Workplace Health and Safety Risk Management Procedures

Introduction

(1) These procedures outline the University's legislative responsibilities in respect of risk management of Workplace Health and Safety (WHS) and operate under the framework of the University's Enterprise Risk Management Policy.

(2) WHS risk management is an integral part of the University's Workplace health and safety management (WHSMS) and combines technical, consultative and managerial approaches to identify any foreseeable hazard that has the potential to harm the health or safety of employees, students, contractors and visitors to the University.

(3) Managers are responsible for managing risk to health and safety in the workplace over which they have influence and control.

Definitions

(4) 'WHS Risk' is the significance of a hazard in terms of the probability and severity of an injury or illness occurring as a result of the hazard.

(5) 'WHS Risk management' is the term applied to a logical and systematic method of identifying, analysing, assessing, controlling, monitoring and communicating risks associated with any activity, function or process, in a way that will enable organisations to minimise WHS risks and maximise WHS strategies (SafeWork NSW).

(6) 'Risk Assessment' is the overall process of estimating the magnitude of risk and deciding what actions will be taken.

(7) 'Safety Support Officers' (SSOs) refers to designated employees who, as part of their duties, carry out workplace inspections in consultation with employees.

(8) 'Health and Safety Representatives (HSRs)' refers to employees who are the designated point of contact for individual employees seeking to obtain information and report issues concerning WHS matters. They are the consultative link between management and employees on WHS issues.

Identifying Hazards

(9) The Work, Health and Safety Act 2011 places a duty on the University to eliminate or minimise risks to the health and safety of its employees, students, contractors and visitors.

(10) Hazards can be generally classified into five broad areas:

    a. physical e.g. noise, light, UV radiation, heat, and cold;

    b. chemical e.g. hazardous substances, poisons, vapours, and dust;

    c. biological e.g. plants, parasites, and viruses;

    d. mechanical/electrical e.g. slips, trips and falls, plant and equipment, ergonomics, and manual handling; and

    e. psychological e.g. stress, boring/repetitive work, violence/aggression.

(11) The University will endeavour to identify all foreseeable hazards, in particular, those arising from:

    a. work premises;

    b. work practices, work systems and shiftwork;

    c. plant;

    d. hazardous substances;

    e. presence of asbestos;

    f. manual handling and occupational overuse syndrome (OOS);

    g. layout and conditions of the workplace;

    h. biological organisms, products and substances;

    i. physical working environment (electrocution, drowning, fire, explosion, slips, trips and falls, contact with moving or stationary objects, noise, heat, cold, vibration, static electricity and contaminated atmospheres);

    j. confined spaces; and

    k. workplace violence.

(12) The University uses the following methods to identify hazards:

    a. safety audits - annual internal safety audits are conducted to evaluate the effectiveness of the WHS Management System. The Manager, Workplace Health and Safety provides an audit report and recommendations to the University Executive.

    b. workplace inspections - systematic inspections of the workplace are conducted by a Safety Support Officer to identify the hazards that exist in the workplace. Depending on the work area, the type of inspection may be either:

        i. high risk e.g. laboratories, workshops, and art studios - these inspections are carried out quarterly; or

        ii. low risk e.g. lecture theatres, administration areas and offices - these inspections are carried out twice a year.

    c. the Safety Support Officer, in consultation with employees, inspects and observes the workplace to identify any hazards. Hazards are documented on specific check sheets for the work area involved and recommendations provided for the Manager/Supervisor of the area. Where matters are not resolved, the SSO may refer them to the HSR.

    d. Incident, Accident and Hazard Reports - these reports are completed each time an incident, accident or hazard occurs. Completed reports are forwarded to the Manager, Workplace Health and Safety and a centralized register is maintained (the Workers Compensation Act requires a register of injuries be kept). The Manager, Workplace Health and Safety also provides advice on the action to be taken to prevent a recurrence of the incident, accident or hazard.

    e. injury and illness records - statistics are gathered from Accident, Incident and Hazard reports to identify the presence of hazards, particularly where there is a recurring incidence of injury. The Manager, Workplace Health and Safety provides a monthly report on these statistics to the HSRs and an annual report to the University's Executive.

    f. consultation - consultation is an integral part of the University's WHS Management System. In the workplace, HSRs consult with employees on WHS matters and bring any issues and concerns to the attention of the responsible Manager/Supervisor. HSRs communicate the safety concerns and issues of employees to management. This involves providing assistance and advice to management on WHS policies and procedures and investigating immediate risks to Health and Safety. HSRs make recommendations on WHS issues that facilitate informed decision making by management. They also inform employees of WHS matters that may arise from managerial decisions such as introducing a new piece of equipment.

    g. health and environmental monitoring - where particular risks to the health of people on University premises or to the environment exist, or are suspected, (e.g. air monitoring for detection of hazardous contaminants and

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noise monitoring for loudness), technical advice on hazard controls from both internal and external WHS practitioners is sought.

    h. incidental identification - If employees notice a workplace hazard they should report the details to their Supervisor/Head of Work Unit, or if safe to do so, rectify the identified hazard themselves.

Assessing the Risk

(13) Risk assessment involves making a decision about level of risk. It means estimating how likely it is that injury or illness will occur and how severe that injury or illness may be.

(14) The University uses a risk rating procedure to prioritise any hazard identified. The procedure is embedded in our [risk assessment template](#).

Controlling the Risk

(15) The [Work Health and Safety Regulation 2017](#) states that the University must eliminate any reasonably foreseeable risk and if this cannot be done, they must then control the risk to the lowest level possible.

(16) The hierarchy of control measures used in the regulation are:

    a. eliminate the hazard - total removal of the hazard from the workplace;

    b. substitute the system of work, plant or substance with something safer, e.g. less hazardous cleaning agent;

    c. isolate the hazard from the employees, e.g. introduce a restricted work area in a laboratory;

    d. engineering controls, e.g. fume hoods and machine guarding;

    e. administrative controls, e.g. warning signs, rotation of tasks, training and routine maintenance; and

    f. Personal Protective Equipment (PPE), e.g. gloves, safety glasses and dust coats.

(17) The University has developed work unit specific [Safe Work Procedures](#) to control the risk of injury or illness.

Monitoring and Reviewing

(18) The operation of the Workplace health and safety management system (WHSMS) is reviewed annually as part of the safety audit. This review provides the opportunity to adjust, build upon and improve the system's effectiveness. This continual improvement process:

    a. identifies areas of opportunity for improvement of the WHS management system which leads to improved WHS performance;

    b. determines the cause of non-conformance or deficiencies;

    c. promotes the development and implementation of plans for corrective and preventative action to address causes;

    d. verifies the effectiveness of the corrective and preventative actions;

    e. documents any changes in procedures resulting from process improvement; and

    f. makes comparisons with objectives and targets.

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Status and Details

Status	Historic
Effective Date	20th April 2020
Review Date	1st March 2025
Approval Authority	Head, Governance Services
Approval Date	20th April 2020
Expiry Date	9th December 2024
Responsible Executive	Kim Franks Vice President (People and Culture)
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