

Health, safety and wellbeing consultation standard

Human Resources Standard (QH-IMP-401-2)

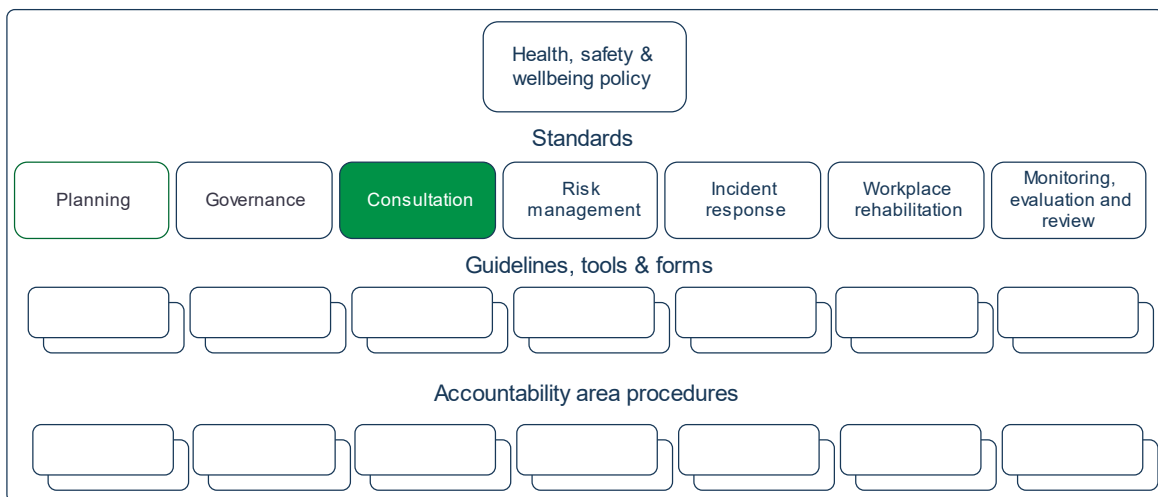
1 Statement

Queensland Health is committed to ensuring and improving the work health, safety and wellbeing (HSW) of its **workers**.

This standard establishes the requirements for work health and safety (WHS) consultation, cooperation and coordination. This standard requires accountability areas to comply with legal obligations for consultation, in accordance with the *Work Health and Safety Act 2011*, *Work Health and Safety Regulation 2011* and applicable *Codes of Practice*.

Under section 26A of the *Work Health and Safety Act 2011*, duty holders must comply with an approved code of practice or follow a technical or industry standard if it provides an equivalent or higher standard of work health and safety than the standard required in the code. For the purposes of this standard, the relevant *Code of Practice* is the work health and safety consultation, cooperation and coordination *Code of Practice 2021*.

This standard is one of seven standards detailing the requirements of the health, safety and wellbeing management system, as authorised by the *Health, safety and wellbeing policy*.



1.1 Summary of requirements of this Standard

- A process for consultation with workers on matters that affect their health and safety and wellbeing.
- A process for communicating and consulting with worker representatives on relevant WHS matters, issues and disputes, including health and safety representatives (HSRs) and suitable entities (relevant unions), in accordance with safety legislation.
- A process for consultation with shared duty holders who have a WHS duty in relation to the same matter.
- A process for the establishment of work groups and election of HSRs, inclusive of annual notification to workers regarding the role and functions of HSRs, the process for electing HSRs and annual invitation to request facilitation of an election for HSRs.
- A process for HSRs to receive information concerning the health and safety of workers in the work group, including notification and permission to accompany a WHS entry permit holder or an inspector where the reason for entry relates to the HSR's work group and notification, and copies of, of relevant written notifiable incident notices and enforcement notices relating to the HSR's work group.
- A process enabling accountability area HSRs to choose their HSR training provider and complete the HSR training within prescribed timeframes.
- A process for health and safety worker committees to be established within prescribed timeframes, with constitution in accordance with legislative requirements.
- A local, internal WHS issue dispute resolution process through local management and WHS governance pathways, with escalation to the Department of Health, via WHS performance exception reporting, where WHS issues and disputes are unable to be resolved locally and/or have been externally escalated to the QIRC.
- A local Safety Alert Broadcast System (SABS) that interacts with the statewide SABS, through notification to the Department of Health to review and broadcast statewide, in instances where system-level safety alerts or notices are required.

2 Application

This standard applies to all **accountability areas** within Queensland Health, meaning the Department of Health (the department) and hospital and health services (HHSs) and all workers in each accountability area.

3 Acknowledgement

A decision maker has an obligation under the *Human Rights Act 2019* to act and make decisions in a way that is compatible with human rights. When making a decision under this standard, the delegate is to give proper consideration to human rights.

Queensland Health is committed to supporting a reframed relationship with Aboriginal peoples and Torres Strait Islander peoples in accordance with chapter 1 part 3 of the *Public Sector Act 2022*.

Aboriginal and Torres Strait Islander workers have the right to a culturally safe workplace, free of racism and inequity, ensuring they are valued, respected and empowered in the delivery of world-class health services, each working to the top of their scope of practice.

The purpose of these principles will be achieved by ensuring active steps are taken to -

- recognise the importance to Aboriginal peoples and Torres Strait Islander peoples of the right to self-determination and promote the perspectives of Aboriginal and Torres Strait islander peoples; and
- foster a culturally capable workforce and a culturally safe workplace by developing cultural capability at all levels, to every day embed cultural practices across the health system in Queensland.

All delegates and employees have a responsibility to apply these principles when implementing the **Health, safety and wellbeing management system framework**.

4 Roles and responsibilities

Accountability areas have duties in relation to consultation, cooperation and coordination with workers, **health and safety representatives, suitable entities** and **shared duty holders, so far as is reasonably practicable**, in accordance with **safety legislation**.

The **executive leader** of the accountability area is responsible for ensuring the implementation of this standard within their accountability area. This includes ensuring mechanisms are established, communicated, implemented and maintained within the accountability area for workers, health and safety representatives, union representatives and shared duty holders to participate, be represented, communicated with and consulted with regarding WHS matters that directly affect the workers and **others**. The mechanisms must be consistent with the requirements of safety legislation and support consultative processes outlined in *Health, safety and wellbeing governance standard*.

5 Consultation, cooperation and coordination

Each accountability area must establish, implement, maintain and actively promote mechanisms and processes that:

- enable consultation with workers and their representatives and with shared duty holders, regarding matters that are likely to affect their HSW, including:
 - identifying **hazards** and assessing **risks** to health and safety arising from the work carried out and making decisions about ways to eliminate or minimise those risks
 - resolving WHS issues and disputes
 - making decisions about the adequacy of facilities for the welfare of workers
 - proposing changes that may affect the health or safety of workers
 - making decisions about procedures for -
 - consulting with workers
 - resolving health or safety issues at the workplace (refer to section 9 and *Attachment 1: WHS issue management and dispute resolution process*)
 - monitoring the health of workers
 - monitoring the conditions at accountability area workplaces

- providing information and training for workers
- enable consultation on WHS matters with health and safety representatives (HSRs) representing the relevant work group/s in the accountability area
- enable consultation with a representative of the worker/s on WHS matters if this is requested by one or more of the workers. A **worker representative** includes a **suitable entity** – i.e. relevant union of which the worker is a member (or is eligible to be a member).
 - The accountability area must ensure the consultation is only carried out at the time and place agreed to by the parties.
 - Worker representatives shall also be provided relevant risk management documents as part of consultation, where requested by an affected worker.
- enable the provision of clear information regarding the **safety management system** and associated requirements
- enable access to information that HSRs are entitled to request
- support and encourage HSRs, health and safety committees (HSCs) and workers to participate in managing risks and addressing opportunities
- enable an internal WHS issue management and dispute resolution process through local management and WHS governance pathways, with escalation to the Department of Health, via WHS performance exception reporting, where WHS issues and disputes are unable to be resolved locally and/or have been externally escalated to the Queensland Industrial Relations Commission (QIRC). The process is to be in alignment with section 9 of this standard and with the requirements of the *Health, safety and wellbeing governance standard*.
- inform workers and shared duty holders about the safety management system including via induction and training programs and providing access to the safety management system
- enable the exchange of WHS related information between accountability areas, workers and shared duty holders, the Department of Health **Executive Leadership Team** (ELT) (amongst others)
- if the accountability area is licensed as a major hazard facility, ensure consultation with relevant emergency service organisations when reviewing and revising a licensed major hazard facility's emergency plan, in accordance with *WHS Regulation*
- provide for distribution of information on safety-related hazards and incidents via the Safety Alert Broadcast System to ensure consistent communication across Queensland Health, with approved broadcasts published on Queensland Health's intranet, with reference to *Attachment 2: Safety Alert Broadcast System*
- monitor and review consultation processes and procedures in consultation with workers and HSRs to ensure consultation meets legislative requirements and to identify and remove any obstacles or barriers to participation
- comply with privacy and safety legislation.

6 Health and safety representatives

Each accountability area must have a process to facilitate the election of an HSR if requested by a worker or group of workers, in accordance with safety legislation.

- The accountability area must also notify workers in writing about:
 - the workers' right to request the establishment of work groups and election of HSRs
 - the role, powers and functions of HSRs and the process for electing HSRs
 - who may represent workers during negotiations about work groupsand invite workers (who are not already represented by an elected HSR) to request the facilitation of an election for one or more HSRs within one year after each notification and invitation were last given (or as soon as reasonably practicable after expiry of the term of a HSR for a work group).
- The determination of work group/s and election of HSR/s for those work group/s shall occur within legislatively prescribed timeframes and shall:
 - allow for the establishment of work groups with negotiations for a work group to be completed within 14 days (or any mutually agreed extended completion date), and to include relevant unions as a party principal to negotiations in addition to the workers proposed to form the work group, if the relevant union notifies in writing that they wish to be a party to the negotiation and agreement
 - support negotiations and determination of work groups to ensure that the workers are grouped in a way that most effectively and conveniently enables the WHS interests of the workers, with regard to the need for a HSR for the work group to be readily accessible to each worker in the work group, to carry out the same or similar type of work to each other worker in the work group and to work the same or a similar pattern of work to other workers in the work group
 - allow for the election of Health and Safety Representatives (HSRs), where requested, in accordance with the provisions of safety legislation.

In addition, each accountability area must ensure compliance with safety legislation relating to engagement, consultation and assistance of HSRs to perform their roles. This includes:

- ensuring HSRs complete the HSR training within prescribed timeframes and are able to choose their HSR training provider from HSR training courses approved by the WHS Regulator
 - initial five-day HSR training course to be completed within 28 days after the day the HSR is elected, (or if a course is not reasonably available to the HSR – as soon as practicable thereafter and as per requirements of existing industrial instruments)
 - refresher HSR training to be completed every 12 months
- ensuring HSRs receive payment of their usual remuneration whilst attending the HSR training course, including any overtime, penalties or allowances that the HSR would otherwise be entitled to receive if they performed their normal duties
 - HSRs who are part-time employees and work extra hours to attend training must be paid their regular wage for those additional hours
- consulting on WHS matters with HSRs representing the relevant work group/s in the accountability area

- allowing HSRs access to relevant information concerning:
 - the health and safety of workers in their work group
 - hazards (including associated risks) affecting workers in their work group
- proactively notifying HSRs about relevant WHS matters impacting their work group, including:
 - giving the HSR a copy of the written notice of a notifiable incident that relates to the HSR's work group, as reported to the *WHS Regulator*, or giving the HSR a copy of information on a notifiable incident received from the *WHS Regulator* as soon as practicable after it is received
 - giving the HSR a copy of relevant enforcement notices issued by the *WHS Regulator* relating to the HSR's work group
- giving the HSR a copy receipt of notices of entry by WHS entry permit holders relating to their work group; also when a WHS entry permit holder or an inspector enters a workplace relevant to their work group, to notify the HSR and allow the HSR to accompany the WHS entry permit holder or inspector providing resources, facilities and assistance to enable HSRs to carry out their functions, including:
 - a means (such as access to phone and internet) for the HSR to communicate with workers in the work group, including, if the HSR and the workers work at different workplaces, a means of transport to the workers' workplace
 - a means for the HSR to communicate with the PCBU/accountability area
 - a means for the HSR to hold face-to-face or online meetings with 1 or more workers in the work group
 - a means for the HSR to send and receive information about health and safety in accordance with safety legislation
 - a means for the HSR to monitor measures taken by the PCBU/accountability area in relation to the health or safety of workers in the work group
- a means for the HSR to print or display relevant health and safety information or notices allowing HSRs to exercise their entitlements during their ordinary working hours, including paying a HSR who is exercising their powers or functions, the amount (including any overtime, penalties or allowances) they would get if they were performing their normal duties during the same period
- ensuring the accountability area responds to HSR-issued Provisional Improvement Notices (PINs), regarding suspected contraventions of safety legislation, within the prescribed timeframe
- ensuring the accountability area responds to any written cease-work notice issued by a HSR to workers in their work group, where the HSR holds a reasonable concern that a worker will be exposed to serious risk to their health or safety emanating from an immediate or imminent exposure to a hazard.
 - When directing workers to cease unsafe work, HSRs are required to:
 - firstly consult with the PCBU/accountability area to attempt to resolve the health and safety issue in accordance with the WHS issue resolution process, unless it's unreasonable to conduct consultation because of the serious and immediate nature of the risk

- prepare compliant written cease work notices
- post the notices in a prominent place for all workers to see
- provide a copy of the cease work notice to the PCBU.
- A cease work direction given by a HSR remains effective until—
 - the direction given is withdrawn in writing by the HSR; or
 - the issue is resolved with the assistance of an Inspector appointed by the *WHS Regulator* at the request of either the HSR or the PCBU/accountability area; or
 - an inspector issues a prohibition notice in relation to the matter; or
 - the Queensland Industrial Relations Commission decides or deals with the dispute.
- keeping a current list of HSRs and displaying a copy at the workplace
- providing copies of the HSR list to the *WHS Regulator* through the prescribed mechanism.

The accountability area must also ensure that there is a process, irrespective of the presence of HSRs, to ensure the legal requirements of the *Work Health and Safety Act 2011* and the *Work Health Safety Consultation Cooperation and Coordination Code of Practice 2021* are applied, to enable consultation with workers on matters that are likely to affect their health and safety.

7 Health and safety committees

Consultation may be undertaken through various means, including via HSRs and health and safety committees (HSCs), to assist with consultation, cooperation and coordination regarding WHS between the executive leaders and workers within the accountability area.

Queensland Health supports requests for the establishment of worker WHS consultation committees (worker HSCs) made in accordance with safety legislation. Each accountability area has an established worker HSC, with optional sub-committees at a facility level or focus group level reporting into the accountability area-wide worker HSC, if deemed necessary by the accountability area.

Each accountability area is required to have a process to establish a worker HSC, in accordance with the provisions of safety legislation, if requested by an HSR or five or more workers. This process shall:

- ensure worker HSCs are established as soon as practicable, but not later than 28 days after a request, or any mutually agreed extended completion date
- ensure that at least half of the members of the HSC are workers that have not been nominated to represent management however there should be management representatives on this committee who have the appropriate skills and delegation to make decisions on WHS matters
 - the accountability area's WHS function/team should also be represented on this committee
- ensure workers are represented from across the accountability area's service delivery areas, to ensure worker diversity groups are represented and to ensure solutions developed are appropriate to all types of environments

- HSCs may also refer to subject matter experts as guests for discussion on specific issues
- ensure that elected HSRs are able to choose to be members of the worker HSC
- ensure the important details of a worker HSC (including its membership, functions and how it operates) are agreed through development of a constitution, and documented in a terms of reference for the committee, that ensures:
 - HSCs meet at least once every three months and at any reasonable time at the request of at least half of the committee members
 - relevant documents are distributed in line with the terms of reference
 - workplace bullying is a standing agenda item for HSCs, in accordance with industrial instrument provisions
- ensure effective communication and consultation at worker HSCs on:
 - relevant WHS information
 - planned and structured discussions about WHS matters
 - workplace changes that affect or are likely to affect WHS of workers and others
 - other issues affecting or likely to affect the WHS of workers and others
 - setting WHS strategies, and if appropriate, local WHS procedures and other local documentation relevant to the accountability area
 - WHS issue and dispute resolution
 - advising the accountability area's peak WHS committee on WHS risk management, issues management and dispute resolution, WHS performance and WHS improvement opportunities, through quarterly reporting
- ensure any recommended actions or WHS matters requiring decision making beyond the delegation of the worker HSC, are escalated to the accountability area's peak WHS committee (the Health and Safety Management Committee (HSMC), or other agreed committee structure comprised of management representatives), for review and decision-making within the HSMC's determined delegation, and/or escalation to the local executive leadership team (ELT)
- ensure any WHS issues and disputes tabled with a worker HSC are escalated through local WHS governance pathways, in the event the WHS issue cannot be resolved and/or where the HSC does not have authority to resolve the issue.

8 Shared duty holders

Consultation, cooperation and coordination between shared duty holders is required by the *Work Health and Safety Act 2011* and the *Work Health and Safety Consultation, Cooperation and Coordination Code of Practice 2021*, as detailed in the *Health, safety and wellbeing planning standard*.

Each accountability area must develop, implement and maintain local processes for managing scenarios where more than one person has the same duty concurrently and where more than one party has an interest in health, safety and wellbeing. Examples include owners, occupiers, secondary occupiers and concurrent duty holders. Specific examples of shared duty holders working in Queensland Health workplaces are outlined at section 4.2.6 of the *Health, safety and wellbeing consultation guideline*.

Accountability areas are to establish a process to identify their shared duty holders, as well as consult and communicate with other duty holders to enable WHS duties to be fulfilled.

8.1 Consultation, cooperation and coordination of work health and safety activities

The requirements of the *Work health and safety consultation, cooperation and coordination Code of Practice 2021* are to be implemented in each accountability area, as the *Code of Practice* sets out the mandatory minimum standards for legal compliance.

The objective of consultation with shared duty holders is to make sure everyone associated with the work has a shared understanding of what the WHS risks are, which workers are affected and how the risks will be controlled. The exchange of information will allow the duty holders to work together to plan and manage health and safety and ensure, so far as is reasonably practicable, the elimination or minimisation of WHS risks arising from the work being carried out.

Consultation will determine which work health and safety duties are shared and what each duty holder needs to do to coordinate activities with each other, to ensure they each comply with their health and safety duty.

The consultation should include:

- what each will be doing, how, when and where and what plant or substances may be used
- who has control or influence over aspects of the work or the environment in which the work is being undertaken
- ways in which the activities of each duty holder may affect the work environment
- identifying the workers that are or will be involved in the activity and who else may be affected by the activity
- what procedures or arrangements may be in place for the consultation and representation of workers, and for issue resolution
- what information may be needed by another duty holder for work health and safety purposes
- what each knows about the hazards and risks associated with their activity
- whether the activities of others may introduce or increase hazards or risks
- what each will be providing for health and safety, particularly for controlling risks
- what further consultation or communication may be required to monitor work health and safety or to identify any changes in the work or environment.

Accountability areas must ensure WHS requirements are met even if others may also have a duty for the same matter. Accountability areas may ensure the outcomes by not necessarily taking the required action themselves but by making sure that another PCBU has a system in place to do so.

9 WHS issue management and dispute resolution

Each accountability area must establish, implement, maintain and actively promote a WHS issue resolution process, in consultation with workers.

All parties to a WHS issue or dispute must make reasonable efforts to achieve resolution of the issue in accordance with the agreed process. Where a WHS hazard or issue is resolved through initial discussions and actions and the parties are satisfied the agreement reflects resolution, the issue resolution process does not commence.

9.1 Internal WHS issue dispute resolution process

Where a worker identifies a WHS hazard or issue, the expected first step to resolving the matter is to report the issue to their line manager to review and action, to achieve a timely resolution as close as possible to both the source of the risk and the point of delegation for decision-making. The local response should also involve reporting the hazard or issue in Riskman, to ensure that actions taken to resolve the hazard or issue have been documented and communicated back to the reporting worker.

Where a WHS issue is not resolved through communication, consultation and cooperation between the worker/s and their line manager, management is to facilitate ongoing issue resolution, through further actions. This next step may involve obtaining advice and expertise of local advisory functions, including the HSW team, or other relevant subject matter experts.

Where a WHS issue still remains unresolved, management is to then escalate the issue via the relevant WHS governance pathway established in the accountability area, in accordance with local processes and procedures, to a committee with delegation to resolve the issue.

Where WHS issues and disputes are unable to be resolved locally and/or have been externally escalated to the Queensland Industrial Relations Commission (QIRC), the accountability area is to escalate the matter to the Department of Health, via WHS performance exception reporting, for review and response, in accordance with the requirements of the *Health, safety and wellbeing governance standard*. The accountability area ultimately coordinates the appropriate action determined and communicates outcomes to workers, worker representatives and management.

The above internal WHS issue dispute resolution process is outlined at *Attachment 1: WHS issue management and dispute resolution process*. The process ensures:

- consultation, cooperation and coordination of WHS issue dispute resolution between key stakeholders who are party to the issue
- relevant information about resolving WHS issues and disputes is shared with workers and HSRs, and also relevant unions that worker/s and HSRs affected by the issue are eligible to be members of, in those instances where the union has requested, in writing, to be party principal to the matter/s undergoing WHS issue and dispute resolution. Local Health Consultative Forums are a mechanism through which accountability areas may engage with unions to discuss and resolve local WHS issues and disputes.
- internal WHS dispute resolution processes in no way restrict access to existing legislative and industrial provisions for dispute resolution, noting a broad range of WHS matters that are unable to be resolved to the satisfaction of the parties involved in the issue or dispute are able to be referred to the QIRC as a primary option, excepting disputes

regarding work group negotiations and variations or disputes regarding the formation and constitution of a HSC, (which are to be referred to the WHS Regulator for resolution by an inspector in the first instance).

9.2 External WHS issue dispute resolution process

In matters where a formal issue resolution process is commenced under safety legislation, details of the issue resolution must be set out in writing and communicated to workers and HSRs whose work group/s have been affected by the issue.

If the WHS issue is not resolved, any party to an issue may request the assistance of any other person, who can enter the workplace for the purpose of assisting in resolving the issue.

Where a WHS issue still remains unresolved, either party may ask the WHS Regulator to appoint an inspector to attend the workplace to assist.

If matters subject to the issue dispute resolution process remain unresolved, the matter can be referred to the Queensland Industrial Relations Commission (QIRC) for resolution.

In dealing with the dispute, the QIRC may:

- consider the matter by means of mediation, conciliation or arbitration and make any order it considers appropriate for the prompt settlement of the dispute
- review a decision made by an Inspector to use their compliance powers to assist in resolving the dispute, and confirm, vary or set aside the Inspector's decision.

10 Record retention

Records generated through the application of this standard and associated documentation are to be retained in accordance with the *General Retention and Disposal Schedule*, Queensland Government and Queensland Health information management policies.

11 Legislation

- Anti-Discrimination Act 1991
- Building Fire Safety Regulation 2008
- Electrical Safety Act 2002
- Electrical Safety Regulation 2013
- Fire and Emergency Services Act 1990
- Hospital and Health Boards Act 2011
- Human Rights Act 2019
- Industrial Relations Act 2016
- Public Sector Act 2022
- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2011
- WHS Codes of practice, specifically Work health and safety consultation, cooperation and coordination Code of Practice 2021
- Workers' Compensation and Rehabilitation Act 2003

- Workers' Compensation and Rehabilitation Regulation 2014

12 Supporting documents

- AS/NZS ISO45001:2018 Occupational health and safety management systems – Requirements with guidance for use
- AS/NZS ISO45003: 2021 Occupational health and safety management – Psychological health and safety at work – Guidelines for managing psychosocial risks
- Department of Health Corporate Records Management Policy (QH-POL-467)
- Department of Health Governance Framework
- eHealth Queensland Information security Policy (QH-POL-468)
- General Retention and Disposal Schedule (Administrative Records)
- HR Policy W1 - Health, safety and wellbeing policy (QH-POL-401)
- Health, safety and wellbeing planning standard (QH-IMP-401-1)
- Health, safety and wellbeing risk management standard (QH-IMP-401-3)
- Health, safety and wellbeing monitoring, evaluation and performance review standard (QH-IMP-401-4)
- Health, safety and wellbeing governance standard (QH-IMP-401-6)
- Health, safety and wellbeing incident response standard (QH-IMP-401-7)
- Health, safety and wellbeing management system framework
- Health, safety and wellbeing consultation guideline (QH-GDL-401-2)
- Health, safety and wellbeing planning guideline (QH-GDL-401-1)
- Health, safety and wellbeing risk management guideline (QH-GDL-401-3)
- Health, safety and wellbeing governance guideline (QH-GDL-401-6)
- Queensland Government Information security policy
- Queensland Government Records governance policy
- Queensland Health WHS risk profile
- Workplace Health and Safety Queensland Health and Safety Representatives Fact Sheet
- Workplace Health and Safety Queensland Issue resolution fact sheet
- Workplace rehabilitation standard (QH-IMP-401-5)

Definitions

Term	Definition
Accountability area	Department of Health and each hospital and health service (HHS) are accountability areas within Queensland Health.
Contractor	A contractor is person who is not an employee and performs work in connection with a contract or arrangement between the contractor and a Queensland Health accountability area. The contractor may be a person or a business.

Term	Definition
Department of Health	Department of Health divisions (the department) is the health system manager. The Department of Health's systematic role involves oversight and monitoring and does not descend to operational matters.
Duty holder	<p>Refers to any person who holds a health and safety duty under the <i>Work Health and Safety Act 2011</i>. PCBU's, officers and workers are all duty holders for work health and safety.</p> <p>A person can also have more than one duty by virtue of being in more than one class of duty holder.</p> <p>More than one person can concurrently have the same duty and where more than one person has a duty for the same matter, each duty holder must comply with that duty to the standard required by the <i>Work Health and Safety Act 2011</i>, even if another duty holder has the same duty.</p>
Executive Leader	Is the most senior person of each accountability area and can include persons reporting to that position.
Executive Leadership Team (ELT)	<p>The Executive Leadership Team (ELT) supports the Executive leader of the accountability area to provide leadership and oversight of the functions of the business to ensure its effective operation.</p> <p>In the Department of Health, the Department of Health ELT supports the Director-General to provide leadership, direction and guidance to the Department of Health and oversee its strategic function, capabilities and effective operation.</p>
Hazard	Source with a potential to cause injury and ill health (see <i>International Standard for Occupational health and safety management systems: AS/NZS ISO 45001:2018</i>)
Health and safety committee (HSC)	A consultative body established under the <i>Work Health and Safety Act 2011</i> . The committee's functions include facilitating cooperation between workers and the person conducting a business or undertaking, to ensure workers' health and safety at work, and assisting to develop work health and safety standards, rules and procedures for the workplace.
Health and safety representative (HSR)	A health and safety representative appointed under the <i>Work Health and Safety Act 2011</i> , is a worker who has been elected by a work group, of which the worker is a member, to represent them on health and safety issues
Health, safety and wellbeing management system framework	<p>Also known as the SMS framework. This centralised framework consists of Queensland Health's <i>HR Policy W1 - Health, safety and wellbeing policy</i> (QH-POL-401), implementation standards and guidance materials.</p> <p>Each accountability area is required to prepare procedures and other documentation to operationalise the SMS Framework and to enable the effective local implementation of the Queensland Health safety management system (SMS).</p>

Term	Definition
Health Service Chief Executive (HSCE)	Hospital and Health Service Chief Executive, appointed by a Hospital and health service's board to manage the Service under section 33 of the <i>Hospital and Health Boards Act 2011</i>
Health and Safety Management Committee (HSMC)	<p>An accountability area Health and Safety Committee (which usually also acts as the local peak WHS committee), comprised of management representatives and WHS function leads, who receive inputs from local WHS committee/s and WHS functional areas in order to review local WHS performance, determine actions, clear reports and escalate WHS matters to the local executive leadership team (ELT).</p> <p>The purpose of the Health and Safety Management Committee is to support the accountability area's ELT to oversee WHS within the accountability area, through review and decision-making on WHS matters within the HSMC's determined delegation.</p>
Hospital and health service (HHS)	A statutory body established under the <i>Hospital and Health Boards Act 2011</i> responsible for the provision of public sector health services for a geographical area, which includes one or more health facilities. .
Others	<p>Other persons as referenced in the <i>Work Health and Safety Act, 2011</i>.</p> <ul style="list-style-type: none"> • Others are people who are not workers but whose health and safety may be impacted by one or more accountability areas. <p>Patients and visitors are examples of others.</p>
Person conducting a business or undertaking (PCBU)	<p>Means a person conducting a business or undertaking. A PCBU can be a sole trader, a partnership, company, unincorporated association or government department of public authority. The PCBU holds a primary duty of care under the <i>Work Health and Safety Act 2011</i>.</p> <p>The Department of Health and each of the HHSs are considered to be PCBUs. A HHS is a statutory body and its legal status is that of a body corporate (refer section 18 of the <i>Hospital and Health Boards Act 2011</i>). HHSs engage in a business or undertaking, being the principal providers of public health services, and are direct employers of certain workers.</p>
Queensland Health	<p>Means the Department of Health (the department) and all hospital and health services responsible for the provision of public sector health services.</p> <p>Queensland Health operates as a federated, networked system, with the Department of Health and each HHS being legally recognised as a PCBU in accordance with the <i>Work Health and Safety Act 2011</i>, under shared duties arrangements.</p>
Risk	Also referred to as WHS risk. The possibility that harm (death, injury or illness) might occur when exposed to a physical or psychosocial hazard.

Term	Definition
Safety legislation	The <i>Work Health and Safety Act 2011</i> , the <i>Electrical Safety Act 2002</i> , the <i>Building Fire Safety Regulation 2008</i> , the <i>Workers' Compensation and Rehabilitation Act 2003</i> , the <i>Hospital and Health Boards Act 2011</i> and any associated regulations or WHS codes of practice, as amended from time to time.
Safety management system (SMS)	<p>Queensland Health's Health, safety and wellbeing management system (SMS), comprising a centralised framework of policy, standards, guidelines and other supporting documents that set out the requirements to systematically manage work health, safety and wellbeing in Queensland Health. The SMS applies to workers and others whose health and safety may be impacted when at Queensland Health workplaces, including patients, visitors, contractors, volunteers and work-integrated-learning placement students.</p> <p>Each accountability area is required to prepare procedures and other documentation to operationalise the SMS Framework and to enable the effective local implementation of the Queensland Health SMS. The SMS aligns to <i>AS/NZS ISO 45001: 2018 Occupational health and safety management systems</i> and <i>AS/NZS ISO 45003: 2021 Occupational health and safety management – Psychological health and safety at work – Guidelines for managing psychosocial risks</i>.</p>
Shared duty holders	Persons who have a duty under the <i>Work Health and Safety Act 2011</i> in relation to the same matter as another person, as referenced at section 16 and section 46 of the Act. Each person with the duty must, so far as is reasonably practicable, consult, cooperate and coordinate activities with all other persons who have a duty in relation to the same matter. Examples include owners, occupiers, secondary occupiers and concurrent duty holders. Examples of concurrent duty holders in Queensland Health include the Department of Health and a HHS, for example, where the Department of Health has workers located at the HHS.
So far as is reasonably practicable	<p>'Reasonably practicable', in relation to a duty to ensure health and safety, means that which is, or was at a particular time, reasonably able to be done to ensure health and safety, taking into account and weighing up all relevant matters including:</p> <ol style="list-style-type: none"> a. the likelihood of the hazard or the risk concerned occurring; and b. the degree of harm that might result from the hazard or the risk; and c. what the person concerned knows, or ought reasonably to know, about the hazard or risk, and about the ways of eliminating or minimising the risk; and d. the availability and suitability of ways to eliminate or minimise the risk; and e. after assessing the extent of the risk and the available ways of eliminating or minimising the risk, the cost associated with available ways of eliminating or minimising the risk, including whether the cost is grossly disproportionate to the risk.

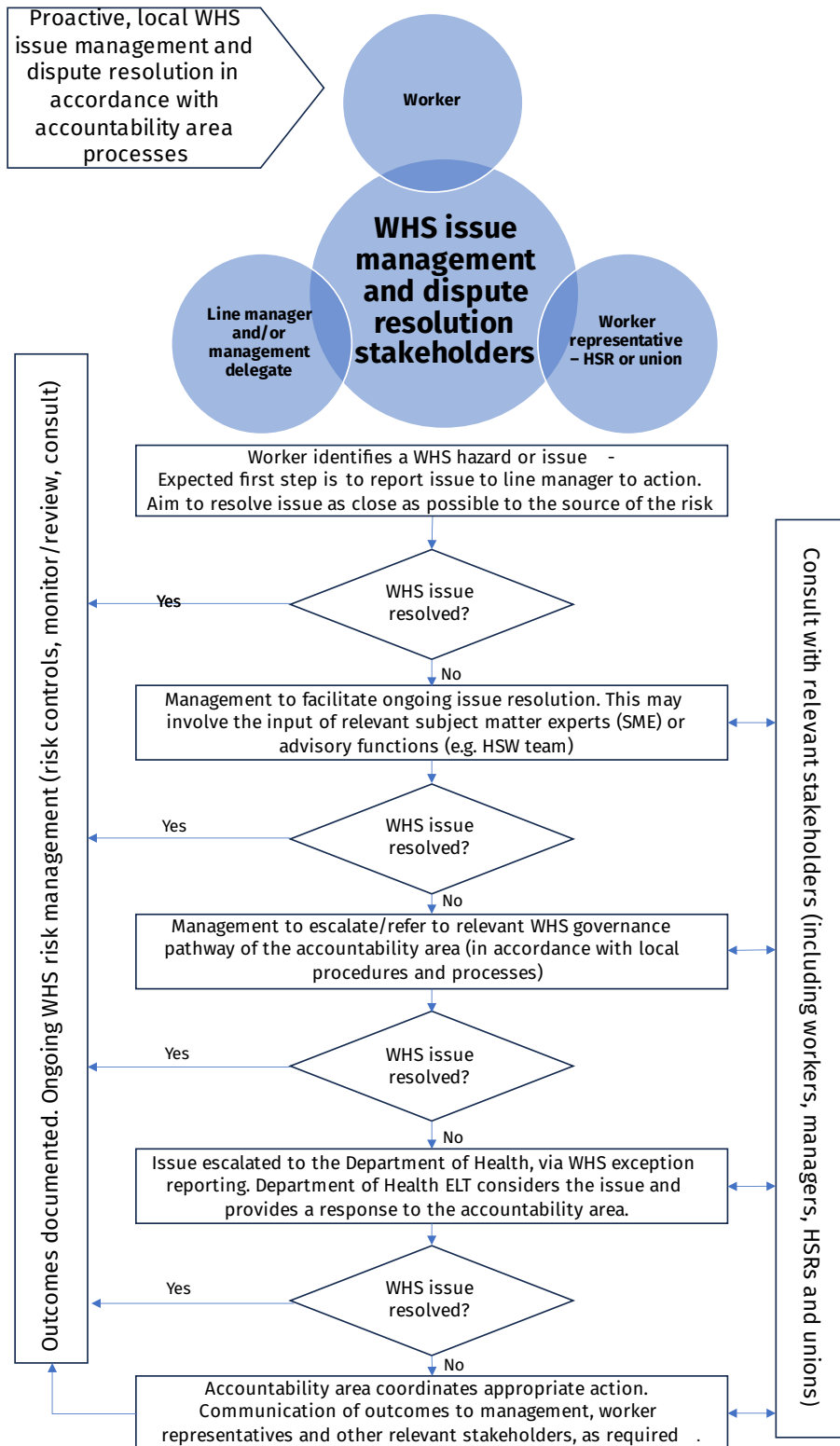
Term	Definition
Suitable entity	<p>A suitable entity, for representing or assisting a worker or the health and safety representative for a worker, means—</p> <ul style="list-style-type: none"> a. a relevant union for the worker (of which the worker is a member or is eligible to be a member); or b. another entity that— <ul style="list-style-type: none"> (i) is authorised by the worker or representative to represent or assist the worker or representative; but (ii) is not an excluded entity for representing or assisting the worker or representative (for example, an association of employees or independent contractors, or an individual representing or acting as an agent of an excluded body).
WHS manager	<p>The workplace health and safety manager or director or equivalent functional lead at the relevant accountability area, or their delegate.</p>
Work groups	<p>As per part 5 of the <i>Work Health and Safety Act 2011</i>. A group of workers established to facilitate the representation of workers by one or more health and safety representatives. A work group may be all workers at a workplace but it may also be appropriate to split a workplace into multiple work groups where workers share similar work conditions or are exposed to similar risks and hazards.</p>

Term	Definition
Worker	<p>Definition as per section 7 of the <i>Work Health and Safety Act 2011</i>, that is: A person is a worker if the person carries out work in any capacity for a person conducting a business or undertaking,</p> <p>including work as–</p> <ul style="list-style-type: none"> (a) an employee; or (b) a contractor or subcontractor; or (c) an employee of a contractor or subcontractor; or (d) an employee of a labour hire company who has been (e) assigned to work in the person’s business or undertaking; or (f) an outworker; or (g) an apprentice or trainee; or (h) a student gaining work experience; or (i) a volunteer; or (j) a person of a prescribed class <p>The person conducting the business or undertaking is also a worker if the person is an individual who carries out work in that business or undertaking.</p> <p>As per section 11(1) of the the <i>Workers’ Compensation and Rehabilitation Act 2003</i>, (as amended 2013): A person who works under a contract with Queensland Health, and in relation to the work, is an employee for the purpose of assessment for PAYG withholding under the <i>Taxation Administration Act 1953</i>; who has sustained a work-related personal injury or illness. (The above definition is utilised by WorkCover Queensland when determining liability/eligibility for workers’ compensation entitlements).</p>
Workplace	<p>Definition adapted from the <i>Work, health and safety consultation, cooperation and coordination Code of Practice 2021</i>, that is:</p> <p>Any place where work is carried out for a business or undertaking and includes any place where a worker goes, or is likely to be, while at work. In a Queensland Health context, this may include hospital and health facilities, offices, warehouses, construction sites, vehicles, aircraft or other mobile structures, staff accommodation.</p>
Worker representative	<p>Means the health and safety representative for a worker, or a suitable entity for representing or assisting a worker or the health and safety representative for a worker, and is authorised by the worker to do so – for example, a relevant union of which the worker is a member or is eligible to be a member.</p>

History

Date	Change
20 March 2025	Standard review prompted by legislative and other amendments: <ul style="list-style-type: none"> • amendment of Work Health and Safety Act 2011, as outlined in Work Health and Safety and Other Legislation Amendment Act 2024 • amendment of Work Health and Safety Regulation 2011, as outlined in Work Health and Safety and Other Legislation Amendment Regulation 2024 • amendment of Work Health and Safety Act 2011, as outlined in Electrical Safety and Other Legislation Amendment Act 2024 • amendment of Work Health and Safety Act 2011, as outlined in Brisbane Olympic and Paralympic Games Arrangements and Other Legislation Amendment Act 2024 • amendment of Work Health and Safety Regulation 2011, as outlined in Work Health and Safety (Psychosocial risks) Amendment Regulation 2022 • introduction of Managing the risk of psychosocial hazards at work Code of Practice 2022 • amendment of Work health and safety consultation cooperation and coordination Code of Practice 2021 • recognition of relevant Enterprise Bargaining EB11 WHS commitments • alignment to AS / NZS ISO 45001 criteria • alignment to AS / NZS ISO 45003 criteria • standard reformatted as part of the HR Policy review • amended to update references and naming conventions
1 December 2020	Updated scope as per employer changes
1 September 2018	Scheduled document review prompting various changes.
30 April 2014	SMS review project 2013-14




Attachment 1 – WHS Issue management and dispute resolution process



Attachment 2 – Safety Alert Broadcast System

The Safety Alert Broadcast System (SABS) is a systematic notification method for the distribution and management of safety information within Queensland Health. SABS are in place for both worker safety and patient safety notifications.

SABS for safety information or risks that require urgent addressing of issues and/or are of statewide interest, shall be communicated using one of the following tiered notification methods:

Type of alert	Purpose	Communication
Safety alert 	<ul style="list-style-type: none"> Identifies a matter needing immediate, mandatory attention and action. Safety alerts require the recipient to report back to the issuer. 	<ul style="list-style-type: none"> Safety alerts, notices and information may be issued: <ul style="list-style-type: none"> by the Department of Health, in its role as system leader, where statewide significance identified and distributed via existing work health and safety communication channels, including publishing on Queensland Health intranet by any Queensland Health accountability area and be distributed via relevant entity's local work health and safety communication channels Safety alerts and notices may be issued through the Safety Alert Broadcast System as part of the Department of Health's system leader response to a WHS performance exception report escalated from an accountability area, in accordance with the <i>Health, safety and wellbeing governance standard</i>.
Safety notice 	<ul style="list-style-type: none"> Communicates a potential WHS issue for which a local risk assessment is required to determine appropriate action. Safety notices require local documentation of the risk assessment, the actions assigned and resultant outcomes. 	
Safety information 	<ul style="list-style-type: none"> Provides lessons learnt from statewide, national and international sources. 	

Note: Where immediate safety communication is required prior to investigation of the issue and mandatory actions being determined, an interim alert may be issued to notify of the issue and any temporary action required, with further information on any actions required to follow. Interim alerts should be identifiable via the word 'interim' included in the document ID.