

G.05 Risk Management Policy

1.0 INTRODUCTION/BACKGROUND

The values and philosophy of Mercy Services require the protection from harm and the fostering of a safe and nurturing environment for staff, volunteers, clients and visitors. In addition laws, including the NSW Work Health and Safety (WHS) Act, direct employers and controllers of properties to ensure affected people are safe.

2.0 SCOPE

This policy applies to all Mercy Services workers and workplaces. This policy is to be used to manage risks regardless of how they are identified. It is intended for use primarily by the Chief Executive (CEO), Managers, Director of Care, WHS Coordinator, Coordinators and other employees at Mercy Services. However all volunteers, clients, contractors and visitors have a role restricted to notifying employees of any hazards and of participating in any further risk management process where the hazard directly concerns them or where they have the appropriate expertise or experience and a willingness to participate.

3.0 POLICY STATEMENT

The health, safety and welfare of all persons engaged by Mercy Services and those visiting Mercy Services' sites and all those participating in Mercy Services activities, is of the utmost importance. Mercy Services will use a risk management approach to identify and control hazards across the organisation.

4.0 PROCEDURES

4.1 DEFINITIONS

Risk	<i>The likelihood of something harmful happening to an individual or group of people under a certain set of specific conditions.</i>
Hazard	<i>A hazard is anything that can cause harm, i.e., injury or illness to people or damage to property.</i>
Risk Management	<i>The process of identifying and managing risks to avoid exposure or loss.</i>
Identify	<i>To recognise or find a potential hazard.</i>
Assess	<i>Determine the seriousness of a risk by making a judgement of how severe the damage would be and of the likelihood of such damage.</i>

Control *The measures taken to eliminate, minimise or otherwise manage the risk posed by the hazard.*

Worker *Anyone engaged in activities for Mercy Services. This includes Mercy Services staff and volunteers as well as contractors used by Mercy Services.*

4.2 When is Risk Management to be followed:

Risk management is an ongoing process of all workers to cover all potential hazards and risks. Current WHS legislation requires that the risk management process be carried out:

- before setting up and using a workplace;
- when planning work processes;
- before installing, commissioning or erecting plant;
- whenever changes are made to:
 - the workplace
 - the system or method of work
 - the plant used
 - the chemicals used;
- whenever new information regarding work processes becomes available.

4.3 Summary of the Risk Management Process

There are **Five Basic Steps** in the occupational health and safety risk management process:

Steps	How we do this at Mercy Services
a. Identify hazards	<ul style="list-style-type: none"> ☑ Client Home Visit Checklist see Appendix 3-4 ☑ Event Risk Management see Appendix 8 ☑ Hazardous Substances Register (MSDS) see Hazardous Substances Procedure ☑ Incident Form (see Incident Investigation Procedure) ☑ New practices (See: C.06 Risk Management Policy (Organisational)) ☑ Public Venue Checklist see Appendix 5 ☑ Pre-purchase Checklist see Appendix 6 ☑ Vehicle Checklists see Vehicle and Transport Procedure ☑ Risk Assessment Tool see Appendix 1 ☑ Site Inspection Checklist see Appendix 2 ☑ Work Group minutes
b. Assess risks that may result because of hazards	<ul style="list-style-type: none"> ☑ Coordinator/Manager/Director of Care responsibility ☑ Risk Assessment Tool see Appendix 1
c. Decide on control measures to prevent	<ul style="list-style-type: none"> ☑ Coordinator/Manager/Director of Care responsibility

or minimise the level of the risks	<input checked="" type="checkbox"/> Risk Management Plan see Appendix 7
d. Implement control measures	<input checked="" type="checkbox"/> Safe Work Practices <input checked="" type="checkbox"/> Risk Management Plan see Appendix 7
e. Monitor and review the effectiveness of measures	<input checked="" type="checkbox"/> Coordinator/Manager/Director of Care responsibility

4.4 Identification of Hazards

The first step in the risk management process is to identify workplace hazards. This means looking for those things in the workplace that have the potential to cause harm. The desired outcome of this step is a list of all hazards and the harm that may result from them. Hazards will be identified through:

- a. constant hazard identification; or
- b. specific hazard identification.

4.4.a Constant Hazard Identification

All workers will be trained in and will implement ongoing personal hazard identification and risk control through the “Stop and Think” Process. “Stop and Think” requires people to stop prior to commencing with each new task or venue and to consider the potential hazards associated with those tasks.

All workers are to be on the lookout for potential risks at all times and report these to their Coordinator/Manager/Director of Care. An assessment of the potential risk and appropriate controls should be put in place for minor risks. Where the hazard cannot be easily controlled or understood the Coordinator/Manager/Director of Care will complete a Risk Assessment Tool.

The CEO or WHS Coordinator, in consultation with workers, will also identify workplace hazards by:

- checking existing records and incident reports;
- discussing with workers hazards they have identified through the course of their activities; and
- reviewing outcomes of any WHS audits carried out.

4.4.b Specific Hazard Identification Activities

Checklists assist in many types of specific hazard identification activities, such as:

i) Client

See E.02 Service Access and Equity Policy and E.03 Meeting Individual Needs Policy

ii) Mercy Services Premises

Hazards at the venue may be identified by Workgroup Toolbox meetings with the Workgroup’s WHS Committee representative or by the Coordinator/Manager/Director of Care asking workers at other times.

A routine three monthly inspection will be carried out by two people (usually including the Coordinator/Manager/Director of Care) using the Workplace Inspection Checklist (Appendix 2). Their report will be provided to the WHS Coordinator who will ensure necessary follow-up.

The Brighton House site requires inspections only every six months. This is because it is primarily a residence with the worker only visiting for short periods each week.

Identified hazards will be addressed immediately, wherever possible, and completion of the rectification noted on the hazard identification form. Issues taken to the WHS Committee are minuted at the meeting and actions arising updated by the Committee until the issue has been finalised.

iii) Client Premises

Prior to or during the first provision of service for each client, a physical workplace inspection of the client’s premises is undertaken to identify any hazards, with the aid of the Checklist: Client Home Environment (Appendix 3). The McAuley Outreach Service Checklist: Client Home Environment (Appendix 4) may also be useful for all programs where the possibility of personal threat from other persons exists.

Community Transport staff do not enter clients homes but have additional issues with vehicle access so their procedure is:

1. administrative person taking the referral will complete an assessment of the client’s needs and issues regarding the client’s home/site using relevant questions on the Community Transport risk assessment form (Appendix 9)



2. If no concerns are detected no further action **or** If concerns are detected the risk assessment form (Appendix 9) is passed to a driver for that person to complete a pre-transport assessment

3. A note will be put on the run sheet of the first transport requiring the driver to “Confirm safety of site”. As with all client and safety issues the driver will phone these to the office straight away.

Mercy Services' Safe Work Practice documents, covering such things as manual handling and electrical safety, may assist in the identification of a suitable control for the hazards identified.

iv) Other Venues

Where the location has significant risks identified or where the location will be visited on an ongoing basis, use Checklist: Public Venues (Appendix 5) to formalise the risk assessment process. Document any corrective actions required and note when completed.

v) Vehicles

See Mercy Services Transport Policy for Checklists for regular safety review of vehicles and for the review of newly obtained vehicles.

vi) Hazardous Substances

See Mercy Services Hazardous Substances Policy.

vii) Manual Handling

See Mercy Services Manual Handling Policy.

viii) Equipment

Prior to the purchase or acquisition of any new equipment or substances the Coordinator/Manager/Director of Care will ensure that potential risks associated with the product are identified and appropriate steps are taken to ensure that new risks are not introduced to the workplace as a result of the purchase. The Pre-Purchase Checklist (Appendix 6) will assist in this process.

ix) Events

Prior to conducting a fundraising, promotional or other public event an assessment of various safety and organisational risks must be conducted and controls put in place (Appendix 8).

x) New Practices

(See: C.06 Risk Management Policy (Organisational)).

4.4.c Immediate Remedy of Identified Hazards

Having identified risks, and prior to a formal risk assessment, it should be considered whether any of the risks are relatively simple and whether the hazard can be easily fixed. If this is the case these will be attended to straight away, without recourse to the full risk assessment process or a Risk Management Plan.

There is a question on the Incident Report Form regarding whether a Risk Management Tool was completed. If an immediate remedy was applied this will be recorded as the reason for not completing the Tool.

4.5 Assessment of Risks

Risk is the likelihood that death, injury or illness, environmental exposure and/or damage to plant and equipment might result from the hazard. To assess risk, both likelihood and consequences need to be considered. The desired outcome of risk assessment is a prioritised list of risks for further action.

4.5.a The Risk Assessment Tool

The Coordinator/Manager/Director of Care will complete a Risk Assessment Tool (Appendix 1):

1. for complex/multiple task hazards; or
2. when the hazards identified in a Checklist require further analysis and/or a thorough response.

It is preferable that the worker who do/will experience these hazards is also involved in the completion of the Risk Assessment Tool. The Coordinator/Manager/Director of Care and WHS Coordinator will note their acceptance or otherwise of the recommendations in the Risk Assessment Tool.

4.5.b Determining Severity/Consequence

For each risk there is a need to consider whether it could be:

Catastrophic.....	death or permanent disability or extreme environment/equipment damage.
Major	long-term disability or serious injury or serious environment/equipment damage
Moderate	medical attention and off work for several days or treatable environment/ equipment damage
Minor	first aid or low level environment/equipment damage
Insignificant	no injury or environment/equipment damage

To determine the consequence, it is necessary to make a judgment on the severity of the potential outcome. A review of any information gathered during the identification stage, including incident statistics and manufacturers' data, will be used. The following should also be taken into account:

- potential for chain reaction;
- concentration of substances;
- volumes of materials;
- speed of projectiles and moving parts;
- heights;
- position of worker relative to hazards;
- weights; and/or
- client response.

4.5.c Determining Likelihood

When deciding likelihood it is necessary to decide how likely it is that someone would be that badly affected. This would include deciding whether it would be:

Almost certain:*expect to occur*

Likely:*will probably occur*

Possible*might occur at sometime*

Unlikely:*could happen, but can't be sure when*

Rare:*could happen, but only in exceptional circumstances.*

The following factors should be taken into account when determining the likelihood/probability of an incident occurring:

- how often the situation occurs;
- how many people are exposed;
- the skills and experience of persons exposed;
- special characteristics of people involved;
- the duration of exposure;
- the position of the hazard relative to workers and other hazards;
- potential distractions;
- quantities of materials or multiple exposure points;
- environmental conditions;
- condition of equipment; and/or
- effectiveness of existing control methods.

4.5.d Risk Ranking

The level of risk is determined for each risk by plotting consequence and likelihood estimates using the matrix provided on both Risk Assessment Tool Guidelines (Appendix 1) and Risk Management Plan Guidelines (Appendix 9).

Where there is disagreement about a risk ranking, further information will be sought in order to achieve consensus through consultation. If uncertainty remains, the assessors will adopt the higher ranking.

Once a risk ranking has been found it can be prioritised and controls identified to minimise or eliminate the risk.

4.6 Decide Risk Control

This is the process by which the risks associated with each of the hazards present in the workplace are controlled. This is completed having regard to the priorities, and resources, determined by the CEO and Coordinator/Manager/Director of Care in consultation with workers working in the area of concern or consulting with experts in the field.

The best control measure will be determined using the “hierarchy of control” options starting at the top and working down. Unless the hazard is completely eliminated, which is the first control option, there may need to be consideration given for using more than one control strategy simultaneously. Back-up controls (such as PPE and administrative controls) should only be used as a last resort or as a support to other control measures.

The WHS Regulation 2011 specifically states that risks must be minimised by means other than PPE wherever possible.

The hierarchy of controls is:

Level 1 ***Eliminate the hazard***

Level 2 ***Minimise the risk***

1. substitute with a lesser hazard
2. modify the work system or process
3. isolate the hazard
4. introduce engineering controls

Level 3 ***Institute back-up controls***

5. implement administrative controls and safe work practices
6. require personal protective equipment to be used.

4.6.a Finalising the Risk Assessment Tool

The Risk Assessment Tool involves identifying hazards, their consequent risks, rating these risks, suggesting some controls and rating the risk again as they would be with the control in place. The final step is for the Coordinator/Manager/Director of Care to write whether she/he considers the controls feasible and that the risk of continuing the activity to be acceptable.

4.7 Implementing Control measures

This involves putting selected control measures in place. This means undertaking those activities necessary to allow the measures to function or operate effectively. Where the risk level is assessed as significant and ongoing a Risk Management Plan (Appendix 9) will be used to allocate tasks to relevant people and then prioritise controls.

4.7.a Control Options

The CEO/Coordinator/Manager/Director of Care, in consultation with workers will ensure implementation of control measures that may include:

- **Developing/Revising Safe Work Practices** in relation to the regular activities which clearly detail roles, responsibilities and the resources required.
- **Completing a Risk Assessment Tool and/or Risk Management Plan** for one-off or complex activities. The Risk Management Plan will outline deadlines by which each control must be implemented, and detailing responsible workers. All parties will sign that they agree with their role.
- **Communication** to all relevant personnel information about the control measures to be implemented, including any reasons for changes.

- **Providing training and instruction** to all personnel affected by the new control measures.
- **Supervision** to verify that the new control measures are being used correctly.
- **Equipment** alternatives or maintenance changes will be made if needed.

4.7.b Risk Action Timing

The CEO/Coordinator/Manager/Director of Care, in consultation with workers, will determine the immediate priority action/timing against the following table:

Risk Ranking	Action/Timing
Extreme	Unacceptable risk. Immediate action (interim or permanent) required. Permanent solution within 3 weeks.
High	Unacceptable risk. Immediate interim action required. Permanent solution planned within 3 months.
Medium	Unlikely, or highly unlikely with adequate controls in place, action within 6 months.
Low	Low risk, long term action required within 12 months or risk considered to be as low as reasonably acceptable.

While the risk control process concentrates on controlling the highest ranked risks first, this does not mean that lower priority risks, which can be controlled quickly and easily, should not be controlled simultaneously.

The best available control measures should be put in place as soon as possible.

In some cases it may be necessary to put temporary controls in place until such time as the permanent controls can be instituted. Wherever there is a high risk and the control measures are not immediately available, temporary controls, which reduce the risk(s), must be put in place or the activity must cease until adequate controls are implemented.

4.8 Compliance

Compliance with this policy is being measured by:

- a) at least 80% score from client file audits (compliant Client Home Environment Checklist is essential for a pass score);
- b) 100% of events having an Event Risk Management Checklist;

- c) hazardous Substances Register updated annually;
- d) 100% of Incidents Reports summarised and presented to a Health and Safety Committee (HSC) meeting for assessment;
- e) 100% of Mercy Services programs have at least one Incident Report identifying hazards each year;
- f) 100% of new practices have a risk assessment;
- g) 100% of public venues used by Mercy Services have been assessed for risks;
- h) 100% of new equipment has a completed risk assessment;
- i) 100% of vehicles have received their required mechanical services;
- j) 100% of site inspections completed as per schedule; and
- k) bi-annual report to HSC and Board of risk management compliance.

4.9 Evaluation

The performance indicators for the evaluation of this policy are:

- a) 0% of Mercy Services staff injured at work; and
- b) at least 90% of Mercy Services staff giving a positive rating on how well Mercy Services is committed to safety.

5.0 REFERENCES

1. Current issues	a) None identified
2. Australian Standards	b) 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) None identified
5. Codes of Practice	a) Safe Work Australia (2011) Code Of Practice: How to Manage Work Health and Safety Risks http://www.safeworkaustralia.gov.au/AboutSafeWorkAustralia/WhatWeDo/Publications/Documents/633/How_to_Manage_Work_Health_and_Safety_Risks.pdf
6. Codes of Ethics	a) Australian Association of Social Workers Code of Ethics http://www.aasw.asn.au/document/item/1201 b) Australian Psychological Association Code of Ethics http://www.psychology.org.au/Assets/Files/Code_Ethics_2007.pdf c) The Nursing and Midwifery Board of Australia. Registration Requirements http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx 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) CCH Hands On Guide: WHS Manager

8. Mercy Services Values	a) Justice, Respect, Care, Unity, Service
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6.0 OTHER RELATED POLICIES AND PROCEDURES

All Policy and Procedures

7.0 RELATIONSHIP WITH STANDARDS

Aged Care Accreditation Standards	Home Care Standards	Disability Standards	EQIP Standards
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, 4.6, 4.7, 4.8	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.1, 2.2, 2.3, 2.4, 2.5, 3.2, 3.1, 3.3, 3.5,	2.5, 5.5, 6.1, 6.2, 6.3	1.5.1, 1.5.2, 1.5.4, 1.5.6, 2.1.2, 3.1.4, 3.1.5, 3.2.1, 3.2.2, 3.2.3, 3.2.4, 3.2.5

8.0 DOCUMENT CHANGES RECORD

Dates of change	Section altered	Natures of changes made
Dec 2005	First record of document	
27/08/2007	a) Header and footer details, b) Appendix 2 c) 5.8 Document Changes record	a) Titles and dates b) Updated Committee members c) Added
31/03/2008	a) Hazard Identification Tool b) Previous 5.1 c) Appendix and references to Task Analysis tool d) Previous 5.5.4 e) Previous 5.73 f) Appendix Public Venues g) Appendix Risk Management Tool h) Appendix Hierarchy of Controls i) Various sections and words	a) Now includes an assessment of risk role and is renamed Risk Assessment Tool b) Deleted as redundant c) The Risk Assessment Tool now includes task analysis d) Deleted – seen as redundant e) Non 5ccc due to format changes and reviews annual instead of quarterly f) Additional prompts added g) Renamed Risk Management Plan with changes in content to reflect this role h) Deleted – seen as redundant i) Numbering of various sections and minor word changes to reflect other changes
01/04/2009	a) New 1, 2, 3, 5, 6, 7 b) 4.4.b client c) 5.0 Procedure introduction	a) Added b) Client added to Specific Hazard Identification Activities c) Combined in new sections 1 and 2
06/05/2009	a) Appendix 2 Site Inspection b) Appendix 6 Pre-purchase Checklist	a) Added external environment section. Minor changes to office section. Deleted some duplicated items. b) Modified form
01/07/2009	a) Appendix 8 Event Risk Management	a) Added b) Included reference to Appendix 8

Dates of change	Section altered	Natures of changes made
	b) 4.3 c) 4.4b ix)	c) Added section to explain role of Appendix 8
30/06/2010	a) 2.0, 3.0, 4.4b (ii), 4.7 b) 4.3 c) 4.4.b (i)	a) Minor typographical errors b) Specify more Mercy Services actions c) Change to Policy references
16/08/2010	a) 4.4b iii) Client Premises b) Appendix 9	a) Community Transport specific assessment details added b) Added
11/04/2011	a) 7.0 Relationship to Standards b) Appendix 3 & 4	a) Updated Community Care Common Standards and EQUIP5 Standards b) Modified format and content
06/02/2012	a) All sections b) 4.8 Compliance c) 4.9 Evaluation d) 5.0 References	a) Updated with how new WHS laws and Codes of Practice apply at Mercy Services b) Re-wording in point form c) New section d) Changes to legislation, Code of Practice and link to Nurses Code of Ethics
27/11/2012	All Sections	Organisation name updated
06/02/2013	a) 4.4.b.ii Mercy Services sites b) Appendix 2 Workplace Inspection c) Appendix 3 Client Home Environment Checklist	a) Brighton House only needs 6 monthly inspections b) Included defibrillator battery check c) Changes to enable same form to be used for one annual review.
03/02/2016	a) All sections b) 2.0 Scope c) 5.0 references d) 7.0 Relationship to standards e) Appendices: 2 Workplace Inspection Form; 3 Checklist: Client Home Environment; 4 Checklist: Client Home Environment - MOS	a) Replace GM with CEO and add in Director of Care where relevant b) Clarifying restricted role of volunteers, guests, contractors and visitors. c) Update Codes of Ethics d) Update Disability Standards and add Aged care Accreditation Standards e) Updated
Review due 03/02/2019		

Appendix 1

**MERCY SERVICES
WORK HEALTH & SAFETY
RISK ASSESSMENT TOOL**

Date:	Name of assessors:
Location:	Other Mercy Services programs involved at this location:

	HAZARD/S Identified	RISK Potential harm or danger	RATING E = Extreme H = High M = Moderate L = Low	SUGGESTED CONTROL	ACTION TAKEN
1.			Likelihood __ Consequence __ Rating = ____		
2.			Likelihood __ Consequence __ Rating = ____		
3.			Likelihood __ Consequence __ Rating = ____		
4.			Likelihood __ Consequence __ Rating = ____		
			Likelihood __ Consequence __ Rating = ____		

Review Date:

Conclusion

(Coordinator says whether the risk is acceptable and under what circumstances):

Coordinator Name
Program Name

Name
WHS Coordinator

M:\Shared\Forms & Letterhead\WHS Forms\Risk Assessment Tool

RISK ASSESSMENT TOOL GUIDELINES

Your task is to identify and list as many hazards as you can in each task, equipment and/or work area. These hazards are to be relevant to you and your work.

For example: For a new activity. You would look at areas and situations within that venue that you use in relation to your work, and the tasks that you perform, such as group activity, need for time-out space, back-up support for staff and transport arrangements.

Prompts: These are not full checklists, but ideas to get you thinking:

HAZARDS	RISKS
<p>Venue</p> <ul style="list-style-type: none"> ➤ access – too close to road, lighting, overgrown pathways, clutter, floors - slippery, uneven, clutter, damaged coverings, other? ➤ stairs/steps – broken, slippery, without handrails, other? ➤ power points – visibly faulty, overloaded, other? ➤ lighting – inadequate, other? ➤ ventilation – inadequate, chemical fumes, other? ➤ work surface – low, high, beds, sinks, vermin, other? ➤ cleanliness – pest infestation, spoiling food, other? ➤ obstructions – in doorways, corridors, rooms, door catches, locks, other? 	<ul style="list-style-type: none"> ➤ Injury from vehicle accident ➤ Injury from trip, slip or fall ➤ Injury from over reaching, stretching, twisting ➤ Injury from bite ➤ Injury from infection ➤ Injury/discomfort from smell ➤ Injury from moving/falling object ➤ Injury/distress from insufficient support/supervision of staff ➤ Injury/distress from unrealistic workload ➤ Injury from incorrect posture ➤ Injury from excessive noise ➤ Injury from explosion ➤ Injury from repetitive actions ➤ Injury from electric shock ➤ Injury/distress to client from incorrect use of equipment ➤ Damage to equipment ➤ Damage to property from vandalism ➤ Distress/aggression from client agitated by other clients/public ➤ Injury from repetitive actions ➤ Environmental damage from pollution
<p>Environment</p> <ul style="list-style-type: none"> ➤ Could it be too hot or too cold? ➤ Do you need a wet weather alternative venue, shade, flies/mosquito/wasps/dog, dangerous setting (e.g. swimming pool) access to bins, low clothes line or branches, flooding, landslides, outdoor equipment – access/repair, any pets, dangerous or potentially dangerous, are workers comfortable around pets? 	
<p>Client/family</p> <ul style="list-style-type: none"> ➤ emotionally demanding, conflict, violence, assault, sexual harassment, infectious disease, threatening, manipulative behaviour, other? do you feel safe or do you feel anxious in this location? 	
<p>Activity</p> <ul style="list-style-type: none"> ➤ client weight bearing, transfer, walk unaided or with aids, wheelchairs, others. do you feel safe manual handling this client, are some clients likely to be distressed by activity/setting, is special training/equipment needed? 	
<p>Staff support</p> <ul style="list-style-type: none"> ➤ Are there enough staff for the client/activity/setting risks, who/what back-up support do they have, will others be able to see/hear staff if they need help? 	
<p>Transport</p> <ul style="list-style-type: none"> ➤ What vehicles will be used, are they in a safe condition, is assistance available if there are transport difficulties? 	
<p>Equipment</p> <ul style="list-style-type: none"> ➤ Do you need to carry or handle it? – over distance/obstacles? ➤ Is it safe and suitable shower chairs, rails, hoses, cleaning equipment, hot water systems, heaters, fans, power points, play/sporting equipment, gardening equipment, dangerous furniture, other? 	

Each risk needs to be given a rating based on its consequence and likelihood. *(For further information making these judgements, consult the Risk Management Procedure)*

<u>Likelihood</u>	<u>Consequence</u>	Consequence	<u>Likelihood</u>				
			A	B	C	D	E
A= Almost Certain : Expected to occur	1= Catastrophic : Extreme environmental/equipment damage; Death or permanent disability	1	E	E	E	E	H
B= Likely : Will probably occur	2= Major : Severe environmental/equipment damage: Long term illness or serious injury	2	E	E	E	H	H
C= Possible : Might occur at sometime	3= Moderate : Injury resulting in medical attention and several days off work or treatable environment/ equipment damage	3	E	H	H	M	M
D= Unlikely : Not likely to occur	4= Minor : Low level environmental/equipment damage, First aid treatment	4	H	H	M	L	L
E= Rare : Exceptional circumstances	5= Insignificant : Minimal environmental/equipment damage, No injuries	5	H	M	L	L	L

RATING: **E = Extreme** **H = High** **M = Moderate** **L = Low**

You need to suggest an improvement that might control the risk. The following table indicates some possible controls and the order in which they should be considered:

<i>Priority</i>	<i>Effect</i>	<i>Example</i>
First choice	Eliminate the hazard	<ul style="list-style-type: none"> ➤ Cease the activity ➤ Redesign the job to remove the unsafe work practice
Second choice	Minimise the risk	<ul style="list-style-type: none"> ➤ Substitute with a non-toxic, non-hazardous material ➤ Substitute a full bag for two half full bags ➤ Provide the activity at another time when there is more room or less distractions ➤ Install a lock so unauthorised people cannot access the area ➤ Remove an environmental trigger that causes the client to behave dangerously ➤ Change the equipment that is used in the task ➤ Increase the number of staff at the activity ➤ Install handrails or ramps ➤ Provide more intensive training ➤ Assess staff to ensure only those with competency undertake the task
Last resort	Protect people from the impact	<ul style="list-style-type: none"> ➤ Communicate a warning via a sign or memo ➤ Develop or revise Safe Work Practices ➤ Personal Protective Equipment (sunscreen, ear muffs, face shield, gloves)

Then you need to give a risk rating to the hazard as you think it applies when the control is put in place.

The final step is for the Program Coordinator to write whether she/he considers the controls feasible and risk of continuing to be acceptable.

Appendix 2

Workplace Inspection Form
TO BE COMPLETED EVERY January, April, July and October.

Inspection Site: _____ **Date & Time of Inspection:** _____

Completed by (2 people): _____ **and** _____

	RATING			Comment/action
	Hazard	Safe	N/A	
External areas				
Road surface – stable and smooth				
Environmental hazards – flash flooding, landslides – either onsite or on access roads				
Entrance clearly marked/easily identified				
Potential vehicle damage areas, corners, guardrails and entrances effectively marked				
Parking - adequate				
Disabled parking designated and given priority				
Pathways - level, non-slip, uncluttered				
Building has a “No cash kept on premises” sign				
Adequate lighting of walkways, stairways and ramps				
Steps and changes of level clearly defined				
Handrails and ramps				
Waste bins suitability located and regularly emptied				
Gates – easy to open/secure				
Walls and fences in good order without gaps or protrusions				
Congregating areas have adequate protection from sun				
Assembly area for emergency evacuations clearly marked				
Landscaping provides minimal hiding places				
Gardens free from debris, sharp objects, long grass				
Smoking area away from doorways/windows with containers for butts				
Fire & Security				
Extinguishers marked for type of fire, checked 6 monthly				Next inspection due:
Emergency lighting checked 6 monthly				Next inspection due:
Fire blanket accessible				
Adequate direction notices for fire exits				
Exit doors easily opened from inside				
Fire/security alarm system functioning correctly				Annual inspection due:
Evacuation procedures available and displayed				
Fire drills carried out				Next evacuation drill due:
Electrical				
Plugs, sockets or switches in good condition				
Electrical leads in good condition				
Electrical leads – not stretched				
Temporary leads in good condition/safe location				
Adequate number of power points for appliances in use				
Earth leakage protection installed				

	RATING			Comment/action
	Hazard	Safe	N/A	
General Lighting				
Lighting adequate for the work performed inside/outside				
Switches - accessible				
Good natural lighting				
Good light reflection from walls and ceilings				
No direct or reflected glare				
Light fittings clean and in good condition				
Stairways and exits - well illuminated				
Emergency lighting operable				
Faults such as flickering globes, blown globes – should be replaced/repaired immediately				
Walkways				
Entry and across walkways kept clear and in good order				
No electrical leads crossing walkways				
Walkways adequate & clearly marked				
Unobstructed vision at intersections				
Stairs in good condition (not slippery)				
Hand rails appropriate				
Floors				
Even surface, no cracks or holes				
No loose boards or grills/grates stable and cleaned regularly				
Rubbish				
Waste bins located at suitable points around centre				
Recycle bins located at suitable points around centre				
Bins emptied regularly				
Infectious waste removed appropriately				
Storage				
Materials stored in cupboards wherever possible				
Storage designed to minimise lifting problems i.e. between knee and shoulder height				
Floors and work areas free of clutter				
Chemicals on site				
Any new chemicals since last hazardous substance audit (list new chemicals at end of this checklist)				
MSDS for all chemicals available and Hazardous substances register accessible (near First Aid kit)				
Containers clearly labelled				
Do special storage conditions apply				
No decanted chemicals				
Correct disposal systems in place				
Bathrooms and toilets				
Adequate toilets for male/female/disability				
Cleaned regularly				
Well ventilated				
Liquid soap dispenser and paper towel/air drier provided				
Adequate sanitary facilities provided				

	RATING			Comment/action
	Hazard	Safe	N/A	
First Aid				
Container easy to access				
Contains required items (list attached to inside cover)				
Container marked on the outside with the words “FIRST AID” and a white cross on green square background				
Emergency numbers & First Aid officer names displayed				
Defibrillator (if on site) battery charged (indicated by flashing light)				
Spills kits where appropriate. Contents clean & orderly.				
Kitchens				
Cooking facilities & fridge clean and working				
Microwave oven tested for leakage every 2 years				Next inspection due:
Work benches are clean				
Personnel wearing appropriate clothing				
Exhaust fans over cooking units are clean				
Anti-slip floor surfaces				
Office hazards				
Area free of fumes from printers/photocopier				
Air-conditioning system maintained 3 monthly				Next inspection due:
Suitable height table for collating (if needed)				
Filing cabinets in good working order & open into a safe place				
Adjustable chairs in good working order				
Desk at correct height for work performed				
Footrest provided (if needed)				
Sufficient leg room under desk				
Document holder provided (if needed)				
Phone connections nearby				
Emergency procedures visible within room				
Sufficient individual storage space				
All frequently used items within easy reach				
Cables secured behind work surfaces				
Computer equipment looks to be in good condition				
Desk uncluttered				
Adequate space between furniture/equipment				
Equipment tagged (1-3 year cycle – depending on equip)				Next inspection due:
Noisy equipment enclosed and isolated				
Other hazards - or more information concerning matters listed above (e.g. new chemicals in use to be listed here)				
Safety of onsite mobility aids checked (<i>each Jan and July</i>)				
Pest control – should be every 3 months				Next inspection due:
Rainwater tank first flush and entry checked monthly				Next inspection due:

Please give this completed checklist to the WHS Co-ordinator. - Complete a Risk Assessment Tool when the hazards identified in this Checklist require further analysis and/or a thorough response.

M:\Shared\Forms & Letterhead\WHS Forms\Workplace Inspection

Appendix 3

Checklist: Client Home Environment

Client name:		Date of Birth:	
Address:		Telephone:	
Person completing:	Initial date: / /	Person completing:	Review date: / /
Location of door to enter: front <input type="checkbox"/> side <input type="checkbox"/>		Parking	
back <input type="checkbox"/> other <input type="checkbox"/> (describe)			
Location: (draw map and attach if needed)			
Unless otherwise stated the client/carer is the source of information			
OUTSIDE RESIDENCE	Hazard	Safe	COMMENT / ACTION BY
Area prone to environmental hazards – flash flooding, landslides – either onsite or on access roads	<input type="checkbox"/>	<input type="checkbox"/>	
Parking – adequate/safe space on street	<input type="checkbox"/>	<input type="checkbox"/>	
Gates – easy to open	<input type="checkbox"/>	<input type="checkbox"/>	
Pathway - level, non-slip, uncluttered	<input type="checkbox"/>	<input type="checkbox"/>	
Steps/stairs - level, non-slip, uncluttered	<input type="checkbox"/>	<input type="checkbox"/>	
Verandah surface - level, non-slip, uncluttered	<input type="checkbox"/>	<input type="checkbox"/>	
Pets - present restrained, separated from worker	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting at night is adequate	<input type="checkbox"/>	<input type="checkbox"/>	
Door clear of obstruction	<input type="checkbox"/>	<input type="checkbox"/>	
INSIDE RESIDENCE	Hazard	Safe	COMMENT / ACTION BY
Floor surfaces - level, non-slip, uncluttered	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting - adequate for walking, for performing work	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit - visible with easy access	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke detector - present and working	<input type="checkbox"/>	<input type="checkbox"/>	
Internal stairs (<i>how many? How steep?</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
No tasks involve working at heights	<input type="checkbox"/>	<input type="checkbox"/>	
Weapons – kept in locked storage or not present	<input type="checkbox"/>	<input type="checkbox"/>	
ELECTRICAL / GAS	Hazard	Safe	COMMENT / ACTION BY
Fuse box includes a safety switch	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical leads - damaged/wires exposed	<input type="checkbox"/>	<input type="checkbox"/>	
Switches in good working order	<input type="checkbox"/>	<input type="checkbox"/>	
Power points to be used are not located near water	<input type="checkbox"/>	<input type="checkbox"/>	
Gas cylinders used on site (hot water, oxygen)	<input type="checkbox"/>	<input type="checkbox"/>	
LOUNGE ROOM	Hazard	Safe	COMMENT / ACTION BY
Workspace organization – uncluttered area	<input type="checkbox"/>	<input type="checkbox"/>	
Furniture - stable, height adequate to work from	<input type="checkbox"/>	<input type="checkbox"/>	
KITCHEN	Hazard	Safe	COMMENT / ACTION BY
Electrical equipment - cords not frayed, not used near water	<input type="checkbox"/>	<input type="checkbox"/>	
Workspace organisation – uncluttered, non-slip floor surface	<input type="checkbox"/>	<input type="checkbox"/>	
Stove/oven	<input type="checkbox"/>	<input type="checkbox"/>	
Tables/benches	<input type="checkbox"/>	<input type="checkbox"/>	
Chairs	<input type="checkbox"/>	<input type="checkbox"/>	

BEDROOMS	Hazard	Safe	COMMENT / ACTION BY
Sufficient space around bed, uncluttered floor	<input type="checkbox"/>	<input type="checkbox"/>	
Bed height suitable	<input type="checkbox"/>	<input type="checkbox"/>	
Heaters– no bedding, clothes or water near heater	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical cords, power points	<input type="checkbox"/>	<input type="checkbox"/>	
BATHROOM/TOILET	Hazard	Safe	COMMENT / ACTION BY
Access to bath - adequate height	<input type="checkbox"/>	<input type="checkbox"/>	
Shower - non-slip surface, adequate space	<input type="checkbox"/>	<input type="checkbox"/>	
Toilet - appropriate height, adequate room	<input type="checkbox"/>	<input type="checkbox"/>	
Floor drainage - adequate to ensure non-slip	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation – adequate	<input type="checkbox"/>	<input type="checkbox"/>	
Water temperature	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical equipment- not used in bathroom	<input type="checkbox"/>	<input type="checkbox"/>	
EQUIPMENT	Hazard	Safe	COMMENT / ACTION BY
Vacuum cleaner	<input type="checkbox"/>	<input type="checkbox"/>	
Carpet sweeper	<input type="checkbox"/>	<input type="checkbox"/>	
Broom e.g., adequate handle length	<input type="checkbox"/>	<input type="checkbox"/>	
Mop and bucket	<input type="checkbox"/>	<input type="checkbox"/>	
Iron in working order/ironing board is adjustable height	<input type="checkbox"/>	<input type="checkbox"/>	
Washing machine	<input type="checkbox"/>	<input type="checkbox"/>	
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	
Hot water system – set to temperature	<input type="checkbox"/>	<input type="checkbox"/>	
Pipes not exposed	<input type="checkbox"/>	<input type="checkbox"/>	
Food preparation equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Clothes line - adjustable height, safe access	<input type="checkbox"/>	<input type="checkbox"/>	
LAUNDRY	Hazard	Safe	COMMENT / ACTION BY
Workspace – uncluttered, non-slip floor surface	<input type="checkbox"/>	<input type="checkbox"/>	
Floor drainage - adequate to ensure non-slip	<input type="checkbox"/>	<input type="checkbox"/>	
Water temperature	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER ISSUES	Hazard	Safe	COMMENT / ACTION BY
Chemicals/Substances to be used <small>(see G:10 Hazardous Substances Policy)</small>	<input type="checkbox"/>	<input type="checkbox"/>	
No one in the house has a recent history of violence, including domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	
No one in the house has an untreated mental health disorder	<input type="checkbox"/>	<input type="checkbox"/>	
No one in the house has access to firearms/ illegal weapons	<input type="checkbox"/>	<input type="checkbox"/>	
Other concerns about others in the house	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/volunteers will not be affected by people smoking in the house	<input type="checkbox"/>	<input type="checkbox"/>	
Manual handling assessment required <small>(see: G09 Manual Handling Policy) (if yes attach completed)</small>	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER FINDINGS:			

Complete a Risk Assessment Tool when the hazards identified in this Checklist require further analysis and/or a thorough response.

M:\Shared\Forms & Letterhead\WHS Forms\Client Home Checklist

Appendix 4

Client Home Environment Checklist - McAuley Outreach Service

Client Number & Initials:	Location of Visit
Person Completing Checklist:	Date:
Location of entrance door (Circle): Front Side Back Other:	

Unless otherwise stated the client/carer is the source of information
RISK ASSESSMENT OF CLIENT & OTHER INVOLVED PERSONS

Issue	Hazard	Safe	Comments/Action taken
No one in the house has a recent history of domestic violence			
No one in the house has a recent history of violence, including domestic violence			
No one in the house has an untreated mental health disorder			
No one in the house has access to firearms/ illegal weapons			
There are other concerns about the client/others in the house			

PRE VISIT PROCEDURE & RISK ASSESSMENT

Pre Visit Checklist	Hazard	Safe	Comments/Action taken
The client/other involved persons are aware of the visit			
Address confirmed			
Mobile phone in staff members possession/ batteries charged/ turned on vibrate			
Car has adequate petrol to ensure completion of the trip. <i>(Petrol tank not to go below ¼ full)</i>			
Information on Whiteboard: Clients initial & number Time of appointment Expected time of return			

HOME/ PROPERTY

On approach	Hazard	Safe	Comments/Action taken
Environmental hazards: flash flooding, bushfires, landslides – either onsite or on access roads			
Safe car parking available			
Clear access, free from any obstacles, from the vehicle to the entrance <i>(e.g. stairs, unobstructed/non-slip path)</i>			
Any animals are restrained in the yard or in the house			
Lighting at night is adequate			
Inside Building	Hazard	Safe	Comments/Action taken
Clear walkways within the house			
Adequate ventilation			
Adequate lighting			
Smoke free whilst worker is present			
Appropriate area for the client interview			
Easy exit from the house			

Did the worker feel at risk during the visit?	Hazard	Safe	Comments/Action taken

Complete a Risk Assessment Tool when the hazards identified in this Checklist require further analysis and/or a thorough response.

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Appendix 5

MERCY SERVICES: CHECKLIST: PUBLIC VENUES

Venue				
Person completing checklist:			Date: / /	
Address / Location: (draw map and attach if needed)			Review Date: / /	
A. EXTERNAL ENVIRONMENT	YES	NO	N/A	COMMENT / ACTION BY
Environmental hazards – flash flooding, bushfires, landslides – either onsite or on access roads				
Landscaping provides minimal hiding places				
Entrances and exits clearly marked				
Check road surface quality and traffic directions				
Intersections and pedestrian areas identified				
Potential vehicle damage areas, corners, guardrails and entrances effectively marked				
Disabled parking designated and given priority				
Continuous clear accessible pathway i.e. no barriers				
No raised curbs or changes in the pathways				
Surface free from holes and projections: well drained area to prevent flooding				
Adequate lighting of walkways, stairways and ramps				
Anti-slip surfaces				
Steps and changes of level clearly defined				
Handrails				
Waste bins provided and regularly emptied				
Walls, gates and fences in good order without gaps or protrusions				
Adequate protection from sun provided				
Assembly area for emergency evacuations clearly marked				
Gardens free from debris, fallen branches removed, long grass				
Gardens free from sharp objects (broken glass, metal, needles etc)				
Safe and accessible designated smoking area with containers				
B. INTERNAL ENVIRONMENT	YES	NO	N/A	COMMENT / ACTION BY
Emergency entrance/exits clear, well defined and lit				
Entrances, doorways and stairs kept clear				
Hand rails where appropriate				
Floor coverings in good repair, even, no cracks, no holes, clean, free from obstructions and not slippery				
Signs to indicate hazards e.g., wet floor after cleaning				
Cords secured and clear of walkways				
Handrails, non-slip surfaces, lighting adequate on stair/landings				
Lifts/elevators available				
Accessible light switches				
Air quality acceptable (fumes, odours, particles)				
Noise level acceptable				
Adequate toilets for male and female, and people with disabilities				
Spacing between furniture adequate				
Size and sturdiness of furniture adequate				
Facilities cleaned regularly & well-ventilated				
Hand wash, single-use hand towels/ driers provided				
Sanitary bins provided				
C. ACTIVITY	YES	NO	N/A	COMMENT / ACTION BY
Food prepared safely (if applicable)				
Hazardous activity e.g. swimming, ice skating				
Distractions that may distress or aggravate clients				
Quiet space available, if needed, for distressed clients				
Adequate supervision/support provided by venue				
First aid supplies and officer provided by venue				
Will any object be moved or carried? If so, ▪ How much does it weigh? ▪ How far will it need to be carried?				
If necessary, can equipment be provided at the venue?				
Adequate area to store our equipment etc.				
Is there any awkward or repetitive action required in the provision of the service?				

M:\Shared\Forms & Letterhead\WHS Forms\Public Venue Checklist

Appendix 6

Pre Purchase Checklist

This checklist consists of a range of criteria to consider before purchasing any new equipment or substances. It is designed as a guide only and some of the criteria may not be applicable to the item being assessed.

Each risk needs to be given a rating based on its consequence and likelihood. (see Risk Management Policy)

Likelihood	
A= Almost Certain :	Expected to occur
B= Likely :	Will probably occur
C= Possible :	Might occur at sometime
D= Unlikely :	Not likely to occur
E= Rare :	Exceptional circumstances

Consequence		A	B	C	D	E
1= Catastrophic : Extreme environmental/equipment damage; death or permanent disability	1	E	E	E	E	H
2= Major : Severe environmental/equipment damage; Long term illness or serious injury	2	E	E	E	H	H
3= Moderate : Injury causing several days off work or treatable environment/equipment damage	3	E	H	H	M	M
4= Minor : Low level environmental/equipment damage, First aid treatment	4	H	H	M	L	L
5= Insignificant : Minimal environmental/equipment damage, No injuries	5	H	M	L	L	L

RATING: **E = Extreme** **H = High** **M = Moderate** **L = Low**

Description of item to be purchased

Recommended supplier

Purpose

Checklist completed by:..... Date / /

Names of affected employees consulted:

CRITERIA		COMMENTS
Plant/equipment hazards		Risk Rating
<ul style="list-style-type: none"> mechanical action e.g., pressing, entanglement, severing, cutting, grinding and rolling impact from a moving part, sharp edges, a flying object or particle electrical radiation, or charge heat and cold e.g., ovens, hot machinery, freezers noise and vibration, explosion and/or flammability falls from a height 		
Chemical hazards (MSDS must be attached)		
<ul style="list-style-type: none"> solids such as dusts, powders, smoke and fumes liquids which can be swallowed or absorbed through skin gases which may be inhaled 		
Manual handling hazards		
<ul style="list-style-type: none"> lifting and carrying loads repetitive tasks ergonomic needs of workers undertaking tasks (such as heights of work benches and adjustability of seating) work techniques and postures used for lifting, digging, pushing or pulling. 		

CRITERIA	COMMENTS
Other safety considerations	
Is there an alternative/less hazardous substance available?	
What Safe Work Practice applies <u>or</u> is a new one needed?	
Suitable/adjustable for a diversity of body types and sizes	
How difficult will it be for a carer or child to use?	
The level of supervision required	
Training required	
Signage requirements	
PPE required	
Cost effectiveness	
Installation requirements <i>(will these impact on staff or other equipment)</i>	
Cost and frequency of parts/supplies	
Service contract <input type="checkbox"/> Yes <i>(annual cost)</i> <input type="checkbox"/> No with on-site maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No	
Warranty <input type="checkbox"/> Yes <i>(duration)</i> <input type="checkbox"/> No	
Does it meet Copyright/Licensing requirements	
Compliance with Australian standard(s) specify standard	
Cleaning including routine & special requirements	
Durability: anticipated life span <input type="checkbox"/> 1 yrs <input type="checkbox"/> 2-4 yrs <input type="checkbox"/> > 4 yrs	
Recycling options	
Energy efficiency (star rating or Litres per 100KM)	
Where and how will it be stored	
Are you aware of other organisations using similar equipment? If so, <ul style="list-style-type: none"> • Does the equipment/furniture effectively do what it is designed to do? • Is the equipment/ furniture reliable? 	
Adaptability, multi-use <i>(is it suitable for uses other than those it was designed for)?</i>	
Limitations as recommended by the manufacturer/supplier. List these	
Does the equipment/furniture require modify/adapt before our use? cost?	
Will building/room modification be required to use? If yes, is it feasible?	
Does it include all accessories required for use? If no, what is needed?	
Upgrading ability (for example, software)?	
Does it function effectively with existing equipment/furniture?	

Complete a Risk Assessment Tool when the hazards identified in this Checklist require further analysis and/or a thorough response.

M:\Shared\Forms & Letterhead\WHS Forms\Pre Purchase Checklist

Appendix 7

RISK MANAGEMENT PLAN

Name of Recorder/s:	
Date Hazard Identified:	
Hazard Identified:	
Location of Hazard:	

1. RISK ASSESSMENT

Add written description here

Does the risk lie with: People Equipment Environment

RISK: (Potential harm or danger)		
Likelihood:	Consequence:	Rating:

2. RISK MANAGEMENT PLAN

Aspects	Control Measures To Be Taken	Person responsible	Commencement Date

3. AGREEMENT BY PARTIES TO IMPLEMENT RISK MANAGEMENT PLAN

Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:

4. RISK MANAGEMENT PLAN REVIEW – Date

The Elimination/Control Measure Implementation of this **RISK MANAGEMENT PLAN** has been:

<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Non-satisfactory
Name:	Signed:
Date:	

Is there evidence that this Risk Management Plan is no longer valid?.....Yes / No

Has there been an injury or illness because of this hazard?.....Yes / No

Have there been changes to the work process, technology or the environment?Yes / No

If you answered 'Yes' to any of the above, please make comments and complete a new Risk Management Plan

.....

MERCY SERVICES

WORK HEALTH & SAFETY

RISK MANAGEMENT PLAN GUIDELINES

The Risk Management Plan is used to follow up serious risks that require a complex or planned approach with the commitment of one or more parties. Often these are issues that were identified in a Risk Assessment Tool but they can also be identified through other means.

1. RISK ASSESSMENT:

The Program Coordinator should write a short description of the history and context of the hazard e.g. who does it affect, when, where, why is it unavoidable.

The rating of the hazard is detailed based on its consequence and likelihood. *(For further information making these judgements consult the WHS Risk Management Procedure)*

<u>Likelihood</u>	<u>Consequence</u>	Consequence	<u>Likelihood</u>				
			A	B	C	D	E
A= Almost Certain : Expected to occur	1= Catastrophic : Extreme environmental/equipment damage; Death or permanent disability	1	E	E	E	E	H
B= Likely : Will probably occur	2= Major : Severe environmental/equipment damage: Long term illness or serious injury	2	E	E	E	H	H
C= Possible : Might occur at sometime	3= Moderate : Injury resulting in medical attention and several days off work or treatable environment/ equipment damage	3	E	H	H	M	M
D= Unlikely : Not likely to occur	4= Minor : Low level environmental/equipment damage, First aid treatment	4	H	H	M	L	L
E= Rare : Exceptional circumstances	5= Insignificant : Minimal environmental/equipment damage, No injuries	5	H	M	L	L	L

RATING: E = Extreme H = High M = Moderate L = Low

2. RISK MANAGEMENT PLAN

The aspects involved in the activity are broken down into their parts. Usually this means listing the steps involved in an activity or the cluster of activities associated with the hazard.

A control plan is detailed for each aspect. These details must be separately numbered and must clearly state all of the control measures that need to be in place for the risks to be managed. There are likely to be several controls necessary for each aspect. More detail on choosing controls is available in the Risk Assessment Tool Guidelines and the WHS Risk Management Procedure.

For each numbered control there must be a person responsible for implementing the control. By numbering the names in this column it will be clear who is responsible for what.

The same numbering is used in the date column. In some cases the date listed will be “ongoing” in other cases it will be “as of”

The following table is an example of a RISK MANAGEMENT PLAN:

Aspect	Control Measures To Be Taken	Person responsible	Commencement Date
<p><i>Casework in outreach office at Metford Neighbourhood Centre</i></p>	<ol style="list-style-type: none"> 1. <i>Fred to only interview people at his office if Bob Down (Centre Coordinator) is on site; or (b) if he is not present Fred will phone Tighes Hill and notify of the interview, the client ID number, location of interview, and the time he will phone in afterwards.</i> 2. <i>Fred to conduct an ongoing assessment of the person’s mental health and sobriety and will only interview (and only continue interviewing) the person if it is safe to do so.</i> 3. <i>Fred to ensure that he is seated closest to the door to enable him to exit if needed.</i> 4. <i>Fred to have his portable duress alarm next to him.</i> 5. <i>Fred to keep the door ajar when interviewing so others could hear if the situation deteriorates.</i> 6. <i>Defusing techniques will be used as necessary.</i> 7. <i>Fred to phone Tighes Hill after interview (if applicable) - If Fred has not phoned in afterwards and is uncontactable a manager from Tighes Hill will drive to Metford and obtain details of Fred’s last client from top drawer of Fred’s filing cabinet and follow-up.</i> 8. <i>In the event of a distressing situation Fred’s Coordinator will immediately be informed, an incident report form completed and support sought.</i> 	<ol style="list-style-type: none"> 1.a. <i>Fred to ensure he knows Bob’s attendance and takes steps outlined in (b) if he is absent</i> 1b. <i>Fred to phone Tighes Hill</i> 2. <i>Fred</i> 3. <i>Fred</i> 4. <i>Fred</i> 5. <i>Fred</i> 6. <i>Fred</i> 7. <i>Fred to ensure a copy of the Metford building key is provided to Tighes Hill for management to take from bottom drawer of McAuley Outreach filing cabinet so management can use this key to access Metford office.</i> 8. <i>Fred</i> 	<ol style="list-style-type: none"> 1a. <i>ongoing</i> 1b. <i>as of 18/12/07</i> 2. <i>ongoing</i> 3. <i>ongoing</i> 4. <i>ongoing</i> 5. <i>ongoing</i> 6. <i>ongoing</i> 7. <i>as of 18/12/07</i> 8. <i>ongoing</i>

3. IMPLEMENTATION

All persons named in the table must sign that they agree to implement their part of the Risk Management Plan.

4. REVIEW

When the Risk Management Plan is developed a review date is set. The review date must be brought forward if (1) it is obvious that the controls are causing difficulties; (2) there is an injury or incident associated with the hazard or (3) other changes have diminished the hazard.

The Program Coordinator must consult with all involved parties when completing the review. They will then inform the WHS Coordinator of the outcome of the review.

Appendix 8

Event Risk Management

Each risk needs to be given a rating based on its consequence and likelihood. (For further information making these judgements consult the Risk Management Procedure)

Likelihood	Consequence	Consequence	Likelihood				
			A	B	C	D	E
A= Almost Certain : Expected to occur	1= Catastrophic : Extreme environmental/equipment damage; Death or permanent disability	1	E	E	E	E	H
B= Likely : Will probably occur	2= Major : Severe environmental/equipment damage: Long term illness or serious injury	2	E	E	E	H	H
C= Possible : Might occur at sometime	3= Moderate : Injury resulting in medical attention and several days off work or treatable environment/ equipment damage	3	E	H	H	M	M
D= Unlikely : Not likely to occur	4= Minor : Low level environmental/equipment damage, First aid treatment	4	H	H	M	L	L
E= Rare : Exceptional circumstances	5= Insignificant : Minimal environmental/equipment damage, No injuries	5	H	M	L	L	L

Risk Rating: **E = Extreme** **H = High** **M = Moderate** **L = Low**

Event: Date of event Venue:

Risk	Risk rating (see above)	Possible controls	Actual control and responsible person
Someone might be injured setting up for event		Organisers familiar with and complying with safe manual handling guidelines	
		Ensure there are enough people helping with the movement of items and setting up	
		Have trolleys, tables and other equipment to prevent unnecessary lifting, reaching, bending	
Someone might trip or fall walking during event		Use a Mercy Services venue or similar venue that has a proactive approach to identifying and addressing property maintenance needs	
		Organisers ensure there is adequate lighting and no trip hazards in walkways (internal and external)	
		Designated organiser to ensure that the maximum number of people to be allowed in each area of the event is not exceeded	
		Ensure Catholic Church Insurances have approved the event under current insurances or increased policy	
		Ensure there is a first aid kit present and if necessary a person with a first aid certificate	
Damage to property		Organisers to ensure adequate supervision is provided at event to prevent damage by public	
		Organisers to keep valuable and fragile property away from event or provide adequate supervision	
		Organisers to ensure adequate parking for vehicles	

Risk	Risk rating <i>(see above)</i>	Possible controls	Actual control and responsible person
Food poisoning or allergic reaction		Organisers familiar with and complying with safe food handling guidelines for all food prepared stored and/or sold/provided at event	
		All food prepared elsewhere was done so in safe conditions and ingredients and date baked are provided	
		Appropriate food preparation equipment, storage and clean-up equipment/materials are available	
We may not make enough money		Event is advertising in local media	
		There is adequate signage on streets around venue on day of event	
		Set prices to ensure adequate profit	
Offence to others or damage to Mercy Services reputation		CEO(or delegate) to grant prior approval of publicity, guest speakers, events at Mercy Services venues or events under Mercy Services auspice	
		CEO(or delegate) only to speak with media or on behalf of organisation in public	
		Organisers to take care not to cause cultural or personal offence in timing of event, nature of event, publicity, guest speaker etc	
Money might be stolen or someone hurt in a theft attempt		Ensure there is a safe available to store surplus money	
		Ensure that money is deposited in safe as soon as cash exceeds 3x float	
		All people handling money are aware they are not to fight off a theft attempt	
		SWP Banking is used for banking	
Someone might be injured packing up after event		Organisers familiar with and complying with safe manual handling guidelines	
		Ensure there are enough people helping with the movement of items and setting up	
		Have trolleys, tables and other equipment to prevent unnecessary lifting, reaching, bending	

Agreement by parties to implement Risk Management Plan

Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:

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Appendix 9

Mercy Services - Community Transport Risk Assessment

Client Identification No.:

Date of Assessment:

Client's carer will always travel with them: No Yes

Mobility aids used by the client: wheelchair walking frame walking stick other

Exit from home used by client: Front door Back door Side door Garage

Personal abilities, needs and characteristics	Low risk	Medium risk	High risk
1. Likelihood of request/conversation with client being unclear and inaccurate			
2. Client's ability to move independently from their home to the car/bus			
3. Client's ability to manage two steps if it is required on this journey			
4. Client's ability to manoeuvre in and out of a car/bus			
5. Client's ability to manage alone once at their destination			
6. Carer attendance and ability/willingness to provide all necessary help to client			
7. Client's ability to travel with a mobility or personal medical aid**			
8. Issues are raised by the reason for transport e.g., to/from medical treatment			
9. Likelihood of client's behaviour threatening or harming self or others			

"With help" is defined as any form of non-weight bearing physical assistance the passenger may require

** mobility or personal medical aid includes wheelchairs, walking frames and portable oxygen equipment but excludes walking sticks or other lightweight items

Permission granted for our bus to use the driveway at the client's home: No Yes

Pre-transport client home/site assessment required: No Yes

Driver completing client home/site assessment: Date:

Safety around the vehicle	Low risk	Medium risk	High risk
Amount/type of traffic in residence's street			
Gradient and straightness of the section of road where the residence is located			
Parking outside the client's home			
Driveways ease to navigate, lack of obstructions, and of soundness of construction			
Safety and access in wet weather – local roads not subject to flash floods			
Safety of people from the house to the vehicle			
Ease of gates to open and go through			
Levelness of pathways used for transport			
Number and safety of steps and handrail			
Driveway/path solid and non-slip surface (concrete or pavers)			
Driveway/path free of any vegetation or any other obstructions			
Animals that may pose a risk			
Likelihood of problems if the driveway is shared by other residents			

Comments

Have any additional hazards been identified at first occasion of service? No Yes (attach completed Hazard form)

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