Health, safety and wellbeing risk management

1. Statement

This Standard establishes the minimum requirements for health, safety and wellbeing risk and incident management that evidences the implementation of the Health, safety and wellbeing policy.

2. Scope

This Standard applies to the Department of Health divisions and agencies, and Hospital and Health Services (HHS) that are not prescribed services.

This Standard also applies to employees of the department, including those working in HHSs as per the provisions of the Hospital and Health Boards Act 2011.

This Standard does not apply to our people engaged by Queensland Ambulance Services (QAS).

3. Requirements

The executive officers of each accountability area and workers alike play a role in the implementation of Queensland Health’s health, safety and wellbeing management system and the application of this Standard. An accountability area is a division or agency of the Department of Health or a HHS.

The executive officer of the accountability area is responsible for ensuring the application of this Standard within their accountability area.

The Department of Health’s Risk management framework provides a model that executive officers may utilise for health, safety and wellbeing risk management within their accountability area.

3.1 Risk management

3.1.1 The executive officer of the accountability area is required to ensure a health, safety and wellbeing risk management process is established, communicated, implemented and maintained to enable the identification of hazards and the assessment, management and review of the risks they pose.


Refer to: Health, safety and wellbeing planning standard (QH-IMP-401-1:2018).

3.1.2 The health, safety and wellbeing risk management process is required to enable:

i. hazard identification;
ii. risk assessment and prioritisation;
iii. risk elimination and reduction using the hierarchy of controls;
iv. risk review.

3.1.3 The incident module of RiskMan is to be utilised to record identified hazards.

3.1.4 The health, safety and wellbeing risk management process is required to facilitate:

i. the management of health, safety and wellbeing risk in the context of the accountability area;
ii. the management of health, safety and wellbeing risk pertaining to changes, outsourcing, procurement and contractors;
iii. accountability and authority for managing health, safety and wellbeing risk;
iv. worker and others participation and consultation;
v. reporting, communication and escalation;
vi. executive officer oversight;
vii. records to be generated and retained;
viii. risk to be managed in normal and abnormal operating conditions;
ix. risk to be managed at its source and by those with functional responsibility. Examples of sources include at the point of design, manufacture, import and supply of plant, substances and structures; installation, construction and commissioning of plant or structures;

3.1.5 The executive officer of the accountability area is required to ensure risks are assessed using a common assessment matrix within the accountability area that sets out the level of response required including reporting, escalation and resolution timeframe.

3.1.6 The executive officer of the accountability area is required to ensure the process is applied periodically as a proactive risk profiling exercise to ensure health, safety and wellbeing risks associated with the nature and location of the operations under the management or control of the accountability area are managed.

3.1.7 The executive officer of the accountability area is required to ensure that as an outcome of the risk profiling exercise, a health, safety and wellbeing risk profile is recorded, communicated and maintained for the accountability area. The risk module of RiskMan may be used to record this risk profile.

3.1.8 The risk control information provided in the Queensland Health Health, Safety and Wellbeing Risk Profile is to be included in the accountability area’s health, safety and wellbeing risk profile. The Queensland Health Health, Safety and Wellbeing Risk Profile is updated from time to time which may impact the accountability area’s health, safety and wellbeing risk profile.

3.1.9 The executive officer of the accountability area is required to ensure that internal monitoring, review and evaluation activities occur to confirm that the risk controls assigned in the health, safety and wellbeing risk profile are implemented, effective and achieve the required outcome. Internal monitoring, review and evaluation activities are required to be planned and recorded.

3.1.10 The health, safety and wellbeing risk profile is required to show for each of the operations under the management or control of the accountability area:

- associated hazards;
- potential risks;
- existing risk controls in place;
- initial risk score derived taking into account existing risk controls in place;
- required response based on the initial risk score;
- additional risk controls to be applied (risk treatments);
- timeframes for when and the means by which the application and effectiveness of risk controls and treatments are to be reviewed and evaluated.

3.1.11 The process is to be applied on an ongoing ad-hoc basis as:

i. changes occur that modify compliance requirements or the effectiveness or application of risk controls in place;
ii. the accountability area modifies the nature and/or location of the operations under its management or control;
iii. hazards not previously present, identified or known emerge or become known.

3.2 Incident management

3.2.1 The executive officer of the accountability area is required to ensure an incident management process is established, communicated, implemented and maintained within the accountability area.

3.2.2 The incident management process is required to enable:

i. the care of people and their recovery at work;
ii. escalation of matters to instigate fire and emergency response or crisis management protocols;
iii. internal reporting of all incidents including near misses to the person directing the associated activity and where relevant, to shared duty holders. These may include to the owner or the occupier of the premises, and / or to the employer of the people involved;
iv. collection of information to establish what happened, where and who was involved;
v. initial classification based on actual and potential future consequence should risk management not be enhanced;
vi. incident notification as per the Work Health and Safety Act 2011, Electrical Safety Regulation 2013;
vii. investigation appropriate to the actual and potential consequence and conducted by a team assembled and led by a person trained in the investigation methodology being applied;
viii. analysis of the investigation findings to understand how and why the incident occurred;
ix. conclusions to be drawn based on the findings and the development of an action plan with actions to be assigned to address findings with responsibilities and timing;
x. reporting the findings and actions to interested parties;
xii. communication of the event, findings and required actions in accordance with the Health, safety and wellbeing governance, consultation and capability standard (QH-IMP-401-2:2018);
xiii. preliminary close out;
xiv. cessation and resumption of operations as required to ensure the health, safety and wellbeing of workers and others;
xv. review of the actions applied to confirm their effectiveness; and

3.2.3 The executive officer of the accountability area is required to ensure incident classification is derived using a common assessment matrix within the accountability area that sets out the level of response required including reporting, escalation and resolution timeframe.

3.2.4 The executive officer of the accountability area is required to ensure that internal monitoring, review and evaluation activities occur to confirm that the risk control and treatment actions assigned are implemented, effective and achieve the required outcome.
3.2.5 The executive officer of the accountability area is required to ensure incident classification is derived using a common assessment matrix within the accountability area that sets out the level of response required including reporting, escalation and resolution timeframe.

3.2.6 The executive officer of the accountability area is required to ensure that internal monitoring, review and evaluation activities occur to confirm that the risk control and treatment actions assigned are implemented, effective and achieve the required outcome.

3.2.7 The executive officer of the accountability area is required to ensure that the occurrence of incidences is used to review and revise the accountability area’s health, safety and wellbeing risk profile.

3.2.8 The process may be used to address the Memorandum of Understanding Incident management of threats to human or animal health to enable diligent incident management of zoonoses and other human health impacts that may arise from an animal source.

4. Legislation

- *Workers’ Compensation and Rehabilitation Act 2003* and Workers’ Compensation and Rehabilitation Regulation 2014
- Building Fire Safety Regulation 2008

5. Supporting documents

- QH-POL-401:2018 Health, safety and wellbeing policy
- QH-IMP-401-1:2018 Health, safety and wellbeing planning standard
- QH-IMP-401-2:2018 Health, safety and wellbeing governance, consultation and capability standard
- QH-IMP-401-4:2018 Health, safety and wellbeing monitoring, evaluation and performance review standard
- QH-IMP-401-5:2017 Workplace rehabilitation standard
- QH-IMP-401-6:2018 Health, safety and wellbeing accountabilities standard
- Queensland Health Health, Safety and Wellbeing Risk Profile
- ISO 31000:2009, Risk management – Principles and guidelines
- Risk management framework, Department of Health including the Department of Health Risk Analysis Matrix
- Memorandum of Understanding Incident management of threats to human or animal health, January 2011
- RiskMan Guide to Reporting Worker Incidents
- RiskMan Guide to Reporting Non-Individual / Environment Incidents
- Department of Health Emergency planning for facilities - Governance framework and procedures, June 2017, Capital and Asset Services, Department of Health
- ISO45001 Occupational health and safety management systems, ISO 2018
6. Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability area</td>
<td>Department of Health divisions and agencies and each HHS.</td>
</tr>
<tr>
<td>Executive officer</td>
<td>The Director-General, HHS Board Members, Health Service Chief Executives and the most senior person of each accountability area including the Deputy Director-General and Chief Executive Officers.</td>
</tr>
<tr>
<td>Incident</td>
<td>Any unplanned event that did or had the potential to harm a person (ie. includes near misses).</td>
</tr>
<tr>
<td>Others</td>
<td>Other persons as referenced in the Work Health and Safety Act 2011. Any person who is not a worker whose health and safety may be impacted or whose acts or omissions could adversely affect the health and safety of other persons.</td>
</tr>
<tr>
<td>RiskMan</td>
<td>Enterprise Risk Management software system.</td>
</tr>
<tr>
<td>Shared duty</td>
<td>As per the Work Health and Safety Act 2011 Section 16 where more than one person can concurrently have the same duty.</td>
</tr>
<tr>
<td>Worker</td>
<td>As per the Work Health and Safety Act 2011 Section 7 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:</td>
</tr>
<tr>
<td></td>
<td>a) an employee; or</td>
</tr>
<tr>
<td></td>
<td>b) a contractor or subcontractor; or</td>
</tr>
<tr>
<td></td>
<td>c) an employee of a contractor or subcontractor; or</td>
</tr>
<tr>
<td></td>
<td>d) an employee of a labour hire company who has been assigned to work in the person’s business or undertaking; or</td>
</tr>
<tr>
<td></td>
<td>e) an outworker; or</td>
</tr>
<tr>
<td></td>
<td>f) an apprentice or trainee; or</td>
</tr>
<tr>
<td></td>
<td>g) a student gaining work experience; or</td>
</tr>
<tr>
<td></td>
<td>h) a volunteer; or</td>
</tr>
<tr>
<td></td>
<td>i) a person of a prescribed class.</td>
</tr>
</tbody>
</table>

Executive officers are themselves also workers.

7. Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.0</td>
<td>3 December 2018</td>
<td>Scheduled document review prompting various changes.</td>
</tr>
<tr>
<td>1.0</td>
<td>30 April 2014</td>
<td>SMS review project 2013-14</td>
</tr>
</tbody>
</table>
Attachment 1: Health, Safety and Wellbeing Risk Assessment Guide

Communication of risk is based on SAC as per the Health, Safety and Wellbeing Governance, Consultation and Capability Standard (QH-IMP-401-2:2018). SAC is assigned based on the potential Consequence. Consequence is as per the Department of Health Risk Analysis Matrix and is expressed in terms of the actual or potential level of treatment that would be or is required as a result of a risk being realised. Consequence may include actual or potential legal and regulatory breach, impact to financial outcomes, business operations, health service delivery, reputation, project / program performance as well as damage to property, plant or equipment.

<table>
<thead>
<tr>
<th>Level of Harm</th>
<th>Level of Treatment</th>
<th>Consequence</th>
<th>SAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>No harm</td>
<td>No care required</td>
<td>Negligible</td>
<td>4</td>
</tr>
<tr>
<td>Injury/illness</td>
<td>First aid treatment</td>
<td>Negligible</td>
<td>4</td>
</tr>
<tr>
<td>Injury/illness</td>
<td>Medical treatment</td>
<td>Minor</td>
<td>3</td>
</tr>
<tr>
<td>Injury/illness</td>
<td>Lost Time Injury/Illness</td>
<td>Moderate</td>
<td>2</td>
</tr>
<tr>
<td>Injury/illness</td>
<td>Permanent impairment</td>
<td>Major</td>
<td>1</td>
</tr>
<tr>
<td>Death</td>
<td></td>
<td>Extreme</td>
<td>1</td>
</tr>
</tbody>
</table>

Risk response is based on risk score as per the Department of Health Risk Analysis Matrix (Part 4). Risk score is assigned based on assessment of the actual and potential consequence and the likelihood of that consequence resulting.