

WORK HEALTH SAFETY RISK MANAGEMENT PROCEDURE[®]

DOCUMENT SUMMARY/KEY POINTS

- Identifies Work Health Safety (WHS) responsibilities for: Directors, Managers, Supervisors/Team Leaders and workers.
- Describes the WHS risk management process.
- Identifies the importance of consultation with Directors, managers, supervisors/team leaders and workers throughout the WHS risk management process
- Provides direction as to where to locate relevant WHS forms for:
 - CHW, NETS, PSN, CCC and SCH
- Provides information for responding to incidents and injuries.

NSW Health Policy Directives

- [Work Health and Safety: Better Practice Procedures \[PD2013_005\]](#)

Related Information

- [Safework Australia: How to manage work health and safety risks: Code of practice](#)
- SCHN Work Health Safety & Injury Management Policies

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st January 2017	Review Period: 3 years
Team Leader:	WHS and IM Manager	Area/Dept: Work Health Safety & Injury Mgt

CHANGE SUMMARY

- This document has been updated in relation to current Ministry of Health Policies, WHS Legislation and Codes of Practice

READ ACKNOWLEDGEMENT

- All SCHN staff are required to read and acknowledge this document.
- Training – information disseminated at SCHN Orientation, through WHS monthly promotions and as determined by WHS training needs analysis.

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1 Introduction

Purpose

This document will assist all staff to understand the WHS Risk Management process and their WHS responsibilities.

The NSW Work Health and Safety (WHS) Act 2011 and related legislation impose obligations on the Person Conducting a Business of Undertaking (PCBU), Officers and Workers. There is a requirement to identify foreseeable Work Health and Safety hazards in the place of work. These hazards need to be risk assessed and where possible eliminated or controlled. The effectiveness of the controls need to be reviewed and monitored. Consultation is required throughout all WHS related activities.

Definitions

Worker means any person who carries out work for SCHN. This can include any person who works as a:

- Employee
- Trainee / apprentice
- Volunteer
- Outworker
- Clinical or work experience student
- Contractor or sub-contractor
- Employees of a contractor or sub-contractor
- Employees of a labour hire company (agency) assigned to work for SCHN.

Person conducting a business or undertaking (PCBU) includes organisations and individuals conducting a business or undertaking. A PCBU has a primary duty of care to ensure workers and others are not exposed to risks to their health and safety while at work in the business or undertaking.

Officer – a person who makes or participates in decision making that affects the whole or substantial part of the agency and/or has the capacity to affect significantly the agency's financial standing. Officers must exercise due diligence to fulfil their health and safety obligations.

Hazard means a situation or thing that has the potential to harm a person.

Hierarchy of control is used to control risks, that is; to eliminate or reduce risks. In any case in which the elimination of the risk is not reasonably practicable, there is an obligation to take the following measures (in the order specified) to minimise the risk to the lowest level reasonably practicable:

- substituting the hazard giving rise to the risk with a hazard that gives rise to a lesser risk,
- isolating the hazard from the person put at risk,
- minimising the risk by engineering means,
- minimising the risk by administrative means (for example, by adopting safe working practices or providing appropriate training, instruction or information),

- using personal protective equipment.

A combination of the above measures is required to be taken to minimise the risk to the lowest level reasonably practicable if no single measure is sufficient for that purpose.

Incident is any unplanned event resulting in, or having a potential for injury, ill health, damage or other loss.

Place of work means premises where persons work.

Record includes any form in which information is stored on a permanent basis or from which information may be reproduced.

Risk is the possibility that harm might occur when exposed to a hazard.

Risk assessment is the overall process of estimating the level of risk arising from a hazard that is; estimating the consequence and likelihood.

Risk Control means taking action to eliminate health and safety risks so far as is reasonably practicable and if that is not possible, minimising the risks so far as is reasonably practicable. Eliminating a hazard will also eliminate any risks associated with that hazard.

Risk management is the process of identifying, analysing and managing risks to avoid exposure, harm or loss.

IIMS is the NSW Health Incident Information System (IIMS). This is used to be used to record WHS incidents that affect staff, visitors and contractors.

“Safety at Kids”, as it is known at The Children’s Hospital at Westmead, is the NSW Health Incident Information System (IIMS). This is used to record WHS incidents that affect staff, visitors and contractors. IIMS is accessed:

- **At CHW (or NETS):** via the “Safety at Kids” icon on the SCHN Applications Window,
- **At SCH:** via the IIMS portal on the SCH intranet home-page or
- **At NETS, PSN or CCC:** via: <https://iims.health.nsw.gov.au/switchboard.asp>

2 Work Health and Safety Responsibilities

Officers

Officers of the organisation must exercise “due diligence” to ensure compliance with health, safety and welfare duties by:

1. Gain an understanding of the public health organisation’s operations, including hazards and risks,
2. Have up-to-date knowledge of work health and safety matters,
3. Ensure the public health organisation has available, and uses, appropriate resources and processes to eliminate or minimise risks,
4. Ensure that the public health organisation has, and implements, processes for complying with any duty or responsibility under work health and safety legislation e.g.:
 - reporting notifiable incidents,

- consulting with staff,
- complying with notices

Persons Conducting a Business or Undertaking (PCBU)

Sydney Children's Hospitals Network (SCHN) as the PCBU has a duty to ensure so far as reasonably practicable the health and safety of workers and others in the workplace. SCHN is committed to maintaining a safe and healthy working environment for workers and visitors to NSW Health facilities and services, in accordance with Work Health and Safety legislation, Codes of Practice and Australian Standards. Our workers are anyone who carries out work for SCHN, including employees, volunteers, contractors (including agency staff and Visiting Practitioners), subcontractors, the employees of contractors and subcontractors, students, trainees and apprentices.

SCHN will consult with workers and their representatives on health, safety and welfare matters to ensure that our Work Health and Safety risk management is a continuous process that is of the highest standard. We will take all reasonable actions to prevent injury and illness from occurring.

SCHN will also consult, co-operate and co-ordinate activities with other organisations, as far as possible, where there is a shared duty of care concerning the same workplace health and safety matter, for example where other businesses are located on a hospital campus.

Clinical Directors (Program Chairs)

Clinical Directors must:

1. Complete WHS Manager and Injury Management for Manager Training on HETI and within the SCHN
2. Include WHS objectives as part of department manager's performance review.
3. Be aware of significant risks that could impact workplace safety.
4. Provide necessary resources or direction to eliminate or control significant risks in the workplace.
5. Ensure WHS is an agenda item at all meetings.
6. Be familiar with the WHS&IM intranet site.
7. Determine whether significant risks received from managers within their directorate ought to be entered onto the Enterprise Risk Management System (ERMS).

Managers

Managers must:

1. Complete WHS Manager and Injury Management for Manager Training on HETI and within the SCHN
2. Ensure that mandatory training of workers is completed and up to date.
3. Consult staff during the WHS risk management process.

4. Identify, assess, eliminate or control risks in the workplace by documenting the findings on the relevant WHS forms.
5. Ensure risks are reviewed and monitored by documenting the findings on the relevant WHS form.
6. Ensure WHS is a standing agenda item at all departmental meetings.
7. Investigate WHS incidents reported on "IIMS/Safety at Kids".
8. Conduct monthly WHS Monthly Departmental Checklists.
9. Provide WHS information and ensure all staff are trained in safe work practices (SWPs), PPE and other safety issues relevant to their job.
10. Organise or implement a departmental orientation covering key WHS issues.
11. Be familiar with the WHS&IM intranet site.
12. Inform their manager (Director or Divisional/Program chair) if there is a significant risk that may have or does have a significant impact on their department or other areas/departments.

Supervisors/Team Leaders

Supervisors/team leaders must:

1. Participate in the WHS risk management process.
2. Provide WHS information and ensure all staff are trained in safe work practices (SWPs), PPE and other safety issues relevant to their job.
3. Supervise workers performing their tasks to ensure compliance with safe work practices.
4. Ensure all incidents are recorded on "IIMS/Safety at Kids"
5. Coordinate the initial management of workplace incidents.
6. Cooperate with management in the interest of workplace safety.
7. Be familiar with the WHS&IM intranet site.

Workers

Workers must:

1. Participate in the WHS risk management process.
2. Take reasonable care in carrying out duties to minimise risk to themselves and others.
3. Reports hazards or unsafe practices to their supervisor or manager ASAP
4. Record all WHS incidents on "IIMS/Safety at Kids" or report all WHS incidents to supervisor/team leader/manager who can record the incident on "IIMS/Safety at Kids".
5. Cooperate with management in the interest of workplace safety.
6. Follow safe work practices and use personal protective equipment if required.
7. Have knowledge of where to locate hospital WHS policies and procedures.

8. Have knowledge of where to locate the WHS&IM intranet site.
9. Have knowledge of what information is available on the WHS&IM intranet site.

3 Risk Management Overview

Overview

NSW Health has adopted the risk management process outlined in AS/NZS ISO 31000:2009 Risk Management – Principles and Guidelines. The Standard has more steps than those listed in the WHS Regulation and supporting Code of Practice, however, the intent of both processes is consistent.

Managing work health and safety risk is a proactive and ongoing process. The risk management process can be briefly described covering the following key stages:

1. Establishing the context
2. Identifying the hazards
3. Assessing/analysing the risks
4. Eliminating or controlling the risks, considering the hierarchy of risk controls
5. Monitoring and reviewing risks and controls
6. Communicating and consulting during each step of the process.

The risk management process, including risk assessments, should be documented.

Risk management aims to:

- Tease out complex issues with multiple contributing factors.
- Determine factors contributing to the risk. These factors then act as pointers concerning where risk controls can be applied to reduce the risk.
- Determine whether standard risk control measures are appropriate for the specific circumstances.
- Determine the severity of the risk and the urgency of the required response.
- Determine which of several risk control measures would be the most effective.
- Review the effectiveness of existing risk control measures.

The risk management process must be carried out in consultation with workers. More complex risk assessments may require the input of the WHS team or content experts.

Some hazards have specific risk management requirements, such as hazardous chemicals, manual handling and ergonomics and require specific risk assessments. Please refer to the intranet for specific forms.

Advice should be sought from the WHS team on any local risk assessment tools adopted for use by SCHN.

When to risk manage:

You should undertake a risk management when:

- Changing work practices, procedures or the work environment;
- Purchasing new or used equipment or using new substances;
- Planning to improve productivity or reduce costs;
- New information about workplace risks becomes available;
- Responding to workplace incidents (even if they have caused no injury);
- Responding to concerns raised by workers, health and safety representatives or others at the workplace;
- Required by the WHS regulations for specific hazards.

Risk management must also be part of the process for designing and planning products, processes or places used for work. It is more effective to eliminate hazards at the design stage.

Generally the risk management process is made up of the following steps:

4 Steps in Risk Management

Step 1 Establish the context

In establishing the context of work health and safety (WHS) consideration needs to be given to:

- **What type of workplace is it?**
For example a remote home for a community nurse, a kitchen or office.
- **Who are the stakeholders, internal and external, who will be affected?**
Consider workers and other businesses or organisations that may be impacted by hazards in the workplace, visitors to the workplace, and clients. For example: florists, cafes, credit unions on campus; clinical schools that use SCHN premises; nearby businesses that may be affected by, for example, an evacuation.
- **What is the task?**
- **What is the work process?**

Consider the activities making up the work process.

Step 2 Identify the Hazards

Identify what has potential to cause harm or injury in the workplace and consider the level of harm that may result. Consider also what may cause long term harm e.g. exposure to asbestos, cytotoxic drug exposure.

A hazard is something that could cause harm. Risk is how serious the harm could be and the likelihood of it happening from exposure to the hazard.

Hazard identification should be conducted in consultation with those performing the activity.

Hazard categories

The following categories, with examples, may help you to identify hazards:

- **Physical:** Noise, vibration, heat and cold, lighting and radiation (e.g. ionising radiation, ultra violet, X rays, infra-red), air quality or ventilation, electricity and ergonomic design.
- **Chemical:** Cleaning agents, chemicals for disinfecting or sterilising medical equipment, anaesthetic gases, tissue preservatives in labs, fire and explosion hazards and asbestos.
- **Biological:** Fungi (mould), viruses, bacteria, parasites, blood borne infectious diseases, allergens.
- **Mechanical:** Slips, trips and falls; plant and equipment; contact with a moving or stationary object, objects blocking emergency exits; and manual handling.
- **Psychosocial:** Violence/ aggression, bullying and harassment (emotional, verbal and sexual harassment), repetitive work, shift work, fatigue, tobacco and uncontrolled alcohol use. Some hazards may fall into more than one category.

Tips to help you identify hazards

When you work in a place every day it is easy to overlook some hazards, so here are some tips to help you identify the ones that matter:

- **Regular Safety Inspections**
Managers/supervisor and Health and Safety Representatives should regularly walk around the workplace together and see what could reasonably be expected to cause harm, how suitable the work environment or tools are to the work being undertaken and whether changes have occurred in the workplace that may impact on health and safety— observe the workplace and record what you see. Themed Monthly WHS Inspections and Promotions should be completed every month with discussion of the promotion in team meetings
- **Consult with Workers**
Ask workers what they think is a hazard as they are often more aware of hazards and possible ways of controlling them.
- **Review and analyse available information, including: Manufacturer's Instructions**
Check the manufacturer's instructions on equipment and products and check Safety Data Sheets for the safe use of chemicals (ChemAlert is the electronic repository of Safety Data Sheets in NSW Health).
- **Injury and Illness records**
Sick leave records, workers compensation records, IIMS reports of accidents and near misses from your workplace and reports by workers or supervisors, tell you about potential and unnoticed hazards and those work practices that have resulted in someone getting hurt.
- **Safety Audit Results**
Results from safety audits of facilities and services will help identify areas needing attention.

- **Results of Health and Environmental Monitoring**

WHS Professionals (e.g. occupational hygienists) can provide technical advice about suspected problems, e.g. air quality, radiation levels and asbestos identification, including substances or processes. They can also provide advice about risk assessment and control.

Consider also the long-term impact of exposure to fumes, harmful substances or noise.

- **Complaints**

An individual may bring a hazard to the attention through a complaint.

- **Observations**

A worker, supervisor, manager or Health and Safety Representative, as part of their usual duties may observe and report a hazard.

- **Task and Location of Equipment**

Think about how suitable the things you use are for the task and how well they are located.

Decide who might be Harmed and How

Once you are clear on who may be harmed, and this may involve asking workers to identify anyone you might have missed, you can identify the best way of managing the risk.

Consider:

- Particular requirements of the worker e.g. young or new workers, older workers, workers with a disability, pregnant workers, workers with English as a second language;
- People who may not be in the workplace all the time e.g. cleaners, visitors, contractors, maintenance workers;
- Members of the public, if they could be injured by your workplace's activities;
- How your activities affect others present in the workplace if you share your workplace;
- How the work affects your staff

Step 3 Assess/Analyse the Risks

Risks are expressed as a probability or likelihood of developing a disease or getting injured, whereas hazards refer to the possible consequences (for example, the consequences of exposure to high noise levels is noise induced hearing loss and tinnitus).

Judge how dangerous the hazard is

- Judge the severity of the risk associated with the hazard.
- Is the risk of injury or illness high or low?

Judge the likelihood that someone would be injured by the hazard.

- What is the likelihood that someone could get hurt.
- To determine the level of risk also consider:
 - i. The range of possible effects or outcomes e.g. a chemical might be toxic if swallowed or absorbed through the eyes or skin, and flammable if exposed to heat. The range of possible effects increases the level of risk.

- ii. Exposure (the number of people in contact, how often and for how long) for example, the frequency and duration of exposure to sun increases the risk of skin cancer.
- iii. Worker differences (skill level, experience, training and physical capabilities). For example the level of knowledge, experience and training can increase or decrease the risk of injury when moving patients.

Plan and prioritise

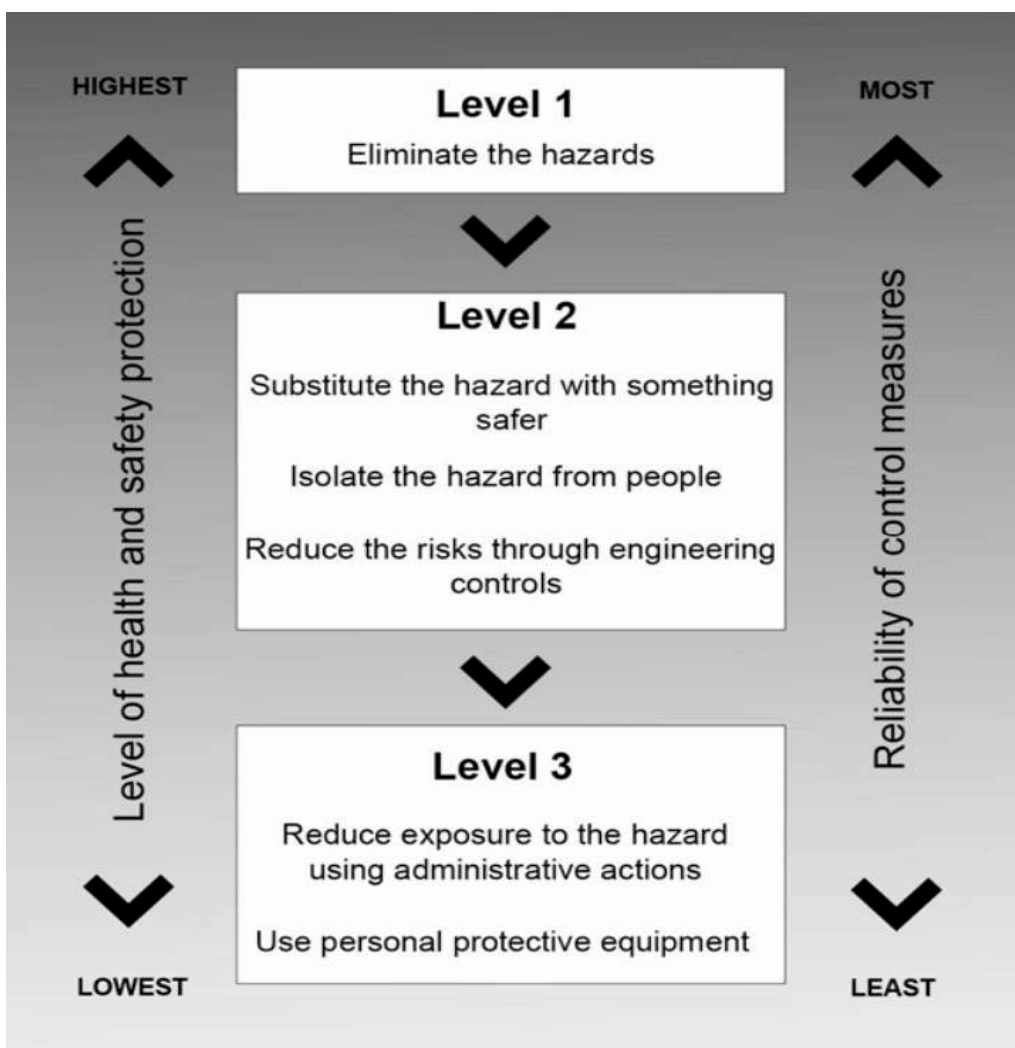
You cannot necessarily immediately fix all hazards, so you need to plan and prioritise your actions to make your workplace safer. Deal with the worst hazards first, plus the hazards that are simple to fix.

Step 4 Treat or control the risks

Having spotted the hazard and identified the risk, you then need to decide how to deal with the risk:

- Can I get rid of the hazard?
- If not, how can I control the risk so that harm is unlikely or minimised?

A hierarchy of controls, as outlined below, acts as a way of ordering controls for treating/controlling the risk. The hierarchy of controls is specified in WHS legislation.



Level 1 - Eliminate the hazard

Remove the hazard from the workplace, for example, remove the practice (do we need to lift or can the person move themselves)

Eliminating the hazard is the most effective way of making the workplace safer. Where it is not reasonably practicable to eliminate the hazard, the WHS legislation requires the use of the highest level of controls or a combination of controls that will provide the highest level of protection to workers.

The other types of controls to be considered, in order of their effectiveness are:

Level 2 - Substitute and isolate the hazard, and reduce the risk

One or more of these approaches may be required to minimise the risk to the lowest level possible. These are more reliable controls than those at level 3 on the hierarchy, providing a higher level of safety and reliability.

Substituting the hazard with something safer or a safer process

For example, use retractable needles to avoid needle stick injuries, or find and use less hazardous materials, equipment or substances.

Alterations to tools, equipment or work systems can often make them much safer, for example patients, when capable, are requested to move from hospital beds onto operating tables to reduce manual handling/team lifting.

Isolating the hazard from people

Enclose or isolate the hazard through the use of guards or remote handling techniques or by isolating the hazard from workers and others.

Another example is to automate a process, such as using an automatic instrument washing machine/ enclosed system to sterilise heat sensitive probes.

Reducing the hazards through engineering controls

Engineering controls are measures that are physical in nature and usually involve utilising mechanical devices or processes eg purchasing equipment to assist workers moving patients, using retractable syringes to reduce needle stick injuries of operating machinery via remote control systems.

Level 3 - Minimise the Hazard by using administrative processes or Personal Protective Equipment (PPE):

Level 3 controls do not treat the hazard at the source but rely on human behaviour and supervision and, used on their own, are the least effective. They should be used as a last resort when there are no other higher level control measures available, or as an interim measure when seeking a more effective way of controlling the risk, or to supplement a higher level control.

- **Use administrative controls**

For example;

- *Safe work practices or work method statements or procedures developed for the use of machinery.*
- *Job rotation utilised to reduce exposure; or timing the job so that fewer workers are exposed.*

- *Routine maintenance and housekeeping procedures adopted.*
- *Warning signs displayed.*
- *Training provided in hazards and correct work procedures.*
- *Exposure to a risk is time limited.*
- **Use personal protective equipment**

Using personal protective equipment (PPE) is the least effective way of controlling risk. People need to know how to wear and how to fit PPE and need to look after it to minimise risk.

PPE must always be in good condition and be worn correctly and may include but not be limited to protective masks, gloves, goggles, hearing protection, sunscreen.

Step 5 Monitor and review risks and controls

Risk Management does not end with the initial investigation. Hazard identification, risk assessment and risk control steps must be repeated as part of an ongoing practice, especially when there are changes to the workplace.

Once a control, or range of controls, are implemented you must ensure that they are maintained and regularly reviewed for effectiveness/compliance.

Keep checking to see if your controls are working. Talk to your workers for advice and information on whether the control/s are working or if they are creating new or additional risks. Encourage workers to let you know if there is anything dangerous about hazards that you think have been eliminated or treated. Keep checking IIMS, workers compensation and injury records and reports of near misses – these will be a useful guide to your progress.

Feedback to staff on changes to control measures is necessary and builds credibility in the organisation's commitment to WHS.

Prohibition and Improvement Notices (PINS) issued by Safework NSW or Health and Safety Representative can be used as a trigger to review risk assessments and control strategies, not only locally, but across the Agency.

Step 6: Consultation

There is a duty to consult under the WHS legislation. Consultation must be included at each step of the WHS risk management process to ensure that workers are consulted.

Through consultation different perspectives can be considered at all phases of the WHS risk management process. This is important in generating viable options to managing risks. This enhances the understanding of decisions and actions taken to promote workplace safety.

Consultation can occur through:

- Including WHS matters on staff meeting agendas
- Requesting staff suggestions
- Providing WHS information sessions and focus groups
- Conducting staff surveys on WHS issues
- Encouraging small WHS work groups, such as those from high-risk areas.

5 WHS Risk Management forms for all SCHN

WHS Risk Assessment Form with action plan

The WHS Risk Assessment form has been designed so staff can document a risk assessment. The form consists of three sections:

1. **Hazard identification** – the description, location and how the hazard was identified are recorded in this section.
2. **Staff consulted** – names of the staff consulted along with the manager's name are recorded in this section.
3. **Risk assessment** – summary of the risk factors are recorded and the risk is rated. If a manual handling or workstation ergonomic hazard is identified, a specific checklist is to be utilised to complete the risk assessment (see below).

Manual Handling Checklist

The Manual Handling Checklist gives specific guidance for the assessment of manual handling hazards. This is to be used in conjunction with the WHS Risk Assessment form.

This checklist is used to prioritise manual handling hazards. The higher the number of "YES" ticks on the checklist indicates a higher priority for action.

Workstation Ergonomic Checklist

The Workstation Ergonomic Checklist gives specific guidance for the assessment of workstation ergonomic hazards. This is to be used in conjunction with the WHS Risk Assessment form.

This checklist is used to prioritise workstation ergonomic hazards. The higher the number of "NO" ticks on the checklist indicates a higher priority for action.

WHS Risk Management Action Plan

The WHS Risk Management Action Plan has been designed so staff can document the controls required to eliminate or control risks. The action plan provides for the following:

- WHAT action is required?
- WHO is responsible?
- WHEN will the necessary action be completed?
- HOW is/are the specified control(s) being managed?

Thus the WHS Risk Management Action Plan enables staff to record the controls. The effectiveness of the controls can be reviewed by re-assessing the risk.

Themed WHS Monthly Inspection Checklist

The Themed WHS Monthly Departmental Checklists provides a systematic way of monitoring the workplace to prevent incidents and injuries. The themed checklists are a way of identifying risks in the workplace. The checklists also provide for comments and an action plan to prevent or reduce the risks. The WHS Action Plan provides a WHS Risk register for the department.

Monthly departmental inspections need to be coordinated by the department manager. The manager can delegate the task to other staff members, but as the primary responsibility lies with the manager, the manager needs to sign off on each inspection.

Safe Work Practice

The Safe Work Practice (SWP) form has been designed to record a step-by-step procedure on how to perform a specific task so that there is minimal risk to health and safety. The form includes a risk assessment, however specific risk assessments should be completed for Chemicals, Manual Handling and Ergonomics.

The SWP is to be developed in consultation with staff who will be undertaking the specific task. The staff consulted throughout the development of a SWP needs to be recorded on the SWP form.

Specifically, a SWP contains the following details:

- **Task** – description of task, department location, date of risk assessment and date of SWP
- **Hazard** – description of any specific hazards
- **Special requirements** – e.g. specific licence, PPE
- **Procedure** – step-by-step guide on how to perform the task so that there is minimal risk to health and safety.

The SWP is the basis for training staff to undertake specific tasks.

Copies of all SWPs are to be located centrally within the department, and where practicable, should be displayed in close proximity to the equipment or location of procedure/machinery.

At minimum, SWPs should be reviewed every 3 years or when an incident has occurred as a result of a SWP.

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