

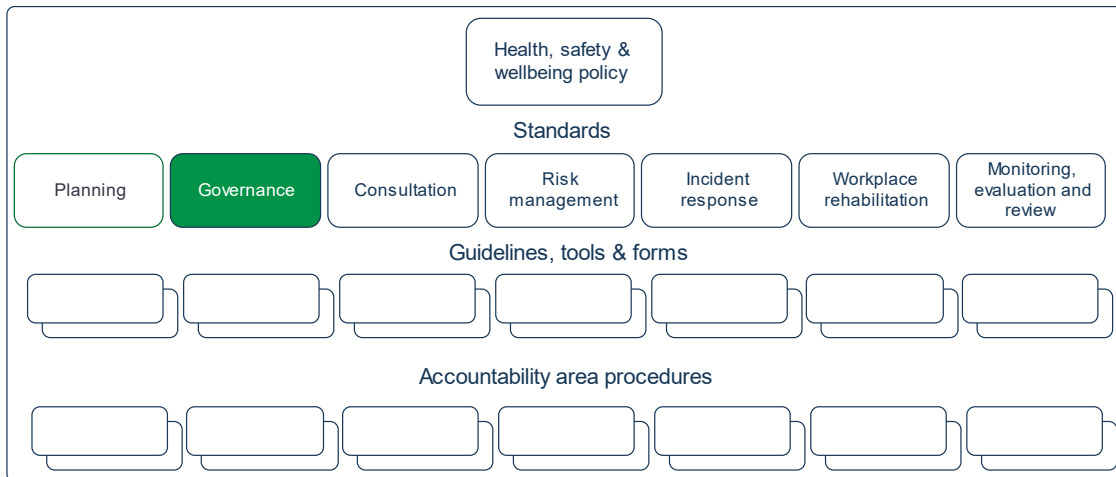
Health, safety and wellbeing governance standard

Human Resources Standard (QH-IMP-401-6)

1 Statement

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

This standard establishes requirements for work health and safety (WHS) **governance** to enable each **accountability area** to effectively discharge its WHS obligations. This standard is one of seven standards detailing the requirements of the Health, safety and wellbeing management (HSW) system, as authorised by the *Health, safety and wellbeing policy*.



1.1 Summary of requirements of this Standard

- Local identification of accountability area roles with key WHS responsibilities at an individual level (e.g. Executive leaders, managers and supervisors, workers, health and safety representatives).
- Local identification of shared duty holders and processes for consulting, cooperating and coordinating activities with others who have a duty in relation to the same matter.
- Local work, health and safety governance framework, comprising WHS (worker consultation) committees, facility level and/or other sub-committees (as deemed necessary), and an accountability area Health and Safety Management Committee/peak WHS committee with reporting and escalation pathways to the local Executive Leadership Team (ELT).
- Local reporting of WHS performance provided to Executive leaders and Boards (where relevant), in the form of accountability area due diligence reports, incorporating, at a minimum, the KPI requirements of the WHS Data Set described in the *Monitoring, evaluation and performance review standard* as well as achievement against the local strategic objectives set out in the accountability area's HSW Management plan.
- Key WHS performance exception reporting to the Department of Health, for quarterly escalation, where relevant, to Department of Health ELT, in its role as system leader.

2 Application

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

3 Acknowledgement

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

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

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

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

- recognise the importance to Aboriginal peoples and Torres Strait Islander peoples of the right to self-determination and promote the perspectives of Aboriginal and Torres Strait islander peoples; and

- foster a culturally capable workforce and a culturally safe workplace by developing cultural capability at all levels, to every day embed cultural practices across the health system in Queensland.

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

4 Primary duty holders

Work health and safety in Queensland is governed by a wide range of legislation, regulatory standards and codes of practice.

The scope of the Health, safety and wellbeing management system framework ensures Queensland Health workplaces focus on complying with the following **safety legislation**:

- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2011
- Electrical Safety Act 2002
- Electrical Safety Regulation 2013
- Workers' Compensation and Rehabilitation Act 2003
- Worker's Compensation and Rehabilitation Regulation 2014
- Building Fire Safety Regulation 2008
- Hospital and Health Boards Act 2011
- Relevant Codes of Practice and Australian Standards, including the Managing the risk of psychosocial hazards at work Code of Practice 2022

Additional WHS-related legislative compliance requirements are outlined at Section 8 of this standard and may also be identified by individual accountability areas, specific to local business operations, and implemented in the **safety management system** through local operating procedures.

Under the safety legislation, accountability areas have obligations in relation to ensuring the WHS of workers and **others**, so far as is reasonably practicable. The primary duty holders (otherwise known as the **person conducting a business or undertaking** (PCBU)) are set out in Table 1.

Table 1: PCBUs in Queensland Health

Accountability area	PCBU
Divisions of Department of Health	Department of Health
Queensland Ambulance Service (QAS)	QAS and Department of Health
Hospital and health services (HHSs)	HHS and Department of Health

5 Roles and responsibilities

Table 2 sets out the different roles and responsibilities for WHS at the organisational level.

Section 5.1 sets out WHS responsibilities at the individual level, in accordance with role groupings in alignment with safety legislation.

Each accountability area is responsible for identifying the key roles and responsibilities at an individual level (e.g. individual workers, managers or **officers**).

Section 5.2 sets out **shared duty holder** obligations. Each accountability area may have shared duties with other PCBUs, including other Queensland Health accountability areas, and must have local processes in place to consult, cooperate and coordinate with those shared duty holders in relation to those matters. The Planning Standard outlines the requirements that local shared duties processes must address.

Table 2: WHS roles and responsibilities at an organisational level

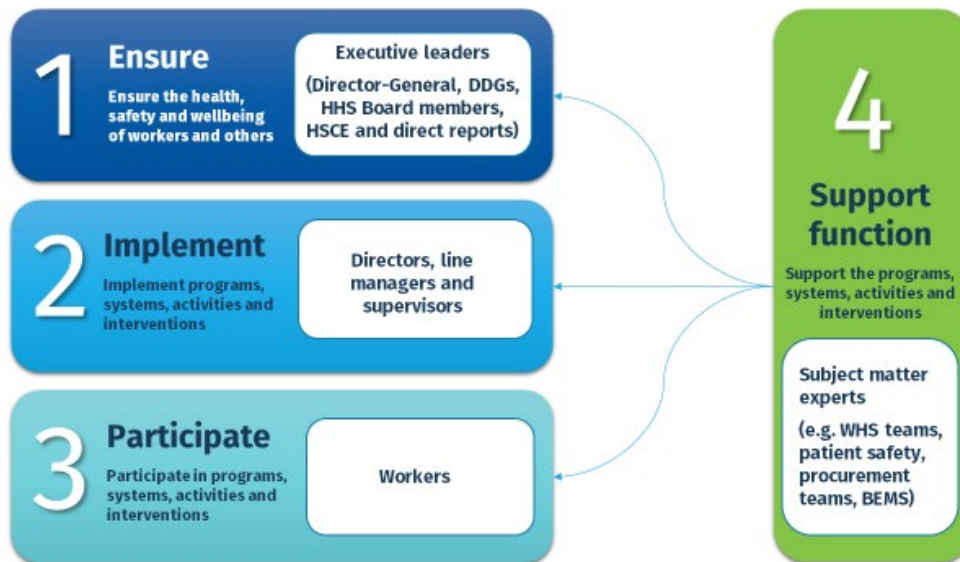
Accountability area	Roles and responsibilities
Department of Health	<ul style="list-style-type: none"> • In relation to the Department of Health divisions, as a PCBU, it must take steps, so far as is reasonably practicable, to ensure workers and others associated with its operational activities, are safe. • The Department of Health (the Department), in its role as system leader, must develop and maintain Queensland Health’s Health, safety and wellbeing management system framework which applies to all accountability areas. • The Department’s divisions must implement Queensland Health’s Health, safety and wellbeing management system framework and operationalise this through local procedures and processes to manage the risk of work-related physical and psychosocial hazards, in a manner appropriate to the purpose, size and context of the Department, which addresses the specific nature of WHS risks and associated opportunities. • In relation to HHSs and the QAS, the Department of Health’s role involves oversight and monitoring of WHS matters. This is a systemic role that does not descend to operational matters.
Hospital and Health Services	<ul style="list-style-type: none"> • A HHS is a statutory body and a PCBU. • HHSs must take steps, so far as is reasonably practicable, to ensure workers and others associated with its activities, are safe. • HHSs must implement Queensland Health’s Health, safety and wellbeing management system framework and operationalise this through local procedures and processes to manage the risk of work-related physical and psychosocial hazards, in a manner appropriate to the purpose, size and context of the HHS, which addresses the specific nature of WHS risks and associated opportunities.

Accountability area	Roles and responsibilities
	<ul style="list-style-type: none"> When QAS workers enter a HHS in the course of their work, the HHS is a shared duty holder, owing QAS workers a health and safety duty. Operational control for WHS matters remains with the HHS.
QAS	<ul style="list-style-type: none"> The QAS is a statutory body and a PCBU. The QAS must take steps, so far as is reasonably practicable, to ensure workers and others associated with its activities, are safe. The QAS ensures the health, safety and wellbeing of its workers through a separate documented safety management system. When HHS workers operate in a co-responder role with the QAS, the QAS is a shared duty holder, owing HHS workers a health and safety duty. Operational control for WHS matters remains with the QAS.

5.1 WHS responsibilities at individual level

Duties are discharged through various levels of the organisation, with duty holders needing to ensure, implement or participate in programs and systems of work to manage the risk to health and safety.

Figure 1: WHS responsibilities by role groupings



5.1.1 Executive leaders

Queensland Health expects that all persons who hold Executive or Board level positions will seek to comply with officer duties, even if they do not fall within the definition of an officer, to ensure the Department of Health and HHSs comply with safety legislation.

Whilst an officer's due diligence duties cannot be transferred, executive leaders have the necessary delegations to direct decisions and gain assistance from others by assigning tasks, to assist to fulfil their health and safety responsibilities within their area of control and influence. Within Queensland Health, senior directors, line managers and supervisors are among those engaged to support executive leaders and it is their role to effectively implement the programs and systems that the executive leaders initiate. In turn, executive leaders must ensure that those responsible for implementing the systems or programs fulfil their role.

Executive leaders in each accountability area have individual WHS responsibilities:

- Ensure the accountability area complies with its PCBU duties, through exercising due diligence, including by taking personal positive steps to:
 - **Know** - Acquire knowledge and keep up to date about HSW matters
 - **Understand** - Understand the business operations, its HSW **hazards** and **risks**
 - **Resource** - Ensure the accountability area has appropriate resources and processes in place to manage HSW risks, they are communicated, used, and actively checked
 - **Receive** – Ensure the accountability area has appropriate reporting processes for HSW incidents, hazards and risks and responds in a timely way
 - **Comply** - Ensure the accountability area has processes to comply with legal duties for notifiable incident reporting, enforcement notice compliance, provision of WHS training and instruction to workers and consulting with workers
 - **Verify** – Personally and proactively verify/actively check the provision and use of processes and resources to manage HSW risks and comply with legal duties.
- Demonstrate leadership commitment to achieving local objectives for HSW and to implementing the requirements of the HSW management system framework within their accountability area, with accountability for specific HSW objectives assigned to specific executive leads to ensure and oversight.
- Assign actions with responsibilities and timeframes to others and ensure those assigned actions are aware of what is required of them and are equipped and authorised to perform the assigned actions.
- Ensure adequate and suitable resources, including physical, technological and people resources, and processes are provided and used to eliminate or minimise risks to the health, safety and wellbeing of workers and others and to achieve the requirements of the health, safety and wellbeing management system.
- Ensure systems are in place to enable the direct or timely access to safety-related documentation for the accountability area's health, safety and wellbeing function.
- Ensure effective management of psychosocial risks by enabling leaders and workers with different roles to work together effectively (e.g. human resources practitioners, work health and safety practitioners, line managers, workers with specific WHS responsibilities, including **health and safety representatives** (HSRs).
- Ensure processes are in place to respond to HSR-directed cease work notices or to a worker-initiated cessation of unsafe work, in instances where the HSR or the worker has

a reasonable concern that to carry out the work would expose the worker to a serious risk to health or safety, emanating from an immediate or imminent exposure to a hazard.

- Ensure that **permission to pause care** provisions are implemented in clinical service delivery work areas, with operational oversight and escalation to the senior clinician on duty.
- Ensure consultation, communication and cooperation processes are in place in the accountability area for consultation on WHS matters with workers, HSRs and shared duty holders, inclusive of:
 - reporting processes for WHS incidents, hazards and issues, including reporting notifiable incidents to the WHS Regulator in accordance with legislative provisions
 - communication of infringements received, findings of incident investigations and risk assessments and other safety information to relevant stakeholders, including HSRs and any directly affected shared duty holders, in order to promote proactive management of risks arising from physical and psychosocial hazards in work areas
 - regular consultation and communication with workers about foreseeable WHS hazards and risks, including via health and safety committees
 - annual communication to workers of their rights in relation to the determination of work groups and election of HSRs, including inviting the facilitation of an election for HSRs in the accountability area
 - notification to the WHS Regulator of elected HSR details and display of current list of HSRs at the workplace
 - supporting inclusion of unions in the consultation process if requested by workers and in accordance with legislative provisions
 - processes to consult, cooperate and coordinate with shared duty holders on shared WHS matters.
- Oversight of the accountability area's peak WHS committee.
- Ensure workers are insured and remain insured with WorkCover Queensland for all work-related injuries and illnesses.
- Ensure a local workplace rehabilitation system is in place to support work-related and non-work-related injury or illness recovery, through the identification and provision of suitable duties, appropriate rehabilitation support to recover at work or return to work and implementation of early intervention programs, supported by appropriately qualified Rehabilitation and Return to Work Coordinators.
- Incorporate executive leads' responsibilities and those assigned actions into existing Delegation of Authority or equivalent document, such as a local accountability matrix.

5.1.2 Managers and Supervisors

Within Queensland Health, directors, line managers and supervisors are among those engaged to support executive leaders and it is their role to effectively implement the programs and systems that the executive leaders initiate. In turn, executive leaders must ensure that those responsible for implementing the systems or programs fulfil their role.

Managers in each accountability area have individual WHS responsibilities:

- Lead and provide clear expectations, through decisions, actions and behaviours to support health, safety and wellbeing in their area of control.
- Implement a safe work environment for workers and others in their work/service area.
- Implement safe systems of work, so as not to expose risk to workers or others, including patients, contractors, visitors and members of the public.
- Ensure plant or substances used in their work/service area are safe and provide Personal Protective Equipment (PPE), where required, to ensure tasks are conducted safely.
- Provide instruction, training and supervision, as necessary to enable workers in their work/service area to perform work safely and monitor worker compliance with safe operating procedures and work practices relevant to the work/service area.
- Oversee completion of mandatory WHS training and ensure any additional WHS training needs of workers in the work/service area are assessed and required training facilitated.
- Investigate hazards, **incidents** and near misses reported by workers in their work/service area.
- Support WHS investigations and audits that are conducted in their work/service area, including through the provision of relevant evidence, upon request.
- Facilitate worker and HSR consultation when making decisions about managing risks, investigating incidents, proposing changes that may affect the health and safety of workers and when resolving health or safety issues. Include unions in the consultation process if requested by workers and in accordance with legislative provisions.
- Facilitate elections and training of HSRs within legislatively prescribed timeframes (with support from the local WHS unit where required), including allowing HSRs to choose their HSR training provider and ensuring HSRs are paid the amount, including any overtime, penalties or allowances that the HSR would otherwise be entitled to receive if they performed their normal duties.
- Notify HSR of workplace incidents, including any notifiable incidents or enforcement notices relating to the HSR's work group, via local processes, including via RiskMan.
- Notify the HSR when a WHS entry permit holder (union) or an inspector enters a workplace relevant to their work group, and permit the HSR to accompany the permit holder or inspector when exercising functions.
- Ensure HSR/s in their work/service area of control have sufficient protected time in their roster to exercise their powers and functions, including attending WHS meetings and committees.

- Implement processes for WHS communication networks and mechanisms to operate effectively in their work/service area.
- Actively participate in or contribute to the accountability area's health and safety committee/s, where required.
- Implement processes to enable workers' immediate access to first aid, including support to access medical treatment, where required, in the event of injury, and support to access psychological support, where required, following a work-related critical incident.
- Implement processes to support workers to recover at work or return to work at the earliest medically endorsed timeframe following worker injury or illness, by making suitable duties available, wherever possible, in accordance with the requirements of the Queensland Health *Workplace rehabilitation standard*.
- Facilitate referral of workers with work-related injury or illness to the accountability area's Rehabilitation and Return to Work Coordinator, to implement a coordinated workplace rehabilitation process and to support injured workers and their manager/s through the process.

5.1.3 HSRs in each accountability area have powers and functions:

- Attend approved HSR training within the legislatively prescribed time period.
- Exercise powers and perform functions in accordance with legislation.
- Represent workers from their workgroup in matters relating to work health and safety.
- Be involved in consultation processes for WHS matters for the work group, including making decisions about managing risks affecting the work group.
- Monitor measures taken by the accountability area in relation to their work group.
- Follow up on complaints made by any member of their work group.
- Inquire into potential risks to the health and safety of workers in their work group that arise from the conduct of the employer.
- Request information concerning the WHS of workers in their work group (but excluding disclosure of personal information about an individual).
- Review circumstances surrounding workplace incidents.
- Attend interviews relating to workplace incidents if requested by the injured party.
- Advise the relevant management representative of the results of any workplace incident review and make recommendations.
- Be involved in consultation processes regarding proposed changes to their work group, plant or substances used at the workplace, that affect or may affect the health and safety of workers.
- Assist to resolve WHS issues within the work group.
- Actively participate in the accountability area's WHS committee and/or HSR sub-committee, where the HSR consents to being a member of the committee/s

- Report to a management representative or local WHS unit any issue that, in the HSR's opinion, affects, or may affect the WHS of persons in the work group, and also record in RiskMan.
- Request assistance on WHS matters or issues from a 'relevant union' for the work group, if required.
- Accompany a WHS entry permit holder (union) or an inspector where the workplace entry is relevant to the HSR's work group.
- Issue Provisional Improvement Notices to PCBUs to remedy suspected contraventions of the *WHS Act*.
- Issue written 'cease work' notices to the accountability area to cease work where there is a reasonable concern that a relevant worker will be exposed to serious risk to their health or safety, emanating from an immediate or imminent exposure to a hazard.

5.1.4 Workers in each accountability area have individual WHS responsibilities:

- Follow available safe operating procedures.
- Follow the safety instructions of managers and supervisors.
- Cooperate with any reasonable policy, procedure or instruction of which they have been made aware.
- Immediately report hazards, near misses or incidents to the manager and also record these in RiskMan, the incident management system.
- Record a work incident report in RiskMan for injury or illness that is work-related.
- Use personal protective equipment if it is provided.
- Complete all mandatory health and safety training, including any role-specific or occupation-based WHS training where required.
- Do not wilfully injure themselves or others, and ensure their acts or omissions do not adversely affect the health and safety of others.
- If injured at work, actively participate in available workplace rehabilitation in order to stay at work or return to work, in accordance with medically certified work capacity.

5.2 Shared duty holder responsibilities

Consultation, cooperation and coordination between shared duty holders is required as detailed in the *Work health and safety consultation, cooperation and coordination Code of Practice 2021* and the *Health, safety and wellbeing planning standard* and *Health, safety and wellbeing consultation standard*.

Each accountability area must develop, implement and maintain local processes for managing scenarios 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. An example of a shared duty holder includes where the Department of Health has workers located at a HHS.

Each party with the duty must, as far as is reasonably practicable, consult, cooperate and coordinate activities with all other parties who have a duty in relation to the same matter.

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.

Each shared duty holder must ensure, so far as is reasonably practicable, the elimination or minimisation of risks to health and safety arising from the work being carried out. Accountability areas must ensure these 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.

Regular communications must be formally instituted between shared duty holders as they consult, cooperate and coordinate on the management of activities. The types of communication expected between shared duty holders must be identified and documented within each accountability area's HSW management system documentation.

Further detail on shared duty holder responsibilities is contained in the *Health, safety and wellbeing planning standard*, the *Health, safety and wellbeing planning guideline*, the *Health, safety and wellbeing consultation standard* and the *Health, safety and wellbeing consultation guideline*.

6 Work health and safety governance framework

Queensland Health supports and promotes the role of **health and safety committees** in WHS governance. Accountability areas will support requests for the establishment of health and safety committees made in accordance with the *WHS Act*.

6.1 Accountability area WHS governance

The HHSs' and Department of Health's operational safety governance arrangements are outlined at Attachment 1.

Key aspects of monitoring and reporting to be escalated through the WHS governance framework are contained in the *Health, safety and wellbeing monitoring, evaluation and performance review standard*.

Further information on requirements for the establishment and operation of health and safety committees is contained in the *Health, safety and wellbeing consultation standard*.

6.1.1 Work health and safety committees

Queensland Health supports the establishment of health and safety committees (HSCs) to facilitate worker consultation for the workplace or part of the workplace on the accountability area's own initiative.

Where a worker WHS consultation committee (worker HSC) doesn't exist, one must be established if requested by five or more workers at the workplace or by the HSR.

The worker HSC deals with WHS issues across the accountability area and must meet at least once every three months and at any reasonable time at the request of at least half of the committee members.

- The worker HSC should include representatives from a range of service delivery areas in the accountability area to ensure solutions developed are appropriate to all types of environments.
- Elected HSRs may choose to be members of their accountability area's worker HSC.
- In total, at least half of the members of the worker HSC must be workers who are not nominated by management. However there should be management representatives on this committee who have the appropriate skills and delegation to make decisions on WHS matters.
- The accountability area's WHS function/team should be represented on this committee.

Worker HSCs must provide quarterly written reports to the accountability area's Health and safety management committee (HSMC), or other established peak WHS committee, in an approved form.

- Any recommended actions or WHS matters requiring decision-making beyond the delegation of the worker HSC, are to be escalated to the accountability area's established peak WHS committee (usually the HSMC), for review and decision-making.
- Any WHS issues and disputes tabled with a worker HSC are to be escalated through local WHS governance pathways, in the event a WHS issue tabled with an HSC cannot be resolved and/or where the HSC does not have authority to resolve the issue.

Facility level or focus group WHS committees may also be established if deemed necessary by the accountability area. A worker HSC may instead be combined with facility level or focus group WHS committees.

- These sub-committees are subordinate to the accountability area-wide worker HSC and report into the worker HSC.
- If these committees are in place, they are to establish terms of reference in accordance with the instruments governing committees in their accountability area.

6.1.2 Health and safety management committee

The Health and safety management committee (HSMC) is the peak WHS committee in an accountability area and may be referred to by other titles.

- The accountability area's HSMC / peak WHS committee will comprise decision-makers and may include members of the Executive leadership team.
- The accountability area's **WHS manager** is expected to sit on the HSMC.

The purpose of the HSMC is to support the accountability area's Executive Leadership Team (ELT) to oversee WHS within the accountability area, through review and decision-making on WHS matters within the HSMC's determined delegation.

The HSMC meets quarterly to review WHS performance, including due diligence reports prepared by the accountability area's WHS support function, as well as any other relevant reports and WHS matters, to clear for escalation to the ELT (and HHS Board, where relevant) in an approved form.

6.1.3 The Executive Leadership Team

The **Executive Leadership Team** (ELT) supports the most senior person in the accountability area to provide leadership, direction and guidance to the accountability area and oversee its strategic function, capabilities and effective operation.

The ELT must consider WHS at both a strategic and operational level, at a minimum of quarterly and will receive a quarterly due diligence report from the HSMC to assist it to do so.

The ELT meets quarterly at a minimum and has WHS as a standing agenda item. The executive team is to table the accountability area's *WHS Due Diligence Report* for discussion and action, together with ongoing monitoring and review of actions and progress from the local senior management review of the SMS.

In a HHS, any actions from the WHS due diligence report that cannot be resolved by the HHS executive team are to be escalated to the HHS Board.

In an accountability area, any high-risk issues that cannot be resolved locally or issues/actions with system-level impacts are to be escalated to the Department, for system leader review and response. Further details are outlined at section 6.2 of this standard.

6.2 System leader WHS governance

6.2.1 Required inputs from accountability areas

Each accountability area is required to submit WHS performance exception reporting, in accordance with the following criteria, to the Department, on a quarterly basis, for system leader review and monitoring purposes.

Criteria for high-risk issues that cannot be resolved locally and/or issues/actions with system-level impacts, triggering the threshold for submission of exception reporting, are as follows:

- Local emerging risks, where existing and additional controls applied locally are identified as unable to satisfactorily mitigate to an acceptable risk rating
- Local emerging risks, where existing and additional controls applied locally are identified as innovative, effective and scalable across the system, so as to be relevant for statewide shared learnings
- Significant incidents or **significant legislative breaches** identified (either within or outside of reporting period), which are either unable to be remediated locally by ELT or the Board, or where rectification/progress through local action has occurred since the time of previous reporting
- Enforcement notices issued during the subject reporting period, including those previously reported to the Department at the time of the regulatory interaction per the requirements of the *WHS Incident response standard*, with updated information on rectification action taken in relation to the notice/s, until the notice is closed
- WHS-related industrial action or issues unable to be resolved locally and/or escalated to the Queensland Industrial Relations Commission
- WHS performance against HSW management plan strategic objectives or WHS Data Set KPIs significantly outside expectations and unable to be remediated locally

- Local resourcing challenges that may impact safe service delivery, which are unable to be resolved locally.

Exception reporting content is to be prepared by each accountability area at conclusion of each financial quarter and cleared by the local Executive leadership team (ELT) and also Boards, (where relevant), prior to submission to the Department.

Should an accountability area identify that no criteria for exception reporting were met during the subject financial quarter, the requirement for reporting to the Department will be satisfied through submission of a statement attesting the same.

Further WHS KPI data is also required to be provided by an accountability area, to the Department's Health and Safety unit, in accordance with the *Health, safety and wellbeing monitoring, evaluation and performance review standard* and associated WHS Data Set, as amended from time to time.

6.2.2 Systemic oversight and monitoring of HSW matters

The Department, as system leader, is responsible for setting, maintaining and communicating an overarching safety management system framework to enable the consistent management of health, safety and wellbeing across Queensland Health. This includes ensuring the availability, relevance and appropriateness of documentation, monitoring compliance and reviewing safety performance.

The Department's Health and Safety unit consolidates any exception reporting received from accountability areas, on a quarterly basis, for escalation to the Department's ELT, for review and system leader response.

The Department's ELT, in its role as system leader, is to oversight WHS performance across the system and monitor key WHS matters that may require a system-level response.

Upon receipt of quarterly exception reports, the Department's ELT is to consider the required response, which may include:

- ongoing monitoring until the WHS issue is resolved
- safety alerts and notices issued through the Safety Alert Broadcast System
- internal capability development through training and provision of resources
- escalation to subject matter expert functions in the Department to review and support accountability area resolution
- escalation for legal or other technical advice
- sharing of learnings via health, safety and wellbeing due diligence reporting, forums and committees
- system-level response through provision of support or resources.

7 Record retention

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

8 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 including the electrical safety codes of practice
- Workers' Compensation and Rehabilitation Act 2003
- Workers' Compensation and Rehabilitation Regulation 2014

9 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
- Board induction information – Good practice guide for Hospital and Health Boards
- 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)
- Health, safety and wellbeing due diligence training (eLearning)
- Mandatory training HR Policy G6 (QH-POL-183)
- 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 incident response standard (QH-IMP-401-7)
- Health, safety and wellbeing policy (QH-POL-401)
- Health, safety and wellbeing management system framework
- Health, safety and wellbeing governance guideline (QH-GDL-401-6)
- Queensland Government Information security policy

- Queensland Government Records governance policy
- Work health and safety due diligence planner (officer self-assessment)
- 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.
Boards	<p>Queensland Health has Boards of Management which function under the authority of the Director-General and provide governance oversight of certain strategies and divisions of the Department of Health, as well as Hospital and health boards controlling each Hospital and health service.</p> <p>Refer to Hospital and health board in this Definitions table, for the definition of a Health Service Board, appointed for a Service under section 23 of the <i>Hospital and Health Boards Act 2011</i>.</p>
Department of Health	Department of Health divisions (the department) is the health system manager. The Department of Health's systematic role involves oversight and monitoring and does not descend to operational matters.
Duty holder	<p>Refers to any person who holds a health and safety duty under the <i>Work Health and Safety Act 2011</i>. PCBU's, officers and workers are all duty holders for work health and safety.</p> <p>A person can also have more than one duty by virtue of being in more than one class of duty holder.</p> <p>More than one person can concurrently have the same duty and where more than one person has a duty for the same matter, each duty holder must comply with that duty to the standard required by the <i>Work Health and Safety Act 2011</i>, even if another duty holder has the same duty.</p>
Executive leader	Is the most senior person of each accountability area and can include persons reporting to that position.
Executive Leadership Team (ELT)	<p>The Executive Leadership Team (ELT) supports the Executive leader of the accountability area to provide leadership and oversight of the functions of the business to ensure its effective operation.</p> <p>In the Department of Health, the Department of Health ELT supports the Director-General to provide leadership, direction and guidance to the Department of Health and oversee its strategic function, capabilities and effective operation.</p>

Term	Definition
Governance	<p>Governance is how an organisation is directed and controlled and can include organisational structures, management roles and the scope of the power and authority they exercise, and the frameworks established for making decisions.</p> <p>Public sector governance refers to “the arrangements and practices which enable a public sector entity to set its direction and manage its operations to achieve expected outcomes and discharge its accountability duties.” (Australian National Audit Office, 2014: Public Sector Governance – Better Practice Guide)</p>
Hazard	<p>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>)</p>
Health and safety committee (HCS)	<p>A health and safety committee established under the <i>Work Health and Safety Act 2011</i>.</p>
Health and safety representative (HSR)	<p>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</p>
Health, safety and wellbeing management system framework	<p>Also known as the SMS framework. This centralised framework consists of Queensland Health <i>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>
Health Service Chief Executive (HSCE)	<p>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></p>
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
Hospital and health board	<p>A Hospital and health board appointed for a Service under section 23 of the <i>Hospital and Health Boards Act 2011</i>, which consists of five or more members appointed by the Governor in Council and which controls the Service for which it is established, with regard to –</p> <ul style="list-style-type: none"> (a) the need to ensure resources of the public sector health system are used effectively and efficiently; and (b) the best interests of patients and other users of public sector health services throughout the State.
Hospital and health service (HHS)	<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>
Incident	<p>An unplanned event that either resulted in or had the potential to result in adverse outcomes such as harm, loss, damage, disruption or delay.</p>

Term	Definition
Legislative breach	<p>A breach is a failure to comply with legislation or another requirement.</p> <p>Accountability areas are required to internally report potential, actual and significant breaches of safety-related legislation to the Department of Health on an annual basis, in accordance with the requirements of the <i>Health, safety and wellbeing monitoring standard</i> and the following definitions for safety-related legislative breach -</p> <ul style="list-style-type: none"> • Actual breach – Directed compliance by an enforcement notice issued, where the Work Health and Safety (WHS) Regulator and/or Electrical Safety Regulator reasonably believes there has been a contravention of the relevant legislation and has issued any of the following: <ul style="list-style-type: none"> ○ Prohibition Notice ○ Electrical Safety Protection Notice • Significant breach – an actual breach, resulting in sanctions issued and proceedings commenced or a penalty for non-compliance issued by the WHS Regulator and/or Electrical Safety Regulator, by way of: <ul style="list-style-type: none"> ○ Infringement Notice that is used for an individual and/or an accountability area (PCBU), for contravening WHS and/or Electrical Safety legislation ○ Enforceable Undertaking has been entered into by an accountability area of Queensland Health with the Regulator, for an alleged contravention of WHS or Electrical Safety legislation ○ Prosecution, or intention to prosecute an individual and/or an accountability area (PCBU), by the WHS Prosecutor. • Potential breach – <ol style="list-style-type: none"> 1) Identification by an accountability area of non-compliance with a legislative requirement, where self-assessment by the accountability area suggests a breach is likely to occur without intervention and which met the locally determined threshold for breach reporting to the Executive leadership team and/or Board in the preceding financial year. <p>and / or</p> <ol style="list-style-type: none"> 2) Directed compliance by an enforcement notice issued, where the WHS Regulator and/or Electrical Safety Regulator reasonably believes there may have been a contravention of the relevant legislation and has issued any of the following: <ul style="list-style-type: none"> ○ Improvement Notice ○ Unsafe Equipment Notice ○ Non-disturbance Notice ○ Request to produce documents

Term	Definition
Officer	<p>An officer within the meaning of section 9 of the <i>Corporations Act 2001</i> (Commonwealth) other than a partner in a partnership. Broadly, an officer is a person who makes, or participates in making, decisions that affect the whole, or a substantial part, of the accountability area's activities.</p> <p>An officer can also be an officer of the Crown or a public authority if they are a person who makes, or participates in making, decisions that affect the whole, or a substantial part, of the business or undertaking of the Crown or public authority.</p> <p>The <i>Work Health and Safety Act 2011</i> imposes an obligation on officers to exercise due diligence with respect to the management of health and safety. Schedule 5 of the <i>Work Health and Safety Act 2011</i> and Schedule 2 of the <i>Electrical Safety Act 2003</i> defines officers.</p> <p>Queensland Health expects that all persons who hold Executive or Board level positions will seek to comply with officer duties, even if they do not fall within the definition of an officer, to ensure the Department of Health and HHSs comply with safety legislation.</p>
Others	<p>Other persons as referenced in the <i>Work Health and Safety Act 2011</i>.</p> <p>Others are people who are not workers but whose health and safety may be impacted by one or more accountability areas.</p> <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
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 Unacceptable Behaviour Framework 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".</p> <p>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 WHS Regulation, that is:</p> <p>A psychosocial hazard is a hazard that—</p> <ul style="list-style-type: none"> (a) arises from, or relates to— <ul style="list-style-type: none"> (i) the design or management of work; or (ii) a work environment; or (iii) plant at a workplace; or (iv) workplace interactions or behaviours; and <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 WHS Regulation, 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 Ambulance Service (QAS)	As established under the <i>Ambulance Services Act 1991</i> .
Queensland Health	<p>Means the Department of Health (the department) and all hospital and health services responsible for the provision of public sector health services.</p> <p>Queensland Health operates as a federated, networked system, with the Department of Health and each HHS being legally recognised as a PCBU in accordance with the <i>Work Health and Safety Act 2011</i>, under shared duties arrangements.</p>
Risk	Also referred to as WHS risk. The possibility that harm (death, injury or illness) might occur when exposed to a physical or psychosocial hazard.
Safety legislation	The <i>Work Health and Safety Act 2011</i> , the <i>Electrical Safety Act 2002</i> , the <i>Building Fire Safety Regulation 2008</i> , the <i>Workers' Compensation and Rehabilitation Act 2003</i> , the <i>Hospital and Health Boards Act 2011</i> and any associated regulations or WHS codes of practice, as amended from time to time.
Safety management system (SMS)	<p>Queensland Health's Health, safety and wellbeing management system (SMS), comprising a centralised framework of policy, standards, guidelines and other supporting documents that set out the requirements to systematically manage work health, safety and wellbeing in Queensland Health. The SMS applies to workers and others whose health and safety may be impacted when at Queensland Health workplaces, including patients, visitors, contractors, volunteers and work-integrated-learning placement students.</p> <p>Each accountability area is required to prepare procedures and other documentation to operationalise the SMS Framework and to enable the effective local implementation of the Queensland Health SMS. The SMS aligns to <i>AS/NZS ISO 45001: 2018 Occupational health and safety management systems</i> and <i>AS/NZS ISO 45003: 2021 Occupational health and safety management – Psychological health and safety at work – Guidelines for managing psychosocial risks</i>.</p>
Shared duty holders	Persons who have a duty under the <i>Work Health and Safety Act 2011</i> in relation to the same matter as another person, as referenced at section 16 and section 46 of the Act. Each person with the duty must, so far as is reasonably practicable, consult, cooperate and coordinate activities with all other persons who have a duty in relation to the same matter. Examples include owners, occupiers, secondary occupiers and concurrent duty holders. Examples of concurrent duty holders in Queensland Health include the Department of Health and a HHS, for example, where the Department of Health has workers located at the HHS.

Term	Definition
Significant legislative breach	<p>An actual legislative breach, resulting in sanctions issued and proceedings commenced or a penalty for non-compliance issued by the WHS Regulator and/or Electrical Safety Regulator, by way of:</p> <ul style="list-style-type: none"> • Infringement Notice that is used for an individual and/or an accountability area (PCBU), for contravening WHS and/or Electrical Safety legislation • Enforceable Undertaking has been entered into by an accountability area of Queensland Health with the Regulator, for an alleged contravention of WHS or Electrical Safety legislation • Prosecution, or intention to prosecute an individual and/or an accountability area (PCBU), by the WHS Prosecutor. <p>Refer to Legislative breach for further definitions of breach types.</p>
WHS manager	The workplace health and safety manager or director or equivalent functional lead at the relevant accountability area, or their delegate.
WHS Regulator	Workplace Health and Safety Queensland and the Electrical Safety Office
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> <ol style="list-style-type: none"> (a) an employee; or (b) a contractor or subcontractor; or (c) an employee of a contractor or subcontractor; or (d) an employee of a labour hire company who has been assigned to work in the person’s business or undertaking; or (e) an outworker; or (f) an apprentice or trainee; or (g) a student gaining work experience; or (h) a volunteer; or (i) a person of a prescribed class. <p>The person conducting the business or undertaking is also a worker if the person is an individual who carries out work in that business or undertaking.</p> <p>As per section 11(1) of the <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 (Cwlth)</i>; who has sustained a work-related personal injury or illness. (Note - the above definition is used by WorkCover Queensland when determining liability/eligibility for workers’ compensation entitlements).</p>

Term	Definition
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
22 October 2024	<p>Standard review prompted by legislative and other amendments:</p> <ul style="list-style-type: none"> • amendment of <i>Work Health and Safety Act 2011</i>, as outlined in <i>Work Health and Safety and Other Legislation Amendment Act 2024</i> • amendment of <i>Work Health and Safety Regulation 2011</i>, as outlined in <i>Work Health and Safety and Other Legislation Amendment Regulation 2024</i> • amendment of <i>Work Health and Safety Act 2011</i>, as outlined in <i>Electrical Safety and Other Legislation Amendment Act 2024</i> • amendment of <i>Work Health and Safety Regulation 2011</i>, as outlined in <i>Work Health and Safety (Psychosocial risks) Amendment Regulation 2022</i> • introduction of <i>Managing the risk of psychosocial hazards at work Code of Practice 2022</i> • recognition of relevant Enterprise Bargaining EB11 WHS commitments • alignment to AS / NZS ISO 45001 criteria • alignment to AS / NZS ISO 45003 criteria • standard reformatted as part of the HR Policy review • amended to update references and naming conventions
15 June 2020	Version 1.0 – new standard.

Attachment 1 – Work health and safety governance framework

