

# Health, safety and wellbeing consultation guideline

## Human Resources Guideline (QH-GDL-401-2)

### 1 Statement

This document provides guidance on the *Health, safety, and wellbeing consultation standard* and may be used to enable each **accountability area** to implement processes for health, safety and wellbeing (HSW) consultation, cooperation and coordination.

### 2 Application

This guideline supports the implementation of the *Health, safety and wellbeing consultation standard* within each Queensland Health accountability area, meaning the Department of Health (the department) and hospital and health services (HHSs).

Conformance with this guideline is not mandatory, but sound reasoning must exist for departing from the recommended principles within this guideline.

### 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 guideline, 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***.

#### 3.1 Diversity and inclusion considerations

When undertaking HSW consultation, consideration should be given to the specific needs and requirements of different diversity groups, taking into consideration factors including neurodiversity, gender identity, sexual identity, age and individual health factors; Aboriginal

and Torres Strait Islander cultural safety and cultural and linguistic requirements of the workforce.

The cultural requirements of Aboriginal and Torres Strait Islander workers, accessibility requirements of people with disability and the cultural and linguistic requirements of workers from culturally and linguistically diverse (CALD) backgrounds, are all important to consider in all HSW consultation and communication opportunities, documentation and procedures. HSW consultation procedures will be most effective if they include how consultation will occur with workers who have different language, literacy and access needs and if documentation uses inclusive language, such as gender-neutral terms, to ensure LGBTIQ+ worker inclusion. Representation of diversity groups on **health and safety committees** and in the election of **Health and Safety Representatives** will enable the different needs of different diversity groups to be met.

## 4 Requirements

A summary of key areas and actions to be considered by accountability areas is detailed in Figure 1 below to guide implementation of the *Health, safety, and wellbeing consultation standard*.

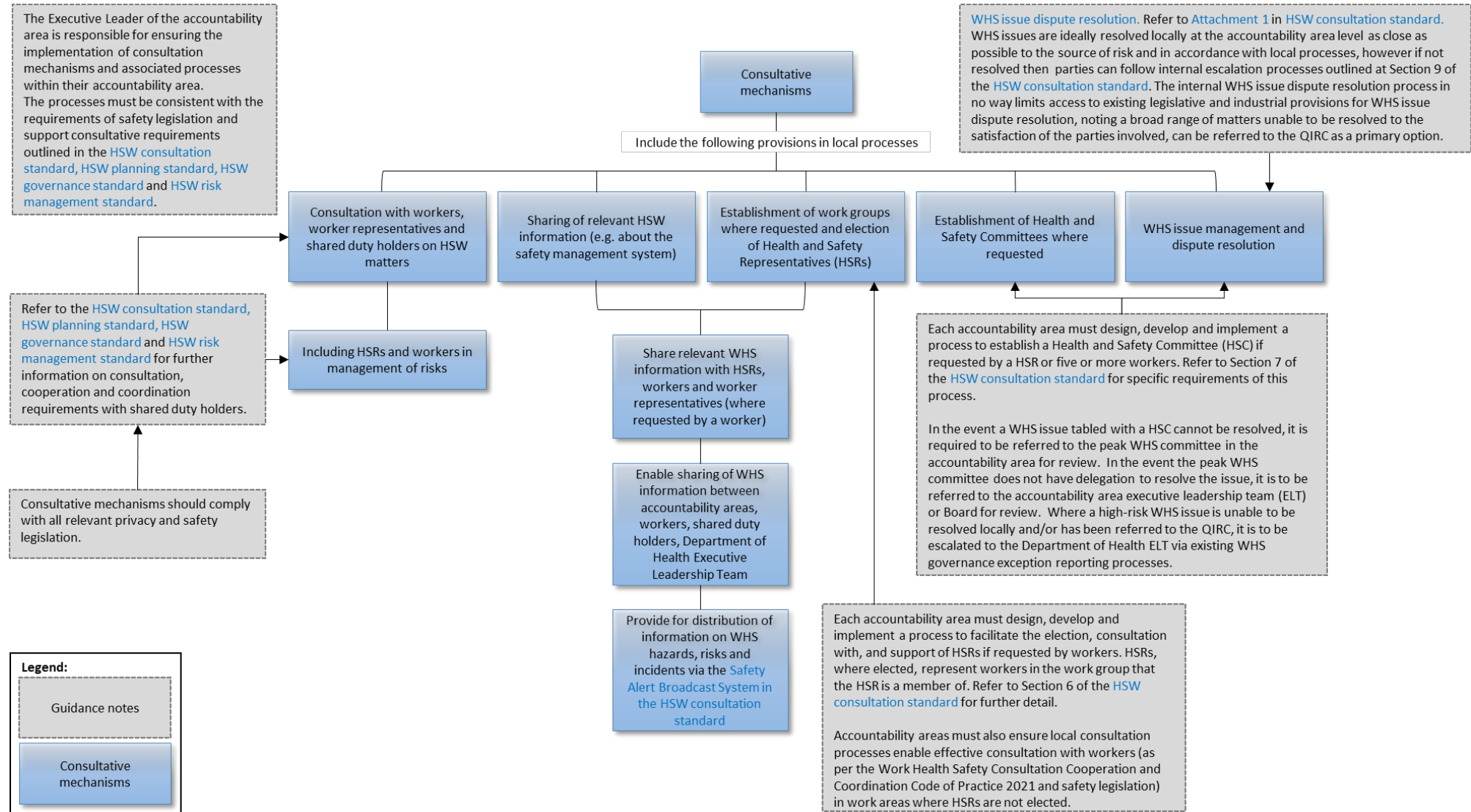
Detail regarding communication and the provision of information is provided in section 4.1 of this guideline.

Additional considerations for HSW consultation are provided in section 4.2 herein.

This guideline does not limit the right of authorised union officials to address work health and safety (WHS) issues.

This guideline and the internal WHS dispute resolution process it describes, also in no way restricts access to existing legislative and industrial provisions for WHS issue 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 Queensland Industrial Relations Commission (QIRC) as a primary option.

**Figure 1: Consultative mechanisms required in accountability areas**



## 4.1 Queensland Health health, safety and wellbeing consultation requirements

### 4.1.1 Options for consultation

Consultation must be achieved through the setting up of Health and Safety Committees (HSCs) and the election of Health and Safety Representatives (HSRs) if requested by **workers**, or through the identification of alternative means as suitable to the accountability area and in consultation with workers, in work areas where no workers nominate to be elected HSRs.

Any worker or group of workers can ask their employer to facilitate the election of a HSR. The accountability area must then negotiate with their workers and agree on the details of work groups to be represented. Once these work groups are identified, elections for their HSRs are held.

Where work groups are established to facilitate the representation of workers by one or more HSRs, the work group may include all workers at a workplace, or there may be multiple HSRs representing different work groups, in situations where it is appropriate to split a workplace into multiple work groups where workers share similar work conditions or are exposed to similar risks and hazards. **Determining work groups for HSRs**

- Negotiations for a work group must include relevant unions as a party principal to negotiations, if the union notifies the PCBU in writing that they want to be a party to the negotiation and agreement.
- Negotiations for work groups are to be completed within 14 days of the request for an election of a HSR or any mutually agreed extended completion date.
  - If negotiations to make or vary a work group agreement fail, any person who is a party to the negotiations may ask the Regulator to appoint an inspector to assist the parties in reaching an agreement; the inspector must make a decision about the work group negotiations within seven days.
  - An inspector's decision will not be subject to internal review, and any dispute about the decision can proceed to the Queensland Industrial Relations Commission (QIRC).

Negotiations for and determinations of work groups and variations of work groups must be directed at ensuring 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.

Consultation arrangements, to negotiate and determine work groups and variations of work groups, must take into account all relevant matters, including the following:

- the size of the accountability area
- the number of workers
- the way work is arranged
- the views of workers
- the nature of each type of work carried out by the workers
- the number and grouping of workers who carry out the same or similar types of work
- the areas or places where each type of work is carried out

- the extent to which any worker must move from place to place while at work
- the diversity of workers and their work
- the nature of any hazards at the workplace or workplaces
- the nature of any risks to health and safety at the workplace or workplaces
- the nature of the engagement of each worker, for example as an employee or as a contractor
- the pattern of work carried out by workers, for example whether the work is full-time, part-time, casual or short-term
- the times at which work is carried out, including any arrangements relating to overtime or shift work.

### **When consultation should occur**

In accordance with the *Work Health and Safety Act 2011* and the *Work Health Safety Consultation Cooperation and Coordination Code of Practice 2021* each accountability area is required to consult with workers when:

- identifying hazards and assessing risks arising from the work carried out or to be carried out
- 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; monitoring health of workers; monitoring the conditions at the workplace and providing information and training for workers.

### **Consultation with worker representatives:**

- Worker representatives include the health and safety representative for a worker, or a **suitable entity** for representing or assisting a worker or the HSR for a worker, where 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.
- When consulting with workers on WHS matters, accountability areas must enable consultation to include a suitable entity for representing or assisting either a worker or the HSR for a worker, such as relevant unions for the work group, if requested by a worker. In instances where a worker or a HSR has requested to be represented by a suitable entity, 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.

Examples of regular HSW consultation and communication opportunities that could be considered within each accountability area include:

- meetings (including consultation with work groups and in committees)
- presentations and live webinars (communication of information or a consultation mechanism)
- emails (communication, consultation where recipients invited to respond)
- videos (communication, training)
- noticeboards (communication)
- toolbox talks (discussion and consultation on specific WHS issues)
- newsletters (communication, updates)
- signage (communication)
- fact sheets (communication, training)
- brochures (communication)
- posters (communication)

Workers may also be kept informed of HSW information by the following methods:

- HSW induction and training
- HSW information (e.g. Queensland Health's **Health safety and wellbeing management system framework**)
- Accountability area website / intranet
- Safety alerts, notices and information
- Safe work month programs, communications and information.

#### **4.1.2 Health and Safety Representatives**

Each accountability area must have a process to facilitate 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 of their rights in relation to the determination of work groups and election of HSRs, including who may represent them, and invite workers to ask the accountability area to facilitate an election for one or more HSRs in the business 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 must occur within legislatively prescribed timeframes.

HSRs are to be given the time and resources they need to undertake their role in accordance with the *Work Health and Safety Act 2011*. Each accountability area must ensure compliance with legislation relating to engagement, consultation and assistance of HSRs to perform their roles, including:

- ensuring HSRs complete the HSR training within prescribed timeframes and are able to choose their HSR training provider
- ensuring HSRs receive payment of their usual remuneration whilst attending the HSR training course (including any additional hours that may be required to attend training for a HSR who usually works part-time)
- 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
- allowing HSRs to exercise their entitlements during their ordinary working hours
- ensuring HSRs are entitled to payments including overtime, penalties and allowances for the performance of their functions.
- 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 in a way that is readily accessible to workers in each of the work groups

- providing copies of the HSR list to the WHS Regulator through the prescribed mechanism.

Where HSRs are not requested, the accountability area is required to have a process to ensure the principles of the *Work health and safety consultation, cooperation and coordination code of practice 2021* (code of practice) are applied, including that workers are consulted when:

- decisions about managing risks are being made
- changes are being proposed that may affect the WHS of workers
- resolving WHS issues
- decisions are being made about the adequacy of welfare facilities for workers
- decision are being made about procedures for consulting with workers, providing instruction and training of workers, health monitoring of workers, monitoring the conditions of the workplace and WHS issue dispute resolution.

Refer to Queensland Health's Health and Safety Representatives Fact Sheet for further information on the function and requirements of HSRs.

#### **4.1.3 Health and Safety Committees**

Each accountability area has an established worker health and safety committee (HSC). A health and safety committee brings together workers and management to assist in the development and review of health and safety policies and procedures for the workplace.

HSCs must be established at the request of a HSR or five or more workers. HSCs must be established within 28 days of the request or any mutually agreed extended completion date.

- The HSC ensures effective communication and consultation including, but not limited to:
  - relevant safety-related information
  - workplace changes that affect or are likely to affect HSC
  - other issues affecting or likely to affect the WHS of employees and external parties
  - setting WHS strategies, and if appropriate, local WHS procedures and other local documentation relevant to the accountability area
  - participating in local WHS issue management and internal dispute resolution processes, as established by the accountability area
  - advising WHS committees, including the accountability area's peak WHS committee, on WHS risks, issues and dispute resolution, WHS performance and improvement opportunities.

#### **Additionally, HSCs:**

- ensure that at least half of the members of the HSC are workers that have not been nominated to represent management
- include representatives from a range of service delivery areas to ensure worker diversity groups are represented and to ensure solutions developed are appropriate to all types of environments
- ensure that elected HSRs are able to choose to be members of the HSC



- ensure the important details of a 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
- ensure HSCs meet at least once every three months and at any reasonable time at the request of at least half of the committee members
- ensure HSC meetings have an agreed agenda circulated ahead of the meeting and record key points of discussion, decisions, and action items in meeting minutes, circulated after the meeting.
  - Workplace bullying is to be a standing agenda item for HSCs, in accordance with the industrial provisions of Employment Agreements
    - Psychosocial risk management actions addressing locally identified psychosocial hazards, including workplace bullying, may be discussed at this agenda item.
  - Consultation on risk management will occur through WHS committees 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 health and safety consultation to only these forums or timeframes.
- invite subject matter experts to provide advice, depending on specific issues for discussion.
- ensure any recommended actions or WHS matters requiring decision making, that arise from the worker WHS committee, are escalated to the accountability area's Health and Safety Management Committee (HSMC), or other agreed committee structure comprised of management representatives and WHS function leads, and usually also the local peak WHS committee, for HSMC review and decision-making.
- ensure any WHS issues and disputes tabled with a 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.
- ensure the HSC submits inputs to the accountability area's HSMC / local peak WHS committee, in order for the HSMC to determine actions through review and decision-making on WHS matters within the HSMC's determined delegation and/or escalate WHS matters to the local executive leadership team (ELT).

Accountability areas are required to establish a HSC when requested. Refer to section 7 of the *Health, safety, and wellbeing consultation standard* for specific requirements.

**Other considerations when establishing HSCs include:**

- the accountability area's WHS governance framework
  - The WHS governance framework developed by each accountability area as a requirement of the *Health, safety and wellbeing governance standard* has a dual role in both WHS governance and WHS consultation and should be integrated within consultation structures in each accountability area.
  - Communication and consultation should flow between the various levels of the WHS governance framework. Refer to Attachment 1 of the *Health, safety and wellbeing governance standard* for an overview of the framework.

- Employment Agreements
  - Queensland Health currently has seven Employment Agreements (EA) in place across its accountability areas each with differing WHS commitments.
  - Accountability areas should refer to relevant EAs and address the WHS commitments in their consultation arrangements (e.g. some EAs require specific standing agenda items in consultative forums, such as the worker HSC).

## 4.2 Additional HSW consultation guidance

The *Work health and safety consultation, cooperation and coordination Code of Practice 2021* (the code of practice) outlines why consultation is important, also how and when to consult, providing a minimum standard that must be complied with, in accordance with section 26A of the *Work Health and Safety Act 2011*.

A few areas of the code of practice have been summarised below to provide additional guidance on this topic. The code of practice should be referred to for further information and to understand the entire content of the document.

### 4.2.1 What is the key requirement?

Consultation must occur on HSW matters ***so far as is reasonably practicable*** with workers who carry out work for the accountability area and who are (or are likely to be) directly affected. The broad definition of a ‘worker’ under the WHS Act means a PCBU must consult with employees and anyone else who carries out work for the business or undertaking.

Consultation must also include any elected HSRs of the work group/s who are affected, as well as worker representatives where requested by a worker.

It also includes consulting with contractors and their workers, work experience students and volunteers (and other duty holders) about HSW decisions that directly affect them and for which the accountability area has influence or control.

### 4.2.2 Why is consultation important

Consultation allows for drawing on the knowledge and experience of workers and making more informed decisions about how the work should be carried out safely. This facilitates improvements in HSW.

Effective consultation allows for:

- greater awareness and commitment – because workers who have been actively involved in how health and safety decisions are made will better understand and own the decisions
- positive working relationships – because understanding the views of others leads to greater co-operation and trust.

Consultation is two-way process between the accountability area and workers and must involve:

- relevant WHS information being shared with workers
- if the workers are represented by a HSR, consultation must include that representative

- enabling consultation to include a suitable entity for representing or assisting either a worker or the HSR for a worker, such as relevant unions for the work group, if requested by a worker
- workers being given a reasonable opportunity to express their views and to raise health or safety issues
- workers being given a reasonable opportunity to contribute to the decision-making process relating to the HSW matter
- the views of workers being taken into account
- workers being advised of the outcome of any consultation in a timely manner.

For further guidance refer to section 3 of the code of practice & section 48 of the *Work Health and Safety Act 2011*.

#### **4.2.3 The extent of consultation required**

Each accountability area is required to consult on WHS matters so far as is reasonably practicable with workers (including contractors and others). What is reasonably practicable will depend on an objective consideration of relevant factors, for example the:

- size and structure of the business
- nature of the work that is carried out
- nature and severity of the particular hazard or risk
- nature of the decision or action, including the urgency to make a decision or take action
- availability of the relevant workers and any HSRs
- work arrangements, such as shift work and remote work
- characteristics of the workers, including cultural requirements, languages spoken and literacy levels.

The aim of consultation should be to obtain sufficient information to make well-informed decisions and that the workers who may be affected are given a reasonable opportunity to provide their views and understand the reasons for the decisions. It is not always necessary to consult with every worker in the workplace. The workers to be consulted with will be those who are, or could be, directly affected by the health and safety matter.

#### **4.2.4 How to consult with workers**

Consultation with workers and their representatives can be undertaken in various ways depending on the size and complexity of the workplace. It may involve a formal, structured process or it may be as simple as talking directly to workers and considering their views when making decisions, identifying hazards, assessing risks and proposing changes that affect health and safety.

To determine how best to consult, the following matters should be discussed with workers:

- The duty to consult and the purpose of consultation.
- The range of work and associated health and safety issues at the workplace.
- The various ways for consultation to occur, including workers' right to elect HSRs.
- The workers' ideas about the most effective way to consult.

Consultation methods should:

- meet the accountability area's duty to consult
- ensure all workers can participate in consultation including:
  - any shift workers or mobile workers
  - workers from diversity groups who may have different cultural or linguistic requirements
  - people with a disability who may have access requirements
- will best integrate with the way the accountability area manages health, safety and wellbeing.

#### **4.2.5 Documenting WHS consultation**

Consultation with workers and with other duty holders does not have to be documented unless specifically required under the *WHS Regulation*, for example section 552 of the *WHS Regulation* requires a major hazard facility's safety case outline to include a description of the consultation with workers undertaken in the preparation of the safety case. However, it is good practice to keep records to demonstrate compliance with consultation requirements.

Records of consultation may also assist the risk management process and make disputes less likely.

Records should include outcomes of discussions. Records can be brief and simple, and cover:

- what the WHS matter is
- who was identified as affected, or likely to be affected
- who was involved in consultation
- key issues consultation identified
- what decision has been made
- why the decision has been made
- who is to take action and by when
- when the action was completed.

#### **4.2.6 Agreeing on consultation procedures**

When determining how consultation will occur, each accountability area is to seek agreement with their workers. The agreed consultation procedures should clarify key responsibilities of people in the workplace and clearly state when consultation is necessary.

Before consultation procedures can be agreed, the accountability area is required to consult about the proposed procedures with all affected workers, including any HSRs for the relevant workers.

Agreed consultation procedures must:

- include sharing of information
- allow workers a reasonable opportunity to express their views
- not remove the powers of any HSR or the functions of any HSC.

Agreed consultation procedures are likely to be most effective if they include:

- the matters that require consultation
- who will be consulted
- the ways consultation will occur, for example, through regular meetings, toolbox talks or HSRs
- how information will be shared with workers and HSRs
- what opportunities will be provided for workers and HSRs to give their views on proposed matters
- how feedback will be given to workers and HSRs
- how consultation will occur with any workers who have different language and literacy needs
- timeframes for reviewing the procedures.

#### **4.2.7 Shared duty holders**

If more than one person has a duty in relation to the same WHS matter, each person with the duty must, so far as is reasonably practicable, consult, co-operate and co-ordinate activities with all other persons who have a duty in relation to the same matter (section 46 of the *Work Health and Safety Act 2011* and section 5 of the code of practice).

There is often more than one business or undertaking with responsibility for the same health and safety matters, either because they are involved in the same activities or share the same workplace. Duty holders' work activities may overlap and interact at particular times. In these situations, each duty holder should exchange information to find out who is doing what and work together in a cooperative and coordinated way so risks are eliminated or minimised so far as is reasonably practicable.

Examples of shared duty holders working in Queensland Health workplaces may include:

- contracted services (for example, maintenance and building, information technology, security, nursing agency staff) undertaking services within a HHS or department facility
- Department of Energy and Public Works (when undertaking maintenance or construction operations)
- Department of Health (when undertaking new builds of facilities on behalf of HHSs)
- contracted transport or delivery services (including waste management and collection contractors, document destruction contractors) undertaking transport or delivery processes to an HHS or Department of Health facility
- visiting medical officers (VMOs), locum doctors, providing health services within a HHS or Department of Health facility
- aeromedical retrieval and surgical services
- university students and their facilitators (including work experience students)
- volunteers
- Queensland Ambulance Service
- Department of Health finance, payroll, supply chain and linen services staff working in HHSs

- retail outlets operating on HHS premises.

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

Consulting, co-operating and co-ordinating activities with other duty holders helps to address any gaps in managing WHS risks that may occur when:

- there is a lack of understanding of how the activities of each person may add to the hazards and risks to which others may be exposed
- duty holders assume that someone else is taking care of the health and safety matter
- the person who takes action is not the best person to do so.

Communicating about, and co-operating and co-ordinating activities with, others who are involved in the work or things associated with the work will make the control of WHS risks more likely and assist each duty holder to comply with their duty. It can also mean that health and safety measures are more efficiently undertaken and communicated in a timely manner. What is reasonably practicable in relation to consulting, cooperating and coordinating activities with other duty holders will depend on the circumstances, including the nature of the work and the extent of interaction. For example, consulting, cooperating and coordinating activities with other duty holders at a hospital and health service (HHS), may include other entities attending the HHS's WHS committee meetings, operational or pre-start meetings.

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 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
- ways in which the activities of each duty holder may affect what others do
- identifying the workers that are or will be involved in the activity and who else may be affected by the activity
- who will consult with workers affected by the work activities of each duty holder
- 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 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 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. Where relevant, accountability areas may achieve this by incorporating shared duty holder arrangements into contracts and procurement processes to ensure that all requirements are identified and specified at the contract tendering and procurement phase.

Refer to the *Health, safety and wellbeing planning standard*, the *Health, safety and wellbeing governance standard*, the *Health, safety and wellbeing risk management standard* and the *Health, safety and wellbeing consultation standard* for further information on shared duty holders.

#### **4.2.7.1 Consultation, cooperation and coordination of construction projects**

The principal contractor for a **construction project** has a specific duty under the WHS Regulation to document, in their WHS Management Plan for the project, the arrangements in place for consultation, cooperation and coordination between the PCBUs at the site.

Where an accountability area is performing the role of principal contractor for a construction project, the accountability area must prepare a written WHS management plan for the site before work on the project commences, which is also communicated and consulted with all relevant shared duty holders.

The principal contractor must document, in their WHS Management Plan for the project, the arrangements in place for consultation, cooperation and coordination between the PCBUs at the site. The WHS management plan must be made available to be inspected by all parties carrying out construction work in connection to the project and be kept until the project to which it relates is completed.

The written WHS Management Plan must include –

- the names, positions and health and safety responsibilities of all persons at the workplace whose positions or roles involve specific health and safety responsibilities in connection with the project
- the arrangements in place, between PCBUs, as shared duty holders, at the workplace where the construction project is being undertaken, for consultation, cooperation and the coordination of activities
- the arrangements in place for managing any WHS incidents that occur
- any site-specific WHS rules, and the arrangements for ensuring that all persons at the workplace are informed of these rules
- the arrangements for the collection and any assessment, monitoring and review of safe work method statements at the workplace.

Where an accountability area has commissioned a construction project and formally authorised the contractor engaged to be the principal contractor, the commissioning accountability area still holds a duty to ensure the work is being carried out safely and must communicate with the principal contractor about any hazards at or near where the work is being carried out, as well as be consulted on the WHS management plan that the contractor has prepared.

The accountability area is also required to adopt a robust contractor management process in order to comply with its WHS duties, inclusive of consultation, cooperation and coordination of activities with other duty holders on site. Further information on contractor management requirements is contained in the *Health, safety and wellbeing risk management guideline*.

## 5 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.

## 6 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 G6 Orientation, induction and mandatory training
- 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 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 management system framework
- Health, safety and wellbeing planning guideline (QH-GDL-401-1)
- Health, safety and wellbeing risk management guideline (QH-GDL-401-3)
- Queensland Government Information security policy
- Queensland Government Records governance policy
- Workplace Health and Safety Queensland Health and Safety Representatives Fact Sheet
- Workplace Health and Safety Queensland Issue resolution fact sheet
- Workplace Health and Safety Queensland Worker representation and participation guide
- 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.
Construction project	For the purposes of chapter 6 of the <i>Work Health and Safety Regulation 2011</i> , a construction project is construction work that costs \$250,000 or more.
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.
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>

Term	Definition
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>
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 <i>HR Policy W1 - Health, safety and wellbeing policy</i>, 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>
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>

Term	Definition
Hierarchy of control measures	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.
Level 1 - Elimination	The <i>Hazardous manual tasks Code of Practice 2021</i> outlines four levels of controls, with higher order controls most effective in minimising risks because they control the hazard at the source.
Level 2 – Substitution, isolation and Engineering	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.  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 –
Level 3 – Administrative controls	<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>
Level 4 - Personal Protective Equipment	<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>
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"> <li>• Others are people who are not workers but whose health and safety may be impacted by one or more accountability areas.</li> </ul> <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>

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>
Safety legislation	<p>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.</p>
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	<p>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.</p>

Term	Definition
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> <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 the hazard or risk, and about the ways of eliminating or minimising the risk; and</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>
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"> <li>a) a relevant union for the worker (of which the worker is a member or is eligible to be a member); or</li> <li>b) another entity that— <ul style="list-style-type: none"> <li>(i) is authorised by the worker or representative to represent or assist the worker or representative; but</li> <li>(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).</li> </ul> </li> </ul>
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"> <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>
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	<p>Guideline review prompted by legislative and other amendments:</p> <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 Act 2011, as outlined in Brisbane Olympic and Paralympic Games Arrangements 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 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</li> <li>• alignment to AS / NZS ISO 45003 criteria</li> <li>• standard reformatted as part of the HR Policy review</li> <li>• amended to update references and naming conventions</li> </ul>
15 July 2021	New guideline