Health, Safety and Wellbeing Procedure - Risk and Hazard Management

Section 1 - Purpose

(1) This procedure outlines Charles Sturt University's processes and responsibilities for identifying work health and safety (WHS) hazards and the assessment and control of associated risks. It provides procedures for:

a. WHS hazard identification and risk assessment
b. developing, implementing and reviewing risk controls, and
c. specific workplace hazards:
    i. hazardous manual tasks
    ii. use of or exposure to hazardous substances, and
    iii. use of human biological specimens in laboratories.

> Note: Procedures for identifying and managing psychosocial hazards are being developed. Information is also available on the Health, Safety and Wellbeing Psychosocial hazards webpage.

Scope

(2) This procedure has the same scope as the Health, Safety and Wellbeing Policy.

Section 2 - Policy

(3) See the Health, Safety and Wellbeing Policy.

Section 3 - Procedures

Part A - Risk management

Managing WHS risks

(4) All workers, including supervisors and managers, and visitors have an obligation to identify hazards, take corrective action to guard against hazards at work, or report those hazards that cannot be immediately corrected.

(5) When undertaking workplace hazard identification:

a. supervisors/managers must ensure all workers report any hazards they identify
b. supervisors/managers must consult with their workers and relevant health and safety representatives (HSRs) on hazard identification, risk assessment and control processes, and
c. all workers must proactively identify hazards in their workplace, which may include the use of:
    i. workplace inspections (see the Work Health and Safety Procedure - Inspections and Reports)

ii. hazard and incident reports
iii. audit reports (internal or external), and
iv. formal risk assessment reports.

(6) After a hazard has been identified, the supervisor/manager must:

a. assess the risk in consultation with HSRs and affected University workers
b. develop and document a WHS risk management plan using the WHS risk assessment forms (available on the Health, Safety and Wellbeing website)
c. monitor the effectiveness of WHS risk controls
d. ensure that WHS risk controls are reviewed when any changes to the workplace or work activity occur
e. ensure that a record of the identification, assessment and control process is maintained.

Risk identification and assessments

(7) Risk assessment is the ongoing, systematic examination of any activity, location or operational system to:

a. understand the likelihood and potential consequences of the hazards (the risk)
b. review the current or planned approaches to controlling the risks, and
c. add new control measures where required.

(8) Supervisors/managers and workers must conduct WHS risk assessments:

a. as part of safe work method statements (SWMS)
b. before new or altered systems of work are established
c. before new plant and equipment or regulated plant is acquired or operated
d. before new chemicals and substances are acquired
e. before plant and equipment and regulated plant are manufactured
f. before buildings are acquired or leased
g. before businesses or operational entities are established or acquired
h. when hazards are identified in the workplace, including when incidents have occurred
i. when the work environment is altered, for example, refurbishment or new building
j. when new information about workplace risks becomes available
k. when responding to concerns raised by workers, HSRs or others at the workplace
l. when required by legislation for specific hazards, and
m. when the nature of an activity changes or differs from initially anticipated.

(9) Risk assessment involves the following steps:

a. Determine who should be involved.
b. Identify hazards.
c. Analyse consequences (e.g. potential injury, property damage).
d. Assess risk (probability, frequency, severity of injury or loss).
e. Determine action (methods of removing or reducing risk).
f. Implement controls (redesign, removal, new methods, audit).
g. Evaluate controls.
h. Keep a record of the assessment and review as required by changes to the activity or workplace.

(10) WHS risk assessments should be completed using the WHS risk assessment forms, templates and risk matrix (available on the Health, Safety and Wellbeing website). Laboratories and other high risk work areas may have other risk assessment requirements and forms that must be followed.

Risk control

(11) Where a hazard or risk is identified, it must be eliminated or minimised as far as reasonably practicable using one or more risk control measures set out in the following table.

> When choosing control measures, begin at the top of the list and work down until the most appropriate control measure is selected. The nearer to the top of the list a control measure is, the more effective it will be. Multiple levels of controls may be implemented to reduce the risk further.

Hierarchy of controls	
Level 1	Elimination of the hazard or risk
Level 2	Substituting the hazard with something that carries a lesser risk controls Isolating the hazard from any person exposed to it Implementing engineering controls
Level 3	Administrative controls (e.g. Developing processes or operating procedures to minimise the risk) Provision and use of personal protective equipment

(12) Parts B to D of this procedure provide information on risk controls for the following workplace hazards:

a. hazardous manual tasks
b. health surveillance related to hazardous substance exposures, and
c. use of human biological specimens in laboratories.

WHS risk management tools

(13) The Manager, Health Safety and Wellbeing will develop and publish a suite of WHS risk management tools and forms on the Health, Safety and Wellbeing website to support the identification, assessment and control of WHS risks.

WHS risk registers

(14) Heads of faculties/divisions/offices etc. must ensure that a WHS risk register is developed and maintained for their organisational unit that incorporates risks identified from workplace risk assessments. These must record:

a. the activity being assessed
b. any hazards/risks associated with the activity, and
c. inherent risk score (before implementation risk controls) and residual risk score (after implementation risk controls) using the risk matrix on the Health, Safety and Wellbeing website.

Part B - Hazardous manual tasks

Identifying hazardous manual tasks

(15) Manual tasks involve using the body to move or hold an object, people or animals. Hazards that arise from manual tasks generally involve interaction between a worker and the:

a. work tasks and how they are performed
b. tools, equipment and objects handled, and/or

c. physical work environment.

(16) Hazardous manual tasks should be identified:

a. before using workplace or equipment for the first time
b. before or during changes to plant and work practices
c. while work is being conducted, and
d. when relevant information becomes available.

(17) Tasks that have the potential to cause musculoskeletal disorders should be identified by:

a. reviewing position descriptions to identify manual task risks
b. consultation with workers/students who are involved in manual tasks to find out what hazards are involved. For example, workers may identify tasks that:
    i. are difficult to do (or appear harder than they should be)
    ii. are very tiring (muscle fatigue reduces work capacity)
    iii. are awkward or dangerous (for example, difficulty controlling loads), and/or
    iv. cause discomfort
c. analysing health, safety and workers compensation statistics to find out the numbers and causes of manual task injuries
d. observing how workplace equipment is set up and the associated workflows between different areas
e. observing workers performing manual tasks, particularly tasks that require awkward postures, movements and repetitive movements
f. performing workplace inspections to observe how tools, materials and equipment are stored, and
g. investigating manual task incidents to identify the cause of injury.

Assessing the risk of hazardous manual tasks

(18) A risk assessment (see Part A) must be completed for any manual tasks identified as hazardous unless the risk and available controls are well-known.

(19) A risk assessment can help to determine:

a. which postures, movements and forces of the task pose a risk
b. where during the task they pose a risk
c. why they are occurring, and
d. what needs to be fixed.

(20) A manual task risk assessment should consider:

a. the posture of the worker and any sustained positions
b. the forces exerted by the worker and any forces exerted on the worker by the object, person or animal
c. speed of movements by the worker
d. exposure of the worker to vibration or other forces, and
e. the duration and frequency of the task.

(21) Possible sources of or contributors to risk may include:

a. the layout or design of the work area (e.g. the area set up requires awkward postures)

b. the work environment (e.g. temperature, humidity, floor surfaces, lighting and obstructions)
c. the nature, size, weight or number of persons, animals or things handled or used, and/or
d. work organisation and the system of work (e.g. the pace of the work and time constraints).

Controlling the risks

(22) Hazardous manual tasks and any associated risks should be eliminated where possible. See the 'Risk control' heading in Part A.

(23) If it is not reasonably practicable to eliminate the risk, it must be minimised. Control measures should be aimed at minimising the frequency, magnitude and duration of movements, forces and postures by changing the source of risk or the way work is organised. See the Health, Safety and Wellbeing website for specific manual task risk controls.

(24) Heads of schools/offices etc. must provide resources to control risks of hazardous manual tasks.

(25) Information and training on the control measures should be provided to:

a. workers required to carry out, supervise or manage hazardous manual tasks
b. in-house designers, engineers and officers responsible for the selection and maintenance of plant and/or the design and organisation of the job/task, and
c. health and safety representatives (HSRs).

Review controls

(26) Risk controls must be reviewed and revised as necessary to ensure they work as intended. This should include consultation with the workers involved in the manual task and their HSRs and may consider whether:

a. the control measures are working effectively in both their design and operation, without creating new risks
b. workers are actively involved in the risk management process and openly raising health and safety concerns and reporting problems promptly
c. new work methods or equipment have reduced physical strain or difficulty
d. instruction and training on hazardous manual tasks and the control measures has been successful
e. the frequency and severity of musculoskeletal disorders has reduced
f. any planned alterations to structure, plant or processes are likely to result in a worker being exposed to a hazardous manual task
g. any incidents have occurred as a result of a worker being exposed to a hazardous manual task, and
h. any other information indicates the controls may no longer be the most effective.

Part C - Health surveillance for hazardous substance exposure

Responding to exposures to hazardous substances

(27) Where there is exposure to a hazardous substance, the WHS Procedure – Incident Reporting and Investigation must be followed.

Implementing periodic health surveillance

(28) Workers must be provided health surveillance where their work exposes them to hazardous substances and:

a. a risk assessment identifies that it is required
b. they are carrying out ongoing work with the hazardous substances listed on the SafeWork Australia website

c. there is a significant risk to the worker's health because of exposure to these hazardous chemicals, and/or
d. a viable health surveillance technique is available for hazardous substances not listed on the SafeWork Australia website.

(29) All health surveillance must be provided by the responsible school/office etc and carried out in consultation with the Manager, Health Safety and Wellbeing.

(30) Where health surveillance is carried out:

a. Supervisors/managers must ensure that no worker is subject to discrimination as the result of any test.
b. Copies of reports must be provided to the workers; workers must only receive reports for their own health and not other workers.
c. Advise workers that their results will not be divulged to the University unless there are personal exposure results that must be addressed.

(31) If the health surveillance is in response to an incident, the incident report must be updated with the results and a new risk assessment and review of risk controls must be completed.

(32) The Manager, Health Safety and Wellbeing will review health surveillance results and follow up with the worker and their supervisor or manager as required.

Records management

(33) Worker's health surveillance records must be retained as per NSW general disposal authorities; normally 75 years after the action is completed.

(34) All personal information relating to health surveillance must be treated as health information under the Privacy Management Plan and must be kept strictly confidential.

Part D - Human biological specimens laboratory use

(35) The use of human biological specimens in laboratories will be in accordance with the following Australian standards:

a. AS 2243.1:2021 Safety in laboratories
b. AS 2243.3:2022 Microbiological safety and containment

(36) Human biological specimens may be collected and used in:

a. laboratory practical classes exercises, such as blood samples (obtained by venepuncture or finger prick) and other body fluids or tissue (e.g. urine, saliva and cheek cells)
b. research projects.

(37) Human biological samples used by students will be either:

a. from screened donors or current Australian Blood Bank donors (showing negative serology/virology for syphilis, Hepatitis B and C, and HIV)
b. provided by students who will be testing their own body samples, or
c. where the activity's objectives cannot be met through subclasses a. or b., approved for use under an exemption (see Biosafety website).

(38) An exemption must be approved, in writing, by the Institutional Biosafety Committee for any activity that uses

either blood (screened or the student's own) or other biological samples from unscreened donors (except the samples provided by the students for self-testing).

(39) All human biological specimens should be regarded as infectious at all times and the following steps applied:

a. Standard (universal) precautions should be adhered to at all times when handling material of human origin (blood, body fluids and tissue). (See the Australian Guidelines for the Prevention and Control of Infection in Healthcare.)
b. Local instructions or operating procedures for minimising the chance of accidents and incidents must be provided, including:
    i. for handling, storage, disposal, and personal protective equipment requirements for needles and sharp instruments, and
    ii. emergency spill/clean-up procedures as per the Biosafety Manual.

(40) Where an incident or accident involving human biological specimens occurs, it must be reported:

a. to the supervisor or staff member in charge of the area or class where the incident occurs,
b. where the incident involves injury, contamination or exposure for staff, students or visitors, it must be reported to Health, Safety and Wellbeing through the incident reporting portal.

(41) See also WHS Procedure - Incident Reporting and Investigation.

Section 4 - Guidelines and other resources

(42) The following websites have further information to support this procedure:

a. Health, Safety and Wellbeing website
b. Biosafety website

(43) See also:

a. Driver Safety Guidelines
b. Facilities and Premises Guidelines - Thermal Comfort

Section 5 - Glossary

(44) This procedure uses terms defined in the Work, Health and Safety Policy, as well as the following:

a. Hazardous manual task – means a task that requires a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any person, animal or thing, and involving one or more of the following factors which could result in injury:
    i. repetitive or sustained force
    ii. high or sudden force
    iii. repetitive movement
    iv. sustained or awkward posture, and/or
    v. exposure to vibration.
b. Health surveillance – means the systematic monitoring of at-risk workers for any adverse effects of work on their health as it relates to their duties.

c. Musculoskeletal disorders – means an injury to, or a disease of, the musculoskeletal system, whether occurring suddenly or over time, including:
    i. sprains and strains of muscles, ligaments and tendons
    ii. back injuries, including damage to the muscles, tendons, ligaments, spinal discs, nerves, joints and bones
    iii. joint and bone injuries or degeneration, including injuries to the shoulder, elbow, wrist, hip, knee, ankle, hands and feet
    iv. nerve injuries or compression (e.g. carpal tunnel syndrome)
    v. muscular and vascular disorders as a result of hand-arm vibration
    vi. soft tissue hernias, and/or
    vii. chronic pain.

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