Work Health Safety Guidelines

August 2017

Contents

1. Introduction

Self-insurance is an integral feature of the South Australian Workers Compensation Scheme (the Scheme).

To be granted a self-insurance registration a self-insured employer must be able to demonstrate the effective implementation of Workplace Health and Safety (WHS) systems through conformance to the WHS performance standards for self-insurers (PSSI).

This guide has been developed to assist a self-insured employer in the design, implementation, and ongoing improvement of its business management systems specific to the PSSI requirements.
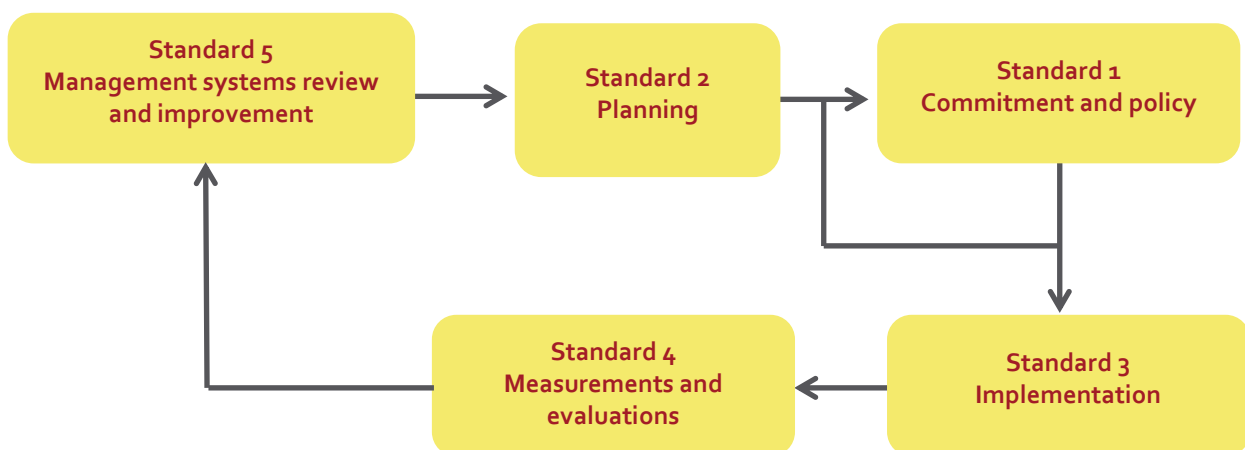
Diagram A: The performance standards for self-insurers (PSSI) is a business management approach to WHS designed to promote continuous improvement

2. How to use these guidelines

This document provides guidance on the requirements of the performance standards relevant to WHS management systems. Each section in the guideline aligns to a specific sub-element of the performance standards and intends to provide the reader with an understanding of what evidence may be presented to the ReturnToWorkSA evaluator during an evaluation.

Each section contains:

- a description of the standard, scope, element and sub-element of the performance standards; and
- guidance on the WHS requirements against the sub-element

It is important to note that the standards, elements, and sub elements are interconnected. Where relevant, inter-relationships have been referenced in the commentary so the reader can understand these links.

The guidelines are not a one size fits all and each self-insured employer should consider their individual needs when developing, planning, implementing, and reviewing its WHS system.

3. The ReturnToWorkSA performance standards

The current performance standards for self-insurers (PSSI) were implemented in 1999 following extensive consultation with stakeholders. The performance standards are based on AS/NZS 4804 Occupational Health and Safety Management Systems – General Guidelines on Principles.

The performance standards define the features of the WHS business management systems that are to be present and effectively applied.

The standards describe a business management model centred on continuous improvement and employee consultation. The model consists of 5 inter-related standards, 23 elements, and 55 sub-elements.

Self-insured employers are required to design implement and maintain WHS systems to meet self-insurance requirements.

The standards start with the requirement in sub-element 1.1 for the endorsement and distribution of a policy that is relevant to the organisations structure, mission, and delegations whilst at the same time declaring commitment to a range of very specific requirements. Sub-element 1.2 requires supporting policies & procedures to implement the principal policy commitments and to address contingency arrangements.

Standard 2 is about planning. This includes the identification of objectives, targets, and performance indicators for the WHS system and programs, documented planned arrangements to meet legislative requirements, consultative arrangements, and management of corrective actions as well as training needs identification and planning.

Standard 3 focuses on the effective implementation of the planned arrangements necessary to achieving policy commitments. This includes allocation of adequate resources, communication of roles and responsibilities, employee consultation, and ensuring people understand and are accountable for their roles.

Standard 4 looks at the monitoring of performance measures and the internal audit of policies & procedures against practices to check the performance of the implemented system.

Standard 5 is about review of the management system and its measures to assess how effective the system is performing - to enable informed decisions about WHS system achievements and enhancements. This process requires a thorough review of system documentation, analysis of performance of the system and individual program measures and evidence of the systems implementation from audit results, and trend analysis.

The Performance Standards are structured as follows:

Standard: The standard articulates the broad requirement of what is to be achieved.

Scope: Each standard has a defined scope which will help the reader understand the intention of the relevant elements and sub-elements.

Element: Area of focus within the standard, this heading provides a context to the sub-elements.

Sub-element: The specific criteria which is required as demonstration of achievement to meet the standard. The sub-elements are the evaluated components against which conformance to the standards is confirmed.
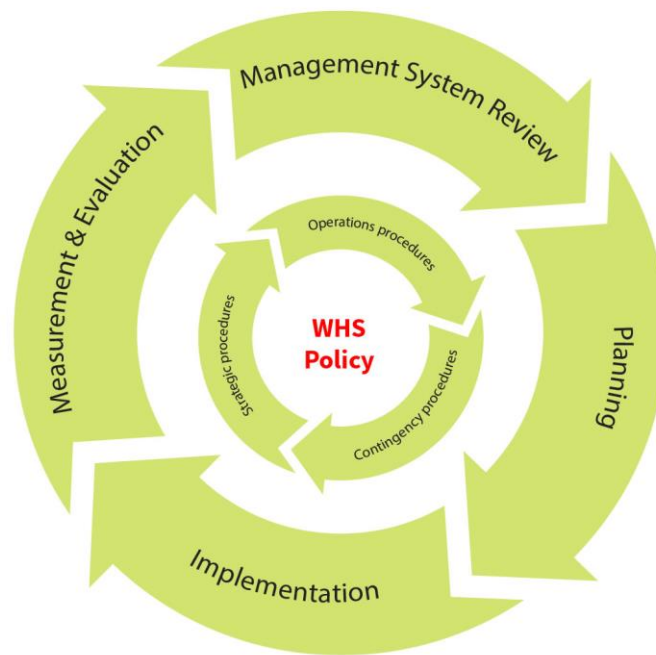

Diagram B: The Performance standards for self-insurers displayed as a continuous improvement model

4. Standard 1 – Commitment and policy

This Standard requires an organisation to define its WHS *policy* and commit adequate resources to ensure the success of its management systems.

The policy needs to be relevant to the organisation's overall vision and objectives. It needs to set the framework for continuous improvement. It should ensure accountability and link WHS to the overall organisational values, objectives, and processes. The policy guides the setting of objectives. Supporting procedures should set into place the steps to be taken to achieve the organisation's policy goals.

Scope: **The organisation defines its WHS policy and supporting procedures in consultation with employees or their representatives.**

What is this standard about?

A policy relevant to the self-insured employers business and structure needs to be in place that gives direction to the WHS system and provides purpose to WHS initiatives through specific commitments expressed in Element 1. These commitments then need to be supported by strategic and operational policies and/or procedures in Element 2 that give direction to people about their roles and responsibilities and the processes to be implemented in order to achieve the policy commitments.

Element 1: Endorsed and distributed policy statement

- The requirements set out under this element of the standards should be contained within a single policy statement. The policy statement may include or integrate both WHS and injury management, or other disciplines (e.g. Quality, Human Resources). Where this occurs, care should be taken to ensure the full meaning of the PSSI requirements are retained.

- The policy statement needs to:

  – conform to the organisation's document control framework

  – be developed in consultation with employees and/or their representatives.

  – be authorised by the appropriate delegated officer and/or forum

  – be distributed throughout the organisation

Diagram C: Standard 1: Document hierarchy and examples of supporting procedures

Sub-element 1: Recognise the requirement for legislative compliance
1.1.1:

Evidence which may be of relevance

- Current WHS policy statement for the organisation

Guidance notes

The policy statement must clearly state the organisation's commitment to comply with all relevant legislative requirements.

Sub-element 2: Recognise the pursuit of continuous improvement
1.1.2:

Evidence which may be of relevance

- Current WHS policy statement for the organisation

Guidance notes

The policy statement must clearly state the organisation's commitment to the broad principle of continuous improvement in WHS systems and outcomes.

Sub-element 3: Be integral and relevant to the organisations:
- mission statement, vision, core values and beliefs
- overall management system structure and system
- activities, products, services and people

1.1.3

Evidence which may be of relevance

- Current WHS policy statement for the organisation
- Documentation outlining the organisation's Mission, Vision and/or values (if these exist)
- Current organisation structure or chart (where these exist)

Guidance notes

The content of the policy statement must be relevant to the organisation's management system structure, activities, products, and services. If position or forum titles are used, these should correspond with those utilised within the organisation and responsibilities should reflect organisational structure. Consideration should be given to whether the policy is worded in a manner which reflects the organisation's culture, people, and language.

Sub-element 4:	Identify responsibilities and accountabilities for all relevant employees
1.1.4	

Evidence which may be of relevance

- Current WHS policy statement for the organisation

Guidance notes

The policy statement must identify WHS responsibilities and accountabilities for all relevant employees. This might be a list of responsibilities for each class of employee in the policy or it might be as simple as confirming all managers and employees have been assigned responsibilities and accountabilities and referencing where these are to be found in the system.

Sub-element 5:	Recognise commitment that appropriate internal and/or external expertise will be utilised, when required, in all related activities
1.1.5	

Evidence which may be of relevance

- Current WHS policy statement for the organisation

Guidance notes

The policy statement must clearly reflect the organisation's commitment to engage internal and/or external expertise as required. It is not sufficient to state in general terms that appropriate expertise will be provided; both internal and external must be clearly reflected.

Sub-element 6:	Recognise other organisational policies and procedures when relevant
1.1.6	

Evidence which may be of relevance

- Current WHS policy statement for the organisation

Guidance notes

The policy must specifically recognise other organisational policies and procedures within the policy. It is important (if these are not specifically detailed) to include an embedded link or specific reference to where the supporting procedures can be found.

Sub-element 7: Recognise a commitment to communication of relevant information to all staff
1.1.7

Evidence which may be of relevance

- Current WHS policy statement for the organisation

Guidance notes

The policy statement must include a commitment to communicate relevant WHS information to all employees.

Sub-element 8: Recognise the organisation's duty of care to all persons in the workplace including labour hire, contractors and subcontractors, volunteers and other visitors
1.1.8

Evidence which may be of relevance

- Current WHS policy statement for the organisation

Guidance notes

The policy statement must include a commitment to the organisation's responsibilities to ensure the work health and safety of contractor's, labour hire employees, visitors, and volunteers. Consideration should be given to whether the organisation holds a duty of care for particular classes or groups, such as the general public, students, clients, residents or similar, and ensuring these groups are reflected within the commitment.

Sub-element 9: Recognise a hazard management approach to WHS
1.1.9

Evidence which may be of relevance

- Current WHS policy statement for the organisation

Guidance notes

The WHS policy statement must clearly state the organisation's commitment to implement and maintain a hazard management approach to WHS. Hazard management is typified by the identification, evaluation, and control of hazards. Wording within the policy must reflect these principles.

Sub-element 10: Incorporate commitment to consultation
1.1.10

Evidence which may be of relevance

- Current WHS policy statement for the organisation

Guidance notes

- The policy statement must include a commitment to consult with all relevant employees on WHS related matters.

Element 2: Supporting policies and/or procedures

Evidence which may be of relevance

Current list or document register of WHS policies/procedures/controlled system documents

Current policies/procedures relevant to WHS:

- Planning/ Continuous Improvement
- Legislative compliance
- Corrective Action
- Training
- Audit
- Document Control
- Records Management
- Consultation and Communication (including committee terms or reference, representative election processes where relevant)
- Responsibilities and Accountabilities
- System Review
- Document Review
- Hazard Management
- Incident Investigation
- Management of Change
- Procurement
- Contractor Management
- Visitor/Volunteer/Student/Client management (relevant to WHS duty of care)
- Inspections and testing

Guidance notes

- Supporting policies and/or procedures must be in place to describe the processes the self-insured employer will use to achieve the commitments made in the principal policy statement and the various activities described in the Performance standards for self-insurers (PSSI).

Procedures must detail positions and or forums responsible for completing activities described, including where relevant associated competencies which may be required.

Supporting procedures need to include such topics as, planning, legislative compliance, communication, and consultation, duty of care, and hazard management. Dedicated policies or procedures for these topic areas are not mandated. In many instances, system requirements for a particular topic area may be described throughout a number of different system documents. For example, consultation requirements may be detailed in individual procedures, relevant to specific subject areas.

Planning:

Self-insured employers may utilise a number of different plans as part of their WHS system. These may include for example: strategic Plans; action Plans; corrective action registers; calendars of scheduled activity. The Performance Standards specifically detail a number of plans required. As a minimum, the WHS system must include plan(s); documents or registers which:

- Record and monitor (detail status/close out /timeframes for completion) corrective actions to address
  - Procedural non-conformance (e.g. audit and inspection corrective actions)
  - Actions arising from hazard/incident reports and investigations
- Detail key focus or priority areas (programs/planned activities) which have documented objectives, targets, and performance indicators.
- Detail identified training requirements and how they will be provided (e.g. in a training plan with scheduled dates/timeframes)

Procedures related to these plans may be individually documented or combined. For example:

- Internal audit procedures may describe development of corrective action plans to address identified areas of non-compliance;
- Corporate strategic planning guidelines may describe methodology for developing organisational Strategic Plans and the relationship to WHS annual plans.
- HR procedures may describe development and documentation of training plans.

Regardless of the procedure format, or where criteria are documented, the system should include procedural description of:

- Scope and context of plans within the system and relationships or hierarchy (e.g. strategic; annual; action/scheduled activity plans; training plans)
- Forums and positions responsible for developing; implementing; monitoring; analysing and reviewing WHS plans and associated activities
- Consultation requirements with relevant stakeholders; including employees or their representatives when plans are being formulated.
- Information considered when developing plans (e.g. legislative requirements; audits; performance to previous plan; incident trends analysis etc.)
- Processes and information utilised to determine areas of focus/priority for the organisation; including formulation of WHS System and focus/priority objectives, such as:
  - Incident/Injury trends
  - Hazard and Risk profile of the business
  - Performance against previous plans, programs and objectives
  - Audit outcomes
  - Legislation
  - Changes to the organisation its workplace or practice
  - Resources

- Mechanisms for measuring progress such as:
  - through defined performance measures (such as Objectives; Targets; Performance Indicators)
  - internal audit
  - reporting schedules/frameworks
  - timeframes for action completion
  - inspections
- Where relevant, methodology for analysis of plan outcomes. This must include:
  - responsible persons/forums
  - Inputs considered
  - Mechanisms for recording and reporting of recommendations arising from analysis

Legislative compliance:

Processes for ensuring that legislation compliance is addressed as part of the system must be documented within the self-insured employers system. The manner in which a self-insured employer documents how it will address legislative compliance will vary; according to the nature of the business activities; structure and system. Legislative compliance requirements may be included within individual procedures (such as those relating to plant; equipment; substances; election of Health and Safety Representatives etc.); documented within action plans or schedules; described within corporate system documents or registers.

Regardless of format, or where criteria are documented, the system should include definition of:

- How legislative requirements are identified, for example
  - Description of legislative update services/memberships
  - Industry Forums
  - Research/review activities
- Where relevant legislative requirements have been identified; for example within:
  - Statutory registers;
  - References within policy and procedures
- What mechanisms and processes used to capture and plan for statutory requirements; such as:
  - Through programmed maintenance systems
  - Schedules for inspections/ testing
  - License registers
  - Mechanisms and processes for communication of legislative change to stakeholders
- Requirements and processes for updating system documents in response to legislative change
- Processes used to monitor and review planned arrangements to ensure legislative compliance and completeness, for example audit, inspections etc.

- Legislative compliance must also be addressed in system procedures, ensuring procedures reflect legislative requirements of the WHS Act and associated legislation. It is expected that self-insured employers will identify and address within their system legislation pertinent to their activities, this may include statute beyond the WHS Act.

Internal audit:

Internal audit processes must be defined by the self-insured employer. Processes may be defined within the WHS system; or in supporting corporate documentation/systems such as quality frameworks; guidelines or flowcharts. As a minimum, the organisation should include definition of:

- Internal audit scheduling; including detail of how internal audits schedules are developed (rational for frequency such as risk assessment; incident trend analysis etc.): responsible persons/positions and processes/mechanisms monitoring of audit completion to schedule.

- Training, competency and/or selection criteria for internal auditors.

- Requirements to define the scope of internal audits. Internal audits must review and assess practice undertaken against defined system procedures. This may include development of documented audit tools against individual procedures; referencing of procedural criteria against questions or required evidence; use of marked up system procedures etc. Regardless of the format or mechanism utilised the system must clearly define requirements to audit against the self-insured employers system procedures (not external standards e.g. National Audit Tool; Performance standards etc.)

- Sampling Methodology to be utilised

- Consultation and communication processes; including as part of the audit process and in relation to audit outcomes and corrective actions

- Criteria for performance (i.e. definition of non-compliance; improvement opportunity etc.)

- Mechanisms and processes for identify; prioritising; reporting and monitoring corrective actions to address identified areas of non-compliance.

- Review mechanisms for ensuring or verifying close out of corrective actions

Consultation and communication:

Consultation with employees (or their representatives) and other persons to whom a duty of care is owed (such as contractors; visitors; students; volunteers) is an essential component of WHS management and a legislative requirement. Requirements relating to consultation and communication need to be documented within the Self-Insured employers system. Documentation of consultative requirements may occur in a number of ways; throughout individual policies and procedures; in plans; position descriptions; guidelines; terms of reference etc.

Whilst a specific procedure addressing consultative and communication processes is not mandated; definition in the system should include:

- Processes for formation; structure and terms of reference for relevant consultative forums (e.g. WHS Committees)

- Reporting frameworks (including forums where relevant)

- Consultative processes relating to:

  – Hazard Management

  – Incident Investigation/review outcomes

  – Internal audit outcomes

  – Development of WHS plans

- Changes to workplace/practice

- Legislative change

- Elections of employee representatives and committees (where relevant)

- WHS responsibilities

- Policy and procedure review

- Dispute resolution

Consultation and communication arrangements throughout the system need to address, where applicable, the cultural and linguistically diverse needs of its workers.

Responsibilities/accountabilities:

Responsibilities and accountabilities for individuals: relevant positions and forums must be defined within the system. Definition of responsibilities/accountabilities may be included within individual policies; procedures; plans; programs and job descriptions.

Whilst a specific procedure devoted to responsibilities and accountabilities is not required, there must be description within the system(s) which:

- Defines mechanisms utilised to communicate responsibilities to employees; for example

  - Induction

  - Training

  - Within policies; procedures

  - Through forums such as workgroup/team meetings

  - Through media or literature such as email: websites etc.

- Describes mechanisms used to hold individuals/groups accountable for meeting allocated responsibilities; such as:

  - Through review of performance indicators

  - WHS system review processes

  - Internal audit

  - Inspections

  - Corrective action plan implementation

  - Performance appraisal etc.

Training:

Processes describing how the self-insured employer identifies relevant training requirements and systems must be described within the organisation's controlled system. These may be documented within WHS system policies and/or procedures: Corporate supporting system documents (such as HR systems) or through organisationally defined plans or focus/priority areas.

Processes relating to training which must be defined include identification of appropriate training needs; development of training plans; mechanisms for provision of training; record maintenance and monitoring of completion/compliance to training plans.

Regardless of the procedure format or where criteria are documented, the system should include definition of:

- The process for identification of training needs. This should include:
  - Consideration of individuals; roles; organisational groups and responsibilities.
  - Forums or positions responsible for conducting training needs assessments
  - How and where training requirements will be recorded
  - Consultation with stakeholders and individuals
- What inputs are considered when identifying appropriate training needs? These may include for example:
  - Legislation
  - Incident/hazard trends and reporting
  - Roles/responsibilities and expected competence levels as described in system policies/procedures
  - Audit outcomes
  - Changes to workplace or practice
  - Changes to plant; equipment or substances
  - Language and literacy needs
  - Contingency requirements/succession planning
- Requirements and timeframes for review of identified training needs: including who is responsible for this and when it will occur (e.g. HR Manager on an annual basis).
- The types and levels of training which may be provided. For example:
  - Induction
  - Information and awareness
  - Competency
  - Various on the job training methods
  - Mentoring
  - Refresher
- Description of competency requirements where relevant
- Responsibilities for developing and resourcing plans to provide identified training requirements
- How and where training plans are documented and communicated to stakeholders

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- Training record maintenance and monitoring
- How gaps in learning/attendance are addressed
- Continuous improvement:

There are numerous inputs and drivers utilised by self-insured employers to drive improvement in WHS systems. System review and improvement processes may be described throughout a variety of system elements including plans and within corporate Guidelines: policies and procedures.

Criteria considered essential to ensuring ongoing review and improvement of WHS systems include:

- Identification of relevant inputs to be considered whilst undertaking review. This may include:
  - Legislative requirements
  - System user feedback
  - Organisational change and development
  - Incident trends
  - Hazard identification trends
  - Outcomes from audit
  - Appropriateness and effectiveness of training
  - Resources
  - Performance against WHS plans and programs
  - Industry trends and benchmarking
- Analysis of performance measures (achievements and areas requiring improvement) including consideration of suitability of performance measures and objectives
- Consultation with employees and/or their representatives as part of policy/procedure and plan review
- Executive involvement (such as through allocation of resources; participation in plan review and development forums)
- Structured and documented processes for recording; implementing; monitoring and reviewing outcomes from system review activities.

Whilst a single system review procedure may not be necessary, self-insured employers must ensure that review processes are adequately defined and documented. As a minimum, a self-insured employer must ensure that the system effectively details requirements including:

- Forums and positions responsible for undertaking system review activities
- Inputs and information required to undertake review activity
- Methodology of performance analysis, including determination of whether defined objectives have been met and the reasons/root cause for both good and poor performance
- Schedules; cycles or timeframes for review
- Consultative requirements and identification of appropriate stakeholders
- Processes for utilising review outcomes, such as feeding into next planning cycle; review of organisational focus areas; policies/procedures. Where relevant this must also include consideration of system hierarchy should lower level plans and program performance be used for determining short term progress towards longer term objectives.

Document and record management:

A document and record management process must be defined for management of system documents. Document and record management processes may be detailed in topic specific procedures, or incorporated into other system policies or procedures. Regardless of where processes are detailed, the system should include description of processes to address:

- Document development; including hierarchy (e.g. policy/procedure/work instruction/forms); consultative requirements; review criteria and timeframes; process for document amendments outside of scheduled review.

- Identification and traceability (e.g. version control; dates; titles)

- Access and confidentiality (location of controlled documents; security of confidential files etc.)

- Retention, maintenance, retrieval and disposal with consideration of statutory requirements

- Protection and arrangements against loss; deterioration or damage

Hazard management:

Self-Insured employers must define hazard management processes within the system. The manner in which hazard management processes are defined will be in part determined by the function and nature of the business activities undertaken and the associated risks. For example; organisation's undertaking activities that involve working at heights; confined space; electrical work etc. would be expected to have identified and defined WHS requirements relating to these.

Regardless of format, or where criteria are documented the system should include definition of:

- Mechanisms for hazard identification (e.g. conducting risk profile exercises; HAZOP;; development and review of hazard/ risk registers; discomfort surveys, hazard identification inspections; hazard reports; environmental monitoring; etc.)

- Processes for risk assessment/evaluation of hazards; including management of records and review.

- Requirements for utilising the hierarchy of control when identifying and implementing controls.

- Requirements for providing information; instruction; training and consultation with regards to identified hazards; risk assessment and controls

- Processes for WHS consideration at times of change in workplace; practice or introduction of plant; equipment; substances or processes.

- Processes for provision of safe workplaces and practices of all persons in the workplace; including contractors; visitors, volunteers etc. This includes processes relating to contractor selection: verification of qualifications and safe work procedures: provision of information and instruction: consultation etc.

- Processes for recording; monitoring and review of corrective actions and controls arising from hazard identification; incident investigation; risk assessments; inspections; testing etc., This must include definition of how actions are prioritised and requirement to allocate appropriate resources and responsibilities.

- Processes for the investigation and management of incidents and injuries; including statutory reporting requirements.

- Processes for reviewing the effectiveness of and improving risk controls over time.

Sub-element 1: The organisation must have supporting policies and/or procedures that show contingency arrangements are outlined for the organisation

1.2.1

Evidence which may be of relevance

- Current emergency management procedures and plans
- Current procedures detailing contingency arrangements for loss of critical infrastructure, backup and ongoing testing of IT and backup resources (IT, human and physical)
- Current procedures detailing management of emergencies related to specific operational activities where relevant (such as confined space rescue, vertical rope rescue, remote/isolated worker retrieval arrangements, bushfire)

Guidance notes

The self-insured employer must have a documented system in place to manage business continuity and contingencies that potentially may occur, for example: fire, explosion, major substance spills, sabotage, armed robbery, medical emergency, natural disasters, power failure, structural collapse, computer system loss, key staff replacement , remote and isolated work or organisational specific major business disruptions etc.

The process in designing the framework should ideally start with a risk profile for the organisation. Evaluation will consider whether appropriate contingency arrangements are in place, relevant to organisational risks. For instance, where an organisation undertakes confined space work or working at heights, contingency arrangements detailing emergency response procedures for these activities need to be in place.

The self-insured employer must detail how all contingency arrangements are to be tested, recorded, and/or evaluated, including timeframes and the mechanisms to achieve this.

5. Standard 2 – Planning

The successful implementation and operation of Work Health and Safety systems requires an effective planning process with defined and measurable outcomes. The plan starts with the policy statement and its objectives and addresses the schedules, resources and responsibilities necessary for achieving them. Objectives, targets and performance indicators are identified, as they will be used to measure the effectiveness of the WHS system and to identify areas requiring corrective action and improvement. In summary, the plans aim to fulfill the organisation's policy, objectives and targets.

> **SCOPE:** **The organisation plans to fulfil its policy, objectives, and targets in consultation with employees or their representatives.**

What is this standard about?

Standard 2 requires a self-insured employer to fulfil its WHS policy objectives. These objectives include the Commitments defined within Standard 1, Element 1, and those set by the organisation, such as for example 'to eliminate workplace injury" or "reduce the impact of workplace injury". It is important for organisations to clearly articulate the Objectives (goals) they are trying to achieve to enable them to develop strategies which will assist them to achieve these. Whilst in part, strategies to achieve objectives will be described by procedures (also defined as planned arrangements and programs), in some cases plans are required to ensure activities occur against scheduled timeframes or address evolving and dynamic needs of the organisation.

Diagram D: Standard 2: Document hierarchy and relationship with planning arrangements

Regardless of the format, plans and planned arrangements must define "who, what, where and when' activities will be undertaken. In doing this, plans set the deliverable outcomes expected and enable performance measurement and implementation of corrective action, monitoring, analysis and review activities. Deficiencies in planning may therefore impact an organisations ability to demonstrate effective implementation of systems, measurement, monitoring analysis, and review, aspects tested in Standard 3, 4 and 5 of the Performance Standards.

Standard 2 requires the organisation to develop a number of plans or planned arrangements Specifically Standard 2 requires the organisation to have in place:

- Planned arrangements for ensuring legislative compliance

- Plans which record and monitor corrective actions to address:
  – Procedural non-conformance
  – Actions arising from hazard/incident reports and investigations
- Plans for key focus or priority areas which have documented objectives, targets, and performance indicators.
- Planned arrangements to manage hazards pertinent to the organisations operations and activities
- Detail identified training requirements and how they will be provided (e.g. in Corporate training plan with scheduled dates/timeframes)

Standard 2 also requires organisations to develop WHS plans in consultation with employees, identify appropriate system objectives and mechanisms for measuring monitoring, analysing, and reviewing these objectives.

Element 1: System strategies

Sub-element 1:	Legislative compliance is addressed as part of the system, where relevant
2.1.1	

Evidence which may be of relevance

- Current Policies/procedures describing processes for managing legislative compliance (refer to 1.2.1 of these guidelines for further detail)
- Policies/procedures specifically containing legislative requirements (e.g. confined space, procedures associated with high risk work
- Plans; registers or schedules detailing timeframes/requirements for statutory testing or inspection (for example schedules for cooling tower inspection, pressure vessel testing, work place inspection)
- Emails or notices relating to update service subscriptions or other forums used for identifying legislative change
- Notifications such as HSR election notifications; notifiable incidents to SafeWork SA
- Meeting minutes documenting communications relating to legislative change or reviews
- Legislative audit schedules/planned arrangements
- Completed legislative audits

Guidance notes

In order to address legislative compliance, a self-insured employer needs to have defined processes in place, and implemented to ensure:

- All applicable legislation relevant to the nature of the organisation's activities, processes, products or services that may directly or indirectly affect employees, contractors, visitors, and volunteers has been identified
- Procedures and processes define how all identified legislative requirements are being addressed in a planned manner.
- There is a system for ensuring legislative updates are monitored and relevant requirements are captured within the system and implemented appropriately.

- Appropriate systems such as schedules, maintenance databases, spread sheets and work orders are developed and maintained as part of the planning process that capture all ongoing maintenance, testing, inspections, monitoring, licensing, etc. as required by legislation.
- Regular reviews, inspections and audits of planned arrangements occur to ensure legislative compliance

Sub-element 2:	Employees or their representatives directly affected by the implementation of WHS plans are consulted when the plans are being formulated
2.1.2	

Evidence which may be of relevance

- Procedures describing system requirements for consultation during development of WHS plans (refer to 1.2.1 of these Guidelines)
- Agendas of relevant forums detailing consultation of WHS plan development
- Meeting minutes from relevant forums showing consultation of WHS plans being formulated
- Emails, communications or correspondence demonstrating consultation during development of WHS plans

Guidance notes

A documented system/process is in place that outlines the consultation arrangements for when plans are being formulated. This might include the health and safety committee (and referenced in their Terms of Reference), health and safety representatives and staff forums such as tool box meetings.

WHS plans subject to consultation may relate to:

- Continuous improvement - WHS performance
- Corrective action
- Programs
- Change management

Consultation must be evident in accordance with the self-insured employer's system requirements.

It is not sufficient to provide evidence of consultation after plans have been endorsed, or minutes demonstrating monitoring of existing/endorsed plans. Evidence must demonstrate consultation on WHS plan development, not simply provision of information relating to plans.

Plans developed interstate at national or corporate level need to ensure the opportunity for South Australian participation.

Sub-element 3:	Programs have objectives, targets and performance indicators where relevant
2.1.3	

Evidence which may be of relevance

- Policies/procedures relating to planning, system review or improvement which describe requirements for setting of WHS objectives, targets and performance indicators (refer to 1.2.1 of these guidelines)

- Documented key focus/priority areas (programs) for which the organisation has set objectives, targets and performance indicators which it plans to achieve. These may be site in plans, procedures, strategic plans etc.

Guidance notes

What is a program?

A program is defined in the glossary of the standards as 'a planned component of an organisation's business management system for health and safety.' Given the definition, planned activity within procedures could be considered as programs. A program can also be a collection of procedures that have a common purpose or a targeted intervention strategy to address key focus areas of the organisation. It is important to describe in a planning procedure the self-insured employers approach to the selection of programs and their measures.

Which programs do we measure?

The challenge is to work out which of the many planned WHS activities are important and critical to measure to facilitate ongoing compliance and improvement. The approach to identifying how programs will be selected for measurement needs to be described within system procedures. How measures will be identified should also be clearly documented in a procedure so it is not lost in future plans or as WHS personnel change.

The standards refer to seven programs: (hazard management, training, changes in the workplace, purchase, hire or lease duty of care and documentation control). However, there is no mandatory requirement to measure these. Common sense would dictate that specific hazard management programs should be a necessary feature. Programs need to be selected based on the self-insured employers need to address specific important issues that require ongoing improvement, monitoring and maintenance. It is prudent to consider programs that contribute to the achievement of WHS system level objectives found in Sub-element 2.2.1.

Diagram E: Continuous Improvement cycle

How do we decide on the best measures?

The definitions of Objective, Target, and Performance indicator are found in the Glossary on page 33 of the Performance Standards.

These are:

- Objective: An overall goal in terms of performance, arising from policies that an organisation sets itself to achieve, and which is quantified, where practicable.

- Target: A detailed performance requirement, quantified wherever practicable, pertaining to the organisation that arises from the health and safety objectives. It needs to be met in order to achieve those objectives.

- Performance indicator: A selected indicator of how effectively a process is operating against objectives. These indicators can be quantitative or qualitative and the choice is dependent on the type of element they are used to measure, as appropriate to the organisation.

All three measures must be present to meet the requirements of the PSSI. Targets and performance indicators must relate to the objective to be achieved (and can be either lead and/or lag indicators). There can be multiple measures related to individual programs.

Programs and related measures should be determined by the self-insured employer with consideration of key risks and the necessity of measuring progress.

In some instances, measures may simply be compliance based. For instance if issues are present with completion of workplace inspections to schedule or timely reporting of claims, it may be of value to formally monitor activity completion. For example, a compliance based objective for an organisation may be to improve the level of proactive hazard reporting. In this instance, an adequate performance indicator might be a 10% increase in the number of hazards reported as compared to the previous period.

It should be recognised however that compliance/activity based objectives limit the self-insured employers ability to analyse performance; as they do not provide information on whether outcomes from the program activities are effective. As such as activity/compliance, based objectives are traditionally, more suited to immature WHS management systems; or self-insured employers still in the process of implementing procedures and programs.

Objectives which are focussed upon the effectiveness of programs in improving outcomes must be measured through targets and performance indicators which are effectiveness based. Measuring completion of an activity alone will not allow a self-insured employer to measure whether the activity itself was actually successful. For example, if a self-insured employer wanted to measure the effectiveness of hazard reporting, the objective might be "to reduce the incidence of workplace injury through proactive hazard reporting". A performance indicator for this objective might be "A 10% increase in the ratio of number of hazards reported as to injuries incurred, compared to previous period".

Program measures may include both measures of whether an activity has been completed (activity/compliance) and whether or not the activity was effective in achieving the desired result. For example, an organisation may have the objective "to reduce the incidence of workplace injury by increasing the level of proactive hazard reporting". To measure this objective, suitable performance indicator's may be "A 5% increase in the ratio of number of hazards reported as to injuries incurred, compared to previous period" and "10% increase in the number of hazards reported as compared to the previous period". This will enable the organisation to determine whether it is in fact increased levels of hazard reporting which have influenced reduction in workplace injuries, not some other factor, or simply luck.

Targets are simply the quantified actions, steps or strategies which need to occur in order to meet the documented objective. For example, a self-insured employer sets an objective "to reduce the incidence of workplace injury by increasing the level of proactive hazard reporting". Targets which may be of relevance could be "Develop an electronic hazard reporting tool by XX Month/Year", "Review the hazard reporting procedure by XX Month/Year"; "Provide Hazard management training to 80% of the workforce by XX Month/year"; "70% of workers indicate they proactively identify and report hazards in the workplace as measured by annual survey"

Regardless of the program format; measures should provide relevant information which allows the self-insured employer to determine if the objective has been met and analyse results to drive improvement of the system or performance of individuals/groups/business units. Targets should clearly reflect the steps and milestones required to achieve the objective, and performance indicators must measure whether the objective has been achieved.

What do we do with them once we have them?

Programs with measures need to be subject to regular monitoring and reporting (Element 4.1), periodic review and analysis (Element 5.2) to identify progress and opportunities for improvement. Over time program measures and strategies should change to reflect the learning's that take place during management system review activity.

Sub-element 4:	Action plans are in place to correct identified areas of non-conformance with documented procedures
2.1.4	

Evidence which may be of relevance

- Policies/procedures describing corrective action processes used for actions arising from non-conformance to documented procedures (see 1.2.1 of these guidelines)
- Corrective Action Registers/reports/plans
- Non-conformance/compliance reports
- Improvement opportunity forms
- Meeting minutes demonstrating monitoring of actions
- Reports demonstrating monitoring of actions

Guidance notes

A process such as a spread sheet(s), register(s) or action plan(s) needs to be in place to record non-conformances and corrective actions identified in the system. The process needs to be capable of tracking progress of corrective action until closed out. Corrective action processes must be described within the WHS system.

Processes that identify non-conformance with documented procedures may include:

- internal audits
- policy/procedure reviews
- outcomes from measurement, monitoring and analysis of performance
- inspections
- observations of safe work practices
- Incident/hazard/injury reports

The organisation needs to determine and demonstrate how corrective actions are monitored until closed out, and which actions will be escalated when forecast time lines are not achieved.

Sub-element 5:	Program(s) are in place to identify, evaluate and control hazards in the organisation
2.1.5	

Evidence which may be of relevance

- Procedures relating to hazard management/risk assessment
- Procedures/arrangements for hazards specific to organisational activities/services/products (e.g. Work at heights, Remote and Isolated Work, confined space procedures)
- Plans incorporating hazard management programs selected for measurement
- Contract management/procurement procedures
- Tools and guidelines used to identify/assess or control hazards
- Hazard and risk registers
- Incident trend analysis and outcomes

Guidance notes

Planning arrangements must be defined in the WHS system to describe how the identification, evaluation, and control of hazards occur in the organisation. Planned arrangements must not be limited to reactive processes (e.g. incident reporting and investigation). Proactive arrangements such as procurement processes, management of manual handling, plant, equipment, and substance hazards must also be present (where relevant). Factors that must be considered include:

- organisations activities, processes, products and services

- what level of hazard identification and evaluation/assessment is required and when

- how review of existing controls is managed

The system needs to record all identified hazards, risk assessment levels and the control measures that have or are planned to be implemented, and who is responsible for action. This could include a register or log.

Planned activities for hazard management may not simply be a procedure. For example, a confined space procedure may be in place and supported by a plan which schedules risk assessment or review of confined spaces, planned training arrangements, review of permit systems or isolation requirements.

Sub-element 6:	Action plans are in place for dealing with corrective action identified as part of any incident investigation process
2.1.6	

Evidence which may be of relevance

- Corrective action registers/plans

- Incident reports with actions, due dates, responsible persons

- Investigation reports with actions, due dates, responsible persons

- Meeting minutes which demonstrate monitoring of actions

- Meeting action logs which include actions to address outcomes form incidents

- Hazard and Incident reporting systems/database

Guidance notes

The documented incident investigation process must include a method by which corrective actions are recorded on a register, spread sheet or in a database.

Timeframes and responsibilities should be clearly defined.

The corrective action process or system may be the same as that used for managing corrective actions arising from audits or other activities.

The self-insured employer needs to determine and demonstrate how corrective actions will be monitored until closed out, and which actions will be escalated when forecast time lines are not achieved.

Element 2: Setting of systems objectives

Sub-element 1:	The identification of appropriate objectives for the organisation
2.2.1	

Evidence which may be of relevance

- Policies/procedures related to planning (see 1.2.1 of these guidelines)

- WHS policy

- WHS plans, programs, strategic plans with WHS content

- Minutes of meetings or planning days where objectives were determined for the planning period

- Analysis of inputs and outputs from previous plans, WHS performance/incident trends

Guidance notes

- The process for the setting of objectives should be defined in within the WHS system. Setting of objectives should consider a number of inputs and drivers, such as:

  – Incident/Injury trends

  – Hazard and Risk profile of the business

  – Performance against previous plans, programs and Objectives

  – Audit outcomes

  – Legislation

  – Changes to the organisation its workplace or practice

  – Resources

What is an 'objective'?

An objective is defined in the Glossary as an overall goal in terms of performance, arising from policies that an organisation sets itself to achieve, and which is quantified, where practicable

How do we pick the 'right' objective?

Appropriate' objectives should sit at WHS system level and take into consideration:

- The commitment statements in the principal policy.

- Should sit above the program measures used in Sub-element 2.1.3 and program objectives and measures should relate to these

- Should reflect the current performance needs of the WHS system in achieving the organisation's WHS policy aims.

Objectives could aim to further eliminate or reduce workplace injury or illness. Objectives may be tailored to the self-insured employers risk exposure and give consideration to employees, the work environment and locations. This can include one off campaigns or interventions to improve WHS performance in a particular area.

Objectives need to be specific, measurable, achievable, realistic and time-framed ('SMART') to ensure that they are an effective tool to drive improvement in the system and WHS performance. Specific, measurable objectives enable targets and key performance indicators to be identified which provide means of tracking progress towards achievement of the objective, and measure of whether the objective has been achieved.

Essentially, an organisation needs to consider the current state of its WHS system and performance and determine what requires improvement. The outcome of this should provide the basis of what the WHS objectives should be.

Simply put; objectives are "what you want to do". From here, identify the steps which will be undertaken to achieve the objective - 'how you are going to get there' (targets). The last step is to define how you will know when you have achieved what you set out to do (performance indicators).

What do we do with 'objectives' once we have them?

Objectives need to be monitored and reported on under Standard 4 and measured and analysed under Standard 5. There should be evidence of the connection between the setting of objectives, the analysis of performance and the subsequent setting of objectives and strategies in future plans

Sub-element 2:	The identification of appropriate strategies to measure, monitor, evaluate and review the system's objectives
2.2.2	

Evidence which may be of relevance

- Current Policies/procedures describing processes for planning (refer to 1.2.1 of these guidelines for further detail)
- Terms of reference for forums with responsibility for monitoring plans
- Tools and documents used to measure performance to plans

Guidance notes

The management-system review process must be clearly documented within the system and include how, what, when and who is responsible for measuring, monitoring, evaluating and reviewing the performance of the WHS system including their objectives and programs

Mechanisms identified may include monitoring, reporting and review activities undertaken by WHS practitioners, key consultative and executive forums.
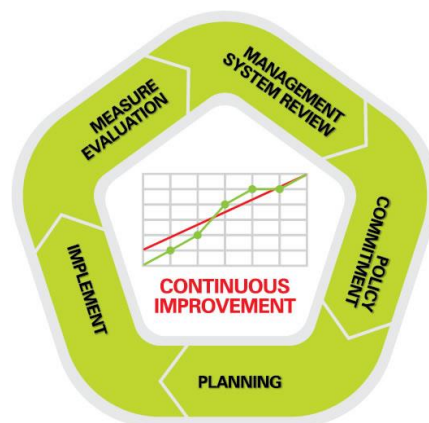

Diagram F: The continuous improvement cycle

A matrix, schedule, calendar, reporting framework, or other means of documenting timeframes for reporting against measures and plans, and the review and analysis activities which lead to the

development of future measures and plans should be in place. Meeting agendas and report templates which provide for monitoring of measures, outcomes of audits, analysis of trends and performance to objectives should be in evidence.

Element 3: Training

Evidence which may be of relevance

- Training policies/procedures (refer to 1.2.1 of these Guidelines)
- Training needs assessments
- System review results considering training
- Audit result focusing on training identification / needs
- Legislative reviews with regards to training
- Other system measures and reviews applicable supporting consideration of training needs e.g. analysis of incident data; collating performance reviews and worker surveys etc.
- Consideration of risk assessment outcomes i.e. administrative controls identified
- Training Matrix
- Personal Development/Performance reports with training identified

Guidance notes

The process for the identification of WHS related training needs must be described in the system.

Evaluation will seek to evidence how training needs have been applied with consideration of:

- each person and/or roles within the organisation including employees, labour hire, agency employees, contractors, volunteers and work experience persons;
- induction, orientation, buddy systems, changes in role and the expected levels of competencies to be gained before working unsupervised;
- the need for renewal or refresher of related training requirements;
- the needs individuals have to learn of the WHS policies and procedures and the roles assigned to them;
- skill needs to support specific fields of expertise e.g. conducting (and utilising applicable tools/databases) investigations, audits, training, risk assessments etc.
- the level of skill, understanding and competency sufficient to operate plant/ equipment; to carry out specific tasks or processes required in the system
- improvement areas of training needs as a result of management review, such as considering incident/hazard reports

Legislative requirements, tasks, and responsibilities need to be identified in conjunction with required competency and knowledge levels to establish appropriate training requirements. This includes such training for health and safety committee members, health and safety representatives, emergency personnel for fire and first aid, confined space training etc.

Management training requirements need to reflect accountability and responsibilities associated with their roles and or level within the organisation

Sub-element 2: Training plan(s) have been developed
2.3.2

Evidence which may be of relevance

- Current Policies/procedures describing processes for training (refer to 1.2.1 of these guidelines for further detail)
- Training Plans
- Individual learning development plans
- Corporate/organisational/business unit training calendars/schedules

Guidance notes

The process for developing training plans must be defined within the management system. The plan/s must be based on the training needs analysis findings from Standard 2.3.1.

Priorities need to be established to ensure legislative requirements; organisational needs and responsibilities are adequately addressed.

The scope of the training plan/s should include:

- targeted participants,
- schedule of courses,
- dates and times of training planned for individuals and/or positions,
- levels of training,
- defined mandatory training versus optional / voluntary training,
- refresher training, and
- follow up arrangements e.g. in case of non-attendance.

Training plans can be evidenced in a variety of ways e.g. individuals with specific WHS training in their performance appraisal, departmental/divisional plans covering specific hazards or contingency arrangements and corporate plans covering legislative, mandated or compulsory training.

A register recording completed training or attendance is not considered a training plan. If a training matrix (i.e. role and training need) is provided to support compliance, evidence of how those identified training areas will be delivered/ provided (in the required timeframes) will need to be provided.

6. Standard 3 – Implementation

This principle focuses on ensuring that the capabilities and supports needed to achieve the organisation's policy objectives and targets are provided. It deals with adequate resources being available, integration with current management practices and systems, responsibilities being defined and understood, methods for holding all managers and employees accountable, arrangements for employee involvement, training being implemented, and supports such as verbal and written communications.

SCOPE:	**The organisation demonstrates the capabilities and support mechanisms that are necessary to achieve its policy objectives and targets, in consultation with employees or their representatives.**

What is this standard about?

Standard 3 relates to implementation of the documented system and plans. Implementation activities flow from the policy commitments and documented system described in Standard 1 and from the planned arrangements described in Standard 2

Element 1: Resources

Sub-element 1:	**Adequate human, physical and financial resources are being allocated to support the program(s)**
3.1.1	

Evidence which may be of relevance

- WHS plans with detail of allocated resources
- WHS budget allocations
- Organisational structure and human resources dedicated to WHS
- CAPEX projects relating to WHS

Guidance notes

The self-insured employer must be able to evidence how resource requirements are identified and allocated to enable the consistent and effective implementation of the organisation's WHS system. For example:

- budget expenditure demonstrates allocation of resources for system, program and project implementation
- physical evidence of allocation of resources, i.e. new equipment, plant modifications, and workplace layout
- meetings of employee representative committees and other groups take place as scheduled
- employees are released for workplace inspections and accident and incident investigations, risk assessments conducted etc.
- re-allocation of resources are reviewed from time to time, if monitoring and reviews indicate timeframes or targets are not being met.

Errors or omission (things not being done as planned) in the system could be an indicator that resources have not been appropriately allocated or applied.

Sub-element 2: Specialist expertise is used as required
3.1.2

Evidence which may be of relevance

- Invoices or other evidence of provision of services from external providers
- Meeting Minutes
- WHS Plans
- Corrective Action Registers
- Maintenance/Inspection reports
- Labour hire /contractor database
- Certificates
- Advisory services

Guidance notes

The organisation needs to provide evidence of internal and external expertise used to support the implementation of WHS plans and activities, e.g. trainers, engineers, hygienists, WHS practitioners, HR practitioners, ergonomist, fire servicing, electrical testing, and industry experts.

Element 2: Training

Sub-element 1: The organisation must ensure a relevant training program is being implemented
3.2.1

Evidence which may be of relevance

- Training databases
- Training Records
- Reports of training attendance and non-attendance
- Records of actions to address non-attendance
- Reviews of training delivery e.g. collating training evaluation forms

Guidance notes

The WHS system needs to define the manner in which 'relevant' training is implemented. Relevant means not just that the training conducted is the correct topic from Standards 2.3.1 and 2.3.2, but also in the broader context which relates to the manner in which the training is conducted to achieve learning objectives.

Relevant is defined in the Glossary as being connected with the matter in hand; pertinent (e.g. legislative requirements and/or other identified needs of the organisation).

The organisation should be able to provide appropriate evidence that demonstrates:

- training identified (Standard 2.3.1) and the subsequent plans (Standard 2.3.2) is being implemented
- appropriate mechanisms are in place to ensure the program is being implemented in accordance with the planned schedule and proposed attendance
- a process exists to identify gaps in learning or in attendance and actions take place to remedy the issue

Element 3: Responsibility and Accountability

Sub-element 1:   Defined responsibilities are communicated to relevant employees 3.3.1

Evidence which may be of relevance

- Induction records
- Training records
- Records of personal development interviews/reviews
- Meeting minutes where WHS responsibilities are communicated
- Job descriptions
- Work Instructions
- Information packs/kits/forms
- Codes of Conduct

Guidance notes

The organisation must be able to evidence that defined mechanisms for communication of WHS responsibilities are used and that the scope of information communicated to employees adequately covers their responsibilities as defined within the WHS system

Mechanisms used to communicate WHS responsibilities to employees, may include:

- induction
- planned training
- documents e.g. job descriptions, WHS manuals or handbooks, policy/procedures, standard operating procedures and/or safe work instructions
- workgroup or team meetings
- notice boards and news letters
- electronic media e.g. websites, email

Sub-element 2: Accountability mechanisms are being used when relevant
3.3.2

Evidence which may be of relevance

- Policies/procedures describing accountability mechanisms; including associated disciplinary/ grievance/ dispute policy/procedures (refer to 1.2.1 of these guidelines)
- Records of personal development interviews/reviews
- Evidence of actions taken to address WHS performance/completion of delegations
- Corrective Action Plans
- Incident investigation outcomes
- Audit Reports
- WHS performance reports
- Outcomes and actions to address survey outcomes

Guidance notes

The organisation needs to demonstrate implementation of system defined accountability mechanisms used to hold individuals and groups (executive, managers, employees, governance committees, health and safety committees, contractors, labour hire, volunteers) accountable for meeting allocated WHS responsibilities.

Evidence of implementation may include:

- monitoring, reporting and review of WHS plans
- outcome of WHS system review processes (linked to outcomes of plans, programs or projects)
- internal audits and outcomes (including process delivery reviews)
- workplace inspections and outcomes
- review of Implementation of corrective action(s) within defined timeframes
- examples of where discipline processes have been applied in relation to WHS responsibilities
- safe act observations
- completed performance reviews incorporating WHS

Element 4: Integration

Evidence which may be of relevance

- Corporate Policies/Procedures with relationship to WHS (e.g. training/procurement/HR etc.)
- Incident reporting forms
- Hazard / Risk Registers
- Reporting frameworks
- Annual Reports
- Design Specifications
- Business Continuity Plans
- Combined / integrated business management systems with Quality, Environment, Risk, or Corporate governance etc.
- Combined registers (e.g. Safety/Quality/Environmental Hazards)
- Statutory Registers

Guidance notes

The organisation needs to be able to evidence how WHS system requirements have been integrated into relevant business functions. Relevant business functions may include:

- engineering – design, capital works, change management
- procurement – tendering, leasing, contracts for service, purchasing
- finance – budget allocation, capital expenditure
- human resources - recruitment, training, performance review, hours of work, enterprise agreement
- maintenance
- injury management and WHS integrated systems
- business continuity and contingency arrangement
- risk management
- change management
- organisational business planning
- quality management systems
- performance reporting and management review

Where WHS system requirements are integrated into corporate business functions interstate/internationally, relevant procedures must clearly define local responsibilities, accountabilities, consultation, and authorisation.

Deficiencies in integration may be evidenced through duplication of procedures such as separate WHS procedures being utilised which conflict with corporate training policies and procedures, or WHS

Procurement/purchasing requirements not listed in corporate procurement systems. Lack of integration may result in persons utilising one procedure/system without being aware of or implementing WHS system procedural requirements.

Element 5: Employee Involvement

Evidence which may be of relevance

- Terms of reference for consultative forums or applicable committees / workgroups/ review panels etc.

- Procedures relating to consultation/issue resolution (refer to 1.2.1 of these guidelines)

- Evidence of planned activities and processes with steps to seek and account for consultation feedback

- Evidence of dispute resolution processes being applied

- Meeting Minutes

- WHS Plans

- Employee Feedback

Guidance notes

Consultation arrangements must be adequately communicated to all relevant employees. It would be expected that communication arrangements would start at the time of employee induction.

The self-insured employer needs to be able to evidence that consultation processes are appropriately documented and considered in applicable planned activities. Committee minutes must reflect suitable attendance and engagement.

Forums for consultation need to be engaged throughout activities such as workplace change, procedural review and not be limited to discussion on completed processes (e.g. once a procedure has been reviewed and disseminated).

Outcomes of consultation should be a consideration of any review of the suitability and effectiveness of the systems supporting policies and procedures, as required under sub-element 5.1.1.

Where plans / standards / policies / procedures are developed at a high corporate level or nationally, evidence of State business or local level consultation needs to be provided.

Element 6: Communication

Sub-element 1: 3.6.1	The organisation must ensure communication arrangements for information dissemination and/or exchange are in place

Evidence which may be of relevance

- Terms of reference
- Procedures relating to communication (refer to 1.2.1 of these guidelines)
- Induction/awareness material
- Newsletters, noticeboards, posters.
- Meeting Minutes
- WHS Plans
- Employee Feedback

Guidance notes

Communication arrangements used to disseminate and exchange appropriate WHS information to relevant persons defined in the system must be implemented. Communication should be two way – to employees and to management.

Mechanisms for communication traditionally would include notice boards, emails, newsletters, toolbox meetings, hazard reports, or open forums.

Consideration must be given to language and standards of literacy and mechanisms of delivery.

Element 7: Contingency planning

Sub-element 1: 3.7.1	The organisation must ensure contingency plans are periodically tested and/or evaluated to ensure an adequate response, if required

Evidence which may be of relevance

- Emergency procedures, Business continuity plans, IT protocols (refer to 1.2.1 of these guidelines)
- Schedules for emergency drills/tests
- Corrective action registers
- Debrief reports
- Meeting minutes
- Emergency procedures
- Reports on desktop exercises
- Procedural amendments arising from tests

Guidance notes

Contingency testing arrangements defined in procedures and plans (Sub-element 1.2.2) must be implemented.

The self-insured employer must provide records that evidence the implementation of the testing of contingency plans, the review, and analysis that took place to assess adequacy of response and appropriate corrective action(s) that have been implemented to address any deficits.

Evidence should demonstrate response arrangements to the range of foreseeable events, such as lone worker retrieval, loss of data/key personnel, etc. are included within testing regimes.

Element 8 Hazard identification and control

Sub-element 1:	A hazard management process that includes identification, evaluation and control is in place (WHS only)
3.8.1	

Evidence which may be of relevance

- Current Policies/procedures describing processes for hazard management (refer to 1.2.1 of these guidelines for further detail)

- Existing and maintained risk profiling records/documentation

- Audit/ inspection exercises focusing on identification of work practice, workplace and system level hazards/ risks

- Hazard and risk registers

- Completed risk assessments, (task; plant; substance; confined space; electrical; security; traffic management; noise; working at heights; asbestos; remote or isolated work; lighting and temperature; and various other high risk work etc.)

- Supportive evidence of considering risk control options in line with the hierarchy of control

- Key programs which control priority/high risk hazards

- Development of specific instructions and safe work procedures associated with particular plant, products, processes, projects, or sites, where appropriate.

- Evidence of hazard/incident/corrective action reviews

- Completed hazard/incident reports and corrective actions

- Corrective action reports and registers

- Electronic notification systems and databases

- Atmospheric monitoring reports and controls

- Implementation of planned arrangements for hazard management programs referred to in Sub-element 2.1.5

- Reviews of the effectiveness of implemented controls

Guidance notes

The hazard management process defined in the WHS system and relevant legislative requirements pertaining to hazard management must be implemented.

Evidence will need to demonstrate the effectiveness and quality of implemented hazard management activities. For example, simply demonstrating that risk assessments have been completed may not be sufficient, should it be apparent that hazards are not effectively identified or controlled.

Paperwork alone will not be able to demonstrate conformance to this sub-element. Evaluations include physical inspection of premises and work locations, and deficiencies such as unguarded plant and equipment, systemic failures to identify and control hazards, storage of incompatible substances and so forth may be used as evidence of an ineffectively implemented hazard management system. Similarly, physical evidence such as guarding of equipment, correct usage, and storage of substances may demonstrate consistent or effective application of systems.

Evidence should support attention is given to hazards which are significant contributors to workplace injury as well as those which may result in significant injury or fatality (i.e. high consequence).

Sub-element 2: 3.8.2	Employees or their representatives are consulted and participate in hazard management processes

Evidence which may be of relevance

- Procedures relating to consultation and hazard management (refer to 1.2.1 of these guidelines)
- Terms of reference of relevant consultative forums
- Relevant consultative meeting minutes
- WHS and injury management related plans
- Employee Feedback
- Risk assessments with recorded consultation evident
- Hazard and risk registers endorsed by the WHS committee and/ or HSRs
- Inspections where worker involvement is evident
- Corrective Action Registers where worker feedback is evident
- Safe Work Instructions and operating instructions where worker participation is evident
- Incident investigations where worker involvement and consultation is evident

Guidance notes

Consultation arrangements are incorporated into all relevant hazard management processes, and participation from employees is evident during, for example:

- hazard identification
- risk assessments
- incident investigations
- workplace inspections
- procurement/trials and testing
- change management processes

- development and review of safe work procedures and safe operating instructions

Evidence may include examples of documents, such as risk assessments which show employee participation by signature; team or group workshops relating to hazard management with attendance listed. Generally, interviews with workers and their representatives will also be used to verify and support consultation is occurring appropriately.

Consultation needs to be demonstrated where workers or relevant work groups are affected or likely to be affected by a matter relating to work health or safety.

Sub-element 3: Control measures are based on the hierarchical control process 3.8.3

Evidence which may be of relevance

- Current policies/procedures describing processes for hazard management (refer to 1.2.1 of these guidelines for further detail)
- Examples where hierarchy of control application is evident or built into tools and hazard management process such as in;
- Completed hazard/incident Reports and corrective actions
- Completed risk assessments, Job safety assessments, task analysis (task; plant; substance; confined space, and other high risk work etc.)
- Hazard and Risk Registers
- Corrective action reports and registers
- Electronic notification systems and databases
- Change management process from concept to completion
- Key programs which control priority/high risk hazards with focus on critical controls
- Development of specific instructions and safe work procedures associated with particular plant, products, processes, projects, or sites, where appropriate to support implementation of higher order controls.
- Evidence of hazard/incident/corrective action reviews
- Atmospheric monitoring reports and controls
- Trials and tests of new equipment
- testing/monitoring and observation of work practices
- implementation of planned arrangements for hazard management programs referred to in Sub-element 2.1.5
- Reviews of the effectiveness of implemented controls

Guidance notes

WHS procedures and forms need to clearly express the manner in which the hierarchy of control (elimination, substitution, engineering, administrative and personal protective equipment (PPE) will be used to effectively identify suitable controls for identified hazards. The system should provide guidance on the manner in which controls will be used. There needs to be an emphasis on the use of higher level controls.

Risk evaluation outcomes must be clearly linked to the hierarchy of controls. The rationale for utilising a particular control in preference to others should be evident.

All relevant corrective action processes should demonstrate consideration of the hierarchy of controls with corrective action measures reflecting highest level of control as reasonably practicable.
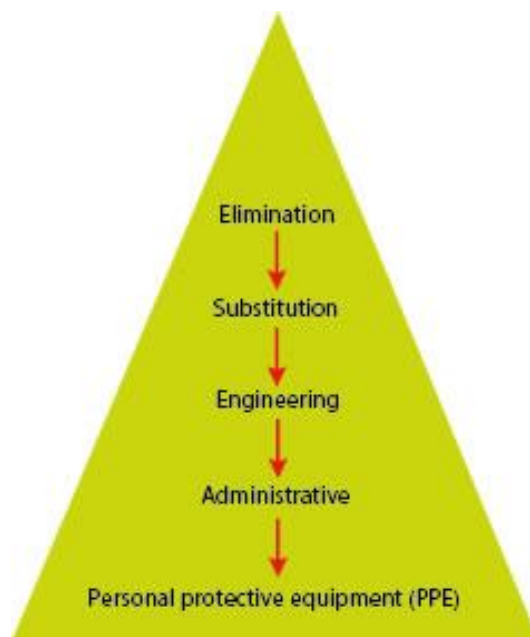

Diagram G: Hierarchy of Controls

Where adequate controls cannot be implemented in the short term, evidence of interim measures to minimise risk must be demonstrated. Timeframes for long term controls must be established, and status reports must be frequently updated.

Sub-element 4:	Program(s) are in place to ensure an appropriate WHS consideration is given to changes in the work place and work practices
3.8.4	

Evidence which may be of relevance

- Current policies/procedures describing processes for management of change, hazard management (refer to 1.2.1 of these guidelines for further detail)

- Completed risk assessments, Job safety assessments, task analysis (task; plant; substance; ergonomic etc.) relating to change of practice/plant/process

- Hazard and risk registers and reviews following change in organisation, practice, plant, process

- Electronic notification systems and databases

- Change management process from concept to completion

- Development of specific instructions and safe work procedures associated with new plant, products, processes, projects, or sites, where appropriate.

- Trials and tests of new equipment

Guidance notes

Documented processes for ensuring WHS is considered during the development and implementation of organisational change must be implemented.

Evaluation will generally include examining changes within the workplace, or work processes with consideration of the following:

- the process for identifying WHS potential issues

- who was involved in the process

- how the WHS issues were assessed and prioritised

- what WHS initiatives have been incorporated into the changes

- review and evaluation of the outcomes achieved.

Evidence can be presented in relation to implementation of new processes, environment changes, workgroup reorganisations, process flow changes, new plant commissioning etc.

Sub-element 5:	Program(s) are in place to ensure an appropriate WHS consideration is given at the time of purchase, hire or lease of plant, equipment and substances
3.8.5	

Evidence which may be of relevance

- Current policies/procedures describing processes for procurement of plant, substances (refer to 1.2.1 of these guidelines for further detail)

- Completed risk assessments, job safety assessments, task analysis prior to and following introduction of new plant/process/substances

- Hazard and risk registers and reviews following or preceding introduction of new, plant, process, substances

- Electronic notification systems and databases

- Banned/approved substance/equipment lists

- Development of specific instructions and safe work procedures associated with new plant, products, and processes.

- Trials and tests of new equipment

- Training records relating to introduction of new plant/substances

- Meeting minutes showing consultation on WHS matters relating to procurement of plant, substances, equipment.

Guidance notes

The self-insured employers documented process covering arrangements for WHS considerations during the purchase, hire or lease of plant, equipment and substances must be effectively implemented.

Evaluation of this sub-element will generally include identification of recently procured/introduced plant, equipment or substances and examining relevant documentation to ensure system defined requirements for its introduction/procurement have been followed. The process for introduction of new plant, equipment, or substances should include, as a minimum:

- Consultation

- Hazard identification and evaluation to ensure new hazards are not introduced

- Identification of existing controls and evaluation of their effectiveness

- Identification and actioning of any additional controls which may be required and evaluation of their effectiveness.

- Identification of maintenance, storage, handling or procedures required for the introduced plant, equipment or substance

- Identification of any legislative requirements associated with the introduced plant, equipment or substance

- Determination of the suitability of the item/substance for the task it is intended for.

- Consideration of training needs which may be required relating to the plant, item or substance

Sub-element 6: Program(s) are in place to meet the organisation's duty of care for all persons in the workplace
3.8.6

Evidence which may be of relevance

- Current policies/procedures describing processes relating to duty of care (refer to 1.2.1 of these guidelines for further detail)
- Inductions and relevant training records
- Contractor and Labour Hire agreements
- Permit to work processes being applied
- Relevant labour hire processes defined and applied
- Volunteer processes defined and applied
- Documented processes for supervision and monitoring being applied
- Contractor/Visitor registers
- Relevant site risk assessment and safe work arrangements being implemented
- Audits/reviews of contractors/labour hire suppliers
- License and training records
- Inspections of contractor work activities
- Records of communication/consultation
- Formal reviews of labour hire/contractors being undertaken

Guidance notes

The organisation's documented process covering the engagement and management of visitors, contractors, labour hire employees, volunteers, and work experience students must be implemented.

The ability to meet WHS requirements is assessed in the selection of contractors, labour hire employees, and volunteers.

The evaluation will ordinarily examine arrangements for engagement and management of contractors, volunteers, labour hire personnel and other persons in the workplace. Such arrangements should include as a minimum:

- identification of job safety requirements and related risk assessments
- relevant hazard controls
- Identification of instruction and training requirements and provision of these where relevant
- communication of roles and responsibilities
- Identification and review of licensing qualifications and accreditations
- communication arrangements
- auditing/testing/supervision to ensure continued adherence to WHS legal/contractual requirements
- corrective actions relevant to identified non conformances
- Monitoring and supervision

Sub-element 7: 3.8.7	Program(s) are in place to ensure work related injury/illness and incidents are investigated and action taken when relevant

Evidence which may be of relevance

- Current policies/procedures describing processes for incident investigation and reporting (refer to 1.2.1 of these guidelines for further detail)
- Incident investigation reports
- Completed incident forms
- Registers (incident/hazard)
- Incident trend analysis and outcomes
- Meeting minutes with discussion of incidents and/or investigations
- Risk control implementation to prevent recurrence evidence
- Post verification activity to confirm ongoing suitability and effectiveness

Guidance notes

The self-insured employer must ensure it has clearly described the process for investigation of all work related incidents and that these processes are implemented

Evidence should demonstrate appropriate implementation of the incident investigation procedure. As a minimum, incident investigation processes must include:

- Examination of the work place and work systems leading to the identification of contributing factors
- identification of corrective actions using the hierarchy of controls
- Review of corrective actions to ensure they are implemented and effective

Consideration should be given to:

- Where relevant and as defined in the system processes of notification to applicable Regulators e.g. SafeWorkSA, OTR etc. (tested in evaluation within sub-element 3.11.1)
- Consultation with injured worker and other relevant workers who are affected or likely to be affected by the risk factors identified in the investigation and subsequent risk controls determined (tested in evaluation within sub-element 3.8.2).

Incident trends over time should be assessed and analysed for system improvements and risk reduction opportunities.

Element 9: Workplace monitoring

Sub-element 1: **That the implementation of relevant inspection and testing procedures are conducted by the relevant, competent person(s)**

3.9.1

Evidence which may be of relevance

- Current policies/procedures describing processes for inspection/testing/statutory requirements (refer to 1.2.1 and 2.1.1 of these guidelines for further detail)
- Completed Inspections (e.g. workplace; pressure vessel; lifting and rigging; test and tag; service inspection reports)
- Training records/competencies of persons undertaking inspection
- Contracts with preferred service providers detailing scheduled preventative maintenance/inspection/service arrangements.
- Reports utilised to monitor completion of testing to schedule
- Maintenance databases
- Work orders
- Preventative maintenance schedules
- Breakdown maintenance systems

Guidance notes

The self-insured employer must ensure that relevant plans and schedules that capture inspection and testing requirements required by legislation (as per Sub-element 2.1.1) and the wider system needs (e.g. manufacturer's requirements) are being conducted.

The self-insured employer must be able to demonstrate that the resources allocated to undertake inspection and testing tasks are adequate and competent.

Gaps or deficiencies in testing and checking need to be identified and addressed.

Sub-element 2: **That corrective/preventive action is taken on non-conformance issues identified by inspection, and testing procedures**

3.9.2

Evidence which may be of relevance

- Current policies/procedures describing processes for inspection/testing/statutory requirements/corrective action (refer to 1.2.1 and 2.1.1 of these guidelines for further detail)
- Completed work orders
- Corrective action registers
- Maintenance databases with detail of work undertaken
- Reports used to monitor status of corrective actions
- Reviews/audits of inspections
- Remedial actions to correct issues (i.e. tagging out of plant/removal/replacement of equipment/ repairs)

The Self-insured employer must provide evidence of the analysis and review of inspection and testing reports. Where inspections identify non-compliance evidence of systematic corrective/preventative action processes is to be provided.

Consideration should be given to how records of disposal or remedial action are maintained when services are provided by a third party or contracted specialist, to verify that faulty equipment or items which fail to meet the specified test requirements are repaired or taken out of service.

Element 10 Process Delivery

Sub-element 1:	**The organisation must ensure all other activities arising out of policies and/or procedures are being implemented**

3.10.1

Evidence which may be of relevance

- Inspections
- Audits
- Job observation reports/supervisory reports
- Reviews of action plans and registers
- Tracking of actions through committees
- Performance management of individuals
- Monitoring of objectives, targets and performance indicators

Guidance notes

The self-insured employer must be able to evidence that organisational policies and procedures are adequately implemented. These may include policies or procedures which are not specific to WHS such as training procedures managed through HR systems, audit arrangements documented within quality frameworks, business continuity plans maintained through corporate of business policy frameworks.

Audit findings, completion of allocated tasks on action plans, meetings minutes, traffic light reports, and policy/ procedure reviews against schedule are some of the ways which demonstrate process delivery is being achieved.

Where it is evident, through evaluation that WHS policies or procedures have not been implemented in part, this sub-element may be utilised to identify the lack of delivery. For example, if all aspects of a hazardous substance procedure appear on evaluation to be implemented, except for a consistent, system wide failure to implement procedural defined requirements for storage, and accountability mechanisms within the system (such as audit or inspection) have failed to identify or address the issue, non-conformance may be considered within this sub-element.

Element 11: Reporting/Documentation

Sub-element 1:	**The organisation must ensure the relevant level of reporting, records and/or documentation is maintained to support the system programs and legislative compliance**
3.11.1	

Evidence which may be of relevance

- Current policies/procedures describing processes for record management (refer to 1.2.1 of these guidelines for further detail)
- Notifications to relevant authorities (e.g. SafeWorkSA, OTR)
- RTWSA self-assessment reports
- Health surveillance
- Training records
- Program maintenance records
- Audit reports
- Minutes of meetings
- Storage, security and retention requirements
- License registers/records

Guidance notes

The self-insured employer must ensure procedures and processes clearly define the requirements for maintaining system documents and records taking in to consideration amongst other things, requirements of legislation.

Evaluation will seek to confirm that, for example:

- Legislative and organisational requirements for document retention have been identified (document register)
- Notifications are made to relevant authorities as appropriate (e.g. SafeWorkSA, Office of the Technical Regulator
- Health surveillance and monitoring records are maintained and retained in accordance with legislative requirements
- Reports (such as self-assessment reports) are provided to ReturnToWorkSA within prescribed timeframes
- Storage and security requirements for personal information are met.

Arrangements for the storage and retention of both hard copy and electronic records should be described within the system.

Element 12: Documentation Control

Sub-element 1:	The organisation must ensure program(s) of documentation control for identification and/or currency of essential documents are in place and maintained
3.12.1	

Evidence which may be of relevance

- Current policies/procedures describing processes for document control (refer to 1.2.1 of these guidelines for further detail)
- Document registers
- Audit reports relating to document control/maintenance
- Disposal records
- Electronic document management systems
- Templates / forms to apply defined document control requirements

Guidance notes

The self-insured employer must demonstrate there is a defined document control system effectively implemented for the creation, endorsement, provision, review, modification, and maintenance of WHS system documents.

Document control processes in place must include evidence of the following:

- identification and traceability of documents
- appropriate endorsement and authorisations
- application of corporate crafting and style guides e.g. branding
- collection, indexing, filing processes applied
- access and confidentiality requirements met
- retention and maintenance
- review dates maintained
- protection against damage, deterioration or loss
- retrieval processes available
- disposal processes and methods utilised appropriately
- inputs into document review utilised

7. Standard 4 – Measurement and evaluation

Workplace Health and Safety (WHS) performance is measured, monitored and evaluated using the performance indicators to ensure that the organisation is performing in accordance with its policy, objectives, and targets. Importantly, areas of success and activities requiring corrective action and improvement will be identified

Scope: **The organisation measures, monitors and evaluates its performance in consultation with its employees or their representatives, and takes corrective action when necessary.**

What is this standard about?

Performance measures need to be monitored and reported on and performance of practices against procedures needs to be audited to verify process control and effectiveness

Element 1: Objectives, targets and performance indicators

Sub-element 1: **Organisation must ensure planned objectives, targets and performance indicators for key elements of program(s) are maintained and monitored and reported.**

4.1.1

Evidence which may be of relevance

- Current Policies/procedures describing processes for planning, measurement and monitoring (refer to 1.2.1 of these guidelines for further detail)

- Reports provided to relevant forums which detail WHS focus/priority areas (programs); objectives, targets and performance indicators and status of performance (whether objectives, targets and performance indicators are being achieved)

- Meeting minutes showing discussion of tabled program performance results

- Electronic tracking systems used to monitor KPI's; targets; objectives

- Corrective actions/action logs detailing actions taken to address performance shortfalls

Guidance notes

The process for maintaining and monitoring WHS focus/priority areas (programs) (described in Sub-Element 2.1.3), and system objectives (where relevant) must be implemented in accordance with the systems defined requirements (described in sub-element 2.2.2)

The monitoring process must include reporting against documented WHS objectives, targets, and performance indicators and evaluation will test whether:

- Records support monitoring and reporting occurs in accordance with defined timeframes

- Reports are tabled and provided to forums/persons identified with responsibility for monitoring and maintaining focus/priority areas (programs)

- Reports include sufficient information to determine:

- Whether objectives, targets and performance indicators are being met or otherwise

- What actions are being taken or are planned to address under-performance

- Persons responsible collate information and take action to maintain program performance

The monitoring process must report on actual performance against objectives, targets, and performance indicators. Maintenance must demonstrate that action is taken to address shortfalls in performance identified within reports.

Full analysis of performance, inclusive of additional information and data takes place in management system review in Standards 5.2 (and 5.3.2 for system level measures for corrective action and continuous improvement).

Element 2: Internal audits

Sub-element 1:	The organisation must ensure programmed internal audits are performed objectively by competent personnel to ensure performance of systems and programs, and employees directly affected by the results, or their representatives are consulted
4.2.1	

Evidence which may be of relevance

- Current policies/procedures describing processes for internal audit (refer to 1.2.1 of these guidelines for further detail)

- Internal audit schedule

- Completed Internal audits (reports/tools and procedures audited)

- Audit tools

- Training records of personnel undertaking audits

- Record of audits / audit findings

- Employee consultation (forum, agenda & minutes)

- Summary audit reports provided to executive/WHS & injury management committees

Guidance notes

An internal audit under this sub element is not a system audit or a legislative audit. System audits are those which are conducted against system standards, these may include the self-insured employers own system standards, ReturnToWorkSA performance standards or similar Standards such as ASNZS 4804: 2001; the National Audit Tool; etc.. Legislative audits test compliance against legislative requirements, such as the WHS Act/Regulations. Internal audits test whether what is described in the self-insured employer's procedures is happening in practice, and that the process is effective.

The internal audit approach must be documented, as detailed within 1.2.1 of these guidelines.

Evidence must demonstrate:

- how the internal audit schedule has been developed and maintained and who is responsible for these tasks
- audit activity reflects the audit schedule
- audit scopes are defined and followed
- development of audit tools in line with the scope and procedural requirements. This is a critical component of the audit process, as the audit tools must fully test the adequacy and effectiveness of procedures
- collection of evidence is appropriate to the audit conducted, including where relevant a suitable sample of: interviews, observation of work practices, review of records e.g., completeness of forms, checklists, risk assessments, logs, training programs, training, analysis of statistical data where relevant
- sampling methodology / sample size must be relevant to the nature of the procedure being audited
- that relevant employees have been appropriately consulted
- the competency and training requirements of auditors has been determined and applied

Consideration should be given to how the organisation might ensure audits are conducted objectively.

It is not expected an organisation audits every policy/ procedure in the system within a defined period of time a self-insurer should define and apply a relevant risk base approach to audit critical components of the system.

Evaluation will generally include comparison of audit tools and reports against the WHS procedure being audited to ensure that audits adequately test practice against procedural requirements. Consideration will also be given to whether sufficient audit activity is occurring to enable the organisation to determine if the system procedures are being implemented effectively.
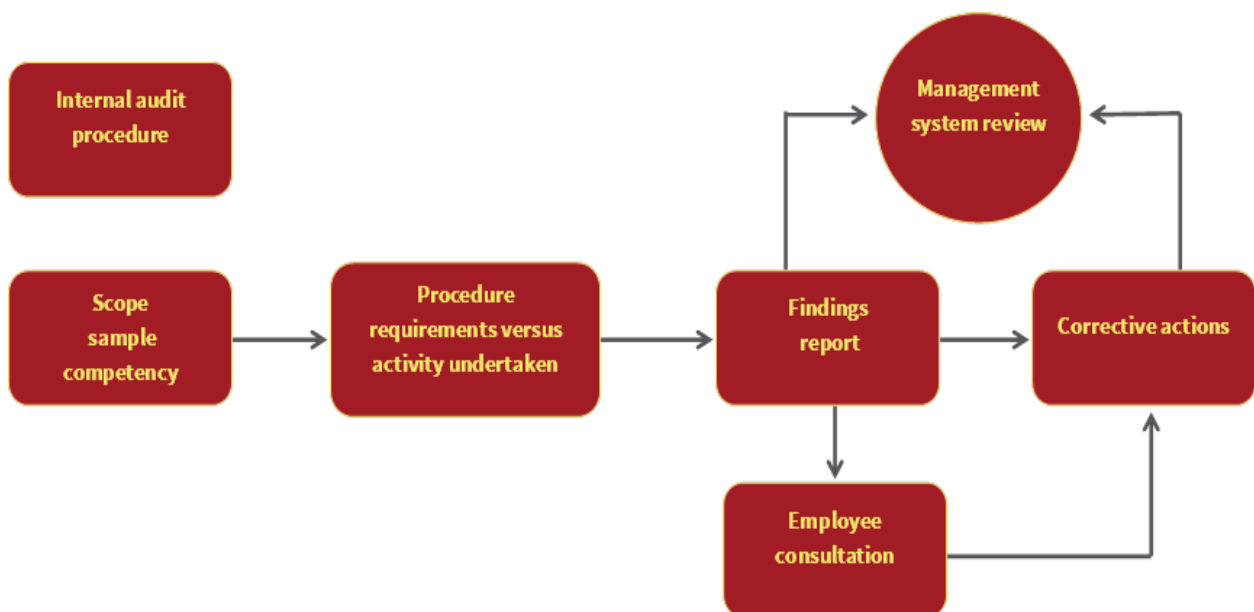

Diagram H: Internal audit and corrective action process

Element 3: Corrective action

Sub-element 1:	The organisation must ensure outcomes of the audits are documented and the necessary corrective action(s) identified, prioritised and implemented
4.3.1	

Evidence which may be of relevance

- Current policies/procedures describing processes for internal audit/corrective action (refer to 1.2.1 of these guidelines for further detail)

- Corrective action/non-conformance reports

- Corrective action registers demonstrating monitoring of action completion

- Minutes from meetings showing discussion of audit outcomes and prioritisation of actions

- Reports on corrective actions to relevant forums/individuals

- Verification processes/reports used to ensure actions are implemented

- Follow -up/verification audit reports

Guidance notes

As in Sub-element 1.2.1 and 2.1.4 internal audit reporting and corrective action, process must be defined. In practice, this process must evidence:

- corrective actions are identified, prioritised, communicated and monitored until closed out

- actions are taken to address outstanding or late corrective actions

- how local corrective actions and learning's are applied to the wider organisation

It is important to consider where relevant, root cause analysis of system failures. Corrective action should look to improve system design as much as to address symptoms of issues / non-conformances identified.

8. Standard 5 – Management systems review and improvement

The organisation should regularly review and continually improve its systems. This leads to the development of continuous improvement strategies within the organisation

Scope: The organisation regularly reviews its WHS management system, in consultation with its employees or their representatives, with the objective of maintaining and where possible improving overall performance.

What is this standard about?

Standard 5 is all about review of the management system to determine its level of performance, identify opportunities for improvement and to give direction to the system on the next steps to take. The self-insured employer should determine the frequency of system review and demonstrate constructive management system review that involves analysis of objectives, and supporting measures beyond data reporting.

Element 1: Policy

Sub-element 1:	It reviews the scope and content of the policy statement and supporting policies/ procedures in consultation with employees or their representatives to ensure continued suitability and effectiveness
5.1.1	

Evidence which may be of relevance

- Current policies/procedures describing processes for Document Development and review (refer to 1.2.1 of these guidelines for further detail)
- Policy/procedure review register
- Change requests/corrective action records
- Completed document review forms
- Document registers including review dates
- Meeting minutes
- Criteria used to determine suitability and effectiveness
- Emails/correspondence with stakeholders

Guidance notes

The policy and procedure review process must be undertaken in accordance with system defined requirements.

The policy and procedure review process must reflect appropriate consultation with employees and/or their representatives, and consideration of suitability and effectiveness.

Evidence should support that review of system documentation occurs in accordance with documented timeframes, and in consultation with stakeholders. Review should demonstrate consideration of relevant criteria, such as:

- Audit findings
- Incident trends/investigation outcomes
- User understanding/implementation
- Appropriateness and effectiveness of training or instruction
- Survey findings
- Legislative requirements and changes
- Risk assessment/hazards and effectiveness of controls
- Consultation processes / feedback
- Changes to references/other documents
- Workplace changes (titles, areas, practice)
- Integration potential with other documents
- Resources

Records of policy and procedure review must be maintained to support that appropriate consideration of suitability and effectiveness has occurred.

Policies and procedures developed at a corporate level interstate need to ensure the opportunity for state and business level, and local level consultation.

Element 2: Objectives targets and performance indicators

Sub-element 1:	The level of achievement of documented objectives, targets and performance indicators is analysed and utilised to promote continuous improvement strategies.
5.2.1	

Evidence which may be of relevance

- Current policies/procedures describing processes for planning and continuous improvement (refer to 1.2.1 of these guidelines for further detail)
- Meeting minutes showing evidence of discussion; analysis and review of focus/priority areas (program) and /or system objectives
- WHS focus/priority areas (program) reports with analysis against objectives
- Evidence of improvement strategies identified through program analysis

Guidance notes

The management system review process of program(s) and their objectives, targets and performance indicators must be described in the system. (The process has already been referenced in Sub-elements 1.2.1 and 2.2.2).

All focus/priority areas (programs) referred to in Sub-element 2.1.3 and monitored in 4.1.1 must be subject to review and analysis.

Evidence must support analysis, reporting, and review of the level of achievement against objectives, targets and performance indicators and subsequent decisions.

Reporting of performance alone does not demonstrate the analysis of performance required under this sub-element. Analysis of the level of achievement of key performance indicators/and/or targets alone is not adequate, without analysis of whether objectives themselves have been met.

The analysis component must evidence decision making/ rationale resulting in enhanced or altered strategies, changes in measurement and/ or a decision of maintaining system direction. Analysis should reflect consideration of whether or not objectives have been met, if not, the reasons for this.

Review should include clear identification of why objectives were initially set, such that if the desired goals have not been achieved, an assessment can be made as to how critical it is to address under performance. The review would include recommendations surrounding the ongoing suitability of objectives and the targets and performance indicators used to gauge and report on the focus/priority areas (programs) performance.

Audit evidence may also be considered when undertaking analysis and review, where audits have included testing of the effectiveness, implementation, or performance of the defined focus/priority areas (programs).

Findings from the analysis and review should be used for the future development of individual focus/priority areas (programs) and in the development of subsequent plans – whether this is through process changes and resultant procedural changes, improved training, or revised tools and so on.

Sub-element 2:	Results are analysed and used to determine areas of success and areas requiring corrective and preventive action
5.2.2	

Evidence which may be of relevance

- Current policies/procedures describing processes for planning and continuous improvement (refer to 1.2.1 of these guidelines for further detail)
- Meeting minutes showing evidence of discussion; analysis and review of focus/priority areas (Program) and /or system Objectives
- WHS program reports with analysis against objectives
- Evidence of improvement strategies identified through program analysis
- Corrective action systems/plans showing actions derived from program performance analysis and review.

Results of management system review should indicate whether focus/priority areas (program) objectives, targets, and performance indicators have been achieved.

Where focus/priority areas (program) objectives have been achieved, evidence should support consideration of whether the current objectives remain relevant to the organisation, or whether having achieved the desired objectives new objectives should be identified to stretch WHS performance or re-focus attention on an area of underperformance or higher risk.

Where analysis and review identifies that objectives have not been achieved, evidence should demonstrate that consideration has been given to the root causes for the lack of achievement, and identification of actions to address this. Evidence should also support that consideration has been given to what priority the actions should be given, based upon the initial rationale for why the objectives were originally set.

Corrective actions processes must be documented and include actions, responsibilities and timeframes.

Implementation of corrective action(s) may lead to changes being made to focus/priority areas (program) objectives, targets, and performance indicators.

Element 3: System review

Sub-element 1:	The system is reviewed and revised, if required, in line with current legislation, the workplace and work practices
5.3.1	

Evidence which may be of relevance

- Current policies/procedures describing processes for planning and continuous improvement (refer to 1.2.1 of these guidelines for further detail)

- Review of risk assessments and risk controls

- Reviews of training programs and outcomes

- System development and improvement reviews

- Analysis of reports pertaining to workplace, work practices, and other relevant risk control inspections etc.

- Reviews of health monitoring and / or surveillance inspection activities

- Risk profile reviews and updates

- Purchasing process / resource reviews

- Changes to policies and procedures in response to legislation (e.g. introduction of new approved Code of Practice; Changes to High Risk Work licensing etc.)

- Development of new procedures in response to change of organisational activities/operations

- Review of plans or procedures to reflect changes to personnel/human resources (i.e. Organisational growth or loss of positions)

- Audits/reviews of the system against external standards/legislation and outcomes/actions arising from these.

- Development or alterations to procedures to reflect current work practices (i.e. identified from procedure reviews above or following relevant internal / external audit recommendations); introduction of plant/substances etc.

- Meeting minutes providing evidence of discussion of Legislative /workplace changes and system requirements

Guidance notes

The WHS system must be reviewed in response to legislative and workplace change.

Evidence should reflect appropriate implementation of processes defined within 2.1.1 relating to legislative changes; and consideration of drivers such as changes to resources; organisational structure; work practices and other triggers defined within system review procedures.

Evaluation of this sub-element may include identifying changes to the workplace, practices, or legislation which have occurred in the organisation, and examination of any relevant documentation to ensure defined procedures for managing such change have been implemented. This may include for example, checking that:

- System polices/procedures and plans have been amended to reflect change in legislation/workplace;
- Training programs have been reviewed in response to changes in statutory required training or work practice
- Changes to prescribed requirements for testing have been incorporated into relevant schedules/procedures
- Reporting systems, such as those used for notifiable incidents have been revised to reflect legislative change
- Legislative amendments to prescribed schedules.

Sub-element 2:	The system's measurement outcomes are used as a basis for future system development
5.3.2	

Evidence which may be of relevance

- Current policies/procedures describing processes for planning and continuous improvement (refer to 1.2.1 of these guidelines for further detail)
- WHS performance reports (e.g. Monthly/ quarterly/annual)
- Relevant Senior Management Meeting Minutes
- Governance forum meeting minutes i.e. audit and risk control committee; Board meeting etc.
- Corrective action registers/requests
- WHS plans
- Legislative update reports to relevant forums
- System reviews and outcomes (i.e. audits against external standards/accreditation etc.)
- Strategic Plan review and updates
- Internal/ divisional reports supporting WHS Plans

Guidance notes

The organisation needs to identify what system 'Measurement outcomes' will be used to measure performance, these should be included within procedures, as described within 1.2.1; 2.2.1; and 2.2.2 of these guidelines.

Measurement outcomes or inputs to system review may include, for example:

- Audit (internal and external; including system audits such as ReturnToWorkSA; Third part accreditation; NAT etc.)
- WHS program performance reporting and analysis
- Performance Reviews of personnel
- Survey responses and outcomes
- Incident and hazard reporting trends and statistics
- Incident investigation outcomes
- Legislative reviews
- Training reviews
- Performance against Business Plans/Action Plans etc.
- Outcomes from risk assessments and Corporate risk register reviews
- Outcomes and reviews of Strategic Plans relevant to system objectives
- Revised and / or new system objectives

Evidence must be provided of plans or planned arrangements that have been developed and introduced to improve the overall performance of the WHS system as a result of this management-review system review activity. Outcomes of initiatives, reviews, and plans should be provided and reported to management and consultative forums.

GLOSSARY:

Action plan	Describes the activities of the organisation to achieve the organisation's objectives and includes key elements for attention and/or review, the person responsible for action, and the timeframes intended for completion.
appropriate	Suitable or fitting for a particular purpose, person, occasion or intent.
CEO	The chief executive officer or most senior executive/manager residing within South Australia with the responsibility for WHS.
competent	A person who is suitably qualified (by experience and/or training) to carry out the work or function described.
conformance	Activities undertaken and results achieved fulfil the specified requirements.
consultation	Consultation involves the sharing of information and the exchange of views between employers and the persons or bodies that must be consulted and the genuine opportunity for them to contribute effectively to any decision-making process to eliminate or control risks to health or safety. The extent and nature of the consultation will vary between workplaces and the different situations.
contingency	Planning to maintain control of the management system applicable to a particular business during an unplanned event, such as fire, chemical spill, bomb threat, injury, and the loss of key personnel.
continuous improvement	Process of enhancing the health and safety systems, to achieve improvements in overall related performance, in line with the organisation's policies. The process need not take place in all areas simultaneously.
evaluate	To test and find value, quality etc., to appraise, make judgements.
inspection	An examination of a workplace to identify and record hazards for corrective action and to check how safety features (hazard controls) are operating, paying attention especially to components most likely to develop unsafe or unhealthy conditions because of stress, wear, impact, vibration, heat, corrosion, chemical reaction or misuse, etc.
Internal audit	A systematic, and wherever possible, independent examination, carried out by a competent person, appointed by the employer, in consultation with employees or their representatives, to determine whether an activity or activities and related results conform to planned arrangements; whether these arrangements are implemented effectively; and whether they are suitable to achieve the organisation's policy and objectives. The results of the internal audits must be documented and employees

	consulted over them. Preventive/corrective action plans must be subsequently developed.
key element	An essential component of the management system applicable to a particular business.
legislative compliance	Meeting the requirements of prevailing legislation.
measurement	Any technique used to measure any system or element outcome against objectives, targets, timeframes etc., established, or set by the organisation.
non-conformance	Activities undertaken and the results achieved do not fulfil the specified requirements of the elements. This may be due to the substantive absence or inadequate implementation of a system or documented systems or procedures not being followed.
objective	An overall goal in terms of performance, arising from policies that an organisation sets itself to achieve, and which is quantified, where practicable.
Observation	Activities undertaken and results achieved fulfil the specified requirements of the elements; however, an opportunity for improvement exists due to minor deficiencies identified.
organisation	A company, corporation, firm, enterprise, government agency, institution, or other legal identity, or part thereof, whether incorporated or not, public or private, that has its own functions and administration.
performance indicator	A selected indicator of how effectively a process is operating against objectives. These indicators can be quantitative or qualitative and the choice is dependent on the type of element they are used to measure, as appropriate to the organisation.
policy	Statement by the organisation of its intentions and principles in relation to its overall health and safety performance. The policy provides a framework for action and for the setting of health and safety objectives and targets.
procedure	Written, detailed way to action/perform in conformance with policy objectives.
program	A planned component of an organisation's business management system for health and safety.
relevant	Connected with the matter in hand; pertinent (e.g., legislative requirements and/or other identified needs of the organisation).
target	A detailed performance requirement, quantified wherever practicable, pertaining to the organisation that arises from the health and safety. It needs to be met in order to achieve those objectives.

Work health and safety (WHS) management system	An orderly arrangement of interdependent activities and related procedures that drives an organisation's WHS performance.
Workplace Monitoring	To check, observe or keep a record of something (by a person or a device), usually used for the evaluation of a hazard and for assessing the effectiveness of control measures.

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