

# taking safety seriously

A systematic approach to managing workplace risks in the nsw public sector  
– policy and guidelines 2<sup>nd</sup> edition



NSW Premier's Department  
Review and Reform Division

2002

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2<sup>nd</sup> Edition

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Review and Reform Division

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# Premier's Foreword

The NSW Government is committed to continuous improvement in the safety of all workplaces in NSW.

*Taking Safety Seriously - a systematic approach to managing workplace risks in the nsw public sector* reflects this commitment by endorsing a consultative approach to identifying, assessing and controlling workplace risks.

This approach is in accordance with NSW Government policy and the amendments to the NSW occupational health and safety and workers compensation legislation promulgated in 2001. This booklet contains the policy and guidelines, which will assist public sector agencies to understand their roles and responsibilities under these changes.

In addition, implementation of the policy and guidelines will assist the NSW Government sector towards achieving the minimum national targets set by the National Occupational Health and Safety Commission. These are a 20% reduction in workplace fatalities and a 40% reduction in workplace injuries by 30 June 2012, with half that achieved by 30 June 2007.

I encourage all agencies to utilise these guidelines and to recognise occupational health and safety as an integral part of the day-to-day business operations.

Bob Carr  
Premier

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# Chapter 1 Introduction

## 1.1 Taking Safety Seriously

*Taking Safety Seriously - A systematic approach to managing workplace risks in the NSW public sector 2002* is a whole of government initiative to help government corporations and agencies establish and maintain safe and healthy workplaces. For the purposes of this document **occupational health and safety (OHS)** specifically refers to both injury prevention and injury management.

Under OHS and workers compensation legislation in NSW, all employers, including the NSW Government, have a duty of care to employees and visitors.

To meet the legislative requirements, corporations and agencies may need to improve the way they manage workplace health and safety and workers compensation issues. In particular, they must take a systematic approach to the prevention of injuries, the management of workplace risks and the management of injuries, including providing suitable alternative duties for injured workers and getting injured workers back to work as soon as possible.

*Taking Safety Seriously* builds on the original edition of 1999 by providing more specific information about ways to improve health, safety and injury management in the NSW public sector. It also updates the reader on the new legislative framework for OHS, workers compensation and injury management. The policy objectives, OHS framework and checklists in the 1999 version are still current and useful information for government agencies.

## 1.2 The structure of this manual

- Chapter 1:** Introduction
- Chapter 2:** The legislative framework for OHS and workers compensation
- Chapter 3:** Detailed guidelines to assist agencies in planning, implementing, measuring and improving their OHS management system
- Chapter 4:** Case studies showing how some agencies have approached the management of OHS in a practical and positive way
- Chapter 5:** OHS management tools which others have found useful when planning, implementing or reviewing their OHS management system
- Appendix A:** Sources of advice and assistance on OHS
- Appendix B:** Lists the principal legislation, publications and standards relevant to OHS and workers compensation

**Appendix C:** A glossary of the key terms used. These are highlighted in bold throughout the document.

### 1.3 Managing health and safety systematically

An **OHS management system** is one designed to ensure a planned and coordinated approach to managing health and safety risks in the **workplace**. It includes policy and procedures for preventing injuries and illness, as far as possible, and for managing the prompt return to work of injured employees wherever practicable. The corporate OHS management system needs to address OHS and workers compensation issues for the agency as a whole and for each person working in the agency. It should articulate goals, specify the actions and resources necessary for implementation, and encourage the development of specific procedures relevant to the particular workplace.

The five key elements in an OHS management system, as indicated by Australian Standard 4804 (2001)<sup>1</sup> are:

- **OHS Policy and Commitment**

This will include statements of responsibilities for all concerned, the CEO, department heads, unit managers, line supervisors and other staff.

- **Planning**

The corporate plan will set out clearly defined broad OHS objectives and targets while the **OHS plan** will set out specific activities that link to the corporate OHS objectives, nominating those responsible and provide a suitable timeframe. Planning will address issues such as risk management, training, **consultation** and the provision of appropriate resources.

- **Implementation**

Written procedures relevant to the particular agency will need to be introduced and communicated. These will deal with the identification and reporting of **hazards** and **incidents**, ways of managing known risks and mechanisms for regular reviews.

Each agency will have procedures for dealing with emergencies. In addition, the agency will have a process for managing work-related injuries and illness including measures to ensure that injured workers are able to return to work as soon as possible.

- **Measurement and Evaluation**

Each agency will regularly monitor and measure the key procedures in its activities that could cause illness and injury to ensure that controls are effective. This evaluation will consider both active and reactive measures systematically.

- **Review and Improvement**

Each agency will institute a cycle of review of policy, procedures and workplace risks. This should result in continuing management action to improve OHS as far as possible.

The key to improving OHS performance is the integration of these elements, as shown in diagram 1.1.

## Relationship between OHS management system and control of workplace risks

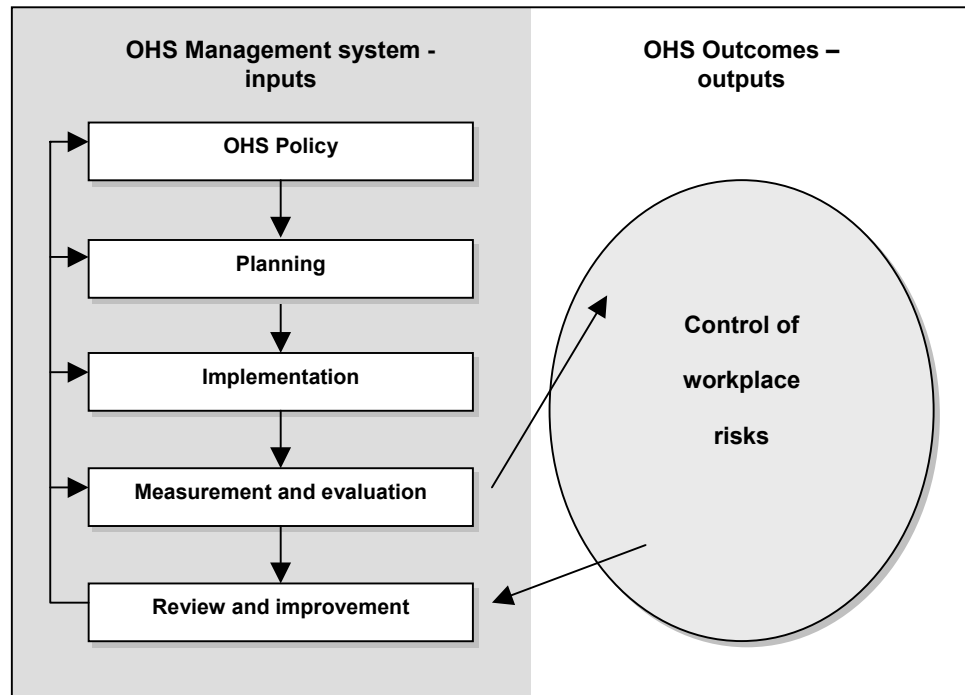


Diagram 1.1 OHS Management System

### 1.4 Integrating OHS into existing management systems

To be effective, OHS should be integrated into normal business activities and become part of the way the agency's work is normally done, that is, safely. Integrating the OHS management system with existing management systems will result in OHS being seen as part of the overall management system rather than as an adjunct. Such an approach should enhance commitment and control and help to ensure compliance with OHS legislation.

This can be achieved by incorporating OHS planning into the agency's corporate and business planning process. Similarly, existing procedures such as standing orders and quality assurance procedures should be reviewed and modified where necessary to take account of health and safety issues. Strategies to assist agencies in making OHS part of their core business are outlined in Chapter 3.

<sup>1</sup> Australian Standard 4804, 2001, *Occupational health and safety management systems-Guidelines on principles, systems and supporting techniques*

# Chapter 2 The legislative framework

## 2.1 Introduction

Occupational health and safety and workers compensation legislation in NSW imposes significant obligations upon all **employers** including the NSW Government.

The legislation is based on these key mandatory principles:

- preventing, as far as possible, **work related injury** and illness through systematically identifying, assessing and controlling workplace risks
- the return to work of injured **employees** as soon as is practicable and to suitable duties
- consultation with employees on issues affecting the health, safety and welfare of employees, clients and visitors and having in place appropriate consultation arrangements, such as elected **OHS Committees**, **OHS Representatives**, and other agreed arrangements, to assist employers in meeting their 'duty to consult'

Government corporations and agencies must be able to show that their policies and procedures are based on these principles. Failure to do so could result in significant penalties.

The ***Occupational Health and Safety Act 2000*** requires employers to consult with employees about issues that might affect their health, safety and welfare and to share information with them about these issues. It also requires employers to give employees the opportunity to express their views and contribute their ideas for resolving OHS issues in a reasonable timeframe. The Act requires employers to value employees' views and take them into account when making decisions.

The ***Occupational Health and Safety Regulation 2001*** reinforces the right of employees to be directly involved in identifying and controlling hazards, and in reviewing the effectiveness of procedures.

Employers, however, remain responsible for identifying any foreseeable hazards in their workplaces or associated with their operations. This could include assessing the risks associated with work practices and systems, shift arrangements, **plant, hazardous substances**, manual handling, the layout and condition of the workplace, biological organisms, products or substances and occupational violence.

Recent amendments to the ***Workplace Injury Management and Workers Compensation Act 1998*** are designed to ensure:

- prompt medical attention to workers' injuries
- certainty about appropriate income support for injured workers
- timely and sound decisions by insurers

- a reduction in the number of disputed claims
- the prompt resolution of any disputes

The amendments also strengthen existing **injury management** provisions with an increased emphasis on early intervention and effective return to work strategies including provision of suitable alternative duties.

## 2.2 Occupational Health and Safety

The *Occupational Health and Safety Act 2000* and *Occupational Health and Safety Regulation 2001* constitute the main legislative framework for injury prevention in NSW, supported by a range of approved industry Codes of Practice.

Of particular importance is the emphasis on a systematic approach to OHS.

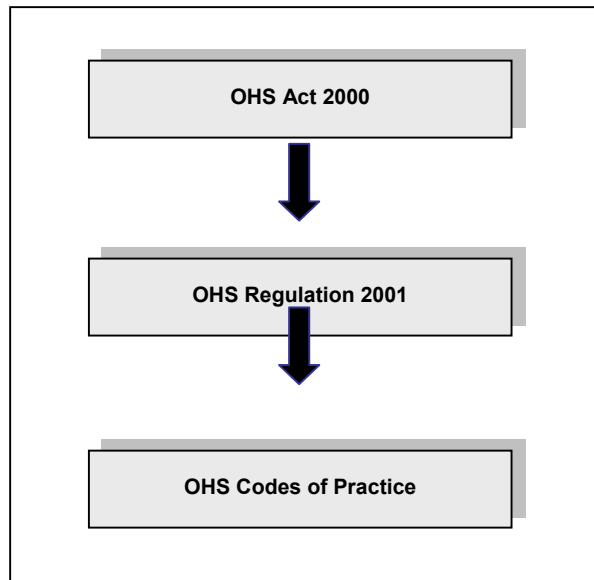


Diagram 2.1 OHS Regulatory Regime

2.2.1  
2000

Occupational Health and Safety Act

The *Occupational Health and Safety Act 2000* (OHS Act) is the principal legislation which codifies the right to a safe and healthy working environment.

- **Duties of employers**

The OHS Act imposes three main statutory duties on employers:

- 1 **Section 8(1)** of the OHS Act requires employers to ensure the health, safety and welfare at work of all employees. This includes providing safe premises, plant, substances and systems of work as well as the necessary information, instruction, training and supervision. Adequate facilities should also be provided for the welfare of the employees at work.
- 2 **Section 8(2)** extends the employer's duty of care to those at the workplace who are not employees. This would cover, for example, contract staff, clients and visitors.

- 3 **Section 13** obliges an employer to consult with employees so that they can contribute to decisions affecting their health and safety at work. **Section 15** identifies specific situations in which employers must consult with employees. **Section 16** provides that this new duty to consult may be met by having an OHS Committee<sup>1</sup>, an OHS Representative or by some other arrangements agreed by the employer and employees.

Whatever mechanisms are agreed to, employers must ensure that employees are given an opportunity to express their views, and that their views are taken into account in resolving OHS issues. However, while the OHS Act promotes jointly agreed outcomes, ultimate responsibility and accountability for OHS decisions rests with the employer. This includes responsibility and accountability for minimising hazards for employees and others in the workplace.

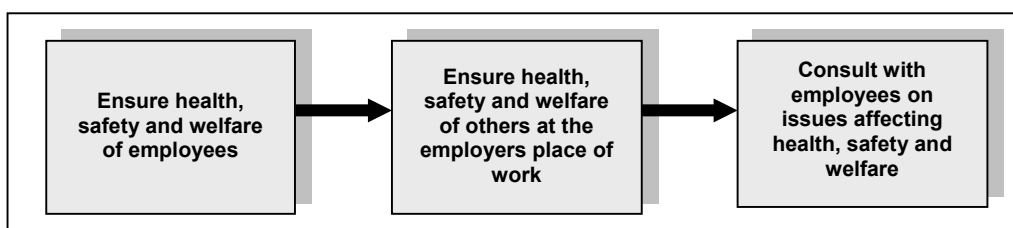


Diagram 2.2 Employer's primary duties under the OHS Act 2000

- **Duties of controllers**

**Section 10** of the OHS Act imposes a duty of care on **controllers** of work premises, plant and substances. Government agencies that have some control over premises, even though they do not directly employ those working there, will have this duty of care. This would include, for example, agencies which lease out premises, those responsible for maintenance and repairs to work premises, and those which commission contractors to undertake projects on behalf of the government.

- **Duties of employees**

While employers have the primary duty of care under the OHS Act, employees also have responsibilities. **Section 20** of the OHS Act requires employees to take reasonable care for the health and safety of all concerned at work. Employees must co-operate with their employer and assist the employer meet their obligations under the Act, for example by following safe working procedures, reporting workplace hazards, incidents and injuries and wearing any personal protective equipment provided by the employer.

- **Penalties**

**Section 118** of the OHS Act now specifically binds the Crown and provides that government agencies and corporations may be directly prosecuted for occupational health and safety breaches.

Under **Section 12** of the OHS Act, the maximum penalties for breaches by a government corporation or government agency are:

- 5,000 penalty points (\$550,000 at the time of publication) for a first offence
- 7,500 penalty points (\$825,000) for a second or subsequent offence

Importantly, under **Section 26**, each director of a corporation (including government corporations) and each person concerned in the management of the corporation may also be prosecuted for occupational health and safety breaches unless they can satisfy the court they were not in a position to influence the conduct of the corporation or used all due diligence to prevent the breach.

In addition to these penalties, under **Section 115** the court may order offenders to publicise an OHS breach, for example in a newspaper or in the company's annual report. Under **Section 116**, the court can order the offender to undertake a specific project to improve the health, safety and welfare of the community. **Section 117** provides for additional penalties for failure to comply with court orders.

- **Summary**

The OHS Act outlines the broad duties of all parties including employers, controllers and employees. The Act also describes how consultation between employers and employees should be ensured, and prescribes penalties for offences. These penalties include government agencies, government corporations and individual directors and managers of government corporations.

## 2.2.2 Occupational Health and Safety Regulation 2001

While the OHS Act sets out the broad duties of parties, the *Occupational Health and Safety Regulation 2001* (the OHS Regulation) prescribes the ways in which people should carry out their duties of care.

The OHS Regulation has 12 Chapters, arranged as shown in Diagram 2.3 and described briefly below.

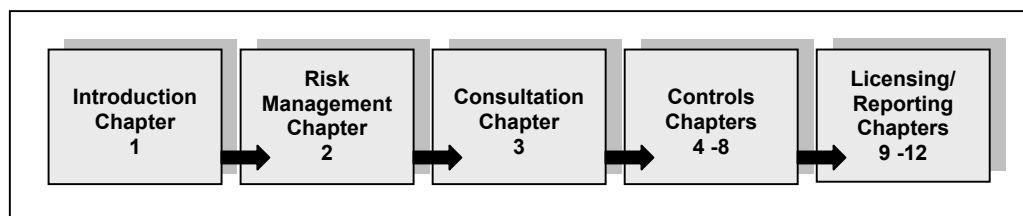


Diagram 2.3 Structure of OHS Regulation 2001

- **Chapter 1**

This is a general introduction to the regulation.

It is a matter of particular note that, under **Clause 8** of the OHS Regulation, where several people are responsible for occupational health and safety matters: (a) each person remains responsible as an individual and (b) those jointly responsible must carry out their duties in a coordinated way.

- **Chapter 2**

This chapter deals with **risk management** which is the cornerstone of the OHS Regulation. It encourages employers to identify hazards, assess the risks associated with the hazards, and eliminate these risks. Where this is not possible the employer must

control the risk to the lowest level possible. Chapter 2 also provides more detailed information on issues such as instruction, training and supervision, and it sets out the requirements for amenities, personal protective equipment and first aid and emergency procedures.

- **Chapter 3**

Chapter 3 provides guidance on the required consultation arrangements in risk management and describes how these arrangements (ie OHS Committees, OHS Representatives or other means as agreed) must ensure that the interests of the **workgroup** are represented. Workgroups in this context can be described by reference to criteria such as geographical location and the kind of work performed. This has significant implications for agencies that have several locations and for agencies whose employees undertake many different sorts of work.

- **Chapters 4 to 8**

These chapters prescribe controls for a range of specific hazards. Some of these, *Working Environment* (Chapter 4), *Plant* (Chapter 5) and *Hazardous Substances* (Chapter 6) apply to all workplaces. The controls in Chapters 7 and 8, on the other hand, are relevant only to some specific workplaces. Chapter 7, *Hazardous Processes*, for example, sets out specific control measures for spray painting, abrasive blasting, welding, electroplating, molten metal, lead and electrical work, while Chapter 8 is about construction work.

Table 2.1 outlines these controls in more detail.

OHS Reg	Hazard	Controls
Chapter 4	Work environment	Includes requirements relating to lighting, heating and cooling, noise, atmosphere, fall prevention, fire, explosions, electricity, confined spaces and manual handling. This chapter also imposes obligations on controllers of work premises.
Chapter 5	Plant	Includes information and instruction requirements for all plant, controls (such as guards) for specific equipment, and registration requirements for high risk plant.
Chapter 6	Hazardous substances	Lists controls for hazardous substances, for example the labelling of substances, and the provision of Material Safety Data Sheets.
Chapter 7	Hazardous processes	Deals with controls relevant to hazardous activities including spray painting, abrasive blasting, welding, electroplating, working with molten metal, lead work and electrical work.
Chapter 8	Construction work	Deals with controls relating to excavation, demolition, diving and work involving asbestos. This chapter also sets out the specific responsibilities of owners, principal contractors and sub-contractors on certain types of construction projects.

**Table 2.1 Specific hazards and their controls as prescribed by the OHS Regulation**

- **Chapters 9 to 12**

These chapters set out licensing and reporting requirements which are designed to assist in the control and monitoring of workplace activities. Chapter 9 describes the existing requirements for operators of plant, such as cranes and forklifts, to have the relevant certificates. Chapters 10 and 11 deal with the requirements for business licences and for work permits for those undertaking demolition work and asbestos removal.

Chapter 12 requires employers to notify the WorkCover Authority of NSW (WorkCover NSW) when there is a serious incident or other **notifiable occurrence**. These include incidents which lead to death or amputation or to a person having to be placed on a life support system. WorkCover NSW must be notified about any workplace incident which leads to a person being off work or unable to carry out their normal duties for a continuous period of seven days or more.

- **Summary**

The OHS Regulation encourages a systematic and consistent approach to health and safety by providing detailed information about effective consultation, **risk assessment**, hazard control and licensing and reporting requirements.

### 2.2.3 Codes of practice

Both the OHS Act and OHS Regulation contain mandatory health and safety provisions. The remaining section of the regulatory framework, Codes of Practice, takes a slightly different approach. Codes of Practice are not mandatory, but they should be followed unless there is a better alternative. A person or organisation cannot be prosecuted for failing to comply with a Code of Practice. However, in legal proceedings, failure to observe a Code of Practice may be used as evidence of failure to comply with the provisions of the OHS Act or Regulation.

Codes of Practice help employers to meet their obligations with regard to specific issues. They set out an approach, but not the *only* approach, to a particular issue. The issue may be how to carry out a particular kind of work or how to deal with a common health and safety problem. For example, the *Code of Practice for Facade Retention* is designed to deal with that specific work situation and the *Code of Practice for Noise Management* provides information about dealing with the problem of noise in the workplace. A list of some of these Codes of Practice is provided in *Appendix B*.

### 2.2.4 Other guidance

In addition to the legislative framework there is a wide range of material available that can help people to understand and meet their obligations. This includes:

- publications from WorkCover NSW and the National Occupational Health and Safety Commission (NOHSC)
- Australian and International Standards
- information produced by other government agencies, industry associations and unions
- operation and maintenance manuals, Material Safety Data Sheets and related information from designers, manufacturers and suppliers of equipment and substances

A list of some of these publications is provided in *Appendix B*.

## 2.3 Workers compensation and injury management

In NSW, the workers compensation system is a statutory, no-fault system of compensation for work-related injuries. The NSW *Workers Compensation Act 1987* and the *Workplace Injury Management and Workers Compensation Act 1998* set out the rights and obligations of insurers, employers and workers with regard to workers compensation and injury management. Together with the *Workplace Injury Management and Workers Compensation Regulation 2002*, they constitute a scheme for the management of work-related injuries in NSW.

A work related injury can be either physical or psychological. A person's employment must be a significant contributing factor for them to be entitled to make a claim under the scheme. Generally, the scheme also covers injuries that happen on the way to work or to work-related educational institutions, or on the way home.

### 2.3.1 Significant reforms to workers compensation

The *Workplace Injury Management and Workers Compensation Act 1998* (WIMWC Act) imposed greater statutory obligations on insurers, employers and workers in regard to workplace injury management and return to work. An important feature of this legislation is the requirement that efforts to communicate with the injured worker and the worker's doctor are to be made within three days of the insurer being notified of a significant injury. The employer, at the same time, must identify any suitable replacement duties which would facilitate the worker's early and safe return to work.

Amendments to the WIMWC Act, which took effect on 1st January 2002, strengthen these provisions and impose important additional obligations in relation to the notification of injuries and the processing of claims.

#### The emphasis is on:

- early notification
- prompt management of workers' injuries
- early contact between the employer and the worker to ensure an early return to work
- certainty of income support for the injured worker
- timely and sound decision-making by the insurer, employer, worker, nominated doctor and injury management adviser
- a reduction in the number of disputes
- resolving any disputes promptly

### 2.3.2 Mechanisms for notifying injury and processing claims

The major changes concern the initial notification of injuries and the payment of weekly compensation and medical expenses on the basis of provisional liability.

#### • Initial notification

Under **Section 44** of the WIMWC Act, workers are encouraged to notify their employers of injuries as soon as they can. In addition, employers must provide the insurer with

specific information, including information about the worker, the injury and the doctor, within 48 hours of becoming aware of the worker suffering a **significant injury**. This **initial notification to the insurer** can be made electronically, in writing or verbally by the employer, the worker or someone representing them. Details of the specific information to be supplied by the employer can be found in Sections 3.4.4 and 3.4.5 below.

Once this information has been provided, the insurer must obtain, from any relevant sources, any more information needed to confirm that the injury is work related. In circumstances in which the worker is likely to be away from work for more than seven days (a significant injury), the insurer must start injury management immediately, and decide whether to start the weekly payment of compensation on a provisional basis. It should be noted that WorkCover NSW will also need to be notified of an injury/illness if the worker is away for seven continuous days or more.

- **Provisional liability**

With provisional liability, an insurer can make weekly payments for up to twelve weeks, and pay medical expenses of up to \$5,000, without admitting liability and before liability for the claim is formally determined.

Under **Section 267** of the WIMWC Act, the insurer is to begin paying weekly benefits within seven days of the initial notification, unless there is a **reasonable excuse** why this should not happen. Where payment of benefits is required, the insurer must also decide on the length of time for which provisional liability will apply. This decision will be based on the nature of the injury and medical advice as to the likely period of incapacity. Under **Sections 50 and 280** of the WIMWC Act the insurer must also decide whether to approve the payment of medical expenses either on a provisional basis or as part of an **injury management plan**.

An insurer who decides not to accept provisional liability must notify the worker (and employer) and provide details of the reasonable excuse under **Section 268** of the WIMWC Act. A worker who wants to query this decision must make a workers compensation claim on the appropriate form and submit a WorkCover medical certificate. In this situation, the insurer has 21 days from the date the claim is made to make a determination about liability.

These provisions are designed to ensure that injured workers have access to financial support as quickly as possible and to minimise delays in starting injury management. In the past, delays have led to many unnecessary procedural disputes.

- **WorkCover medical certificates**

The current WorkCover medical certificate covers the basic medical details needed by the employer and the insurer. This, or any other properly completed medical certificate, can provide sufficient evidence of a work-related medical condition. On the basis of the information on the certificate, the insurer decides whether to begin weekly payments and determines the period of provisional liability.

The nominated doctor plays an important role in the return to work process. The workplace injury management system recognises the doctor as the primary provider of treatment to an injured worker. Effective communication with the doctor is critical to getting an injured worker back to work as early as possible.

- **Workers compensation claims**

An injured person who returns to work during the period of approved provisional liability would normally not need to make a claim for workers compensation. However, if further problems from the injury are expected, or the worker expects to be off work for more than the agreed period (or, in any case, for more than 12 weeks or when medical expenses exceed \$5000), or the worker intends to make a claim for permanent impairment, a standard workers compensation claim form must be submitted under **Section 66** of the WIMWC Act.

In many instances, the initial notification and medical certificate will be all that is required for payments to start and for injury management to take place for the agreed period of provisional liability. This change is expected to reduce the paperwork associated with workplace injuries significantly.

### 2.3.3 Other key features of the workers compensation system

- **Claims Assistance Service**

A Claims Assistance Service (CAS) has been set up by WorkCover NSW to help employers and workers to understand their rights and responsibilities and to use the workers compensation system without having to get into disputes.

Specifically, CAS provides assistance on:

- reporting injuries
- the claims process
- ensuring prompt payment of benefits
- dealing with delays in medical treatment
- medical expenses
- issues associated with returning to work

Contact details for CAS can be found in *Appendix A*.

- **Claims for permanent impairment**

Standard guidelines for permanent impairment assessment and statutory lump sums have been developed that replace the old Tables of Disabilities under the *Workers Compensation Act 1987*. The guidelines include a scale of payments for permanent impairment (**Section 66** payments under the *Workers Compensation Act 1987*) and payments for damage to internal organs and psychological injury. The benefits for pain and suffering in **Section 67** are retained, subject to a threshold. These guidelines are available on the WorkCover NSW website: [www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)

- **Workers Compensation Commission**

The Workers Compensation Commission, established under **Section 366** of the WIMWC Act, replaces the Workers Compensation Resolution Service and the Compensation Court of NSW. The Commission provides an integrated dispute

resolution service, including arbitration, in relation to matters such as liability, payment levels, the extent of permanent impairment, medical treatment and the suitability of duties on return to work.

The Commission provides three levels of service:

1. An expedited claims assessment service to issue Interim Payment Directions covering up to 12 weeks and medical expenses of up to \$5,000, and to deal with disputes about injury management or the suitability of duties.
2. Approved Medical Specialists to give clear and authoritative assessments and medical advice to the parties to the dispute and the Commission. These medical specialists give medical advice about the causes and treatment of injuries and medical assessments in relation to claims of permanent impairment.
3. Arbitration for disputes referred by the Registrar. This includes disputes about lump sum claims, commutations and non-urgent claims for statutory benefits. The arbitrators “use their best powers to bring the parties to agreement” and their decisions are binding, although still subject to appeal.

- **Common Law**

Injured workers continue to have the right to sue at common law. Under **Section 151** of the *Workers Compensation Act 1987*, workers must prove negligence by the employer and that their injury has led to permanent impairment of 15% or more. Common law covers loss of wages only, as claims for pain and suffering or damages are now considered only under **Sections 66 & 67** of the *Workers Compensation Act 1987*.

### 2.3.4 Summary

The obligations of insurers, employers and workers are summarised below.

#### ***Obligations of insurers:***

- within 7 days of being notified of the injury, either approve provisional liability and begin paying weekly workers compensation benefits and/or medical expenses to the injured worker or advise the worker if there is a reasonable excuse not to commence weekly payments and/or pay medical expenses
- develop an **injury management program** within three working days of being notified of an injury which is expected to last more than 7 days; ensure that employers and the worker are aware of their obligations in the program
- decide whether to accept or deny a claim for workers compensation within 21 days

#### ***Obligations of employers:***

- notify the insurer within 48 hours of becoming aware that a worker has sustained a significant workplace injury
- notify the insurer within 7 days of becoming aware that the worker has received an injury that does not seem to be a significant injury

- forward claims for compensation or any other related documentation to the insurer within 7 days of receipt
- forward any workers compensation money to the worker as soon as practicable
- co-operate in the establishment of an injury management plan for an injured worker
- provide suitable replacement duties for injured workers wherever possible
- notify the insurer if it is not possible to provide suitable duties
- establish a return to work plan for the injured worker consistent with the insurer's injury management plan
- stay in touch with the injured worker and the treating doctor until the worker recovers and returns to the duties they were performing before the injury
- reach agreement with employees and their union representatives on the workplace **return to work program** including any review of its operation
- ensure that the return to work program is set out in writing and is displayed at the workplace
- in the case of Category 1 employers paying more than \$50,000 in base tariff premium (before experience factor is added): appoint a **Return to Work Coordinator** (RTWC) trained to WorkCover NSW standards

***Obligations of employees:***

- notify the employer of an injury as soon as possible
- enter the details of the injury in the employers "Register of Injuries"
- ask the employer to contact the insurer
- consult a doctor to arrange treatment and get a WorkCover medical certificate
- authorise the doctor to provide relevant information to the insurer and the employer
- co-operate in the establishment of an injury management plan and meet its provisions
- make all reasonable efforts to return to work as soon as possible

## 2.4 Related Legislation

In addition to OHS and workers compensation legislation, NSW Government agencies need to take account of other laws that relate to the management of workplace safety.

### 2.4.1 Industrial Relations Act

Under the *Industrial Relations Act 1996*, an employer is not permitted to dismiss a worker for six months after the worker becomes unfit for employment as a result of a work related injury or illness.

Under **Sections 93 and 94**, an injured employee who is dismissed after this time because of unfitness for employment has up to two years from the time of dismissal to apply for

reinstatement. The employer must inform any employee who is engaged to replace the injured worker that the injured worker may be reinstated to the position in the course of this period.

#### 2.4.2 Annual Reports Regulation

The *Annual Reports (Departments) Regulation 2000* requires all government agencies to include information about their OHS performance in their annual reports. The information required is the number of work-related injuries and illnesses, and any prosecutions under the OHS Act. The aim is to provide all interested parties with a clear guide to the agency's safety record in carrying out its work.

#### 2.4.3 Public Sector Employment and Management Act and Regulation

The *Public Sector Employment and Management Act 2002* and *Public Sector Management (General) Regulation 1996* prescribe administrative arrangements for the management of public sector employees. **Clause 17** of the Regulation provides the CEO with authority to direct a public servant to submit to a medical examination or other health assessment (as advised by the Government Medical Officer), if the CEO has reason to believe that the public servant is not fit for work, such as to pose a danger to other public servants, to the public or pose a serious risk to their own health and safety.

### 2.5 Conclusion

This chapter has been concerned with providing an outline of the legislation governing OHS and Workers Compensation in NSW. The legislation imposes a framework within which government agencies must conduct work-related activities.

This systematic approach to the management of OHS issues is underpinned by sound risk management practices and meaningful and effective consultation between employers and employees. Early injury notification and positive injury management are critical factors in ensuring that OHS performance continues to improve.

Chapter 3 will be concerned with outlining some key strategies to assist agencies to meet these obligations through the integration of OHS into their core business activities.

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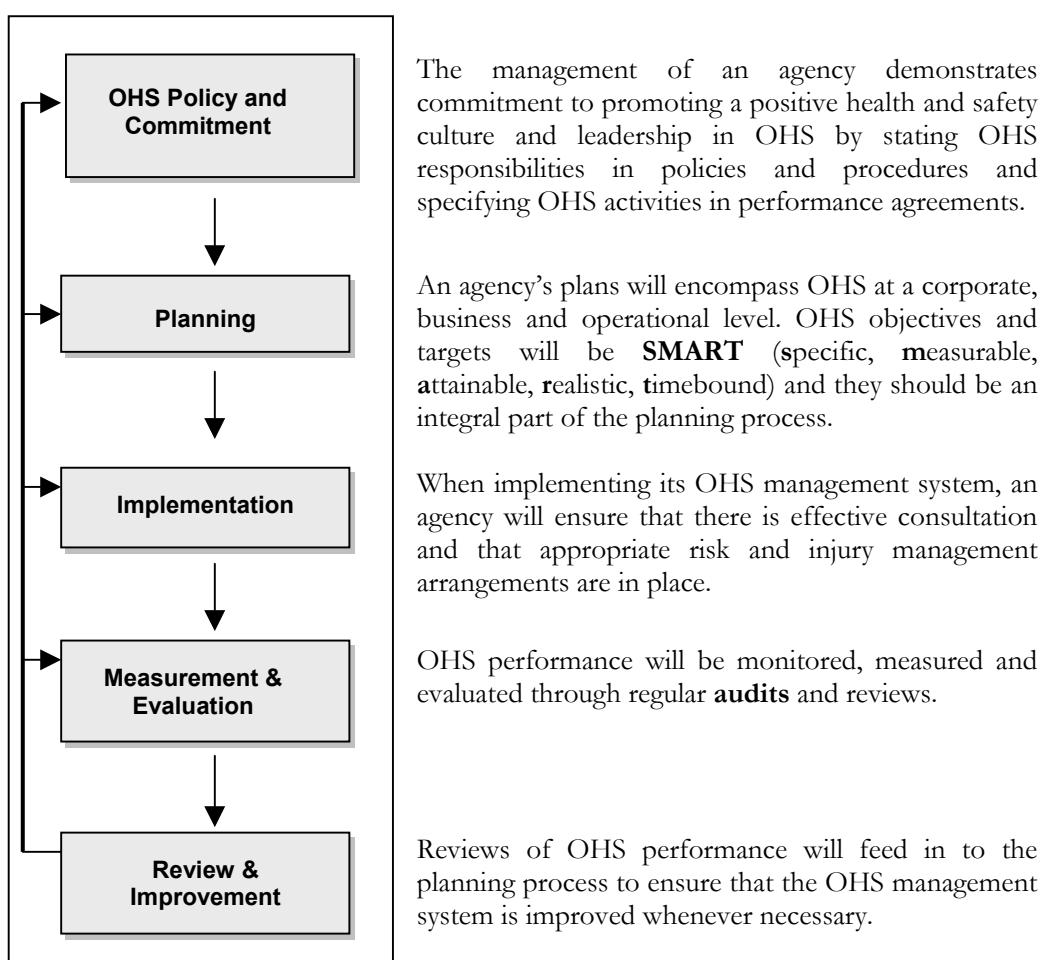
<sup>1</sup> The legislation requires that there be an OHS committee where there are 20 or more employees and the employees request a committee. In other circumstances, it may still be agreed between the employer and the employees that an OHS committee would be an effective consultative mechanism.

# Chapter 3 Guidelines for implementing an OHS management system

## 3.1 Introduction

The OHS Act and OHS Regulation require government corporations and agencies to approach OHS management systematically. This chapter describes how government employers can meet their obligations using an OHS management system. The toolkit in Chapter 5 also provides assistance in the form of summary tables and samples of key OHS documents.

An OHS management system in a government agency will have the following key features:



Broadly, this chapter is intended to show how an OHS management system can be integrated into existing organisational arrangements. Where agencies have already done this, the guidelines will serve as a useful checklist. But they will be of particular help to agencies which have not yet met the requirements.

## 3.2 OHS Policy and commitment

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**The management of an agency demonstrates commitment to promoting a positive health and safety culture and leadership in OHS by stating OHS responsibilities in policies and procedures and specifying OHS activities in performance agreements.**

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Successful development and integration of an OHS management system depends on commitment from all levels of an agency, but particularly from senior management. Senior management is responsible for corporate areas such as finance and human resources and is no less responsible for effective OHS practice.

Management commitment can be shown in various ways, for example:

- having a clear, well publicised and actively promoted OHS policy endorsed by the current CEO that outlines responsibilities for all
- specifying occupational health and safety activities in the performance agreements of senior management, and regularly reviewing management performance in relation to these activities
- incorporating OHS into the agency planning processes
- providing an adequate budget for occupational health and safety
- giving management representatives on OHS Committees the delegated authority to make decisions and to drive change
- fostering an open, consultative environment that encourages staff to raise OHS concerns, and making the necessary arrangements to ensure that these concerns are genuinely considered and resolved
- endorsing and promoting a risk management approach to the management of OHS
- having OHS as a standard agenda item for meetings of the executive and other senior management

These are some of the measures which facilitate the integration of OHS into core business activities.

### 3.2.1 OHS Policy

An agency's OHS policy is a public statement expressing the Chief Executive Officer's commitment to meeting his/her OHS responsibilities. The policy makes clear that there is unequivocal management commitment to OHS and that OHS is an integral consideration in all of the agency's operations.

The OHS policy should be set out clearly, and it must be communicated to employees and made readily available to others. In broad terms, the policy should outline the responsibilities of all parties including senior management, supervisors and employees. It should also:

- include a commitment to take a risk management approach to OHS, to comply with relevant OHS legislation and other standards which the agency has adopted, and to continue to review and improve OHS performance

- be appropriate to the nature and scale of the agency's operations
- recognise the key role of consultation between staff and management on OHS issues

OHS policies must be reviewed periodically to ensure that they remain relevant and appropriate to the agency.

A model OHS policy is provided in Chapter 5.

### 3.2.2 Management responsibility

All managers, from the CEO to line managers and supervisors, are responsible for OHS.

The CEO has the ultimate responsibility for the agency's OHS performance and for ensuring that the OHS management system is operating effectively. This responsibility should be spelt out as a key accountability in the CEO's performance agreement supported by specific strategies. However, the CEO may delegate responsibility for specific OHS activities to senior managers. It is important that these specific OHS activities are included in the senior managers' performance agreements. Likewise, where line managers and supervisors have specific OHS activities, these must be set out in their performance agreements. The aim is to show the link between OHS activities at all levels of management and make it completely clear who is authorised to make decisions on specific OHS issues.

The OHS activities in managers' performance agreements should be commensurate with their overall level of responsibility within the agency. They should reflect not only the individual's basic legal responsibilities, but also the agency's corporate OHS objectives. Performance measures should also be developed to assess each managers progress against the OHS activities.

Sample OHS activities that could be included in the performance agreements of groups of management and staff within an agency are provided in Chapter 5.

### 3.2.3 Management communication

To continuously improve OHS performance, the CEO and senior managers need to meet regularly to make decisions about OHS issues and to set the OHS direction for the agency. Existing forums such as executive and senior management meetings or at meetings of the Joint Consultative Committee would facilitate this process. Key information that should be reviewed in the decision-making process include:

- incident and workers compensation claims figures
- outcomes of OHS audits and reviews
- emerging agency wide OHS issues identified through the risk management process
- serious injuries
- WorkCover NSW Prohibition, Improvement and Penalty Notices or OHS prosecutions

These reporting mechanisms are discussed more fully in section 3.5.

Decisions made at these meetings must then be communicated to all agency staff. This can be achieved via the OHS consultation arrangements which, as mentioned in Chapter 2 are a

key legislative requirement. Implementation of OHS consultation arrangements are discussed more fully in section 3.4.

Diagram 3.1 shows an agency's lines of OHS communication.

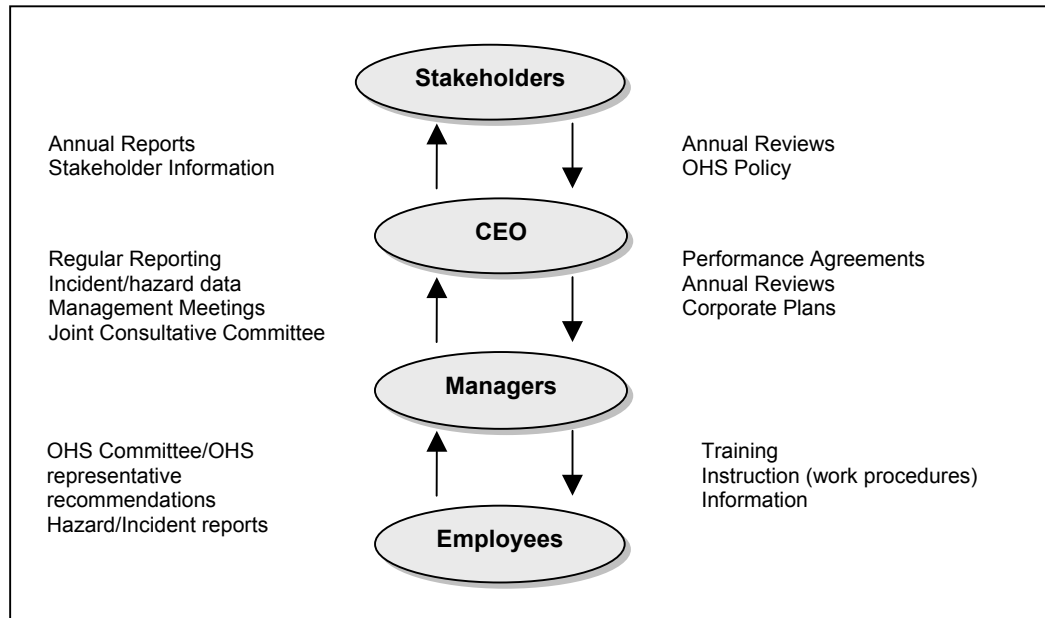


Diagram 3.1 Lines of OHS Communication

### 3.2.4 Demonstrating leadership

Management commitment to a positive health and safety culture should also be demonstrated by personal example. There are many ways of doing this, such as the CEO and senior managers being actively involved in risk management, OHS consultation or agency OHS forums.

Some agencies have introduced incentive schemes, such as staff and departmental award schemes, as part of an overall demonstration of management commitment. For example, the Chairperson of the Royal Botanic Gardens donated his honorarium for an incentive scheme to reward staff who devise innovative safety solutions. Details about this incentive scheme can be found in Chapter 4.

As with any management strategy, to be effective, it needs to be continuously reinforced, through effective and regular communication.

### 3.3 Planning

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**An agency's plans will encompass OHS at a corporate, business and operational level. OHS objectives and targets will be SMART and they should be an integral part of the planning process.**

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For all corporate functions, there is a standard cycle of planning, budgeting, implementing and evaluating. OHS cuts across all the activities – internal and external – of an agency and therefore requires plans for improving the agency's OHS management system.

Planning for the effective management of OHS involves four main activities:

- reviewing operational activities of the organisation and identifying specific OHS risks for control
- identifying legislative requirements to be complied with
- consultation with employees who may be affected by the risks
- planning to manage OHS risks

Essentially, planning within government agencies is conducted at a corporate and business unit level, however some larger government agencies may also develop OHS plans at an operational or branch level.

While the detail for planning of OHS within an agency will vary depending on the agency's size and nature of risks it faces, it should include as a minimum:

- clearly defined objectives and measurable targets derived from the risk assessment process
- **performance indicators** that will allow the agency to measure progress in achieving objectives and targets
- specific actions to be taken to achieve the objectives and targets, within a set timeframe
- assigned responsibility for the achievement of the objectives and targets

Consultation must be a central consideration in the development and review of the planning process. This means that OHS concerns will be part of the strategic management cycle and will influence corporate decision-making.

#### 3.3.1 Corporate and business planning

Planning for OHS at a corporate level involves setting clearly defined broad OHS objectives and measurable targets which feed into the agency's Key Result Area. The objectives and targets set should address the key OHS priorities identified for improvement through the risk assessment process and key legislative requirements to be complied with.

To be effective corporate OHS objectives and targets should be specific, measurable, attainable, realistic and timebound (SMART). For example, a broad objective for an agency could be the reduction in the number of workplace injuries and illnesses (taking note that this is an Australian national target!). To express this objective in a SMART way, a measurable target and a timeframe should be specified. The target should be realistic in the context of the available staff resources and budget. Some government agencies, for example, have a target of reducing their workers compensation claims by 10% over a three year period.

OHS performance indicators need to be specified for each target so that results can be measured objectively. For example, the development of effective consultation mechanisms may be a OHS policy objective in the agency’s corporate plan. This objective can be measured both numerically – in terms of the time taken to resolve issues referred for consultation – and qualitatively – for example how well the consultation process is communicated. The performance indicator may be ‘There is a process in place for effective communication and timely resolution of OHS issues’. Performance indicators are an important element in the corporate management cycle, linking evaluation and review with ongoing planning and budgeting. An example of other performance indicators is included in Table 3.1.

Corporate OHS Objective	Performance Indicator	Performance Target	Specific Activity
Identify, assess, prioritise and control OHS risks in the agency	Health and safety risks are systematically identified, prioritised and controlled	100% of work areas are assessed, OHS risks identified, prioritised and incorporated in the OHS plan  100% of key priority risks on the OHS plan are controlled within 3 months	<ul style="list-style-type: none"> <li>Develop and endorse agency wide risk assessment strategy</li> <li>Actively participate in departmental OHS consultation arrangements to identify high risk operations</li> <li>Prioritise risk control measures and incorporate an OHS plan</li> <li>Action risk control measures within area of responsibility to ensure priority risks are controlled</li> <li>Measure and report on progress of risk control at monthly Senior Executive Meeting</li> <li>Review risk assessment strategy and OHS plan to ensure key priorities are addressed</li> </ul>
Reduce work related accidents, injuries and illnesses	There is a process in place for the prevention and effective treatment of work related accident, injuries and illnesses	5% reduction in the claim frequency per 100 employees within 12 months	<ul style="list-style-type: none"> <li>Review incident and claim data and develop actions for improvement</li> <li>Incorporate actions in OHS plan</li> <li>Implement targeted injury prevention program</li> <li>Monitor and review progress of plan and report on progress to OHS committee on quarterly basis</li> </ul>

**Table 3.1 Sample OHS Performance Indicators**

Business planning identifies more specific actions the business unit will undertake to assist the agency achieve the corporate OHS objective. These actions should be based on the key OHS priorities identified for improvement through the risk assessment process and key legislative requirements to be complied with. The risk management and consultation processes outlined in section 3.4 and measurement and evaluation processes outlined in section 3.5 of this chapter are designed to help agencies to determine and prioritise the risks associated with particular activities, and to identify controls as part of the planning process.

The linking of OHS activities in the business plan to the broad objectives in the corporate plan is critical for integration of OHS into the planning process. Table 3.1 above provides examples of activities business units could undertake that link to corporate OHS objectives. This linking also ensures that OHS is an essential consideration in the strategic direction of the agency and incorporated into the strategic management cycle. Where this is the case, staff can see that safety is a key element in corporate targets and priorities, and recognise that OHS plays an integral role in corporate culture.

### 3.3.2 OHS Plans

A specific OHS Plan should be developed in agencies which are geographically spread, very large, or subject to particular OHS risks. This would be a more detailed plan at an operational or branch level. As with the business and corporate plan, the OHS plan should be based on the key OHS priorities identified for improvement through the risk assessment process within the branch and should link to the business and corporate plan through common objectives. Typically an OHS Plan sets out:

- specific OHS issues and problem areas
- the action to be taken to deal with these issues
- resources required to implement the action
- staff responsible for taking the action
- deadlines

A template for an OHS Plan can be found in Chapter 5. As with corporate and business plans, consultation with staff and unions, is critical to the development of OHS plans.

### 3.3.3 Emergency planning

In addition to the corporate plan and OHS plans, agencies need plans for dealing with emergencies and unforeseen events. The OHS Regulation provides assistance in this regard. **Clause 17** of the OHS Regulation requires employers to ensure arrangements are in place for:

- the safe and rapid evacuation of employees and visitors
- emergency communications
- appropriate medical treatment

The arrangements will vary depending on the nature of the agency's business. For example, the OHS Regulation requires agencies operating in a fixed place of work to ensure that arrangements are in place for evacuating and shutting down the workplace. Evacuation procedures would need to be displayed prominently at each level of the building; regular drills and testing of alarm and fire-fighting equipment would need to be carried out; and staff would need to be appointed and trained to manage the evacuation process. Agencies operating in remote locations or with temporary workplaces may need to develop a specific Medical Evacuation Emergency Plan covering:

- methods of communication for isolated workers
- information about the nearest hospital or doctor
- likely timeframes for medical assistance
- emergency access to and egress from the site

Irrespective of the type of workplace, all agencies must provide adequate first aid assistance. First Aid is discussed in more detail in Section 3.4.4 below.

### 3.3.4 Monitoring of OHS Plans

OHS Plans or plans incorporating OHS should be monitored to ensure that they are implemented effectively and remain current. Monitoring and review can be undertaken by the OHS committee or other agreed consultative arrangements, drawing on a number of mechanisms including management reporting, audit and review. These mechanisms are described more fully in section 3.5 and 3.6.

The CEO and senior management are responsible for promoting and implementing the corporate, business and operational plans in consultation with employees (in accordance with the OHS consultative arrangements within an agency). They must also ensure that appropriate resources, expert advice and support are made available so that the initiatives and improvements described in the Plan can be achieved. Consideration also needs to be given to discussion of the OHS plan with external stakeholders, particularly where agencies work in the same premises or have shared responsibilities for OHS. The need to consult with staff and to publicise the plan and OHS issues generally cannot be overemphasised.

## 3.4 Implementation

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**When implementing its OHS management system, an agency will ensure that there is effective consultation and that appropriate risk and injury management arrangements are in place.**

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An OHS management system will improve health and safety performance only if the OHS planning process is translated into action at the workplace level. This section deals with how this can be achieved.

### 3.4.1 Consultation

- **What is consultation?**

As explained in Chapter 2, the OHS Act imposes a duty on government agencies, as employers, to consult with their employees on matters likely to affect health, safety and welfare. **Section 14** of the Act describes effective consultation as the sharing of relevant information about OHS with employees, providing employees with an opportunity to participate in decisions affecting OHS, and taking the views of employees into account when making those decisions (noting that the CEO retains ultimate responsibility). In consulting with employees, senior managers should follow the principles set out in Table 3.2.

<b>Information</b>	OHS information is shared with employees
<b>Participation</b>	Employees are given an opportunity to express their views and to contribute to the resolution of OHS issues
<b>Recognition</b>	The views of employees are valued and taken into account.

**Table 3.2 Principles of effective consultation**

- **Planning consultation arrangements**

The OHS Regulation also requires employers, including government agencies, to take the various workgroups in the organisation into account in planning consultative arrangements. The OHS Regulation defines workgroups in relation to such criteria as:

- hours of work - including shift work arrangements
- pattern of work - casual, part-time, full-time
- number and grouping of employees
- geographical location of workplace
- types of work performed
- attributes of employees - including gender, ethnicity and age
- nature of OHS hazards at the workplace

- **Consultation arrangements and how they work**

The OHS Act outlines some means of consulting with employees including:

- OHS committees
- OHS representatives
- other agreed arrangements

In addition, **Clause 22 (5)** of the the OHS Regulation, states that employees may request a Federal or State industrial organisation to represent them for the purposes of consultation on OHS consultative arrangements.

For most government agencies, employee consultation will be through OHS committees and OHS representatives. OHS committees have employee and employer representatives and their main focus is on improving OHS performance in their workplace. Management representatives on OHS committees must have the power and ability to drive change and this will generally mean that they are senior managers. Employee representatives, on the other hand, are to be elected by their fellow employees. **Clause 31** of the OHS Regulation prescribes training for all OHS committee members.

OHS representatives, who are also elected, put forward the views of employees in particular workgroups. The main functions of OHS committees and representatives are discussed below.

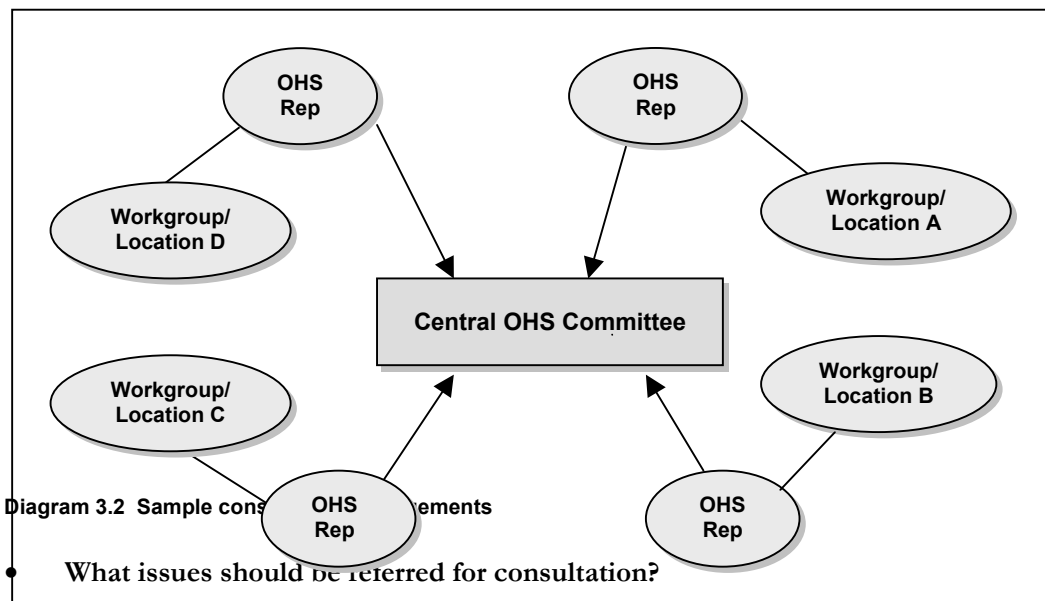
Consultation arrangements cannot simply be imposed on employees. All aspects of consultation, from the definition of workgroups to the actual consultation arrangements chosen, are a matter for negotiation with employees and in the case of other agreed arrangements, their union representative and should be documented by the agency. Existing Joint Consultative Committees are an ideal forum for this discussion.

The legislation does not view OHS committees and OHS representatives as mutually exclusive. Indeed, they are meant to work together to resolve OHS issues effectively. Where a particular agency has a number of district offices, for example, or employs different kinds of workers (eg field staff and office staff), it must ensure that these factors

are reflected in the consultative arrangements. It could, for example, consult with each of these workgroups through an OHS representative and this person could be a member of the central OHS committee (see Diagram 3.2 below).

Arrangements may vary. OHS representatives may function where no OHS committee has been established and OHS committees may operate where there are no OHS representatives. OHS representatives may also report to the OHS committee without being members of the committee.

In summary, it is up to each agency to negotiate consultation arrangements with their employees (or where agreed, unions on their behalf) in a way that best addresses the nature of their workforce and that has the full representation and agreement of staff.



When management is considering any change to the operation or design of the workplace, or when an OHS representative or another member of staff becomes aware of an issue that has implications for the health, safety or welfare of employees, consultation is necessary. These could be things to do with:

- planning new facilities or refurbishing existing facilities
- investigating incidents
- reviewing risk assessments or implementing controls
- developing, implementing and evaluating OHS programs, policies, procedures and management systems
- determining training needs
- planning changes to work practices, or introducing new ones
- planning to purchase new or different plant or substances

**Section 15** of the OHS Act and the WorkCover NSW *Code of Practice on OHS Consultation* provide further information on the kinds of issues that will require consultation.

- **Functions of OHS committees and representatives**

The functions of OHS committees and OHS representatives are described in **Section 18** of the OHS Act and **Clause 30** of the OHS Regulation. To be most effective, consultative forums should contribute to the OHS strategic planning process and the development of policies and risk management strategies. They should regularly review OHS data, monitor progress on the plan and report on progress to the senior management team. Whenever a workplace incident occurs, they should carry out a workplace inspection. They should also arrange for workplace inspections on a periodic basis, to identify any hazards, as part of their overall brief to resolve any OHS issues referred to them by staff or management.

### 3.4.2 Risk management

Risk management is the cornerstone of the OHS Regulation. The aim of risk management is to identify, assess and eliminate or control OHS hazards. **Chapter 2** of the OHS Regulation outlines the process for doing this in a systematic way.

Agencies must have specific procedures in place to manage this obligation effectively. These procedures should build upon the framework established as part of the planning process. *Australian Standard 4360 (1999) Risk Management* provides a useful generic guide to implementing a risk management framework.

- **Hazard identification**

A hazard is anything which could cause injury or illness. The things people work with or the way they work could be hazardous. For example, using a keyboard, lifting a box, or working with chemicals could be hazardous. But more subtle health or environmental issues such as workplace violence and stress can also be hazards. It is important that agencies consider the full range of hazards currently in their workplaces and that they keep the issue of hazards in mind when obtaining goods and services.

Under **clause 9** of the OHS Regulation, employers must identify hazards associated with:

- the work premises, facilities, materials and equipment
- the layout and condition of the workplace
- work practices (including manual handling), work systems and shift working arrangements

They must also identify specific known hazards such as asbestos or biological organisms, and assess the potential for workplace stress and violence. They can do this through information reviews (both before and after purchasing goods or commissioning services), task analysis and inspections, by reading incident and hazard reports and consulting with employees. These methods of identifying hazards need to be a part of the agency's normal operations and procedures. Table 3.3 shows how this is to be done.

Hazard ID Method	Responsible parties	Responsibilities	When conducted
<b>Procurement Practices/ Information reviews</b>	Project manager	Ensure OHS considerations are incorporated into design of new and refurbished premises	At design stage
	Purchasing manager/ purchasing officers	Request information from supplier/ provide information to relevant parties	When plant/substances are purchased
	Senior managers	Integrate controls into work procedures/ training	When information received from purchasing manager
	Supervisors/staff	Ensure work procedures followed & information displayed and read as required	Whenever plant/substances are used
<b>Task analysis</b>	Managers/ supervisors	Examine work tasks for foreseeable hazards & integrate controls into work procedures	When new work tasks are planned or existing tasks are modified.
<b>Inspections and monitoring</b>	Supervisors	Conduct regular inspections	eg at least weekly
	Senior managers	Periodic inspections	eg monthly
	OHS Committees/ Representatives	Periodic inspections	As agreed under consultation arrangement
	Project Manager	Post-occupancy evaluation	Within one month of occupancy
<b>Hazard/ Incident Reports</b>	Staff	Complete incident/hazard report	When incident occurs or hazard is encountered
	Supervisors	Remedy hazards within area of responsibility, investigate incidents and encourage reporting	When incident is reported
	OHS Committees/ Representatives	Review incident reports	As agreed under consultation arrangement
	Senior managers	Review incident reports Remedy outstanding hazards	Periodically (eg monthly) When hazard uncontrolled

**Table 3.3 Methods of hazard identification**

***Procurement practices and information reviews***

Government agencies buy a range of goods and services, and they conduct their business in locations as varied as office blocks and boatsheds. They need to be sure that suppliers are maintaining high standards in contracted services, in the design and manufacture of goods and in the design of premises for users. They need procurement procedures which ensure that, before purchases and designs are finalised, appropriate information is sought on any residual hazards associated with the particular product or premise, the risks associated with its use and the measures needed to eliminate and/or control these risks. It is much easier and more cost effective to address health and safety concerns prior to procurement of goods, services and premises as remedial action can be costly.

The Policy Services Division of the Department of Public Works and Services (DPWS) has developed guidelines to assist agencies to incorporate OHS considerations into procurement processes. Agencies may need to develop or modify their procurement policies to ensure that they adhere to these guidelines. Contact details for the DPWS can be found in *Appendix A*.

Once plant and substances have been purchased, the safety information about them must be carefully reviewed. Staff should be trained to use the plant or substances in accordance with the safety information and any controls required must be integrated into their work practices. Staff and their supervisors must have ready access to safety information. Information on hazardous substances, for example, must be kept in a central register as required under **Chapter 6** of the OHS Regulation.

There are also other sources of information to assist with identifying and controlling hazards, such as:

- guidance material from WorkCover NSW and the National Occupational Health and Safety Commission (NOHSC)
- guidance material from other government agencies, industry associations and unions
- Australian and International Standards

A list is provided in *Appendix B*.

### ***Task analysis***

Task analysis is a particularly effective method of hazard identification because most workplace hazards are associated with work practices. Task analysis consists of breaking a work process down into its components and assessing the risks associated with each one. Task analysis could lead, for example, to elimination of certain activities, to a safe work method statement or changed work procedures.

For example a licensing clerk's duties may include keyboard work, handling cash, dealing with the public, and transporting files from one location to another. Task analysis would identify risks such as occupational overuse, client violence and aggression, and manual handling injuries and, where possible, eliminate these risks. For example, some of the activities may be able to be provided by electronic self-service delivery. Appropriate controls for residual hazards (for example rotational duties or rest breaks from keyboard work) could be incorporated into the clerk's work procedures.

Managers and supervisors who are responsible for organising and planning work tasks should make sure that a task analysis is undertaken when significant modifications are made to existing positions, and where necessary, any controls are put in place. These processes should also be conducted for new positions before they are filled.

### ***Inspections and monitoring***

Managers with supervisory responsibilities should already be carrying out workplace inspections, for example, to check that staff are present and that work is being done. Health and safety inspections should form part of these general inspection functions. Managers and supervisors should be provided with sufficient information and training to undertake this function effectively and consult with staff on any OHS concerns.

Senior managers also need to undertake periodic inspections to see at first hand what hazards exist and how effectively they are being controlled. These inspections also give senior managers the opportunity for informal consultation and to hear workers' views about hazards and controls.

OHS representatives and members of OHS committees also have an obligation to inspect the workplace for hazards at regular intervals (see **Sections 6 and 7** of the *OHS Consultation Code of Practice 2001*).

Project managers should conduct post occupancy evaluation inspections of new and refurbished premises to ensure hazards for end-users have been successfully designed out.

Inspections will often expose immediate hazards that can be quickly remedied, such as boxes across passageways or a wet, slippery floor. A hazard checklist may be useful for uncovering less obvious hazards.

### ***Hazard reports***

Hazard reports are another important source of information about the actual hazards in operational areas. This data will be specific to the particular agency and will highlight problems that may not be evident through mechanisms such as inspections.

Agencies need to review these records regularly and analyse trends so that they have a clear understanding of the areas of risk in particular operations. As a standard procedure, hazard reports should be provided to senior management and discussed at executive meetings, with any necessary action initiated promptly.

- **Risk assessment**

Various hazards are likely to be identified across an agency's operations. However, not all of these will pose a risk of harm. Agencies should assess the risk associated with each hazard in terms of both the **likelihood** and **consequence** of harm resulting. Those identified as posing a risk of harm should then be prioritised, and corrective action planned in a rigorous and systematic way.

It is also important for agencies to try to anticipate hazardous situations by being involved in the assessment of new workplace facilities from the planning stage. Where, for example, an agency is setting up a client service centre to handle cash or deal with aggrieved, disturbed or aggressive clients, the risk of violence against staff may be significant, even though no violent incident has yet occurred.

There are some products on the market designed to help employers to assess workplace risks and to grade them (from those requiring immediate attention, to minor risks unlikely to cause serious problems). These include WorkCover NSW's *Hazpak* and *Australian Standard 4360 (1999) Risk Management, Risk Register*. The Australian Standard also provides information on developing customised risk assessment tools. Once again, consultation, reporting and safety information from suppliers and manufacturers have an important role to play.

### ***Consultation***

Employees working in particular areas are often acutely aware of the risks of certain activities or operations. They can also suggest practical, and often quite simple, controls to eliminate or minimise these risks. Agencies must involve staff and union and OHS representatives (directly or through formal consultative arrangements) in assessing the risk of operational activities.

### ***Incident reports***

An examination of incident report figures is essential in the risk assessment process. A violent attack would always be seen as a major problem, whereas an accident involving minor abrasions to the hand may only be considered a priority where the data shows that such injuries are occurring frequently.

In developing data reporting systems it is important to ensure that the reporting process is sensitive enough to pick up potential hazards and “near misses”. The Aggression Monitoring Tool developed by the Northern Sydney Area Health Service, for example, rates the aggressive acts of clients on a one to eight scale – ranging from mild verbal abuse (where no direct injury is sustained), to acts of physical violence. Further details of the aggression management techniques used by the Northern Sydney Area Health Service are provided in Chapter 4.

### ***Exposure***

The threat posed by a hazard will often depend on how frequently, or for how long, people are exposed to it. Constant exposure to medium density noise, for example, can often be more harmful than infrequent exposure to higher levels of noise. This holds true for exposure to sunlight, dust, repetitive movements (such as in keyboard work), and disturbed or aggressive clients. So agencies should examine the length and frequency of employees’ exposure to hazards when assessing risks.

### ***Information***

Information about particular hazards and work activities can also assist in the assessment of risks. Hazard reports and guidance material from WorkCover NSW and NOHSC, and information from manufacturers, industry associations, unions, the Treasury Managed Fund, and other government agencies are all potential sources of helpful information. Contact details for these organisations are set out in *Appendix A*.

#### **• Incorporating risk assessment**

Hazard identification and risk assessment are closely linked. Indeed, when a hazard is identified, the associated risk should be assessed. As with hazard identification, risk assessment should be done when:

- conducting workplace inspections
- selecting and purchasing equipment or materials
- designing or re-designing jobs
- designing or refurbishing premises
- reviewing incident (and other) reports
- a hazard is reported
- anything else occurs that is likely to impact on health and safety

Once preventive measures have been agreed and prioritised they should become part of the planning processes of that agency, through management meetings, performance agreements, OHS plans and other mechanisms.

- **Risk control**

Ideally, and as a legal requirement (**Clause 11** of the OHS Regulation), risks identified in the workplace should be eliminated. Where this is not practicable, employers must control risks. Risk control means taking precautions and ensuring that procedures are safe and that appropriate protective equipment is provided and maintained. Ensuring that risk control is as effective as possible is critical to improving OHS performance.

**Selecting the appropriate controls**

A range of information is available to assist agencies to control particular hazards. The OHS Regulation, codes of practice, guidance material, hazard reports and Material Safety Data Sheets (MSDS) are just some sources of information that outline direct and specific controls for a range of different hazards. Agencies should select information appropriate to their operations. A list of information sources is provided in *Appendix B*.

The OHS Regulation outlines a hierarchical process that agencies can use when controlling hazards, which involves working from the most effective control (*elimination*) to the least effective control (*personal protective equipment*). The hierarchy of controls and examples is set out in Table 3.4.

Hierarchy	Control	Examples
1	Elimination	Ergonomically designing workstation areas prior to occupancy Removing asbestos Using electronic funds transfers to eliminate cash handling
2	Substitution	Substituting 40 kg bags (too heavy to lift manually) with 20kg bags (reduce risk of manual handling injuries) Replacing a noisy piece of equipment with a less noisy product
3	Isolation	Electronic swipe-cards to prevent client access to work areas Locating a photocopier or noisy machine in a separate room Providing spray painting booths and abrasive blasting chambers
4	Engineering	Security screens in client services area Fitting a guard to a piece of machinery with moving parts Fitting a muffler or acoustic shield to noisy equipment Ventilation for hazardous substances
5	Administration	Two or more staff present to serve clients No cash kept in client services areas Job rotation for keyboarding staff Safe work procedures Aggression management training
6	Personal Protective Equipment (PPE)	Mobile phones, personal alarms, video monitoring systems for client service officers Goggles and safety glasses Ear plugs and muffs Hard hats and safety boots

**Table 3.4 Hierarchy of controls under the OHS Regulation**

### ***Implementing controls***

One kind of control, of itself, may be inadequate to reduce the risk to an acceptable level. In that case, **Clause 5** of the OHS Regulation requires agencies to use a combination of controls to minimise the risk as far as possible. In addition, a lower level control such as PPE may need to be used in the short term before a higher level control such as engineering may be able to be installed.

Before implementing controls, management must consult with the staff who do the work to seek their views on the appropriateness and adequacy of the control. OHS representatives or where agreed, union representatives, should also be consulted. The agreed control measures should be integrated into the operations of the agency by being included in work procedures. Outstanding controls should be incorporated into the agency planning process and implemented as soon as is practicable. Progress with implementation of outstanding controls should be reviewed as part of the ongoing evaluation of the agency's OHS management system.

- **Regular monitoring and review of risk assessments and control measures**

The risks associated with particular hazards and the effectiveness of control measures can change over time. Violence and aggression, for example, have become an increasing concern for many public sector agencies. **Clause 12** of the OHS Regulation therefore requires agencies to review risk assessments and controls:

- when there is evidence (through data, consultation, audits or other means) that the risk assessment is no longer valid
- whenever there is an injury or illness that results from a hazard
- if a significant change is proposed in the workplace or the work process, to which the risk assessment relates, is to change

For example, relocation of an agency to a newly refurbished building or work area invalidates a risk assessment undertaken in a previous location. A new risk assessment would be required to be undertaken of work areas in the new location. Ideally, OHS issues should be designed out prior to occupancy, however a risk assessment or post occupancy evaluation will ensure any residual risks are identified and controlled.

Agencies should ensure that these triggers are incorporated into the review of risk assessments and outstanding risk controls incorporated into the planning process.

### **3.4.3 Information, instruction and training**

Many accidents at the workplace occur because workers are unfamiliar with the task they are undertaking. By providing workers with appropriate information, instruction, training and supervision (a legislative requirement under **Section 8** of the OHS Act), agencies can promote a positive OHS culture and reduce the incidence and severity of injuries.

- **Information and instruction**

The need to provide adequate safety information has been discussed earlier in this chapter. Importantly, workers also need instruction in safe work procedures. In developing or reviewing work procedures, managers and supervisors must consider the hazards associated

with particular tasks and include appropriate control measures. Task analysis, described earlier, will be essential in the development of new work procedures. When existing procedures are being reviewed, injury and claims figures will point to problem areas where procedures may need to be changed. In this way, in their content and level of detail, safer work procedures should directly flow from the risk management processes undertaken by the agency. Instruction in safe work practices should be given before work commences and will need to be backed up with effective on-the-job supervision.

- **Training**

Training is both a product and an integral part of an agency's risk management processes. New training needs should be identified during the risk assessment process and regular OHS training plans should be reviewed at least annually and training needs incorporated into the agency's corporate and OHS planning process.

To be most effective, training should be done before work begins, but, in any case, employees should not be allowed to perform a potentially hazardous task until they have been trained to do it safely. The OHS Regulation, in fact, prescribes specific OHS training for new employees: induction training and on-the-job training.

- **Induction training**

**Clause 13** of the OHS Regulation requires employers to provide induction training to all employees joining an agency. It provides an opportunity to promote the agency's commitment to OHS and to foster a positive OHS culture. Effective induction training will encourage employees to contribute to this culture by, for example, participating in hazard identification and risk assessment. It will also provide corporate information about OHS policies and procedures and will emphasise the agency's consultative processes for OHS, covering topics including:

- OHS policies and lines of responsibility
- hazard reporting
- incident reporting
- the location of the Hazardous Substances Register and other OHS information
- the location of first aid kits
- emergency procedures
- consultation arrangements

- **On-the-job training**

To be able to do their work competently, employees need to be trained on-the-job in safe work procedures. They should also understand why the procedures are in place. The need for on-the-job training is ongoing, often arising when new equipment or technology is introduced, or when changes are made to work methods or the work environment. The level of training required will depend on how complex and hazardous the work is. Information about how to get further relevant safety information (eg. register of MSDS, plant manuals) should also form part of on-the-job training.

On-the-job training needs to be relevant and specific. The Royal Botanic Gardens and Domain Trust, for example, has developed training packages for staff who load lawnmowers onto vehicles, and for staff who operate particular equipment or use certain materials (potting mix, for instance). Because training is tailored to their needs, staff positively support and participate in OHS training activities. Further information about the Royal Botanic Gardens and Domain Trust's training strategies is provided in Chapter 4.

- **Training for managers and OHS specialists**

Managers and senior managers should have training to equip them to meet their OHS obligations. Similarly, professionals employed to provide specialist OHS advice in the agency should be able to undertake specialist professional development training.

- **Training records**

To assist in monitoring OHS performance, agencies need to keep records of the OHS training undertaken, with details such as the content, who received the training and the dates. These records may either be kept centrally with other OHS records or by a service provider under a shared corporate service arrangement.

### 3.4.4 Systematic injury management

Even with training and safe work procedures, accidents can and do happen. An essential part of any OHS management system is an active injury management program setting out what needs to happen when there is an injury, covering such matters as immediate first aid and medical treatment as well as injury management.

- **Injury treatment**

Adequate first aid expertise and facilities must be available in all workplaces. In most cases this will mean having staff who are trained in first aid, and a well-maintained, readily accessible, first aid kit. The specific requirements for each workplace depend on the number of people at the workplace (employees and visitors) and the kind of work being done. **Clause 20** of the OHS Regulation describes what kind of first aid kit and level of first aid training are required in various circumstances, and describes when a first aid room must be provided.

As well as making provision for first aid, it is a good idea for each workplace to have an arrangement with a local medical practice for priority treatment (but noting that the appointment of a medical services provider must be done in accordance with NSW Government procurement policy). This should ensure that treatment is administered quickly. Moreover, the doctor should be aware of the agency's return to work program and be prepared to make a realistic assessment of the injured person's capacity to return to work. Of course, injured workers are entitled to go to their own doctors for treatment and to involve their own doctors in the formulation of the injury management plan.

- **Injury management**

The two key factors in reducing the effect of a workplace injury on both the injured worker and the agency are early intervention and early return to work. Injury management aims to have injured workers back at work as quickly and safely as possible. Together with the new streamlined claims management process, it hinges on early notification of the injury. It is

essential that the Return To Work Coordinator (RTWC) and other relevant staff, are notified as soon as possible of any injury requiring medical treatment so that the information can be passed on to the insurer within 48 hours.

In many ways, the initial notification of the injury to the insurer is the most important part of the new injury management process because it is intended to ensure that both treatment and the payment of weekly workers compensation benefits can begin without delay. The information to be provided to the insurer to make sure this happens quickly and smoothly is set out in Claims management below.

The insurer is responsible for developing injury management plans (IMPs) for injured employees who need five or more days off work. To facilitate this, workers compensation legislation requires agencies to encourage workers to report injuries immediately, notify the insurer of all workplace injuries within 48 hours and participate with the insurer in the development of an IMP. Agencies will also organise suitable alternative duties wherever possible to assist the injured worker to return to work.

To support early intervention, **Section 18** of the *Workplace Injury Management and Workers Compensation Regulation 2002* requires employers whose basic tariff premium exceeds \$50,000 to appoint a RTWC. The coordinator's main function is to help injured employees to return to productive work. The coordinator will also have a written return to work program setting out the procedures to be followed to maximise the work opportunities for injured workers. This program will include provisions for:

- early contact with the worker to establish the nature and severity of the injury and to obtain initial notification information
- immediate and adequate notification of the injury to the insurer so that treatment can begin immediately and weekly payments can begin within 7 days
- early contact with the nominated treating doctor to establish work capacity and so that a rehabilitation provider can be appointed if necessary
- the establishment of a **return to work plan**, in collaboration with the doctor, to facilitate the person's return to the workplace
- an early return to work with suitable alternative duties
- a written plan to upgrade these duties in line with medical advice
- monitoring the return to work plan to ensure the injured worker's progress and rehabilitation are consistent with medical advice

The return to work program of an agency must be developed in consultation with employees (or their representatives) and a summary of the program must be displayed in appropriate work locations. The summary return to work program must provide the name and contact details of the return to work coordinator and the names of the agreed rehabilitation providers.

A Return to Work Plan Template is provided in Chapter 5.

The notion of provisional liability, requiring the insurer to commence weekly benefits payments before liability for the claim is formally determined, has reinforced the importance and impact of active injury management. As set out in Chapter 2, injury management provisions have now been strengthened to achieve better coordination

between claims management and injury management, with greater emphasis on injury management and return to work strategies.

### 3.4.5 Claims management

Previously, claims management required the prompt and efficient gathering of information and the submission of claim forms and medical certificates to ensure that the liability status of a claim could be determined within 21 days. The focus was largely on the correct completion of the paperwork by the worker, employer and treating doctor. With the introduction of provisional liability under the WIMWC Act, the emphasis has shifted significantly to:

- streamlining the process by eliminating the need for duplicate reporting
- minimising disputes by eliminating delays in the payment of weekly benefits
- maintaining the employment relationship between the employer and injured worker
- ensuring the worker's return to work as early as possible
- sound and timely decision making by the insurer

One of the most successful strategies for improving claims management is to ensure that managers and supervisors carry out their roles with regard to the notification of injuries and early return to work programs.

- **Working with the Treasury Managed Fund and other insurers**

The Treasury Managed Fund (TMF) is an insurance scheme owned and underwritten by the NSW Government, providing a full range of insurance covers and services for approximately 150 NSW Government agencies (note that not all government agencies participate in the Fund).

TMF cover includes:

- workers compensation
- property
- public liability
- comprehensive motor vehicle
- other insurance risks (i.e. not financial risks)

For further detail regarding the Treasury Managed Fund refer to *Appendix A*.

Whatever their insurance arrangements, agencies must work with the insurer so that both parties can meet their legal obligations. In addition to the requirements already described, agencies must regularly review and make decisions about outstanding claims and allow for the timely closure of finalised claims. To this end each agency must:

- obtain data, statistics and reports from the insurer and track the progress of all provisional liability cases, including those that are resolved in the first 12 weeks and those that go on to become claims
- conduct quarterly claims reviews with the insurer's claims manager

- provide continuous case management of claims to ensure a return to work or the settling of the claim
- ensure managers and supervisors are actively involved in claims management and advise relevant parties about any information which may impact on a claim
- **Minimum identifying information**

The legislation now specifies the minimum identifying information that the insurer must have in order to approve provisional liability:

**1. Employee details**

- name
- residential address
- date of birth

**2. Employer details**

- name
- current business address

**3. Treating Doctor information**

- name, or, if the worker is hospitalised, the name of the hospital

**4. Injury or illness and accident details**

- date of workplace injury
- description of how the injury happened
- description of the injury itself

**5. Notifier information**

- name and contact details (address, telephone number) of the person making the initial notification
- relationship to the worker or employer

**6. Supporting information**

- Although not formally required, it is good practice to gather supporting information at the initial notification, including:
  - worker's telephone number
  - employer's policy number, telephone number, and contact name
  - date of consultation with treating doctor
  - diagnosis of workplace injury
  - statement about the worker's capacity to return to work and an expected return to work date
  - details of any time off work
  - person to whom the weekly benefit is to be paid
  - current weekly wage details

The initial notification is complete only when all the information specified in points 1 to 5 above has been provided to the insurer. If this information has not been supplied and the information is considered materially necessary, the initial notification is considered not to have been made and the insurer must inform the notifier, within three days, that another notification is required.

A major change to note is that the insurer does not need to see a medical certificate to obtain the medical information required for an initial notification.

### 3.4.6 Records and record management

The maintenance of accurate records is vital to an effective OHS management system and, in many cases, is a legal obligation. Reliable records underpin the evaluation and planning processes described elsewhere in this chapter.

Records of workplace injuries must be kept (**Section 63** of the *Workplace Injury Management and Workers Compensation Act 1998*). **Chapter 12** of the OHS Regulation requires WorkCover NSW to be notified of particular incidents, generally those of a more serious kind. These include incidents resulting in death, the amputation of a limb, the person being placed on a life support system, or cases in which the person has been off work or unable to perform their usual duties for a continuous period of seven or more days.

Other records that must be kept under OHS legislation include:

- a Hazardous Substances Register (containing Material Safety Data Sheets kept by the agency)
- plant information (including operation manuals and maintenance records)
- registration records for registrable plant
- risk assessments (documented risk assessments for hazardous substances may be required under **clause 168** of the OHS Regulation)

Some agencies may also need to keep more selective records such as health surveillance reports required under **Chapters 6 and 7** of the OHS Regulation for employees exposed to carcinogenic substances or lead.

It is important as part of the planning process that officers with responsibility for collecting and maintaining records are designated. There also need to be clear procedures for advising employees and others of their obligations in relation to reporting. Suggested arrangements for reporting are discussed in 3.5.2 below.

## 3.5 Measurement and evaluation

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**OHS performance will be monitored, measured and evaluated through regular audits and reviews.**

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Implementing an OHS management system does not of itself guarantee success. To ensure that risks are controlled effectively, agencies must measure OHS performance. Measurement and evaluation will enable an agency to see what is working well and what is not, to develop strategies to remedy any problems and include these in the planning process.

Effective performance measurement should provide information on the level of performance achieved in each key priority area and point to areas needing improvement. It needs to strike a balance between actively monitoring the OHS management system and reactively assessing failures. Strategies to improve the effectiveness and reliability of risk control in identified problem areas should be incorporated into the OHS plan and agency budgeting cycle. In this way, OHS performance should continue to improve.

The CEO and senior managers should monitor the overall effectiveness of the agency's OHS management system on a regular basis by reviewing progress in relation to the corporate objectives and targets, and the implementation of the OHS plan and ultimately the control of workplace risks. Measures may include:

- number of actions completed on the OHS plan and timeliness of these actions
- number of areas audited and outcome of audit process
- percentage reduction in the number and costs of workers compensation claims
- premium costs of the agency

Measuring and evaluating the OHS management system, or active monitoring, can range from comprehensive system-wide audits to individual audits of specific aspects of the system. They can be conducted internally or by using external services. Evaluating failures, or reactive monitoring, can include measuring and analysing injury and illness data, hazard and incident reports, and accident investigation outcomes.

This section is intended to highlight some monitoring processes and sets out where to obtain further information. It is important to remember that, in both active and reactive monitoring, consultation with employees and OHS representatives is crucial as they are the key to evaluating the effectiveness of risk control measures.

### 3.5.1 Active monitoring - audits and inspections

Audits are a good way of evaluating OHS performance by measuring the agency's progress against performance indicators and targets and helping to identify 'gaps' in the OHS management system. Audits should be done systematically, using checklists and criteria to measure OHS performance against set benchmarks. A number of tools are available to assist with the audit process.

The NSW Government's **OHS Improvement Standard**, [http://premiers/rawmat/circulars\\_memos/prem\\_circs/circ2002/c2002-51attach3.pdf](http://premiers/rawmat/circulars_memos/prem_circs/circ2002/c2002-51attach3.pdf) is a tool designed by the Premier's Department, Review and Reform Division specifically for NSW Government agencies. It can be used by an agency as a self-assessment audit tool or by an external auditor. The standard provides:

- essential and "best practice" criteria against which OHS performance can be measured
- examples of the evidence (documents, strategies and key personnel) needed to support verification
- a five-tier evaluation scale from "best practice" to "non-conformance" for rating an agency's performance

The OHS Improvement Standard is not the only auditing tool available. A number of others, such as Victorian WorkCover's *Safety Map* and *Australian Standard AS 4801-2001*:

*Occupational health and safety management systems – Specification with Guidance for Use*, also provide tools for measuring OHS performance.

Whichever tool is used, it is important that its focus is not only on having documents in place but also on examining the implementation of positive OHS practices. In addition, audits should be performed objectively by competent staff who are not involved in the areas being audited or by a third party organisation. Results of audits should be reviewed by senior management and the OHS Committee so that any opportunities for improvement are identified. Any actions identified should be incorporated into the corporate and OHS planning process and new measures developed where necessary.

As well as auditing, other active measuring could include:

- inspection (eg of facilities)
- testing (eg of plant)
- monitoring (eg medical checks of staff or sampling air quality)

### 3.5.2 Reactive monitoring - data collection and analysis

- **Reporting systems**

Reporting systems are an essential component of the OHS management system and can include hazard, injury and claims reports. Agencies may have separate reporting systems for each category or have an integrated system, with a central repository for all reports. Regardless of the forms these systems take, they must be developed and implemented in consultation with employees and OHS representatives and be documented in human resource manuals and other work procedures manuals. Staff must be trained in the use of the system and encouraged to follow the procedures. Managers need to ensure that reporting systems are utilised and that data collected as part of the reporting system is provided to senior management.

A sample OHS reporting system is included in Diagram 3.3.

- **Data analysis**

Review and analysis of an agency's OHS data can reveal both short and long-term trends in workplace accidents and illness and assist in identifying weaknesses in the control of workplace risks. Incident and hazard data, for example, is a good source of information on the nature and frequency of incidents and hazards in the agency. It can also help to identify "hot-spots" within an agency's operations. For example, analysis of data within the operations of the Northern Sydney Area Health Service, showed a pattern in the incidence of workplace violence that may not otherwise have been evident. An outline of the Northern Sydney Area Health Service's strategies in this area is provided in Chapter 4.

Information such as the **lost-time frequency injury rate**, the number of claims per 100 staff, the rate of return to work over a specified time period and projected workers compensation costs per employee can assist agencies to measure the effectiveness of their health and safety risk controls. The Treasury Managed Fund collates information about workers compensation for all budget sector agencies and is an excellent source of information, particularly in relation to analysing workers compensation premiums comparing agencies within the Fund. Contact details for the TMF are provided in *Appendix A*.

As in the case of active monitoring, managers should ensure that data required is collected. The results of any reactive monitoring should be evaluated by senior management and the OHS Committee to identify opportunities for improvement. Actions identified should be incorporated into the agency's planning process.

- **Incident investigation**

Incident investigation data can also be a valuable indicator of OHS performance. For example, identifying and analysing the underlying causes of incidents (for example, ineffective consultation or risk management practices) can help the agency to recognise what needs to be improved to prevent a repeat of the incident.

All injuries and accidents must be investigated, as should incidents that result in a worker's compensation claim or lead to a hazard report. The investigation should be done as soon as practicable after the incident occurs and the manager with responsibility for the work area involved should be primarily responsible for the investigation.

Incident investigation involves an examination of the work site and the operational activities leading up to the accident, as well as interviews with staff. It is important that staff be made aware that the purpose of the investigation is to determine corrective action rather than apportion blame. The involvement of an OHS representative or other employee representative can assist managers in highlighting this point.

The aim of the investigation is to determine the underlying cause rather than just the immediate reason for the incident. For example, a person may be injured while lifting a box. However, the underlying causes of the incident may be that lifting procedures had not been developed or not well communicated to staff, or that equipment used to move boxes was unavailable or faulty. These underlying factors and the more obvious factors, such as the weight of the box, may have led to the accident. A sample incident investigation tool is included in Chapter 5.

Following the investigation, the manager needs to take corrective action to prevent incidents of this type from recurring. The corrective action should be noted on the incident report, discussed with staff in the area and communicated clearly. As part of their monthly meetings and other evaluation activities, senior managers need to ensure that all incidents have been investigated within a reasonable timeframe and that corrective action to prevent a recurrence has been implemented, including, where necessary, changes to policies, procedures and systems of work.

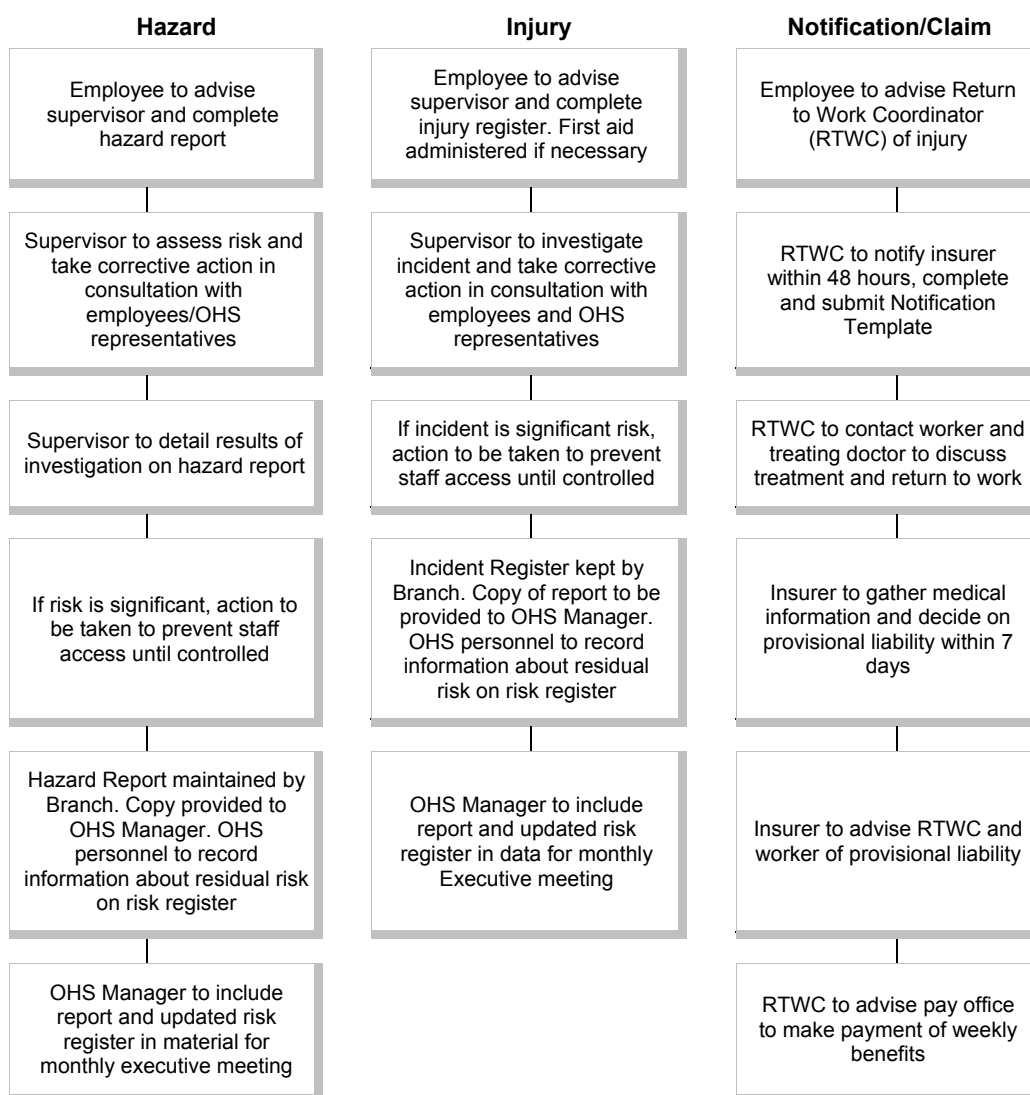


Diagram 3.3 Sample OHS Reporting System

- **Advice and reports to stakeholders**

Reporting is not confined to internal stakeholders of an agency such as senior managers and employees. Agencies also have a legal obligation to advise external stakeholders about their organisational OHS performance. The *Annual Reports (Departments) Regulation 2000* requires NSW Government agencies to provide information in their annual reports on the OHS performance of the agency for the year. Agencies are required to state the number of work-related injuries, illnesses and number of prosecutions under the OHS Act in their annual report.

Additional information can also be included in the Annual Report such as progress against OHS performance indicators, awards received and innovative OHS activities. This ensures that stakeholders with an active interest in the performance of a particular agency can readily access broader information about OHS performance. Agencies should also aim to communicate OHS initiatives to stakeholders through publications and websites.

### 3.6 Review and improvement

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**Reviews of OHS performance will feed in to the planning process to ensure that the OHS management system is improved whenever necessary.**

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Through active and reactive monitoring an agency will be able to identify weaknesses in the control of workplace risks and determine remedial action. This remedial action should be incorporated into the planning process to ensure continuous improvement in OHS performance.

To be effective, a review of all the key elements of the OHS management system should be undertaken. This includes:

- OHS policy of the agency and OHS activities in the performance agreements of the CEO, senior managers and managers and staff
- objectives, targets and actions in the corporate, business and OHS plan
- implementation and effectiveness risk and injury management processes through ongoing measurement and evaluation

Of course, consultation with both internal and external stakeholders at all levels of the review process is critical.

To be effective, a review of the OHS management system will also consider:

- changes in legislation
- changing expectations and requirements of interested parties
- changes in the products or activities of the organisation
- changes to the structure of the organisation
- advances in science and technology
- market preferences
- feedback, particularly from employees

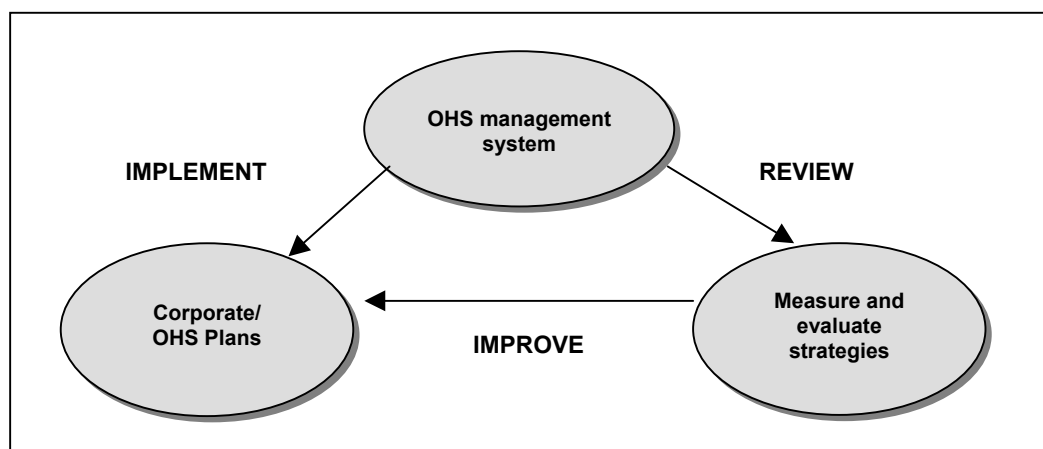


Diagram 3.4 The OHS improvement cycle

It is particularly important for government agencies to build into the corporate and business plan OHS priorities and strategies for addressing any gaps in their OHS management system, as this allows for the continuing refinement, rather than replacement of, existing systems. Review and evaluation processes thus link directly into the overall planning (see Diagram 3.4 above) and reporting processes of the agency, including those required under Annual Reports legislation. Regular reviews of the OHS system at senior management level reinforce the critical importance placed on safety as an agency's objective and legal obligation.

### 3.7 Conclusion

The guidelines in this chapter are intended as a blueprint for the development, review and modification of OHS management systems within NSW Government agencies. Agencies need to remember that OHS is dynamic just as other core business activities can be and that strategies and priorities may change as new staff are appointed or business operations, community or industrial conditions, or legislation change.

Effective OHS management is a challenge which requires constant vigilance by all government staff, but particularly by senior managers who are responsible for ensuring the health and safety of staff and others who visit the agency's premises.

The rewards for improving OHS can be significant. The next chapter contains case studies from some government agencies that have successfully met the challenge and are reaping the rewards.

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<sup>1</sup> Refer to the National Occupational Health and Safety Commission (NOHSC) for further information.

# Chapter 4 Case Studies

## 4.1 Introduction

The earlier chapters have set out the legislative framework for OHS and suggested some practical measures to help government agencies to meet their legal obligations. But practical OHS initiatives beyond those required by law can also be beneficial in:

- reducing the incidence of occupational injury and disease
- reducing workers compensation premiums
- improving productivity and morale

Some government agencies with innovative OHS practices are experiencing these benefits as shown in the case studies in this chapter.

The following case studies were selected to illustrate the range of OHS challenges faced by small, medium and large public sector agencies. The agencies themselves describe the problems they tackled, the OHS solutions they used and the benefits that have resulted. The case studies show how effective workplace safety management systems can benefit government agencies, and they provide a blueprint for continuing improvement in OHS in the NSW public sector.

- *Home Care Service of NSW: Managing the unpredictable* describes the challenge of providing safe workplaces for home care in 50,000 private residences across the state
- *The Royal Botanic Gardens and Domain Trust: Making safety accessible* shows how OHS issues can be dealt with more effectively through consultation, management commitment and encouragement for workers to look after each other's safety
- *The Roads and Traffic Authority: Managing contractor safety* describes how safety is ensured among independent contractors and sub-contractors working on behalf of the RTA
- *NSW Agriculture: Managing diversity* illustrates how safety can be managed in diverse and remote worksites such as district offices, research stations, agricultural colleges, and veterinary laboratories
- *Northern Sydney Area Health Service: Managing occupational violence* deals with a specific and difficult safety issue – occupational violence arising in the health services area

## 4.2 Home Care Service of NSW - Managing the unpredictable

Home Care Service (HCS) is a medium-sized government agency employing approximately 4,000 field staff. HCS employees provide services across the state for around 50,000 disabled and elderly people in the client's home. Each private home is an unsupervised and potentially dangerous workplace.

Home Care has managed its OHS risks by focussing on its employees and their workplaces. Its approach is based on systematic risk assessment and management which includes initial assessments of clients and their homes. Using this assessment, Home Care can address any safety issues before field staff start working in the home.

### Risk assessment

At the referral stage, a trained assessor at HCS's centralised Referral and Assessment Centre uses a checklist to put together a comprehensive profile of the client. The checklist is tailored to meet Home Care's specific needs.

The client profile is sent to the branch that will provide the service. When field staff first visit a client, they assess the physical risks associated with the premises using the Workplace Review Form. This form is designed to help in the identification of potential safety problems relating either to the client or to their home. Any hazards noted on the form are referred to the supervisor for immediate action.

Where manual handling issues have been identified, an occupational therapist is brought in to conduct a specialised manual handling risk assessment. HCS employs five occupational therapists and has a state wide network of external occupational therapists who are thoroughly conversant in HCS policy and procedures, and current manual handling techniques for the health care industry.

Home Care also faces a number of new and emerging issues. One of the most difficult is workplace stress arising from aggression and violence. Although they represent only 2% of claims, incidences of workplace stress often have serious consequences, with staff slow to recover and in need of psychological as well as physical rehabilitation. To try to prevent these problems occurring, the risk assessments made by Home Care are specifically designed to identify situations which might give rise to violence or stress.

### Targeted training

Home Care supports its practical risk management system with extensive training of staff. When they join the agency, staff receive OHS induction training, with a focus on significant hazards such as manual handling. Newly recruited staff are required to complete this training before they work in a client's home.

Induction training is followed by a course in risk management and manual handling designed to provide field staff with a basic understanding of hazard identification and manual handling techniques. The program has been designed by industry experts specifically for home based carers, is practical in nature and allows for a 'hands-on' approach to learning. HCS field staff trialed the program and provided feedback which helped to determine its final form. As a Registered Training Organisation, Home Care provides approved competency based training and awards recognised qualifications<sup>1</sup>. The training is therefore particularly attractive to staff without formal qualifications.

Within three months of completing the ‘off the job’ training component, staff can apply to be assessed for competency on the job and are encouraged to do so. They are assessed against specific criteria while performing manual handling tasks in clients’ homes.

The training program gives priority to specific groups of workers. As a first step, work sites with a high incidence of manual handling injuries in the previous 12 month period were identified. Then staff from these sites were selected to attend training as follows:

- those who had sustained a manual handling injury
- those who had symptoms suggesting a pending manual handling injury
- those who trained others on the job
- the supervisors of the staff attending the training

### **Positive results**

Before the introduction of a risk management system at Home Care, the number of manual handling injuries had been steadily increasing and, by 1997/98, they accounted for 65% of total injuries and 81.7% of costs. By 2001, following the introduction of the program, manual handling claims had fallen to 47%. More generally, claims within HCS have fallen from 520 in 1999 to 350 in 2002, and Home Care’s workers compensation premium has come down from \$10.65 million to \$8.8 million. In 2002, Home Care’s achievements were recognised by an award from the Treasury Managed Fund for the “Best Workplace Innovation” in occupational health and safety.

Home Care has also seen a cultural shift amongst its employees. Home Care now takes a far more consultative approach to hazard management, and finds that an increasing number of safety issues are resolved by branch teams. Individual members of staff have integrated safety into their everyday work practices and have reported an increased “ability and courage to say no to unsafe requests”. In short, the agency has shifted to a position where injuries are regarded as preventable and where best practice in OHS is seen as an achievable goal.

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## **4.3 Royal Botanic Gardens and Domain Trust - Making safety accessible**

The Royal Botanic Gardens and Domain Trust is a small government agency responsible for the Sydney Botanic Gardens, the Sydney Domain, Mt Annan Botanic Gardens, and Mt Tomah Botanic Gardens. While the majority of the Trust’s employees are horticulturists and scientists, there are also rangers and trades staff and staff in marketing and communication, event management and administration.

Prior to 1998, the Trust's safety record was unfavourable. A 1998 audit of workers compensation claims costs by the Premier's Department ranked the Trust among the 12 worst government agencies in terms of claims costs. Accident numbers, in terms of the lost time injury<sup>2</sup> frequency rate (LTIFR), were also high. The LTIFR measures the hours lost due to injuries against the total number staff hours worked. In 1997 this figure for the Trust was 69.5.

The Trust's approach to safety at the time was to develop policies and procedures in response to specific incidents in a largely unsystematic way. Back and hand injuries occurred frequently and this had led to a somewhat fatalistic culture among staff. The prevailing view was that the job involved heavy manual labour and accidents were inevitable.

The occupational health and safety management plan instigated by the Trust in 1999, *GardenSafe*, was aimed primarily at changing this culture by implementing a systematic approach to safety management. The plan was based on these key elements:

- consultation and employee empowerment
- practical responses to the major hazards faced by workers
- strong management commitment to, and involvement in, OHS

### **Consultation and empowerment**

Prior to 1998, workers were not usually involved in the development of procedures and strategies. This "top down" approach had only limited success. Employees were often unsure about the reasons behind OHS directives, and saw them as divorced from the reality of workers' everyday experience.

*GardenSafe* marked a radical change. Employee empowerment and involvement were now encouraged through the introduction of a "SafeMate" booklet. This booklet contains prompts and a checklist to help workers to discuss safety issues before they start a job. "SafeMate" is a risk management tool, which fosters discussion and helps workers to assess risks and take measures to eliminate or minimise them. Importantly, "SafeMate" shifts the emphasis from simply complying with management directives to caring for the safety of one's co-workers. Employees are also encouraged to intervene directly when they see a colleague working in an unsafe manner (for example, lifting a heavy object incorrectly).

Another aspect is that employees are involved in regular consultative discussions about safety issues. There are three safety committees, one for each of the Garden sites. Staff representatives on these committees are elected from a cross-section of work groups including horticulture, nursery, plant sciences, education, retail, plant records, research and technical services. This broad representation encourages staff to see the committees as relevant and to feed ideas and proposed practices directly into the safety management process through the committees.

### **Practical responses**

The pre-1999 perception of the irrelevance of OHS initiatives was overturned by engaging workers directly in the design and implementation of new safety practices, and by ensuring that training had a practical and direct relevance.

The first step was the development of a comprehensive hazard register. Using the register, the Trust identifies and assesses risks and assigns a priority to the development of control measures. This risk management approach is complemented by regular monitoring of safety data including lost time injuries, workers compensation claims and accident reports. A targeted education program, based on analysis of this data, provides workers with the tools and training for controlling major hazards.

Manual handling, for example, was identified as a key safety issue. A standard training package had been used before 1999, but the training program that has now been developed is specifically tailored to the particular work to be done. Workers are trained, for example, to load lawn mowers and other heavy equipment onto vehicles safely. Training is delivered directly to “buddy” groups (6-10 workers), and this encourages staff to raise issues and to practise the techniques demonstrated. The techniques learnt are integrated into work procedures, and reinforced through the SafeMate system.

A manual handling refresher course is currently being developed along with a training program covering another of the identified hazards: chemical exposure. To ensure that this course will be relevant, workers themselves are involved in redesigning a hazardous substances course originally developed by the National Safety Council. The aim is to focus the training on pesticides and other chemicals actually used at the Gardens. The Trust is also working with Padstow TAFE to develop an OHS training course for ride-on mowers – currently no course exists in this area.

Ensuring the relevance of training to operational activities and linking the training with actual work procedures has had a positive effect on staff involvement, with employees no longer complaining that training is a waste of time.

### **Management commitment**

While worker empowerment and commitment are key principles of the organisation's safety system, progress could not have been maintained without the strong commitment of management. The commitment starts with the CEO. Each week the CEO meets informally with the HR Manager, OHS Coordinator, Safety Officer and Return to Work Coordinator to discuss safety issues. The CEO is notified as soon as possible about any serious accident. There are also formal monthly meetings of the OHS Planning and Review Committee, chaired by the CEO, to discuss safety policies and programs, and to monitor organisational safety performance.

Management commitment has also been demonstrated in a personal way. In 2000, Dr Ian Blackburne, Chairman of the Trust, donated his honorarium to support safety initiatives. One such initiative involved Mr Jim Whyte, Chairperson of the Mt Annan OHS Site Committee. He won a gift voucher for suggesting a way of eliminating the manual handling risk involved in breaking up coconut husks for use in potting mix. At all three Gardens, the husks are now standardly placed in water to break them up, whereas previously they had been broken up with a mattock. As well as providing incentives for employees to come forward with good safety ideas, Dr Blackburne's donation sends a valuable message about the importance of OHS within the organisation.

The safety initiatives implemented at the Royal Botanic Gardens and Domain Trust have had a dramatic impact and the statistics reflect the considerable improvement. Workers compensation claim levels are now better than the industry benchmark. Further, the goal of halving the LTIFR set by the Trust has now been achieved, with the LTIFR coming down from 69.5 in 1997 to 32.4 in 2001. The next goal is to halve this figure again.

More importantly perhaps, the safety culture at the Gardens has changed radically. The culture in which accidents were seen as inevitable has been replaced by one in which the expectation is that there would be no injuries, but that if an injury occurs, work practices would change so that it would not happen again.

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## 4.4 Roads and Traffic Authority - Managing contractor safety

The Roads and Traffic Authority (RTA) is a large government agency responsible for building and maintaining the state's road network. Construction is a hazardous industry and the additional risks of working in or adjacent to traffic and operating heavy equipment on site make road construction and maintenance even more dangerous. Over the past decade the RTA has achieved substantial improvements in the safety performance of its workforce. In the late 1980s, for example, there were between 1500 and 1600 claims a year, including a number of fatalities that resulted in prosecutions by WorkCover NSW. Since then there have been progressive reductions in the number of claims to fewer than 650 in 2001.

Part of the difficulty faced by the RTA is that work is done in a decentralised way, with many small gangs working away from their base depot. This difficulty has been overcome to a large extent through the introduction of OHS management systems and the development of project safety plans, site safety plans and safe work method statements as standard in road construction and maintenance work.

Maintaining safety standards on RTA construction projects is complicated because the RTA increasingly engages contractors to undertake projects on its behalf. Since the Authority is not in direct control of the day to day operations on these projects, primary responsibility for the management of safety for employees and subcontractors rests with the principal contractor.

The RTA recognised when it began engaging contractors that it shares overall responsibility for establishing standards for safety on construction projects and for monitoring performance against those standards. In the late 1990s the RTA decided to make a full-scale effort to take these responsibilities as seriously as possible. The Contractor OHS Management Program established by the RTA at that time has three main elements:

- assurance of contractor OHS competency through a pre-qualification process
- assurance of project OHS management by integrating safety into the tender process
- monitoring contractor OHS performance through inspections, audits and mandatory reports

### OHS competency

To ensure that only competent contractors with relevant experience are engaged, the RTA maintains a pre-qualification and accreditation system. Prospective contractors are graded according to their technical and managerial ability, financial capacity, past performance on similar jobs, and the standard of their quality assurance, health, safety and environmental systems. The kind of work involved and the size of the project budget dictate the weight given to each factor.

To qualify for accreditation, contractors must submit the details of their OHS management system. The RTA then evaluates the system using guidelines developed by the government's Construction Policy Safety Committee. The RTA may also require contractors to provide evidence of their OHS performance in the workplace, for example:

- an outline of the OHS experience and professional qualifications of key company personnel
- an example of a Site Specific Management Plan developed for a recent project
- copies of an independent audit carried out in the previous twelve months
- lost time injury statistics for up to five years
- a certified list from WorkCover NSW of any prosecutions or fines imposed on the contractor for breaches of OHS laws or regulations

Initial pre-qualification is for two years and contractors have to renew their pre-qualification every two years. Pre-qualification status can be reviewed at any time, and if, for example, the RTA were to discover evidence of unsatisfactory performance, the contractor's pre-qualification could be downgraded or cancelled.

### Tender assessment

The second tier in the RTA's contractor safety system involves the assessment of the safety systems of potential contractors as part of the tender process. For the purposes of assessment, potential contractors are divided into two groups:

- those tendering for major works (usually over \$500,000 in value) or works involving significant health and safety risks (eg hot bitumen work)
- all other work

The tender requirements for major works are comprehensive. The contractor must have in place an effective OHS management system which complies with the government's Construction Policy Steering Committee Guidelines. In addition, before work can start, an OHS plan for the site must be developed. This plan will incorporate:

- a statement of OHS responsibilities on site
- site safety rules
- risk assessment and control plans
- safe work method statements for those activities assessed as having health and safety risks

- a plan for conducting OHS induction training before workers commence on the site

Contractors tendering for projects other than major works must, as a minimum, submit safe work method statements for all activities with health and safety risks. Depending upon the nature of the work the contractor may also be required to submit a Site Safety Management Plan.

The RTA project contract manager assesses the documentation provided by the contractor and gives approval to the contractor to start the project only when satisfied that all appropriate safety systems are in place.

### **Performance monitoring**

Once projects are underway, the RTA regularly monitors health and safety performance to ensure that contract conditions are complied with and legal requirements are met. The RTA project manager develops an inspection and audit schedule and holds regular meetings with site managers to review progress on the project. Health and safety performance is a standing agenda item at these meetings. The RTA project manager also ensures that the contractor meets the OHS performance reporting requirements which cover issues such as the number of injuries, first aid treatments and hazard inspections per month.

The contractor is informed immediately about any health and safety problems and is expected to resolve them. The RTA project manager monitors the speed at which corrective action is taken and the effectiveness of the action.

Moreover, performance monitoring is not restricted to the life of the project. When the project is completed, the RTA project management staff and relevant contract staff review the overall OHS performance on the project. This review will identify and discuss any OHS problems that arose and any successes that were achieved and will review performance against the OHS goals that were set for the project. The outcomes are recorded in the Project OHS Plan.

After the facility is handed over, the Project OHS Plan is kept by the RTA. It is an important resource document on OHS issues for the facility and can be referred to when maintenance work is carried out.

In addition to addressing the issue of contractor safety, the RTA has introduced detailed safety management systems in all internal operational areas. RTA project managers, like independent contractors, must develop a comprehensive site safety plan based upon the specific conditions in which the work is to be done. Risk assessment has also been integrated into operations that have traditionally been problem areas for the Authority.

The results of these targeted activities have been dramatic. As mentioned earlier, since the early 1990s, the number of claims at the RTA has decreased each year. The number of injuries has also fallen, particularly in the high risk areas of manual handling (a 55% reduction since 1992), slips, trips and falls (a 77% reduction since 1991) and vehicle accidents (a 67% reduction since 1990).

These reductions are reflected in the workers compensation premium paid by the Authority which has fallen from \$14 million in 1996/97 to around \$9 million for the current policy year. Other benefits have flowed from these strategies including increased productivity, a much improved employee morale, and external recognition. The RTA has

won the Treasury Managed Fund's Public Sector Risk Management (OHS) Award for four consecutive years.

In short, the highly decentralised nature of work undertaken by the RTA has been used to advantage. Reinforcing a sense of responsibility among local managers and contractors, and backing this approach up with management safety systems and monitoring, has led to a remarkable reduction in claims and injuries, and to a safety culture that continues to grow in strength.

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## 4.5 NSW Agriculture - Managing diversity

NSW Agriculture is a medium-sized government agency employing around 2300 staff. Safety management is a particular challenge because of the range of the Department's operations and the spread of locations. NSW Agriculture comprises:

- a head office at Orange
- 42 district offices across the state
- 20 research stations
- 2 agricultural colleges
- 25 cattle tick border crossings and dip yards
- several service and research laboratories, offices and veterinary diagnostic laboratories

Departmental staff face a similarly diverse range of hazards.

Before 1999, the approach taken to safety management was largely reactive, based on modifying operations to ensure compliance with safety regulations and codes of practice as these were introduced. There was little attempt to ensure a more streamlined and systematic approach to safety. This changed in 1999 when the Department decided to develop a consistent and systematic approach to safety across all operations. As part of this, the Department adopted Safety Standard *AS 4801, Occupational Health and Safety Management Systems*, for all operational areas.

### Auditing, inspection and data monitoring

An annual safety audit and inspection program has been introduced to ensure a consistent approach and to monitor performance. This program was enhanced in 2001/02 by the inclusion of WorkCover Victoria's *Safety Map* as an audit tool for research stations. Staff within the Department's OHS unit conduct the audits of research stations

and areas of technical operations, where safety risks are often complex. Auditing of district offices is done by administrative staff from another district office.

NSW Agriculture also monitors performance through close scrutiny of workers compensation data particularly in relation to recurrent and significant risks. In previous years, noise had been a significant issue and a Departmental-wide noise survey was conducted. This led to a change in purchasing policies to ensure that all new equipment met a noise standard of less than 85 decibels. This has resulted in a significant reduction in the cost of occupational deafness claims from more than \$2 million in the early 1990s to around \$50,000 for the current period.

### **Innovative controls**

The most frequent type of injury occurring currently within NSW Agriculture is occupational strain. In response, particular attention is now being given to manual handling initiatives. Significantly, many of the most innovative solutions to the problem have been developed by staff themselves, highlighting the benefits of NSW Agriculture's consultative processes.

The Department has provided aids such as forklift trucks and hoists to minimise the need for heavy lifting. For activities where mechanical devices are not readily available, the Department has designed its own; for example, the Department built a platform designed specifically to transfer seed bags from trucks to seeding combines, eliminating the need for manual lifting.

The purchasing policies of the Department have also been modified to reflect safety concerns. Bagged fertiliser is now delivered in one tonne bags, ensuring that fertiliser is moved by mechanical aids. In coming years, NSW Agriculture will continue to look for opportunities to eliminate other workplace hazards identified through its data, inspection and auditing systems.

### **Injury management**

The workers compensation performance of NSW Agriculture has exhibited a steady improvement over a number of years except for a sudden jump in costs over the 1999/2000 year. An analysis of the data revealed that the bulk of these costs (67.8%) were due to claims over \$100,000. In other words, this sudden rise in costs was due to a very small number of large claims, rather than an increase in the overall number of claims.

This has led to a number of recent changes. The number of injury management staff in the OHS Unit has been increased and there is a greater emphasis on effective return to work for injured staff. A Health and Safety Coordinator has been recruited to concentrate on early intervention and other strategies to prevent large claims arising. In the OHS area, the Unit has expanded its workplace assessment facilities to ensure that risks generated by any new or revised work processes (for example, the work undertaken by the Department's new National Greenhouse Centre) are analysed, and control measures built in to the work activities. Staff contributions are actively sought in this consultative process.

These strategies are beginning to pay dividends. Data is being carefully monitored with targeted and early intervention minimising costly claims.

NSW Agriculture has effectively managed the risks inherent in its diverse operations by implementing a consistent approach based on a standard OHS management system and audit tool. This has been complemented by close scrutiny of safety data, and the adoption of innovative solutions designed to address the major risks. Increased monitoring and an active, interventionist, approach has led to more effective safety management in the Department.

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## 4.6 Northern Sydney Area Health Service - Managing occupational violence

The Northern Sydney Area Health Service provides health services to Sydney's northern suburbs. The Service has major public hospitals, such as the Royal North Shore Hospital, and some smaller and more specialised health institutions. Like many agencies within the health and community sector, the Area Health Service faced a growing problem with occupational violence, particularly in its psychiatric hospitals, the emergency and acute psychiatric wards of general hospitals and supervised community residential units.

The impetus for the focus on controlling violence came when two psychiatric hospitals were amalgamated into the Gladesville Macquarie Hospital. The new management team at the Hospital became aware of a number of serious incidents of aggression and commissioned a task force to review the area.

One of the challenges faced by the task force was to determine how and why violent incidents were taking place. Although Macquarie Hospital had an Aggression Report Form, staff commonly failed to use it at all or recorded information haphazardly. The task force found that staff were confused by some of the terms used in the form and disliked lengthy paperwork. Staff believed that completion of the form served little purpose as the data collected was not analysed or addressed in any systematic way.

### Risk assessment

In February 1998, an Aggression Monitoring Tool was developed in consultation with operational staff. Significantly, the form employed a simple 'tick and flick' system designed to minimise the time needed for completion. The form includes:

- demographic information about the client and the location of the incident
- a scale for grading aggression from 1 (mild verbal abuse) to 8 (serious physical violence)
- a section dealing with the factors leading to the incident, with a checklist guide
- a clear set of instructions for completing the form

The new form has provision for about 15 incidents to be summarised per page. It could be attached to the walls of the nurses' station, making for convenient use. In conjunction with designing an effective monitoring tool, Macquarie Hospital established a central committee to review the data formally, to develop strategies based upon the profile of aggressive incidents, and to work with clinical units to implement the strategies.

### **Effective controls**

Analysis of the data revealed a number of trends and patterns which would not otherwise have been obvious. Most violent incidents happened when patients congregated, for example at meal times or when collecting medication. The identification of this trend led the Area Health service to introduce a range of measures designed to eliminate crowding and thereby minimise the opportunities for violence. These included:

- dividing meal times into shifts, with slower eaters encouraged to use the dining room at the earlier shift
- increasing the number of off-unit programs, so that fewer patients were in the ward during the day
- rearranging the work schedule of domestic staff so that their work could be done when the majority of patients were at off-unit programs
- allowing patients more flexible access to their rooms for quiet time, so that there was less crowding in the shared area of wards
- erecting sun shades and sails in the front yard of one of the wards to provide an additional safe area for patients, and alleviating the pressure for space in common areas
- establishing a “quiet room” for patients who wanted to distance themselves from others for a time
- opening a hospital gymnasium to provide patients with an outlet for frustration

These measures were linked with a decision to place only experienced staff, trained in aggression minimisation techniques, in areas with aggressive incidents above the average. As a further measure, patient numbers were reduced from 24 to 20 in one of the wards with high potential for violence.

### **Integration and consistency**

The Aggression Monitoring Tool has now been introduced in all Northern Sydney Area Health Service mental health services and acute psychiatric units of general hospitals. It has had a significant impact on the frequency and severity of aggressive incidents experienced across the Northern Sydney Area Health Service, particularly within Macquarie Hospital. The development of a single form to monitor aggressive behaviour has also resulted in consistency of care and has integrated practices in the hospital and community settings of this large Area Health Service.

The tool has had a number of “flow on” effects in other areas. For example, aggression minimisation training has been modified to address specific issues identified by its use. The increased emphasis on prevention and de-escalation has made the new package considerably more relevant and practical. In addition, it has led to the development of standard procedures and a checklist for visiting clients in the community in safety.

The strategies implemented by Northern Sydney Area Health Service comply with the risk management framework of the OHS Regulation 2001. The effective management of a problematic issue by this Area Health Service highlights the benefits of a process of identifying risks and, through data analysis and consultation with employees, implementing simple but effective controls to manage the risks.

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<sup>1</sup> Certificate III, Community Services Training Package (Aged Care and Disability Work).

<sup>2</sup> Lost time injuries are those where the injured employee is unable to complete the following day's shift.

# Chapter 5 OHS Tools

## 5.1 Introduction

Chapter 3 of this document stressed the need for government agencies to develop an OHS management system based upon principles of effective risk management and consultation. Chapter 4 demonstrated ways in which a number of agencies have fulfilled this obligation. This chapter is aimed at providing some simple tools that may assist government agencies in implementing the key elements of an OHS management system. They include:

- Model OHS Policy
- Sample OHS Activities for Groups of Management and Staff
- OHS Plan
- Return to Work Plan Template
- Incident Investigation Tool

Note that risk assessment and audit tools have not been included as there are a number of these already available, that have been referred to in previous chapters.

These tools should not be used independently of existing OHS management systems. In many cases agencies will have systems in place that go beyond the standard outlined in these documents. Where they do not, the tools may be used as a starting point in the development of OHS management systems that meet key risk management requirements and that reflect the needs and operations of the particular agency.

## 5.2 Model Occupational Health and Safety Policy

### *The agency* – Occupational Health and Safety Policy

The CEO of *the agency* is committed to maintaining the best possible standard of occupational health and safety for everyone working at and visiting *the agency's* workplaces. In addition, the CEO is committed to injury management aimed at the early and safe return to work of injured workers.

#### Legal Compliance

The CEO of *the agency* will comply with the requirements of the Occupational Health and Safety Act 2000, the Occupational Health and Safety Regulation 2001, Workplace Injury Management and Workers' Compensation Act 1998, Workplace Injury Management and Workers Compensation Regulation 2002 and all relevant codes of practice.

#### Consultation

The CEO of *the agency* recognises that the best way to ensure a safe and healthy workplace is for the management and staff to work together to identify and solve occupational health and safety problems. The CEO is therefore committed to regular consultation with staff and their representatives using the negotiated and agreed OHS consultation arrangements, and where necessary with contractors and suppliers of equipment and services, to ensure that occupational health and safety management is of the highest standard.

#### Management

The senior managers of *the agency* acknowledge that they have a primary responsibility for the health and safety of those who work under their direction.

The CEO will ensure that OHS responsibilities are appropriately defined and that managers and supervisors receive the training and resources they need to carry out their OHS responsibilities competently.

All managers and supervisors have a duty to provide and maintain, as far as practicable, a working environment and conditions that are safe and without risk to health.

#### Planning

To give expression to this commitment and these obligations, the CEO and delegated senior managers will:

- integrate OHS and injury management into all existing and future management systems used in *the agency* with the aim of preventing or minimising workplace risks
- develop a strategic OHS plan and performance measures to achieve the aims of this policy, and regularly monitor OHS and injury management practices and improve them wherever possible
- develop appropriate strategies for ensuring that facilities at *the agency's* workplaces, and any plant hired, purchased, or leased for use there, meet the highest OHS standards
- review or develop policies in relation to other goods and services purchased or provided to the *agency*, which could affect the occupational health and safety of employees or others
- provide the resources, training, information, on-the-job instruction and levels of supervision needed to achieve the policy's objectives
- employ (or contract when necessary) competent and skilled persons who have the training and experience to assist *the agency* in meeting its OHS policy obligations

#### Implementation

To meet these objectives, the CEO will have systems in place and will delegate responsibilities to senior managers to:

- ensure that all workplaces managed or controlled by *the agency* are suitably equipped and maintained to provide for all employees' health and safety while they are at work

- identify and assess all current and foreseeable workplace hazards (including the potential for workplace violence or aggression), and develop strategies to eliminate or control the risks associated with them
- maintain an appropriate workplace incident and injury reporting system that will provide *the agency* and any individual workplaces with information to help them to prevent incidents and work related injury or illness in the future
- encourage employees to report any suspected workplace hazard, work related injury or illness affecting themselves or others, at the earliest opportunity without prejudice to any employee
- conduct investigations into all incidents and circumstances that may either expose a person to the risk of injury or illness, or result in injury or illness
- provide for the prompt management of injured workers and for their safe and timely return to work
- ensure that all contractors engaged to carry out work for the agency understand the safety standards expected of them and meet these standards when carrying out their work
- ensure that suppliers of equipment and substances understand and meet *the agency's* safety standards
- report and record all incidents (including incidents of violence or bullying) and hazards that may cause injury or illness (including damage or facilities or plant requiring maintenance)
- participate in any training or in-service seminars arranged by *the agency* to support the objectives of this policy
- engage with management in consultation on any OHS issues or information
- co-operate in any return to work plan developed for injured workers

**Policy Review**

The policy shall be reviewed each year, or sooner if any information, incident, injury, illness, or legislative or organisational change warrants a review of the policy

**Contact Person**

The executive staff member(s) who has been given responsibility by the CEO for the implementation of the policy, and policy objectives,  
is/are.....

**Date**

This policy applies from.....

**Employees**

All employees while at work, regardless of the position they hold, will:

- comply with their obligations under the OHS Act and this policy
- take reasonable care to ensure the health and safety of themselves, and others under their supervision at work, including ensuring that staff are not bullied or subjected to violence
- use all provided personal protective clothing or equipment (PPE) in accordance with directions, and report when any PPE requires repair or replacement
- comply with any reasonable OHS instruction or direction by a workplace manager
- contribute to *the agency* meeting its OHS strategic plan and performance levels by complying with OHS procedures

(signed).....  
(CEO)

For and on behalf of the *agency*

### 5.3 Sample OHS Activities for Groups of Management and Staff

	CEO	Senior Managers	Line Managers and Supervisors	Employees
<b>OHS Policy and Commitment</b>	Demonstrate management commitment to continuous improvement in OHS through a clearly defined OHS Policy	Promote the agency OHS Policy to all staff and implement the OHS Policy within area of responsibility	Ensure the OHS Policy is communicated to all staff in delegated area of responsibility and contribute to updates of the OHS Policy	Observe the OHS Policy and contribute to updates of the OHS Policy
<b>Planning</b>	<p>Ensure the Corporate Plan includes an OHS objective and targets with delegated responsibilities for action</p> <p>Ensure an OHS plan is in place that outlines the risk management and consultative framework for improving the agency's OHS performance</p> <p>Ensure appropriate resources are made available to implement the plan</p>	<p>Develop a Business Plan that includes an OHS objective that links to the Corporate Plan</p> <p>Implement and promote the agency's risk management and consultative framework and provide feedback on progress to CEO</p> <p>Identify the resources required to ensure that the OHS plan can be implemented and ask for these resources to be provided</p>	<p>Contribute to the development of the OHS Objective in the Business Plan</p> <p>Contribute to and implement the plan within delegated area of responsibility and provide feedback to senior management on progress</p> <p>Provide input to senior managers regarding resources required to ensure the plan is implemented at a local level</p>	<p>Co-operate with and contribute to the OHS objectives in the planning process</p> <p>Provide input to line manager or supervisor on development of OHS plan</p> <p>Provide input to line manager/supervisor regarding resources required to implement the plan</p>
<b>Implementation</b>	<p>Establish and advocate a consultative approach to managing OHS</p> <p>Establish and actively promote a systematic approach to managing workplace risks and injuries</p> <p>Promote OHS training initiatives to all agency staff to facilitate a positive OHS agency culture</p>	<p>Participate in and promote the agreed consultative arrangements</p> <p>Implement and integrate a risk management approach to manage workplace risks and injuries</p> <p>Determine, implement and participate in agency OHS training programs</p>	<p>Contribute to and promote the agreed OHS consultative arrangements</p> <p>Identify how workplace risks and injuries can be minimised as part of risk management</p> <p>Identify OHS training needs in area of responsibility, participate in OHS training programs and encourage staff to attend</p>	<p>Contribute to and participate in OHS consultative arrangements</p> <p>Contribute to risk management by identifying and informing supervisor of any hazards in work area</p> <p>Identify OHS training required and participate in OHS training provided by employer</p>
<b>Measurement and Evaluation</b>	Ensure a system is developed to monitor agency OHS performance	Implement the measurement and evaluation strategy and report regularly to the CEO on progress on this	Ensure all measurement and evaluation data is collected and provided to senior management	Contribute to measurement and evaluation process by reporting all hazards/incidents to supervisors
<b>Review and Improvement</b>	<p>Ensure review mechanisms are in place and feedback about performance (in relation to the targets and objectives) is provided to all stakeholders</p> <p>Ensure that corporate plans and business plans are reviewed and OHS improvements incorporated into planning processes.</p>	<p>Implement the review process and report to the CEO on progress against OHS targets</p> <p>Review feedback on OHS performance from line managers and supervisors and incorporate improvements into the planning process so that OHS performance continues to improve</p>	<p>Promote and participate in the review process, and support suggestions for improvement</p> <p>Provide feedback on OHS performance to senior management</p>	<p>Participate in review process by actively communicating ideas for OHS improvement to supervisors</p> <p>Contribute to feedback on OHS performance to line manager/supervisor</p>

## 5.4 OHS Plan

OHS Objective	Action	Target	Responsibility	Resources required to complete Action	Date Action to be achieved	Date Action completed by
All senior management performance agreements to contain specific targets for OHS	<p>Review all senior management performance agreements</p> <p>Identify OHS responsibilities for senior management roles</p> <p>Develop specific targets suitable to roles</p> <p>Consult with senior managers regarding targets</p> <p>Include targets in performance agreements</p>	100% of senior management performance agreements include specific OHS targets	<p>Human Resources Director (Development)</p> <p>CEO (Approval)</p>		31 December 2002	
Develop an OHS risk register to assist in planning for OHS improvements	<p>Each regional Manager to facilitate a risk assessment of tasks/activities in regional area</p> <p>Risk assessment to be undertaken in consultation with employees and OHS committees/representatives</p> <p>Each region to control those risks within ability and prioritise outstanding workplace risks in risk register</p> <p>Risk register to be reviewed by senior management and action plan developed for controlling all workplace risks</p>	<p>100% of risk assessment in each region completed</p> <p>100% of risk register completed</p> <p>100% of risk registers reviewed by senior management</p>	<p>Regional Manager</p> <p>Regional Manager</p> <p>Senior Manager (Operations)</p>		<p>01 September 2002</p> <p>31 December 2002</p> <p>31 March 2003</p>	



## 5.6 Incident Investigation Tool

<b>PARTICULARS OF PERSONS INVOLVED</b>	
Name of Injured Person/s	<input type="text"/>
Name and Contact Details of other Parties involved or witness to incident	<input type="text"/>

<b>DETAILS OF INCIDENT</b> <i>(where applicable, take photographs and draw a diagram of the incident scene)</i>	
<b>Section 1 Location, Task and Supervision</b>	
What was the exact location and time of the incident?	
What was damaged/who was harmed and what was disrupted?	
What task was the person performing when the incident occurred?	
What had the person been instructed to do?	
Describe the conditions of the work area where the incident occurred?	
What were the activities leading up to the incident?	
On the incident date, how long had the person been performing the task?	
What supervision was provided to the person doing the tasks?	
<b>Section 2 Training and Competency</b>	
What training had the person received for the task?	
What extra training should the person receive?	
What training had the supervisor received?	
<b>Section 3 Risk Management and OHS Procedures</b>	
Was a risk assessment undertaken prior to commencing this task?	If not, please explain why
What risk controls were recommended in the risk assessment?	
Were risk controls provided?	If not, explain
Were risk controls implemented and/or used correctly?	If not, explain
What written safety procedures or standard operating procedures were available for the task?	
What policies and procedures should have been followed in this situation?	
<b>CONTINUED OVER PAGE</b>	

**DETAILS OF INCIDENT - continued**

**Section 4 Contributing Factors to the Incident**

What was the sequence of events that lead up to the accident or incident? Try and work backwards from the FINAL EVENT to identify the contributing factors to this incident, which will help identify recommendations for preventative action required

*Sequence no:*

1
2
3
4
5
6

<b>CORRECTIVE ACTION PLAN</b>	<b>Action</b>	<b>Responsibility for action</b>	<b>Date to be completed</b>	<b>Date completed</b>
<b>1. OHS Management/ Responsibilities</b>				
<b>2. Consultation/Communication</b>				
<b>3. Risk Management</b>				
<b>4. Training</b>				
<b>5. Policies/Procedures</b>				

# Appendix A Sources of Assistance

## 1. WorkCover NSW

400 Kent Street  
SYDNEY NSW 2000  
Phone: (02) 9370 5000  
Fax: (02) 9370 5999  
Information Line: 13 10 50 (Claims Assistance Service)  
<http://www.workcover.nsw.gov.au>

WorkCover NSW is the government agency responsible for administering OHS in NSW. As part of this function, WorkCover NSW provides advice and assistance to employers and workers, and develops and enforces OHS legislation. It also produces a range of guidance material on relevant OHS issues.

## 2. National Occupational Health and Safety Commission

Level 6, 25 Constitution Avenue  
CANBERRA ACT 2600  
Phone: (02) 6279 1000  
Fax: (02) 6279 1199  
<http://www.nohsc.gov.au>

The National Occupational Health and Safety Commission is the Federal body responsible for setting OHS policy within Australia. It is a tripartite organisation with representatives from peak employer associations, unions and government OHS agencies. It is also responsible for developing national standards for priority OHS issues such as plant, hazardous substances and noise.

## 3. Treasury Managed Fund

Level 2, 117 Clarence Street  
SYDNEY NSW 2000  
Phone: (02) 9249 8279  
Fax: (02) 9249 8482  
<http://www.riskinsite.com.au>

The Treasury Managed Fund (TMF) is a self-insurance scheme owned and underwritten by the New South Wales Government. It provides a full range of insurance covers and services for all participating agencies. While the Fund provides coverage for approximately 150 NSW Government agencies it is important to note that not all government agencies participate in the Fund.

The TMF's overall purpose is to provide a structure and a range of services that assist agencies to reduce the impact of risk exposure and, by reducing the impact of insurance exposures, maximise resources available to support their core business.

#### 4. Review and Reform Division, Premier's Department

Level 13, Bligh House  
 4-6 Bligh Street  
 SYDNEY NSW 2000  
 Phone: (02) 9228 4870  
 Fax: (02) 9228 3015  
<http://www.premiers.nsw.gov.au>

The Review and Reform Division of the Premier's Department is responsible for improving OHS performance within NSW Government agencies. To facilitate this process, the Division developed the OHS policy document, ***Taking Safety Seriously***, and the ***OHS Improvement Standard*** [http://premiers/rawmat/circulars\\_memos/prem\\_circs/circ2002/c2002-51attach3.pdf](http://premiers/rawmat/circulars_memos/prem_circs/circ2002/c2002-51attach3.pdf). The Review and Reform Division is available to provide copies of these documents to agencies and advice on the whole of government OHS Initiative.

#### 5. Policy Services Division, Department of Public Works and Services

Level 23, McKell Building  
 2-24 Rawson Place  
 SYDNEY NSW 2000  
 Phone: (02) 9372 8910  
 Fax: (02) 9372 8851  
<http://www.dpws.nsw.gov.au>

Policy Services Division is the arm of the Department of Public Works and Services that assists government to develop and implement whole-of-government policy with a particular focus on total asset management, accommodation, procurement and construction industry development.

#### 6. Construction Policy Steering Committee, Department of Public Works and Services

Level 23, McKell Building  
 2-24 Rawson Place  
 SYDNEY NSW 2000  
 Phone: (02) 9372 8852  
 Fax: (02) 9372 8851  
<http://www.cpsc.nsw.gov.au>

The Construction Policy Steering Committee have developed OHS&R Management System Guidelines for the construction industry and Policy, Codes of Practice and Implementation Guidelines for NSW Government procurement processes.

# Appendix B OHS Information Products

**Please Note: Information correct at time of printing**

## **Information Products**

The publications below represent a small sample of the information products available on occupational health and safety. Many of these are available in PDF format from the websites of the relevant organisation.

For a full list of publications, agencies should refer to the websites for WorkCover NSW ([www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)), the National OHS Commission ([www.nohsc.gov.au](http://www.nohsc.gov.au)), and Standards Australia ([www.standards.com.au](http://www.standards.com.au)).

## **OHS Management**

- Australian Standard 4801 (2001) Occupational health and safety management systems – Specification with guidance for use
- Australian Standard 4804 (2001) Occupational health and safety management systems – General guidelines on principles, systems and supporting techniques
- Australian/New Zealand Standard 4581 (1999) Management system integration – Guidance to business, government and community organisations
- NSW Government (2000) 'OHS&R Management Systems, Guidelines' 3<sup>rd</sup> edition
- NSW Government (2000) Procurement Guidelines 'Occupational Health Safety and Rehabilitation'
- NOHSC (1999) National OHS Improvement Framework
- WorkCover, Six steps to OHS: duty of care
- WorkCover, Hierarchy of Hazard Control

## **Risk Management**

- Australian Standard 4360 (1999) Risk Management
- Workplace Safety Kit – A Step by Step Guide to Safety for Business
- WorkCover, Guide to Risk Management at Work
- WorkCover, Small Business Safety Starter Kit
- WorkCover, Due Diligence at Work – A Checklist for Company Directors and Managers
- Standards Australia, HB 250, (2000) Organisational experiences in implementing Risk Management Practices
- Standards Australia, MP 91 (2000) Dynamic approaches to healthcare risk management (Standards Australia)
- Standards Australia, HB 143 (1999) Guidelines for managing risk in the Australian and New Zealand public sector

- Standards Australia HB 228 (2001) Guidelines for managing risk in the healthcare sector

#### **OHS Performance Measurement**

- Health and Safety Executive (2001) A Guide to Measuring OHS Performance
- AS 1885.1 (1990) Measurement of occupational health and safety performance

#### **Consultation**

- WorkCover, Code of Practice on OHS Consultation
- WorkCover, A guide to workplace health and safety committees

#### **Working Environment**

- WorkCover, Guide to Health and Safety in the Office
- WorkCover, Working From Home – A Guide to OHS, Rehabilitation and Workers Compensation Requirements
- WorkCover, Code of Practice on Workplace Amenities
- WorkCover, Code of Practice: Working in Hot and Cold Working Environments
- Australian Standard 3590.1 (1990) Screen-based workstations – Visual display units
- Australian/New Zealand Standard 3661.2 (1994) Slip Resistance of Pedestrian Surfaces – guide to the reduction of slip hazards
- Australian Standard 1680.1 Interior Lighting: General Principles and Recommendations
- Australian Standard 1680.2 Interior Lighting: Office and Screen-based Tasks

#### **First Aid**

- WorkCover, Guide to First Aid in the Workplace

#### **Noise**

- NOHSC: National Code of Practice on Noise Management and Protection of Hearing at Work

#### **Manual Handling**

- NOHSC: National Code of Practice on Manual Handling

#### **Plant**

- WorkCover, Health and Safety Guide – Plant
- WorkCover, Fact Sheet: Plant Hire and Lease – what Suppliers need to know
- Australian Standard 4024.1 (1996) Safeguarding of machinery – general principles

### **Hazardous Substances**

- NOHSC: National Code of Practice for the Control of Hazardous Substances in the Workplace
- WorkCover, Guide to Managing Chemical Hazards in the Workplace – Advice for Managers and Supervisors
- NOHSC: 10005(1999) List of Designated Hazardous Substances
- NOHSC: 1008(1999) Approved Criteria for Classifying Hazardous Substances
- NOHSC: Guidance Note for the Assessment of Health Risks arising from Hazardous Substances in the Workplace
- NOHSC: 1003 (1995): Exposure Standards for Atmospheric Contaminants in the Occupational Environment

### **Safety Signs**

- Australian Standard 1319 (1994) Safety signs for the occupational environment

### **Violence**

- WorkCover, Guide: Violence in the Workplace
- WorkCover, Preventing Violence in the Accommodation Services of the Social and Community Services Industry

### **Workers Compensation**

- WorkCover, Claims Estimation Manual
- WorkCover, WorkCover Benefits Guide (April 2002)

### **Injury Management**

- WorkCover, Handbook for Rehabilitation Coordinators
- WorkCover, Guidelines for Employers' Return-to-Work Programs

## Appendix C Glossary of Terms

<b>Audit</b>	A systematic process, using checklists and criteria, to measure performance against set benchmarks.
<b>Consequence</b>	The outcome of an event such as injury or harm expressed quantitatively or qualitatively.
<b>Consultation</b>	Communication between employers and employees (including unions) about issues affecting health and safety.
<b>Controller</b>	A person or organisation that has control (including only partial control) of any premises, plant or substances, but is not the employer of those using the premises or materials.
<b>Employer</b>	A person or organisation that employs staff under a contract of employment.
<b>Employee</b>	A person working under a contract of employment.
<b>Hazard</b>	Anything in a workplace (including work practices or procedures) that has the potential to harm the health or threaten the safety of staff or visitors.
<b>Hazardous Substance</b>	A material, ingredient or particle that has the potential to harm a person's health or threaten their safety. Hazardous Substances are those specified in the <i>List of Designated Hazardous Substances</i> and those which meet the criteria set out in the <i>Approved Criteria for Classifying Hazardous Substance</i> , published by the National OHS Commission of Australia.
<b>Incident</b>	Any unforeseen event which results in, or could have resulted in, injury, ill health, damage or other loss.
<b>Initial Notification to the Insurer</b> (of an injury to a worker)	The first notification to the insurer of a workplace injury. The injured worker, the employer or another person acting on behalf of the worker or the employer (for example a medical practitioner) can provide the notification. The notification must be done according to WorkCover NSW Guidelines.
<b>Injury Management</b>	Activities and procedures that are undertaken to achieve a timely, safe and enduring return to work for workers following workplace injuries.
<b>Injury Management Program</b>	A coordinated program that integrates all aspects of injury management (such as treatment, rehabilitation, alternative duties, retraining and claims management) to ensure that injured workers return to work as soon as possible. All insurers must have an injury management program that is designed to provide the best outcome for injured workers.

<b>Injury Management Plan</b>	A plan for a particular injured worker outlining the treatment, rehabilitation, retraining and other requirements for ensuring a timely, safe and enduring return to work.
<b>Likelihood</b>	Used as a qualitative description of probability or frequency.
<b>Lost Time Frequency Injury Rate</b>	<p>The number of lost time injuries/diseases per million hours worked.</p> $\text{LTFIR} = \frac{\text{No. lost time injuries/diseases}}{\text{No. of hours worked by wage \& salary earners}} \times 1,000,000$ <p>Lost time injuries are those where the injured worker is unable to complete the following day's shift.</p>
<b>Notifiable Occurrence</b>	WorkCover NSW must be notified about certain workplace occurrences. These are listed in clause 341 of the <i>OHS Regulation</i> and include occurrences such as injuries and illnesses that result in unfitness for work for a continuous period of at least 7 days; damage to any plant, equipment, building or structure that impedes safe operation; or an uncontrolled explosion or fire.
<b>OHS</b>	Occupational Health and Safety. This term is used in <i>Taking Safety Seriously</i> to cover the prevention of injury and illness, injury management and workers compensation strategies.
<b>OHS Committee</b>	A committee comprising representatives of employees and management that assists in the identification and resolution of safety issues.
<b>OHS Plan</b> (Previously referred to as OHS Improvement Plan in the 1999 Taking Safety Seriously)	A document linked to the Corporate Plan specifying the corrective action to be taken to improve OHS performance on a continuing basis.
<b>OHS Improvement Standard</b>	A document developed by the Review and Reform Division of the Premier's Department as an OHS tool for government to use in measuring OHS performance.
<b>OHS Management System</b>	Guiding principles, arranged as steps in a continuing cycle, to ensure a planned, coordinated and integrated approach to managing OHS. The continuing cycle comprises commitment, planning, implementation, measurement and review (the results of which inform the following planning process).

<b>OHS Representative</b>	A person elected by and from the employees as their representative on health and safety issues.
<b>Performance Indicator</b>	An objective measure of how well targets are being met. It will usually be expressed as a ratio or an index.
<b>Plant</b>	A generic term for machinery, equipment and appliances.
<b>Reasonable Excuse</b>	A 'reasonable excuse' (for an insurer not commencing benefit payments within 7 days) could be something such as: insufficient medical information being available to the insurer; notification not being made; the insurer being unable to contact the injured worker; the worker refusing the insurer access to essential information; the injury not being work-related; the injury being minor; or the notice of injury being made more than two months after the injury.
<b>Return to Work Coordinator</b>	The return to work coordinator (previously known as the rehabilitation coordinator) is the staff member responsible for coordinating the return to work plans of injured employees. This person plays a central role in communicating with the treating doctor, the worker, the worker's supervisor and the insurance company to develop and implement an effective return to work plan. Return to work coordinators must be trained in these duties to the standard set by WorkCover NSW.
<b>Return to Work Plan</b>	This is a plan written for a particular injured worker covering such matters as suitable duties and the hours and days to be worked initially. It can be written by the employer, the return to work coordinator or an accredited rehabilitation provider.
<b>Return to Work Program</b> (RTWC)	This is a program (previously called a rehabilitation program) established by the employer, with policies and procedures for ensuring the rehabilitation (and if necessary the vocational retraining) of any injured worker. It must be consistent with the injury management program of the employer's insurer and must comply with WorkCover NSW guidelines.
<b>Risk Assessment</b>	The process of determining the severity of a hazard and the likelihood of it occasioning harm.

<b>Risk Management</b>	The process of identifying hazards, assessing risks and eliminating or controlling risks in the workplace.
<b>Significant Injury</b>	A workplace injury that is likely to result in the worker being unable to work for a continuous period of more than 7 days, regardless of whether the incapacity is total or partial.
<b>SMART (Specific, Measurable, Attainable, Realistic, Timebound)</b>	An acronym used when planning targets. SMART targets and objectives should be linked to the corporate business plan.
<b>Workgroups</b>	Means the group of employees that is represented by a particular OHS committee or OHS representative.
<b>Workplace</b>	Anywhere that people work, including land or buildings; vehicles, vessels or aircraft; installations on land or water; tents, or other movable structures.
<b>Work Related Injury</b>	<p>An injury arising out of, or in the course of, employment, including diseases contracted in the course of employment or to which the employment was a contributing factor.</p> <p>It also includes the aggravation, acceleration or exacerbation of any disease or injury, where the employment was a contributing factor.</p> <p>It does not include a dust disease (except in the case of a worker employed in or about a mine to whom the <i>Coal Mines Regulation Act 1982</i> applies).</p>



## **OHS Policy Advisory Committee Members**

Cathy Nolan (Chair)	Premier's Department, Review and Reform Division
Jennifer Thomas	Department of Health
Grahame Wilson	Department of Education and Training
Gary White	Department of Education and Training
Tony Robinson	WorkCover NSW
Wayne Dawes	NSW Police
Kristina Barrett	Royal Botanic Gardens and Domain Trust
Frank Constable	Premier's Department, Public Sector Management Office
Terry Hannan	Public Service Association of NSW (Labor Council Representative)

## **Working Party Members**

John Robb (Convenor)	WorkCover NSW
Steve Strong	NSW HomeCare Service
Kerry Lowe	Department of Community Services
Christine Sellars	WorkCover NSW
Natalie Mitchell	Environment Protection Authority

