

# Health, safety and wellbeing policy

## Human Resources Policy W1 (QH-POL-401)

### Purpose

This Health, safety and wellbeing policy is part of the health, safety and wellbeing management system. The policy provides the commitment to ensuring and improving the physical and psychological health, safety and wellbeing of **workers** and **others**.

This policy is aligned with whole-of-government initiatives, including the Queensland Public Sector Commission *Be Healthy, Be Safe, Be Well Framework* and is to be read in conjunction with the *Work Health and Safety Act 2011*, *Work Health and Safety Regulation 2011*, relevant Codes of Practice and relevant provisions in **safety legislation** and other legislation as outlined below.

This policy defines the principles of Queensland Health's commitment and approach to the continuous improvement of health, safety and wellbeing and is supported by a safety management system framework of standards, guidelines and accountability area operational procedures.

### Application

- This policy applies to the Department of Health (the department) and **Hospital and Health Services** (HHSs) and all workers in each **accountability area**.
- This policy does not apply to the Queensland Ambulance Service. Instead, Queensland Ambulance Service workers are to refer to their local policy/procedure

### Delegation

The 'delegate' is as listed in the relevant Department of Health Human Resource (HR) Delegations Manual, or Hospital and Health Services Human Resource (HR) Delegations Manual, as amended from time to time.

### Legislative or other authority

- *Anti-Discrimination Act 1991*
- *Building Act 1975*
- Building Fire Safety Regulation 2008
- *Disability Safety Act 2006*
- *Electrical Safety Act 2002*
- Electrical Safety Regulation 2013
- *Fire and Emergency Services Act 1990*
- *Hospital and Health Boards Act 2011*
- Hospital and Health Boards Regulation 2023

- *Human Rights Act 2019*
- *Managing the risk of psychosocial hazards at work Code of Practice 2022*
- *Public Health Act 2005*
- *Public Sector Act 2022*
- *Work Health and Safety Act 2011*
- *Work Health and Safety Regulation 2011*
- *Workers' Compensation and Rehabilitation Act 2003*
- *Workers' Compensation and Rehabilitation Regulation 2014*
- *Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB11) 2022 (NMEB11)*

## Related policy or documents

- Health, safety and wellbeing management system framework
  - 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)
  - Workplace rehabilitation standard (QH-IMP-401-5)
  - Health, safety and wellbeing governance standard (QH-IMP-401-6)
  - Health, safety and wellbeing incident response standard (QH-IMP-401-7)
- *Fatigue risk management HR Policy I1 (QH-POL-171)*
- *Queensland Occupational Violence Strategy Unit Fact Sheet: 2022: Unacceptable Behaviour Framework – Discharge from Care*
- *Workplace conduct and ethics HR Policy E1 (QH-POL-113)*
- *Anti-discrimination, human rights and vilification HR Policy E2 (QH-POL-101)*
- *Sexual harassment HR Policy E5 (QH-POL-228)*
- *Individual employee grievances HR Policy E12 (QH-POL-140)*
- *Workplace harassment HR Policy E13 (QH-POL-266)*
- *Fitness for Duty: Alcohol and other drugs HR Policy E16 (QH-POL-440)*
- *Diversity and Inclusion HR Policy G2 (QH-POL-132)*
- *Reasonable Adjustment HR Policy G3 (QH-POL-210)*

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## Policy

### 1. Statement

Queensland Health is committed to ensuring and improving the physical and psychological health, safety and wellbeing of its workers and others in our workplaces.

The physical and psychological health, safety and wellbeing of our workers is a priority and is fundamental to delivering quality healthcare services.

#### To achieve this, we will:

##### Demonstrate visible safety leadership

- Demonstrate clear, purposeful commitment to health, safety and wellbeing in the workplace, through safety leadership and through each worker meeting their health and safety responsibilities. We are all duty holders for work health and safety (WHS).

##### Promote health, safety and wellbeing cultural maturity

- Promote a positive culture and implement measures supportive of the health, safety and wellbeing of all staff.
- Commit to a culture that places respect for human rights at the centre of everything we do.
- Embed a culture where individuals feel supported and **psychologically safe** to report incidents, errors and psychosocial hazards. Ensure that incident investigation findings and rectification actions occur at a systems level to drive health, safety and wellbeing learning and performance improvement.

##### Comply with legislated duties

- Take action and comply with legal duties under the *Work Health and Safety Act 2011*, *Work Health and Safety Regulation 2011* and other relevant safety legislation, to ensure the health, safety and wellbeing of our workers and others.
- Empower workers with the necessary knowledge, skills and abilities to fulfil their health, safety and wellbeing responsibilities.

##### Prioritise the health, safety and wellbeing of our workers

- Empower workers to prioritise their own health and safety, through **permission to pause care** until such time as it is safe to resume service provision, specifically in situations where consumers fail to comply with the expected standard of behaviour.

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 and would involve an escalation pathway so the senior clinician in the clinical team can determine the earliest safe resumption of care in consultation with affected workers.

- Provide early intervention and workplace rehabilitation support for workers with injury or illness, to optimise recovery and enable safe and sustainable return to work or stay at work.
- Ensure systems are in place to identify, monitor and implement appropriate measures to support workers' psychological health.
- Ensure **professional psychological support** is available to workers who are directly or indirectly exposed to traumatic events or other emotionally demanding work.

#### **Consult with workers and others**

- Consult and collaborate with our workers, **health and safety representatives** (HSRs) and **shared duty holders** about matters relating to health and safety, including at every stage of identifying and managing WHS risks, and to foster participation from all stakeholders.
- Consult and collaborate with workers and, upon request, their nominated representatives to understand specific requirements or reasonable adjustments to their working conditions, to support individuals to perform their duties effectively (e.g. **persons with a disability**, recovering from injury or illness, or neurodiverse individuals).

#### **Commit to continuous improvement**

- Commit to continuous improvement in WHS outcomes through the implementation of an organisational framework which involves all parties in preventing injuries and illness at the workplace by promoting a safe and healthy working environment.
- Continually improve and build the resilience of the safety management system through consultation, work practices, assurance activities and safety performance monitoring and review.
- Consult and collaborate with HSRs, work health and safety committees and consultative committees to foster ongoing improvements in health, safety and wellbeing outcomes.
- Incorporate health, safety and wellbeing and good work design into organisational and operational planning and actions.
- Ensure relevant health, safety and wellbeing information, data, training and feedback is readily available and that clear governance mechanisms are in place.

#### **Ensure effective risk management practices**

- Empower and enable the proactive identification and management of health, safety and wellbeing hazards, issues and risks through elimination or mitigation strategies, at the source of the risk.
- Ensure the WHS risk management approach addresses the elimination or mitigation of **psychosocial hazards** in order to foster mentally healthy workplaces, including by engaging and consulting workers and HSRs in local psychosocial risk management.
- Actively participate in the proactive identification of hazards and risks associated with our own work and make decisions about ways to eliminate or minimise risks in collaboration with the affected workers and HSRs for the affected work group/s.
- Constantly strive to minimise harm through early reporting and response to workplace incidents, effective and timely investigation and the ongoing monitoring of risk controls.
- Take a **trauma-informed approach** when responding to reports of work-related violence and aggression, work-related conflict, bullying and harassment, including sexual

harassment. Ensure investigations are fair, independent, timely and handled in a sensitive way to afford safety, natural justice and respect to all involved.

## 2. Requirements

Work health, safety and wellbeing is everyone's responsibility. Each worker is required to adhere to the commitment set out herein. In addition, the **Executive Leader** of the accountability area is responsible for the application of this health, safety and wellbeing policy.

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*. All delegates and employees have a responsibility to apply these principles when implementing HR policies.

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 policy, the delegate is to give proper consideration to human rights.

### 2.1 Department of Health

The Department of Health, 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.

### 2.2 Each accountability area

Executive leaders are required to achieve objectives and support and continually improve their accountability area's WHS performance by:

- ensuring the health, safety and wellbeing management system is implemented in a manner appropriate to the purpose, size and context of the accountability area which addresses the specific nature of WHS risks and associated opportunities
- ensuring suitable resources and processes are provided and used to eliminate or minimise risks to health, safety and wellbeing and to achieve the requirements of the health, safety and wellbeing management system
- utilising, as deemed appropriate local, procedures and other documentation specific to the accountability area
- discharging their due diligence duties under the *Work Health and Safety Act 2011*.

## Definitions

Term	Definition
Accountability area	Department of Health divisions and each Hospital and Health Service (HHS) are accountability areas within Queensland Health.

Term	Definition
Due diligence	<p>Due diligence includes taking reasonable steps:</p> <ul style="list-style-type: none"> <li>a) to acquire and keep up-to-date knowledge of work health and safety matters; and</li> <li>b) to gain an understanding of the nature of the operations of the business or undertaking of the person conducting the business or undertaking and generally of the hazards and risks associated with those operations; and</li> <li>c) to ensure that the person conducting the business or undertaking has available for use, and uses, appropriate resources and processes to eliminate or minimise risks to health and safety from work carried out as part of the conduct of the business or undertaking; and</li> <li>d) to ensure that the person conducting the business or undertaking has appropriate processes for receiving and considering information regarding incidents, hazards and risks and responding in a timely way to that information; and</li> <li>e) to ensure that the person conducting the business or undertaking has, and implements, processes for complying with any duty or obligation of the person conducting the business or undertaking under this Act; and</li> <li>f) to verify the provision and use of the resources and processes mentioned in paragraphs (c) to (e).</li> </ul>
Duty holder	<p>Refers to any person who holds a health and safety duty under the <i>Work Health and Safety Act 2011</i> (the WHS Act). 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 WHS Act, even if another duty holder has the same duty.</p>
Executive leader	<p>Is the most senior person of each accountability area and can include persons reporting to that position. Executive leaders must exercise due diligence to ensure the PCBU complies with their WHS duties.</p>
Health and Safety Representative (HSR)	<p>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>
Hospital and Health Service (HHS)	<p>Hospital and health service established under the <i>Hospital and Health Boards Act 2011</i>.</p>

Term	Definition
Officer	<p>Is an officer within the meaning of section 9 of the <i>Corporations Act 2001 (Cth)</i> other than a partner in a partnership.</p> <p>An officer is a person who makes, or participates in making, decisions that affect the whole, or a substantial part, of the organisation'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>
Others	<p>Other persons as referenced in the <i>Work Health and Safety Act 2011</i>. Others are people who are not workers but whose health and safety may be impacted by one or more accountability areas. 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 WHS Act. The Department of Health and each of the HHSs are considered to be PCBUs.</p>
Persons with a disability	<p>The United Nations Convention on the Rights of Persons with Disabilities recognises the definition of persons with disability as including those who have long-term physical, mental, intellectual or sensory impairments that, in interaction with various attitudinal and environmental barriers, may hinder their full and effective participation in society on an equal basis with others. This includes sensory, intellectual, cognitive, physical, psychosocial and neurological disability.</p> <p>Sources:</p> <p>Australia's Disability Strategy 2021-2031</p> <p>Queensland's Disability Plan 2022-27: Together, a better Queensland</p> <p>Department of Health Disability Service Plan 2022-2024</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>
Professional psychological support	<p>Refers to the professional mental health support available to workers through Employee Assistance Services providers and/or through a staff counselling service, which may be provided by a psychologist, counsellor, social worker or other mental health worker.</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"> <li>(a) arises from, or relates to— <ul style="list-style-type: none"> <li>(i) the design or management of work; or</li> <li>(ii) a work environment; or</li> <li>(iii) plant at a workplace; or</li> <li>(iv) workplace interactions or behaviours; and</li> </ul> </li> <li>(b) may cause psychological harm, whether or not the hazard may also cause physical harm.</li> </ul>



Term	Definition
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 PCBU 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>
Psychological safety	<p>A shared belief held by members of a team that the team is safe for interpersonal risk taking – a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes. An important part of psychological safety is valuing diversity, equity, and inclusion.</p>
Queensland Health	<p>Means the Department of Health (the department) and all hospital and health services (HHS).</p>
Safety legislation	<p>The <i>Work Health and Safety Act 2011</i>, the <i>Electrical Safety Act 2002</i> and any associated regulations or WHS codes of practice, as amended from time to time.</p>
Senior officer	<p>Senior officer of a person who carries out a business or undertaking, as defined in relation to industrial manslaughter offences under section 34D of the WHS Act, means—</p> <ul style="list-style-type: none"> <li>• if the person is a corporation—an executive officer of the corporation; or</li> <li>• otherwise—the holder of an executive position (however described) in relation to the person who makes, or takes part in making, decisions affecting all, or a substantial part, of the person's functions.</li> </ul>
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 WHS 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>
System	<p>A set of things working together as parts of an interconnecting network; a complex whole.</p>
Trauma-informed approach	<p>Definition as per page 37 of the <i>Managing the risk of psychosocial hazards at work Code of Practice 2022</i>, that is:</p> <p>The concept of a trauma-informed approach means that workplace systems recognise and acknowledge that workplace responses or investigations of reports about psychosocial hazards can escalate or de-escalate distress in those with a history of trauma.</p>

Term	Definition
Workers	<p>Definition as per section 7 of the WHS Act, 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> <ol style="list-style-type: none"> <li>an employee; or</li> <li>a contractor or subcontractor; or</li> <li>an employee of a contractor or subcontractor; or</li> <li>an employee of a labour hire company who has been assigned to work in the person’s business or undertaking; or</li> <li>an outworker; or</li> <li>an apprentice or trainee; or</li> <li>a student gaining work experience; or</li> <li>a volunteer; or</li> <li>a person of a prescribed class</li> </ol> <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 the <i>Workers’ Compensation and Rehabilitation Act 2003</i> s 11(1) (as amended 2013): A person who works under a contract with Queensland Health, 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>; who has sustained a work-related personal injury or illness. (The above definition is utilised by WorkCover Queensland when determining liability/eligibility for workers’ compensation entitlements).</p>

## History

Date	Policy change
19 January 2024	<p>Policy review prompted by legislative amendments:</p> <ul style="list-style-type: none"> <li>amendment of Work Health and Safety Regulation 2011, as outlined in Work Health and Safety (Psychosocial risks) Amendment Regulation 2022</li> <li>introduction of <i>Managing the risk of psychosocial hazards at work Code of Practice 2022</i></li> <li>amendment of <i>Hospital and Health Boards Act 2011</i>, as outlined in <i>Health and Other Legislation Amendment Act 2023</i></li> <li>policy reformatted as part of the HR Policy review</li> <li>amended to update references and naming conventions</li> </ul>
21 December 2020	Updated scope as per employer changes (QH-POL-401:2020)
1 September 2018	<p>Scheduled document review prompting various changes. Next review scheduled: September 2023.</p> <p>Subject to earlier review in response to change (QH-POL-401:2018)</p>

Date	Policy change
1 July 2014	SMS review project 2013-14 (QH-POL-401:2014)

Protected NMEB11