

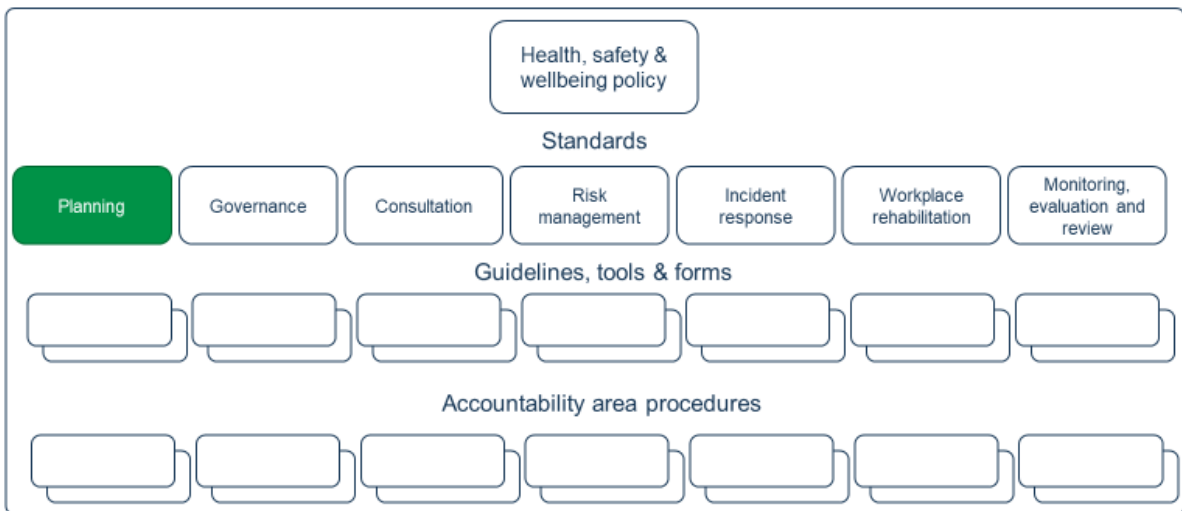
Health, safety and wellbeing planning standard

Human Resources Standard (QH-IMP-401-1)

1 Statement

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

This standard establishes the requirements for planning to provide safe workplaces and safe systems of work. This standard is one of seven standards detailing the requirements of the Health, safety and wellbeing (HSW) management system, as authorised by the *Health, safety and wellbeing policy*.



1.1 Summary of requirements of this Standard

- Health, safety and wellbeing (HSW) planning framework
- HSW management plan with strategic objectives
- Local processes and procedures to operationalise the requirements of the Standards
- Local procedures for developing and maintaining safe systems of work
- Site-based emergency preparedness and response plans and procedures
- Processes for consulting and coordinating activities with shared duties holders
- Managing change processes, including a managing legislation change procedure
- Work, health and safety (WHS) training framework or procedure

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.

Where more than one accountability area has a **duty** in relation to the same matter, each accountability area is required to apply the requirements of this standard.

3 Acknowledgement

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

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

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

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

- recognise the importance to Aboriginal peoples and Torres Strait Islander peoples of the right to self-determination and promote the perspectives of Aboriginal and Torres Strait islander peoples; and
- foster a culturally capable workforce and a culturally safe workplace by developing cultural capability at all levels, to every day embed cultural practices across the health system in Queensland.

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

4 Roles and responsibilities

The **executive leader** of the accountability area is responsible for ensuring the application of this standard within their accountability area. The **WHS manager** or equivalent WHS functional lead of the accountability area is responsible for maintaining records of the planning processes and outcomes required in this standard.

Planning must be undertaken in consultation with workers and **shared duty holders**, where required, and in accordance with any specific requirements under **safety legislation**, in line with the *Health, safety and wellbeing consultation standard*.

Each accountability area must ensure that the planning required in this standard is documented.

5 Planning requirements for health, safety and wellbeing

Planning should consider the accountability area's local context and be undertaken in conjunction with its local planning cycle.

5.1 Health, safety and wellbeing planning framework

Each accountability area must establish, implement and maintain a planning framework addressing:

- HSW objectives and strategies specific to the context of the accountability area, including:
 - documentation of key strategic objectives in a local Health, safety and wellbeing (HSW) management plan
 - documentation of a context statement outlining the external and internal issues, risks and opportunities and the needs and expectations of workers and other interested parties, relevant to the accountability area's purpose and affecting its ability to achieve the intended outcomes of the Queensland Health *Health, safety and wellbeing management system (SMS)*
- roles and responsibilities for local development of WHS and emergency preparedness and response plans and procedures, including the review, approval, implementation, monitoring, updating or amending of these local procedures; also acknowledging the accountable functional lead and document custodian/s
- consultation on WHS matters and emergency preparedness and response procedures with shared duty holders, workers and other stakeholders, in accordance with the *Health, safety and wellbeing consultation standard*
- implementing and communicating WHS and emergency preparedness and response procedures within the accountability area, including providing training to workers in relation to the application of the WHS and emergency preparedness and response procedures
- managing WHS risks in accordance with the *Health, safety and wellbeing risk management standard*
- implementing procedures for safe systems of work, including procedures to operationalise the requirements of the HSW management system standards
- implementing changes to legislation and other compliance requirements
- managing organisational change in accordance with agreed change management processes, required consultative arrangements and the requirements of industrial instruments, as outlined in the *Queensland Health Organisational Change Management Guidelines*
- managing changes that impact HSW performance, arising from new / changed products, equipment, technology, services, staffing and processes affecting work practices, working conditions or workplace environment
- identifying and implementing WHS training and instructions via a training and development framework or procedure
- planning for appropriate resourcing and allocation of accountabilities for monitoring HSW performance and SMS effectiveness, in accordance with the *Health safety and*

wellbeing monitoring evaluation and performance review standard and with local HSW management plan strategic objectives.

5.2 Health, safety and wellbeing management plans

Each accountability area must ensure a HSW management plan is established in consultation with workers and shared duty holders, communicated to workers and shared duty holders, implemented and maintained. The plan is required to set out how the accountability area:

- manages risks, opportunities and legal requirements and other matters relevant to the accountability area
- achieves the strategic objectives within their accountability area over a three-year period, with accountability for objectives against the identified top healthcare hazard areas assigned to local executive leaders to ensure and oversight and, where appropriate, with support and coordination from subject matter experts.
- identifies, assesses and actions opportunities to create healthy workplaces, improve safety culture and improve WHS performance within the accountability area
- will prepare and respond to emergency situations, including referencing local procedures and existing frameworks for managing site-based emergency response to **emergency codes** and accountability area-wide disaster and emergency incident management arrangements, irrespective of operational lead controller.

The Department of Health, in its role as system leader, will:

- support the Director-General, Queensland Health, to establish, communicate and review strategic priorities for HSW, for accountability areas to consider aligning local HSW management plans, which may include one or more of the top five healthcare hazards identified for Queensland Health –
 - Occupational violence
 - Hazardous manual tasks
 - Fatigue, including shift work
 - Psychosocial hazards
 - Biological hazards managed by respiratory protection programs
- enable continual improvement of performance across the system and support the achievement of broader organisational, state and national WHS objectives
- determine and communicate to all accountability areas the key performance indicators (KPIs) to be used to gauge performance against the WHS objectives and document these in a WHS data set in accordance with the *Health safety and wellbeing monitoring evaluation and performance review standard*.
- monitor and report periodically to accountability areas on the achievement of the WHS objectives, determined via accountability area performance against the KPIs in the WHS data set and adjust objectives and/or indicators to enable continual improvement of performance within the accountability area.

Each accountability area must ensure periodic monitoring and reporting to executive leaders, workers and shared duty holders:

- on progress of the HSW management plan
- on achievement of the strategic objectives within the accountability area and
- in accordance with the *Health safety and wellbeing monitoring evaluation and performance review standard*.

Further detail on the timing, allocations and scope of WHS assurance activities to be undertaken, and the monitoring of strategic objectives within the accountability area, is to be documented in the accountability area HSW management plan and associated processes.

5.3 Health, safety and wellbeing procedures

Each accountability area must develop, implement and maintain local processes and procedures that operationalise the requirements of the Queensland Health Health, safety and wellbeing standards, in order to fully establish, implement and maintain a fit-for-purpose **safety management system** in consideration of the accountability area's local context and risk profile, to effectively manage WHS risk at its source.

Each accountability area must develop, implement and maintain local processes and procedures for:

- managing change impacting HSW, including monitoring changes to legislation and other compliance requirements
- managing risks in accordance with the *Health, safety and wellbeing risk management standard* (including in relation to risks associated with contractors and other shared duty holders)
- managing site-based emergency response (refer also to section 5.4. for further WHS requirements)
- developing and maintaining safe systems of work, in accordance with safety legislation
- communicating and consulting with workers and others, in accordance with the *Health, safety and wellbeing consultation standard*
- identifying, consulting and cooperating with shared duty holders, in accordance with the *Health, safety and wellbeing consultation standard*
- inducting, training and supervising workers
- WHS incident response, in accordance with the *Health, safety and wellbeing incident response standard*
- workplace rehabilitation, in accordance with the *Workplace rehabilitation standard*
- reviewing, auditing and continually improving the implementation of the above procedures, in accordance with the *Health, safety and wellbeing monitoring, evaluation and performance review standard*.

Each accountability area's local procedures are documented information required by the SMS and are subject to document control standards outlined in Queensland Government *General Retention and Disposal Schedule (Administrative records)*.

5.4 Emergency preparedness and response procedures

Each accountability area must develop, implement and maintain local procedures for preparing and responding to potential emergency situations as required in WHS legislation, including:

- establishing a planned response to emergency situations, including first aid, medical treatment and assistance
- providing training for the planned response, including evacuation
- periodically testing the planned response for effectiveness, including the frequency of testing
- evaluating and revising, as necessary, the performance of the planned response after planned testing and in-particular after an emergency
- communicating and providing relevant information and instruction to all workers on their duties and responsibilities in relation to implementing the emergency procedures
- communicating relevant information to shared duty holders and others, including external stakeholders such as emergency services, government authorities and, where appropriate, the local community
- taking in to account the needs and capabilities of all relevant interested parties and ensuring their involvement, as required, in the development of planned emergency situations.

In preparing and responding to emergency situations, each accountability area shall reference local procedures and existing frameworks for managing site-based emergency response to emergency codes and accountability area-wide disaster and emergency incident management arrangements, irrespective of operational lead controller.

5.4.1 Hazardous chemicals emergency planning

Manifest quantity workplaces

Accountability areas that use, store or handle hazardous chemicals in quantities exceeding the prescribed manifest quantity in column 5 of schedule 11 of the *Work Health and Safety Regulation 2011* are required to provide a copy of the emergency plan prepared for the workplace to the Queensland Fire Department.

This is in addition to the requirements for manifest quantity workplaces to:

- provide an emergency services manifest and site plan at the workplace
- notify the WHS Regulator via the prescribed form.

Major hazard facilities

Accountability areas licensed as Major Hazard Facilities (i.e. locations that store above threshold quantities of Schedule 15 hazardous chemicals) are required to have specific emergency planning in place in accordance with the national Guide for Major Hazard Facilities and in consultation with the Queensland Fire Department.

Consultation with emergency services and an emergency plan that provides for testing of emergency procedures, including the frequency of testing, are part of the conditions of applying to the WHS Regulator for a licence for the major hazard facility.

5.5 Shared duties

Each accountability area must develop, implement and maintain local processes for managing scenarios where more than one person has the same duty concurrently and where more than one party has influence or direction over the work being performed and/or shares the same work environment. 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. Examples include owners, occupiers, secondary occupiers and concurrent duty holders.

The processes must address:

- a formal consideration of other interested parties, in addition to workers, that are relevant to the accountability area's safety management system, their needs and expectations, and which of these needs and expectations are, or could become, legal requirements and other requirements.
- when and how shared duties and duty holders will be identified
- when and how regular communication will be established and maintained between the shared duty holder(s), and the accountability area
- when and how information relating to WHS permit holder entry notices, provisional improvement notices and other statutory notices will be shared between the accountability area and shared duty holders
- the minimum requirements for consulting, cooperating and coordinating with the shared duty holder(s), regarding WHS matters and emergency preparedness and response planning
- induction, training and supervision of workers of a shared duty holder, where agreed and necessary
- the management of risk
- incident response and reporting in accordance with the *Health, safety and wellbeing incident response standard*
- records, records retention and reporting obligations

The *Health, safety and wellbeing consultation standard* further outlines shared duty holder requirements.

Accountability areas must work in a proactive and reciprocal way with shared duty holders to ensure that the shared risks are eliminated or minimised so far as is reasonably practicable. Accountability areas should plan and organise activities together with the other duty holders. This will include making sure that the measures each put in place work effectively together to control the risks.

5.6 Work health and safety resourcing

Each accountability area must determine and provide the resources needed for the establishment, implementation, maintenance, monitoring and continual improvement of the safety management system with consideration of its local context.

Formal reviews of WHS resourcing on a planned basis will assist to ensure consideration of the suitability of all resources, including physical, technological and people resources.

WHS resource planning is to include requirements for regulatory identified physical health monitoring and psychosocial health monitoring, based on the accountability area's business and risk profile, and should also reference any existing clinical safety monitoring provisions in place – e.g. radiation safety.

5.7 Mandatory work health and safety training

Each accountability area must provide relevant and necessary information, training, instruction and supervision to workers to ensure they are able to perform their work safely.

The accountability area must develop, implement and maintain a local framework or procedure regarding training and supervision of workers, which addresses:

- the mandatory training requirements outlined in *Mandatory training HR Policy G6*
- inductions, training skills, competencies, licences, authorisations and other attributes required by all workers
- additional training for workers having regard to the nature and location of their role
- how and when mandatory and optional training will be provided to workers
- how a worker's competency to perform their role safely will be assessed and determined, both prior to and during their performance of the role
- the mandatory training requirements of elected **health and safety representatives** (HSRs), inclusive of the following legislative requirements:
 - HSRs are entitled to attend the HSR training provider of their choice and, during the period of training, are entitled to receive payment of the usual remuneration they would have received if they had been at work instead of at training
 - Accountability areas are to ensure prescribed timeframes for initial and refresher HSR training completion are met, as follows:
 - the initial five-day course of HSR training within 28 days after the day the HSR is elected (or if a course is not reasonably available to the HSR – as soon as practicable thereafter)
 - the one-day refresher training every 12 months, with entitlement to the first refresher training commencing 12 months after the initial training
- maintaining records of worker training and inductions.

6 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*, Queensland Government and Queensland Health information management policies.

7 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

8 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 3745:2010 - Planning for Emergencies in Facilities
- AS 4083:2010 - Planning for Emergencies – Health Care Facilities
- Department of Health Corporate Records Management Policy (QH-POL-467)
- Disasters and Emergency Incidents Health Service Directive QH-HSD-003:2017
- eHealth Queensland Information security Policy (QH-POL-468)
- General Retention and Disposal Schedule (Administrative Records)
- Health, safety and wellbeing policy (QH-POL-401)
- 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 planning guideline (QH-GDL-401-1)
- Mandatory training HR Policy G6 (QH-POL-183)
- Health, safety and wellbeing management system framework, including organisational context statement
- Queensland Government Information security policy
- Queensland Government Records governance policy
- Queensland Health Organisational Change Management Guidelines
- Queensland Health Health, Safety and Wellbeing Risk Profile
- Safe Work Australia Guide for Major Hazard Facilities – Emergency Plans
- 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.
Department of Health	Department of Health divisions (the department) is the health system manager. The Department of Health's systematic role involves oversight and monitoring and does not descend to operational matters.
Duty holder	<p>Refers to any person who holds a health and safety duty under the <i>Work Health and Safety Act 2011</i>. PCBUS, officers and workers are all duty holders for work health and safety.</p> <p>A person can also have more than one duty by virtue of being in more than one class of duty holder.</p> <p>More than one person can concurrently have the same duty and where more than one person has a duty for the same matter, each duty holder must comply with that duty to the standard required by the <i>Work Health and Safety Act 2011</i>, even if another duty holder has the same duty.</p>
Executive leader	Is the most senior person of each accountability area and can include persons reporting to that position.
Emergency codes	<p>The emergency codes in Queensland Health are colour codes used in specific emergency situations to notify other staff and the ECO of the emergency event type and to trigger a specific emergency response to the event that is occurring.</p> <p>The Colour Codes used for specific emergency situations are as follows:</p> <ul style="list-style-type: none"> • Red – fire/smoke • Black – personal threat (e.g. occupational violence) • Blue – medical emergency (e.g. cardiac arrest) • Purple – bomb/arson threat • Orange – evacuation • Yellow – internal emergency • Brown – external emergency
Health and Safety Representative	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.

Term	Definition
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>
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>
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</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> <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 Health	<p>Means the Department of Health (the department) and all hospital and health services responsible for the provision of public sector health services.</p> <p>Queensland Health operates as a federated, networked system, with the Department of Health and each HHS being legally recognised as a PCBU in accordance with the <i>Work Health and Safety Act 2011</i>, under shared duties arrangements.</p>
Safety legislation	<p>The <i>Work Health and Safety Act 2011</i>, the <i>Electrical Safety Act 2002</i>, the <i>Building Fire Safety Regulation 2008</i>, the <i>Workers' Compensation and Rehabilitation Act 2003</i>, the <i>Hospital and Health Boards Act 2011</i> and any associated regulations or WHS codes of practice, as amended from time to time.</p>
Safety management system (SMS)	<p>Queensland Health's Health, safety and wellbeing management system (SMS), comprising a centralised framework of policy. Standards, guidelines and other supporting documents that set out the requirements to systematically manage work health, safety and wellbeing in Queensland Health. The SMS applies to workers and others whose health and safety may be impacted when at Queensland Health workplaces, including patients, visitors, contractors, volunteers and work-integrated-learning placement students.</p> <p>Each accountability area is required to prepare procedures and other documentation to operationalise the SMS Framework and to enable the effective local implementation of the Queensland Health SMS. The SMS aligns to <i>AS/NZS ISO 45001: 2018 Occupational health and safety management systems</i> and <i>AS/NZS ISO 45003: 2021 Occupational health and safety management – Psychological health and safety at work – Guidelines for managing psychosocial risks</i>.</p>
Shared duty holders	<p>Persons who have a duty under the <i>Work Health and Safety Act 2011</i> in relation to the same matter as another person. as referenced at section 16 and section 46 of the Act. Each person with the duty must, so far as is reasonably practicable, consult, cooperate and coordinate activities with all other persons who have a duty in relation to the same matter. Examples include owners, occupiers, secondary occupiers and concurrent duty holders. Examples of concurrent duty holders in Queensland Health include the Department of Health and a HHS, for example, where the Department of Health has workers located at the HHS.</p>
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 Regulator	<p>Workplace Health and Safety Queensland and the Electrical Safety Office.</p>

Term	Definition
Worker	<p>Definition as per section 7 of the <i>Work Health and Safety Act 2011</i>, that is:</p> <p>A person is a <i>worker</i> if the person carries out work in any capacity for a person conducting a business or undertaking, including work as—</p> <ul style="list-style-type: none"> (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 <i>worker</i> 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 worker is 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 - 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
22 October 2024	Standard review prompted by legislative and other amendments: <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> • amendment of <i>Work Health and Safety Consultation Cooperation and Coordination Code of Practice 2021</i> • recognition of relevant Enterprise Bargaining EB11 WHS commitments • alignment to AS / NZS ISO 45001 criteria for planning • alignment to AS / NZS ISO 45003 criteria for planning • standard reformatted as part of the HR Policy review • amended to update references and naming conventions
1 December 2020	Updated scope as per employer changes
1 September 2018	Version 2.0 - Scheduled document review prompting various changes.
30 April 2014	Version 1.0 - SMS review project 2013-14