Policy Directive

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Work Health and Safety Audits

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Summary	This Policy Directive provides a framework for NSW Health organisations to undertake WH&S audits.
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Audience	Risk Managers, Work Health Safety Practitioners
Distributed to	Divisions of General Practice, Environmental Health Officers of Local Councils, Government Medical Officers, Health Associations Unions, NSW Ambulance Service, Ministry of Health, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes
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Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

NSW GOVERNMENT Health

POLICY STATEMENT

WORK HEALTH AND SAFETY AUDITS

PURPOSE

The purpose of this Policy Directive is to provide a framework for NSW Health organisations to undertake work health and safety audits across their facilities/services using the *Work Health & Safety Audit Tool*.

Audits are conducted to determine the effectiveness of management systems, to identify the strengths and opportunities for improvements and to ensure compliance with the *Work Health & Safety Act 2011* and *Work Health & Safety Regulation 2011*, the Safe Work Australia Codes of Practice and NSW Health work health and safety policies and procedures.

MANDATORY REQUIREMENTS

Each organisation shall ensure that:

- Audits, using the audit tool, are undertaken of their facilities / services over a two-year audit cycle according to this policy
- The appropriate level of resources are available to undertake audits
- A plan is developed to address the findings and recommendations of the audit
- The results and recommendations of the audits are provided to the Chief Executive and the Board (where applicable) as the organisation's officers and primary duty holders under WHS legislation
- Outcomes of audits are reported to the Ministry as required under section 3 of this policy.

IMPLEMENTATION

The Chief Executive and other officers and managers, must provide the resources to undertake the audits over the two-year audit cycle. The outcomes of audits will provide organisations with information on which action can be taken in order to comply with their work health and safety legislative obligations, and improve overall work health and safety performance.

REVISION HISTORY

Version	Approved by	Amendment notes
May 2016 (PD2016_017)	Deputy Secretary, Governance, Workforce and Corporate	Updated to comply with *Work Health & Safety Act 2011* and *Work Health & Safety Regulation 2011*
PD2007_030	Director-General	Updated
PD2005_189	Director-General	Updated
PD2001_5	Director-General	Updated

ATTACHMENT

1. Work Health and Safety Audits: Procedures.

Work Health and Safety Audits

NSW GOVERNMENT | Health

PROCEDURES

Issue date: May-2016

PD2016_017

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1 BACKGROUND

1.1 About this document

The purpose of this document is to provide a framework for NSW Health organisations to undertake work health and safety audits across their facilities/service using the *Work Health & Safety Audit Tool* within a two-year calendar audit cycle.

Audits are conducted to determine the effectiveness of management systems, to identify the strengths and opportunities for improvements and to ensure compliance with the *Work Health & Safety Act* (WHS Act) *2011* and *Work Health & Safety Regulation 2011* (WHS Legislation), the Safe Work Australia Codes of Practice, and NSW Health work health and safety policies and procedures.

The aim of the WHS Audit Tool is to provide a consistent and effective approach for the gathering of information on which an organisation can act in order to comply with its WHS legislative obligations and improve its performance by:

1. Identifying the existence and assessing the quality of work health and safety programs, policies, systems and procedures
2. Assessing the extent to which these are practically implemented and applied in the NSW Health organisation's workplaces
3. Assessing the awareness of these work health and safety programs, policies, systems and procedures by workers (including managers).

1.2 Key definitions

Audits: Systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled[1].

Auditor: An independent person with the appropriate skills and experience to undertake an audit.

Audit Program: Arrangement for a set of one or more audits planned for a specific timeframe.[2]

Audit Scope: Extent and boundaries of an audit, it includes a description of the physical locations, organisational units, activities and processes, as well as the time period covered.[3]

Facility: A place for which the organisation is responsible or hospital (including all surrounding buildings which form part of the hospital complex), a building where workers work under the direction of the organisation, e.g. Ambulance station.

NSW Health Organisations (organisations): Are considered persons conducting a business or undertaking (PCBU) under the WHS Act and for the purpose of this policy

[1] AS/NZS ISO 19011:2014 Guidelines for auditing management systems
[2] AS/NZS ISO 19011:2014 Guidelines for auditing management systems
[3] AS/NZS ISO 19011:2104 Guidelines for auditing management systems

means Local Health Districts, HealthShare, Ambulance, Sydney Children's Network, Justice Health and Forensic Mental Health Network and NSW Health Pathology.

1.3 Legal and legislative framework

WHS Act s19 *Primary Duty of Care* requires that the organisation (PCBU) ensures so far as is reasonably practicable the health and safety of workers and others by:

- The provision and maintenance of a work environment without risks to health and safety
- The provision and maintenance of safe plant and structures
- The provision and maintenance of safe systems of work
- The safe use, handling, and storage of plant, structures and substances
- The provision of adequate facilities (includes toilets, drinking water, washing and eating facilities) for the welfare at work of workers in carrying out work for the business or undertaking, including ensuring access to those facilities
- The provision of any information, training, instruction or supervision that is necessary to protect all persons from risks to their health and safety arising from work carried out as part of the conduct of the business or undertaking
- That the health of workers and the conditions at the workplace are monitored for the purpose of preventing illness or injury of workers arising from the conduct of the business or undertaking.

WHS Act s27(5) *Duty of Officers* sets out six key reasonable steps officers need to have regard to in order to meet their due diligence obligations as follows:

a) to acquire and keep up-to-date knowledge of work health and safety matters, and
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
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
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
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
   Example: For the purposes of paragraph (e), the duties or obligations under this Act of a person conducting a business or undertaking may include:
   - reporting notifiable incidents,
   - consulting with workers,
   - ensuring compliance with notices issued under this Act,
   - ensuring the provision of training and instruction to workers about work health and safety,
   - ensuring that health and safety representatives receive their entitlements to training.

f) To verify the provision and use of the resources and processes referred to in paragraphs c)-e).

WHS Act s46 Other Duty Holders requires consultation, cooperation and coordination of activities where more than one person has a duty in relation to the same matter.

2 AUDIT PROCESS

2.1 Auditors

An organisation needs to ensure that:

- The appropriate level of resources is available to undertake audits, which may involve the appointment of auditors from outside of the organisation to undertake audits (such as auditors from another organisation, as long as the auditors meet the competencies required under this policy). Consideration should be given to whether auditors' substantive positions need to be resourced when undertaking auditing activities.
- Auditors have the following Public Sector Training Package Advanced Diploma Units of competency, or equivalent:
  - PSPOHS608A – Conduct an OHS Audit
  - PSPOHS609A – Evaluate an Organisation's OHS Performance.
- Auditors are independent of the activity they are auditing.
- Auditors undertake at least two audits during the two-year audit cycle in order to maintain their skills and to keep up-to-date on current work health and safety requirements.
- While Auditors do not have to audit another organisation to maintain their auditing qualifications, it is encouraged as good practice to do so.

2.2 Two-Year Audit Cycle

The audit cycle is the timeframe within which an organisation must undertake audits of their facilities/service to the extent which is appropriate to the size of the organisation and the level of risk.

All hospitals are to be audited within the audit cycle to the extent required based on the level of risk. For example not every ward within a hospital will need to be audited, but a sample of different types of wards should be included within the scope of the audit.

All other organisations are also required to adhere to the two-year audit cycle. Audit programs must include an adequate sample of facility and service locations based on the level of risk.

2.3 Auditing

An organisation needs to ensure:

- An audit program is established for the audit cycle. The NSW Ministry of Health (the Ministry) may request a copy of the audit program from time to time.

- The audit scope is relevant to activities for which the organisation is responsible, i.e. does not include activities for which another organisation is responsible that may impact on the work health and safety of staff, such as security. Any safety issues arising from activities undertaken during the audit for which another organisation is responsible is to be addressed with the other organisation as an action arising from a non-compliance.
- A plan is developed to address the findings and recommendations of the audit. The plan must include actions and timeframes for implementation, and be signed off by the relevant senior executive(s). The findings and recommendations may include the organisation's head office as well as the local facility/service
- The results and recommendations of the audits are provided to the Chief Executive and the Board (where applicable) as officers under WHS legislation.
- Outcomes of audits are reported to the Ministry as required under section 4 of this policy.

The Ministry's information sheet titled *Work Health & Safety Auditing* which supports this policy will provide further information on the auditing process.

3 GOVERNANCE AND REPORTING

Chief Executives are to ensure that:

- The results of audits and recommendations are reported to Boards (where applicable) and/or a committee of the Board (such as the Audit and Risk Committee) as required as part of established regular WHS reporting mechanisms (refer to NSW Health Guidelines for Boards: WHS and Due Diligence *Information Sheet 2013/1*).
- The action being taken in response to the audit reports is appropriate and commensurate with the level of risk having regard to Work Health and Safety legislative obligations, and the action is reported to the Board (where applicable) as required.
- Reports are provided to the Ministry of Health on a quarterly basis through the *Work Health & Safety Executive Reporting* process on the following:
  - Progress of their audits during the two-year audit cycle;
  - Provision of significant outcomes of the audit. Significant outcomes are considered to be either:
    - Where there is 50% or greater non-compliance to a WHS Audit Tool section, or
    - Where there is 50% or greater non-compliance overall, i.e. non-compliance to each section is such that there is only 50% compliance overall
    - The non-compliance(s) identified is such that there is a possibility that:
      - Legal or regulatory action may be taken against the Facility/Service
      - Workers and others may be seriously injured
      - There will be a major disruption to the Facility/Service if corrective action is not taken
      - The matter may be a State-wide issue
      - There may be media interest.

NSW Health organisations are also encouraged to provide information on any WHS initiatives identified through the WHS Audit that can be shared as good practice with other NSW Health organisations in relevant forums.

The organisation shall ensure that audit reports and associated documents are available for review by the Ministry of Health when requested from time to time.

4 WORK HEALTH & SAFETY AUDIT TOOL STRUCTURE

The tool is made up of the following worksheets:

Contents Pages (Appendix 1)

Work Health & Safety Audit Report (Appendix 2)

Work Health & Safety Summary Report (Appendix 3)

Summary Table (Appendix 4)

4.1 Contents Page

The contents page provides easy reference to the different criteria contained within the Work Health & Safety Audit Report.

It provides a link to each criterion for easy navigation.

Criteria 1 to 8 are predominantly strategic and would be audited in most circumstances at head office level with some auditing at facility/service local level to verify implementation. The strategic criteria would normally be audited once during the audit cycle unless there are changes which require re-auditing. The implementation verification will be audited, where applicable, at each audit of a facility/service level.

Criteria 9 to 19 are hazard specific and would predominantly be audited at the facility/service level.

Criterion 20 provides the organisation with a section to include additional hazards for auditing. Additional hazards for auditing would normally be identified by the organisation's head office and/or local facility/service through various means such as a review of WHS incidents. The Ministry may also direct that a specific hazard be included as part of an audit cycle. Where this section is not being utilised during an audit, the reason will need to be included in the audit report as the specific hazard criteria contained within the tool is not exhaustive and it is expected that other hazards are present as part of the facility/service.

Criteria 20 to 26 cover other activities that are part of a work health and safety system.

4.2 Work Health and Safety Audit Report

The report is an audit checklist and once populated becomes part of the audit report. The different sections of the audit report and their application is as follows:

- **First Column** – provides the section number and criterion number connected with each criteria.
- **Criteria –** sets out the requirements against which audit evidence is compared.

- **Compliance Criteria** – sets out the audit evidence required to determine compliance and may include multiple examples of audit evidence where there may be various ways of determining compliance. Other documented evidence of compliance than that provided as examples should be considered during the audit. The examples provided are not exhaustive and are meant as a guide.
- **C/NC/NA** – this column includes a drop down menu from which either Compliant, Not Compliant or Not Applicable must be chosen for each criterion, whichever is applicable. Where Not Applicable is chosen, a reason why must be included. The cell will turn green if Compliant, light grey if Not Applicable and is risk rated where the criterion is Not Compliant. The Not Compliant risk ratings are as follows:

	High Risk
	Medium Risk
	Low Risk

- **Evidence Sighted During Audit** – Evidence sighted and the positions held of those contacted during the audit to determine compliance to the criterion need to be included in this section. The evidence included in this column must be verifiable and therefore needs to include a unique identifier, such as a title and a date or a document number.
- **Audit Comments/Recommendations** – Provide recommendations for compliance, positive feedback and opportunities for improvement
- **Reference Material for this section –** Refers to the main reference material in determining compliance to the relevant section.

4.3 Results – Summary Page

This worksheet automatically calculates the number of Compliances, Not Compliant (by risk rating) and Not Applicable as the status of each criterion is identified through the audit process.

This page is included as part of the Audit Report.

4.4 Work Health and Safety Audit Summary

This template is used to provide an overall summary of the audit outcome.

4.5 Work Health & Safety Audit Tool Excel Document Utilisation

An Excel version of the Work Health & Safety Audit Tool will be provided to all organisations and updates provided when applicable.

The text and risk ratings contained within this excel document must not be changed and must be the same as contained in Appendices 1, 2, 3 and 4 of this policy.

In the Work Health & Safety Audit Report, the following insertions can be made where applicable:

- Additional hazards to the three now available in Criteria Number 20
- Additional columns to the right of the last column to assist with managing the audit process, for example columns which contain the agreed actions and timeframes to be taken for each not compliant criterion.

5 SUPPORTING DOCUMENTATION

Information Sheets, Audit Preparation Supporting Documentation for each section of the WHS Audit tool, and other supporting documentation that may be developed is made available through the Ministry's intranet, Human Resources E-Compendium and circulated to the relevant organisations.

Appendix 1 - Contents Page

Criteria Number	Criteria Name
1	WHS Policy
2	Management Responsibility
3	WHS Strategic Planning
4	Measuring and Evaluating WHS Performance
5	Executive Reporting
6	Information, Instruction and Training Framework
7	Consultation Cooperation and Coordination
8	Hazard/Risk Identification, Assessment and Control Framework
9	Hazard/Risk Identification, Assessment and Control - Hazardous Manual Tasks
10	Hazard/Risk Identification, Assessment and Control - Occupational Violence and Security
11	Hazard/Risk Identification, Assessment and Control - Bullying
12	Hazard/Risk Identification, Assessment and Control - Fatigue
13	Hazard/Risk Identification, Assessment and Control - Occupational Health Exposures - Infectious Diseases
14	Hazard/Risk Identification, Assessment and Control - Occupational Health Exposures - Noise
15	Hazard/Risk Identification, Assessment and Control - Occupational Health Exposure - Ionising Radiation
16	Hazard/Risk Identification, Assessment and Control - Asbestos
17	Hazard/Risk Identification, Assessment and Control - Plant Safety, Maintenance and Testing
18	Hazard/Risk Identification, Assessment and Control - Confined Spaces
19	Hazard/Risk Identification, Assessment and Control - Hazardous Chemicals and Dangerous Goods
20	Hazard/Risk Identification, Assessment and Control - Additional Hazards/Risks
21	Emergency and Disaster Management
22	Waste Management
23	Incident Investigation and Reporting
24	Wellbeing
25	Injury Management and Return to Work
26	Review and Continuous Improvement

Appendix 2 - Work Health & Safety Audit Report

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
1	WHS Policy				
1.1	There is a current Work Health and Safety Policy/Statement of Commitment which is authorised by the current Chief Executive and is dated.	WHS Policy/Statement has been authorised by the current Chief Executive and dated. (Supporting policies can be authorised by authorised senior managers.)			
1.2	The Work Health and Safety Policy/Statement of Commitment content outlines the WHS Management System and includes the following elements: - A focus on prevention, based on risk management principles. - A statement reinforcing commitment to improving the safety culture. - A commitment to comply with relevant WHS legislation and with other requirements placed on the Agency, e.g. by the Ministry of Health. - Clearly defined responsibilities and accountabilities for WHS at all levels. - A commitment to effective consultation. - A commitment to engage in consultation, coordination and co-operation with other duty holders. - A commitment to the implementation and continuous improvement of health and safety by establishing measureable objectives/targets. - A system of review and monitoring of WHS issues at all levels. - Commitment to the provision of adequate training and resources.	WHS Policy/Statement addresses each element. (Where there are additional policies, for e.g. a Consultation policy, that covers some of the elements, then as long as all the elements are covered through the additional policies, the facility/service being audited is compliant.)			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
1.3	The WHS Policy/Statement of Commitment is relevant and effective and is reviewed where there is significant change and at a minimum every -twoyears.	The policy is still relevant to the NSW Health Organisation, i.e. complies with relevant policies, standards and legislation and the organisational structure. Evidence of two-year review includes minutes of meeting or other documentation that outlines the review and the outcome of the review. If compliant the policy may not have to be changed or reissued but evidence is required to show the review occurred.			
1.4	The WHS Policy/Statement of commitment is updated at a minimum of once every four years	The WHS policy/statement of commitment date is within the four year period. Where the WHS policy/statement of commitment is under review, as part of the consultation process, the facility/service is compliant as long as it has been commenced within the four year period and does not exceed six months after the review date. Evidence of consultation compliance would be emails/minutes of meetings and the draft policy. If the content remains current, then only the date needs to be updated.			
1.5	The WHS Policy/Statement of Commitment is communicated to all relevant stakeholders for the organisation.	Communication to the facilities and staff advising of the WHS policy/statement, e.g. WHS policy/statement attached to email, circular, email with link to current WHS policy/statement, posted on noticeboards, etc.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
Reference Material for this Section Includes: AS/NZS 4801:2001 Occupational health and safety management systems - specification with guidance for use and AS/NZS4804:2001 Occupational health and safety management systems - General guidelines on principles, systems and supporting techniques					
2	Management Responsibility				
2.1	Officers and senior managers within the NSW Health Organisation have received information and/or training in their WHS obligations.	Information and/or training has been provided to officers and senior management under the requirements of WHS Legislation. Compliance evidence can be training plan including training taken, minutes of meetings or other written communication outlining the responsibilities of the officers, updates when there are changes to legislation.			
2.2	Officers and senior managers within the NSW Health Organisation are aware of their WHS obligations.	Officers and senior managers (i.e. Tier 2 and above) are able to outline their WHS obligations when questioned. 1. Having up-to-date knowledge of WHS matters. 2. Having an understanding of the business or undertaking and generally of the hazards and risks associated with it. 3. Ensuring the business has (and uses) appropriate resources and processes to eliminate or minimise safety risks from the work carried out. 4. Ensuring that the business has appropriate processes to receive information about incidents, hazards and risks and responding in a timely manner to that information. 5. Ensuring the business has and implements processes to comply with any duty or obligation under WHS laws.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
		6. To verify the provision and use of resources and processes for the above.			
2.3	Managers are aware of their WHS obligations.	Managers have either completed WHS training for managers or are able to outline their responsibilities within WHS and their department.			
2.4	All senior staff participate in the performance agreement and review process applicable to executives, which includes WHS objectives specific to their role (Please note that Service Agreements between the NSW Ministry of Health and the Organisation are developed with the CEs.)	Performance agreements are in place and sighted for Senior Staff include WHS objectives specific to their role.Senior staff members interviewed are aware of their objectives and strategies/actions to meet the objectives are sighted.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
2.5	Managers/supervisors have performance development plans in place that include Work Health and Safety performance objectives specific to their role.	Performance development plans have been sighted and include WHS objectives. The WHS objectives are relevant to the position and there are strategies in place to meet the objectives. The staff members interviewed are aware of their objectives, and actions to meet the objectives are sighted.			
2.6	Staff have performance development plans in place that include Work Health and Safety performance objectives specific to their roles.	Performance development plans have been sighted and include WHS objectives and actions to meet them. The WHS objectives are relevant to the position. The staff members interviewed are aware of their objectives and actions.			
2.7	The performance development plans are reviewed on an annual basis	Performance development plan reviews are conducted annually. Example of review includes schedule of performance reviews.			
2.8	There are mechanisms in place for consultation, cooperation and coordination with shared site duty holders, e.g. businesses such as cafes, chemists, florists, etc.	Agreements with other duty holders at NSW Health Organisation or facility/service level, such as Service Level Agreements, Lease Agreements, memorandums etc are available and include the consultation, cooperation and coordination process.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
2.9	There is a process for purchasing items or services that includes work health and safety considerations appropriate to the level of risk of the purchase and includes a risk assessment and consultation process.	There is a documented process which includes a WHS component appropriate to the level of risk.Evidence of compliance: Templates have a WHS component, evidence of use such as risk assessments completed prior to purchase.			
Reference Material for this section includes: PD2013_014 Executive Performance Management, PD2013_034 Managing for Performance, Work Health and Safety Consultation, Cooperation and Coordination Code of Practice, PD2014_005 Goods and Services Procurement Policy					
3	WHS Strategic Planning				
3.1	There is a process in place to develop, review, update and maintain plans at corporate and Facility/Service level in order to identify and achieve the WHS objectives and targets. Strategic planning needs to address: - The resources for achieving the objectives and measurable targets - Responsibilities and accountabilities - The means and timeframe by which objectives and measurable targets are to be achieved.	Documentation is available to show evidence that this process has been undertaken as outlined in the criteria, e.g. Previous strategic plans, updated strategic plans, minutes of consultation, etc. The organisational plan is available, current and includes: - Resource allocation to meet WHS objectives and targets. Resources include people and can be shown through allocation of staff and completion of actions implemented. - Objectives and targets are in line with Work Health and Safety Policy/Statement and other policies where applicable. - Actions and timeframes by which the objectives and targets are to be achieved			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
3.2	There is an organisational plan that includes WHS and has been developed in consultation with senior managers both from NSW Health Organisation and facility/service level.	.- Organisational plan (including WHS) has been signed off by the relevant senior manager. - minutes/emails showing consultation with senior managers			
3.3	The organisational plan has been communicated/distributed to all relevant facilities/services in order that local plans can be developed to support the organisational plan.	Communication to facilities/services, e.g. documents showing distribution of the organisational plan are available.			
3.4	Plans/actions at Facility/Service level have been developed against identified WHS risks.	Facility/Service plans include WHS risks e.g.: - Hazardous manual tasks - Fatigue management - No infectious Occupational Health Exposures - Hazardous Chemicals and Dangerous Goods - Hazardous waste such as clinical, radioactive or cytotoxic waste - Worker Wellbeing.			
3.5	Plans are updated and reviewed on an ongoing basis	Due dates updated to 'complete' as required. Minutes of meetings showing review.			
3.6	There is a process in place to identify, have access to, and receive updates to legal and other documentation such as standards and codes of practice that are directly applicable to the WHS issues relating to relevant activities and services.	Evidence that this information is received and communicated to relevant stakeholders within the organisation, such as through email distribution, minutes, reports and specific documents.			
Reference Material for this section includes: Australian Work Health and Safety Strategy 2012-2022					
4	Measuring and Evaluating WHS Performance				
4.1	There is a documented system to identify and establish both WHS Proactive (lead) and. Reactive (lag) performance indicators.	The documented system meeting the criteria is sighted.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
4.2	WHS proactive and reactive performance indicators have been established.	WHS performance indicators are available and are appropriate to the facility/service including any legislative and/or policy requirements. Proactive (lead) indicators can include: audit outcomes, training outcomes, risk control outcomes, infection control audits etc at NSW health organisation and/or facility/service level. Reactive (lag) performance indicators can include:: incident rates, injury rates, hours lost, costs, return to work rates, PINs, notices from SafeWork NSW, etc at facility/service level.			
4.3	Performance indicators are reviewed and evaluated for relevance and effectiveness at a minimum every two years.	There is evidence of review of the performance indicators for relevance and effectiveness. This could include copies of previous and updated performance indicators, review or planning meeting minutes.			
Reference Material for this section includes: Safe Work Australia: Guidance on the use of positive performance indicators 2005					
5	Executive Reporting				
5.1	There is a process for the notification of significant risks, incidents notifiable to SafeWork NSW, notices and penalties, etc to the Chief Executive, senior management and NSW Ministry of Health.	Evidence that a process is in place that outlines the responsibilities for reporting, e.g. flow chart, procedure or reporting template.			
5.2	The Chief Executive and Facility/Service Executive, or their delegates, are notified of significant risks, serious notifiable incidents, notices, penalties and prosecutions within agreed documented timeframes.	Evidence of reporting within the agreed timeframe is sighted, e.g. email, reports, minutes of meetings, briefs, etc.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
5.3	The Chief Executive is provided with reports on the performance of the WHS Management System, including performance indicators such as: - Incident statistics - Workers compensation claims number and costs. - SafeWork NSW activity. - PINs from HSRs - Notices from SafeWork NSW - WHS achievements.	Examples of evidence of compliance may include presentations, reports, emails and minutes of meetings. Reporting should be within the timeframes agreed with the Chief Executive.			
5.4	Facility/Service Executives are provided with reports on the performance of the WHS Management System, including performance indicators such as: - Incident Statistics - Workers compensation claims number and costs. - SafeWork NSW activity. - PINs from HSRs - Notices from SafeWork NSW - WHS achievements.	Examples of evidence of compliance may include presentations, reports, emails and minutes of meetings. Reporting should be within the timeframes agreed with the Facility/Service Executive. This could be the report provided to the Chief Executive in 5.3.			
Reference Material for this section includes: PD2014_004 Incident Management Policy					
6	Information Instruction and Training Framework (Training attendance is covered under specific hazards)				
6.1	There is a documented system in place to: - Identify the work health and safety training requirements by position by conducting a training needs analysis. - Determine when the training needs to be taken. - Determine frequency of refresher training where required, e.g. first aid legislative requirements.	Examples of evidence could include a documented process or a training matrix with organisational requirements for WHS training e.g. “Officer identified training”, that is training activities made mandatory by the organisation.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
6.2	There is documented evidence that training needs are reviewed, evaluated and updated as required, e.g. legislation changes, new plant, new process, incident review etc.	There is evidence that training needs are reviewed, e.g. minutes of meetings, updated training needs, etc.			
6.3	Specific training needs have been identified for workers, including managers, and training plans have been developed which include refresher training where applicable.	There is documented evidence that training needs have been identified specific to workers/managers and the risks they are exposed to. This may be an organisational review combined with individual worker training needs e.g. in local SWP or identified in performance reviews. An example of evidence may be CE flagging in the LMS, training competency sign off against SWP etc. Please note the HETI mandatory training matrix only includes training provided by HETI and may not cover all relevant training needs. TNA at department level for specific at risk tasks such as administering cytotoxic drugs, constituting cytotoxic drugs in pharmacy, entering confined spaces, asbestos awareness, at risk manual handing practical tasks. Training plans are available for both senior management and other workers, including refresher training in relation to work health and safety.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
6.4	Induction training is conducted for all workers appropriate to the work to be carried out.	Induction is specific to the worker, the type of work being performed and the location where the work is to be performed, e.g. completion of checklist or competency sign-off. The induction should be undertaken in a suitable time period on commencement of the role, prior to undertaking the role unsupervised and be relevant to the risks associated to their job tasks.			
6.5	Information is provided to workers regarding their roles and responsibilities in relation to new or revised policies and procedures.	There is evidence that information is distributed to all relevant workers, e.g. through toolbox talks, meeting minutes, fact sheets, etc.			
Reference Material for this section includes: PD2014_023 Mandatory Training Requirements in Policy Directives					
7	Consultation, Cooperation and Coordination				
7.1	There is a documented consultation arrangement in place to meet legislative requirements. The arrangement must outline how consultation, cooperation and coordination will occur between all duty holders including workers, other PCBUs with shared duties etc.	Documentation is available outlining the agreed consultation arrangement between all relevant parties. Arrangements must include the requirements in the WHS Act around the nature of consultation and when to consult.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
7.2	There is documentation to show that consultation arrangements are agreed with workers. Consultation arrangements are appropriate and take into account all workers, including shift workers and mobile workers, so that they have an opportunity to be consulted on all WHS matters that impact on their safety.	Evidence of consultation with workers to establish consultation arrangements as agreed and determined is available, This can include minutes of meetings, surveys/survey results etc. Check that the arrangements, where applicable, meet legislative requirements, i.e. Health and Safety Committees, Health and Safety Representatives or other agreed arrangements. Where Health & Safety Representatives are part of the agreed arrangements, check that SafeWork NSW has been provided with the required information.			
7.3	There is two-way communication on WHS matters between all relevant parties, i.e. within NSW Health Organisations, Facilities/Services and between other duty holders. (Excluding contractors, sub-contractors, volunteers etc - see criteria below.)	Examples of evidence are as follows: - Forums where executives are briefed on WHS and WHS issues for the NSW Health Organisation, e.g. executive management meetings. - Agenda item on executive and senior management meetings. - WHS briefings/reports for Board meetings. - Meetings between senior NSW Health organisation / Facility/Services management and workers. - Staff meetings, which include any safety matters that may directly impact on their health and safety.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
7.4	Arrangements have been established for consulting, cooperating and coordinating with other workers such as contractors, sub-contractors, volunteers. (Please note that other duty holders such as other NSW Health organisations, cafes, florists etc are covered in criteria above) GL2013_011 *Work Health and Safety - Other Workers Engagement*	Agreements or other documentation setting out the consultation, cooperation and coordination process with other workers are available.			
7.5	There is evidence that consultation is occurring with relevant duty holders and workers as required by legislation.	Evidence of consultation occurring prior to changes that may impact on health and safety, includes: - Identifying hazards and assessing risks arising from the work carried out or to be carried out - Making decisions about ways to eliminate or minimise those risks - Making decisions about the adequacy of facilities for the welfare of workers - Proposing changes that may affect the health or safety of workers, and - Resolving health or safety issues - monitoring health of workers - monitoring the conditions at the workplace, and - providing information and training for workers.			
7.6	Workers are aware of their WHS obligations.	Workers can outline their responsibilities within WHS to take reasonable care for themselves and others, and to comply with reasonable instructions and cooperate with reasonable policies and procedures that have been communicated to them.			
Reference Material for this section includes: Consultation, Cooperation and Coordination Code of Practice; GL2013_011 Work Health and Safety - Other Workers Engagement					

	Criteria (All criteria elements must be met to comply)	Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
8	Hazard/Risk Identification, Assessment and Control Framework				
8.1	There is a documented system that outlines roles and responsibilities in management of hazards and risks and the requirements about when to use a risk management approach.	There is a documented system that outlines when to use a risk management approach for WHS risks For guidance - managing work health and safety risks is an ongoing process that is triggered when any changes affect work activities and includes the following as outlined in the *How to Manage Work Health and Safety Risks* code of practice: - Starting a new business or purchasing a business - Changing work practices, procedures or the work environment - Purchasing new or used equipment or using new substances - Planning to improve productivity or reduce costs - New information about workplace risks becomes available - Responding to workplace incidents (even if they have caused no injury) - Responding to concerns raised by workers, health and safety representatives or others at the workplace - Required by the WHS regulations for specific hazards.			
8.2	The documented system includes hazard identification requirements	A process is available for Identifying hazards including requirements to find things and situations that could potentially cause harm to people.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
8.3	The documented system includes a requirement to assess risks if necessary	The process to assess risks if necessary includes a requirement to understand the nature of the harm that could be caused by the hazard, how serious the harm could be and the likelihood of it happening. A risk assessment is not necessary in certain situations as set out in the Safe Work Australia *How to Manage Work Health and Safety Risks* code of practice.			
8.4	The documented system outlines the requirement to implement the most effective control measure that is reasonable practicable in the circumstances.	The documented system outlines the roles and responsibilities in assessing the level of risk and identifying the appropriate controls in line with the hierarchy of controls.The hierarchy of controls are: • Level 1 - Eliminate the hazards • Level 2- Substitute the hazard with something safer.- Isolate the hazard from people.- Reduce the risks through engineering controls. • Level 3- Reduce exposure to the hazard using administrative actions.- Use Personal Protective Equipment			
8.5	The documented system outlines the requirements for evaluating the effectiveness of controls to ensure they are working as planned and changes are made where necessary.	There is a documented system for the review of controls and the changing of those controls where required, e.g. legislative changes could introduce new requirements, controls are not effective or have caused other issues, change of process or new equipment.			
8.6	The documented system includes the process to ensure that risk information is available to workers and relevant duty holders. The information should be current and easily accessible to workers and management.	The process provides for easily accessible information. This may be in the form of hazard registers or equivalent. Evidence of compliance includes checking where the information is located			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
8.7	Workers are aware of how to access WHS risk information.	Evidence of compliance includes checking if workers are aware of how to access the information and if they are aware of where the information is located and they have easy access and to any registers or equivalent.			
8.8	The documented system includes evaluation the risk management process for effectiveness and to amend where required.	Documentation is available which includes roles and responsibilities, the evaluation of the process / system, including changes for improvement where required. The frequency of evaluating the system should be at a frequency agreed with senior management.			
8.9	There is a documented system for identification of environmental hazards e.g. environmental workplace inspections.	There is evidence of a documented process for environmental workplace inspections as part of the hazard management process.			
8.10	The system for identifying environmental hazards is implemented at the local level and there is evidence of compliance.	There is evidence that these are completed as required, at a frequency agreed with senior management dependant on the level of risk. (Note: other specific hazard risk assessments are covered and assessed under the specific hazards)			
Reference material for this section includes: *How to Manage Work Health and Safety Risks* Code of Practice, *Managing the Work Environment and Facilities* Codes of Practice					
9	Hazard/Risk Identification, Assessment and Control - Hazardous Manual Tasks				
9.1	There is a documented system to identify and manage the elimination or control of hazardous manual tasks. The system meets the requirements of the code of practice and includes the roles and responsibilities for the identification, assessment (where required by the code) and controls risks specific to hazardous manual tasks.	The documented system that meets the requirements as outlined is available.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
9.2	Hazardous manual task risk assessments, where required (as outlined by the code of practice), have been conducted in consultation with workers.	Risk assessments are available for specific hazardous manual tasks where required.			
9.3	Hazards associated with Bariatric Patients from admission to discharge have been identified, risk assessments have been undertaken when required and controls implemented.	Risks related to all aspects of Bariatric Patient care have been identified and risks assessed where required. Appropriate controls have been implemented e.g. appropriate equipment, care plans, bariatric patient requirements in place.			
9.4	There is a documented system to ensure ergonomics is taken into account in relation to work activities being undertaken. Risks are identified, risk assessments have been undertaken when required and controls implemented.	The documented system includes various work environments, including computer or other work stations, laboratories, kitchens, etc.			
9.5	Where possible each hazardous manual task or ergonomic risk is eliminated, if not, controls are implemented appropriate to the level of risk and in line with the hierarchy of controls. Controls are reviewed for effectiveness and changes made where required.	There is evidence that task elimination or appropriate controls for the level of risk are in place for hazardous manual tasks and ergonomic risks for example, controls could be workplace redesign, new equipment, development of SWP. Evidence that controls are reviewed for effectiveness and changes made where required have been sighted, for e.g. change of equipment, change of process, etc.			
9.6	Training materials specific to hazardous manual tasks are available and include a competency component as identified.	Training includes hazardous manual tasks relevant to positions, for example patient handling, pushing trolleys, linen handling, cleaning trolleys, object handling, etc. Training material checked has a skills competency component when identified as required.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
9.7	Training of workers in relation to hazardous manual tasks has been undertaken.	Training plan is in place and training is taken as per schedule. NB Appropriate training needs should have been identified under the training section of this audit tool.			
9.8	Hazardous manual tasks are included on the hazard/risk register and are easily accessible to workers.	Hazard/risk register is easily accessible and includes the hazardous manual tasks being audited. Workers are aware of register location, risks are discussed e.g. at meetings, register available e.g. on noticeboards etc			
Reference material for this section includes: Hazardous Manual Tasks Code of Practice					
10	Hazard/Risk Identification, Assessment and Control - Occupational Violence and Security				
10.1	There is a documented system in place which includes the roles and responsibilities for supporting zero tolerance approach to violence and the minimisation of occupational violence in the workplace.	There is a documented system in place which includes the roles and responsibilities for supporting zero tolerance, for e.g. Developing safe work procedures, required training programs, etc.			
10.2	Hazard identification and risk assessment (where required) are carried out, in relation to occupational violence and security risks, in accordance with NSW Health Protecting People and Property policy.	Evidence that Hazard/Risk identification and assessment has been undertaken in consultation with workers and other stakeholders, including those who have expertise in the areas being assessed. This could include a multidisciplinary team of workers - clinical (where relevant), non-clinical, WHS and security staff to undertake the appropriate aspects of the process.			
10.3	Controls appropriate to the level of risk have been identified and implemented to eliminate/minimise the risk of violence. Controls are reviewed for effectiveness and changes made where required.	Controls as identified through risk assessments, or are known through legislation, security standards, etc. have been implemented. Evidence that controls are reviewed for effectiveness and changes made where required is sighted.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
10.4	Training materials specific to minimising occupational violence are available and include a competency component as identified.	Training materials may include (but are not limited to) those based on the HETI Violence Prevention and Management Training Framework (VPM training) or similar. Training material checked has a skills competency component when identified as required.			
10.5	Training of workers in relation to minimising occupational violence has been undertaken.	Training plan is in place and training is taken as per schedule. NB Appropriate training needs should have been identified under the training section of this audit tool.			
10.6	Where required there is an appropriate mix of duress alarms (based on local risk assessment) available for the type of risks at the facility/service locations. Testing occurs at frequencies required by the emergency testing procedure or plan and manufacturers instructions.	Duress alarms are appropriate to the location being audited, for e.g. mobile vs fixed duress alarms. Duress alarms are being tested at the required manufacturer/emergency plan frequencies. Evidence should include the outcome of the testing and any actions that may have arisen.Check that staff who have mobile duress alarms have the alarm affixed to their clothing in a way that complies with the manufacturers instructions.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
10.7	Annual internal security audits have been carried out as required by the NSW Health Protecting People and Property policy and any actions identified through the audits are progressed as per the resultant actions.	Check that annual security internal audits have been carried out and that the following personnel were involved in the audit: a person with a security license and extensive health care security experience, a WHS representative (does not have to be a Health and Safety Rep), a clinical nurse and a representative from management. NB If the facility/service being audited does not include clinical services a worker who can advise on the work that is undertaken in that workplace should be included to replace the role of clinical nurse.			
10.8	External security audits are undertaken every five years using the same audit tool as that used for the annual internal audits. Please note that the: - annual internal security audit does not need to be conducted in the year the external security audit is conducted. - external audit can be conducted by suitably skilled security personnel from other NSW Health Agencies.	Check that that five year external security audit has been conducted using either suitably skilled security personnel from other NSW Health Agencies or an external security organisation who have the appropriate experience.			
10.9	There is a plan that supports the management of occupational violence and security which includes people responsible, objectives and actions to be taken.	The plan (can be integrated into a broader WHS or facility/service plan) and it should include persons responsible, actions and timeframes - Based on Internal or External Security audits - Identified key occupational violence and security actions to eliminate or reduce occupational violence.			
Reference Material for this section includes: *Security Industry Act 1997*, NSW Health Policy Protecting People and Property and Standards for Security Risk Management in NSW Health Agencies					

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
11	Hazard/Risk Identification, Assessment and Control - Bullying				
11.1	There is a documented system for the prevention of bullying that meets the relevant policy and legislative requirements.	Sight the documented system and that it meets the relevant policy and legislative requirements. (This could be the NSW Ministry of Health policy PD2011_018 *Bullying - Prevention Management of Workplace Bullying*.)			
11.2	A formal bullying complaint investigation and resolution process that includes roles and responsibilities for the investigation and resolution of bullying complaints has been implemented which has been communicated to workers.	There is a documented process that has been communicated to workers.			
11.3	Potential bullying risks are identified and assessed in consultation with workers.	Evidence of how bullying risks have been identified and assessed, where required, is available.			
11.4	Controls, appropriate to the level of risk and in line with the hierarchy of control, are in place in relation to bullying. Controls are reviewed for effectiveness and changes made where required.	Appropriate controls are available in relation to the level of risk in relation to bullying, e.g. awareness training, performance management, etc. Evidence that controls are reviewed for effectiveness and changes have been made where required.			
11.5	Workers are aware of what constitutes bullying and their roles and responsibilities and their options to manage bullying if it occurred in the workplace.	Interview workers to determine whether there is an awareness of what constitutes bullying and their roles and responsibilities and options in regards to bullying. Evidence can be through training material, minutes of meetings, toolbox talks, etc.			
11.6	Training materials specific to minimising the risk of bullying are available and include a competency component as identified.	Training material is appropriate to the risk and includes strategies for minimising the risk of bullying Training material checked has a skills competency component when identified as required.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
11.7	Training requirements in relation to minimisation of bullying have been completed.	Training is appropriate and taken as per schedule. NB Appropriate training needs should have been identified in the Training section of this audit tool.			
Reference material for this section includes: Safe Work Australia - Guide for preventing and responding to workplace bullying and Dealing with workplace bullying - a worker's guide, PD2011_018 *Bullying - Prevention and Management of Workplace Bullying in NSW Health*					
12	Hazard/Risk Identification, Assessment and Control - Fatigue				
12.1	There is a documented process for the management of fatigue.	The documented process includes the roles and responsibilities of staff, and the requirement to consider fatigue as a hazard when developing or changing processes/scheduling shift work, etc and includes the workers responsibility for managing fatigue. When interviewing managers/supervisors and workers check whether they understand the requirements in relation to fatigue.			
12.2	Hazards/risks that can contribute to fatigue are identified and assessed as required by legislation.	Check documentation to show that fatigue risks have been identified and where required assessed. Examples of fatigue issues to assess include work scheduling and in particular shift work to ensure that length of work day/shift, breaks and intervals between shifts e.g. surgical procedures, long distance driving and high risk work.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
12.3	Where possible the risk is eliminated or controls, appropriate to the level of risk and in line with the hierarchy of control are in place to minimise risk in relation to fatigue. Controls are reviewed for effectiveness and changes made where required.	There are appropriate controls in place in relation to manage the level of risk in relation to fatigue. Check controls for safety critical tasks such as clinical staff participating in medical and surgical procedures, long distance driving, high risk work, etc. Evidence that controls are reviewed for effectiveness and changes have been made where required.			
12.4	Fatigue training material or information is available to workers.	In departments where fatigue risk has been identified, there is evidence of workers being provided with training or information on fatigue management. Workers are able to explain how fatigue is managed in their department and way they can reduce the risk of fatigue occurring.			
Specific Reference Material for this section includes: GL2007_023 *Fatigue - Preventing and Managing Work Related Fatigue*: Guidelines for the NSW Public Health System, Safe Work Australia Guidelines: Guide for managing the risk of fatigue at work and Fatigue management - a workers guide					
13	Hazard/Risk Identification, Assessment and Control - Occupational Health Exposures - Infectious Diseases				
13.1	There are documented procedures for infection prevention and control which comply with legislative/regulatory, National Safety and Quality Health Service Standards (NSQHS) requirements where applicable.	Documented procedures have been sighted and comply with the outlined requirements, where applicable, and describe the roles and responsibilities for ensuring infection control.			
13.2	There is a documented occupational assessment, screening and vaccination program implemented in line with NSW Health policy, including the management of records and monitoring.	The program has been sighted. Workers have been appropriately immunised, this can be checked through records, which may exclude the name of the person immunised but the role identification remains.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
13.3	There is a surveillance program for biological hazard testing.	This includes Legionella testing of thermostatic mixing valves and air conditioning plant as appropriate, as well as, for other risks that are identified such as mould and spores.			
13.4	There is a plan that supports the process which includes persons responsible and target dates, objectives and actions to eliminate/minimise incidents of infectious disease exposure.	The plan includes objectives and actions to eliminate or minimise incidents of infectious disease exposure. This plan may have been developed as part of National Safety and Quality Health Service Standards 3 (Preventing and Controlling Healthcare Associated Infections).			
13.5	Controls, appropriate to the level of risk and in line with the hierarchy of control are in place in relation to occupational health exposures of an infectious nature. Controls are reviewed for effectiveness and changes made where required.	There are appropriate controls in place in relation to the level of risk in relation to infectious disease, for e.g. hand hygiene, PPE, safe work practices, awareness training, performance management, etc. Evidence that controls are reviewed for effectiveness and changes have been made where required.			
13.6	Training materials specific to minimising exposure to infectious diseases are available and include a competency component as identified.	Training material is appropriate to the tasks undertaken and may include safe work procedures, specific PPE training, hand hygiene, etc. Training material checked has a skills competency component when identified as required.			
13.7	Training of workers in relation to minimising exposure to infectious diseases has been undertaken.	Training plan is in place and training is taken as per schedule.NB Appropriate training needs should have been identified under the training section of this audit tool.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
Reference material for this section includes: PD2005_203 *Infection Control Management of Reportable Incidents*, PD2007_036 Infection Control Policy, PD2007_084 Infection Control Policy: Prevention & Management of Multi-Resistant Organisms (MRO), NSQHS national standard.					
14	Hazard/Risk Identification, Assessment and Control - Occupational Health Exposures - Noise				
14.1	There is a documented process in place for the management of hazardous noise levels, where applicable, and the monitoring of and testing of noise and hearing as required under the *Work Health and Safety Legislation.*	Documentation is in place covering noise management requirements, including environmental and audiometric testing and risk management of noise.			
14.2	Hazards/risks that can contribute to hearing loss are identified and assessed as required by legislation.	Evidence of hazard/risk assessments, undertaken in consultation with workers are available.			
14.3	Hazardous noise has been eliminated or controls to minimise noise exposure have been implemented.	Check that controls are in place to control noise such as isolation from noisy areas, engineering controls with dampening devices and/or preventative maintenance of equipment, evaluation of new equipment purchased (where noise is identified) and appropriate hearing protection. Evidence that controls are reviewed for effectiveness and changes have been made where required.			
14.4	Environmental noise level testing is conducted as per legislative requirements.	Results of environmental noise level testings are available and comply with legislative requirements. Determine that noise levels have been assessed in all appropriate areas, for e.g. where machinery is in constant use or medical instruments that have high noise levels.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
14.5	Audiometric testing is conducted as per legislative requirements.(Please note that SafeWork NSW has exempted the requirement to conduct audiometric testing until December 2015. If you are complying with this requirement please indicate Compliant, otherwise you can use Not Applicable until the exemption has expired.)	Results of audiometric testings are available and comply with legislative requirements.			
14.6	Training materials specific to hazardous noise are available and include a competency component as identified.	Training material is appropriate to the tasks undertaken and may include safe work procedures, specific PPE training, etc. Training material checked has a skills competency component when identified as required.			
14.7	Training of workers in relation to hazardous noise has been undertaken.	Training plan is in place and training is taken as per schedule. NB Appropriate training needs should have been identified under the training section of this audit tool.			
Reference material for this section includes: Safe Work Australia: Managing Noise and Preventing Hearing Loss at Work Code of Practice					
15	Hazard/Risk Identification, Assessment and Control - Occupational Health Exposure - Ionising Radiation				
15.1	Safe work practices and procedures are documented and implemented in order that staff are not exposed to ionising radiation that exceeds the dose limits as set out in Schedule 5 of the Radiation Control Regulation 2013.	Safe work practices/procedures are available which outlines the roles, responsibilities and controls to ensure staff exposure to ionising radiation do not exceed the dose limits.			
15.2	Ionising Radiation exposure is monitored.	There is evidence that staff who are occupationally exposed to ionising radiation have been identified. Radiation monitoring devices and the appropriate personal protective equipment is made available to and utilised by occupationally exposed staff.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
15.3	Radiation Management Plan is available.	A Radiation Management Plan is available and has been developed in accordance with the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) Radiation Protection in the Medical Applications of Ionising Radiation Code of Practice (RPS14).			
15.4	Elimination or controls to minimise the risk, appropriate to the level of risk and in line with the hierarchy of control are in place in relation to occupational health exposures. Controls are reviewed for effectiveness and changes made where required.	There are appropriate controls in place in relation to the level of risk for e.g. Segregation / isolation from the risk, awareness training, performance management, SWP's, PPE, etc. Evidence that controls are reviewed for effectiveness and changes have been made where required.			
15.5	Training materials specific to minimising Ionising Radiation exposure are available and include a competency component as identified.	Training material is appropriate to the tasks undertaken and may include safe work procedures, specific PPE training, etc.Training material checked has a skills competency component when identified as required.			
15.6	Training of workers in relation to minimising Ionising Radiation exposure has been undertaken.	Training plan is in place and training is taken as per schedule. NB Appropriate training needs should have been identified under the training section of this audit tool.			
Reference material for this section includes: *Radiation Control Act 1990*, Radiation Control Regulation 2013, Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) Radiation Protection in the Medical Applications of Ionising Radiation Code of Practice (RPS14), PD2014_026 *Work Health and Safety - Limiting Staff Exposure to Ionising Radiation*					

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
16	Hazard/Risk Identification, Assessment and Control - Asbestos				
16.1	Asbestos/ACM has been identified by a competent person or presence assumed.	There is evidence of survey (can be asbestos register) as well as any material testing reports where testing is undertaken and that the work was conducted by a person considered competent under WHS legislation. Check that the person who has undertaken the work was competent to do so under WHS legislation.			
16.2	Up-do-date Asbestos Register is available where asbestos has been identified or assumed as required by WHS legislation and which reflects the current condition of asbestos/ACM. The Asbestos Register has been reviewed and updated where there has been a change at the workplace relating to asbestos and at a minimum of at least once every five years.	The Asbestos Register: - Reflects the current conditions of the identified asbestos/ACM and has been reviewed at a minimum of once in a 5 year-period - Details any asbestos or asbestos containing material (ACM) identified or assumed, and -The survey and register preparation was carried out by a person who is competent as defined under WHS legislation. The Asbestos Register includes: - Identification date - Type of Asbestos - Friable or Non-Friable - Condition of Asbestos - Specific Location of Asbestos - Area Accessibility.			
16.3	The presence and location of the asbestos or ACM is clearly indicated using labels and/or warning signs.	Using the Asbestos Register, check a couple of different locations.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
16.4	Up-do-date Asbestos Management Plan is available and is current.	The Asbestos Management Plan is up-to-date, linked to the current Asbestos Register and the information and actions contained within are appropriate to the level of identified risk. An asbestos management plan must include:„„-the identification of asbestos and ACM, for example a reference or link to the asbestos register for the workplace, and the locations of signs and labels„„-decisions, and reasons for the decisions, about the management of asbestos at the workplace, for example safe work procedures and control measures„„-procedures for detailing accidents, incidents or emergencies of asbestos at the workplace-workers carrying out work involving asbestos, for example consultation, information and training responsibilities.			
16.5	There is a documented system which outlines the process for workers who are carrying out asbestos related work to access the Asbestos Register and Management Plan.	Check that there is a process for easy access to Asbestos Registers and Management Plans for workers who require easy access for e.g. contractors removing asbestos. Check that workers who require access to the register and management plan know how to gain access.			
16.6	Training materials specific to minimising Asbestos exposure are available and include a competency component as identified.	Training material is appropriate to the tasks undertaken and may include safe work procedures, specific PPE training, etc. Training material checked has a skills competency component when identified as required.			
16.7	Training of workers in relation to minimising Asbestos exposure has been undertaken.	Training plan is in place and training is taken as per schedule.NB Appropriate training needs should have			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
		been identified under the training section of this audit tool.			
16.8	Asbestos testing - there is a documented system for testing of asbestos/ACM.	There is a documented process to test for asbestos as required by WHS Legislation, which includes using experts such as Hygienists and NATA accredited laboratories. If testing for asbestos has occurred, check that it meets the requirements of the documented process and WHS Legislation.			
16.9	Asbestos monitoring and removal is undertaken by a suitably qualified person and adequate controls are in place, including; - Air monitoring as required; - Waste containment and disposal procedures/ (including disposal certificates); - Clearance inspections conducted and clearance certificates issued.	Check if air monitoring has been conducted by a suitably qualified person when required by the legislation. Check waste containment and disposal procedures and sight disposal certificates. Sight clearance inspections and clearance certificates.			
16.10	Contractors who are engaged to remove asbestos hold the relevant licences as required by legislation.	Check records of contractors engaged to remove asbestos and that the licences are appropriate as required by legislation.			
16.11	There is a documented system for the review, and if required, revision of Asbestos Register prior to demolition or refurbishment work being carried out.	There is a documented system which outlines the roles and responsibilities for the review, and if required, update of the Asbestos Register prior to demolition/refurbishment. Evidence of Asbestos Register review, where demolition/refurbishment has been undertaken, to be checked to ensure compliance.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
16.12	There is a documented system for health monitoring of workers who carry out asbestos related work.	There is a documented process in place for monitoring the health of workers where there is a risk of exposure to asbestos, for e.g. workers undertaking asbestos removal work and undertaking maintenance work on asbestos containing material regularly as part of other work such as electrician and building maintenance.Where asbestos work has been or is being carried out, check that health monitoring has taken or is taking place.			
16.13	There is a documented system for the retention of relevant records such as Asbestos Registers and Health Monitoring Records.	There is a documented system for retention of records that complies with relevant legislation. Records are available and are retained as required by the State Records Act and the relevant WHS Legislation on Asbestos.			
Reference material for this section includes: Safe Work Australia Codes of Practice: How to Safely Remove Asbestos, How to Manage and Control Asbestos in the Workplace, NSW Ministry of Health Asbestos Information Sheets, *State Records Act 1998*					
17	Hazard/Risk Identification, Assessment and Control - Plant Safety, Maintenance and Testing				
17.1	Procedures are implemented for the scheduled inspection, maintenance and testing of plant as per manufacturer requirement. Please note that under WHS legislation vehicles are considered a plant, as well as electric beds, mechanical beds, patient lifters.	Check that there are documented procedures that outline the process for inspection, maintenance and testing. Check compliance to the procedures, for e.g. electrical equipment has been checked and tagged as required.			
17.2	Procedures are implemented to comply with legislative requirements in relation to plant, such as lifts, pressure vessels, forklifts etc,	Check that procedures are in place to ensure compliance to legislative requirements. Check that licensing and registration is in place for			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
		plant such as pressure vessels, lifts etc. with SafeWork NSW.			
17.3	There is a process in place to ensure workers are appropriately licensed to perform high risk work.	Check that workers undertaking high risk work for which licences are required hold the appropriate licences. For e.g. workers who work with: - Cranes, reach stackers - Scaffolding, elevated work platforms - Forklifts.			
17.4	There is a plan/schedule in place for the replacement of plant that includes consideration of WHS risks.	For example a capital works schedule with risk assessment or associated documentation showing WHS issues being addressed through that program.			
17.5	Controls, appropriate to the level of risk and in line with the hierarchy of control are in place in relation to plant safety, maintenance and testing. Controls are reviewed for effectiveness and changes made where required.	There are appropriate controls in place in relation to the level of risk in relation to plant and equipment, for e.g. maintenance and testing schedules are at an appropriate frequency to the level of risk, plant emergency stop controls are located within easy access to staff and RCDs are used where appropriate.Evidence that controls are reviewed for effectiveness and changes have been made where required.			
17.6	Procedures are implemented to comply with legislative requirements in relation to licence to operate motor vehicles e.g. current driver licences for vehicles	Check that procedures are in place to ensure compliance to legislative requirements. Check that licences are appropriate and current.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
17.7	Fleet vehicles are fit for purpose and maintained per manufacturer requirements and tested, where required, at the manufacturer recommended frequency.	Evidence of compliance can be through logs, completed checklists, any other document that provides a schedule of maintenance and testing, what activities need to be carried out and that they have been carried out.			
17.8	Training materials specific to minimising risk associated with plant are available and include a competency component as identified.	Training material is appropriate to the tasks undertaken and may include safe work procedures, specific PPE training, etc. Training material checked has a skills competency component when identified as required.			
17.9	Training of workers in relation to minimising risk associated with plant has been undertaken.	Training plan is in place and training is taken as per schedule. NB Appropriate training needs should have been identified under the training section of this audit tool.			
Additional Reference Material for this section includes: Managing Risks of Plant in the Workplace Code of Practice, Managing Electrical Risks at the Workplace Code of Practice.					
18	Hazard/Risk Identification, Assessment and Control - Confined Spaces				
18.1	There is a documented process which identifies the roles and responsibilities for the identification of confined spaces and how the confined spaces are to be managed, and include: requirements to include confined spaces on a risk register, work permits, safe work procedures and appropriate licence requirements for contractors.	There is a documented procedure for the identification of Confined spaces as per the Criteria.			
18.2	Confined spaces have been identified and are included on a register.	Confined spaces register is available and up to date.			
18.3	Risk Assessments have been undertaken before workers enter a confined space.	Risk assessments undertaken by a competent (trained) person in consultation with workers have been sighted.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
18.4	Controls appropriate to the level of risk have been implemented. Controls are reviewed for effectiveness and changes made where required.	Work permits/safe work procedures (including emergency procedures) are in place, equipment identified as required as part of the risk assessment are available, contractors used have the appropriate licences. Appropriate signage is in place. Evidence that controls are reviewed for effectiveness and changes have been made where required.			
18.5	Training materials specific to confined spaces are available and include a competency component as identified.	Training material is appropriate to the tasks undertaken and may include safe work procedures, specific PPE training, etc. Training material checked has a skills competency component when identified as required.			
18.6	Training of workers in relation to confined spaces has been undertaken.	Training plan is in place and training is taken as per schedule. NB Appropriate training needs should have been identified under the training section of this audit tool.			
Confined Spaces Code of Practice					
19	Hazard/Risk Identification, Assessment and Control - Hazardous Chemicals and Dangerous Goods				
19.1	There is a documented process for the management of Hazardous Chemicals and Dangerous Goods	The documented process outlines: roles and responsibilities, the identification of hazardous chemicals and dangerous goods and how they are to be handled, used and stored to meet legislative requirements.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
19.2	Hazardous chemicals and dangerous goods have been identified and are maintained on a register which includes maximum quantities held and storage locations. The registers are easily accessible.	There is a documented system to identify hazardous chemicals and dangerous goods. There are procedures in place to ensure compliance with legislative/regulatory and other requirements. This includes identifying the maximum quantity levels for dangerous goods and reporting requirements where chemicals such as quantity of restricted carcinogens are exceeded. Review registers and storage locations to ensure compliance.			
19.3	Safety Data Sheets are available, current and less than five years old.	Check Safety Data Sheets are available to workers where chemicals and dangerous goods are stored/handled/used. Check that Safety Data Sheets are current and are less than five years old.			
19.4	Hazardous chemicals and dangerous goods are correctly stored with appropriate placarding and signage.	Check that chemicals are managed as per procedural, legislative and any relevant standards.			
19.5	Spill management procedures have been implemented.	There are procedures in place for the management of spills. Where a spill has occurred, have these procedures been reviewed and updated where required?			
19.6	There is a documented system in place for the reporting of incidents that impact on the environment to the, EPA, local government authority, Fire and Rescue and NSW, SafeWork NSW and the NSW Ministry of Health.	Review Incidents and check that those that should have been reported, if any, have been reported.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
19.7	Hazardous chemicals and dangerous goods are packaged, labelled and transported as per the relevant legislation /standard/ manufacturer requirements.	There is a documented process for the packaging, labelling and transportation of hazardous chemicals and dangerous goods that comply with the relevant legislation. Check that documentation complies with the relevant legislation/standards/manufacturer requirements and SDS. Examples of evidence could include actual packaging and labelling prepared for transportation and discussions with workers involved in transportation, this can include internal transportation such as samples to and from Pathology and chemicals to different locations.			
19.8	Elimination where possible or controls, appropriate to the level of risk and in line with the hierarchy of control are in place. Controls are reviewed for effectiveness and changes made where required.	There are appropriate controls in place in relation to the level of risk in relation to the management of chemicals, for examples elimination or substitution of the chemicals, use of fume cupboards, improved ventilation, etc. Evidence that controls are reviewed for effectiveness and changes have been made where required.			
19.9	Training materials specific to the handling, packaging, storage and spill management of hazardous chemicals and dangerous goods have been developed and include a competency skill component where required.	Training material is appropriate to the tasks undertaken and may include safe work procedures, specific PPE training, etc.Training material checked has a skills competency component when identified as required.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
19.10	Training of workers in relation to handling, packaging, storage and spill management of hazardous chemicals and dangerous goods has been undertaken.	Training plan is in place and training is taken as per schedule.. NB Appropriate training needs should have been identified under the training section of this audit tool.			
Reference Material for this section includes: Safe Work Australia Managing Risks of Hazardous Chemicals in the Workplace Code of Practice, Guidance of the Classification of Hazardous Chemicals under the WHS Regulations, Dangerous Goods (Road and Rail Transport) Act 2008, Guidance of the Classification of Hazardous Chemicals under the WHS Regulations, Health Monitoring for Exposure to Hazardous Chemicals - Guide for persons conducting a business or undertaking, Health Monitoring for Exposure to Hazardous Chemicals - Guide for workers, Hazardous Chemicals Requiring Health Monitoring, Labelling of Workplace Hazardous Chemicals, Preparation of Safety Data Sheets for Hazardous Chemicals					
20	Hazard/Risk Identification, Assessment and Control - Additional Hazards/Risks (Hazards/Risks not already covered in the audit tool where the number of incidents are such and/or the activity is high risk that further investigation is required during the audit process, or direction has been given from the NSW Health Organisation or Ministry to include specific hazard/risk which is not already covered in the audit tool. It is not mandatory that this section be used, however, an explanation as to why it isn't being used needs to be made as part of the audit report. The number of hazards/risks does not have to be equal to the number of allocated [Insert Hazard/Risk] fields - for e.g. there could be only one additional hazard/risk.) The weight of the risk based on the risk matrix needs to be determined and applied. Consider using this section for e.g. Workplace Traffic Hazards, Contractor Management etc where they are identified as a risk.				
20.1	The identified hazard/risk has been assessed, where the controls are not known, in consultation with workers.	[Insert Hazard/Risk] has been assessed, in consultation with workers, or the reason for no assessment is outlined, i.e. reference to controls that have already been identified through other means such as industry standards.			
		[Insert Hazard/Risk] has been assessed, in consultation with workers, or the reason for no assessment is outlined, i.e. reference to controls that have already been identified through other means such as industry standards.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
		[Insert Hazard/Risk] has been assessed, in consultation with workers, or the reason for no assessment is outlined, i.e. reference to controls that have already been identified through other means such as industry standards.			
20.2	The identification of controls is undertaken using the hierarchy of controls as required by Work Health and Safety Legislation.	[Insert Hazard/Risk] Controls have been identified using the hierarchy of controls as evidenced in the risk assessment or determined through other means.			
		[Insert Hazard/Risk] Controls have been identified using the hierarchy of controls as evidenced in the risk assessment or determined through other means.			
		[Insert Hazard/Risk] Controls have been identified using the hierarchy of controls as evidenced in the risk assessment or determined through other means.			
20.3	The controls are being evaluated for effectiveness at a frequency relevant to the level of risk or where there are legislative, organisational or process/equipment changes and changes made as necessary, in consultation with workers. Controls are reviewed for effectiveness and changes made where required.	[Insert Hazard/Risk] has evidence of review and changes made when necessary, evidence of review can be minutes of meetings, toolbox talks, etc.			
		[Insert Hazard/Risk] has evidence of review and changes made when necessary, evidence of review can be minutes of meetings, toolbox talks, etc.			
		[Insert Hazard/Risk] has evidence of review and changes made when necessary, evidence of review can be minutes of meetings, toolbox talks, etc.			
20.4	Specific legislative requirements associated with the hazard/risk have been identified, e.g. licences required	[Insert Hazard/Risk] Specific legislative requirements have been identified where applicable.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
		[Insert Hazard/Risk] Specific legislative requirements have been identified where applicable.			
		[Insert Hazard/Risk] Specific legislative requirements have been identified where applicable.			
20.5	The Hazard/Risk is included on the hazard register.	[Insert Hazard/Risk] is included on the register.			
		[Insert Hazard/Risk] is included on the register.			
		[Insert Hazard/Risk] is included on the register.			
20.6	Data based on the hazards/risks is analysed on an ongoing basis in order to monitor, and where required, improve the controls.	[Insert Hazard/Risk] Copies of data are available as well as documentation of review such as minutes of meetings and toolbox talks.			
		[Insert Hazard/Risk] Copies of data are available as well as documentation of review such as minutes of meetings and toolbox talks.			
		[Insert Hazard/Risk] Copies of data is available as well as documentation of review such as minutes of meetings and toolbox talks.			
20.7	Training materials specific to the hazard have been developed and include a competency skill component where required.	[Insert Hazard/Risk] Training material is appropriate to the tasks undertaken and may include safe work procedures, specific PPE training, etc. Training material checked has a skills competency component when identified as required.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
		[Insert Hazard/Risk] Training material is appropriate to the tasks undertaken and may include safe work procedures, specific PPE training, etc. Training material checked has a skills competency component when identified as required.			
		[Insert Hazard/Risk] Training material is appropriate to the tasks undertaken and may include safe work procedures, specific PPE training, etc. Training material checked has a skills competency component when identified as required.			
20.8	Training of workers in relation to the hazard has been undertaken.	[Insert Hazard/Risk] Training plan is in place and training is taken as per schedule. NB Appropriate training needs should have been identified under the training section of this audit tool.			
		[Insert Hazard/Risk] Training plan is in place and training is taken as per schedule. NB Appropriate training needs should have been identified under the training section of this audit tool.			
		[Insert Hazard/Risk] Training plan is in place and training is taken as per schedule.NB Appropriate training needs should have been identified under the training section of this audit tool.			
Reference material for this section includes: Safe Work Australia - Confined Space Code of Practice, Managing Electrical Risk at the Workplace Code of Practice, Managing Risks of Falls at the Workplace Code of Practice					

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
21	Emergency and Disaster Management				
21.1	Emergency response plans for the facility or service outlines roles and responsibilities in the event of an emergency.	Emergency plans available and outlines the roles and responsibilities which can be evidenced by - - Use of Incident Command Systems - Use of Emergency Control Organisation - Flowcharts for specific emergencies - Role Action Cards			
21.2	There are emergency response plans that cover the elements outlined in AS4083_2010 Planning for emergencies - Health care facilities and AS3745_2010 *Planning for emergencies in facilities.* Policy Directive *Effective Incident Response: A Framework for Prevention and Management in the Health Workplace* in relation to the following: Fire/Smoke (Code Red) Medical Emergency (Code Blue) Bomb Threat (Code Purple) Infrastructure and other internal Emergencies (Code Yellow) Personal Threat (Code Black) External Emergency (Code Brown) Evacuation (Code Orange)	Emergency plans have been sighted and contain at a minimum the emergency codes outlined below:			
		Fire/Smoke (Code Red) emergency plan complies with the relevant standards and policies.			
		Medical Emergency (Code Blue) emergency plan complies with the relevant standards and policies.			
		Bomb Threat (Code Purple) emergency plan complies with the relevant standards and policies.			
		Infrastructure and other internal Emergencies (Code Yellow) emergency plan complies with the relevant standards and policies.			
		Personal Threat (Code Black) emergency plan complies with the relevant standards and policies.			
		External Emergency (Code Brown) emergency plan complies with the relevant standards and policies.			
		Evacuation (Code Orange) emergency plan complies with the relevant standards and policies.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
21.3	Emergency response plans have taken into consideration other known risks that may require specific procedures as part of an emergency response.	Evidence of consultation or inclusion of procedures for specific areas e.g. dangerous goods, mental health units, paediatric units, totally dependent patients or workers. Adverse weather plans for managing the safety of staff in the event of storms, bush fires, floods, etc.			
21.4	Response is tested at the required frequency outlined in the relevant Response Plan, including any relevant equipment. Tests can include tabletop as well as actual emergency event response.	Tests/actual event outcomes are sighted and are appropriate this must include Evacuation Code Orange and at least one other code. Actions have been identified and a timeframe assigned for completion. Actions are being taken as scheduled.			
21.5	Emergency equipment is tested as required and any equipment with expiration dates, such as fire extinguishers are current.	Reports of the latest equipment testing, which includes locations of equipment (as per the fire safety schedule) are available. Check equipment testing schedules to ensure that testing has been carried out as required and tags on equipment, such as fire extinguishers are current.			
21.6	Action plans for improvements to emergency readiness are developed based on response and emergency equipment testing.	Action plans which outline roles, responsibilities as relevant are available. Evidence of action plans can be standalone action plans, actions included in a wider WHS plan and minutes of meetings.			
21.7	Fire safety surveys are conducted according to plans as well as the 4-yearly external surveys.	Yearly Fire Safety Statements and 4-yearly external surveys are available.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
21.8	There is a Service Continuity Contingency plan that is tested at a frequency appropriate to the level of risk.	Service Continuity Contingency plan is available and up-to-date. Evidence of the testing has been sighted, e.g. minutes of debriefing. Assessment which determined testing frequency is available and sighted.			
21.9	There is a mechanism to provide immediate and ongoing support to workers affected by an emergency.	The process for supporting workers who are affected by emergencies is documented and sighted.			
21.10	Workers are aware of how to access support mechanisms if they are affected by an emergency.	Workers are able to explain how they would access support should they be affected by an emergency.			
Reference material for this section includes: NSW Health Policy PD2010_024 *Fire Safety in Health Care Facilities,* Safe Work Australia Emergency Plans fact sheet, Environmental Planning and Assessment Regulation 2000					
22	Waste Management				
22.1	There is a documented system in place for the management of waste.	There is a documented system, including roles and responsibilities for Waste Management, and includes legislative requirements, for e.g. disposal of hazardous waste including, cytotoxic, clinical, radiological waste (if relevant).			
22.2	Waste is segregated into streams, colour coded, labelled and handled according to legislative requirements.	Areas audited for waste management comply with segregation requirements e.g. clinical, radioactive, cytotoxic, pharmaceutical, recyclables, hazardous, food (e.g. grease traps) and general waste (does not contain hazardous waste). Check staff knowledge.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
22.3	Correct licences are held by the service providers, for e.g. the transporters of the waste, the treating, storing or disposal of the waste and where required the facility. Http://www.epa.nsw.gov.au/prpoeo/licences.htm	Review list of waste service providers and their licence information to ensure it's accurate. Check whether licences are required at the facility and if so that they are available and current.			
22.4	Waste records are retained and maintained as required by the relevant legislation.	Review records to verify they are retained as per legislation.			
Reference Material for this Section includes: PD2005_132 Waste Management Guidelines for Health Care Facilities - August 1998 Department of Environment, Climate Change and Water NSW - www.epa.nsw.gov.au, Protection of the Environment Operations Act 1997					
23	Incident Investigation and Reporting				
23.1	There is a documented procedure for the identification and reporting of incidents which meets the requirements of MoH PD2014_004 *Incident Management Policy.*	Check that the documented procedure meets the requirements of PD2014_004.			
23.2	Incidents are reported as required for e.g. SAC 1 to Ministry of Health, Chief Executive and facility senior management, and police in relation to violent incidents. All incidents are reported through the Incident Management System.	Check incidents are identified and reported through the Incident Management System and whether they have been escalated appropriately.			
23.3	Incidents are investigated in the required timeframe	Check required Incident Management system reporting timeframes, for example those required for different SAC levels (SAC 1 v SAC 2, 3, 4). Incidents sighted are managed within the appropriate timeframe for example a report that shows date reported vs date completed or sight IIMS and review completion.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
23.4	Corrective Action is taken within the identified timeframe and is reviewed for effectiveness.	Check that corrective action has been taken within the time frames specified by the organisation, dependant on the specific incident and/or action required. Evidence that the effectiveness of corrective actions have been reviewed. This could be through minutes of meetings, toolbox talks, trend analysis, etc.			
23.5	There is a documented system for notifying SafeWork NSW of notifiable incidents.	There is a documented process for the notification of notifiable incidents. An incident is notifiable if it arises out of the conduct of a business or undertaking and results in the death, serious injury or serious illness of a person or involves a dangerous incident.The staff who are responsible for the process, as identified in the documented process, are aware of when and how an incident is to be notified.Check any reports of actual notifications where available.			
23.6	There is a documented system to analyse notices issued by SafeWork NSW or other regulatory bodies such as the EPA, report those notices to the appropriate staff, investigate and respond.	There is a documented system for the management of notices issued by regulatory bodies such as SafeWork NSW and includes the roles and responsibilities in the reporting, investigation and response. Check if any notices have been received and that the process followed complies with the documented system for the management of notices. Display of SafeWork NSW notices as required.			
Reference Material for this Section includes: NSW Health PD2014_004 *Incident Management* and PD2013_006 *Injury Management and Return to Work*					

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
24	Worker Wellbeing				
24.1	Position Descriptions include physical, sensory psychosocial and environmental requirements relevant to the job.	Sighted Position Descriptions include applicable physical, sensory, psychosocial and environmental requirements.			
24.2	There is a Health Assessment Program/Process	A Health Assessment Program is available taking into account pre employment and ongoing assessments. A pre-employment Health Declaration is completed by applicants as a minimum requirement. There is a requirement for health assessments to be carried out as required for workers in positions that have been assessed as at risk e.g. staff who are going to be exposed to identified occupational noise risks, staff working with cytotoxic medication. Note: completion of the assessment is covered in the specific hazards.			
24.3	There is a system to support workers to continue or return to work with non-work related health issues.	The system to assist workers with non-work related health issues has been sighted.			
24.4	There is an Employee Assistance Program (EAP) which is provided on a confidential and free basis to all workers.	The EAP is documented and includes roles, responsibilities and rights of workers who access the service (e.g. confidentiality, timely access to services etc).			
24.5	EAP usage is reviewed and analysed to identify needs.	De-identified reports available with documented actions as identified.			
24.6	There is a health promotion and/or fitness program which encourages workers personal health and fitness, e.g. quit smoking support.	Health promotion and/or fitness programs have been implemented, evidence could be newsletters, emails or other written communications to workers on various			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
		initiatives. Examples of promotions are Get Healthy at Work, Sun Smart and Smart Move (Manual Tasks).			
24.7	There is a process to manage flexible work practices and reasonable workloads.	There is a process for management and workers to review workloads and provide flexible work practices.Check what options are available for workers and that there is a process for workers to discuss, have workloads assessed (e.g. workload committees) and flexible work practices reviewed.			
24.8	Workers are aware of how to access wellbeing programs e.g. EAP, non work related return to work schemes, etc	Workers interviewed are aware.			
Reference Material for this Section includes: Dept of Premier and Cabinet Policy and Guideline for Health Assessments and a Healthy Workforce Policy on improving the health and well being of public sector employees					
25	Injury Management and Return to Work				
25.1	First aid arrangements are in place appropriate to the level of risk and the nature of the work being carried out at the workplace and can be accessed by workers.	First Aid procedure/program is available which outlines the first aid arrangements. First aid locations are easily accessible by workers. First aid facilities are available, appropriate to the nature of the work being carried out and are fit for purpose. Workers interviewed are aware of the First Aid process and their nearest first aid location/kit. There are first aid kits in cars or other arrangements are documented. Note that vehicles are considered a workplace under the WHS legislation).			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
25.2	First aid staff are easily identified and have current and appropriate registration/certification.	Information on First Aid staff and their location is accessible to staff, information should be available on noticeboards and/or common rooms such as kitchens for workers who don't have easy access to a computer. First aid staff have current registration/certification. Medical and nursing staff are considered qualified to carry out first aid duties. Workers are aware of where to find information on who the first aid staff are in the location where they are working, and how to contact them.			
25.3	First aid equipment and facilities are maintained.	There is a documented process for the maintenance of first aid equipment and facilities.There is evidence that first aid kits are checked at least monthly.All first aid kit supplies are current, i.e. not passed their expiration dates and are restocked with all required items, including vehicle portable kits where applicable. First Aid Equipment (where available) has been maintained as per manufacturer instruction.			
25.4	First aid treatment register is available.	There is a documented process for the management of the first aid register (i.e. The record of treatment by the first aider).			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
25.5	Return to Work Program is consistent with legislative requirements and MoH policy. The Return to Work Program was developed in consultation with workers and where relevant the union representing the workers.	Injury Management Program is consistent with NSW legislative requirements and MoH policy for managing workplace injuries and complies with the SafeWork NSW Guidelines for Workplace Return to Work Programs The Individual Return to Work Plans sighted as part of the audit are consistent with the Injury Management Program. There is documented evidence of consultation with workers and unions in the development of the Injury Management Program, e.g. minutes of the consultation meetings, emails.			
25.6	There is a return to work program summary displayed in the workplace.	Check that there are current return to work program summaries displayed in prominent positions, e.g. notice boards (electronic and physical), common areas such as kitchens and other facilities that are used by staff.			
25.7	There are SafeWork NSW "If you get injured at work" posters displayed in prominent positions.	Check whether there are current *"If you get injured at work"* posters displayed in prominent positions, e.g. notice boards (electronic and physical), common areas such as kitchens and other facilities that are used by staff.			
25.8	The Return to Work Coordinator/s have the appropriate qualification.	Check Return to Work Coordinators qualifications.			
Reference material for this section includes: PD2013_006 *Injury Management* and Return to Work, Safe Work Australia Code of Practice First Aid in the Workplace					

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
26	Review and Continuous Improvement				
26.1	There is a documented procedure that outlines the process for the continual improvement of the WHS system and includes the review frequency.	The documented procedure/process includes the roles and responsibilities for the review of the WHS system and the frequency of review relevant to the level of risk and at a minimum every two years. This can be ongoing reviews of parts of the WHS system based on needs e.g. a policy document review on expiry, reviews as risks emerge, analysis of WHS audit outcomes.			
26.2	Reviews of the effectiveness of the overall WHS System process are carried out at scheduled intervals at a minimum of once every two years.	Evidence of compliance includes audit reports, audit non-compliance action plans in place. Outcomes of desktop reviews. Minutes of review meetings.			
26.3	Improvements and changes are made to the WHS Management system based on reviews that take into account, for example, legislative, policy, organisational changes and any other regulatory requirements.	The WHS Management system is reviewed in response to corrective actions identified in audits/reviews. Check that the WHS Management system complies with current policies, legislation, and any other regulatory requirements relevant to the facility. Confirm actions/changes have occurred to the WHS management system as a result (if indicated by the review).			
26.4	Changes to the WHS Management System are communicated to workers who are impacted by the changes.	Emails advising staff of changes, toolbox talks, minutes of meetings, etc.			

Criteria (All criteria elements must be met to comply)		Compliance Criteria	C/NC/NA	Evidence Sighted During Audit	Audit Comments/Recommendations
26.5	WHS records are retained as required under legislation and policies/procedures.	There is a documented process for record retention which includes the period for which each record must be retained. The documented process can be, for example, a records register, it can be documented in specific procedures e.g. included in requirements for developing a safe work practice, HR procedures etc.Check compliance by verifying selected documents against the requirements.			
Reference Material for this Section includes: State record office general authorities					

Appendix 3 - Work Health & Safety Summary Report

Report Facility/Service Details

Facility/Service Name:	
NSW Health Organisation:	
Address:	

Auditor Details

	Name:	Title:	Tel:
Auditor 1:			
Auditor 2:			
Auditor 3:			
Auditor 4:			
Auditor 5:			
Auditor 6:			

Principal Facility/Service Contacts:

Name:	Title:	Tel:

Areas Inspected During Assessment:

Outline of areas audited

Start date of Audit	Number of days

The Aim of the WHS Audit Tool

The focus of the WHS audit tool is to assess compliance with a range of requirements set out in the *Work Health & Safety Act 2011, Work Health & Safety Regulation 2011* and Codes of Practice.

The aim of the WHS Audit Tool is to provide information on which the NSW Health organisation can act in order to comply with its WHS legislative obligations and improve its performance it provides a reporting mechanism to inform all stakeholders, including the Chief Executives, Board members (where applicable), facility/service senior management staff and other workers and the Ministry on compliance with the Work Health and Safety legislation.

Mandatory Requirements

Ensure the audit scope is appropriate to the size of the organisation and the level of risk for health facilities and services that are to be audited

· The audit scope is to be completed in the two year audit cycle.

· The audits are to be conducted only by staff who have completed the required training and are independent of the activity which they are auditing.

· Report to the Ministry on any audit outcomes that may have significant impact for example something that has a state-wide implication.

The Risk Rating

Throughout the audit report each criterion has been assessed to verify whether the WHS management system is compliant or not yet compliant.

If the auditor assessment is that a criteria is not yet compliant then a pre-determined risk rating will be applied to that criteria.

The risk rating will assist the Health Organisation in planning and prioritising actions to mitigate the risks and hazards identified.

Risk Rating	Explanation of rating
High	High probability of an adverse event occurring with a high consequence of harm to people, plant integrity or the environment. The presence of such an issue requires immediate attention including the implementation of interim control measures where appropriate.
Medium	High probability of an adverse event occurring with a low consequence of harm to people, plant integrity or the environment. Low probability of an adverse event occurring with a high consequence of harm to people, plant integrity or the environment.
Low	Low probability of an adverse event occurring with a low consequence of harm to people, plan integrity or the environment.

Overall Performance:

Positive Findings:

Opportunities for Improvement:

Appendix 4 - Results Summary Table

		Number of Criteria	Compliant	Not Compliant			N/A
				High	Medium	Low	
1	WHS Policy	5	0	0	0	0	0
2	Management Responsibility	9	0	0	0	0	0
3	WHS Strategic Planning	6	0	0	0	0	0
4	Measuring and Evaluating WHS Performance	3	0	0	0	0	0
5	Executive Reporting	4	0	0	0	0	0
6	Information, Instruction and Training Framework	5	0	0	0	0	0
7	Consultation Cooperation and Coordination	6	0	0	0	0	0
8	Hazard/Risk Identification, Assessment and Control Framework	10	0	0	0	0	0
9	Hazard/Risk Identification, Assessment and Control - Hazardous Manual Tasks	8	0	0	0	0	0
10	Hazard/Risk Identification, Assessment and Control - Occupational Violence and Security	9	0	0	0	0	0
11	Hazard/Risk Identification, Assessment and Control - Bullying	7	0	0	0	0	0
12	Hazard/Risk Identification, Assessment and Control - Fatigue	4	0	0	0	0	0
13	Hazard/Risk Identification, Assessment and Control - Occupational Health Exposures - Infectious Diseases	7	0	0	0	0	0
14	Hazard/Risk Identification, Assessment and Control - Occupational Health Exposures - Noise	7	0	0	0	0	0
15	Hazard/Risk Identification, Assessment and Control - Occupational Health Exposure - Ionising Radiation	6	0	0	0	0	0
16	Hazard/Risk Identification, Assessment and Control - Asbestos	13	0	0	0	0	0
17	Hazard/Risk Identification, Assessment and Control - Plant Safety, Maintenance and Testing	9	0	0	0	0	0
18	Hazard/Risk Identification, Assessment and Control - Confined Spaces	6	0	0	0	0	0
19	Hazard/Risk Identification, Assessment and Control - Hazardous Chemicals and Dangerous Goods	10	0	0	0	0	0
20	Hazard/Risk Identification, Assessment and Control - Additional Hazards/Risks	0	0	0	0	0	0
21	Emergency and Disaster Management	16	0	0	0	0	0
22	Waste Management	4	0	0	0	0	0
23	Incident Investigation and Reporting	6	0	0	0	0	0
24	Wellbeing	8	0	0	0	0	0
25	Injury Management and Return to Work	8	0	0	0	0	0
26	Review and Continuous Improvement	5	0	0	0	0	0
Total Elements Assessed (less N/A criteria)		181	0	0	0	0	0