

Health, safety and wellbeing risk management guideline

Human Resources Guideline (QH-GDL-401-3-1)

1 Statement

This document provides guidance to support the requirements of Queensland Health's *Health Safety and wellbeing risk management standard* in relation to management of work health, safety and wellbeing (HSW) **risks** and the development of an operational HSW **risk register**, as well as to outline the purpose of a HSW **risk profile**.

2 Application

This guideline supports the implementation of the *Health Safety and Wellbeing risk management 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 a 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

All workers have the right to feel safe, supported, and accepted. When undertaking HSW risk management, 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 literacy requirements of workers from culturally and linguistically diverse (CALD) backgrounds are all important to consider in the WHS risk management approach.

Diversity groups should be included in worker consultation mechanisms informing HSW risk management, and at all stages of risk management, to enable the different needs of diversity groups to be met.

4 Requirements

A **summary of key actions** to guide implementation of the *Health, safety and wellbeing risk management standard* is set out in **Figure 1** and outlined below.

Accountability areas must manage work health, safety and wellbeing (HSW) **hazards** and risks so far as is reasonably practicable through establishing, communicating, implementing, and maintaining their own processes or procedures to meet this obligation. When developing a process refer to section 5.2 of the *Health, safety and wellbeing risk management standard*.

- Accountability areas must develop, implement and maintain a risk management process for all workers, including contractors. This document provides further guidance on the steps involved in HSW risk management.
- Accountability areas must develop, implement and maintain a local HSW risk register, as per section 6.2 of the *Health, safety and wellbeing risk management standard*, that captures the accountability area's operational risks, risk ratings, associated controls, and dates of risk and control reviews. This document provides further guidance for development of a local HSW risk register.
- Accountability areas may also choose to develop, implement and maintain a local HSW risk profile that considers system level controls and other organisational factors and may inform, or be informed by, the Queensland Health WHS risk profile.
- HSW risk management must be supported by consultation with workers and **Health and Safety Representatives (HSRs)** and **shared duty holders** (where relevant), at each step of the process. For further information on consultative forums and processes, refer to the minimum legislative requirements detailed in the *Work health and safety consultation, cooperation and coordination Code of Practice 2021*; also the *Health, safety and wellbeing consultation standard* and *Health, safety and wellbeing consultation guideline*.

This guideline outlines the HSW risk management process (section 4.1) and provides guidance on how to develop a HSW risk register (section 4.2) of identified HSW hazards, risks, and controls. The purpose of a HSW risk profile is also outlined (section 4.3).

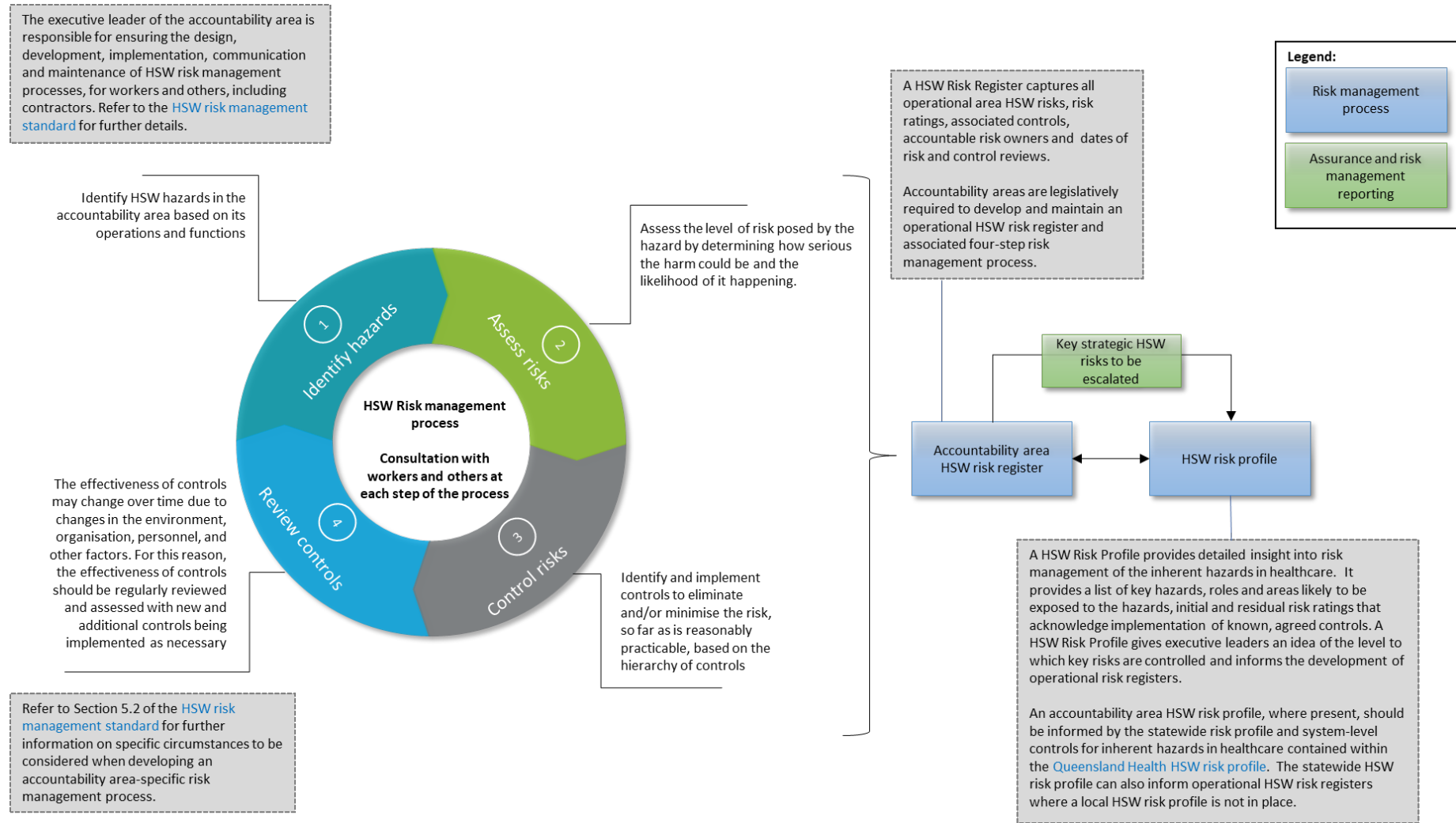
Queensland Health resources available to support HSW risk management of biological, chemical, environmental, physical and **psychosocial hazards** in the workplace, include:

- a Queensland Health HSW Risk Profile tool
- a generic work health and safety risk assessment tool
- an occupational violence risk assessment tool (OVRAT)
- a hazardous chemicals storage risk assessment tool
- a chemical tasks risk assessment worksheet and tool
- a Patient Handling Facility/Unity Risk Assessment Tool (FURAT)
- a psychosocial risk assessment tool

A guideline on managing the risk of psychosocial hazards at work *How to manage work health and safety risks Code of Practice 2021* outlines minimum requirements for WHS hazard identification, assessment, control, and review of WHS risk control processes. The *Hazardous manual tasks Code of Practice 2021* and *manual tasks involving the handling of people Code of Practice 2001* outlines the risk management of manual tasks at work.

The minimum requirements for managing the risk of psychosocial hazards at work are outlined in the *Managing the risk of psychosocial hazards at work Code of Practice 2022*.

Figure 1: Overview of WHS risk management process and accountability area requirements



4.1 HSW Risk management

Sections 4.1-4.3 of this guideline provide guidance for Sections 5, 6 and 7 of the *Health, safety and wellbeing risk management standard*.

4.1.1 Purpose

Risk management is a process for:

- identifying HSW hazards and assessing risks arising from the presence of these hazards in work activities and the work environment
- making decisions about ways to eliminate or minimise those risks so far as is reasonably practicable and continue to monitor the risk and the controls put in place.

Managing work health, safety and wellbeing risks is an ongoing process that is triggered when any changes affect work activities or the work environment or when a workplace incident poses a risk to the health, safety and wellbeing of workers.

The steps of risk management should be undertaken when:

- responding to worker hazard reporting, where the risk and accepted controls are not well known
- changing the design of work, through work practices, procedures or work environment
- purchasing new or changed products, equipment, technology or services or using new substances
- work is being undertaken where more than one person conducting a business or undertaking has the same duty concurrently over the work being performed
- preparing local WHS and emergency preparedness and response plans
- responding to workplace **incidents** (even if they have caused no injury)
- responding to concerns, including requests for risk assessments raised by workers, health and safety representatives (HSRs) or others at the workplace
- responding to a request for a psychosocial risk assessment through a Health Consultative Forum by either an employer or union party
- new information about workplace risks becomes available.

4.1.2 A four-step risk management process

1. Identify hazards
2. Assess risks
3. Control risks
4. Review control measures

1. Identify hazards

Identifying hazards involves finding all of the things and situations that could potentially cause harm to people. Some hazards may be more obvious than others because they are common in healthcare, and include biological, chemical, environmental, ergonomic, physical and psychosocial hazards.

It is a legal requirement to consult with workers and HSRs who perform, or will perform, the work to help identify all potential hazards. Including diversity group representation in

worker consultation mechanisms better informs HSW risk management to enable different needs to be met.

Information and records on incidents, near misses and the results of inspections will also help identify hazards. If someone has been injured during a work task, then a hazard exists and action must be taken to assess the risk and determine controls to implement to prevent recurrence.

2. Assess the risk

A risk assessment can help determine:

- which workers are at risk of exposure to the hazard
- what sources and processes are causing the risk
- what the contributing factors are (e.g. nature of the hazard, frequency of exposure to the hazard, work environment, systems of work and equipment)
- how severe the risk is, based on the likelihood of the hazard causing harm and the consequence or severity of the potential impact
- whether any existing control measures are effective
- what actions are needed to control the risk
- how urgently those actions need to be completed.

A risk assessment is required when:

- a new hazard is identified, and the risk and accepted controls are not well known
- a work activity is being planned, introduced or changed
- hazardous or high-risk work is planned to be undertaken
- work-related psychosocial hazards have been identified, but the likelihood and frequency of exposure is unknown
- an incident has occurred and the risk and accepted controls are not well known
- a change to the work environment is planned (new products, technology or equipment, new workforce roster, organisational restructure)
- a change to work or the work environment is planned, which impacts other shared duty holders
- changes at the workplace may impact the effectiveness of existing control measures
- concerns are raised by workers and/or HSRs.

Where a hazard and the risks are well recognised, with known and accepted control measures, those control measures can be implemented without the requirement for further risk assessment. If, after identifying a hazard, you already know the risk and how to control it effectively, you may simply implement the controls.

Risk rating

A risk can be rated from the combination of the consequence or severity of the resulting injury or illness and the likelihood of injury or illness arising from exposure to the hazard. Appendix A outlines the Queensland Health Enterprise Risk Management Framework's consequence and likelihood tables that can be used to assist with the assessment.

Consequence - what is the potential impact of the hazard?

- How severe could an injury or illness be?
- What is the worst possible harm the hazard could cause?

Likelihood - how likely is the hazard to cause harm?

- Is it highly likely or unlikely to happen?
- How frequently are workers exposed to the hazard? (Is it constant or only occasional?)

This can be mapped on a risk matrix to help rate the risk, based on the consequence and likelihood assessment, and to prioritise managing the risk with controls.

Risk analysis matrix

Likelihood ↓	← Consequence →				
	Negligible	Minor	Moderate	Major	Extreme
Almost certain	Medium (7)	Medium (11)	High (17)	Very high (23)	Very high (25)
Likely	Medium (6)	Medium (10)	High (16)	High (20)	Very high (24)
Possible	Low (3)	Medium (9)	Medium (15)	High (18)	High (22)
Unlikely	Low (2)	Medium (8)	Medium (12)	Medium (14)	High (21)
Rare	Low (1)	Low (4)	Low (5)	Medium (13)	High (19)

3. Control risks

The most important step in managing risks is identifying one or more controls from the hierarchy of risk control that most effectively eliminates the risk, or where that is not reasonably practicable, minimises the risk.

The hierarchy of control measures

Ways of controlling risks can be ranked from the highest level of protection and reliability (higher order controls) to the lowest (lower order controls).

The *Hazardous manual tasks Code of Practice 2021* outlines four levels of controls, with higher order controls most effective in minimising risks because they control the hazard at the source.

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.

Level 1 control:

- **Elimination.** Always aim to eliminate the hazard, which is the most effective control.

If elimination is not reasonably practicable, you must minimise the risk so far as is reasonably practicable by implementing one or more of the following risk controls: **Level 2 controls:**

- **Substitution.** Substitute the hazard creating the risk with something safer.
- **Isolation.** Physically separate the hazard from people, by distance or using barriers.
- **Engineering controls.** Implement engineering controls, such as modifications to equipment.

Level 3 control:

- **Administrative controls.** Work methods or procedures that are designed to minimise exposure to a hazard (e.g. the use of signs to warn people of a hazard; development of safe operating procedures; role-based training; job task rotation to reduce exposure).

Level 4 control:

- **Personal protective equipment (PPE).** Any remaining risk must be minimised with suitable PPE, such as providing workers with breathing protection, hard hats, gloves, protective eyewear.

Administrative control measures and PPE rely on human behaviour and tend to be least effective in minimising risks because they do not control the hazard at the source. Administrative controls and PPE are only to be used when there is no other practical control available or used in combination to supplement higher level control measures.

The relevant accountability area delegate must review and approve proposed risk controls before they are implemented. Prioritising a timeframe for planning the risk treatment and implementing the controls will be dependent on the risk rating (refer to Appendix A for further information).

Risk escalation and reporting

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

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

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

4. Review control measures

Controlling health and safety risks is an ongoing process.

Risk controls must be reviewed regularly to validate that they are still effective.

A review of risk controls, and if necessary, a revision is required:

- when the control measure does not control the risk it was implemented to control

- before a change at the workplace which is likely to give rise to a new or different health and safety risk that the control measure may not effectively control
- if a new hazard or risk is identified
- where an incident has occurred, resulting in injury or other impact on the health, safety and wellbeing of workers, as a result of the risk
- if the results of consultation with workers indicates a review is necessary
- if the results of consultation, cooperation and coordination with other shared duty holders also impacted by the risk indicates a review is necessary
- if a health and safety representative requests a review.

If problems are found, go back through the risk management steps and make further decisions on how to treat the risk through controls.

When deciding how frequently to carry out a review, consider the level of residual risk that remains after control/s have been put in place. The greater the risk, the more frequently controls should be validated through planned reviews (refer to Appendix A for further information).

How to manage work health and safety risks Code of Practice 2021 further outlines minimum requirements for hazard identification, risk assessment, risk control and review of controls.

The minimum requirements for managing the risk of psychosocial hazards at work are outlined in the *Managing the risk of psychosocial hazards at work Code of Practice 2022*, with information also available in the *Health, safety and wellbeing psychosocial risk management guideline*.

4.2 HSW risk register

4.2.1 Overview

HSW risk registers are detailed operational documents that provide an overview of all relevant HSW risks in an accountability area. An operational risk register and its associated four-step risk management process are requirements under **safety legislation**.

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

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

A HSW risk register is intended to capture risks, not issues.



Figure 2: HSW risk versus HSW issue

- Risk is defined in the *How to manage work health and safety risks Code of Practice* as 'The possibility harm (death, injury or illness) might occur when exposed to a hazard'. A risk is a future event that may impact on individual/s and organisational objectives.
- An issue is a current problem or incident that has already occurred or is currently occurring. An issue or incident may also give rise to a complaint.

Different management practices and mechanisms exist for managing risks, incidents and issues. Whilst issues and incidents are managed in accordance with standard management practices and established incident response processes, the HSW risk register is reserved for the proactive recording and management of HSW risks.

4.2.2 Purpose

A HSW risk register captures an accountability area's operational risks, risk owner/s, risk ratings, associated controls, implementation timeframes and dates of risk and control reviews. It doesn't limit the need to conduct dynamic risks assessments where changing environmental circumstances, work tasks or approaches change the risk and/or affect the associated controls that are documented in risk registers.

Directors and managers use HSW risk registers to maintain oversight and manage their HSW risks and required controls in their operational areas. Unresolved HSW risks, where deemed major or strategic, should be escalated to the accountability area's strategic or enterprise risk register, in consultation with relevant subject matter experts, with the intention of raising both the local risk owners and the executive leadership team's awareness of these risks.

The operational HSW risk register is intended to be accessible to workers and HSRs in the accountability area and is regularly updated as risks are assessed and monitored by relevant personnel who are knowledgeable in HSW risk management, in consultation with affected workers and HSRs.

4.2.3 Guide for developing HSW risk registers

Accountability areas are required to develop, implement and maintain an operational HSW risk register for their operational areas in accordance with the local accountability area's procedure/s. HSW risk registers should be developed by subject matter experts in consultation with workers who are experienced with the accountability area's key processes, operations and associated HSW risks and controls.

HSW risk registers should record the following information described in section 6.2 of the *Health, safety and wellbeing risk management standard* and at Appendix B of this guideline, which includes:

1. identified hazards and assessed risks
2. owner of the operational activity (giving rise to the risk)
3. initial risk rating (taking into account existing risk controls already in place, but prior to further risk response)
4. required risk response based on the initial risk rating
5. additional HSW risk control/s to be applied (consider opportunities for improvement in WHS risks and controls)

6. details of consultation with workers, HSRs, safety committees and shared duty holders, including contractors
7. details of accountable Executive / senior management risk owners (for oversight of action plan and timeframe/s for implementing additional WHS risk control/s)
8. completion date of additional risk controls
9. residual risk rating (and if residual risk is deemed acceptable, in accordance with accountability area risk appetite, in line with expectations for responsible risk-taking)
10. timeframes and process for monitoring and review of HSW risk control/s (see Section 4.2.3 for further detail)
11. mechanisms for governance of the hazard
12. outcomes of monitoring, review and escalation
13. records of risk control implementation, maintenance, monitoring and review.

4.2.4 Risk escalation and reporting from the risk register

When a record within the HSW risk register exceeds the agreed timeframe for implementation of control measures, it is to be escalated to the local peak WHS committee (the Health and Safety Management Committee) for review and, where required, escalation to executive or other relevant committees.

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

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

Responsibilities and processes relating to the HSW risk register, including requirements for monitoring and review, should be documented in the accountability area's HSW risk management procedure (refer to the *Health, safety and wellbeing monitoring standard* for further information.)

4.2.5 Monitoring and review of HSW risk controls

The effectiveness of risk controls may change over time due to changes in the environment, organisation, personnel, and other factors. For this reason, the effectiveness of HSW risk controls should be regularly validated and assessed, through scheduled monitoring activity, with new and/or additional controls being implemented as necessary.

Along with identifying and implementing controls for HSW risks captured in the risk register, accountability areas should identify monitoring/review activities in relation to HSW risk controls. The validation activities should include their required frequency using a risk-based approach, noting controls for higher rated risks may require more frequent review and validation. For example, high and very high rated risks initially require monthly review by the risk owner until the risk is effectively managed (e.g. within risk appetite), and thereafter the

ongoing monitoring and review schedule should be considered based on potential rapid escalation/volatility of the risk (refer to the Risk Assessment tool *Response to Risk Table* at Appendix A of this guideline, for further information).

Monitoring and review for validation of controls in an accountability area's HSW risk register/s should occur periodically by line management (if circumstances listed below are not present), and other competent designated role/s in consultation with workers. The results of validation should be reported to relevant work area/service area management. Responsibilities and processes for HSW risk control validation should be described in the accountability area's HSW risk management procedure.

The HSW risk register and risk controls must be monitored, reviewed and revised in the following circumstances as described in section 7 of the *Health, safety and wellbeing risk management standard*:

- After implementation of a new or additional control, to validate effectiveness and that the control is operating as intended.
- When a control measure is not effective in controlling the risk (hazard continues to result in injuries or incidents).
- Prior to changes occurring at the workplace that are likely to introduce new or different health and safety risks that the control measure may not effectively control.
- When a new hazard or risk is identified.
- Where the results of consultation with workers or shared duty holders indicate that a review is required.

Where a health and safety representative (HSR) requests a review. Where a review for validation of risk controls identifies ineffectiveness of implemented controls or controls are not operating as intended, new and/or additional controls are to be implemented as necessary and reported to relevant work area/service area management and risk stakeholders.

When a record within the HSW risk register exceeds the agreed timeframe for monitoring and review of controls, it is to be escalated to the local peak WHS committee (the Health and Safety Management Committee) for review and, where required, escalation to executive or other relevant committees.

4.3 HSW risk profile

4.3.1 Purpose

The HSW Risk Profile is a reference database or repository that speaks to the accumulated wisdom of managing hazards within Queensland Health. The purpose of the HSW risk profile is to provide workers and managers with detailed insight into the well understood hazards that are inherent to the 'normal work' of healthcare. The HSW risk profile also provides direction on known and accepted ways of controlling hazards, and where to find further guidance in managing them.

Queensland Health maintains a statewide HSW risk profile, which details inherent hazards in healthcare that have been identified as causal factors contributing to the outcome of incidents across Queensland Health. The Queensland Health HSW risk profile is available to

all accountability areas, noting an accountability area may also wish to develop and maintain a local HSW risk profile to ensure the richness of local context is maintained.

The HSW risk profile helps to ensure that executive leaders can demonstrate their due diligence by providing a curated source of intelligence across the HSW hazards of the business. The HSW risk profile also helps to inform actions that may arise through the accountability area's operational HSW risk register.

The Queensland Health HSW risk profile tool, details system-level controls in place for inherent identified hazards in healthcare and its supporting functions, and can be used to inform the local operational HSW risk register.

The Queensland Health WHS risk profile tool is maintained by the Department of Health, in its role as system leader. Content within the risk profile is periodically reviewed for currency and to ensure that it aligns with current and emerging insights from industry and across the domain of safety.

4.3.2 HSW risk profile content

The HSW risk profile includes:

- identified hazards, and the risk factors that impact the realisation of harmful outcomes occurring through the scope of normal work
- a high-level summary of the roles, areas and functions that are likely to be exposed to specific hazards
- an initial risk rating and a residual risk rating that acknowledges implementation of known, agreed controls
- known and accepted control measures currently implemented to eliminate or minimise the risks to health and safety, so far as is reasonably practicable
- any additional controls identified as required for the local operational context
- any other organisational risk factors that may impact the level of risk
- legislative and industry information that can assist in understanding the risk
- further information and resources that are available from Queensland Health, and relevant industry or domain groups.

Review and updating of the Queensland Health HSW risk profile may be triggered by:

- changes in legislation
- an unmitigated risk, escalated through accountability area WHS performance exception reporting, with system-wide impact
- the identification of a new risk or **WHS opportunity** which has system-wide impact
- the result of an incident which has system-wide impact
- the result of enforcement action by a WHS Regulator which has system-wide impact
- changes to Queensland Health's employment agreements
- changes to supply, purchasing and procurement which have system-wide impact
- WHS issues raised in health consultative forums which have system-wide impact
- WHS issues raised in the industry/sector which have system-wide impact.

Where a review identifies a gap within a HSW risk profile, a planned response to address and maintain the risk profile is to be actioned by the HSW risk profile owner.

4.4 Contractor management requirements

The objective of contractor management of principal contractors, contractors and sub-contractors, is to ensure all workers on site and/or associated with the work have a shared understanding of what the risks are, which workers are affected and how the risks will be controlled. The exchange of information between accountability areas and contractors performing work for their business, allows all 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 risks to health and safety arising from the work being carried out.

Accountability areas must ensure the requirements of Queensland Health's Health, safety and wellbeing management system, inclusive of all relevant local procedures that operationalise the safety management system, are met by contractors and their workers, where reasonably practicable and where relevant, noting there will be different safety management requirements that need to be evidenced by a contractor depending on the level of risk associated with the service to be performed.

Where an accountability area has engaged a contractor to perform work for the business or undertaking, the accountability area is required to adopt a contractor management process in order to comply with its WHS duties, including:

- ensuring pre-commencement requirements are received from the contractor, as relevant, which may include the supply of:
 - relevant licences / authorisations / competency certificates
 - relevant work permits
 - isolation requirements confirmed, assessed and notified to relevant parties
 - a current general construction induction training card (white card), where construction work is to be carried out
 - safe work method statements for high-risk construction work and WHS management plans for construction projects (refer also to the *Health, safety and wellbeing consultation guideline* for further detail on WHS management plan consultation requirements with shared duty holders)
 - relevant safety data sheets
 - any other safety information or documentation requested by Queensland Health
- ensuring WHS induction training to Queensland Health work sites, including the requirement for contractor conduct to be in accordance with the Queensland Government's Code of Conduct for the Queensland Public Sector
- embedding an ongoing oversight and monitoring process with respect to the contractor and their workers, which may include:
 - site meetings and regular project management meetings, which include WHS performance and concerns as a standing agenda item
 - receiving monthly/quarterly reporting (as appropriate)
 - undertaking audits to assess compliance with the contractor's WHS obligations in the relevant contract

- receiving copies of any WHS Regulator notices and correspondence issued to the contractor in relation to the work being performed for the accountability area
- receiving and reviewing copies of any investigation reports if there has been an incident at an accountability area workplace
- reserving the right to inspect, audit and review a contractor's work site, safety systems and safety documentation at any time
- handover at the end of a contracted project and transference of all risks to the accountability area as owner / occupier / operator.

The accountability area's contractor procurement process is also to align with the WHS requirements of the *Queensland Government Procurement Policy*, which includes and applies WHS criteria for the selection of contractors.

Additionally, some types of contracted services, such as **construction projects**, must comply with certain requirements prescribed by legislation. In the context of a significant construction project where an accountability area has engaged a principal contractor to design and construct a new build or undertake a significant refurbishment, the commissioning accountability area is required to adopt a robust contractor management process to ensure WHS duties are met by all duty holders involved, and ensure WHS capability and compliance is considered as part of the principal contractor tender process (and given significant weight in any evaluation of tenders), with clear and effective WHS clauses written into the relevant contract.

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
- WHS Codes of Practice including the electrical safety Codes of Practice
- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2011
- 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
- AS/NZS ISO 31000:2009, Risk management – Principles and guidelines
- Department of Health Corporate Records Management Policy (QH-POL-467)
- Department of Health Emergency planning for facilities - Governance framework and procedures, June 2017, Capital and Asset Services, Department of Health
- Department of Health chemical tasks risk assessment worksheet and tool
- Department of Health hazardous chemicals storage risk assessment tool
- Department of Health occupational violence risk assessment tool
- Department of Health work health and safety risk assessment form
- eHealth Queensland Information security Policy (QH-POL-468)
- Enterprise risk management standard (Department of Health FMPM standard 2.1.1)
- HR Policy I1 - Fatigue risk management (QH-POL-171)
- Fatigue risk management systems guideline (QH-GDL-401-3-3)
- General Retention and Disposal Schedule (Administrative Records)
- HR Policy W1 - Health, safety and wellbeing policy (QH-POL-401)
- Health, safety and wellbeing planning guideline (QH-GDL-401-1)
- 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 risk management guideline (QH-GDL-401-3-1)
- Health, safety and wellbeing, psychosocial risk management guideline (QH-GDL-401-3-2)
- Queensland Government Information security policy
- Queensland Government Records governance policy
- Queensland Health Patient Handling Facility/Unity Risk Assessment Tool (FURAT)
- Queensland Health Health safety and wellbeing risk profile (QH-IMP-401-3-Att1)
- Queensland Health Work health and safety contractor compliance handbook
- Queensland Health Workplace psychosocial risk assessment tool
- Queensland Health Workforce mental health and wellbeing framework
- Queensland Health Workforce Workload Management Kit (for Operational Officers, Administration Officers, Professional Officers, Technical Officers, Clinical Assistants,

Aboriginal and Torres Strait Islander Health workforce workers, Health Practitioners and Dental Officers).

- Queensland Occupational Violence Strategy Unit Incident Response Kits Fact Sheet, v1 October 2018
- Queensland Occupational Violence Strategy Unit Unacceptable Behaviour Framework Fact Sheet, v2 January 2022
- RiskMan™ Guide to Reporting Non-Individual / Environment Incidents
- RiskMan™ Guide to Reporting Worker Incidents
- Work health and safety incident response standard (QH-IMP-401-7)
- Workplace rehabilitation standard (QH-IMP-401-5)

Definitions

Term	Definition
Accountability area	Department of Health and each hospital and health service (HHS) are accountability areas within Queensland Health.
Contractor	A contractor is person who is not an employee and performs work in connection with a contract or arrangement between the contractor and a Queensland Health accountability area. The contractor may be a person or a business.
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	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. A person can also have more than one duty by virtue of being in more than one class of duty holder. 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.
Dynamic risk assessment	Dynamic risk assessments are reactive judgements made to avoid or reduce risk in a rapidly changing environment. Although not formally documented, the learnings from dynamic risk assessments are integral to the formal risk management process and shall be used to inform planned risk assessments. Most often dynamic risk assessments will apply when actions are taken in emergency and crisis situations. For example, during an incident of occupational violence, or where an unforeseen hazard arises while working in a remote location.

Term	Definition
Executive Leader	Is the most senior person of each accountability area and can include persons reporting to that position.
Hazard	Source with a potential to cause injury and ill health (see <i>International Standard for Occupational health and safety management systems: AS/NZS ISO 45001:2018</i>)
Health and Safety Representative (HSR)	A worker who has been elected by a work group, of which the worker is a member, to represent them on health and safety issues and appointed under the <i>Work Health and Safety Act 2011</i>
Health, safety and wellbeing management system framework	<p>Also known as the SMS framework. This centralised framework consists of Queensland Health <i>HR Policy W1 - Health, safety and wellbeing policy</i>, 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>
Hierarchy of control measures	<p>The hierarchy of risk control ranks risk controls for WHS risk from the highest level of protection and reliability to the lowest. The <i>WHS Regulation 2011</i> requires duty holders to work through the Hierarchy of control measures when managing WHS risks.</p> <p>The <i>Hazardous manual tasks Code of Practice 2021</i> outlines four levels of controls, with higher order controls most effective in minimising risks because they control the hazard at the source.</p>
Risk control levels:	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.
Level 1 - Elimination	
Level 2 – Substitution, isolation and Engineering	<p>In minimising risks to health and safety, a duty holder must implement risk control measures to minimise risks, so far as is reasonably practicable, by implementing one or more of the following level 2 controls –</p> <ul style="list-style-type: none"> (a) substituting (wholly or partly) the hazard giving rise to the risk with something that gives rise to a lesser risk; (b) isolating the hazard from any person exposed to it; (c) implementing engineering controls.
Level 3 – Administrative controls	<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>
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 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>

Term	Definition
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.
Incident	An unplanned event that either resulted in or had the potential to result in adverse outcomes such as harm, loss, damage, disruption or delay.
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>
Psychosocial hazard	<p>Definition as per section 55A of the WHS Regulation, that is:</p> <p>A psychosocial hazard is a hazard that—</p> <p>(a) arises from, or relates to—</p> <ul style="list-style-type: none"> (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>
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>

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

Term	Definition
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>
WHS manager	<p>The workplace health and safety manager or director or equivalent functional lead at the relevant accountability area, or their delegate.</p>
WHS risk	<p>The possibility that harm (death, injury or illness) might occur when exposed to a physical or psychosocial hazard.</p>
WHS opportunity	<p>Opportunities to eliminate hazards and reduce WHS risks/opportunities to adapt work, work organisation and work environment to workers as described in <i>International Standard for Occupational health and safety management systems: AS/NZS ISO 45001</i></p>

Term	Definition
Worker	<p>Definition as per Section 7 of the <i>Work Health and Safety Act 2011</i>, that is: A person is a worker if the person carries out work in any capacity for a person conducting a business or undertaking,</p> <p>including work as–</p> <ul style="list-style-type: none"> (a) an employee; or (b) a contractor or subcontractor; or (c) an employee of a contractor or subcontractor; or (d) an employee of a labour hire company who has been 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</i> (Cwlth); who has sustained a work-related personal injury or illness. (Note – this definition is used by WorkCover Queensland when determining liability/eligibility for workers’ compensation entitlements).</p>
Workplace	<p>Definition adapted from the <i>Work, health and safety consultation, cooperation and coordination code of practice 2021</i>, that is:</p> <p>Any place where work is carried out for a business or undertaking and includes any place where a worker goes, or is likely to be, while at work. In a Queensland Health context, this may include hospital and health facilities, offices, warehouses, construction sites, vehicles, aircraft or other mobile structures, staff accommodation.</p>

History

Date	Change
20 March 2025	<p>Guideline review prompted by legislative and other amendments:</p> <ul style="list-style-type: none"> • amendment of Work Health and Safety Act 2011, as outlined in Work Health and Safety and Other Legislation Amendment Act 2024 • amendment of Work Health and Safety Regulation 2011, as outlined in Work Health and Safety and Other Legislation Amendment Regulation 2024 • amendment of Work Health and Safety Act 2011, as outlined in Electrical Safety and Other Legislation Amendment Act 2024 • amendment of Work Health and Safety Regulation 2011, as outlined in Work Health and Safety (Psychosocial risks) Amendment Regulation 2022 • introduction of Managing the risk of psychosocial hazards at work Code of Practice 2022 • amendment of Hazardous manual tasks Code of Practice 2021 • amendment of How to manage work health and safety risks Code of Practice 2021 • amendment of Work health and safety consultation, cooperation and coordination Code of Practice 2021 • recognition of relevant Enterprise Bargaining EB11 WHS commitments • alignment to AS / NZS ISO 45001 criteria • alignment to AS / NZS ISO 45003 criteria • standard reformatted as part of the HR Policy review • amended to update references and naming conventions
21 July 2021	New guideline

Appendix A – Risk assessment tools

Consequence assessment

Type of consequence	Negligible	Minor	Moderate	Major	Extreme
People, property and environment	No structural or equipment damage. No environmental damage. No injury/illness or first aid treatment only. No time lost. (SAC 4)	Minor structural or equipment damage. Limited escape to onsite environment. Medical treatment required for injury. A full shift has not been lost. (SAC 3)	Moderate structural or equipment damage. Some offsite environmental damage. Lost time or injury or illness without permanent impairment. (SAC 2)	Major structural or equipment damage. Some offsite environmental damage. Serious injury or illness with permanent impairment. (SAC 1)	Catastrophic structural or equipment damage. Significant offsite environment impact. A loss of life. (SAC 1)

Likelihood (probability) assessment

Likelihood of incident occurring (from assessment information gathered)

Likelihood	
Almost certain	The risk event is likely to occur in most circumstances (>90%)
Likely	The risk event will probably occur at least once (60-90%)
Possible	The risk event could occur at some time (30-60%)
Unlikely	The risk event could occur sometime but is not expected (5-30%)
Rare	The risk event may occur only in exceptional circumstances (<5%)

Risk analysis matrix

The risk matrix shall be used following the likelihood and consequence assessment.

Likelihood ↓	← Consequence →				
	Negligible	Minor	Moderate	Major	Extreme
Almost certain	Medium (7)	Medium (11)	High (17)	Very high (23)	Very high (25)
Likely	Medium (6)	Medium (10)	High (16)	High (20)	Very high (24)
Possible	Low (3)	Medium (9)	Medium(15)	High (18)	High (22)
Unlikely	Low (2)	Medium (8)	Medium (12)	Medium (14)	High (21)

Likelihood ↓	← Consequence →				
	Negligible	Minor	Moderate	Major	Extreme
Rare	Low (1)	Low (4)	Low (5)	Medium (13)	High (19)

Risk rating assessed Low Medium High Very high

Possible consequence Negligible Minor Moderate Major Extreme

Response to risk

Risk rating	Response to the risk
Very high	<p>As soon as possible (and within one month) commence treatment planning for moderation.</p> <p>Monthly review by risk owner until effectively managed (e.g. within risk appetite). This includes risk treatment status updates.</p> <p>Monthly—provide risk update as relevant to governing body or management team and risk stakeholders.</p>
High	<p>Within one month - commence treatment planning for moderation.</p> <p>Monthly review by risk owner until effectively managed (e.g. within risk appetite). This includes risk treatment status updates.</p> <p>Monthly—provide risk update as relevant to governing body or management team and risk stakeholders.</p>
Medium	<p>Within three months - evaluate for treatment planning requirements based on cost/benefit and resource prioritisation.</p> <p>Quarterly – review by risk owner. This includes risk treatment status updates (if applicable).</p> <p>As required, provide risk update as relevant to governing body or management team and risk stakeholders.</p>
Low	<p>Maintain effectiveness of current controls and manage by routine procedures.</p> <p>Monitoring and review schedule should be considered based on potential rapid escalation/volatility of the risk.</p> <p>As required, provide risk update to governing body or management team and risk stakeholders.</p>

Appendix B – Template risk register (example)

This template provides an example of the structure of a risk register. The information required for each hazard identified is highlighted in the columns. Note the hazards identified in this template are examples only and do not provide a comprehensive list of hazards that may be present in each accountability area. Relevant hazards for each accountability area should be identified with knowledgeable personnel.

Hazard	Risk factors	'At risk' activities	Existing risk controls	Owner of operational activity (giving rise to the risk)	Initial risk score	Additional risk controls required?	Specific legislated requirement / controls (mandatory)	Owners / positions responsible for actioning additional risk controls	Completion date of additional risk controls	Residual risk score	Risk monitoring and review					
											Executive / Senior Management risk owners	Monitoring and evaluation of risk control	When will the risk control be monitored and evaluated?	Who will monitor and evaluate the risk control?	Who / where will records of implementation, maintenance, monitoring and evaluation be kept?	Risk item's next review date
Hazardous Manual tasks																
Occupational violence																
Slips trips and falls																
Fire																
Biological hazards																
Hazardous chemicals																
Confined spaces																
Remote, isolated, lone work																
Psychosocial																
Plant and structures																
Contractor safety																
Electrical safety																
Alcohol or other drugs																