Safety Management System

1.0 Purpose

This document provides an overview of the Safety Management System (SMS) used to manage health, safety and wellbeing across the University, in compliance with the Work Health and Safety Act, Regulations and Codes of Practice.

Implementation of the framework will provide Griffith University with a systematic approach to providing a safe and healthy workplace, prevent work-related injury and ill health, and continually improve its occupational health and safety performance.

2.0 Scope

The framework requirements apply to all Griffith University staff, students, affiliates, and volunteers; all groups, schools, research institutes and professional service elements; and all activities conducted by and on behalf of the University.
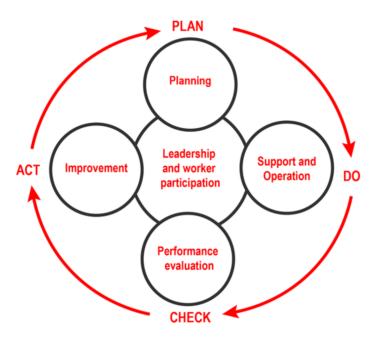
3.0 Framework

This document aligns with the University Health, Safety and Wellbeing policy which outlines the University's commitment to Occupational, Health and Safety (OH&S), including roles, responsibilities, and delegations.

The framework is based on *AS/NZS ISO 45001: Occupational health and safety management systems – Requirements with guidance and use*, which applies the iterative process of Plan-Do-Check-Act.

Planning allows OH&S risk, opportunities, objectives, and processes to be assessed and determined. The planned processes are then implemented. Monitoring and measurement is conducted to check that the intended outcomes are being achieved, followed by further actions to achieve continual OH&S performance improvement.

This framework is considered in the context of the University being a complex high-reliability organisation, where people create safety under dynamic, uncertain, and complex conditions.

1

Safety Management System Framework | August 2021
Document number: 2021/0000110
Griffith University - CRICOS Provider Number 00233E

3.1 Leadership, participation, and consultation

The university demonstrates commitment to health and safety by ensuring:

- Senior management involvement in the University Health & Safety committee, which takes primary responsibility and accountability for the prevention of work-related injury and ill health and monitors the performance of OH&S management systems. The committee reports to the University Executive Group, University Council and the Vice Chancellor who takes ultimate responsibility and ensures that OH&S policy and objectives are established and compatible with the strategic direction of the university.

- The integration of the safety policies and procedures into operational areas through coordinated group and local level Health & Safety committees and management structures, which includes worker participation, consultation, and communication to confirm risk mitigation.

- The resourcing of a dedicated and integrated Health and Safety team to promote a proactive OH&S culture, implement and maintain OH&S management systems, promote continual improvement and OH&S initiatives, and support leaders to confirm that risks are identified, well managed and organisational learnings from audits, incidents and other sources are communicated.

- Policies and procedures are in place to manage confidentiality, privacy, behaviour and due process to ensure workers are protected from reprisals when reporting incidents, hazards, risks and opportunities.

3.1.1 OH&S policy

The University Health, Safety & Wellbeing Policy supports the University's commitment to ensuring the health and safety of workers, students and others who are involved in or may be affected by University activities. The policy broadly outlines the governance responsibilities and values it commits to in relation to OH&S.

The University Workplace Rehabilitation Policy states the University's values and commitment to supporting the safe and timely return to work for all injured or ill staff.

3.1.2 Organisational roles, responsibilities, and authorities

Roles and responsibilities are detailed in the Work Health, Safety and Wellbeing Accountabilities, and summarised below:

ROLE	RESPONSIBILITY
Chancellor and University Council	Responsible for exercising due diligence to ensure OH&S is effectively implemented across the University.
Vice-Chancellor	The Person Conducting a Business or Undertaking (PCBU) who has primary duty of care in relation OH&S.
Executive Group	Responsible for exercising due diligence to ensure OH&S is effectively implemented across the University.
University Health, Safety & Wellbeing Committee	The committee is accountable for providing assurance and governance on Health, Safety and Wellbeing matters reporting to the Vice-Chancellor and the Council via the Finance, Resource and Risk Committee.

University Biosafety Committee	The committee is accountable for providing assurance and governance on Biological Safety matters reporting to the Vice-Chancellor and the Council via the Research Committee.
Group & Element Health, Safety & Wellbeing Committees	The committees are accountable for providing assurance and governance on Health, Safety and Wellbeing matters for their respective areas.
Human Resources & Safety	The Health and Safety team is accountable for ensuring Health and Safety standards are set, communicated and for providing assurance, guidance and support on Health and Safety matters.
Deans, Directors and Heads of elements	Responsible for exercising due diligence to ensure OH&S is effectively implemented across their respective operational areas.
Managers, Supervisors and Team Leaders	Responsible for ensuring OH&S policy and procedure implementation and compliance within their respective operational areas.
All Professional and Academic Staff	Responsible for taking reasonable care for the health and safety of themselves and other persons, and co-operating and complying with any reasonable OH&S policy, procedure, or safety instruction.
Students, Visitors & Contractors	Responsible for taking reasonable care for the health and safety of themselves, and co-operating and complying with any reasonable OH&S policy, procedure, or safety instruction.

3.1.3   Consultation and participation of workers

Consultation and non-managerial worker participation is facilitated by the requirement for supervisors to engage in direct dialogue with workers including in assessing, managing and approving and or communicating risk assessments. Group and local Health & Safety Committees also require representation from a broad range of professional and academic staff members, including students (where applicable). All persons are provided access to relevant training, resources and information. OH&S policies and procedures, including confidential incident and hazard reporting processes. Engagement with non-managerial workers is also encouraged in the investigation of incidents and determination of corrective actions.

3.2 Planning

To ensure safety and legislative compliance, the University applies a risk-based planning approach to the management of activities associated with the organisation. Particular attention must be given to activities that are deemed to be high risk. Procedures and supporting documents are to be developed to ensure that such requirements are transferred into operational level practices in an effective and timely manner.

3.2.1   Actions to address risks and opportunities

All work areas and organisational units are required to conduct risk assessments to identify Health and Safety hazards and hazardous activities to assess, prioritise and mitigate risks. Risk assessments must be submitted to the GSafe risk register and approved by the relevant supervisor and peer reviewed (if required). There is an opportunity to view and draw upon all risk assessments

by other areas of the university as all risk assessments are shared across the central register (unless deemed confidential).

Groups and business units are also required to maintain a risk register and action plan to manage risks associated with identified hazards. The risk registers must be regularly reviewed, and the effectiveness of controls monitored. Particular attention must be given to areas defined as 'High Risk Work Areas' which are defined as locations where high-risk activities or processes are being undertaken, or significant hazards exist such as chemical substances, gases or equipment. Examples may include laboratories, clinical facilities, studios, or workshops.

3.2.2   Hazard Identification & Reporting

All staff and students are required to report any incidents, near misses or hazards via GSafe System (Riskware). GSafe is used to record, notify, and facilitate the management of reports, which are then reviewed by the relevant supervisor, business unit, Health and Safety consultant and safety specialist (if required). Appropriate interventions are identified, and implementation is tracked through an action plan.

Facilities and work areas must be inspected in accordance with the Guidelines for Workplace Inspections. Generally, all work areas including office areas must be inspected annually as a minimum. High risk workplaces such as workshops, laboratories, studios, and clinics may require more frequent workplace inspections, for example following an incident or a non-compliance audit from a Regulator. A risk assessment may also require a workplace is inspected more frequently. Each Group is responsible for developing and implementing a workplace inspection schedule to ensure that all work areas assigned to the Group are inspected. Checklists are provided to help identify hazards that may arise from work areas or activities and take into account potential emergency and other situations.

Laboratories must also be regularly audited by the University Safety Specialists, or upon request. Regulated laboratories must be audited at least annually, and other laboratories progressively inspected according to an audit schedule, upon request or after a significant incident. External Regulators also conduct periodic audits of regulated laboratories.

The internal audit team also conduct periodic audits of the University Safety Management System or other issues relating to OH&S to identify non-compliance or opportunities to enhance OH&S performance, policies, procedures, governance, or systems.

Work-related psychosocial hazards must also be identified. Psychosocial hazards can arise from organisational factors (work organisation, job design and poor workplace culture), environmental factors and individual factors. In order to identify psychosocial hazards managers should have conversations with workers, supervisors and health and safety specialists, consider how work is carried out, noting any rushing, delays or work backlogs, observe how people interact with each other during work activities, review relevant information and records such as reporting systems including incident reports, workers' compensation claims, staff surveys, absenteeism and staff turnover data, and use surveys to gather information from workers, supervisors and managers.

3.2.3   Legal requirements

The university maintains a Register of Compliance Obligations to manage legislative and regulatory obligations. In addition, Human Resources and Safety subscribe to law databases to monitor changes to or admission of new legislation and/or regulations relating to OH&S. The University Safety Consultants and Specialists are required to communicate information on new or amended legislative obligations via the network of Health, Safety and Wellbeing Committees.

3.2.4 Planning action

The university ensures legal and other requirements are met as specified by the Compliance Management Framework. In addition, the University completes business continuity plans in order to prepare for and respond to emergency situations, in conjunction with the university wide Crisis Management Plan and Emergency Management Plan.

3.2.5 OH&S Objectives

The University and Group Health, Safety and Wellbeing Committees are responsible for establishing, monitoring, communicating, updating and evaluating OH&S objectives consistent with the Health, Safety & Wellbeing policy and procedures. OH&S objective planning must consider; what actions and resources are required; who will be responsible; the completion timeframe; and how the results will be monitored and evaluated.

3.3 Support and operation

3.3.1 Support resources

The university shall determine and provide the resources needed for the establishment, implementation, maintenance, and continual improvement of the OH&S management system and associated resources.

3.3.2 Competence

The university will ensure staff and students are competent by providing appropriate education, training, or experience. All workers are required to complete the University Health and Safety Induction training module as well as a variety of other OH&S related modules as specified by the University Training Matrix. Supervisors must ensure any additional relevant training or instruction for required specific equipment, processes and activities is completed by workers before any unsupervised work is permitted.

3.3.3 Awareness & Training

All staff and students are to be made aware of the university OH&S policies and objectives through the mandatory online training modules, as well as via local area inductions. Training completions are to be recorded in the GSafe Certifications register. Online training completions are recorded in learning@griffith (Blackboard), then integrated into PeopleSoft and GSafe.

3.3.4 Communication

OH&S information must be communicated. Information may be distributed in a number of way including via email, posted on the University website, noticeboards (if relevant) and circulated via the relevant Health, Safety and Wellbeing Committees to operational areas. Information to be communicated may include, but is not limited to OH&S alerts, committee documents, guidelines, reports, and advice. Committee information is to be stored in relevant SharePoint, or Teams sites.

Information relating to Incidents, Audits, Risk Assessments, Licences and Training records are to be submitted and maintained in the relevant GSafe registers which provides workflow notifications to the relevant persons. Training records include all safety related online training modules, local area inductions and may include training on specific equipment, first aid, warden or procedures. Policies, Procedures, Guidelines are to be approved by the relevant university authority held in the University policy library. In addition, links to Policies, Procedures, Guidelines, and other OH&S documents are to be displayed on the University Health, Safety and Wellbeing website.

For external organisations or contractors, the process for communication and consultation in relation to OH&S matters, should be discussed and agreed upon by all parties during the contract negotiation and engagement process.

3.3.5   Documented information

OH&S documentation is published in accordance with the Policy Governance Framework which stipulates the consultation, review, delegation, format, identification and control of policies, frameworks, guidelines, procedures, plans and local protocols. All University records must be retained and disposed of in accordance with the University Records Management Policy and Destruction of Digitised Records Policy.

3.3.6   Operational planning & control

Local safety plans must be established and implemented at all levels of the organisation, e.g., Group, School or Research Group to implement, control and maintain processes needed to eliminate hazards or reduce OH&S risks. Safety action plans may be associated with a local or element wide risk assessment and must stipulate the timeframe and who is responsible for implementation. Action plans may also be associated with a risk register monitored by a Group or University Committee. Wherever reasonably practical, an actions plan must follow the hierarchy of controls to mitigate hazards and risk, by first seeking elimination, followed by substitution, then engineering controls, then administrative controls and finally the use of Personal Protective Equipment. Safety plans should be reviewed annually by the relevant Group HSW committee, in conjunction with the relevant H&S Consultant and Senior HR Business partner.

3.3.7   Change Management

The university shall plan, communicate, and implement controls to manage temporary or permanent changes that may impact OH&S performance. This may include changes to products, services, processes, workplace locations, equipment, or the workforce. It also includes changes to knowledge or information on hazards, risks, or legal requirements.

3.3.8   Procurement

Goods and services must be acquired in accordance with the University Purchasing Policy. All potentially high-risk equipment or substance acquisitions are subject to 'Special Approval' in addition to financial approval. Persons appointed as 'Special Approvers' have the responsibility to confirm that a purchaser has appropriately managed the risks associated with the acquisition in accordance with legislation and the university procurement guidelines, as outlined in the Special Approver Guidelines. Chemical, biological, radioactive and scheduled substances are also contingent on the completion of a risk assessment compliance with the Guidelines for Chemical Management.

3.3.9   Contractors

Contractors working at Griffith University are required to have the appropriate level of knowledge and skills to perform the work or tasks they undertake. Where there is high risk work, Workplace Health and Safety or other legislation demands specific training be done, contractors must be able to produce evidence that they have been trained to the proper standards. These include: Working at heights, Confined space entry, Tree felling, and Excavation.

Contractors must also have the appropriate safety equipment for the work with them on the job e.g., body harnesses suitable for the task, ladder tie-offs, gas detection equipment etc.

All building trade or maintenance contractors working on University sites must hold a current General Safety Induction for Construction [Blue/White Card], as a minimum. University personnel, who are authorised to bring contractors on site, are responsible for providing local site induction and information regarding risks and expected preventative measures.

It is the responsibility of the Contractor to ensure that all of their own staff or subcontractors, who are likely to work on our sites, are made aware of University procedures and standards, before they begin work. This information is found in the Contractors and trade staff online induction.

3.3.10 Outsourcing

Where the University elects to outsource functions or processes, it shall ensure that such arrangements are consistent with legal and other requirements associated with OH&S. Contracts should confirm and stipulate OH&S requirements are consistent with the intentions of the University Safety Management Framework.

3.3.11 Emergency preparedness and response

All staff must know how to report and respond to common emergency situations, including but not limited to fire, medical emergencies, threats and weather events. Annual completion of Emergency response and evacuation training is mandatory for all staff working on any campus. All persons working in high-risk work areas, must also be aware of the emergency procedures relating to their work area, including chemical, biological and other emergencies.

Building emergency procedures must be kept current and practiced annually in accordance with AS3745-2010 Planning for emergencies in facilities and the Queensland Building Fire Regulation 2008. To support this, elements must appoint staff to fill local emergency roles, such as building wardens and first aid officers. Appointed staff must be appropriately trained and allowed time to fulfill their emergency duties.

3.4 Performance evaluation

3.4.1 Performance evaluation monitoring, measurement, and analysis

In order to evaluate and monitor the OH&S performance of the University, data is obtained from systems including GSafe, SOLV Injury and learning@griffith to measure both leading and lagging safety indicators. Data is compiled into interactive dashboards, extracted directly from source systems, or collated from other sources such as the university Employee Assistance Provider. The statistics are reported, analysed and any trends identified presented for discussion at Health, Safety and Wellbeing Committees or in other management forums. Statistics include injury, hazard and near miss data, as well as risk assessment reports, training completion and audit completion results.

3.4.2 Evaluation of compliance

Regular inspections of the workplace to evaluate OH&S compliance are conducted according to the Guidelines for Workplace Inspections, which defines the inspection frequency, team, conduct and reporting procedures. Furthermore, high-risk work areas, such as laboratories are regularly audited by the University Safety Specialists, which includes the annual inspection of regulated laboratories conducted on behalf of the University Biosafety Committee. Training compliance is also ensured by linkage with the swipe-card access system for high-risk facilities.

Griffith maintains a register of legislation, regulations, standards, and policies with which the University must comply. This Register of Compliance Obligations is the main tool used to identify

our obligations and the implications for Griffith's activities and services and there is a process in place to identify new and changing laws and regulations to keep the register updated.

Compliance Owners are identified in the Register of Compliance Obligations and are normally the head of the operational area. They are responsible for ensuring compliance with specific obligations in their area. There may be multiple Compliance Owners for certain obligations. There is also a Compliance Manager that maintains the register and the [Compliance Management Framework](). They also provide education and guidance to Compliance Owners to support them in fulfilling their responsibilities.

3.4.3   Internal Audit

The university Internal Audit team provides independent advice and assurance on the effectiveness of governance, risk management, and internal controls within the University. To remain independent, internal audit do not have any direct responsibilities for, or authority over any of the activities which it audits. They operate independently of senior management, reporting directly to Griffith's Audit Committee. An external quality assurance review of the internal audit function takes place every five years.

3.4.4   Management review

Reports on the OH&S performance of the university are provided on a regular basis from the University Health, Safety & Wellbeing Committee to the Executive Group, as well as to the Risk and Audit Committee and University Council. Performance reports are also provided to the University Research Committee from the University Biosafety Committee. In addition, all policies, frameworks, guidelines and procedures are required to be reviewed at a minimum of 5-year intervals.

3.5 Improvement

3.5.1   Incident, nonconformity, and corrective actions

Action plans are completed for all inspections, audits and serious incidents, hazards or near misses. Where appropriate, an investigation of an incident, or a review of a non-conformity is conducted to inform intervention strategies. Actions are specified with completion deadlines and automatic workflows notify the assigned person of the task(s) to be completed. Failure to complete an action plan, or to complete assigned actions are escalated to ensure implementation.

3.5.2   Continual improvement

The university is committed to continual improvement of the suitability, adequacy, and effectiveness of the OH&S management system. This is demonstrated through regular audits and reviews, worker participation, surveys, performance monitoring, and the maintenance and retention of documented information.

4.0 Definitions

For the purposes of this framework and related policy documents, the following definitions apply:

Reasonably practicable refers to what can reasonably be done in the circumstances when complying with duties to ensure health and safety under legislation.

Senior management are people that may hold the following positions within the University: Deputy Vice Chancellors, Pro Vice Chancellors, Deans, Administrative Directors, Heads, Heads of School, Centre Directors, Directors and Associate Directors.

8

Safety Management System Framework | August 2021
Document number: 2021/0000110
Griffith University - CRICOS Provider Number 00233E

Staff refers to both paid and unpaid people undertaking work for, or on behalf of, the University.

Title	Safety Management System Framework
Document number	2021/0000110
Purpose	This document provides an overview of the Safety Management System (SMS) used to manage health and safety across the University, in compliance with the Work Health and Safety Act, Regulations and Codes of Practice.
	Implementation of the framework will provide Griffith University with a systematic approach to a safe and healthy workplace, prevent work-related injury and ill health, and continually improve its occupational health and safety performance.
Audience	Staff
Category	Governance
Subcategory	Risk
Approval date	19 August 2021
Effective date	19 August 2021
Review date	2026
Policy advisor	Senior Manager Health and Safety
Approving authority	University Health, Safety and Wellbeing Committee

RELATED POLICY DOCUMENTS AND SUPPORTING DOCUMENTS

Legislation	Building Fire Safety Regulation 2008
	Codes of Practice
	Codes of Practice for Electrical Work
	Electrical Safety Act 2002
	Electrical Safety Regulation 2013
	Queensland Building Fire Safety Regulation 2008
	Work Health and Safety Act 2011
	Work Health and Safety Regulation 2011
	Work Health and Safety (codes of Practice) Notice 2011
	Workers Compensation and Rehabilitation Act 2003
	Workers Compensation and Rehabilitation Regulation 2014
Policy	Business Continuity Management and Resilience Policy
	Children in the Workplace Policy
	Construction Work Policy
	Code of Conduct

10

Safety Management System Framework | August 2021
Document number: 2021/0000110
Griffith University - CRICOS Provider Number 00233E

Compliance Management Framework

Domestic and Family Violence Support Policy

Enterprise Risk Management Framework

Enterprise Risk Management Policy

Equity Diversity and Inclusion Policy

Griffith Health Intramural Professional Practice Policy

No Smoking Policy

Public Interest Disclosure Policy

Purchasing Policy

Reasonable Adjustments for Assessment – Students with Disabilities Policy

Register of Compliance Obligations

Student Wellbeing and Safety Policy

Student Critical Incident Management Policy

Student Sexual Assault, Harassment, Bullying and Discrimination Policy

Students with Disabilities Policy

Student Misconduct Policy

Staff Harassment Bullying and Discrimination Policy

Staff Sexual Assault and Sexual Harassment Policy

University Campus Access and Use Policy

Work-Integrated Learning at Griffith

Workplace Rehabilitation Policy

Vaccine Preventable Diseases Policy for Griffith Health Clinics

Procedures	Crisis Management Plan
	Emergency-Management-Plan
	Electrical Safety Procedure
	Electrical Safety Procedure Test and Tag
	Guidelines for Chemical Management
	Guidelines for the Prevention and Control of Communicable and Notifiable Diseases
	Guidelines for Workplace Inspections
	Reporting and recording procedures for incidents, injuries, illness, hazards or near misses
	Reporting and Resolution of Staff Sexual Assault Harassment Bullying and Discrimination Procedures
	Special Approver Guidelines
	Student Misconduct Procedures
	Student Critical Incident Management Procedure
	Student Wellbeing and Safety Procedures
	The Responsible Conduct of Research
	Workers Compensation Procedures
	Workplace Rehabilitation Procedures
Local protocols	N/A
Forms	N/A