

CIRCULAR

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Contact	Margaret Coffey (02) 9391 9372 Employee Relations

WORKPLACE HEALTH AND SAFETY: A BETTER PRACTICE GUIDE

This circular applies to public health organisations as defined under section 7 of the Health Services Act 1997 (including Area Health Services, Corrections Health Service, and the Children's Hospital at Westmead), and the Ambulance Service of New South Wales.

NSW Health is committed to maintaining a high standard of workplace safety.

Employees are our most valuable asset. For the protection of their health, safety and welfare, it is essential to maintain excellence in workplace safety across our Health Services. Strong leadership and demonstrated commitment from Chief Executive Officers and other senior managers are crucial in achieving excellence.

This is the first time that NSW Health has developed a comprehensive set of guidelines, drawing together into one document the core principles and better practices for maintaining a high standard of workplace safety across the public health system.

I commend this Workplace Health and Safety Guide to you and thank the members of the Working Party for the hard work and commitment involved.

If you have any queries regarding this document, please contact Margaret Coffey, Director, Employee Relations on (02) 9391 9372.

Michael Reid
Director-General

Distributed in accordance with circular list(s):

A 22	B	C 20	D	E	73 Miller Street North Sydney NSW 2060
F	G	H 12	I	J	Locked Mail Bag 961 North Sydney NSW 2059
K	L	M	N 4	P	Telephone (02) 9391 9000 Facsimile (02) 9391 9101

In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

**Workplace Health and Safety:
A Better Practice Guide**

NSW Health

**Circular No 2001/22
March 2001**

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1. About this document

1.1 Workplace Health and Safety: A Better Practice Guide

1.2 Responsibility: This document was prepared by a working group from the NSW Department of Health, Health Services representatives and Marsh Risk Consulting.

1.3 Version: March 2001

1.4 Updates and feedback: Feedback is welcome, and should be addressed to the Director, Employee Relations Division, NSW Department of Health.

1.5 Related Policies: NSW Health Occupational Health, Safety and Rehabilitation Guide, January 1998 (Grey Book).

Website address:

http://internal.health.nsw.au/er/human_resources/ohs/ohs_index.html

NSW Premier's Department, Taking Safety Seriously, 1999

Website address:

<http://www.premiers.nsw.gov.au>

NSW Health OHS Related Policies:

Website address:

<http://internal.health.nsw.gov.au/policies/>

- C2000/89 - Employment Health Assessment Policy and Guidelines
- C2000/68 - Managing for Performance – A Better Practice Approach for NSW Health.
- C97/97 - Critical Incident Manual: Policy and Guidelines (currently under revision).
- C2000/42 - Policy Framework and Better Practice Guidelines for the Development of Employee Assistance Programs (EAPS).
- C97/35 - Policy and Guidelines for the Prevention of Manual Handling Incidents in NSW Public Health Care Facilities (currently under revision).
- C98/90 - The Occupational Health, Safety and Rehabilitation Numerical Profile (currently under revision).
- C99/45 - Policy Framework and Best Practice Guidelines for the Development of Health Service Grievance Management Systems.
- C2000/92 - Policy Framework for Recruitment and Selection.
- C2000/91 - NSW Health Policy on Orientation.

NSW Health Policies in development:

- Policy for Achieving a Bullying, Harassment and Discrimination Free Workplace.
- Better Practice Guidelines for including Health and Safety in the Engagement, Management and Evaluation of Contractors.

1.6 Additional References/ Resources:

Useful Internet websites:

Department of Health.

<http://doh.health.nsw.gov.au> (external users).

http://internal.health.nsw.gov.au/er/oh_and_s.html (internal users)

New South Wales WorkCover Authority.

<http://www.workcover.nsw.gov.au>

National Safety Council Australia NSW.

<http://www.nsc.org/osh.html>

National Occupational Health and Safety Commission.

<http://www.noschc.gov.au>

New South Wales WorkCover Authority.

<http://www.workcover.nsw.gov.au>

2. Introduction

2.1 Purpose and scope of document:

The purpose of this document is to provide guidance to all levels of staff within Health Services on current best practice in workplace health & safety.

NSW Health is committed to a high standard of workplace safety, through strategies targeting an overall improvement in Occupational Health and Safety and Risk Management.

Statistics on work accidents, while sobering, do not reflect the full impact on employees, their families and colleagues. In addition to the human cost, workplace accidents impose a financial cost on employees, employers and the community at large. It is in everyone's interests to reduce the rate of workplace accidents and the cost of workers compensation.

Employees are our most valuable resource. For the protection of employee health and welfare, workplace safety must be given a high priority within each Health Service. This requires strong leadership and demonstrated commitment from Health Service Chief Executive Officers and managers, and an awareness by all staff of their responsibilities under the Occupational Health and Safety Act.

This guide is intended to help take the lead in promoting and managing workplace safety. The guide reflects the NSW Government framework for improving occupational health and safety across the public sector, as articulated in NSW Premier's Department *Taking Safety Seriously*, and incorporates advice from Health Services occupational health and safety and risk management practitioners on implementation issues associated with better practice principles.

2.2 Definitions:

NSW Health:

Refers collectively to public health organisations as defined under section 7 of the Health Services Act 1997 (including Area Health Services, Corrections Health, and New Children's Hospital), and the Ambulance Service of New South Wales.

Health Service:

For the purpose of this document 'Health Service' refers individually to public health organisations as defined under section 7 of the Health Services Act 1997 (including Area Health services, Corrections Health, and New Children's Hospital), and the Ambulance Service of New South Wales.

Audit:

A systematic evaluation, against defined criteria, of whether activities and related results conform to planned arrangements, and whether these arrangements are being implemented effectively and are suited to achieving the organisation's policy and objectives.

Hazard:

An object or situation that has a potential for causing harm in the form of human injury or ill health, damage to property, damage to the environment or a combination of these.

Hazard Identification:

The process of recognising that a hazard exists and of defining its characteristics.

Health Monitoring:

The monitoring of individuals for the purpose of identifying changed health status due to occupational exposure to a hazard. This includes biological monitoring.

Incident:

Any unplanned event resulting, or with the potential to result, in injury, ill health, damage or other loss.

OHS Management System:

That part of the overall management system which includes organisational structure, planning activities, responsibilities, practices, procedures, processes and resources for developing, implementing and reviewing OHS policy and so the basis for managing OHS risks associated with the business of the organisation.

OHS Objectives:

Goals, expressed in terms of OHS performance, which an organisation sets itself to achieve, and where practicable, are quantifiable.

Performance Management:

An ongoing process involving staff and managers that aligns the work of individuals to the strategic direction of the Health Service. Integral to this process is feedback on performance in meeting agreed performance targets, and planned skills development to support the achievement of Health Service goals.

Place of work:

Premises, or any other place, where persons perform work.

Rehabilitation:

The managed process of maintaining ill or injured employees in, or returning them to, suitable employment.

Risk:

The combination of frequency, or probability of an occurrence. Also the consequence of a specified hazardous event.

Risk Assessment:

The overall process of estimating the extent of risk and deciding whether a risk is tolerable.

Risk Control:

The part of risk management that involves implementing policies, standards and procedures to eliminate, avoid or minimise the risks facing an enterprise.

Risk Identification:

The process of determining what can happen, why and how.

Risk Management Process:

The systematic application of management policies, procedures and practices to the tasks of identifying, assessing, controlling and monitoring risk.

Safety:

A state in which the risk of harm to persons or damage to property is limited to an acceptable level.

3. Workplace Health and Safety Model

A comprehensive approach to OHS requires a safety management system.

Outcomes of effective workplace safety management systems include:

- Improvements in employee performance
- Low incidence of workplace illness and injury
- Improved return to work rates
- Improved claims management
- Improved emergency response.

Risk management overview.

3.1 Introduction to Workplace Health and Safety

Workplace health and safety should be approached in a systematic manner through the establishment and development of a 'Safety Management System'. Safety Management Systems incorporate all aspects of Occupational Health and Safety (OHS), including:

- organisational culture
- incident prevention
- post-incident management.

The greatest emphasis should be placed on prevention. Effective accident and injury prevention will help make the workplace safer, reduce indirect and direct costs, and redirect resources to core business.

This Better Practice Guide outlines a Safety Management System, including better practice principles, that can be introduced into every Health Service.

3.2 Risk Management

Risk management involves the culture, processes and structures directed towards managing both opportunities and potential adverse incidents in the workplace.

The Australian/New Zealand Standard AS/NSZ 4360:1999–Risk Management specifies the key elements of the risk management process. The Standard provides a generic framework for the identification, analysis, treatment and monitoring of risk. These Risk Management principles can be aligned with the WorkCover OHS principles of identify, assess, control and monitor.

Risk management should be an integral part of good management practice. It is woven into each organisation's culture, and not a separate program.

The risk management process can be applied to any situation where an undesired or unexpected outcome could be significant, or a risk can be identified. Integrating the risk management process into an organisation's overall philosophy, practices and business plans should be a primary focus.

The process is the continuous application of management policies, procedures and practices to the tasks of identification, assessment, control, monitoring and communication of risk. The adjacent flow chart gives an overview of the process.

3.3 The Cost of Occupational Illness and Injury

Occupational illness and injury generates a range of financial and non-financial costs. Reducing the number of injuries benefits not only employees, but also their families, colleagues, supervisors, and the workplace itself.

The financial costs of occupational illness and injury are divided into direct and indirect costs.

3.3.1 Direct costs

Direct costs are those directly attributable to a worker's injury, irrespective of whether the costs are met by Health Services or by the Fund Manager.

Direct costs are reflected in worker's compensation premiums.

Direct costs of occupational illness and injury include:

- lost salaries and wages
- compensation for permanent impairment, pain and suffering
- medical treatment and rehabilitation
- legal expenses
- fund manager's fees
- premium shortfalls that result in decreased funding for service delivery.

These costs are reflected in the insurance premiums paid by Health Services. Consequently, a lowering of direct costs will reduce future worker's compensation premiums.

However, the best way to reduce workers compensation is to implement sound OHS Management to focus on injury prevention. No claim, no cost.

3.3.2 Indirect Costs

Indirect costs are estimated at between three and seven times higher than direct costs.

Indirect costs are higher than direct costs. The 1999 Industry Commission Inquiry into Occupational Health and Safety estimated the average ratio of indirect to direct costs at approximately three to one. The National Occupational Health and Safety Commission estimates the ratio at between five and seven to one. Irrespective of the ratio, the indirect cost is substantial.

Indirect costs are often absorbed and are not acknowledged.

These costs are absorbed by the organisation and usually not acknowledged. Indirect costs of occupational illness and injury include:

- internal administration of claims
- internal incident investigation
- providing suitable duties on a supernumerary basis to an injured employee
- personal pain, disruption to personal life, and loss of career prospects for employees
- loss of employees' skill and expertise
- salary and wages for replacement staff
- recruitment and training of new employees

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- fines (including personal penalties) and legal fees associated with breaches of legislation
 - deterioration of staff morale and its impact on productivity
 - loss or damage to equipment and property
 - loss of business and/or goodwill.

3.4 Workplace Health and Safety Model

Both internal and external factors influence the safety of the workplace.

Creating a safe workplace involves a dynamic interaction between the external and internal environments.

Many external factors influence an organisation's activity and direction. These include:

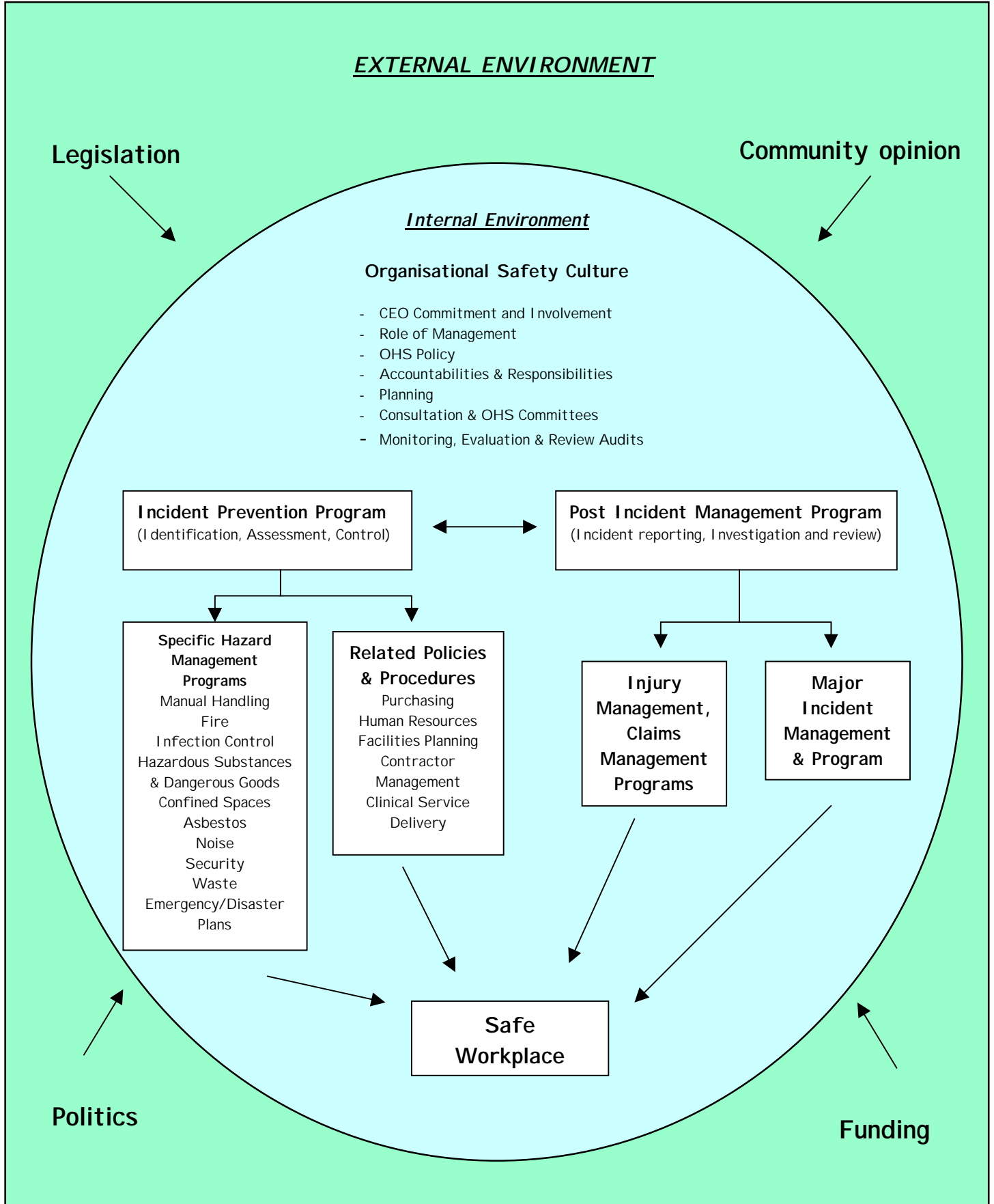
- legislation
- politics
- funding
- community opinion.

An organisation must develop internal systems and processes which are in line with the expectations required by the external environment. As changes occur externally, organisations must be able to adapt or change their internal processes. The workplace Health and Safety Model depicts the relationship between the internal and external environments.

Internally, an organisation can create a safe workplace by ensuring systems and processes are in place. Specifically, systems and processes must be in place to support the development of a "safe" organisational culture as well as systems and processes to support an Incident Prevention Program using risk management principles and a Post Incident Management Program.

This document takes each of these 3 main requirements and provides some detail on the types of systems and processes which are required for better practice in OHS management.

Workplace Health and Safety Model

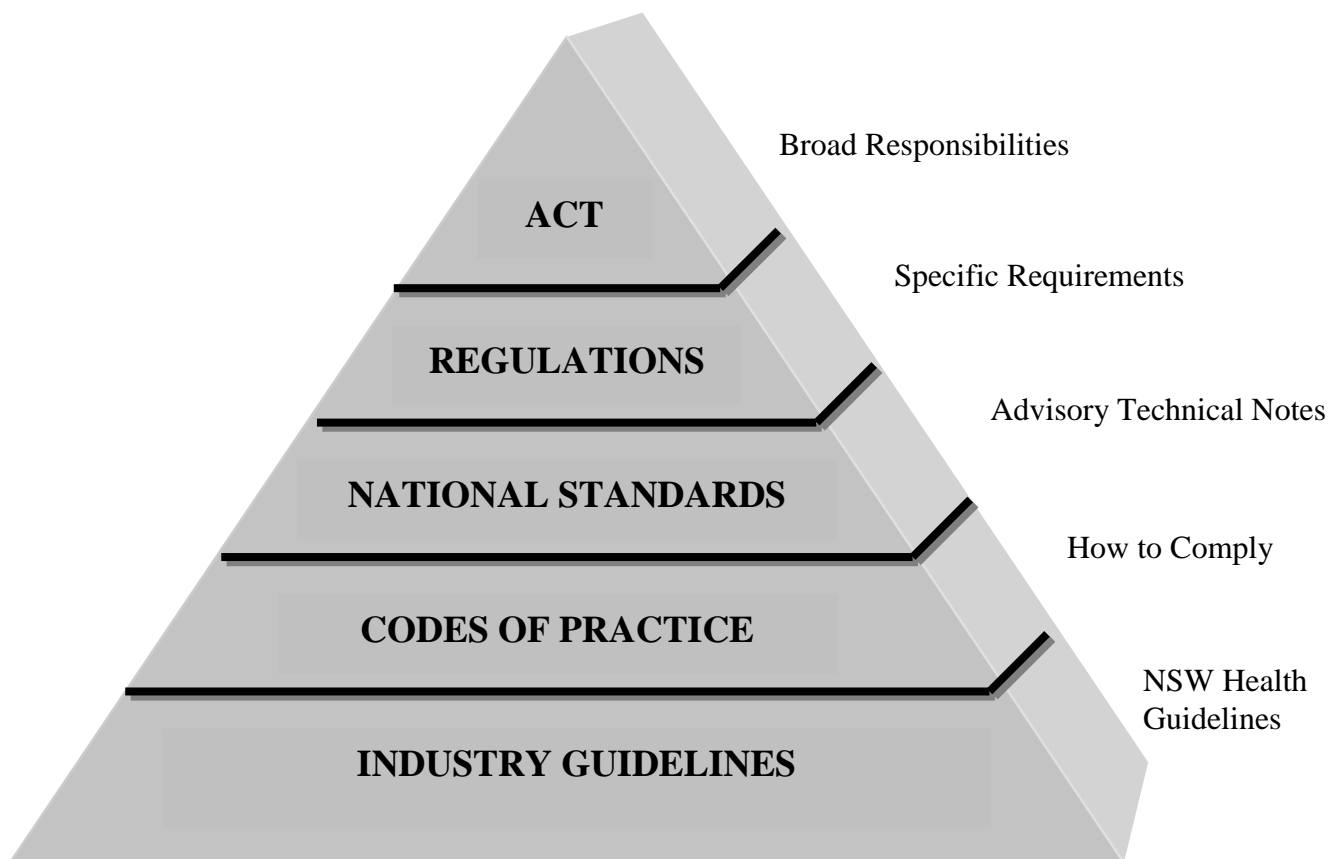


4. External Environment

The external environment is constantly changing. The management response should therefore be flexible enough to meet the variable and complex political, legislative and funding arrangements.

The following diagram is a summary of the key Acts, Regulations, Codes of Practice and Industry Guidelines.

4.1 Legislative and Support Framework



4.1.1 Legislative and Support Requirements

The management of workplace safety in NSW is embedded in a legislative framework. All Health Services need to be aware of the requirements of the Acts and Regulations governing workplace safety.

4.1.2 Occupational Health and Safety Act, 2000

The NSW Occupational Health and Safety Act 2000 (OHS Act) is the main piece of legislation setting out a worker's right to a safe and healthy working environment.

Employers are legally obliged to maintain a safe working environment.

The OHS Act places a legal obligation on employers to provide a safe environment for all employees, contractors and workplace visitors. This includes ensuring that work systems are safe, as well as providing any information, instruction, training and supervision needed to maintain workplace health, safety and welfare.

Key non-compliance provisions include:

- An employer who has not done enough to eliminate or reduce risks can be penalised, even if no-one has been injured.
- If a corporation breaches the OHS Act, its managers may be held personally liable. Their only defences are to show either that they could not have influenced the corporation's conduct in the matter, or that they used 'due diligence' to stop the corporation from contravening the Act.
- Due diligence means complying with legal obligations; implementing safe work systems and practices; keeping records on responses to workplace hazards; providing appropriate information, instruction and training; and monitoring and auditing OHS and injury-management programs.
- Proceedings can be taken against a person under the Act whether or not action is being taken against the corporation.
- A general duty on employees to take reasonable care for the health and safety of persons who are at their place at of work and who may be affected by their acts or omissions at work. It also requires that a worker cooperates with the employer in complying with Occupational Health and Safety requirements.

Refer to the NSW WorkCover Authority publication Due Diligence at Work – A checklist for action on workplace health and safety for company directors and managers.

Employees also have responsibilities for their own health, safety and welfare.

Non-compliance with the Act carries significant penalties for organisations and employees.

Individuals are personally liable for fines, and insurance protection is not available for prosecution or fines.

The Draft Occupational Health and Safety Regulation 2001 will consolidate 36 existing Regulations. It is due to come into force in early 2001.

The Draft Occupational Health and Safety Regulation 2001, due to come into force early in 2001, will replace all 36 Regulations currently covered under the Occupational Health and Safety Act, the Factories, Shops and Industries Act and the Construction Safety Act. The Construction Safety Act and Part 3 of the Factories, Shop and Industries Act will also be replaced when the consolidated OHS Regulation 2001 commences.

4.1.3 Workers Compensation Act 1987 and Workplace Injury Management and Worker's Compensation Act 1998.

Together, the NSW Workers Compensation Act 1987 and the Workplace Injury Management and Workers Compensation Act 1998 create a single but complex framework for managing workers compensation.

The NSW Workers Compensation Act 1987 outlines the rights and obligations of employers and employees in relation to the insurance and compensation of injured employees.

[The Workplace Injury Management and Workers Compensation Act 1998 replaces the injury - management provisions of the Workers Compensation Act 1987.](#)

With the commencement of the Workplace Injury Management and Workers Compensation Act 1998, section 6 of the Workers Compensation Act 1987 concerning the rehabilitation of injured employees was repealed. Part 3 of the Workplace Injury Management and Workers Compensation Act 1998 concerns workplace injury management. This Part includes the obligations of employers, injured employees and insurers to achieve a timely, safe and durable return to work.

[Ask your Risk Manager for more detail.](#)

The Workplace Injury Management and Workers Compensation Act 1998 includes employer obligations to :

- participate in the insurer's injury management program
- provide early notification of workplace injuries to the insurer
- provide suitable work if practicable for injured employees
- cooperate with the insurer's injury management plan
- establish a return-to-work program for the organisation and a return-to-work program for the injured employees.

4.1.4 Related Regulations, Codes of Practice and Standards

Regulations, Codes of Practice and National and Australian Standards support OHS legislation.

The OHS Act is supported by various Regulations, Codes of Practice, National Standards and Australian Standards.

Regulations give details on how an Act is to be implemented.

Regulations set out under an Act expand on the requirements of an Act, giving details on how certain Sections of the Act are to be implemented. Duties required under Regulations are mandatory, with penalties for non-compliance.

National Standards and Australian Standards are given the force of law when they are incorporated into an Act or Regulation.

National Standards are advisory technical notes produced by the National Occupational Health and Safety Commission. National Standards may be given the status of law, if they are called up in an Act or Regulation.

Codes of Practice are voluntary, practical guides to achieving OHS standards.

Australian Standards set out recommendations to ensure that a method or material will achieve a prescribed, consistent level of quality. If legislation incorporates **Australian Standards**, they become compulsory.

A Code of Practice is a practical guide to achieving the health and safety standard required by an Act or Regulation in a particular area of work. Codes of Practice do not have the same legal force as the OHS Act. A person or company cannot be prosecuted for failing to comply with a Code of Practice. However, such failure may be considered evidence that the employer showed less than due diligence.

Industry Guidelines are produced by industry groups and provide guidance material that does not have the same status as approved codes of practice.

4.1.5 Industrial Relations Act, 1996

Employees must not be dismissed within six months of a work-related injury rendering them unfit for work.

Under the *NSW Industrial Relations Act 1996*, an employer shall not dismiss an injured employee within six months of the employee becoming unfit for work as a result of a work-related injury.

If a work-related injury leaves a worker unfit for work, they have two years after dismissal in which they may request reinstatement.

If after this time an injured employee is dismissed because their injury makes them unfit for employment, the employee may ask the employer to reinstate them up to two years from the time of dismissal. During this time, the employer must tell any employee hired to replace the injured worker that the injured worker may return to the position.

4.1.6 Anti-Discrimination Legislation

Discrimination means giving a person less favourable treatment because of their personal characteristics.

In general terms, discrimination is when a person is treated less favourably than another person because of their personal attributes or characteristics. All Health Services employees should be aware of the requirements of State and Commonwealth legislation on discrimination and equal opportunities in the workplace. The key pieces of legislation are:

- the *Anti-Discrimination Act (NSW) 1977*
- the *Disability Discrimination Act (Commonwealth) 1992*
- the *Equal Employment Opportunity (Commonwealth Authorities) Act 1987*.

Discrimination on the basis of disability is unlawful.

In the context of OHS anti-discrimination legislation makes it illegal to discriminate against a person because they have a physical or psychological disability, whether that impairment is constitutional or whether it has come about through work, injury or disease.

4.2 Treasury Managed Fund

The NSW Treasury Managed Scheme Structure is detailed in the NSW Treasury Managed Fund Booklet *New Start 1995*.

The NSW Treasury Managed Fund (TMF) is a self-insurance arrangement of the NSW Government underwritten by the Consolidated Fund. NSW Treasury has a managerial role, with an appointed Fund Manager in charge of day-to-day operations. TMF provides workers compensation coverage to NSW Health.

Within NSW Health financial arrangements for workers compensation are devolved to Health Services, with each area then establishing its own policies.

Benchmark premium and deposit premiums.

Health Services receive an actuarially calculated allocation called the benchmark premium, and are charged an actuarially calculated deposit premium.

The benchmark premium is based on the claim costs of the private health system in NSW and the costs of workers compensation in public health in Queensland, Victoria, South Australia and Western Australia, expressed as a percentage of total workers compensation in each State respectively.

The benchmark rate is then applied by the estimated salaries and wages as provided in the annual renewal declaration process. The Health Service allocation and deposit premiums are the total of all the individual entities' premiums.

Large organisations carry a greater 'experience' factor than smaller organisations.

The reported cost of workers compensation claims 'experience' affects the calculation of the deposit premium according to the size of the individual entity. A large entity carries a greater 'experience' factor than a small entity. A small entity's deposit premium is weighted towards the benchmark, to avoid the extreme financial impact of a large claim. The result is then expressed as a percentage and is applied to the estimated salaries and wages, as provided in the annual renewal declaration process.

OHS improvements take two years to produce lower deposit premiums.

Experience for the last two calendar years is included when calculating deposit premiums. This means that the full effect of good OHS management takes about two years to show up as a lower deposit premium. This experience formula also caps the cost of claims and applies size relativity.

The 'F' factor means that all Health Services benefit from improved workplace safety.

Following this calculation, an 'F factor' is applied to adjust individual deposit premiums to the global Health Target Premium. The F factor is a multiplier that scales up the reported costs of each entity to equal the NSW Health Target Premium. Part of the F factor adjustment is to cover the cost of claims above the capped level. Amounts above the cap are spread amongst all Health Services, which results in a cross-subsidisation within NSW Health. Minimising the cost of claims is therefore in the interests of all Health Services.

Hindsight surplus/deficit adjustment.

Three years after the start of a fund year, the 'benchmark' is adjusted for the actual cost of wages, then the deposit premium is adjusted to reflect the actual estimated costs and actuarial costs and any movement in private health systems insurance. The result is a Hindsight surplus (or deficit) adjustment.

5. Internal Environment

Because organisations have little or no influence on the external environment better practice principles for OHS must focus on the internal environment. The internal environment should create and support a safe workplace.

5.1 Workplace Health and Safety Model

A workplace safety model should include both incident prevention and incident management strategies.

The workplace health and safety model presented in Part 3.4 illustrates a model internal environment, built on powerful leadership. The CEO is responsible for setting the vision and goals, and for leading the process of planning, consultation, monitoring, and accountability in a safety culture. A good safety culture requires that both incident prevention and incident management strategies be in place.

Incident prevention means anticipating hazards and eliminating or minimising unsafe work practices.

Incident prevention is the formal process that eliminates or minimises all workplace hazards or risks. These hazards or risks may be eliminated through improved systems of work, providing appropriate aids or equipment, through changed employee behaviour and through improved workplace design.

A post incident management program deals with the formal process of managing an incident, injury or claim.

5.2 Organisational Safety Culture

An organisation's culture is the collection of shared beliefs, values, ideas and knowledge held by its employees.

Organisational culture is the overall collection of values and beliefs held by those who work within the organisation. Organisation values strongly influence organisational culture.

Developing a productive and safe organisational culture requires innovative and resourceful leadership. The challenge for leaders is to encourage employees through consultative processes and change work practices in the desired direction, that is, towards a safer workplace.

CEOs and senior managers can influence organisational culture by focusing on management behaviour and work systems. Symbols can also be a powerful indicator of management's commitment to a safe workplace. Examples of symbols include:

Symbols are a visual sign of management commitment to workplace safety.

- noticeboards displaying safety achievements
- performance graphs and targets
- safety signs and posters
- memos and newsletters
- personal protective equipment signs
- marked walkways.

5.2.1 CEO Commitment and Involvement

Managers must lead by example.

Demonstration by the CEO and senior managers of a genuine concern for workplace safety is a powerful indicator to employees. People are influenced more by what they see than by what they hear or read. It is therefore important that senior management lead by example in creating a workplace culture that encourages safe work practices.

CEO commitment is vital to the success of a Workplace Safety Management system.

The commitment of the CEO is vital to the success of the system which supports a safe workplace. Without the visible support of the CEO, there is unlikely to be any reduction in the frequency and severity of employee injury or any improvement in workers compensation performance. The CEO must therefore take an active role in managing and marketing workplace safety.

For example development of:

- Specific OHS Steering groups
- Incorporating OHS Steering function into a existing management decision making group.

The structure of the organisation reflects the importance of OHS. Safety should be seen not as an extracurricular concern but rather, as an integrated part of good management. Better practice for the CEO means ensuring that:

- A statement of commitment is displayed in the workplace
- All Health Services policies reflect the importance of OHS
- An OHS impact statement is included in all relevant policies
- OHS activities are included in all aspects of corporate planning
- The management structure, reporting and decision processes reflects the importance of OHS
- Performance management systems include a focus on OHS performance
- Workplace safety initiatives are supported and encouraged
- Sharing of solutions to workplace safety issues is encouraged
- Adequate resources are provided for OHS management
- The safety message is communicated to all staff, via public forums and newsletters
- Authority for workplace safety matters is delegated to line managers
- All significant workplace safety incidents are reported to the CEO.

5.2.2 Role of Management

Line managers should:

- Set a good example in all you do.
- Not cut corners or condone unsafe work practices.
- Report back to staff on initiatives and trends, through meetings, noticeboards and newsletters.
- Consider introducing an incentive program, to encourage staff to report near misses.
- Make it easy for staff to attend OHS committee meetings and related activities.
- Make OHS a regular item on staff meeting agendas.

Managers coordinate the overall safety effort within their area of responsibility. This requires them to understand their duty of care and be familiar with their organisations OHS systems. As well as setting an example for their team, they must also:

- set team targets
- develop safe work practices and procedures
- consult employees on all safety issues
- consider the OHS impact on their decisions
- ensure compliance with safety rules.

Because of the example they set, it is critical that line managers do not cut corners, introduce ambiguity, or overlook/condone unsafe work practices.

Communication is essential in creating and maintaining a safe workplace. Managers should encourage two-way discussion of OHS issues by:

- raising OHS at all staff meetings
- encouraging staff to attend OHS committee meetings and related activities
- reporting back to staff on OHS initiatives and trends
- involving staff in all decisions that affect them.

These measures can be supplemented by noticeboards and newsletters. Introducing an incentive program may encourage staff to report OHS incidents and to discuss OHS issues.

Managers are also responsible for:

- enforcing safety policies and procedures
- implementing performance management systems to monitor employee OHS
- promptly and visibly investigating serious or potentially serious OHS issues
- ensuring effective OHS training and development for employees
- developing procedures that make it easy and non-threatening for employees to report accidents, injury, illness and near misses.

5.2.3 OHS Policy

An OHS policy is a public statement expressing an organisation's commitment to workplace safety. The policy informs employees, suppliers, customers, contractors, visitors and other interested parties that OHS management is an integral part of all operations.

Copies of the OHS policy should be:

- Displayed prominently
- Distributed to all employees on joining the organisation.

The policy should be written in simple terms. Management must then actively promote the policy, to make sure that all staff know about it and understand its meaning.

The OHS policy should be distributed to all employees when they join the organisation. Copies of the policy should also be displayed prominently in the workplace.

Successful OHS policies include the following principles:

- Focus on prevention with commitment to OHS risk management principles
- Commitment to the organisation improving the safety culture which reflects a focus on safety and concern for the welfare of employees
- Clearly defined responsibilities and accountabilities of managers and employees in relation to workplace safety
Consultation with employees through OHS Committees or other consultative forums as a key component to developing strategies for the prevention, identification, evaluation and control of potential hazards
- Statements which outline broad objectives, targets and performance indicators for OHS
- Compliance with OHS legislation, Standards, Regulations and Codes of Practice as the minimum standards only, including notification of incidents to WorkCover in accordance with the legislation
- Commitment to the implementation and continuous improvement of Health and Safety programs by establishing a framework for continuous improvement
- Ensuring a system of review and monitoring of OHS issues at all levels including audits assessing the effectiveness of policies, training and procedures
- Commitment to the provision adequate training and resources as an integral component to safety
- Commitment to continual improvement.

5.2.4 Accountability and Responsibility

Health Services must build in appropriate accountability for the maintenance, review and improvement of OHS management systems.

Detailing OHS responsibilities and accountability in position descriptions and performance agreements allows use of performance-management systems to monitor and improve OHS.

While all staff are responsible and accountable for OHS, managers, in particular, are accountable for the safety of their workplace and safe work practices within their area of control, influence and authority. Position descriptions and performance agreements should include details of OHS responsibilities and accountabilities. The performance management system can then be used to monitor and improve the OHS performance of managers and employees.

Key positions should be designated to take responsibility for specific aspects of OHS management. Such positions should be given appropriate levels of authority and resources.

Within a Health Service, there should be key positions that are held accountable for giving advice on risk management and OHS. There may also be positions with more specialised responsibility for matters such as emergency response procedures or major incident management. It is vital that such designated positions be given the appropriate level of authority and the resources needed.

Costs should be devolved to the lowest possible level.

Devolving costs to the lowest appropriate level will improve financial accountability. A system should be established to reward good performance whilst encouraging poor performers to improve. However, poor performers should not avoid all financial accountability.

Devolution of premiums:

- Reinforces the accountability and responsibility of managers.
- Integrates workers compensation into the budgeting cycle.
- Provides managers with direct information on the costs of poor workplace safety.
- Provides incentives, sanctions and support.

The devolution of workers compensation premiums and hindsight adjustments to the division or cost-centre level will further encourage and help monitor financial accountability. Devolution of premiums integrates workers compensation into the budgeting cycle, giving managers direct information on the costs of poor workplace safety. Health Services should refer to the Computer Model detailed in the 1999/2000 Allocation letter from the Department.

Position Descriptions

Include OHS competencies in all position descriptions.

Best practice OHS management includes clearly defined OHS competencies in all position descriptions. Position descriptions lock in accountabilities specific to each job. For more information on OHS competencies, refer to:

- The National Guidelines for Integrating OHS Competencies into National Industry Competency Standards [NOHSC:7025(1994)]
- Frontline Development Kit 1998, Australian National Training Authority, Prentice Hall.

Performance Agreements

Performance agreements should incorporate OHS initiatives and strategies.

Performance agreements are a good way to set management targets that complement managers' position descriptions. All performance agreements should incorporate workplace OHS initiatives and strategies, consistent with the manager's level of responsibility within the organisation.

Performance Management

Refer to the [Managing for Performance – A Better Practice Approach for NSW Health, Circular 2000/68](#).

Performance management is an ongoing, collaborative process which better directs the work of individuals and teams towards the objectives of the Health Service as a whole. Feedback on progress towards agreed targets helps in planning the skills development needed to best achieve Health Services goals.

The performance management system can be used to relate the broader organisational safety objectives to the work practices of employees. OHS competencies and development needs can be reinforced and supported through performance management.

5.2.5 Planning

OHS needs to be integrated into the organisation and service development planning cycle.

Areas needing safety improvements are addressed by specific OHS improvement plans.

Planning is a process of making decisions that impact on the future. It requires managers to look ahead, consider the impact of change and make decisions on the direction or conduct of the entity. Good decisions are made if a manager is able to foresee the full impact of decisions; that is how it will affect the organisation as a whole, not just a small component of it.

A safety culture can be strengthened by ensuring all decisions are made after an analysis of the OHS impact of the decision. Incorporating OHS into the formal planning process is an effective method to ensure OHS is included in the decision making process.

Planning takes place at all levels of the organisation. Integrating OHS into every planning process in a Health Service ensures that there is an active acknowledgment of OHS risks prior to the commencement of a new direction or project. Decisions made during the planning process will therefore take into account the OHS risks as well as other success factors.

Therefore OHS should be included in all levels of planning. This may mean OHS is seen in strategic plans, business plans, service development plans and building/refurbishment plans as well as forming part of Project plans and Individual department plans. During the planning process OHS risks can be addressed as part of the planning process and therefore create a safer environment when the plan is implemented.

Specific OHS Improvement Plans may also be developed. This type of planning is directly related to improving the overall OHS systems. They may be based on the Workplace Health and Safety Model (3.5) and/or on audits and reviews which identify areas for improvement. They should be focused on what needs to be done to develop or improve the systems which are or need to be in place to ensure effective OHS management.

5.2.6 Consultation

Consult with employees on OHS issues - they have the best knowledge of their workplace and the jobs they do.

Employees usually have the best knowledge about hazardous work practices and any gaps in workplace health and safety management, so effective consultation with employees and their representatives is crucial to the success of any OHS system. Integrate continuous consultation into every stage of the workplace safety management system.

Consultation allows for shared ownership of the process and paves the way for successful implementation.

When to consult.

Consultation is vital when:

- reviewing OHS management performance
- developing, implementing and evaluating related programs, policies, procedures and management systems
- identifying, assessing and controlling workplace risks
- determining training needs
- changing or introducing new work practices
- designing, purchasing or customising equipment
- developing new facilities
- refurbishing existing facilities
- investigating incidents.

How to consult.

Effective consultation occurs through:

- a team approach to OHS
- OHS information sessions and focus groups
- including OHS matters on staff meeting agendas
- requesting staff suggestions
- referring to OHS matters in staff newsletters
- conducting staff surveys on OHS issues
- issuing OHS staff bulletins and updates
- including representatives of affected groups on all relevant working parties
- encouraging small OHS work groups, such as those from high-risk areas.

Consultation can occur through formal and informal processes and may involve direct or representational participation. One important consultative forum is the OHS committee.

OHS Committees

A model for OHS committees is outlined in the WorkCover OHS Committee Guideline 1995.

The OHS Committee, as developed under the OHS Act 2000, provides a formal forum for consultation. The committee representation and structure should reflect the geographical spread, type of work conducted and the character of the workforce.

Employee representatives are elected to the committee. These representatives must be mindful that they represent others and must ensure the people they represent are aware of who they are and what their role is. Employees on the committee should develop ways of communicating with the people they represent to ensure they are fully aware of OHS issues in the workplace.

Although OHS Committees provide a consultative forum, management is responsible for making decisions. Management representatives on the OHS committee must therefore be sufficiently senior that they are authorised to make decisions on behalf of management. If the management representatives are not authorised to make decisions during the meeting, the committee can only make recommendations to management.

5.2.7 Monitoring, Evaluation and Review Audits

Monitoring the effectiveness of plans, strategies and systems makes sure that priorities and practices reflect changing circumstances. NSW Health review mechanisms include:

- the NSW Health OHS&R Numerical Profile
- security audits
- the EQUIP Guide, Standards and Guidelines for the Australian Council on Health Care Standards, Evaluation and Quality Improvement Program, Second Edition 1998.

Ongoing OHS reviews identify areas for improvement, gaps in the system, and the causes of any system failures, and enable the assessment of corrective measures. Information gained from reviews can be used to improve OHS performance.

Effective reviews involve consultation with all those affected, including employees and their representatives.

Comprehensive system-wide audits or individual reviews of specific aspects of the system may be needed. Audits or individual reviews may be conducted internally or by using external services. Reviews should be conducted regularly, to maintain high workplace safety-management standards.

A useful tool for checking the performance of OHS systems is the 'safety walk'. Safety walks are a visible sign of management commitment to OHS, and involve:

- observing people and what they are doing
- identifying weaknesses in safety systems
- targeting specific and defined areas
- encouraging staff and managers to talk about safety
- identifying staff concerns
- gaining staff commitment to safety.

A key aspect of the review process is checking that OHS legal requirements are being met. Health Services need to establish and maintain procedures to identify, access and understand all relevant legal and other OHS requirements.

Regular reviews maintain high standards in workplace safety management.

Reviews identify areas for improvement and allow monitoring of corrective measures.

Consultation is essential.

The 'safety walk' is a useful way to monitor OHS systems.

5.3 Incident Prevention Program

To prevent safety incidents, there needs to be a systematic approach to identification, assessment and control of hazards. This approach should include:

- general incident prevention program
- specific hazard management programs
- related policies and procedures.

An incident prevention program creates an environment that helps managers use 'foresight'.

An incident prevention program uses risk management principles to identify, assess and control, workplace hazards. The aim of this type of program is to address OHS issues before they cause injury or illness. The ability to use 'foresight' in preventing injuries requires knowledge of actual and potential hazards in the work environment as well as a process to address these hazards and minimise the risk of injury.

It is important to keep written records of all stages of the process, including:

Keep written records of all stages of the process.

- the hazard identified
- its priority/risk rating
- the risk control, including any changes made and the person responsible for them
- unsafe work practices caused by or relating to the hazard.

5.3.1 Identify, Assess and Control

Identify

Hazard identification should be systematic and continuous.

Identifying workplace hazards (including work practices) must be a systematic and continuous process. Ways to identify workplace hazards include:

- safety audits
- workplace inspections
- incident investigation reports
- hazard reports
- hazard notifications, incident reports and first aid registers
- staff survey
- injury and illness records, including first aid register
- biological and environmental monitoring results
- grievances and OHS complaints/workplace grievance records
- observation such as the 'safety walk'
- workers compensation statistics and related data
- workplace safety inspection reports
- maintenance request forms.

Assess

Once a hazard has been identified, it is necessary to analyse and evaluate the level of risk it poses. There are many ways of evaluating risk. Priorities are based on:

- the likelihood that the hazard will cause an adverse incident
- the potential consequences of such an adverse incident.

Judge each hazard according to how likely each possible outcome is. For each hazard, consider:

1. How severely could it hurt someone or how ill could it make someone?	2. How likely is it to be that bad?			
	very likely could happen anytime	likely could happen sometime	unlikely could happen, but very rarely	very unlikely could happen, but probably never will
Kill or cause permanent disability	1	1	2	3
Long term illness or serious injury	1	2	3	4
Medical attention and several days off work	2	3	4	5
First aid needed	3	4	5	6

Modified from WorkCover Hazpak.

Deal with the worst hazards first. However, if you can cheaply and easily fix a low priority hazard, do not wait until all the big problems are fixed before dealing with the simple ones. Plan and prioritise actions to improve workplace safety.

Control

Once the priorities have been decided and recorded, devise and implement strategies to eliminate or minimise the identified risk. An intranet site containing a register of hazard controls and changes that are put in place, such as specified biological or environmental monitoring and manual handling, encourages solution sharing.

A hierarchy of controls is recommended. A number of controls may be used at one time. The hierarchy is:

- elimination
- changing equipment or materials
- changing work methods
- using personal protective equipment.

Engineering strategies for improving workplace safety might include:

- planning new premises, materials and equipment whose design removes or minimises the hazard
- redesigning existing work environments, systems and equipment to eliminate or minimise the hazard, such as by substituting less hazardous materials, equipment or work systems

Treating the risk means eliminating or reducing the hazard.

Engineering approaches to improving workplace safety eg. bathroom modifications.

-
- isolating or enclosing the hazard
 - providing more effective ventilation systems.

Administrative approaches to improving workplace safety.

Administrative approaches to developing safer work practices might include:

PPE is the least effective way to deal with a hazard.

- rotating jobs to reduce the frequency or duration of exposure to the hazard
- undertaking the hazardous activity when the least number of employees will be exposed
- develop, document and provide safe working procedures
- change employee behaviour through consultation, training and information dissemination
- using supervision to reinforce and enforce safe behaviour.

Set up a continuous loop of evaluation, feedback and monitoring.

Once a risk strategy is implemented, its effectiveness must be evaluated. Best practice OHS systems are based on a continuous loop of evaluation, feedback and monitoring.

5.3.2 Specific Hazard Management Programs

If a hazard is particularly serious, a specific hazard management program should be developed to supplement more general programs. Many such programs already exist for example:

A serious hazard may require a specific hazard management program.

- manual handling
- fire
- infection control
- hazardous substances and dangerous goods e.g. Glutaraldehyde
- confined spaces
- asbestos
- noise
- security
- waste
- emergency/disaster plans
- aggression management.

5.3.3 Related Policies and Procedures

OHS issues in related policies or procedures may need to be addressed.

Controlling OHS hazards and problems may also mean addressing OHS issues in other policies and procedures within the organisation. The following examples are broadly grouped into human resource policies, facility planning and design, purchasing and supply procedures, contractor management, and service delivery.

5.3.4 Human Resources Policies

Recruitment

Effective recruitment matches an applicant's skills and abilities to the requirements of a job.

Refer NSW Health OHS&R Numerical Profile item 1.4, that states in order for Health Services to achieve an 'A' rating for the standard, they must show that:

"Specific high-risk jobs have been reviewed and assessed and necessary physical requirements stated in job descriptions and advertising. The health of potential employees is assessed by a suitably qualified person. OHS requirements are notified to agencies when engaging casual staff".

Effective recruitment means employing the right person for the right job. An effective recruitment process ensures that applicants have the physical and psychological skills and abilities needed to do the job. The recruitment process should first:

- analyse job tasks to identify risks in each job – refer to the Model Job Demands Checklist contained within the NSW Health Policy on Recruitment and Selection C2000/92
- find ways of changing tasks or workplaces to eliminate or reduce the risks identified
- identify which physical and psychological abilities are required to do any remaining high-risk tasks, and include these criteria in position descriptions, job competencies and recruitment advertising
- decide if these criteria need to be medically assessed, and if a pre-placement Employment Health Assessment will be needed, recruitment advertising should advise applicants of this requirement.

Employment Health Assessments consider whether someone is physically and psychologically capable of performing certain required tasks. It may include interviews, questionnaires, medical examination, testing and other documentation. It may also involve collecting baseline data, which will allow both assessment of the job's impact on employees and evaluation of workplace risk-control measures such as Mantoux, Chest X-Ray and audiology testing.

After going through the normal selection process a recommended applicant is then given a Employment Health Assessment if appropriate. If the Employment Health Assessment suggests that the recommended applicant could do the job if the workplace or task is modified, reasonable adjustments should be made to the workplace or task.

Employment Health Assessment programs minimise unlawful discrimination against the people who are disabled.

Refer to the NSW Health Employment Health Assessment Policy and Guidelines C2000/89.

An effective Employment Health Assessment program will minimise unlawful discrimination on the basis of disability. Employment Health Assessment programs move away from decision making on the basis of stereotypes. Instead, they make it easier to objectively match an applicant's physical and psychological abilities to the specific requirements of a job. Employment Health Assessments also encourage organisations to make reasonable OHS-related changes to tasks and workplaces.

Employee Training and Development

Information and training for all employees is vital to OHS management.

Providing information, instruction and training to all employees, including senior executives, managers and supervisors, is a vital part of any OHS management system. Each level will have specific and possibly different needs in this area.

Managers and supervisors need training in risk management to help them learn how to manage potential hazards and support and encourage compliance with safe work practice.

The specific training needs of each individual employee will depend on:

Each employee has specific training needs, according to the nature of their job and their own level of skills.

- the duties set out in their position description
- relevant legislation relating to those duties and/or that work environment
- the risks associated with the tasks
- the specific work practices that must be followed
- the individual needs of the employee.

It may be that employees with language or literacy problems are at greater risk of not understanding the requirements of the workplace. OHS training plans should address this issue.

OHS should be part of all training and induction programs.

In a more general sense, OHS training should form part of all:

Refer to NSW Health Policy on Orientation C2000/91.

- induction and orientation programs
- on-the-job training
- work systems and procedures training
- learning and development programs
- supervisor and management training
- change-management programs.

Grievances

A workplace grievance is a real or perceived wrong that causes an employee concern and is considered grounds for complaint. There is a feeling of resentment or injustice at having being unfairly treated.

Workplace grievances represent a growing OHS risk.

Workplace grievances are a real and increasing risk to the health of employees, and the costs associated with psychological injury are high. Further, grievances may lead to an incident or injury that then must be managed. Workplace grievances arise from various situations, some within and others beyond the control of Health Services.

A structured system for resolving workplace grievances prevents an individual grievance from becoming a major OHS problem.

It is important to have policies and procedures that help maintain, and if necessary, restore a harmonious and effective working environment. A structured process for resolving staff grievances should prevent them becoming a significant risk to employee health and workplace safety. See also 'NSW Health Policy Framework and Best Practice Guidelines for the Development of Health Services Grievance Management Systems, Circular 99/45.

Harassment and/or Workplace Bullying

Harassment at work can be very costly to an organisation.

Workplace harassment can cost an organisation much in lost productivity, lowered morale, and loss of reputation as an employer and service provider. In addition, if the harassment causes an employee to develop an illness, there are the costs of a workers compensation' claim.

Grievance systems should deal with harassment as quickly as possible.

Effectively reducing this risk means developing appropriate policies and systems to resolve grievances. Addressing harassment problems early is essential. NSW Health has a draft policy on achieving a bullying, harassment and discrimination free workplace.

Employee Assistance Program

Helping employees deal with personal or work-related problems is an OHS issue.

The Employee Assistance Program (EAP) helps employees identify and overcome personal and work-related problems. Employee concerns about either their private or work life may affect their health, safety, well-being or job performance.

An EAP helps managers, supervisors and staff meet the social and psychological needs of employees. Its early intervention strategies identify and resolve personal, health or work related issues as early as possible, before they do serious damage to the employee's health, well-being, safety or workplace functioning.

EAPs provide valuable support to an OHS system. However, it should be noted that individuals deal with different situations in different ways and at a time appropriate for them. Forcing the issue can exacerbate the problem

NSW Health has issued a 'Policy Framework and Better Practice Guidelines for the Development of Employee Assistance Programs Circular 2000/42'.

5.3.5 Facilities Planning and Design

Planning and design of a workplace should incorporate risk-management considerations.

Risk management aspects of the work environment should be considered in the initial planning and design of the workplace. It is important to involve the employees in the planning and design of their workplace, wherever possible.

When designing the work environment, OHS issues to be considered include:

Designing Workplaces for Safer Handling of Patients/Residents, Victorian WorkCover Authority, 1999.

- the number of staff involved
- the security of staff and others
- the intended purpose of an area
- working space
- floor plan and layout
- floor surfaces and access ways
- working surfaces
- lighting and temperature regulation
- storage areas
- workloads and work procedures.

Preventing injuries can recoup the extra costs of building safer facilities.

Building facilities to ensure workplace safety comes at a capital premium. Attention to OHS issues at the planning and design stage will prevent injuries and reduce organisation's long-term costs.

5.3.6 Purchasing and Supply of Goods and Services

Risk-management factors need to be taken into account when obtaining goods and services for use in work tasks.

Risk management is a vital consideration when choosing goods and services for work tasks. When obtaining equipment, it is important to take into account:

- the intended use of the equipment
- the mechanics of operating the equipment and training required
- work-system requirements
- any special features that are required
- the degree of human involvement in the process
- who will be using the equipment
- where the equipment is to be used or installed
- maintenance requirements
- storage requirements
- furniture, fittings and equipment
- standardisation, where appropriate
- standard operating procedures
- machine-guarding requirements (see also 'Principles of Machine Guarding', NSW WorkCover Authority booklet, 1993)
- the weight of the equipment, manual handling issues
- any hazards associated with using, storing or disposing of the equipment eg. noise, PPE or hazardous substances.

5.3.7 Contractor Management

Employers have OHS responsibilities to site contract staff as well as to their own employees. Contractors include:

- VMO's
- People engaged through labour hire companies.

Under the OHS Act, employers have a duty of care to all employees on their site, even those not employed directly as staff. This means that Health Services have OHS responsibilities to site contract staff, and must take the same risk management approach to engaging, managing and evaluating contractors as with their own employees.

The draft NSW Health Policy for Better Practice Guidelines for including Health and Safety in the Engagement, Management and Evaluation of Contractors, sets out the OHS requirements for contractors. Before gaining a Health Services contract, contractors need to:

To gain a Health Services contract, contractors must meet various OHS obligations.

- provide appropriate registrations and licences
- show that work plans, systems, procedures and equipment comply with all relevant OHS Regulations, Standards and Codes of Practice
- agree to comply with and actively support all Health Services OHS and injury-management policies and procedures
- show that they have active OHS and injury-management systems in place for their employees
- provide adequate resources and supervision to do the job safely;
- provide their employees with relevant induction and training.

Contractor compliance with OHS standards needs regular monitoring.

In choosing contractors, the key consideration is ability to do the work to a satisfactory standard but also in a safe manner. Price and time frames alone should not decide the successful tender. During the course of the contract, there should be active, regular monitoring of compliance with OHS standards. This means maintaining effective communication with the contractor.

5.3.8 Clinical Service Delivery

Delivering Services In The Community

Health workers in the community face a range of OHS risks.

Health Services work done out in the community - such as ambulances, mobile van services, home or community health services, and temporary disaster management sites - presents significant OHS challenges.

Health workers working in a client's home should first identify risks.

Community health workers whose workplace may be a client's home should identify possible hazards and risks before the first visit, and consider:

- equipment needs and home modifications
- appropriate lighting
- safe access and egress to the property
- any potential for violence from either the client or other members of the household
- potentially dangerous pets
- the presence of smokers
- timing of the visit
- location of the property.

Once identified, risks can then be managed through systems and procedures.

The General Incident Prevention Program should be applied to community OHS issues. Once risks are identified, management systems can be put into place to minimise their impact.

Management of identified risks might involve:

- infection control procedures
- manual handling equipment
- the disposal of sharps
- prior agreement on smoking conditions
- travel with escorts
- vehicle identification measures
- communication systems
- providing equipment in the home
- negotiating with clients on agreed care
- personal security systems
- phone checks on entry and exit
- electronic vehicle tracking for community workers on evening shifts.

Rights and Responsibilities of Health Care Recipients

The rights and responsibilities of health care recipients should be clearly defined. Here, the term 'health care recipient' refers to the client, their family, visitors and any extended support network.

Those receiving health care have OHS responsibilities towards health care providers.

Clients must support OHS systems designed for the safety of health care staff.

Although most Health Services clients are told of their rights, health care recipients also have responsibilities, including OHS obligations towards health care providers. Clients should be told of these responsibilities when they accept health care services.

Patients have a right to good health care, but they also have a responsibility to support OHS initiatives developed for the safety of the staff who are providing the health care. This means, for example:

- not smoking whilst receiving care from Health Services staff
- cooperating in safe work practices such as manual handling
- not harassing, abusing or threatening health care employees.

However, it is still the responsibility of the Health Services to anticipate risky situations that might arise and to develop contingency plans to cover such events.

5.4 Post Incident Management

While prevention should always take priority, procedures for managing unplanned incidents must also be developed and periodically tested. These include a Post Incident Management Program, an Injury and Claims Management Program and a Major Incident Management Program.

5.4.1 Incident Reporting, Investigation and Review

After any incident, whether or not there is an injury, the incident must be reported, recorded and investigated, and statistical trends within the Health Services monitored and reviewed.

Reporting and Record Keeping

There are legal requirements on record-keeping in regard to workplace injuries.

OHS Legislation requires all Health Services to keep records of injuries. Australian Standard 1885.1 on Workplace Injury and Disease Reporting, an approved Code of Practice in NSW, provides valuable information on this type of reporting.

Records provide the data on which monitoring can be based.

Documentation is a key part of any workplace incident management system. Appropriate internal data forms the foundation of OHS assessment, legislative compliance and performance monitoring. Information must be collected and stored within appropriate confidentiality guidelines.

Incidents must be reported promptly.

The most important part of the reporting and recording process is immediately reporting the incident to the appropriate manager. Staff must be encouraged to promptly report all incidents.

A comprehensive internal reporting system will include:

Factors involved in internal reporting systems.

- incident investigation procedures
- hazard and risk identification and control
- early management of injury
- occupational rehabilitation procedures
- claims-management
- internal and legislative reporting requirements.

Many Health Services use a broad reporting system that records all reported incidents and hazards in the workplace, not just those that result in injuries.

External Reporting

Various Acts and Regulations require external reporting of significant OHS incidents.

There are mandatory requirements for reporting significant incidents to the WorkCover Authority of NSW and NSW Health. Important external reporting requirements are contained in:

- the OHS Act and the NSW Occupational Health and Safety (Notification of Accidents) Regulation 1990, which require the reporting to WorkCover of workplace accidents and dangerous occurrences meeting specified criteria
- Department of Health 'Reportable Incidents' Circular No 97/58
- Annual Reports (Departments) Amendment (OHS) Regulation 1998, which requires Area Health Services to include a statement in their annual report.

Incident Investigation

Accident prevention is based on incident investigation.

The best way to stop an accident happening again is to investigate why it happened in the first place.

Investigations should be conducted by the supervisor, in consultation with the manager responsible for the area where the incident occurred. Even where the cause seems obvious, an investigation should still take place, because there is rarely a single cause of occupational injury or disease.

Incident investigations include:

Processes of incident investigation.

- inspecting the incident site
- inspecting the broader working environment, materials, machinery or equipment involved in the accident
- reviewing work practices as documented and as performed, to identify differences between the two
- talking with the injured employee
- talking with other witnesses to the event
- checking maintenance records
- checking whether there have been other incidents involving the same work processes or incident site
- reviewing training records
- determining the workload and other varying factors at the time of the incident.

Incident investigation identifies both the cause and the solution.

An effective incident investigation will identify both the root cause of an incident and some practical corrective measures that may prevent a recurrence. The manager is responsible for taking appropriate corrective action, and should be followed up to ensure that this happens.

Statistical Analysis

Record keeping allows identification of statistical trends in OHS.

Record-keeping allows analysis of statistical trends to identify major OHS issues. This data can be used to target local interventions and specific injury-prevention programs. Data should be analysed by type, injury, mechanism (cause), occupation, location and time.

Global claims information should be supplemented with specific incident data, to target local intervention and specific injury prevention programs.

Incident data should also be analysed against claim statistics provided by the TMF. To allow comparison between the two systems, the same codes should be used. The TMF provides information on claims performance across Health Services as a whole.

The incident to claim ratio is an effective measure of how well an incident-reporting system is working: a high ratio of incidents to claims indicates that near-miss incidents and minor injuries are being reported.

5.4.2 Injury Management

Injury management combines treatment, rehabilitation, retraining, claims management and employment management practices to get injured employees back to work quickly, safely and sustainably.

A Service Level Agreement had been negotiated between the Fund Manager and the Department of Health. This agreement should be customised between the Area and the Local Fund Manager's Office.

Principles of injury management are set out in NSW WorkCover Authority, 'Guide to Injury Management and Workers Compensation' (April 2000). They include:

Best OHS practice involves reporting to the rehabilitation coordinator, within 24 hours, any incident involving injury.

- early notification
- early involvement of the line manager
- documentation
- confidentiality.

Most employees injured in the workplace can return to work soon after first aid or medical treatment. Where employees suffer a more serious workplace injury or disease, the injury management system should encourage:

Where there is serious injury or disease, injury management systems encourage early intervention, close monitoring during rehabilitation, and an early return to work.

- early intervention and management, with early active rehabilitation
- close monitoring and review of claimants during rehabilitation
- clear, time-specific rehabilitation goals
- effective regular communication with claims officers
- early return to work, on suitable duties as necessary.

Incident-reporting systems must ensure that all injuries are reported promptly to return to work coordinators, allowing the injury management process to begin as quickly as possible.

Injured employees should be helped to remain at work.

Where possible, injured employees should be helped to remain at work, through services such as workplace modification, vocational assessment and the provision of aids and equipment. See also 'Injury Management and Suitable Duties', NSW WorkCover Authority, April 2000.

Claims Management

Efficient and effective claims management is in the interests of both employer and employees, because it:

Principles of effective claims management.

Refer to:

- Guide to Injury Management and Workers Compensation (April 2000) NSW WorkCover Authority.
- Injury Management and Suitable Duties (April 2000) NSW WorkCover Authority.

- supports early injury intervention and management
- provides regular contact with claimants
- ensures early notification of the status of claims
- facilitates prompt compensation payments and timely closure of finalised claims
- includes regular review of open claims
- ensures that claims are handled efficiently
- encourages all parties to agree on a suitable claims management approach
- encourages early return to work strategies
- involves key stakeholders, line management, the fund manager claims staff and rehabilitation staff in the process
- investigates claims rigorously
- includes legal reviews.

5.4.3 Incident Management

An incident management program minimises both the risk of an incident occurring and adverse outcomes if an incident does occur.

New guidelines for Incident Management are currently being developed in the context of recent research regarding the various ways different people may react following an incident. The guidelines will not differentiate between incidents previously designated as 'critical incidents' and other incidents, as the emphasis will be on a flexible set of responses appropriate to the incident context as well as to meeting the needs of individual staff.

Health Services should have in place protocols and procedures for managing major incidents which minimise the risks of incidents occurring as well as any adverse outcomes.

As a minimum, planning should include:

Principles of an effective incident management program.

New NSW Health Policy and Guidelines for Managing Incidents are in development.

- Systems to quickly identify incidents, allowing early intervention and action.
- Procedures to be followed if an incident occurs, including:
 - informing the CEO
 - initiating response staff
 - coordinating management of the incident
 - coordinating investigation into causes of the incident
 - coordinating appropriate post incident support services for persons involved.
- Staff training that is relevant to managing incidents in their workplace.
- Ongoing counselling and rehabilitation as necessary.
- Legal reporting requirements.
- Media releases coordinated through a central point.
- A review process.

6. Appendices

Appendix 1: Checklist For Chief Executive Officer

		Yes	No
1.	Do you know how your Health Service is performing on workplace health and safety matters?		
2.	Do you know whether your Health Service complies with OHS laws and policies?		
3.	Do you know if any prosecution activity by WorkCover is pending?		
4.	Is your workplace safer today than 5 years ago?		
5.	Will your workplace be safer in 5 years than it is now?		
6.	Does your Health Service have an OHS Policy Statement signed by you?		
7.	Have you set challenging OHS targets?		
8.	Does your management structure reflect the importance of OHS, including stated accountabilities for all levels?		
9.	Are you satisfied that your Executive team members are effectively managing OHS in their area of responsibility?		
10.	Are OHS and injury management matters incorporated into performance agreements and review processes?		
11.	Is the impact of workplace health and safety considered during policy development and planning?		
12.	Do you understand the financial arrangements for workers compensation within your Health Service, including the structure and timing of deposit premiums, hindsight calculations and payments?		
13.	Are workers compensation costs delegated to cost centres, to reinforce line managerial accountability for workplace safety?		
14.	Have you clearly defined the Safety Improvement Plan and are monitoring processes in place?		
15.	Do you regularly communicate the importance of workplace safety to all levels of staff?		
16.	Are you promptly advised of serious or potentially serious OHS incidents or situations?		
17.	Are there mechanisms in place to encourage sharing of solutions to workplace safety issues?		
18.	Is your Board informed on OHS and Workers Compensation performance?		
	TOTAL		

Appendix 2: Working Party

Margaret Coffey

Director, Employee Relations
NSW Health Department

Belinda Collier

Manager, Health Safety and Risk Management
Northern Sydney Area Health Service

Frank Cordingley

Director, Corporate Services
Hunter Area Health Service

Sandi Fleischmann

Project Manager
NSW Department of Health

Cathy Springall

Senior Policy Analyst (OHS), Employee Relations Division
NSW Department of Health

Craig Turner

Director, Area Business Services
South Western Sydney Area Health Service

David Wilkinson

Financial Management and Planning Branch
NSW Department of Health