[Service Letterhead]

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AH&MRC
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[Organisation Name]

Work Health and Safety

Policy

Document Control

Policy Title	Workforce Management Policy
Policy Number	P-XXX
Approval Date	DD/MM/YYYY
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Responsible Officer	Chief Executive Officer / Executive responsible for Work Health and Safety
Accreditation Mapping Code	RACGP – Practice safety; clinical governance; workforce safety and wellbeing; emergency preparedness; infection prevention and control; facilities and equipment; risk management; quality improvement. NSQHS – Standard 1 Clinical Governance; Standard 3 Preventing and Controlling Infections; Standard 5 Comprehensive Care; Standard 6 Communicating for Safety. NSQPH – Clinical Governance; Clinical Safety; Partnering with Consumers. QIC – Governance; Human Resources and Workforce Management; Risk Management; Service Delivery; Cultural Safety; Quality and Continuous Improvement.

1. Purpose

The purpose of this policy is to establish [Organisation Name]'s overarching framework, commitments and accountabilities for protecting the physical and psychological health, safety and wellbeing of workers and other persons who may be affected by the organisation's activities.

[Organisation Name] recognises that safe and healthy work is fundamental to the delivery of safe, high-quality and culturally responsive healthcare. Work health and safety is therefore an organisational governance responsibility and will be integrated into leadership, planning,

workforce management, clinical governance, cultural safety, risk management, service delivery and continuous quality improvement.

As an Aboriginal Community Controlled Health Service (ACCHS), [Organisation Name] recognises that workforce health and safety must also reflect the organisation's responsibilities to Aboriginal and Torres Strait Islander workers, communities and cultures. This includes creating culturally safe workplaces; preventing racism, discrimination and culturally unsafe behaviour; recognising cultural responsibilities and cultural load; and ensuring workers can undertake their roles without avoidable physical or psychological harm.

[Organisation Name] will, so far as is reasonably practicable, eliminate risks to health and safety. Where elimination is not reasonably practicable, risks will be minimised so far as is reasonably practicable through effective risk controls.

This policy establishes organisational expectations for preventing work-related injury and illness; managing physical and psychosocial hazards; consulting with workers; providing safe systems and environments of work; responding to incidents and emergencies; supporting recovery and return to work; and continuously improving WHS performance.

2. Scope

This policy applies to all persons undertaking work for or on behalf of [Organisation Name], including workers, officers, Board / Governing Body members where applicable, employees, executives, managers, healthcare practitioners, Aboriginal Health Workers and Aboriginal Health Practitioners, contractors, subcontractors, consultants, labour hire and agency workers, locums, students, trainees, volunteers and visiting practitioners, according to the nature of their role and engagement.

It applies across all organisational workplaces, services, programs and work activities, including clinics, offices, community and outreach settings, home visits, vehicles, remote and isolated work, telehealth and mobile services, work-related travel, training, events and approved working-from-home arrangements.

The policy also applies, where relevant, to patients, carers, visitors, community members and other persons whose health or safety may be affected by work undertaken by or on behalf of [Organisation Name].

WHS duties will be applied according to applicable legislation. A person may hold more than one WHS duty and more than one person may concurrently hold the same duty. Duties cannot be transferred or contracted out. Where duties are shared, [Organisation Name] will consult, cooperate and coordinate with other duty holders so far as is reasonably practicable.

3. Definitions

Work Health and Safety (WHS) – The systems, duties and activities used to protect workers and other persons from risks to physical and psychological health and safety arising from work.

PCBU – A person conducting a business or undertaking as defined under applicable work health and safety legislation.

Officer – A person who makes, or participates in making, decisions that affect the whole or a substantial part of the organisation and who has due diligence obligations under WHS legislation.

Worker – A person who carries out work in any capacity for a PCBU, including an employee, contractor, subcontractor, employee of a contractor or subcontractor, labour hire worker, apprentice, trainee, student gaining work experience or volunteer where applicable.

Hazard – A situation, activity, substance, behaviour, environment or other source with the potential to cause injury, illness or harm.

Risk – The possibility that harm may occur when a person is exposed to a hazard, taking into account the likelihood and potential consequence of that harm.

Psychosocial Hazard – A hazard that arises from, or relates to, the design or management of work, a work environment, plant at a workplace or workplace interactions or behaviours and may cause psychological or physical harm.

Psychosocial Risk – A risk to the health or safety of a worker or other person arising from a psychosocial hazard.

Reasonably Practicable – What can reasonably be done to ensure health and safety, taking into account the likelihood and degree of harm, what is known or ought reasonably to be known about the hazard and available controls, the availability and suitability of controls, and cost after considering the extent of the risk and available means of controlling it.

Hierarchy of Controls – The systematic approach to selecting risk controls, prioritising elimination and, where elimination is not reasonably practicable, minimising risk using the highest and most effective level of control reasonably practicable.

Notifiable Incident – A death, serious injury or illness, or dangerous incident required to be notified to the relevant WHS regulator under applicable legislation.

Consultation – The process of sharing relevant WHS information with workers, giving workers a reasonable opportunity to express views and contribute to decision-making, taking those views into account and advising workers of relevant outcomes.

Health and Safety Representative (HSR) – A worker elected in accordance with WHS legislation to represent workers in a work group on health and safety matters.

Health and Safety Committee (HSC) – A committee established in accordance with WHS legislation to facilitate consultation and cooperation on WHS matters.

Fitness for Work – A person's capacity to safely perform the inherent and operational requirements of their work without creating an unacceptable risk to themselves or others.

Workplace Wellbeing – Organisational conditions and supports that contribute to workers being physically, psychologically, socially and culturally supported at work. Wellbeing initiatives complement, but do not replace, organisational responsibility to identify and control WHS risks.

Cultural Load – Additional formal or informal demands placed on Aboriginal and Torres Strait Islander workers because of their cultural identity, knowledge, community relationships or cultural responsibilities, which may create workload or psychosocial risk where not appropriately recognised and supported.

4. Policy Statement

[Organisation Name] is committed to providing and maintaining, so far as is reasonably practicable, a working environment that is safe and without risks to physical and psychological health.

Work health and safety will be integrated with organisational governance, clinical governance, workforce management, cultural safety, risk management, emergency management and continuous quality improvement.

The following principles are non-negotiable:

Health and safety is an organisational responsibility. The Board / Governing Body, officers, executives, managers and workers each have responsibilities appropriate to their role and legal duties.

Prevention is the priority. Hazards will be identified and risks eliminated or minimised before injury, illness or harm occurs wherever reasonably practicable.

Physical and psychological health are equally important. Psychosocial hazards will be managed through the same systematic WHS risk-management approach applied to other workplace hazards.

Work design matters. Unsafe workload, inadequate staffing, role ambiguity, inadequate support, poorly managed organisational change, harmful workplace behaviour and other work-design factors will be treated as organisational risks rather than solely as matters of individual resilience.

Cultural safety is a workplace safety issue. Racism, discrimination, cultural unsafety and unreasonable cultural load can create risks to worker health and safety and must be prevented and addressed.

Workers will be consulted. Workers and their representatives will have meaningful opportunities to participate in decisions that affect their health and safety.

Controls must address the source of risk. Training, wellbeing programs, Employee Assistance Programs and individual coping strategies may support workers but will not replace higher-order organisational controls where those controls are reasonably practicable.

Workers can speak up. Workers must be able to report hazards, incidents, injuries, psychosocial risks and other safety concerns without unlawful or inappropriate retaliation or disadvantage.

Safety takes priority over operational pressure. Service demand, staffing shortages, financial considerations or operational convenience must not justify exposing workers, patients or others to unacceptable risk.

Accountability and systems-based improvement operate together. WHS reviews will consider organisational and system factors contributing to an event. A systems-based approach does not prevent appropriate individual accountability where conduct is deliberate, reckless, unlawful or constitutes serious misconduct.

WHS will be continuously improved. Incidents, hazards, worker feedback, data, audits, inspections, changes in evidence and regulatory requirements will be used to strengthen organisational systems.

5. Policy

5.1 WHS Governance and Leadership

[Organisation Name] will maintain governance arrangements that establish clear responsibility, authority and accountability for WHS.

WHS will be incorporated into strategic and operational planning, workforce governance, clinical governance, organisational risk management, procurement, service design, facilities, infrastructure and organisational change.

Officers will exercise due diligence in accordance with applicable WHS legislation. This includes taking reasonable steps to:

- acquire and keep up-to-date knowledge of WHS matters;
- understand the nature of the organisation’s operations and the hazards and risks associated with those operations;

- ensure appropriate resources and processes are available and used to eliminate or minimise risks;
- ensure processes exist for receiving, considering and responding promptly to information about incidents, hazards and risks;
- ensure processes exist for complying with WHS duties and obligations; and
- verify that WHS resources and processes are provided, used and operating effectively.

The Board / Governing Body and executive management will receive sufficient WHS information to understand significant physical and psychosocial risks and provide appropriate oversight and assurance.

Significant, emerging or uncontrolled WHS risks must be escalated through organisational governance structures.

5.2 WHS Risk Management

[Organisation Name] will maintain a systematic process for identifying hazards, assessing risks where required, implementing controls and reviewing control effectiveness.

Risk management will apply to existing work and proactively to new services, workplaces, facilities, plant, equipment, technology, substances, work processes, workforce arrangements, construction or refurbishment activity and organisational change.

Where reasonably practicable, hazards and associated risks will be eliminated. Where elimination is not reasonably practicable, risks will be minimised using the most effective controls reasonably practicable and in accordance with applicable hierarchy-of-control requirements.

Administrative controls, policies, procedures, training and personal protective equipment must not be relied upon where more effective higher-order controls are reasonably practicable.

Risk controls must be implemented, communicated, maintained and reviewed when circumstances change, new information becomes available, incidents occur, workers raise concerns or there is reason to believe controls are ineffective.

5.3 Hazard Identification

Hazards must be identified proactively and in response to emerging risks, worker concerns and incidents.

Hazard identification may occur through workplace inspections, risk assessments, worker consultation, incident and near-miss reporting, clinical and operational observations, audits, complaints, workforce feedback, equipment assessments, environmental monitoring, workers compensation information, psychosocial risk assessment, organisational change processes and regulatory or industry information.

Foreseeable hazards may include physical, psychosocial, biological, chemical, ergonomic, electrical, environmental, security, plant, equipment, vehicle, manual-task and occupational-exposure hazards.

Particular consideration will be given to hazards associated with slips, trips and falls; work at height where applicable; electricity; heat and UV exposure; bushfire, flood, smoke and severe weather; hazardous building materials; and construction, maintenance and refurbishment activities.

Workers are expected to report identified hazards promptly.

Where a hazard creates an immediate or serious risk, action must be taken promptly to eliminate or control the risk and protect affected persons.

5.4 Psychosocial Health and Safety

[Organisation Name] recognises psychosocial hazards as WHS hazards requiring systematic identification, assessment, control and review.

Psychosocial hazards may include:

- excessive or insufficient job demands and workload;
- low job control;
- poor support;
- lack of role clarity or role conflict;
- inadequate recognition or reward;
- poor organisational justice or procedural fairness;
- poorly managed organisational change;
- remote or isolated work;
- exposure to traumatic events or material;
- occupational violence and aggression;
- bullying;
- harassment;
- sexual and gender-based harassment;
- discrimination and racism;
- interpersonal conflict and poor workplace relationships;
- hazardous physical work environments;
- cultural unsafety and unreasonable cultural load; and
- other work-related factors capable of causing psychological or physical harm.

Risk assessment and control will consider the duration, frequency and severity of exposure; the way psychosocial hazards may interact or combine; work design and systems; staffing and resources; workplace behaviour; physical conditions; information, instruction, training and supervision; and the circumstances of affected workers and work groups.

Psychosocial risks will be eliminated where reasonably practicable and otherwise minimised through appropriate organisational, work-design, environmental and systemic controls.

Employee Assistance Programs, counselling, resilience activities, self-care programs and wellbeing initiatives may support workers but must not be relied on as the primary risk control where hazards can reasonably be addressed through work design, staffing, systems, resources, leadership or workplace behaviour.

Psychosocial controls will be monitored to determine whether they are effective and whether new or unintended risks have arisen.

5.5 Workload, Staffing and Job Demands

Workload and staffing arrangements must support safe and sustainable performance of work.

Managers will identify and respond to excessive or sustained workloads, unreasonable time pressure, inadequate staffing, insufficient resources, competing demands, excessive administrative burden, inadequate recovery time and other conditions that may create physical or psychological risk.

Workload assessment will consider complexity of work, patient demand and acuity, worker capability and experience, staffing levels, vacancies, work hours, travel, on-call requirements, emotional demands, exposure to trauma and cultural responsibilities.

Persistent workload or staffing conditions that cannot be adequately controlled at operational level must be escalated as organisational risks.

Service pressures must not result in workers routinely undertaking unsafe workloads or working arrangements.

5.6 Fatigue and Working Hours

[Organisation Name] will identify and manage risks associated with fatigue, working hours, shift patterns, overtime, on-call requirements, travel and insufficient recovery.

Work arrangements will provide reasonable opportunities for rest and recovery and must not routinely rely upon excessive working hours or sustained unsafe workload.

Workers must advise an appropriate manager where fatigue may affect their ability to work safely.

Where fatigue presents a risk, controls may include workload modification, additional breaks, changes to hours or duties, additional staffing, postponement of non-essential activities, alternative travel arrangements or other appropriate measures.

5.7 Occupational Violence and Aggression

[Organisation Name] will identify, assess and control risks associated with occupational violence, aggression, threats, abuse, intimidation and other harmful behaviour arising in connection with work.

Controls will be proportionate to risk and may address facility design, access and security, staffing, communication systems, duress arrangements, consultation-room design, worker positioning, home visits, outreach, behavioural risk information, escalation pathways, emergency response and post-incident support.

Workers will receive appropriate information, instruction and training relevant to foreseeable risk.

Workers will not be expected to enter or remain in circumstances where an uncontrolled serious risk exists.

Where a patient or community member presents a safety risk, risk controls will seek to protect workers and others while maintaining safe, equitable and clinically appropriate access to necessary healthcare wherever reasonably possible. Controls may include modifying how, where, when or by whom care is provided.

Incidents will be reviewed to identify both immediate and systemic opportunities for prevention.

5.8 Bullying, Harassment, Sexual and Gender-Based Harassment, Discrimination and Racism

Bullying, harassment, sexual and gender-based harassment, discrimination, racism, victimisation, intimidation and other harmful workplace behaviour are inconsistent with a safe workplace and will not be tolerated.

[Organisation Name] will maintain prevention, reporting and response systems that address individual incidents and underlying organisational, cultural or work-design factors contributing to harmful behaviour.

Reports will be managed promptly, respectfully, impartially and with appropriate confidentiality and procedural fairness.

WHS processes may operate alongside grievance, employment, disciplinary, cultural safety, professional conduct or other processes. The existence of another organisational process does not remove the requirement to identify and control WHS risks arising from harmful workplace behaviour.

Workers who raise genuine concerns must not be subjected to unlawful or inappropriate retaliation or disadvantage.

5.9 Exposure to Trauma and Emotionally Demanding Work

[Organisation Name] recognises that healthcare and community-controlled service environments may expose workers to trauma, grief, distress, violence, abuse, serious illness, death, critical incidents, community crises and other emotionally demanding circumstances.

Foreseeable exposure will be considered in work design, staffing, supervision, training and psychosocial risk management.

Following serious or traumatic events, [Organisation Name] will assess affected workers' immediate and ongoing safety and support needs.

Support may include structured professional supervision, culturally appropriate support, peer support, workload modification, recovery time, referral to professional assistance and post-incident review.

Support will be responsive to individual circumstances and will not replace organisational controls addressing the source of risk.

5.10 Community-Connected Work, Cultural Safety and Cultural Load

[Organisation Name] recognises that workers may live in, belong to or have close family, cultural or community relationships within the communities they serve.

Work design and psychosocial risk management will consider risks associated with dual relationships, community visibility, difficulty disengaging from work, community expectations outside normal working hours, repeated exposure to community trauma, confidentiality challenges and cultural responsibilities.

Culturally unsafe work environments, racism and unreasonable cultural demands will be recognised and managed as potential WHS risks.

Aboriginal and Torres Strait Islander workers will not be routinely expected to undertake unrecognised cultural labour, mediate culturally complex matters, represent all Aboriginal and Torres Strait Islander people or assume responsibilities outside their role solely because of their identity.

Where cultural responsibilities form part of work, reasonable workload, recognition, support, supervision and resources will be considered.

5.11 Family and Domestic Violence and Workplace Safety

[Organisation Name] recognises that family and domestic violence may create a WHS risk where it affects a worker at a workplace, including an organisation-controlled workplace, community setting, during work-related travel or while working from home.

Where [Organisation Name] becomes aware of a foreseeable work-related risk associated with family or domestic violence, it will manage the risk sensitively, confidentially and so far as is reasonably practicable.

Risk controls may include changes to workplace access, security arrangements, contact information, working arrangements, work location, travel, parking, communication pathways or other reasonable measures appropriate to the circumstances.

Information about family and domestic violence will be managed sensitively and access restricted to persons with a legitimate need to know.

WHS risk management will operate alongside applicable employment entitlements and other organisational support arrangements.

5.12 Consultation, Cooperation and Coordination

[Organisation Name] will consult, so far as is reasonably practicable and as required by law, with workers who are or are likely to be directly affected by WHS matters.

Consultation will occur when identifying hazards and assessing risks; deciding how risks will be controlled; determining facilities for worker welfare; proposing changes that may affect health and safety; and developing procedures for consultation, issue resolution, monitoring, training and other prescribed WHS matters.

Workers will be provided with relevant information, given a reasonable opportunity to express views and contribute to decision-making, and advised of relevant outcomes.

Where HSRs represent affected workers, consultation will involve those representatives as required.

Where WHS duties are shared with landlords, property owners, labour hire providers, contractors, visiting services, partner organisations or other PCBUs, [Organisation Name] will consult, cooperate and coordinate activities so far as is reasonably practicable.

Consultation will occur sufficiently early for worker views and identified risks to meaningfully inform decisions.

5.13 Health and Safety Representatives and Committees

Workers will be supported to exercise rights relating to WHS representation in accordance with legislation.

Where an HSR, work group or HSC is established, [Organisation Name] will support its lawful functions, consultation requirements and access to information, resources and training as applicable.

HSRs and other persons will be able to exercise lawful WHS functions and rights, including issue-resolution mechanisms, without unlawful discrimination, coercion or disadvantage.

WHS committees and representatives complement, rather than replace, direct consultation between managers and workers.

5.14 Safe Work Environment and Facilities

Workplaces will be maintained, so far as reasonably practicable, to support safe entry, exit and movement and provide appropriate space, lighting, ventilation, temperature, amenities, sanitation, drinking water and other facilities required for worker health, safety and welfare.

Environmental risks such as slips, trips, falls, poor lighting, excessive noise, thermal conditions, electrical hazards and unsafe access will be identified and controlled.

Where relevant, risks associated with extreme heat, UV exposure, smoke, air quality, bushfire, flooding, severe weather and other environmental conditions will be considered.

Workplace design and modification will consider worker, patient and visitor safety, accessibility, infection risks, security, manual handling and foreseeable emergency requirements.

5.15 Plant, Equipment and Medical Equipment

Plant and equipment must be selected, procured, transported, installed, commissioned, used, modified, maintained, inspected and disposed of safely.

Risk controls will address foreseeable hazards associated with plant and equipment, including electrical risks, mechanical hazards, malfunction, unsafe use, maintenance, modification and inappropriate access.

New or significantly modified plant and equipment must not be placed into routine use until relevant safety, installation, commissioning and competency requirements have been addressed.

Workers must receive appropriate information, instruction, training or competency assessment before using equipment where required.

Defective or unsafe equipment must be removed from service or otherwise controlled until it is safe to use.

5.16 Hazardous Manual Tasks and Ergonomics

[Organisation Name] will identify and manage risks arising from hazardous manual tasks, repetitive activities, sustained or awkward postures, force, vibration and workplace ergonomics.

Work will be designed, where reasonably practicable, to eliminate or minimise hazardous manual tasks.

Controls may include task or workplace redesign, mechanical aids, equipment selection, workflow changes, staffing arrangements and appropriate information, training and supervision.

Working-from-home and office arrangements will consider ergonomic risk appropriate to the nature and duration of work.

5.17 Hazardous Chemicals, Asbestos and Hazardous Building Materials

Hazardous chemicals and substances used, handled, generated or stored by the organisation will be managed in accordance with applicable WHS requirements.

Systems will address chemical identification, labelling, Safety Data Sheets, storage, handling, exposure control, spill response, emergency arrangements, disposal, registers and health monitoring where required.

Where asbestos or other hazardous building materials are present or reasonably suspected, [Organisation Name] will ensure applicable identification, management, register, labelling, access, maintenance and disturbance controls are implemented.

Construction, refurbishment or maintenance activities that may disturb hazardous materials must not commence until relevant WHS risks and legal requirements have been addressed.

5.18 Biological and Occupational Exposure Risks

Healthcare and community service activities may expose workers to blood and body substances, infectious diseases, sharps injuries and other biological hazards.

[Organisation Name] will maintain controls consistent with infection prevention and control requirements, including standard and transmission-based precautions where relevant, safe sharps management, PPE, vaccination and occupational screening arrangements where indicated, exposure response and post-exposure management.

Occupational exposure incidents must be managed promptly and confidentially in accordance with clinical, WHS and infection-control requirements.

5.19 Personal Protective Equipment

Where PPE is required as a risk control, appropriate PPE will be selected, provided, accessible, maintained and used correctly.

Workers will receive appropriate information and training in PPE selection, use, limitations, fit, storage and disposal where relevant.

PPE will not substitute for higher-order controls where those controls are reasonably practicable.

5.20 Remote, Isolated and Community-Based Work

Risks associated with outreach, home visits, community work, remote locations, working alone and after-hours activities will be identified, assessed and controlled.

Controls will consider the worker's ability to communicate and summon assistance; worker location; travel; access to emergency assistance; environmental and client-related risks; violence and aggression; fatigue; weather; vehicle safety; mobile coverage; and check-in or escalation arrangements.

Workers must have clear escalation pathways and must not be required to enter or remain in an environment where an uncontrolled serious risk exists.

5.21 Vehicles, Driving and Work-Related Travel

Work-related driving and travel will be managed as WHS risks.

Workers undertaking work-related driving must be appropriately licensed and comply with road laws and organisational requirements.

Risk controls will consider vehicle condition, journey planning, fatigue, weather, road conditions, remote travel, communication, travel duration and worker capability.

Workers must not be required or encouraged to drive where fatigue, impairment, environmental conditions or other circumstances make driving unsafe.

5.22 Working From Home and Flexible Work

Approved working-from-home and flexible work arrangements remain subject to WHS requirements.

Reasonably foreseeable physical and psychosocial risks associated with remote work will be considered, including workstation setup, ergonomics, isolation, workload, communication, working hours, access to support and family or domestic violence risks where relevant.

Workers must cooperate with reasonable WHS assessment and risk-control requirements applying to approved work locations.

5.23 Emergency Preparedness and First Aid

[Organisation Name] will maintain emergency plans and arrangements appropriate to reasonably foreseeable workplace emergencies.

Emergency planning will consider fire, medical emergencies, security threats, occupational violence, evacuation, hazardous material incidents, environmental emergencies, bushfire, flood, severe weather, utility or infrastructure failure and other relevant scenarios.

Emergency procedures will be communicated, periodically tested and reviewed.

Exercises and actual emergency events will be evaluated to determine whether arrangements were effective and whether corrective action or further training is required.

Adequate first aid equipment, facilities and appropriately trained first aid personnel will be available having regard to workplace risks, workforce size, work type and location.

5.24 Incident, Injury, Hazard and Near-Miss Reporting

Workers must report workplace hazards, incidents, injuries, illnesses, near misses and other safety concerns through established organisational systems.

Reports will be reviewed proportionately to actual and potential severity.

Investigation and review will seek to identify immediate causes, contributing factors, work-design issues, organisational and systemic weaknesses and opportunities to prevent recurrence.

A systems-based approach does not prevent appropriate accountability where evidence identifies deliberate, reckless, unlawful or serious misconduct.

Corrective actions must be documented, allocated, monitored and evaluated.

Significant incidents and trends will be escalated through governance and organisational risk systems.

5.25 Notifiable Incidents and Regulatory Notification

Potential notifiable incidents must be escalated immediately to an appropriately authorised person.

[Organisation Name] will notify the relevant WHS regulator of notifiable incidents where required and within applicable timeframes.

A notifiable incident site must not be disturbed except where permitted by law, including where necessary to assist an injured person, remove a deceased person, make the site safe, prevent further incidents or where otherwise authorised.

Records of notifications and related actions will be maintained in accordance with applicable legal retention requirements.

5.26 Injury Management, Workers Compensation and Return to Work

Work-related injury or illness will be managed promptly, respectfully and in accordance with applicable workers compensation and injury-management requirements.

[Organisation Name] will support safe, timely and sustainable recovery at work or return to work where reasonably practicable.

Return-to-work arrangements will be based on appropriate assessment of capacity and risk and may include suitable duties, reasonable workplace adjustments, graduated return arrangements or modification of work.

Psychological injury will receive the same organisational seriousness as physical injury.

Privacy and confidentiality will be maintained in relation to worker health and injury information.

5.27 Fitness for Work and Impairment

Workers must be able to perform their duties safely.

Factors that may affect fitness for work include fatigue, illness, injury, medication, alcohol or other drugs, acute distress and other forms of impairment.

Workers must notify an appropriate manager where they reasonably believe their ability to work safely is impaired.

Responses will be risk-based, respectful and consistent with employment, discrimination, privacy and WHS requirements.

Patient, worker and public safety will take priority where identified impairment creates an immediate safety risk.

5.28 Organisational Change

Potential physical and psychosocial WHS impacts must be identified and considered before and during significant organisational change.

Changes to staffing, positions, reporting structures, service models, workload, work location, technology, facilities or organisational systems will be assessed for foreseeable WHS impacts.

Affected workers will be consulted sufficiently early to allow their views and identified risks to inform decision-making.

Risks arising from change will be controlled and monitored throughout implementation and following implementation where necessary.

5.29 Procurement, Contractors, Construction and Third Parties

WHS risks will be considered when procuring equipment, substances, services, infrastructure and contracted work.

Contractors and external providers must meet relevant organisational WHS requirements and provide appropriate evidence of capability, licences, competencies, risk controls or other requirements where applicable.

Construction, refurbishment, maintenance and trade activities will be appropriately planned and coordinated to protect workers, patients, visitors and others from associated hazards.

Where WHS duties are shared with contractors, landlords, building owners, service providers or other PCBUs, [Organisation Name] will consult, cooperate and coordinate as required.

Contracting out work does not transfer or remove WHS duties held by [Organisation Name].

5.30 Training, Information, Instruction and Supervision

Workers will receive WHS information, instruction, training and supervision appropriate to their duties, experience and workplace risks.

Training requirements will be determined according to legislation, role requirements and organisational risk and may include WHS orientation, emergency response, manual handling, infection prevention and control, occupational violence and aggression, psychosocial safety, hazardous chemicals, equipment safety, first aid and other identified risks.

Training alone must not be relied upon as a substitute for effective risk controls.

Completion and currency of mandatory WHS training will be monitored.

Workers undertaking higher-risk activities must receive appropriate supervision and, where required, demonstrated competency before undertaking activities independently.

5.31 Worker Health Monitoring and Occupational Health

Where required by legislation or identified through risk assessment, [Organisation Name] will provide statutory health monitoring, occupational screening or other health surveillance appropriate to the hazard and legal requirement.

Health monitoring required under WHS legislation will be distinguished from broader organisational health and wellbeing initiatives and undertaken only where appropriate and lawful.

Required monitoring will be undertaken by appropriately qualified persons and managed in accordance with confidentiality, privacy, recordkeeping and notification requirements.

Information arising from monitoring will be used to determine whether risk controls require review while protecting individual worker confidentiality.

5.32 Worker Wellbeing and Support

[Organisation Name] recognises the value of a workplace that supports worker wellbeing, connection, psychological safety, cultural safety and sustainable participation in work.

The organisation may provide Employee Assistance Programs, professional supervision, peer support, culturally appropriate support, health promotion, wellbeing activities and other assistance appropriate to workforce needs.

These measures supplement, and do not replace, organisational WHS risk-management obligations.

Wellbeing programs must not shift responsibility for unsafe work design, poor workplace systems or systemic hazards onto individual workers.

5.33 WHS Records and Confidentiality

Accurate and secure WHS records will be maintained in accordance with applicable legislative, organisational, privacy and recordkeeping requirements.

Records may include hazard and incident reports, investigations, risk assessments, workplace inspections, consultation records, training, licences, equipment testing, emergency exercises, statutory health monitoring, workers compensation information, regulatory notifications and corrective actions.

Records subject to prescribed statutory retention periods will be retained for at least the required period.

Access to confidential health, workers compensation and personnel information will be restricted to authorised persons with a legitimate organisational or legal need.

5.34 Issue Resolution, Speaking Up and Statutory WHS Rights

Workers must have accessible pathways for raising WHS concerns and seeking timely resolution.

Issues will be addressed promptly and at the appropriate organisational level.

Nothing in this policy prevents a worker, HSR or other person from exercising lawful rights or functions under WHS legislation, including rights relating to representation, formal issue resolution, regulator involvement, provisional improvement notices or cessation of unsafe work where applicable.

Workers must not be subjected to unlawful discriminatory, coercive, retaliatory or disadvantageous conduct for raising a genuine WHS concern, assisting with a WHS matter or exercising a lawful WHS right.

5.35 Continuous Improvement and WHS Assurance

[Organisation Name] will use WHS information to identify emerging risks, evaluate control effectiveness and continuously improve organisational systems.

WHS performance will be evaluated using both proactive and reactive information. Injury and claim rates alone will not be treated as sufficient evidence that work is safe.

Findings from incidents, inspections, audits, worker consultation, psychosocial risk assessments, claims, complaints, risk reviews, emergency exercises, regulatory activity and emerging evidence will inform improvement priorities.

Improvement actions must be documented, assigned, monitored and evaluated.

WHS assurance will consider whether required systems exist, whether they are implemented in practice and whether they are effectively controlling risk.

6. Roles and Responsibilities

Role	Responsibilities
Board / Governing Body	Provides governance oversight of WHS strategy, culture, significant physical and psychosocial risks, organisational performance and assurance that appropriate WHS systems and resources are maintained.
Chief Executive Officer / Officers	Exercise applicable due diligence duties and ensure effective WHS governance, resources, processes, delegations, reporting and compliance arrangements.
Executive Management	Integrates WHS into organisational planning and operations; monitors significant risks, incidents, psychosocial hazards and performance; and ensures required action is taken.
Managers / Practice Managers	Implement WHS requirements within their areas; consult workers; identify and control hazards; support safe work design, workload and wellbeing; respond to incidents and escalate significant risks.
WHS Personnel / WHS Committee / HSRs	Support consultation, hazard identification, risk management, monitoring and improvement in accordance with their respective organisational and statutory functions.
Human Resources / People and Culture	Supports management of psychosocial safety, workplace behaviour, injury management, return to work, workforce wellbeing and employment-related WHS matters.
Clinical Leaders / Senior Clinicians	Support management of WHS risks arising from clinical work, occupational exposure, equipment, workforce capability and patient-related safety risks.
Workers	Take reasonable care for their own health and safety and that of others, follow reasonable WHS instructions and procedures, use controls appropriately and report identified hazards, incidents and concerns.
Contractors and Other Duty Holders	Comply with applicable WHS obligations and organisational requirements and consult, cooperate and coordinate with [Organisation Name] where duties or risks are shared.

7 . Cultural Considerations

As an Aboriginal Community Controlled Health Service, [Organisation Name] recognises that culturally safe workplaces are integral to worker health, safety and wellbeing.

WHS systems will recognise the particular context in which ACCHSs operate, including community relationships, cultural responsibilities, Sorry Business, kinship responsibilities, cultural load, community trauma, racism, lateral violence where it arises in connection with work, and the potential for workers to experience overlapping professional, community and cultural demands.

Aboriginal and Torres Strait Islander workers must be able to raise physical, psychological and cultural safety concerns through mechanisms that are accessible, respectful and culturally safe.

The organisation will actively identify and address racism, discrimination, culturally unsafe behaviour and systemic workplace practices that may cause harm.

Cultural knowledge and community relationships will be recognised as valuable expertise while ensuring workers are not expected to assume unreasonable or unsupported cultural responsibilities.

WHS consultation, incident response, psychosocial risk management, injury management and return-to-work arrangements will consider cultural safety and individual cultural circumstances where relevant.

All workforce members share responsibility for contributing to cultural safety. Cultural safety is not solely the responsibility of Aboriginal and Torres Strait Islander workers.

The organisation will also recognise and respect the cultural, linguistic, religious and other diversity of its broader workforce while maintaining its identity, purpose and responsibilities as an Aboriginal Community Controlled Health Service.

8. Related Policies & Documents

- Organisational Governance Policy
- Clinical Governance Policy
- Workforce Management Policy
- Cultural Safety Policy
- Risk Management Policy / Framework
- Quality Improvement Policy / Framework
- Code of Conduct
- Incident Management Procedure
- WHS Risk Management Procedure
- Infection Prevention and Control Policy
- Injury Management and Return to Work Program
- Working from Home Procedure
- Hazardous Manual Tasks Procedure
- Hazardous Chemicals Procedure / Register
- Contractor Management Procedure
- First Aid Procedure
- Emergency and Evacuation Procedures

- Hazard and Incident Reporting Procedure
- Psychosocial Risk Management Procedure
- Bullying, Harassment and Discrimination Procedure
- Emergency Management Plan / Procedure
- Family and Domestic Violence Procedure / Guideline
- WHS Risk Register
- Psychosocial Risk Assessment / Register
- Mandatory Training Matrix
- Business Continuity Plan
- Occupational Violence and Aggression Procedure

9. Monitoring & Review

[Organisation Name] will monitor implementation and effectiveness of this policy through WHS governance, workforce management, organisational risk management, clinical governance and continuous quality improvement systems.

Monitoring may include hazards, incidents and near misses; workplace injuries and illnesses; notifiable incidents; workers compensation claims; psychosocial hazards and controls; occupational violence and aggression; bullying, harassment and sexual and gender-based harassment; workload and fatigue; workforce absence; worker feedback; cultural safety concerns; WHS consultation; inspections; training; emergency exercises; equipment and maintenance; occupational exposures; environmental hazards; corrective actions; return-to-work outcomes; regulatory activity; and audit findings.

Monitoring must assess both whether required WHS systems exist and whether hazards are being identified, risks are being effectively controlled and controls remain effective in practice.

Particular attention will be given to recurring or systemic risks including psychosocial hazards, unsafe workload, fatigue, occupational violence, racism or cultural safety concerns, repeated incidents, unresolved hazards, inadequate consultation and overdue corrective actions.

Significant WHS risks and trends must be reported through appropriate governance structures and escalated promptly where required.

The Board / Governing Body and executive management must receive sufficient information to determine whether WHS responsibilities are being met, whether the organisation's WHS systems are functioning effectively and whether significant risks are being appropriately controlled.

This policy will be reviewed every two years, or earlier following significant legislative or regulatory change, a serious or notifiable incident, significant organisational change, regulator action, identified control failure, emerging risk or other circumstances indicating review is required.

10. Breach of Policy

Failure to comply with WHS requirements may expose workers, patients, visitors, community members and [Organisation Name] to avoidable physical or psychological harm, regulatory action and organisational risk.

Actual or suspected breaches of this policy must be identified, reported and managed according to their nature, seriousness and level of risk.

Where a breach or unsafe condition creates an immediate risk, action must be taken promptly to eliminate or control the risk and protect affected persons.

Management may include immediate corrective action; cessation or modification of unsafe work; additional risk controls; incident investigation; increased supervision; training or competency assessment; equipment withdrawal; workplace modification; contractor action; performance or disciplinary action where appropriate; regulator notification; governance escalation; or continuous quality improvement.

Where an incident or breach identifies broader organisational, cultural, work-design or systemic contributing factors, [Organisation Name] will address those factors rather than limiting its response to individual worker action.

A systems-based response does not prevent appropriate accountability where conduct is deliberate, reckless, unlawful or constitutes serious misconduct.

Action taken under this policy must be proportionate, appropriately authorised and consistent with applicable WHS, employment, industrial, professional, privacy and other legal requirements.

11. Appendix

Referenced Documents and Resources

The following external and internal resources have informed the development of this policy:

Document Title	Type	Location / Access
Work Health and Safety Act 2011 (NSW)	External	NSW Legislation – WHS Act 2011
Work Health and Safety Regulation 2025 (NSW)	External	NSW Legislation – WHS Regulation 2025
Managing Psychosocial Hazards at Work – Code of Practice	External	SafeWork NSW – Psychosocial Hazards Code of Practice

[Service Letterhead]

Document Title	Type	Location / Access
Psychosocial Hazards – Guidance and Resources	External	SafeWork NSW – Psychosocial Hazards
How to Manage Work Health and Safety Risks – Code of Practice	External	SafeWork NSW – Managing WHS Risks
Work Health and Safety Consultation, Cooperation and Coordination – Code of Practice	External	SafeWork NSW – Consultation at Work
Hazardous Manual Tasks – Code of Practice	External	SafeWork NSW – Hazardous Manual Tasks
Managing the Work Environment and Facilities – Code of Practice	External	SafeWork NSW – Work Environment and Facilities
First Aid in the Workplace – Code of Practice	External	SafeWork NSW – First Aid in the Workplace
SafeWork NSW – Codes of Practice	External	SafeWork NSW – Codes of Practice Library
Model Code of Practice: Healthcare and Social Assistance Industry	External	Safe Work Australia – Healthcare and Social Assistance Code
Model Code of Practice: Managing Psychosocial Hazards at Work	External	Safe Work Australia – Psychosocial Hazards Code
Safe Work Australia – Health Care and Social Assistance	External	Safe Work Australia – Health Care and Social Assistance
Workers Compensation Act 1987 (NSW)	External	NSW Legislation – Workers Compensation Act 1987
Workplace Injury Management and Workers Compensation Act 1998 (NSW)	External	NSW Legislation – Workplace Injury Management Act 1998
Anti-Discrimination Act 1977 (NSW)	External	NSW Legislation – Anti-Discrimination Act 1977
Fair Work Act 2009 (Cth)	External	Federal Register – Fair Work Act 2009
Sex Discrimination Act 1984 (Cth)	External	Federal Register – Sex Discrimination Act 1984

[Service Letterhead]

Document Title	Type	Location / Access
Racial Discrimination Act 1975 (Cth)	External	Federal Register – Racial Discrimination Act 1975
Disability Discrimination Act 1992 (Cth)	External	Federal Register – Disability Discrimination Act 1992
RACGP Standards for General Practices	External	RACGP – Standards for General Practices
National Safety and Quality Health Service Standards	External	ACSQHC – NSQHS Standards
National Safety and Quality Primary and Community Healthcare Standards	External	ACSQHC – Primary and Community Healthcare Standards
Organisational Governance Policy	Internal	Internal Document
Clinical Governance Policy	Internal	Internal Document
Workforce Management Policy	Internal	Internal Document
Cultural Safety Policy	Internal	Internal Document
Risk Management Policy / Framework	Internal	Internal Document
Quality Improvement Policy / Framework	Internal	Internal Document
Code of Conduct	Internal	Internal Document
Incident Management Procedure	Internal	Internal Document
WHS Risk Management Procedure	Internal	Internal Document
Psychosocial Risk Management Procedure	Internal	Internal Document
Occupational Violence and Aggression Procedure	Internal	Internal Document
Emergency Management Plan / Procedure	Internal	Internal Document

Document Title	Type	Location / Access
Injury Management and Return to Work Program	Internal	Internal Document
WHS Risk Register / Psychosocial Risk Assessment	Internal	Internal Document

12. Version History

Version	Date	Author	Change Summary
1.0	DD/MM/YYYY	[Your Name]	Initial draft