immediately following an incident and on an ongoing basis. This can be in the form of operational debriefing, managerial support, peer support networks and access to the EAP for additional support. Online support services can also be useful for workers. Normal responses to trauma should be discussed and workers monitored by managers and coworkers, on an ongoing basis to ensure if there are issues, they can be provided with additional, early support, tailored to their needs.

10.7.   NSW Ministry of Health reporting requirements

NSW Ministry of Health reporting requirements are covered in NSW Health Policy Directive *Incident Management* ([PD2020_047](#)). It outlines a system for the prioritisation and notification of incidents to the NSW Ministry of Health using the ims+ harm score rating system.

There may also be other reporting requirements, for example, in relation to a staff member acquiring a communicable disease.

10.8.   SafeWork NSW reporting requirements

In certain circumstances an incident, in addition to being managed by the NSW Health Organisation, requires a notification to SafeWork NSW. ***It is important the site is preserved for serious injuries including death***. These need to be notified immediately after becoming aware that a notifiable incident arising out of the conduct of the business or undertaking has occurred. A "notifiable incident" under [Section 35](#) of the WHS Act) is:

- the death of a person
- a serious injury or illness, or
- a dangerous incident.

Further information is available at SafeWork NSW *[Incident notification](#)* and Safe Work Australia *[Incident notification information sheet](#)*.

There are specific requirements to notify blood and body fluid exposure which is outlined in SafeWork NSW *[When to notify blood, body substance and needlestick injuries](#)*. It is important that these notifiable incidents are investigated, documented, and include further safety action

taken to prevent reoccurrence. Please also refer to NSW Health Guideline *Blood and Body Substances Occupational Exposure Prevention* (GL2024_002).

11. Measuring and Evaluating WHS Performance

What is my role as an Officer?

Officers must ensure that:

- They have regular access to indicators of WHS performance to identify what has happened and what may happen, examples include incident reporting and audit outcomes, recommendations from audits and progress on actions to meet these recommendations.

- They review, analyse and question the information and take appropriate action to resolve issues or concerns.

- Audits and compliance checks are regularly undertaken, and that the NSW Health Organisation responds to the outcomes of such activities.

- They undertake periodic inspections of a workplace to see firsthand what controls are in place and how effective they are.

What is my role as a manager or supervisor?

Managers/supervisors must:

- Participate in regular compliance checks, such as emergency evacuation procedures.

- Undertake regular workplace hazard audits, in consultation with staff, to ensure that controls are working.

NSW Health Organisations need to evaluate their WHS performance and determine the effectiveness of their WHS Management Systems. There are various criteria and data sources which can be used when monitoring and measuring performance. The starting point is determining the aspects of performance that needs to be understood and if there is a measure that is reliable and valid. These can include Key Performance Indicators which are both lag (effectiveness) and lead (implementation) indicators, which can be either proactive (identified through a risk register, audit results or lessons learned) or reactive (following an injury or regulator led investigations). Trending data for these measures can establish the effectiveness of the WHS Management System.

Once determined, the results should be analysed, evaluated and communicated in the Health Organisation to leaders, managers and the workforce. Discussion of these results must occur at the relevant WHS governance meetings including executive leadership meetings.

11.1. Audits

Audits are conducted to determine the effectiveness and compliance with defined criteria and to identify strengths and opportunities for improvement.

Work health and safety audits of facilities and services are to be undertaken according to NSW Health Policy Directive *Work Health and Safety Audits* (PD2023_010) within a 2-year

audit cycle using the _Work Health & Safety Audit Tool_.

The aim of the _Work Health & Safety Audit Tool_ is to provide a consistent and effective approach for the gathering of information on which a NSW Health Organisation can act in order to comply WHS legislative obligations and improve its performance.

Security improvement audits, as required by the NSW Health Policy Directive _Security Improvement Audits_ (PD2021_037) and the NSW Health Policy and Procedure Manual _Protecting People and Property_ must also be conducted every two years to improve the NSW Health Organisation's performance.

Audit records (such as audit planning/liaison, meeting minutes or notes, notes taken at interviews, draft versions of reports formally circulated for comment) must be kept for at least 6 years after actions are completed, see NSW Government website Records retention and disposal authorities.

11.2.   Compliance checks / audits

Compliance checks/audits can also be done to review operations with specific aspects of legislation or local protocols. For example, workplace fire safety inspections (refer to NSW Health Policy Directive _Fire Safety in Health Care Facilities_ [PD2010_024]). Other examples of compliance audits include:

- ensuring that duress alarms are worn, and duress response arrangements are functioning effectively according to NSW Health Policy and Procedure Manual _Protecting People and Property_, Chapter 11

- ensuring that personal protective equipment is being used correctly and for first aid and infection control according to NSW Health Policy Directive _Infection Prevention and Control in Healthcare Settings_ (PD2023_025).

11.3.   Hazard specific audits

Hazard specific audits can address particular issues, such as hazardous noise. This audit can identify whether areas with hazardous noise have been properly identified, if appropriate controls are in place, and whether staff are being tested as required by WHS legislation.

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

11.4.   Monthly themed hazard checks

Compliance checks/audits can be used to review operations with specific aspects of legislation as a monthly theme to ensure all areas are checked and monitored. Based on risk, some key areas may be checked monthly while some hazards could be reviewed on a yearly basis. This can also offer an opportunity for promotion and education on health and safety issues (see Section 6.2 _Incorporating WHS in the planning process_).

11.5.   Incident investigation review

Incident investigation provides an opportunity to examine many aspects of the WHS

Management System, for example, training, hazard identification, risk controls and emergency preparedness.

A formal feedback loop between the incident investigation findings and the review of the WHS Management System needs to be in place so that:

- The incident/risk investigator considers whether the findings have implications for the WHS Management System, training, procedures, equipment, substances and other relevant factors.

- There is a system for communicating WHS findings to senior management.

- Changes can be made to the WHS Management System/policy/procedure.

- Changes are communicated throughout the NSW Health Organisation.

11.6.   Remedial action

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

12.   Reviewing the WHS Management System

What is my role as an Officer?

- The Chief Executive must arrange regular reviews of the WHS Management System to ensure that it has been implemented and is effective.

- Officers, including the Chief Executive, must consider the outcomes of these reviews and accompanying plans for improvement.

What is my role as a manager or supervisor?

Managers/supervisors must:

- Participate in any review of the WHS Management System and maintain those systems, to the extent required by their role.

- Implement any strategies, consistent with the scope of their role, from WHS Management System reviews.

To ensure that the systems which support WHS performance remain effective, they must be reviewed. An effective review will consider data such as:

- the findings of the WHS and security audits

- lessons learned from WHS incidents

- recommendations from risk assessments

- changes in reporting and communication

- feedback, particularly from workers, risk managers, other WHS professionals, HSRs and HSCs

- information from sources such as SafeWork NSW codes of practice and guidance material, research and similar resources

- internal data sources such as People Matter Employee Survey (PMES), human resources such as leave balances, grievances and bullying and harassment complaints.

A review would take account of:

- the stated WHS objectives, targets and WHS performance indicators.

- changes in health service structure, directions or activities.

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

13. Health Monitoring

Risk managers, work health and safety (WHS) professionals, radiation safety officers and specific staff can provide advice concerning exposures requiring health surveillance monitoring.

Health surveillance is the monitoring of individuals to identify changes in health status that may be due to occupational exposure to a hazard. The exposure must be such that an identifiable disease or other effect on health may be related to the exposure, and there is a reasonable likelihood that the disease or other effect on health may occur under the particular conditions of work.

Additionally, an effective technique for detecting indications of the disease or other effects on health must be available.

The *Work Health and Safety Regulation 2017* (NSW) [WHS Regulation] also lists substances requiring health monitoring, such as asbestos exposure where workers undertake asbestos-related work. Other areas for monitoring include audiometry, cytotoxic, radiation and infectious disease.

14. Registers and Plans

14.1. Risk register

In accordance with NSW Health Policy Directive *Enterprise-wide Risk Management* (PD2022_023) all NSW Health Organisations must have a risk register that is used to record, rate, monitor and review all risk, including work health and safety risk.

NSW Health Organisations must have a WHS risk register which is regularly reviewed and updated in consultation with workers. When performing risk assessments, if additional controls are used, they must be added to the risk register.

14.2.   Hazardous chemicals register

A hazardous chemicals register is required under Clause 346 of the WHS Regulation to be prepared and maintained so that workers can easily find information about chemicals stored, handled or used at the workplace.

Under Clause 344 of the WHS Regulation a Safety Data Sheet (SDS) must be available in the workplace no later than when the chemical is first supplied.

The hazardous chemicals register and SDSs may be retained electronically or in hard copy.

In NSW Health, ChemAlert is utilised as the electronic information system for managing hazardous chemicals, it enables NSW Health Organisations to:

- register hazardous chemicals in accordance with WHS obligations
- access up to date SDSs and chemical inventory reports
- maintain a consolidated register and stock inventory of dangerous goods and hazardous chemicals on site
- print labels and stock registers
- record approvals for use of new chemicals
- assist with prioritising and conducting risk assessments for hazardous chemicals.

15.   When a SafeWork NSW Inspector Visits

SafeWork NSW Inspectors have powers of entry and inspection of a workplace and broad ranging powers of investigation when a breach, or potential breach, of the *Work Health and Safety Act 2011* (NSW) [WHS Act] has occurred.

All SafeWork NSW Inspectors (Inspector) must carry an identity card and, on entering a workplace, produce the identity card on request (see Section 157 of the WHS Act). They must undergo a normal induction process for a business visitor based on the risk of their activities while onsite.

15.1.   When Inspectors visit a workplace

The Inspector may be accompanied by a management representative and/or workers' representative (such as a Health and Safety Representative [HSR]) around the workplace.

Anything that is said to an Inspector may be reported in subsequent prosecution proceedings, particularly when a death, serious illness or injury, or dangerous incident has occurred.

Responsibilities of Managers and Supervisors During a visit

- **Identify the Inspector**: verify their credentials by checking their identity card.
- **Notify senior staff**: inform the most senior member of staff on duty about the Inspector's presence.

- **Report the visit**: Notify the Risk manager or WHS professional as soon as possible. These professionals can help implement the actions required by the Inspectors and ensure communication across the service/facility and with Health Professionals.

  o In metropolitan hospitals, the risk manager or WHS professional might attend the visit

  o In rural NSW, managers should notify the local risk manager and provide them with an opportunity to attend, even if they are located at a distance.

- **Provide induction**: offer an induction tailored to the risks associated with the inspector's onsite activity.

- **Comply with requests and act on advice**: Fulfil any requests made by the Inspector. If documents are requested and will be taken offsite, a Section 155 notice, under the WHS Act, should be requested.

15.2.   Powers to enter a workplace

An Inspector may enter any premises they have reason to believe is a place of work without giving notice (see Section 163 of the WHS Act). The Inspector must notify the occupier of the premises of their entry, and the purpose of their entry as soon as practicable after entering the premises. However, they are not required to notify the occupier if by doing so, it would defeat the purpose for which the place was entered or cause an unreasonable delay.

15.3.   Role of the SafeWork NSW Inspector

Inspectors visit workplaces for various reasons, such as:

- give advice and information to management, unions and workers

- investigate an accident and/or breaches of legislation

- investigate complaints from workers, unions, HSRs

- carry out a random inspection

- target hazards as a part of a specific campaign (for example, safe use of cytotoxic drugs, violence prevention management and similar practices)

- make instructions to bring plant, equipment and work methods up to the required standards

- resolve workplace health and safety disputes or review a Provisional Improvement Notice issued by a HSR (see Section 160 of the WHS Act).

- ensure compliance with workers compensation legislation and the NSW Health Organisation has a documented injury management program which is implemented.

15.4.   Powers on entry

Inspectors have broad powers of investigation (see Section 165 of the WHS Act). Where there is a breach or potential breach of the WHS legislation, or a notifiable incident has

occurred, they can:

- inspect, examine and make enquiries

- inspect and examine anything (including a document)

- bring to the workplace and use any equipment or materials that may be required

- take measurements, conduct tests and make sketches or recordings (including photographs, films, audio, video, digital or other recordings)

- take and remove for analysis a sample of any substance or thing without paying for it

- require a person at the workplace to give the Inspector reasonable help to inspect, examine and make enquiries, as well as take or remove for analysis a sample of any substance or thing

- exercise any compliance power or other power so that the workplace complies with the WHS legislation.

15.5.   Powers to obtain information, documents or evidence from a person

Inspectors can require persons to appear before them at a time and place specified in a written notice for the purpose of obtaining information or to produce documents or give evidence (see Section 155 of the WHS Act). This would usually occur when the Inspector believes that a person was capable of providing the information.

When an Inspector enters a workplace, under Section 171 of the WHS Act, they may require a person to access or produce a document and/or answer questions. Providing documents, should be in writing unless the Inspector needs immediate access. Interviews can be in private at the request of the Inspector or person being interviewed.

Under Section 173 of the WHS Act, an Inspector must identify themselves and provide a warning before they request information or a document.

15.6.   Enforcement measures

In certain circumstances, Inspectors have the power to:

- Issue Improvement Notices which require the remedy of unsafe working conditions or hazards within a particular timeframe (see Section 191 of the WHS Act).

- Issue Prohibition Notices to prohibit or immediately stop dangerous work until a hazard is fixed (see Section 195 of the WHS Act).

- Issue Non-Disturbance Notices which requires the person in control of the premises to preserve the site at which a notifiable incident has occurred for a specified period (so that an Inspector can investigate the incident), or prevent the disturbance (including operation of plant) at a site (see Section 198 of the WHS Act).

- Issue Penalty Notices for breaches of WHS legislation.

- Collect evidence and recommend a prosecution.

15.7. Copy of a notice issued by an Inspector in the workplace must be displayed

A copy of a notice issued by an Inspector <u>must be displayed in a prominent place</u> (such as a WHS noticeboard) at or near the workplace, or part of the workplace, at which work is being carried out that is affected by the notice (see Section 210 of the WHS Act).

The notice must not be intentionally removed, destroyed, damaged or defaced while it is in force.

15.8. Considerations when notices are issued

Discussing the notice at the point of issue fosters clear communication and shared understanding between NSW Health Organisation representatives and SafeWork NSW Inspectors. This approach can enhance resolution by clarifying expectations and minimising unnecessary workloads.

To ensure compliance and efficiency:

- Carefully review the notice for specific requirements or corrective actions.

- Ensure accuracy in dates, addresses, legislation references

- Address any ambiguities or discrepancies directly with the Inspector.

- Confirm mutual agreement on the expected outcomes and timelines required.

This collaborative effort ensures smoother processes and helps maintain safety and compliance standards. For guidance and regulatory expectations, see the Better Practice Procedures webpage at MOH-WRB Safety and Security Improvement.

16. When a union representative visits – WHS entry permit holders

Under Section 134 of the WHS Act, union officials can obtain a WHS entry permit under the *Industrial Relations Act 1996 (NSW)* or *Fair Work Act 2009 (Commonwealth)* by completing prescribed WHS training and obtaining union endorsement. Permits last 3 years but can be revoked if misused.

Permit holders must always carry their permit and photo ID and present them upon request. The WHS entry permit includes the name of the entry permit holder, their signature, the union that they represent, the expiry date of the permit and any conditions on the permit.

If a union official seeks to enter a workplace under right of entry, managers and supervisors must:

- Verify the union representative's permit and photo identification.

- Notify the most senior staff on duty or the person that is the agreed contact person. Also notify the risk manager and/or WHS professional.

- Allow the union representative entry without delay following a site induction. If they are entitled to enter, see Section 16.2, this is a legal requirement to not stop entry.

- Accompany the union representative, where possible, during their investigation. This may be for example, the Director of Nursing or the Nursing Unit Manager (NUM) in charge of the shift, and perhaps the risk manager or WHS professional of the facility/service.

Risk managers should be advised of any recommendations provided by the union. Further information and guidance documentation is available at the link Right of Entry (ROE) at MOH-WRB Safety and Security Improvement for the process for entry, legal requirements, documentation that can be requested.

16.1. Protocols with unions

NSW Health Organisation should establish protocols outlining notification processes and access arrangements for inspections. This may include the General Manager or designated contact of the facility/service.

16.2. Powers to enter a workplace

The union has the power to enter workplaces (sometimes with notice and sometimes without notice) where their members work any time of the day that work is being carried out or is normally carried out. WHS Act Part 7 outlines the legal obligations for WHS permit holders.

A union official with a WHS entry permit may:

- advise and/or consult with union members or persons eligible to be members of their union

- assist HSRs if requested as a support person

- assist in resolving issues as part of issue resolution

- inspect any work system, plant, substance, structure or other thing relevant to a suspected contravention of WHS legislation

- consult with relevant workers and the NSW Health Organisation in relation to a suspected contravention of the WHS Act

- assist with conducting an election of an HSR.

The WHS entry permit holder is not required to disclose to the person with management or control of the workplace the name of any worker on whose behalf they are making enquiries at the workplace. If they do wish to disclose the name of any NSW Health worker, they may only do so with the consent of the worker.

16.3. Conditions for entering a workplace

Without prior notice

If a union reasonably suspects a contravention of the WHS legislation, they can enter a workplace without prior notice under Section 117 of the WHS Act. To enter without notice, they must suspect a breach and supply a notice as soon as practicable to a person with

management or control of the workplace, unless this would defeat purpose of entry to the workplace.

A union can:

- Inspect any work system, plant, substance, structure or other thing relevant to the suspected contravention.

- Consult with relevant workers and NSW Health Organisation management related to the suspected contravention.

- Warn a person exposed to a serious risk emanating from an immediate or imminent exposure.

- Make copies of any document that is directly relevant to the suspected contravention that is kept at the workplace or is accessible from a computer kept at the workplace.

- Unions cannot request access to medical records, as to do so would disclose health information about individual patients or workers. They also cannot inspect or make copies of documents that may contravene a law of the Commonwealth and or State.

- visit, but their visit should not interfere with work in the area.

At least 24 hours' notice (but not more than 14 days)

If the entry relates to consultation and advice to workers on WHS matters, and there is no suspected breach of legislation, the permit holder must give a written notice of entry to the NSW Health Organisation during usual working hours. This notice must be given at least 24 hours before entry, but not more than 14 days before the entry. Notice should be given to the most senior Officer of the NSW Health Organisation, such as the General Manager of a facility (see Section 120 and Section 121 of the WHS Act).

This also applies where the union wishes to inspect employee records and documents created or held by a third party that are directly relevant to the suspected contravention. The use or disclosure of personal information obtained under by the entry permit holder under this section is regulated under the *Privacy Act 1988* (Commonwealth).

16.4. Register of WHS entry permit holders – Industrial Relations Commission

In accordance with the Section 151 of the WHS Act, the Industrial Relations Commission of NSW must publish on its website for public access an up-to-date register of WHS entry permit holders. The register can be accessed through the following:

- Fair Work Commission *Find an entry permit.*

- Industrial Relations Commission of NSW *WHS Permit Register*.