

SLHD Policy

Work Health and Safety (WHS) Management Responsibilities between Hospitals, Facilities and District Services	
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Work Health and Safety (WHS) management responsibilities between Hospitals, Facilities and District Services

1. Introduction

SLHD has a responsibility to ensure the safety of all workers (including contractors, students and volunteers) and visitors. Under the current organisational structure, the management lines of accountability for WHS may overlap.

The purpose of this policy is to provide SLHD managers, employees and WHS personnel with guidance about the management of WHS related issues including interactions with other Hospitals, Facilities and District Services, and external authorities such as SafeWork NSW.

2. The Aims / Expected Outcome of this Policy

To facilitate the co-ordination of WHS management and communication, where there is an overlap of responsibilities, in order to maintain and improve workplace safety.

3. Risk Statement

SLHD Enterprise Risk Management System (ERMS) Risk # 34 – WHS strategies not effective.

- To ensure WHS issues that affect multiple facilities/services are managed effectively with clear governance of the process

4. Policy Statement

All SLHD Hospitals, Facilities and District Services must ensure that they comply with relevant SLHD WHS policies and the relevant management lines of accountability for any Hospital, Facility or District Service are followed as required.

Where there is a shared WHS responsibility between the Hospital, Facility and/or District Service, the guidelines in this policy shall be adhered to.

5. Resources

This policy is implemented within existing resources

6. Implementation

6.1 Management Responsibility

In the event of a WHS risk, situation or incident where the direct line management is not clear, or it involves a combination of Hospitals, Facilities or District Services, then effective communication and consultation between those involved must take place to ensure appropriate management of the issue or incident. During the consultation process clear responsibilities must be assigned for required actions by mutual agreement.

Assigned responsibilities may include, but are not limited to:

- reporting requirements (internal e.g. to executive management and external e.g. to SafeWork NSW);
- completion of required processes and documentation (e.g. IIMS report completion, investigation reports, record keeping);
- escalation processes and pathways;
- actions to be taken and sign off on completion.

Overarching principles:

- Where a hazard has been identified line management must ensure that the possibility of injury is eliminated or minimised as far as reasonably practicable, following the SafeWork NSW Hierarchy of Hazard Control.
- Where a manager is aware of a risk/hazard/incident that affects a worker(s) or property/plant of an associated facility or service, they will identify any other duty holders under WHS legislation and ensure that those duty holders are notified of the issue as soon as possible, e.g. the line management of the worker(s), other facility/service/contractor management.
- Where the risk/hazard/incident involves a worker, then it is the line manager of the worker who must take leadership of the management of that worker to ensure that the requirements of the Incident Management Policy and Injury Management and Return to Work Policy are met.
- Where the risk/hazard/incident is a direct consequence of the service being provided then the issue will be managed by the Hospital, Facility or District Service providing that service (e.g. related to workers, training, safe work practices or other procedures, equipment used or belonging to the service).
- Where the issue is related to the physical environment, buildings and plant under the control of a Hospital, Facility or District Service then the issue will be managed by the controlling Hospital, Facility or Service (e.g. building maintenance issues).
- In these situations, where required, there will be consultation and sharing of information regarding the WHS risks between services/facilities that may be affected by those risks.

In some cases this division of responsibilities and tasks may be under a more formal process outlined in a service agreement or a memorandum of understanding.

Should there be a dispute, final division of roles and responsibility will be determined by the Executive Director Clinical Governance and Risk SLHD.

6.2 Workers

Workers (including employees, students, volunteers and contractors) will follow their WHS responsibilities as outlined in the SLHD WHS Policy.

Where shared management responsibilities exist, workers will report WHS risks, issues and incidents in the first instance to a manager/senior staff member on site (should there be one) to make them aware, and also to their direct line manager.

6.3 Contractors

In the case of contractors, accountability for managing WHS issues lies with the Hospital, Facility or District Service that engaged the contractor. Refer to SLHD WHS Policy ([SLHD_PD2018_027](#)) and SLHD Contractor Management: Model Contractor Agreements ([SLHD_PD2013_032](#)).

6.4 WHS Personnel Responsibilities

WHS personnel, or a nominated management representative, have the primary role for co-ordination of the management of WHS issues of the Hospital, Facility or District Service in which they are employed/located. They will follow the recommended procedures for risk management within their Hospital, Facility or District Service.

As soon as possible after an issue is identified or reported, WHS personnel will liaise and consult with their counterpart(s) in the associated Hospital, Facility or District Service to ensure that the relevant parties responsible for the employee, service and the site where the incident occurred are notified, as well as other parties which may have involvement e.g. Engineering Services. Where applicable, this will include sharing of information such as IIMS notifications, risk assessments, risk management plans and alerting of interactions with statutory authorities such as SafeWork NSW.

6.5 Role of Health and Safety Committees and Health and Safety Representatives

Once the responsibility for management of the WHS issue is established, the role of the Health and Safety Committee and Health and Safety Representatives will follow normal process as set out in the SLHD WHS Consultation Policy, the relevant Facility/Service procedures and Health and Safety Committee Terms of Reference.

7. Key Performance Indicators and Service Measures

- Successful resolution of WHS matters with shared management responsibilities indicated by no complaints or escalation of issue resolution process to the Executive Director Clinical Governance and Risk SLHD.

8. Consultation

SLHD WHS Managers and through them to local facility/service WHS Committees and Health and Safety Representatives

9. References

[NSW Work Health and Safety Act 2011](#)

[NSW WHS Regulation 2017](#)

NSW Ministry of Health, [Work Health Safety: Better Practice Procedures](#)

NSW Ministry of Health, [Incident Management Policy \(PD2019_034\)](#)

[SLHD Work Health and Safety Policy \(SLHD_PD2018_027\)](#)

SLHD [Work Health and Safety \(WHS\) Consultation \(SLHD_PD2019_038\)](#)

SLHD [Risk Management: Policy and Framework \(SLHD_PCP2019_022\)](#)

SLHD [Injury Management and Return to Work Policy and Program \(SLHD_PD2014_002\)](#)

[SLHD Contractor Management: Model Contractor Agreements \(SLHD_PD2013_032\)](#)

10. National Safety and Quality Standard/s, 2nd Ed



Clinical Governance Standard