1. **Purpose**

This document sets out the processes to be used to respond to OHS recommendations and to identify practicable actions that:

* Eliminate or reduce health and safety risks
* Create new types of work, work organisation and work environments; and/or
* Continually improve the management of occupational health and safety.

1. **Scope**

These guidelines apply to staff, visitors and contractors of TIR and IFP.

1. **Responsibilities**

A comprehensive list of OHS responsibilities is provided in the document SHE 28 OHS Roles and Responsibilities Procedure.

A summary of the specific responsibilities relevant to this procedure is provided below.

* CEO or Head of Business/Department (person in control of a workplace): A head of area has the overall responsibility for ensuring that every action is fully implemented within the agreed time frame. They may delegate this responsibility.
* Person assigned to address a recommendation: Must ensure that all recommendations are assigned reasonably practicable actions that adequately address the risk or the need for change in the OHS Management System (OHSMS).
* Person assigned to implement an action: Any person assigned an action must ensure that it is implemented by the agreed timeframe and, if unable to do so, communicate this back to the person assigned to address the recommendation.

1. **Definitions**

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| **Key word** | **Definition** |
| Continual Improvement | A recurring process of enhancing the OHSMS to improve overall OHS performance consistent with the OHS Policy. |
| Occupational Health and Safety Management System | The combined approach to health and safety management at TIR and IFP. In relation to change to the OHSMS the following terms are used:   1. Implementation (of the OHSMS) - The design, implementation, management and improvement of the OHSMS. 2. Integration (of the OHSMS) - The deployment and use of the OHSMS to manage health and safety within TIR and IFP. 3. Aspect (of the OHSMS) - The OHS Policy and the associated procedures, system (online tools, paper-based form or proforma), and any supporting documentation including web-based content. 4. Records - Stored information kept as evidence of the integration of the requirements of the OHSMS. |
| OHSMS Change impact | The impact a change to the OHSMS can have on stakeholders as either a:  **Minor change** - Changes to guidance materials and/or changes to improve upon the  look at feel of the OHSMS including:   * Changes to formatting * Clarifications of wording; and * Correcting webpage links.   **Moderate change** – Changes to information provided to support mandatory  requirements including:   * Guidelines and standalone reference material * OHS reporting tools * Optional processes and the way optional systems operate.   **Major change** - Changes to the Policy or any mandatory requirements established as  part of the OHSMS including:   * OHS procedures * Changes to the mandatory processes and the way mandatory systems operate. |
| Recommendation | A suggestion or proposal for actions or outcomes that may be adopted to address a risk  to health and safety or improve processes within the OHSMS.  Stakeholders: Anyone whose operations may be affected because of a revision of an  aspect of the OHSMS. Stakeholders include:   1. Internal stakeholders (e.g., OHS, HR) 2. Organisations delivering outsourced activities (e.g., trainers, auditors, software vendors) 3. External stakeholders. |

1. **Actions Management Process**

The process for actions management consists of:

* Identifying actions and documenting recommendations for action
* Review recommendations received
* Determine potential actions
* Assess practicality of proposed actions
* Assign priority to agreed actions
* Implement agreed actions.
  1. **Identification of Recommendations**

The source of recommendations register can be found in the Appendix A of this document. Recommendations for actions may arise due to a need to:

* + 1. Introduce new products, services and processes, or implement changes to existing products, services and processes associated with:
  1. Physical workplaces and surroundings
  2. Work organisation
  3. Working conditions
  4. Equipment
  5. Work force.
     1. Implement and integrate as part of the OHSMS:
  6. Changes to legal requirements and other internal or external requirements
  7. Changes in knowledge or information about hazards and OHS risks
  8. Developments in knowledge and technology.
     1. The relevant OHS processes outline how these recommendations are arrived at, documented and who is the person assigned to respond to the recommendation. If the person assigned to a recommendation does not believe they have the authority to act, the recommendation must be transferred to the most appropriate person (delegated or escalated) as soon as possible.
     2. Where it is unclear who is the most appropriate person, consultation with the relevant stakeholders must be undertaken to identify the most appropriate person in accordance with the SHE 22 OHS Consultation Procedure.
     3. Any recommendations that require changes to the OHSMS must be assigned to the SHE Specialist.
  9. **Reviewing Recommendations**

The person assigned to a recommendation must identify the process and review the findings that lead to the recommendation.

* 1. **Determining Potential Actions**

The person assigned to a recommendation must:

* Determine the potential actions to address the recommendation as soon as reasonably practicable
* In accordance with the SHE 22 OHS Consultation Procedure, consult with relevant stakeholders to identify any actions that could be considered.

A decision to take no course of action shall be considered an action and shall be documented as per any other action. Justification for taking no action must be provided. The person who made the recommendation will have a right of reply as per Section 5.7.

* 1. **Assessing Practicality**

The person assigned to a recommendation must assess as soon as possible, whether each potential action is reasonably practicable. Any action deemed not to be reasonably practicable may be excluded following consultation (in accordance with the SHE 22 OHS Consultation Procedure), and there must be agreement that the actions deemed to be reasonably practicable will:

* Reduce the level of risk to an acceptable level; and/or
* Satisfactorily address any perceived need for change.
* Additional actions must be determined if the included actions are deemed to be insufficient to reduce the level of risk to an acceptable level and/or any perceived need for change may not be achieved (refer to Section 5.3).
  1. **Assigning Priority**

The person assigned to a recommendation must assign a timeline for completion to the agreed actions as soon as reasonably practicable by assessing the:

* 1. Alignment to the SHE 5.1 OHS Risk Register and the associated potential risk reduction with respect to the Hierarchy of Controls as outlined in Table 1;
  2. Perceived need for change (continual improvement); and
  3. Required resource investment. SHE 22 OHS Consultation is required to ensure all stakeholders agree with this assessment of priority in line with the SHE 22 OHS Consultation Procedure.
  4. **Implementation of Actions**

All agreed actions must be documented in the Audit, Incident & Hazard Reporting Hub:

* A description of the action(s) to be taken
* Timeframes for implementation; and
* The responsible person assigned. The expected timeframe to complete each agreed action will depend on its priority, the complexity of the action and the resources that are allocated.
  + 1. All actions must have a single responsible person assigned; however more than one person may participate in the implementation of an action.
    2. If an action cannot be implemented for any reason (e.g., deadline reached or unforeseen problem), the person responsible for implementation must consult with all stakeholders (including the person assigned responsibility to address the recommendation) in line with the SHE 22 OHS Consultation Procedure.
    3. If action/s are no longer considered practical, additional actions will need to be determined (refer to Section 5.3).
    4. All document owners must ensure that any documentation associated with an action under their control is updated as soon as practicable.
  1. **Changes to the OHSMS**

It is the responsibility of the SHE Specialist to make changes to the OHSMS.

* + 1. Minor and moderate changes to the OHSMS can be implemented only by the SHE Specialist or their delegate.
    2. Changes to the OHS Policy or any mandatory requirements established as part of the OHSMS (e.g., procedural changes and changes to any mandatory processes or systems) must only be made after:
* Formal consultation has been conducted in accordance with the requirements of the OHS Consultation Procedure and agreed feedback incorporated
* Sign-off has been received from the CEO or their delegate.
  1. **Action Completion**

The person assigned to a recommendation must all actions as completed and the corresponding date only once fully implemented. All affected stakeholders must be advised, so far as is reasonable, by either the person responsible for implementing an action or the person assigned to address the recommendation that an action has been completed.

The SHE Specialist must ensure that changes to the OHSMS are communicated to stakeholders in accordance with the SHE 21 OHS Communications Procedure.

* 1. **Review of Actions**

Actions recorded in Audit, Incident and Reporting Hub must be reviewed prior to closing with consideration of the following:

* The person(s) who initiated the recommendation must determine if the actions taken sufficiently address their recommendation. Where actions do not appear to satisfactorily address the recommendation, return to Section 5.3.
* The effectiveness of actions must be reviewed by the person assigned to the recommendation based on the level of risk. Where actions do not appear to be effective, return to Section 5.3.

The SHE Specialist must ensure that changes to the OHSMS are reviewed in accordance with the SHE 31 OHSMS Management Review procedure.

* 1. **New hazards and unintended consequences**

Any action that identifies new hazards or that has unintended consequences must:

* + For any health and safety concerns, be actioned via either:
* An existing risk assessment in accordance with the SHE 05 OHS Risk Management Procedure as soon as reasonably practicable.
* Entry of a Hazard or Incident reported in the Reporting Hub in accordance with the SHE 02 Hazards and Incident Procedure.
  + For opportunities for improvement to the OHSMS; be actioned via emailing the SHE Specialist.

**Hierarchy of control model**

All actions must be identified using the hierarchy of control model. The model outlines the most preferred/effective methods of control (elimination) to the least preferred (PPE).

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| **Eliminate** | Eliminate the risks if appropriate as the first step in risk control | Most preferred/effective control  Least preferred/effective control |
| **Substitute** | Substitute with less hazardous alternative |
| **Isolate** | Enclose or isolate the hazard |
| **Engineering controls** | Change processes, equipment or tools to reduce risk e.g.   * Machinery Guards * Ventilation aids. |
| **Administration** | Information, training and procedures to reduce risk e.g.   * Job rotation * Limiting access * Permit system * Safe operating procedure * Training * Signage. |
| **Personal Protective Equipment** | Personal equipment to protect an operator e.g.   * Safety Jacket * Closed shoes/steel capped boots * Hearing protection. |

1. **Tools**

Audit, Incident & Hazard Reporting Hub

1. **Record Keeping**

Corrective and preventive actions must be recorded in Audit, Incident and Hazard Reporting Hub (e.g. Workplace inspections, Audits, Hazard and Incident reports). Continual improvement actions must be recorded such that they are accessible and include:

* A description of the agreed action
* Agreed timeframes for implementation; and
* Responsible person assigned. For OHS Records document retention please refer to: SHE Records Management Procedure.

1. **Legal & Other Referenced Documents**

Legislation mandating compliance

* Work Health & Safety Act 2012
* Work Health & Safety Regulations 2012
* Code of Practice – CP112 How to Manage Work Health & Safety Risks.

Australian and International Standards

* • ISO 45001: 2018 OHS Management Systems - Requirements with guidance for use.

TIR SHE documents

* SHE 22 OHS Consultation Procedure
* SHE 21 Health and Safety Issue Resolution Procedure
* SHE 05 OHS Risk Management Procedure
* SHE 28 OHS Roles and Responsibilities Procedure
* SHE 30 OHS Records Management Procedure.

1. **Authorisation, Effective & Evaluation Dates**

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| **Authorisation** | Grant Hinchcliffe |
| **Effective Date** | July 2022 |
| **Evaluation Review Date** | July 2025 |

1. **Evaluation & History**

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| --- | --- | --- | --- |
| **Date** | **Author** | **Sections Modified** | **Details of Amendments** |
| May 2022 | Mel Axford | ALL | New document creation and implementation |
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1. **Appendix**

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| **Source of Need** | **Need Type** | **Relevant Procedure** | **Example of types of changes that could impact on the OHSMS** | **System to record actions** |
| External | Legislative | OHS Legal and Other requirements procedure | Changes in legal requirements that impact upon the OHSMS | Audit, Incident & Hazard Reporting Hub |
| Regulatory | OHS Legal and Other Requirements Procedure | Changes required as a result of a WorkSafe determination | Audit, Incident & Hazard Reporting Hub |
| Standard or code of practice | OHS and Other Requirements Procedure | Change in relevant industry guidance | Audit, Incident & Hazard Reporting Hub |
| Alignment to other organisations | OHS and Other Requirements Procedure | Changes required to align with other organisations | Audit, Incident & Hazard Reporting Hub |
| Internal | Monitoring activities | OHS Monitoring Procedure | Recommendation arising from monitoring programs such as the OHS workplace inspections, OHSMS self-assessments, building evacuations | Audit, Incident & Hazard Reporting Hub |
| OHS Monitoring Procedures | Recommendations arising from OHSMS audit | Audit, Incident & Hazard Reporting Hub |
| OHSMS Management Review Procedure | Unintended consequences of actions | Audit, Incident & Hazard Reporting Hub |
| OHS Hazard and Incident Reports | Management of OHS Hazards and Incidents Procedure | Recommendation arising from investigation conducted on OHS:   * Hazard reports * Incident reports | Audit, Incident & Hazard Reporting Hub |
| OHS Risk Management | OHS Risk Management Procedure | Commonality amongst risk assessments and control measures identified by:   * Risk assessment * Risk Register * Event risk management plans | Audit, Incident & Hazard Reporting Hub |
| Roles and Responsibilities | OHS Roles,  Responsibilities and  Committees Procedure  OHS Consultation  Procedure  Health and Safety Issue  Resolution Procedure | Recommendations arising from:   * Local OHS Committees * Feedback from Appointed Health and * Safety Roles * Feedback from Workers * Impacts from restructure | Audit, Incident & Hazard Reporting Hub |
| Management of Change | OHS Communication  Procedure  Management of OHS  Actions Procedure | Recommendations arising from:   * Changes to the workplace * Unintended consequences as a result of the implementation of an OHS action. | Audit, Incident & Hazard Reporting Hub |