

G.03 WHS Consultation Policy and Procedure

1.0 INTRODUCTION/BACKGROUND

Consultation is important to achieve the highest quality service and in avoiding harm. Hazards in the workplace are identified by consulting with the workers carrying out the tasks. This allows for maximum hazard identification. Consulting about eliminating or controlling the risks associated with those hazards will result in maximum hazard control.

The benefits of consultation include:

- Improved management decisions about safety;
- Employee and volunteer commitment to the development of controls which lead to improved compliance with safety;
- Reduced injury and illness;
- Decrease in lost hours and workers compensation costs; and
- Increased vigilance with Hazard Identification and Risk Management.

Mercy Services values/philosophy require management to work in a collaborative manner with staff/volunteers and communicate openly with them. These internal motivators alone would be sufficient to compel management to consult with staff/volunteers on issues involving their health, safety and welfare.

In addition, the Work Health & Safety (WHS) Act 2011 places the following legal requirements on Person Conducting a Business or Undertaking (PCBU) (e.g. Mercy Services):

- Consultation must be with all workers (Mercy Services employees, contractors, volunteers etc) who carry out work for Mercy Services or are likely to be, directly affected by a matter relating to Mercy Services work (Act section 47);
- There are a range of issues on which a PCBU must consult (Act section 49);
- Establish a Health & Safety Committee (HSC) where requested to do so by either a Mercy Services Health and Safety Representative (HSR) or by a minimum of 5 workers; or at the Mercy Services' own initiative (Act section 75);
- Determine by negotiation between management and worker the number and composition of work groups and the number of HSRs (Act section 52);
- Provide an opportunity for all members of the workgroup to participate in the election of their representative and be informed of the outcome (Reg section 18);
- Ensure HSRs hold office for 3 years unless they resign, are no longer a member of the workgroup, the work group chooses someone else to represent them or they act improperly (Act section 64-5 and Reg section 20);
- Ensure at least half of the members of the HSC must be workers who are not nominated by management (Act section 76);
- Ensure HSC Meetings occur at least once every 3 months and at any other reasonable time at the request of at least half of the members of the HSC (Act section 78);
- Allow time and pay each member of the HSC to spend the time that is reasonably necessary to attend HSC meetings or to carry out functions as a member of the HSC (Act section 79);
- Pay for HSR initial training course of 5 days and a 1 day's refresher training each year (Act section 72 and Reg section);

- Provide information relating to: hazards at the workplace and the health and safety of the workers at the workplace. The exception is where it involves any personal or medical information that would identify a worker who has not consented to be identified (Act section 79);
- Allow HSR to exercise their legal (Act section 68) power and roles to:
 - (a) inspect the workplace used by members of their work group: (at any time after giving reasonable notice to management unless the seriousness of the issue does not allow for notice to be given), and
 - (b) accompany an inspector during an inspection of their work group's workplace, and
 - (c) with the consent of a worker (s) of their workgroup, be present at an interview with an inspector or management concerning work health and safety, and
 - (e) request the establishment of a HSC, and
 - (f) receive information concerning the work health and safety of workers in the work group, and
 - (g) whenever necessary, request the assistance of any person.

2.0 SCOPE

The purpose of this procedure is to clearly outline the process by which Mercy Services will inform and seek the advice from its personnel on WHS issues. This procedure will apply to managers, coordinators, employees and volunteers within Mercy Services.

3.0 POLICY STATEMENT

Mercy Services management will consult with and share relevant WHS information with employees and others directly affected by a WHS matter e.g. volunteers, contractors, tenants, visitors.

Employees and other relevant workers will be given the opportunity to express their views, raise WHS issues and to contribute to the WHS decision making process for their workplace.

The views of employees and other workers are to be valued and taken into account.

Employees and other relevant workers will be advised of the outcome of WHS decisions in a timely manner.

4.0 PROCEDURE

4.01 Mercy Services WHS Consultation processes

Mercy Services will consult with other PCBUs that share a site/activity with Mercy Services to clarify what WHS duties are shared and what cooperative and coordinating roles each person needs, to fulfil a standard of safety and welfare.

The table on pages 3 and 4 outline the Mercy Services WHS Consultation processes.

When to Consult	Who might conduct the consultation	Who might be consulted	How might consultation occur
when identifying hazards and assessing risks to health and safety arising from the work carried out or to be carried out by Mercy Services e.g. ✓ changed client situation ✓ new client ✓ new task ✓ new equipment	<ul style="list-style-type: none"> ➤ Site Manager ➤ Applicable Coordinator ➤ WHS Coordinator (if applicable) ➤ HSC members (consulting their work group members) (if applicable) 	<ul style="list-style-type: none"> ➤ Mercy Services employees, volunteers, clients, contractors and others who have familiarity with the area/task /equipment or who will be significantly affected by a proposed change to area/task/equipment, etc. ➤ Other businesses with shared responsibility for the site, task, etc. ➤ Unions or other employee advocate (if applicable) ➤ Other Coordinators (if the risk also applies) ➤ HSC (if a complex issue and if time allows) 	<ol style="list-style-type: none"> 1. Paper or email memo 2. Discussion with individual or group to plan a change in area/task/equipment, etc. 3. Discussion with individual or group for their comments and observations of a risk that arises during their work 4. Individual or group will be asked their opinion when a critical incident is being investigated 5. Individual or group will be asked their opinion of a risk assessment completed as part of a Safe Work Practice (SWP) 6. HSC members will be asked their opinion of the risk assessment section of a SWP
when proposing changes that may affect the health or safety of workers,	<ul style="list-style-type: none"> ➤ Site Manager ➤ Applicable Coordinator ➤ WHS Coordinator (if applicable) 	<ul style="list-style-type: none"> ➤ Mercy Services employees, volunteers, clients, contractors and others who have familiarity with the area/task /equipment or who will be significantly affected by a proposed change to area/task/equipment, etc. ➤ Other businesses with shared responsibility for the site, task, etc. ➤ Unions or other employee advocate (if applicable) 	<ol style="list-style-type: none"> 1. Paper or email memo 2. Discussion with individual or group to plan a change in area/task/equipment, etc. 3. Demonstration/inspection of equipment, practice or venue
when making decisions about the adequacy of facilities for the welfare of workers	<ul style="list-style-type: none"> ➤ Site Manager ➤ Applicable Coordinator ➤ WHS Coordinator (if applicable) 	<ul style="list-style-type: none"> ➤ Mercy Services employees, volunteers, clients, contractors and others who have familiarity with the area/task /equipment or who will be significantly affected by a proposed change to area/task/equipment, etc. ➤ Other businesses with shared responsibility for the site, task, etc. ➤ Unions or other employee advocate (if applicable) ➤ HSC (if a complex issue and if time allows) 	<ol style="list-style-type: none"> 1. Written instruction or memo or email 2. Discussion with individual or group 3. Demonstration/inspection of equipment, practice or venue

When to Consult	Who might conduct the consultation	Who might be consulted	How might consultation occur
when making decisions about ways to eliminate or minimise those risks, e.g., ✓ Care Plan ✓ SWP ✓ WHS Policy	<ul style="list-style-type: none"> ➤ Site Manager ➤ Applicable Coordinator ➤ Director of Care ➤ WHS Coordinator (if applicable) ➤ HSC members (consulting their work group members) (if applicable) 	<ul style="list-style-type: none"> ➤ Mercy Services employees, volunteers, clients, contractors and others who have familiarity with the area/task /equipment or who will be significantly affected by a proposed change to area/task/equipment, etc. ➤ Other businesses with shared responsibility for the site, task, etc. ➤ Unions or other employee advocate (if applicable) ➤ Other Coordinators (if the risk also applies) ➤ HSC (if a complex issue and if time allows) 	<ol style="list-style-type: none"> 1. Written instruction or memo 2. Draft document circulated for discussion 3. Demonstration/inspection of equipment, practice or venue
when making decisions about the procedures for: (i) consultation; (ii) resolving WHS issues; (iii) monitoring the health of workers; (iv) monitoring workplace conditions, or (v) providing training information	<ul style="list-style-type: none"> ➤ Site Manager ➤ Applicable Coordinator ➤ Director of Care ➤ WHS Coordinator (if applicable) 	<ul style="list-style-type: none"> ➤ Mercy Services employees, contractors, volunteers, clients and others who will be significantly affected by a proposed change to procedures ➤ Other businesses with shared responsibility for the site, task, etc. ➤ HSC (if a complex issue and if time allows) ➤ Unions or other employee advocate (if applicable) 	<ol style="list-style-type: none"> 1. HSC notified of draft changes to WHS Policy/SWP for them to discuss with workgroup and report back to HSC/WHS Coordinator 2. WHS Coordinator to discuss/inform changes to WHS Policy/SWP with relevant Coordinators 3. WHS minutes available to all on the Mercy Services server and posted on noticeboards (where relevant) 4. Workgroup to be given a verbal summary of the HSC meeting/minutes
when carrying out any other activity prescribed by the WHS regulations	<ul style="list-style-type: none"> ➤ Site Manager ➤ Applicable Coordinator ➤ Director of Care ➤ WHS Coordinator 	<ul style="list-style-type: none"> ➤ Any Mercy Services employees, contractors, volunteers, clients and others who will be significantly affected by a proposed change to procedures ➤ Other businesses with shared responsibility for the site, task, etc. ➤ HSC (if a complex issue and if time allows) ➤ Unions or other employee advocate (if applicable) 	<ol style="list-style-type: none"> a) Written or verbal communication as appropriate

4.02 Health and Safety Committee

The HSC is a consultative forum where management and staff discuss WHS issues. Management does not have to follow the advice of the HSC on Mercy Services policy, sites, equipment, actions, etc.

Management will provide time, without the loss of pay, for HSC members to attend meetings, consult with the workers and if required to conduct workplace safety inspections. Mercy Services management will provide facilities such as phone, access to a photocopier and other secretarial requirements to allow the HSC and/or worker representatives to fulfil their role.

The Chief Executive Officer (CEO), in consultation with the HSC, may invite others to participate in meetings if s/he deems appropriate. The number of management representatives cannot exceed the number of worker representatives on the HSC. All HSC members will complete appropriate WHS training at Mercy Services expense.

a) **Greater Newcastle area staff**

In November 2002 Mercy Services employees elected to have management establish a committee as a means of consultation on safety issues in the workplace. This request was met and the committee is now integral to the Mercy Services WHS assessment and decision making processes. This committee fulfils the role of a HSC as described in the WHS Act (2011).

The HSC will usually meet every month, except January. Regular HSC meetings are held with the agenda including:

- (re)draft WHS Policy/SWP;
- Reports on workplace inspections;
- Reports from workgroup representatives;
- Reports on recent incidents and injuries; and
- Share relevant information, discuss and advise on WHS issues.

The HSC will be comprised of representatives of each workgroup, the WHS Coordinator, and the CEO (or delegate). The number of workgroups and their membership will be determined by negotiation between management and workers. As a general principle a work group will be established if a group of workers have a site or tasks that are significantly different from existing workgroups. The current workgroups are:

- 1: Newcastle Home Support Program/National Disability Insurance Scheme Community Care Assistants
- 2: Tighes Hill - Administration, Nurses, Coordinators and Coordinators of Newcastle Elderly Citizens Centre
- 3: Home Care Packages Community Care Assistants
- 4: Drivers – Community Transport & Linen Service
- 5: West Wallsend Administration, Nurse and Coordinators (incl. Elernmore Vale and Wallsend Carers)
- 6: Lake Macquarie Home Support Program/National Disability Insurance Scheme Community Care Assistants
- 7: Volunteers
- 8: McAuley Alcohol & Other Drugs and Family Services

- 9: Day Centre & Home Maintenance staff, and NECC cook(s)
- 10: Carrington - Administration

The HSC must be chaired by one of the elected worker representatives (and cannot be chaired by management). The role of the **Chairperson** is to:

- a) open the meeting;
- b) check for quorum (minimum of five people);
- c) keep the discussion focussed on the agenda of the meeting – if it looks like there will not be enough time - make sure that the important things get discussed first and other things are held over;
- d) ensure that everyone is clear on what action will result from discussion and who is responsible for this action and by what date;
- e) allow free and relevant discussion;
- f) give all those wishing to speak an opportunity to do so;
- g) say who is to speak, if two people try to speak at the same time - the Chairperson's decision on who is to speak is final;
- h) clarify points that have been made and sum up discussions to bring them to a close e.g., when discussion on an issue has been extensive or complex;
- i) sensitively deal with any differences of opinion that arise and try to resolve these;
- j) close the meeting when all matters are attended to or time has run out;
- k) nurture the dynamics of the group by ensuring that people are recognised and thanked for their contributions; and
- l) act as a representative of the committee, if this is needed, making sure to express only the views of the committee - not solely personal views.

b) Singleton Residential Aged Care staff

4.3 Health and Safety Representatives (HSR):

The WHS Act has specific responsibilities and training requirements for HSR (Division 3). Mercy Services management and workers do not believe it is necessary to have a HSR in the organisation at this time. Two particular aspects of the HSR that are not seen as necessary are:

- a) HSR initial training course of 5 days and a 1 day's refresher training each year (Act section 72 and Reg section); and
- b) direct their workgroup member(s) to cease an unsafe practice if all requirements for this action exist (see WHS Regulation 2011 section 85).

Mercy Services recognises that workers have a legal right to have a HSR as set out in the WHS Act. The workers will be asked at the annual review of this Policy if they want a HSR as per the WHS Act. At any other time workers can request Mercy Services allow for a HSR as per the WHS Act.

Mercy Services provides Workgroup representatives which are very similar to HSR.

4.4 Workgroup representative

A Workgroup Representative represents the workers of a designated workgroup. Accordingly, a Workgroup Representative will not become involved in issues of another workgroup unless a member of the other workgroup asks for assistance as their Workgroup Representative is unavailable.

The role of the Workgroup Representative is to:

- a) represent the workers in the work group in matters relating to work health and safety (especially at HSC meetings); and
- b) monitor the WHS measures taken by Mercy Services in relation to workers in the work group (usually through information gained/sought at HSC meetings); and
- c) investigate complaints from members of the work group relating to work health and safety (only if the program Coordinator has not resolved the matter to the worker's satisfaction); and
- d) inquire into anything that appears to be a risk to the health or safety of workers in the work group (only if the program Coordinator has not resolved the matter to the worker's satisfaction).

At the 04 March 2015, HSC meeting it was agreed that every two years one employee member of the HSC will complete the SafeWork NSW approved initial training course of 5 days (Act section 72 and Reg section).

Election of Workgroup Representative

The WHS Coordinator must ensure that the election of a Workgroup Representative is a fair process that builds understanding/support for the role and where all people are encouraged to nominate and participate. The WHS Coordinator does not need to be at the election of the Workgroup Representative.

The standard election process is:

1. The WHS Coordinator (or delegate) tells all members of the workgroup the date of the meeting to elect a Workgroup Representative (at least seven days notice should be given of the election);
2. The WHS Coordinator (or delegate) attends the meeting and facilitates the election either by a secret ballot or a show of hands. An election is not required if there is only one candidate. Where it is not practical for all workgroup members to meet at the same time multiple meetings or a postal ballot may be required. If the workgroup requests a secret ballot an employee not from that workgroup must count the ballots;
3. The WHS Coordinator (or delegate) will declare the winner (first past the post); and
4. The workgroup can decide to elect a Deputy Workgroup Representative to fill-in during the Workgroup Representatives absence.

Workgroup Representatives remain in force for a period of three years after that time new elections **must** be held. The incumbent Workgroup Representative can

be re-elected. Mercy Services prefers that the Workgroup Representative not serve in this role for more than six continuous years.

The Workgroup Representative ceases to hold office if: s/he is no longer in the workgroup; the workgroup replace her/him; or s/he behaves improperly (e.g., use power of role improperly or breach privacy).

4.5 **WHS Workgroup Meetings (also known as Toolbox meetings)**

Workgroup Representatives will consult regularly with workgroup members at formal and informal meetings. These Workgroup Representatives then report any significant issues, correspondence or observations at the HSCs meetings and provide feedback on relevant information to their workgroup members.

4.6 **WHS Communication integrated in all meetings**

All staff and management meetings have WHS on their agenda and the meeting chair will ensure that staff are informed of WHS developments and that staff WHS issues are recorded.

4.7 **Compliance**

Compliance with this policy is being measured by:

- a) Every two years at least one HSC member will complete the SafeWork NSW approved 5 day HSR training
- b) The HSC reviews the WHS Policy and WHS Consultation Policy annually
- c) There being at least six HSC meetings each year
- d) WHS being an agenda item addressed by all regular meetings of the Board, Management Team, Coordinators, program staff
- e) Discussion of incidents and other safety issues at annual program planning

4.8 **Evaluation**

The performance indicator for the evaluation of this policy is:

- a) At least 90% Mercy Services staff satisfaction with WHS.

5.0 **REFERENCES**

1. Current issues	None identified
2. Australian Standards	a) AS/NZS 4804: Occupational health and safety management systems - General guidelines on principles, systems and supporting techniques
3. Legislation	a) Work Health and Safety Act, 2011 (NSW) b) Work Health and Safety Regulations, 2011 (NSW)
4. Professional guidelines	a) nil
5. Codes of Practice	a) Safe Work Australia (2011) Code Of Practice: Work Health and Safety Consultation, Cooperation and Coordination http://www.safeworkaustralia.gov.au/AboutSafeWorkAustralia/WhatWeDo/Publications/Documents/624/Work_Health_and_Safety_Consultation_Cooperation_and_Coordination.pdf
6. Codes of Ethics	a) Australian Association of Social Workers Code of Ethics 2010 http://www.aasw.asn.au/document/item/1201

	b) Australian Psychological Association Code of Ethics http://www.psychology.org.au/Assets/Files/APS-Code-of-Ethics.pdf c) Code of Ethics for Nurses in Australia 2008 http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#codesofethics d) Integrity in the Service of the Church https://www.catholic.org.au/media-centre/media-releases/cat_view/10-organisations/38-national-committee-for-professional-standards e) Mercy Services Code of Conduct
7. Evidence	a) nil
8. Mercy Services Values	a) Justice, Respect, Care, Unity, Service

6.0 OTHER RELATED MERCY SERVICES POLICIES

- A.01 Mission and Philosophy
- A.03 Code of Conduct (staff and volunteers)
- F.01 Employment Conditions
- All WHS Policies

7.0 RELATIONSHIP WITH STANDARDS

<i>Aged Care Accreditation Standards</i>	<i>Home Care Standards</i>	<i>NSW Disability Standards</i>	<i>EQulP Standards</i>
1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 4.1, 4.2, 4.3, 4.4, 4.5	1.4, 1.5, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 3.3, 3.4, 3.5	1.1, 1.2, 1.3, 3.2, 3.5, 4.4, 5.1, 5.4, 6.3, 6.4	1.1.2, 1.1.3, 1.1.7, 1.6.1, 1.6.2, 1.6.3,

8.0 DOCUMENT CHANGES RECORD

<i>Dates of change</i>	<i>Section altered</i>	<i>Natures of changes made</i>
July 2004	All sections	Policy created
05/05/2008	a) 5.11 b) Definitions c) 5.3 d) 5.4.2 e) Election of OHS Representatives f) Provision to replace neglectful OHS Representative	a) updated b) Deleted OHS Consultation & Communication c) now represented as a table incorporating old 5.4, 5.4.3, 5.5, 5.9, 5.10 d) reworded e) explained in more detail f) added
03/09/2008	a) 5.4 OHS Committee	Add role of OHS Committee chair
05/08/2009	a) Old 1.0 and 2.0 b) Old 3.0 REFERENCES c) Old 4.0 Definitions d) Old 5.1 General responsibilities e) Old 5.2 f) New 4.1 g) New 4.2 OHS Committee h) New 4.3 OHS representatives i) New 4.4 OHS Workgroups	a) Combined in to 2.0 PURPOSE b) Made in to and expanded list as 5.0 REFERENCES c) Made in to Appendix 1 d) Part moved to new 1.0 and part to new 3.0 Policy Statement e) Moved to 1.0 Introduction f) Spelling corrections, delete references to SOPs

Dates of change	Section altered	Natures of changes made
		<ul style="list-style-type: none"> g) Add items that may be on the agenda of regular OHS meetings h) Add asking workgroup members for OHS issues to list of roles. Clarifying that they don't interfere in other workgroups. Clarify the OHS Coordinators role in election of OHS representatives. i) Title changed to reflect this addresses workgroups only. Allow for rep. to consult via means other than meetings.
07/10/2009	a) 1.0, 3.0,4.1, and 4.3	a) Correcting typographical errors
21/07/2010	1.0 Introduction	Minor rewording
28/03/2011	7.0 Relationship to Standards	Updated Community Care Common Standards and EQUIP5 Standards
06/02/2012	<ul style="list-style-type: none"> a) All sections b) 1.0 Introduction c) 3.0 Policy Statement d) 4.1 Consultation Processes e) 4.2 HSC f) 4.3 HSR g) 4.4 and 4.5 h) 4.6 Compliance and 4.7 Evaluation i) 5.0 References j) 6.0 Related Policies k) Appendix 1 Definitions 	<ul style="list-style-type: none"> a) Update terms e.g. OHS replaced with WHS b) Requirements of new legislation added c) Relevant others included as a group to be consulted and requirement to notify people of WHS outcome d) Various changes to ensure compliance with new WHS laws e) Various changes to ensure compliance with new WHS laws f) Various changes to ensure compliance with new WHS laws g) Minor wording changes h) New sections added i) Changes to legislation, Code of Practice and link to Nurses Code of Ethics j) Simplified to "all WHS Policies" k) Deleted
27/11/2012	<ul style="list-style-type: none"> a) Compliance b) All Sections 	<ul style="list-style-type: none"> a) (a) At least one HSC member has completed Workcover approved 5 day HSR training and (b) The HSC reviews the WHS Policy and WHS Consultation Policy annually b) Organisation name updated
11/12/2013	<ul style="list-style-type: none"> a) 4.2 Health & Safety Committee b) 4.3 Health & Safety Representative c) 4.4 Workgroup Representative d) 4.5-4.8 	<ul style="list-style-type: none"> a) Slight rewording to make clear management does not have to follow advice of the HSC and change "Workcover approved" training to "appropriate" training. b) Section shortened to clarify that Mercy Services does not currently have HSR as detailed in the WHS Act but that this can change. c) New section – taking on most of what was in the previous version of the Policy in relation to HSR. Includes that one member of the HSC must have completed the Workcover HSR training. d) Renumbered due to inclusion of new 4.4

Dates of change	Section altered	Natures of changes made
05/02/2014	<ul style="list-style-type: none"> a) 4.1 Mercy Services Consultation processes b) 4.2 Health & Safety Committee c) 7.0 References 	<ul style="list-style-type: none"> a) Re-order rows in table and minor changes in wording b) Rename workgroups c) Change Community Care Common Standards to Home Care Standards
04/03/2015	<ul style="list-style-type: none"> a) 4.1 Mercy Services Consultation process b) 4.2 Health and Safety Committee (HSC) c) 4.4 Work Group representative and 4.7 Compliance d) 5.6 References e) 7.0 Relationship to Standards 	<ul style="list-style-type: none"> a) Renamed Mercy Services WHS Consultation process b) Subdivide section into a) Greater Newcastle area and b) Singleton Residential Aged Care c) Change to “every two years one employee member of the HSC will complete the Workcover approved initial training course of 5 days” d) Updated web address for Codes of Ethics e) Updated Disability Standards
02/03/2016	<ul style="list-style-type: none"> a) All sections b) 4.01 Mercy Services WHS Consultation processes c) 4.02 Health and Safety Committee (a) Greater Newcastle area d) 4.02 Health and Safety Committee (b) Singleton 	<ul style="list-style-type: none"> a) Replace General Manager with Chief Executive Officer. Replace Workcover with SafeWork NSW b) Add times when HSC members might conduct consultation, change column headings to say “might” rather than “will”. c) Add Carrington workgroup. Add principle for deciding work groups. d) Add details of Singleton HSC
08/02/2017	Policy reviewed with no changes	e)
Review due 08/02/2018		