

# Health, safety and wellbeing risk management standard

## Human Resources Standard (QH-IMP-401-3)

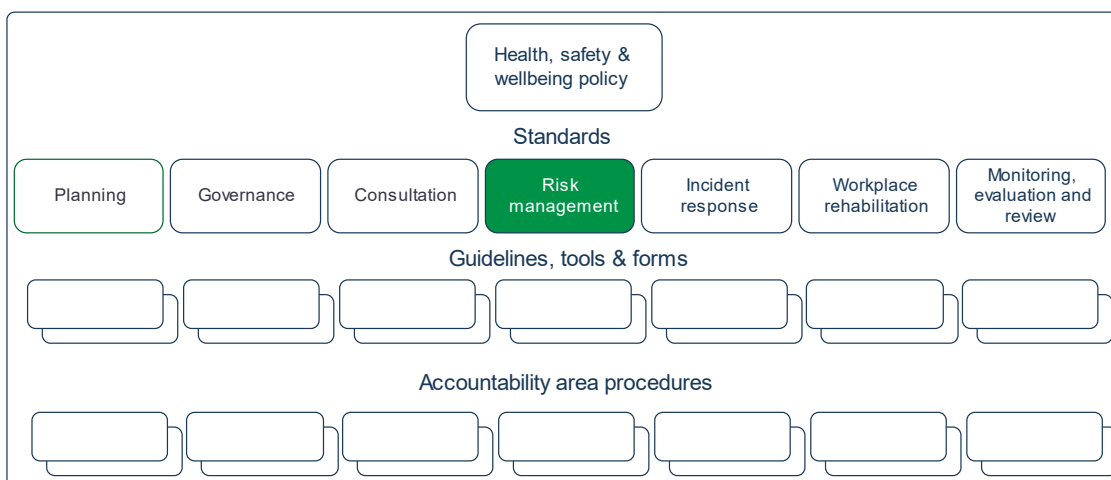
### 1 Statement

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

This standard establishes the requirements for managing health, safety and wellbeing (HSW) physical and psychosocial **hazards** and **risks**. This standard requires accountability areas to comply with legal obligations for risk management, 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 *Codes of Practice* are the *How to manage work health and safety risks Code of Practice 2021*, *Managing the risk of psychosocial hazards at work Code of Practice 2022*, *Hazardous manual tasks Code of Practice 2021* and *Manual tasks involving the handling of people Code of Practice 2001*.

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

- Accountability area HSW risk management framework that addresses:
  1. hazard and risk identification
  2. risk assessment of identified hazards
  3. control of risks using the hierarchy of controls
  4. monitoring and review of risk controls
- Accountability area operational risk register of identified HSW hazards and risks
- Accountability area processes for risk escalation, including through the existing HSW governance framework
- Accountability area work practices for dynamic risk assessments, where required
- Accountability area processes for consulting with workers, HSRs and shared duty holders on risk assessments directly affecting the other duty holders
- Accountability area processes for oversight of contractor risk management processes

## 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.

The consultation requirements set out in the *health, safety and wellbeing consultation standard* apply to the HSW risk management process.

## 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

Under the **safety legislation** the accountability areas have duties in relation to managing HSW hazards and risks, so far as is reasonably practicable.

The **Executive Leader** of the accountability area is responsible for ensuring the implementation of this standard within their accountability area. This includes ensuring processes are established, communicated, implemented and maintained within the accountability area to identify, consult, assess, control and review HSW hazards and risks, including in relation to **contractors**.

The Queensland Health Enterprise Risk Management Framework provides a model that may be used for HSW risk management within each accountability area.

## 5 Health and safety risk management

Effective systematic management of HSW risks improves the health and safety of workers and others affected by the accountability area by:

- protecting workers and others from harm through the elimination or minimisation of HSW risks in accordance with the **hierarchy of control measures**; and
- reducing the number and severity of workplace injuries, illnesses, associated outcomes and improve health and safety of workers and others
- ensuring a systematic Plan-Do-Check-Act cycle is implemented, with the approach for management of risks outlined in the HSW planning framework and local HSW management plan.

### 5.1 Health and safety hazard and risk management framework

Each accountability area must use the following principles for developing a local HSW risk management process or procedure that addresses:

- hazard and risk identification
- risk assessment of identified hazards
- control of risks using the hierarchy of controls
- monitoring and review of risk controls

Further information and resources on risk management are available in Queensland Health's Health, Safety and Wellbeing Management System (**safety management system**) including the *Health, safety and wellbeing risk management guideline* and *Health, safety and wellbeing psychosocial risk management guideline* and Queensland Health Enterprise risk management framework.

**The local HSW risk management framework shall encompass the following:**

#### 5.1.1 Consultation

The risk management approach must be supported by consultation with workers, including **Health and Safety Representatives** (HSRs), where elected, to empower and enable the proactive identification and management of HSW hazards, issues and risks.

- Consultation on risk management will also occur through worker WHS committees, where established, and Health Consultative Forums, on a quarterly basis at minimum, including

consultation on strategies to minimise HSW risks and risk register reviews, in accordance with industrial provisions.

- Established quarterly consultation provisions through WHS committees does not limit risk management consultation to only these forums or timeframes.
- Worker representatives shall also be provided relevant HSW risk management documents as part of consultation, where requested by an affected worker.

### 5.1.2 Shared duty holders

The accountability area's risk management process must also address the coordination of HSW risk management activities where more than one person has the same duty concurrently, for example, where more than one party has influence or direction over the work being performed or shares the same work environment.

Each party with the duty must, as far as is reasonably practicable, consult, cooperate and coordinate the HSW risk management approach with all other parties who have a duty in relation to the same matter, in order for all shared duty holders to identify hazards, assess risks and make decisions about ways to eliminate or minimise risks that may affect the health or safety of other duty holders' workers.

### 5.1.3 Contractor management

Where an accountability area has engaged a contractor to perform work for the business or undertaking, the accountability area must adopt a contractor management process in order to comply with its duties. This includes undertaking risk management to ensure all workers associated with the work have a shared understanding of what the risks are, which workers are affected and how the risks will be controlled.

Each accountability area shall ensure the requirements of Queensland Health's Health, safety and wellbeing management system are met by contractors and their workers, where reasonably practicable and where relevant, noting there will be different safety management requirements that need to be evidenced by a contractor depending on the level of risk associated with the work to be undertaken.

### 5.1.4 Risk register

Each accountability area is responsible for developing, documenting and maintaining an operational HSW **risk register** of identified hazards, the assessed risk and agreed controls. Section 6.2 contains further detail.

### 5.1.5 Risk controls in accordance with hierarchy of controls

When controlling the risk arising from physical or **psychosocial hazards**, each accountability area must consider the risk control levels in order of the **hierarchy of control measures**, in order to eliminate or minimise the risk, so far as is **reasonably practicable**, noting a combination of controls may prove the most effective solution to minimise a risk, if a single control is not sufficient for the purpose.

### 5.1.6 Risk escalation and reporting

Risk owners must report to the appropriate tier of management, in accordance with local delegations of authority, when the residual risk is:

- beyond the authority/delegation of the current risk owner to manage; or
- outside the range of the acceptable level of risk (in accordance with **risk appetite**).

Local risk appetite is to be referred to by risk owners to support consistent decisions about the effort and priority that should be invested in eliminating or minimising risk.

When a record within the WHS risk register exceeds the agreed timeframe for implementation of control measures or monitoring and review of controls, it is to be escalated via the accountability area's committee structure to the local peak WHS committee (such as the Health and Safety Management Committee) for review and, where required, escalation to executive or other relevant committees.

In situations where existing and additional controls have been applied locally but have been unable to satisfactorily mitigate a risk to an acceptable risk rating, the accountability area is required to report the risk to the appropriate tier of management, such as the local executive leadership team and/or board, for further review for rectification action by risk stakeholders.

Where the risk remains outside the range of acceptable risk level following local executive leadership review, the accountability area is to report the risk to the Department of Health, in its role as system leader, via the WHS performance exception reporting process outlined in the *Health, safety and wellbeing governance standard*.

### 5.2 Health, safety and wellbeing risk management approach

Each accountability area must establish an ongoing process to evaluate their existing hazards and risks, to identify new and emerging hazards and risks, to implement controls to eliminate or minimise the risks so far as are reasonably practicable, and to monitor and review the effectiveness of controls.

The following circumstances must be considered when developing a process:

- the identification and risk management of biological, chemical, environmental, ergonomic, physical and psychosocial hazards in the workplace as outlined in the WHS risk profile
- the management of HSW risk in the planning and designing of new workplaces, processes and procedures, the management of change such as when there has been a change of work practice, procedure, work organisation or work conditions/environment, which may introduce new HSW hazards, including via new or changed products, equipment, technology, services and processes
- the management or control, design, manufacture, import, supply, installation, construction or commissioning of fixtures, fittings, equipment, plant, substances or structures
- the safety of building occupiers as per the provisions of the *Building Fire Safety Regulation 2008*
- the management of risk including hazardous and high-risk work as per safety legislation

- the procurement (hiring or engaging) of contractors and other third parties
- the management of HSW risk in the supply chain
- responding to HSW concerns, including requests for risk assessments raised by workers, HSRs and others at the workplace
- responding to a request for a psychosocial risk assessment through a Health Consultative Forum by either an employer or union party
- the management of psychosocial risks during rehabilitation and return to work processes, where potential for exposure to psychosocial hazards may occur
- the management, including recording, of workplace **incidents** or events reviewing or analysing local Riskman™ data and other workplace data sources
- prescribed approaches required by safety legislation for specific hazards the need for dynamic risk assessment
  - in the rapidly changing circumstances of an operational incident; and/or
  - when working in an environment that could suddenly change, to identify hazards, assess and control risks in real time, while completing a task.

An example of a dynamic risk assessment in clinical healthcare settings, includes the assessment of **occupational violence** risks, specifically in situations where healthcare consumers fail to comply with the expected standard of behaviour. Workers are empowered to prioritise their own health and safety, where they reasonably believe there is immediate risk of harm to themselves or others, through **permission to pause care** until such time as it is safe to resume service provision, supported by an endorsed escalation pathway to the senior clinician in the clinical team, to undertake a dynamic risk assessment and determine any additional risk controls, in order to reduce the presenting risk and enable the earliest, safe resumption of service provision, in consultation with affected workers.

## 6 Documenting hazards and risks

### 6.1 HSW risk profile

Queensland Health maintains a statewide HSW risk profile, which details inherent HSW hazards in healthcare that have been identified as causal factors contributing to the outcome of incidents across Queensland Health. The Queensland Health HSW risk profile is available to all accountability areas, noting an accountability area may also wish to develop and maintain a local HSW risk profile to ensure the richness of local context is maintained. Refer to section 4.3 of the *Health, safety and wellbeing risk management guideline* for further detail on HSW risk profiles.

### 6.2 HSW risk register

Each accountability area is responsible for developing and maintaining an operational HSW risk register of identified HSW hazards where:

- the hazard has intrinsic high potential to cause harm
- where the hazard has system-level impact
- where the hazard, despite implemented controls, is recurrent in causing harm.

An accountability area's operational HSW risk register includes:

- identified hazards and assessed risks
- owner of the operational activity (giving rise to the risk)
- initial risk rating (taking into account existing risk controls already in place, but prior to further risk response)
- required risk response based on the initial risk rating
- additional HSW risk control/s to be applied
- details of consultation with workers, HSRs, safety committees and shared duty holders, including contractors
- details of accountable Executive/senior management risk owners (for oversight of action plan and timeframe/s for implementing additional HSW risk control/s)
- completion date of additional risk controls
- residual risk rating (and if residual risk is deemed acceptable, in accordance with accountability area risk appetite, in line with expectations for responsible risk-taking)
- timeframes and process for monitoring and review of HSW risk control/s
- mechanisms for governance of the hazard
- outcomes of monitoring, review and escalation
- records of risk control implementation, maintenance, monitoring and review.

## 7 Monitoring and review

Each accountability area is responsible for maintaining, reviewing and updating their locally established HSW risk register and where present, their local HSW risk profile. A review, and if necessary, revision must occur if any of the following circumstances occur:

- after implementation of a new or additional control, to validate effectiveness and that the control is operating as intended.
- when a control measure is no longer effective in controlling the risk (hazard continues to result in injuries or incidents).
- prior to changes occurring in the workplace that are likely to introduce new or different health and safety risks that the control measure may not effectively control.
- when a new hazard or risk is identified.
- where the results of consultation with workers or shared duty holders indicate that a review is required.
- where a health and safety representative (HSR) requests a review.
- changes to legislation.

Monitoring and review processes are to be convened in consultation with workers and others as per *Health, safety and wellbeing consultation standard*.

Where a review identifies a record within the accountability area's operational HSW risk register has exceeded the agreed timeframe, it is to be escalated to the local peak WHS committee (such as the Health and Safety Management Committee) for review and, where required, escalation to executive or other relevant committees.



In situations where existing and additional controls have been applied locally but have been unable to satisfactorily mitigate a risk to an acceptable risk rating, the accountability area is required to report the risk to their local executive leadership team and/or board.

## 8 Record retention

Records generated through the application of this standard and associated documentation are to be retained in accordance with the safety legislation, General Retention and Disposal Schedule (GRDS), Queensland Government and Queensland Health Information Management policies.

## 9 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
- WHS Codes of Practice including the electrical safety Codes of Practice, specifically:
  - How to manage work health and safety risks Code of Practice 2021
  - Hazardous manual tasks Code of Practice 2021
  - Managing the risk of psychosocial hazards at work Code of Practice 2022
  - Manual tasks involving the handling of people Code of Practice 2001
- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2011
- Workers' Compensation and Rehabilitation Act 2003
- Workers' Compensation and Rehabilitation Regulation 2014

## 10 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
- AS/NZS ISO 31000:2009, Risk management – Principles and guidelines
- Department of Health Corporate Records Management Policy (QH-POL-467)
- Department of Health Emergency planning for facilities - Governance framework and procedures, June 2017, Capital and Asset Services, Department of Health
- eHealth Queensland Information security Policy (QH-POL-468)
- Enterprise risk management standard (Department of Health FMPM standard 2.1.1)

Health, safety and wellbeing risk management standard - Human Resources Standard (QH-IMP-401-3)  
Chief Human Resources Officer – 20 March 2025

Page 8 of 16



- HR Policy I1 - Fatigue risk management (QH-POL-171)
- Fatigue risk management systems guideline (QH-GDL-401-3-3)
- 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 consultation standard (QH-IMP-401-2)
- 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 management system framework
- Health, safety and wellbeing risk management guideline (QH-GDL-401-3-1)
- Health, safety and wellbeing, psychosocial risk management guideline (QH-GDL-401-3-2)
- Queensland Government Information security policy
- Queensland Government Records governance policy
- Queensland Health Health, safety and wellbeing risk profile (QH-IMP-401-3-Att1)
- Queensland Health Work health and safety contractor compliance handbook
- Queensland Health Workforce mental health and wellbeing framework
- Queensland Health Workforce Workload Management Kit (Operational Officers, Technical Officers, Administration Officers, Professional Officers, Clinical Assistants, Aboriginal and Torres Strait Islander Health workforce, Health Practitioners, Dental Officers)
- Queensland Occupational Violence Strategy Unit Incident Response Kits Fact Sheet, v1 October 2018
- Queensland Occupational Violence Strategy Unit Unacceptable Behaviour Framework Fact Sheet, v2 January 2022
- RiskMan™ Guide to Reporting Non-Individual / Environment Incidents
- RiskMan™ Guide to Reporting Worker Incidents
- Work health and safety incident response standard (QH-IMP-401-7)
- 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>. PCBUs, 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>
Dynamic risk assessment	Dynamic risk assessments are reactive judgements made to avoid or reduce risk in a rapidly changing environment. Although not formally documented, the learnings from dynamic risk assessments are integral to the formal risk management process and shall be used to inform planned risk assessments. Most often dynamic risk assessments will apply when actions are taken in emergency and crisis situations. For example, during an incident of occupational violence, or where an unforeseen hazard arises while working in a remote location.
Executive Leader	Is the most senior person of each accountability area and can include persons reporting to that position.
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 Representative (HSR)	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 and is appointed as a Health and Safety Representative under the <i>Work Health and Safety Act 2011</i> .
Health, safety and wellbeing management system framework	<p>Also known as the SMS framework. This centralised framework consists of Queensland Health <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>
Incident	An unplanned event that either resulted in or had the potential to result in adverse outcomes such as harm, loss, damage, disruption or delay.

Term	Definition
<p>Hierarchy of control measures</p> <p>Risk control levels:</p> <p>Level 1 - Elimination</p> <p>Level 2 – Substitution, isolation and Engineering</p> <p>Level 3 – Administrative controls</p> <p>Level 4 - Personal Protective Equipment</p>	<p>The hierarchy of risk control ranks risk controls for WHS risk from the highest level of protection and reliability to the lowest. The <i>WHS Regulation 2011</i> requires duty holders to work through the Hierarchy of control measures when managing WHS risks.</p> <p>The <i>Hazardous manual tasks Code of Practice 2021</i> and the <i>Managing the risk of psychosocial hazards at work Code of Practice 2022</i> outline four levels of controls, with higher order controls most effective in minimising risks because they control the hazard at the source.</p> <p>The Hierarchy of control measures applies if it is not reasonably practicable for a duty holder to eliminate risks to health and safety through implementing level 1 controls.</p> <p>In minimising risks to health and safety, a duty holder must implement risk control measures to minimise risks, so far as is reasonably practicable, by implementing one or more of the following level 2 controls –</p> <ul style="list-style-type: none"> <li>(a) substituting (wholly or partly) the hazard giving rise to the risk with something that gives rise to a lesser risk;</li> <li>(b) isolating the hazard from any person exposed to it;</li> <li>(c) implementing engineering controls.</li> </ul> <p>If a risk then remains, the duty holder must minimise the remaining risk, so far as is reasonably practicable, by implementing administrative controls (level 3 controls).</p> <p>If a risk then remains, the duty holder must minimise the remaining risk, so far as is reasonably practicable, by ensuring the provision and use of suitable personal protective equipment (level 4 controls).</p> <p>A combination of controls may be used to minimise a risk, so far as is reasonably practicable, if a single control is not sufficient for the purpose.</p>
<p>Hospital and health service (HHS)</p>	<p>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.</p>
<p>Occupational violence</p>	<p>Any incident where an employee is abused, harassed, threatened or assaulted by patients, consumers, their relatives or members of the public, in circumstances arising out of their employment, irrespective of the intent for harm.</p>
<p>Person Conducting a Business or Undertaking (PCBU)</p>	<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>

Term	Definition
Permission to pause care	<p>The 'pause care' provision enables a person's right to health services be temporarily limited until such time as it is safe to resume service provision. A decision to 'pause care' would only arise where a worker reasonably believes that work is unsafe and there is an immediate risk of harm to themselves or others, including non-clinical workers who have a hands-on role during the care of patients. The decision involves an escalation pathway so the senior clinician in the clinical team can determine the earliest safe resumption of care. In such circumstances, additional risk controls, such as de-escalation through time-out, relocation of the service delivery environment, transfer of service provision based on staff skill levels, and/or additional support provided by other staff, will be considered in order to reduce presenting risk and enable resumption of safe service provision.</p> <p>Section 84 of the <i>Work Health and Safety Act 2011</i> outlines the right of a worker to cease unsafe work, based on a 'reasonable concern' that to carry out the work would expose the worker to serious risk to their health and safety, emanating from immediate exposure to a hazard. The <i>Managing the risk of psychosocial hazards at work Code of Practice 2022</i> outlines the principle of empowering workers to prioritise their own safety during service delivery, through restriction, refusal or suspension of services if others fail to comply with the expected standard of behaviour. The Queensland Occupational Violence Strategy Unit's <i>Unacceptable Behaviour Framework</i> translates this principle to clinical healthcare settings, outlining that "workers will be supported by Queensland Health should you decide to discharge a patient from care, due to immediate risk of harm to yourself or others". In a hospital or healthcare setting, managing behaviours of concern must be at the discretion of the clinical team, made on a case-by-case basis, and should be supported by endorsed local protocols and escalation pathways.</p>
Psychosocial hazard	<p>Definition as per section 55A of the <i>WHS Regulation</i>, that is:</p> <p>A psychosocial hazard is a hazard that—</p> <p>(a) arises from, or relates to—</p> <ul style="list-style-type: none"> <li>(i) the design or management of work; or</li> <li>(ii) a work environment; or</li> <li>(iii) plant at a workplace; or</li> <li>(iv) workplace interactions or behaviours; and</li> </ul> <p>may cause psychological harm, whether or not the hazard may also cause physical harm.</p>
Psychosocial risk	<p>Definition as per section 55B of the <i>WHS Regulation</i>, that is:</p> <p>A psychosocial risk is a risk to the health or safety of a worker or other person from a psychosocial hazard.</p> <p>(A person conducting a business or undertaking must manage psychosocial risk in accordance with WHS risk management principles, including the hierarchy of control measures, to eliminate or minimise psychosocial risks so far as is reasonably practicable).</p>

Term	Definition
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>
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 in relation to ensuring health and safety, taking into account and weighing up all relevant matters including—</p> <ul style="list-style-type: none"> <li>(a) the likelihood of the hazard or the risk concerned occurring; and</li> <li>(b) the degree of harm that might result from the hazard or the risk; and</li> <li>(c) what the person concerned knows, or ought reasonably to know, about— <ul style="list-style-type: none"> <li>(i) the hazard or the risk; and</li> <li>(ii) ways of eliminating or minimising the risk; and</li> </ul> </li> <li>(d) the availability and suitability of ways to eliminate or minimise the risk; and</li> <li>(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.</li> </ul>
Risk	<p>Also referred to as WHS risk. The possibility that harm (death, injury or illness) might occur when exposed to a physical or psychosocial hazard.</p>
Risk appetite	<p>Risk appetite refers to the amount and type of risk an accountability area is prepared to pursue or retain across the risk profile in line with expectations for responsible risk-taking.</p> <p>Local risk appetite is to be referred to by risk owners to support consistent decisions about the effort and priority that should be invested in eliminating or minimising risk.</p>
Risk register	<p>WHS risk registers are detailed operational documents that provide an overview of all relevant WHS risks in an accountability area. An operational WHS risk register and its associated four-step risk management process are requirements under safety legislation, but doesn't limit the need to conduct dynamic risks assessments where circumstances, work tasks/environments or approaches change the risk or affect the associated controls documented in risk registers.</p>
Risk profile	<p>A WHS risk profile is a repository that details the business's key WHS risks as identified from the WHS risk register and from inherent hazards common to healthcare, which provides a more holistic picture of the WHS risk landscape than the operational WHS risk register and can feed into other WHS and risk reporting structures.</p>

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 AS/NZS ISO 45001: 2018 Occupational health and safety management systems and AS/NZS ISO 45003: 2021 Occupational health and safety management – Psychological health and safety at work – Guidelines for managing psychosocial risks.</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.
Unacceptable behaviour framework	The Queensland Occupational Violence Strategy Unit's Unacceptable Behaviour Framework provides workers with a decision-making pathway for use when workers feel their health and safety is at risk from patient's unacceptable behaviour. Workers will be supported by Queensland Health should they decide to discharge a patient from care, due to immediate risk of harm to themselves or others. The Unacceptable Behaviour Framework process requires clinicians to utilise de-escalation tools and engagement of security or police before considering discharging a patient from care. Rapid assessment of the patient's capacity is required, and the need for emergent life or limb threatening intervention is to be excluded.
WHS manager	The workplace health and safety manager or director or equivalent functional lead at the relevant accountability area, or their delegate.
WHS risk	The possibility that harm (death, injury or illness) might occur when exposed to a physical or psychosocial hazard.

Term	Definition
Worker	<p>Definition as per section 7 of the <i>Work Health and Safety Act 2011</i>, that is:</p> <p>A person is a worker if the person carries out work in any capacity for a person conducting a business or undertaking, including work as—</p> <ul style="list-style-type: none"> <li>(a) an employee; or</li> <li>(b) a contractor or subcontractor; or</li> <li>(c) an employee of a contractor or subcontractor; or</li> <li>(d) an employee of a labour hire company who has been assigned to work in the person’s business or undertaking; or</li> <li>(e) an outworker; or</li> <li>(f) an apprentice or trainee; or</li> <li>(g) a student gaining work experience; or</li> <li>(h) a volunteer; or</li> <li>(i) a person of a prescribed class</li> </ul> <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 <i>Workers’ Compensation and Rehabilitation Act 2003</i> (as amended 2013), a person who works under a contract, 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> (Cwlth); who has sustained a work-related personal injury or illness. (Note – this definition is used 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>



# History

Date	Change
20 March 2025	Standard review prompted by legislative and other amendments: <ul style="list-style-type: none"> <li>• amendment of Work Health and Safety Act 2011, as outlined in Work Health and Safety and Other Legislation Amendment Act 2024</li> <li>• amendment of Work Health and Safety Regulation 2011, as outlined in Work Health and Safety and Other Legislation Amendment Regulation 2024</li> <li>• amendment of Work Health and Safety Act 2011, as outlined in Electrical Safety and Other Legislation Amendment Act 2024</li> <li>• amendment of Work Health and Safety Regulation 2011, as outlined in Work Health and Safety (Psychosocial risks) Amendment Regulation 2022</li> <li>• introduction of Managing the risk of psychosocial hazards at work Code of Practice 2022</li> <li>• amendment of Hazardous manual tasks Code of Practice 2021</li> <li>• amendment of How to manage work health and safety risks Code of Practice 2021</li> <li>• amendment of Work health and safety consultation, cooperation and coordination Code of Practice 2021</li> <li>• recognition of relevant Enterprise Bargaining EB11 WHS commitments</li> <li>• alignment to AS / NZS ISO 45001 criteria for planning</li> <li>• alignment to AS / NZS ISO 45003 criteria for planning</li> <li>• standard reformatted as part of the HR Policy review</li> <li>• amended to update references and naming conventions</li> </ul>
21 December 2020	Version 3.0 - Updated scope as per employer changes
1 September 2018	Version 2.0 - Scheduled document review prompting various changes.
30 April 2014	Version 1.0 - SMS review project 2013-14