

# **Occupational Health & Safety (OHS) Management Guidelines for TAFE Institutes**

## **Practical Management Strategies to**

**Prevent Injuries and Illnesses**

**Improve Injury Management and Return to Work**

**Reduce WorkCover Claims Costs**

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## **1. Introduction**

All TAFE Institutes are committed to providing a safe and healthy environment for staff and students. Nonetheless, we need to improve our management efforts. Legal obligations, rising WorkCover premiums and TAFE's business, industry and government partners mean more strategic approaches to health and safety are required. Health and safety is now a priority for managers, not just an additional responsibility. It is now broadly accepted as an integral element of effective organisational management.

In 2001, TAFE Institutes were requested by the Department of Treasury and Finance to prepare WorkCover Improvement Strategies. This program is currently being evaluated by the Victorian WorkCover Authority. It is expected that the new government initiatives will reflect the priorities and focus of the National OHS Strategy 2002-2012.

Who is responsible for Occupational Health and Safety management in your Institute? The correct answer is senior management and line management who have ultimate responsibility for preventing injuries and assisting injured staff to resume their duties in a safe manner.

Managing the risks to the health and safety of Institute staff is an integral part of your management responsibilities and not the responsibility of the Human Resources department, OHS unit or Return to Work Coordinator. They are experts and can help, but they need to work in partnership with you – the line managers.

In practical terms, there are three improvement opportunities. Firstly, Institutes can initially prevent injuries and illnesses from occurring. Secondly, Institutes can reduce the number and cost of WorkCover claims by more effective injury management and Return to Work practices. Thirdly, Institutes can reduce the cost of WorkCover claims by a more active and rigorous management of the claims.

Sustainable improvement will require initiatives in all three areas. Stronger, more rigorous claims management rather than simple clerical administration of outstanding claims has long been recognised as the short-term priority for organisations seeking to reduce WorkCover premiums. In the medium term, however, the challenge is to reduce both the incidence and the cost of new claims. This can be achieved by a more pro-active management of workplace injuries. In the final analysis, prevention is cheaper and more productive than either injury or claims management.

TAFE Institute directors, managers and supervisors have a critical role to play in all three areas. The most common question asked by senior managers in relation to OHS management is 'what do you want me to actually do?' In other words, managers are committed to improvement but want advice about practical strategies to prevent workplace injuries and to reduce the number and cost of claims.

Various Institutes don't each need to 'reinvent the wheel.' This guide has been prepared following a review of current best practice about Prevention, Return to Work and Claims Management among TAFE Institutes and other sectors.

The aim of this guide is to provide TAFE Institute directors, managers and supervisors with practical strategies and the associated tools and template to improve the management of health and safety in the workplace.

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## **2. The OHS challenge for TAFE Institutes**

- 1. Market pressures – TAFE’s business and industry partners**
  - 2. Financial – WorkCover premiums**
  - 3. Victorian Government commitment to National OHS Strategy**
  - 4. Compliance with legal obligations**
- 

### ***2.1 Market pressures – TAFE’s business and industry partners***

Occupational Health and Safety performance is now considered at CEO/Board level by major Australian companies and public sector organisations. In the last ten years Australia’s business leaders have come to recognise health and safety as a corporate priority.

Not only are they closely monitoring their own performance, and benchmarking against their peers, but they are reviewing how adequately their managers and employees are trained in this area. Can they apply a risk management approach to tasks? Do they have the knowledge, skills and strategies to integrate health and safety into planning and managing work? A review of how effectively OHS is incorporated into tertiary education and training courses reveals that it has not been a high priority for universities and TAFE Institutes. Business and industry are now sending a clear and strong message that training providers need improvement in this area. TAFE graduates must not only be technically competent, *they must know how to work safely*. Health and safety management is an integral part of innovation and the pursuit of excellence.

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### ***2.2 Financial - WorkCover premiums***

The threat of increases in WorkCover premiums is a major incentive for TAFE Institutes to become more strategic and pro-active in managing health and safety. The Victorian WorkCover Authority has revised the process for calculating premiums. Each Institute’s management of injury prevention, rehabilitation and outstanding claims will directly and significantly impact on the premiums paid. An analysis of the claims performance in the five years to August 2004 indicates the following:

- On a remuneration of \$529 million, the total premium paid was \$7.56 million.
- The average premium rate was 1.43%, an increase of almost 50% since 1997/98.
- The variation between Institutes is significant. The best performing group (top 10%) paid premiums of 0.1%, while the worst performers (bottom 10%) paid premiums of 3.06 %. The median premium rate for the sector is 0.88%.
- The claims *frequency* rate has not changed significantly, i.e. there has not been any reduction in the number of claims lodged.
- The claims *cost* rate peaked in 2000/01 and then reduced moderately.
- Sprains and strains type claims account for around 50% of both frequency and cost.
- Stress claims represent about 25% of all claims but nearly 40% of total claims cost.  
**(Refer to Attachment 2A: WorkCover claims data for TAFE sector)**

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### **2.3. Victorian Government commitment to National OHS Strategy**

In 2002, the Victorian Government committed itself to the implementation of the National Occupational Health and Safety Strategy 2002-2012. At this point, in late 2004, there are no definitive implications of this commitment for TAFE institutes. Two of the five national priorities, however, illustrate the direction, they might take.

The second national priority aims to ‘develop the capacity of business operators and workers to manage OHS more effectively’. It refers specifically to the integration of OHS into management, vocational, professional and worker training.

The fifth national priority aims to ‘sharpen the effectiveness of governments in securing better OHS outcomes and providing examples of good practice.’ The examples of good practice are likely to focus on the incorporation of OHS into Institute governance, that is management strategies, structures and systems.

Formal advice about the specific requirements arising from this commitment is expected in late 2004.

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### **2.4 Compliance with legal obligations**

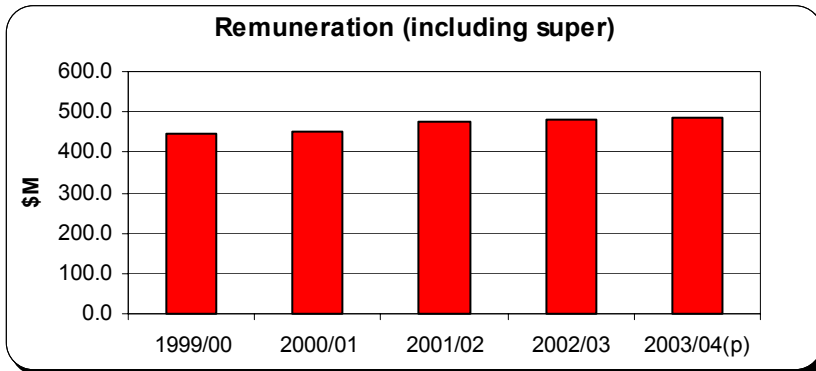
Can your Institute demonstrate compliance with the OHS Act 2004 and the relevant OHS regulations? If not, is there a strategy in place to understand what the Institute is required to do to put these measures in place and to demonstrate they are working effectively?

WorkSafe Victoria is examining a range of strategies for addressing OHS management in the education sector. It is currently conducting a major chemical management project in the university sector and looking closely at secondary schools.

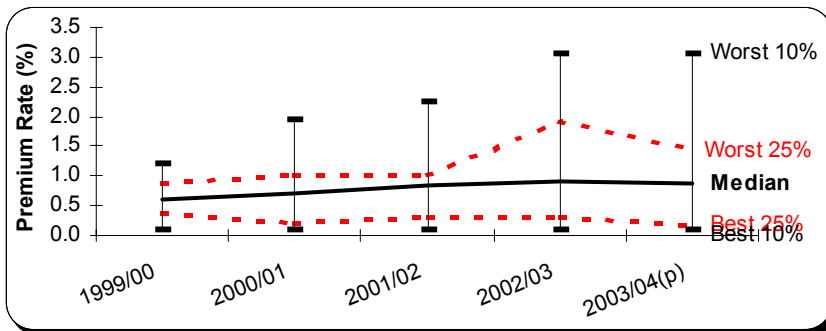
While the details are not clear, the message is. WorkSafe inspectors will be visiting TAFE Institutes and expect to find evidence of compliance with the legal requirements.

# Attachment 2A: VWA – Industry Performance Information

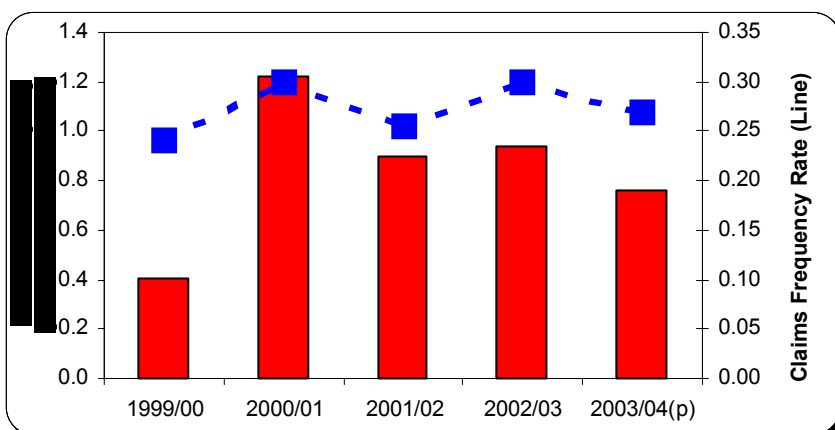
## Remuneration



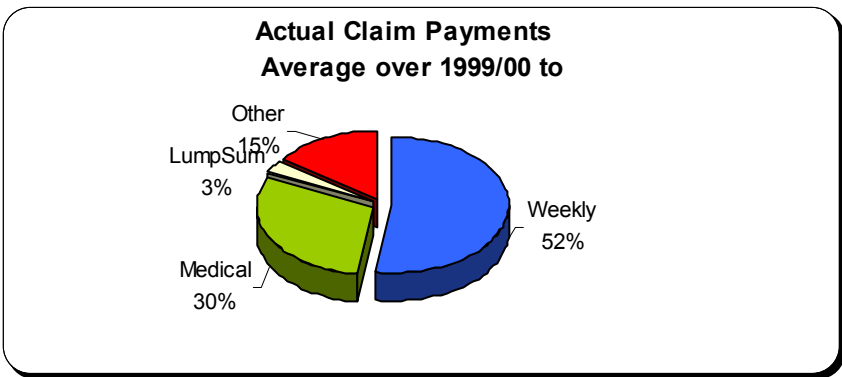
## Premium Rate



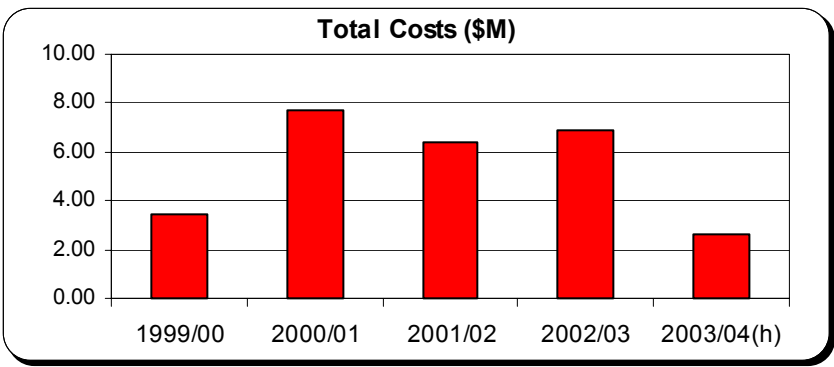
## Claims frequency rate and claims cost rate



*Actual claim payments*



*Total costs*



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### **3. Improving performance – the key ingredients**

#### **1. A strategic approach to health and safety management**

#### **2. Strong leadership in health and safety management**

#### **3. Practical management systems**

#### **4. Active Safety Culture**

What are the key ingredients to improving performance in Occupational Health and Safety? The answer is strong leadership, innovative strategies, practical systems and a positive culture. How would your Institute's management of health and safety rate if subjected to an investigation? The findings from two recent judicial commissions give strong indications of the critical elements needed for effective health and safety management.

The Longford Royal Commission into the fires at the Esso processing plant found that:

*“The Commission gained the distinct impression that the administration of the OHS system took on a life of its own ... concentration on the development and maintenance of the system diverted attention from what was actually happening in the practical functioning of the plants at Longford.”*

The Waterfall report into the NSW rail disaster in January 2003 found that:

*“An underdeveloped safety culture ... resulted in failure in the application of the safety system by management.”*

The lessons to be learnt from these tragedies is essentially that senior management, the CEO, Directors and Managers must consider health and safety as an integral part of their management of the Institute; in developing improvement strategies, planning and resourcing programs, communicating priorities and monitoring performance.

TAFE's partners, that is government, business and industry, have recognised that health and safety is a management priority; it must not be delegated down the management chain and 'off-line'. The key ingredients to improving OHS performance are:

- adoption of a strategic approach
- strong leadership
- practical systems
- an active safety culture

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#### **3.1 A strategic approach to health and safety management**

To improve the Institute's management of health and safety risks the adoption of a more strategic approach involves the following:

Integrating the *management* of these three elements:

- injury prevention, more commonly known as OHS
- rehabilitation or injury management and return to work and
- claims management

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In practice, these three elements are clearly linked and require coordinated management. The prevention of injuries, and effective early intervention and rehabilitation, will lead to a reduction in the number of claims and reduce the cost of claims.

- Incorporate OHS into Institute planning and operational/quality management processes at all levels; corporate, centre and program. Health and safety is a priority, a key result area requiring the same consideration as students achieving results and financial management.
- Develop a 3-year OHS Improvement Strategy detailing Institute priorities, objectives, targets, milestones and responsibilities. **(Refer to Attachment 3A: Sample OHS Improvement Strategy – Priorities, Indicators and Targets)**
- Clarify the OHS roles and responsibilities of line management, OHS Unit and Facilities/Property Services.
- Clarify the Senior Management OHS Accountabilities. **(Refer to Attachment 3B: OHS Management Roles and Responsibilities and Attachment 3C: Senior Management OHS Accountabilities)**
- Establish an OHS performance reporting program that benchmarks centres within the Institute and reviews overall performance against other Institutes. **(Refer to Attachment 3D: OHS Performance Reporting Program)**

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### ***3.2 Strong leadership in health and safety management***

To demonstrate strong and active leadership in health and safety requires a combination of organisational/management initiatives and personal behaviour. As senior managers, the following initiatives are critical:

- Assign accountability for health and safety. In practical terms this means that each centre should be held accountable for its WorkCover claims performance. To hold managers accountable, Executive and Council should monitor the source of claims across the Institute. A number of organisations are now going further and directly attributing the cost of the premium to the departments or centre, based upon their performances.

Perhaps more importantly, the CEO, Executive and Council need to know that senior managers are actively working to improve their performance through injury prevention initiatives and injury management or rehabilitation of injured workers. This can be achieved by a combination of:

- Incorporating specific OHS responsibilities into the position descriptions of the CEO, directors and centre managers.
- Developing health and safety Key Performance Indicators (KPIs) and incorporating these into the Institute's performance review process.
- Provide OHS Leadership training to ensure managers understand the link between OHS and Institute priorities and have the knowledge and skills to fulfil their responsibilities.

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- Allocate finance and human resources in accordance with the priorities detailed in the OHS Improvement Strategy.
  - Invest in quality prevention and rehabilitation expertise.
  - Build positive relationships and partnerships between OHS experts and line managers.
  - Set improvement targets for centres and programs.
  - Monitor and report performance, e.g. in Annual Reports.
  - Communicate OHS goals and performance reports to the Institute's business partners as well as internally across the organisation.

In addition to the diligent management of health and safety, strong personal leadership is required. This is demonstrated by actions and behaviours such as:

- Leading by example, 'walking the talk' about health and safety. What messages do your words and actions convey about how seriously you consider the health and safety of your staff, your colleagues and yourself?

OHS is one area of management that everybody is committed to, but somehow we can all find an excuse to rationalise unsafe and unhealthy work practices. Most often, it is due to the pressure of completing tasks on time and on budget within the available resources. It is a question of balance.

**How do you balance productivity, results and health and safety?**

- Communicate your commitment, your vision and your OHS goals internally and outside the Institute. Internally, the key OHS stakeholders are supervisors, staff, students, contractors, suppliers, Health and Safety Representatives, OHS Committee members. External stakeholders with an interest in your Institute's approach to health and safety include your customers and partners; the industries, businesses and organisations that employ your students and graduates.
- Establish working relations with these stakeholders; identify and discuss their issues and concerns, resolve the problems or at least put in place a process to resolve outstanding issues.
- Adopt a collaborative approach to health and safety; ensure staff are consulted and participate in identifying the hazards, and in developing and implementing safe ways of working.
- Adopt a non-adversarial approach to workplace injuries.
- Support initiatives to find alternative ways of preventing injuries or supporting the rehabilitation of an injured colleague.
- Recognise and reward initiative and achievement. Whether it is private or public, on an individual or team basis, a bonus linked to salaries, or non-financial, is a matter for the Institute to decide. The key is to provide some form of recognition and reinforce the message that health and safety is a priority in your Institute. **(Refer to Attachment 3E: OHS Leadership: Personal Performance Report)**

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### **3.3 Practical management systems**

Health and safety management systems are the tools and processes that managers and staff use to prevent injury and illness, the help keep an injured employee at work or get them back to work as soon as it is safely possible and to effectively manage WorkCover claims. The key elements include:

- Implementing hazard and risk management programs:
  - Identify the hazards arising not only from the programs and services offered by the Institute, but also from the management of injuries and claims.
  - Develop risk control strategies.
  - Review the effectiveness of the control strategies.
- Train managers and supervisors so they have the knowledge and skills, i.e. the capability to prevent injuries and to provide early rehabilitation assistance to injured employees.
- Report and review centre and program performance.
- Plan for emergencies:
  - Identify potential emergencies
  - Assign roles and responsibilities
  - Establish processes and protocols
  - Brief/train staff and students

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### **3.4 Active Safety Culture**

What is an active safety culture? If culture can be defined as ‘the way we do things around here’, an active safety culture is demonstrated by managers managing safely and staff working safely. From a management perspective, the essential elements are:

- **Effective communication**
  - Have regular formal and informal discussions with managers and supervisors about workplace safety and the management of injured staff.
  - Ensure all parties, managers, supervisors, staff, casuals, contractors, suppliers and visitors are aware of the risks in the workplace and their role in preventing injuries.
  - Discuss performance reports with managers, supervisors and staff .

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- **Consultation and Participation**

- The people who do the work also know the risks involved. Their involvement and active participation is critical in creating and maintaining a workplace in which people work safely.
- Ensure Health and Safety Representatives are trained to meet their responsibilities.
- Reinforce the significance of the OHS Committee, or consultation forum, through management participation and rapid response to committee advice and recommendations.
- Investigate the opportunities to discuss health and safety with senior management and at centre and program meetings.

- **Recognition and Reward**

- Recognise and celebrate initiative in the prevention of injuries, rehabilitation and the achievement of performance targets.

## **Attachment 3A: Sample OHS Improvement Strategy**

### ***Strategic Priorities***

<b><i>Priorities</i></b>	<b><i>2004</i></b>	<b><i>2005</i></b>	<b><i>2006</i></b>
Demonstrate compliance with regulatory requirements.			
Build the systems, processes to prevent and manage injuries more effectively using AS 4801 and VWA Return to Work Guidelines as a framework.			
Integrate health and safety into corporate, centre, program and admin. unit management structures and processes.			
Develop prevention programs targeting common and costly injuries, especially stress.			
Integrate health and safety into the design and management of all teaching programs.			

### ***Indicators & Targets***

<b><i>Indicator</i></b>	<b><i>2004 – The Start</i></b>	<b><i>2007 - The Target</i></b>
<b>Premium Rate</b>	0.741 = 5% above sector average & 15 % above best performer	0.710 = achieve top 10% by 2008
<b>Claims Cost Rate (1)</b>	0.17%	0.08%
<b>Claims Frequency Rate (2)</b>	1.25%	0.61%
<b>Leadership</b>	Little accountability and no KPI's No improvement strategy	Integration of OHS into management structure & strategies
<b>Safety Management Systems</b>	Complex systems and bureaucratic processes	AS 4801 Certification Compliance with RTW Guidelines
<b>Safe facilities and equipment</b>	Non-compliance	Compliance with all regulatory requirements
<b>Active Safety Culture</b>	Little ownership of health and safety by staff & managers	Integration of health and safety into all teaching programs

Claims cost as % of total remuneration

Number of claims as % of workforce

## **Attachment 3B: OHS Management Roles and Responsibilities**

<b><i>Centres, Programs &amp; Administrative Units</i></b>	<b><i>Human Resources</i></b>	<b><i>Facilities/Property Services</i></b>
Identify risks arising from all programs & activities	Develop the Institute OHS Improvement Strategy & Implementation Plan	Design & construct safe buildings & facilities
Prepare & implement Risk Control Strategies	Report & monitor OHS performance	Maintain the buildings & facilities in a safe condition
Provide opportunities for rehabilitation of injured employees	Develop OHS policies, procedures & guidelines	Prepare Building Management Plans detailing the maintenance program, budget & protocols
Assign responsibilities for OHS management	Facilitate OHS training	Prepare for and manage emergencies
Train staff & students to meet their OHS responsibilities	Provide information & advice to centres, programs and administrative units	Provide expert information & advice on property related OHS issues
Provide appropriate supervision		
Identify potential emergencies & prepare contingency plans		

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## **Attachment 3C: Senior Management OHS Accountabilities**

### **CEO**

Lead the development of best practice health and safety management through the integration of OHS into Institute management structure, processes and culture and the regular monitoring and review of OHS performance.

### **Directors**

Develop best practice health and safety management by ensuring OHS management systems are in place and operating effectively and OHS objectives and targets are incorporated into Institute plans and budgets. Ensure accountability for OHS is assigned and included in performance reviews.

### **Centre Managers**

Integrate best practice health and safety management into Centre structure, processes and culture. Ensure the accountability for OHS is assigned and included in performance reviews, that staff have the knowledge to meet their responsibilities and that OHS risks are identified and controlled.

### **Supervisors/Program Managers**

Prepare control plans to eliminate or minimise the risks arising from programs and services. Ensure staff and students are aware of and apply the risk controls. Monitor the effectiveness of the risk controls.

## ATTACHMENT 3D: OHS PERFORMANCE REPORT – INJURY PREVENTION AND MANAGEMENT

**Centre/Unit:**.....

**Date:** .....

Please consider how well you manage health & safety risks in your area. Select the appropriate rating, calculate your score & % for each element: 1 = poor & 5 = excellent

Element	Requirements	Score									
1. Leadership/integration of Health & Safety into management structure and processes											
<b>Leading by Example</b>	<i>I discuss OHS with my staff, meet with OHS stakeholders, participate in audits &amp; investigations</i>	1	2	3	4	5					
<b>Accountability</b>	<i>Accountability for OHS is assigned, KPI's developed &amp; included in performance reviews</i>	1	2	3	4	5					
<b>Planning</b>	<i>OHS objectives &amp; targets &amp; strategies are included in business plans &amp; performance is monitored</i>	1	2	3	4	5					
2. Systems for managing Health & Safety											
<b>Risk Management</b>	<i>Risk controls &amp; compliance strategies are in place &amp; monitored</i>	1	2	3	4	5					
<b>Training</b>	<i>Staff have the knowledge &amp; skills to meet their responsibilities, appropriate supervision is provided.</i>	1	2	3	4	5					
<b>Emergency Plans</b>	<i>Potential emergencies have been identified &amp; management plans prepared</i>	1	2	3	4	5					
3. Safe equipment & Safe Facilities											
<b>Design</b>	<i>OHS is considered in the design &amp; construction of refurbishments &amp; new facilities</i>	1	2	3	4	5					
<b>Purchasing</b>	<i>OHS is considered prior to purchasing equipment, materials &amp; services (inc. contractors)</i>	1	2	3	4	5					
<b>Maintenance</b>	<i>Maintenance of plant &amp; equipment is in accordance with regulations &amp; manufacturers instructions</i>	1	2	3	4	5					
4. An Active Safety Culture											
<b>Communication</b>	<i>Staff are aware of risks &amp; the relevant controls</i>	1	2	3	4	5					
<b>Consultation</b>	<i>Staff are encouraged to participate in making decisions that impact on their health &amp; safety</i>	1	2	3	4	5					
<b>Recognition &amp; Reward</b>	<i>OHS initiatives and achievements are recognised &amp; rewarded</i>	1	2	3	4	5					
<b>TOTAL SCORE</b> .....											
<b>Score &amp; %</b>	<b>5 = 35%</b>	<b>6 = 40%</b>	<b>7 = 45%</b>	<b>8 = 55%</b>	<b>9 = 60 %</b>	<b>10 = 65%</b>	<b>11 = 75%</b>	<b>12 = 80%</b>	<b>13 = 85%</b>	<b>14 = 95%</b>	<b>15 = 100%</b>

**OHS Performance Summary**

**Centre/Unit:**.....

**Date:** .....

	Q1	Q2	Q3	Q4
Section 1: Injury Prevention & Management				
<b>1. Leadership/integration of OHS into management processes</b>				
<b>2. Systems for injury prevention &amp; management</b>				
<b>3. Safe equipment &amp; safe facilities</b>				
<b>4. Active Safety Culture</b>				
<b>5. Incidents – number of reported incidents</b>				
Section 2: WorkCover Claims Performance				
<b>6. % of total claims cost</b>				
<b>7. % of total number of claims</b>				

### **Attachment 3E: OHS Leadership: Personal Performance Review**

Please consider your own leadership for each element (5 = excellent to 1 = poor), calculate your score and finally your rating.

<b>Element</b>	<b>Requirements</b>					<b>Score</b>	
<b>Leading by Example</b>							
I personally 'walk the talk'	1	2	3	4	5		
I effectively communicate my OHS commitment, vision and goals to internal & external stakeholders	1	2	3	4	5		
I have established working relationships with all internal and external OHS stakeholders	1	2	3	4	5	30 %	
I actively encourage staff consultation and participation in OHS issues	1	2	3	4	5		
I recognise and reward achievements in health and safety	1	2	3	4	5		
I participate in OHS audit & inspection programs and in serious workplace incident investigations	1	2	3	4	5		
<b>Assessing Accountability and Responsibility</b>							
OHS responsibilities incorporated in all managers and staff duty statements	1	2	3	4	5		
KPI's being developed that reflect OHS accountabilities	1	2	3	4	5		
OHS is included in the performance review process	1	2	3	4	5	20 %	
OHS Leadership training is provided to managers and supervisors	1	2	3	4	5		
<b>Planning to improve OHS performance</b>							
Specific OHS objectives and targets are incorporated in business plans	1	2	3	4	5		
Resources are allocated to OHS in accordance with Improvement Strategy priorities	1	2	3	4	5		
Formal partnership arrangements between the OHS Unit and centres are established	1	2	3	4	5	20 %	
OHS performance is reported and reviewed	1	2	3	4	5		
<b>TOTAL SCORE</b>						<b>...../70</b>	<b>RATING</b>
						<b>.....%</b>	

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## **4. Preventing injuries and illnesses**

- 1. What the law says**
  - 2. Critical success factors**
  - 3. Demonstrating compliance**
  - 4. Stress prevention strategies**
  - 5. Preventing sprains and strains and soft tissue injuries**
- 

### **4.1 What the law says**

The legal obligations of TAFE Institutes in relation to managing health and safety are detailed in the Occupational Health and Safety Act 2004, various OHS Regulations that establish minimum requirements for specific hazards and work practices and associated Codes of Practice. The revised OHS Act incorporates a number of significant reforms arising from the recent Maxwell review.

Copies of all Acts and Regulations can be viewed online at [www.dms.dpc.vic.gov.au](http://www.dms.dpc.vic.gov.au) or purchased from Information Victoria (1300 366 356). Hard copies of the Codes of Practice can be ordered from [publications@workcover.vic.gov.au](mailto:publications@workcover.vic.gov.au).

### **Occupational Health and Safety Act 2005**

In practical terms, the OHS Act 2004 has two critical functions. The Act:

- Details the respective duties of employers and employees in relation to health and safety.
- Provides mechanisms for consultation with employees about the management of health and safety, including the roles of Health and Safety Representatives.

Recognising the diversity of workplaces, and reflecting a performance based approach, the Act requires employers to:

*“so far as is practicable provide and maintain a working environment that is safe and without risks to health.”*

The concept of practicability means taking the following factors into account:

- Severity of the hazard or risk
- General state of knowledge about ways of eliminating or reducing the risk
- Availability, suitability and the cost of removing the risk

### **Employer duties**

Section 21 of the Act details the employer’s duty of care. Within TAFE Institutes, and wherever it has effective management control, and ***to the extent of their management authority***, program coordinators, managers and directors are responsible for providing:

- Safe working environment, defined as wherever an employee is working
- Safe plant and equipment
- Safe systems of work
- Information, instruction, training and supervision
- Facilities for the welfare of employees

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It is important to note that these duties extend beyond Institute employees to all persons on site or who are effectively under the management control of the Institute. This includes students, casuals, contractors, suppliers and visitors.

## **Employee duties**

The duties of the employees are also detailed in the Act. Employees are required to:

- Take reasonable care of their own safety and their colleagues' safety
- Cooperate with the employer in complying with their legal obligations

## **Consultation about health and safety**

The Act directly provides for the participation of employees in the development of safe and healthy workplaces in four ways. The revised Act extends the focus of participation beyond Health and Safety Representatives to include all staff affected by any proposed changes. Specifically, the Act:

1. Applies a general duty on managers to consult with staff in relation to the management of health and safety risks.
2. Provides for the establishment of designated work groups (of employees) for the purpose of securing and promoting their health and safety interests.
3. Provides for the election of Health and Safety Representatives to represent the OHS interests of the group and individuals within the group.
4. The establishment of OHS Committees to address broader OHS issues and facilitate a cooperative approach to creating a safe and healthy workplace.

## **Regulations, Codes of Practice and Guidance Notes**

The OHS Act is supported by various regulations which provide the minimum requirements for the management of certain hazards, for example the use of or manual handling of chemicals. For TAFE Institutes, the key regulations are:

- Manual Handling Regulations 1999
- Hazardous Substances Regulations 1999
- Dangerous Goods Regulations 2000
- Noise Regulations 2004
- Plant Regulations 1995
- Prevention of Falls Regulations 2003
- Asbestos Regulations 2003

A list of regulations can be found at the WorkSafe website – [www.workcover.vic.gov.au](http://www.workcover.vic.gov.au). To assist employers such as TAFE Institutes to meet the requirements of these regulations, WorkSafe Victoria has prepared codes of practice and guidance notes. Effectively, these are the minimum standards. They are not mandatory but Institutes would be expected to demonstrate adoption of these guidelines or their equivalent. These can be found on the WorkSafe website.

While there are no regulations relating to any of the psycho-social hazard, such as stress, Institutes should refer to the recently released Guidance Note on Bullying and Violence at Work.

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## **4.2 Critical Success Factors**

What are the absolutely critical factors for an Institute to have in place to prevent staff and students from getting injured or ill as a result of their work? The practical experience of innovative organisations, the experience of regulatory authorities and the findings of academic researchers all tell the same story. The key building blocks are:

- **Safe infrastructure, a safe working environment, safe equipment and machinery**
- **Safety management systems, the tools and techniques, processes and protocols**

Up until the late 1990's many people thought this was sufficient because attention to these priorities generated significant improvements. Having reached a safety plateau, however, they discovered two more critical ingredients. This was the need for:

- **An active safety culture, focusing on people working safely in practice and**
- **Strong leadership, by senior managers**

Two very useful websites are [www.comcare.gov.au](http://www.comcare.gov.au) and [www.hse.gov.uk](http://www.hse.gov.uk)

*(Refer to Attachment 3C: OHS Performance Reporting Program)*

### **Safe Facilities and Equipment**

The provision of a safe infrastructure, that is a safe working environment with safe equipment, is a basic requirement to ensure a safe and a healthy workplace. It is also the element of OHS management that is most highly regulated.

### **Questions to ask about:**

#### ***Maintenance***

Are you, as a responsible manager, confident that all the machinery and equipment that requires maintenance has been systematically identified and documented on a register? Has a preventative maintenance program been prepared for each piece of equipment? Has maintenance been undertaken in accordance with this schedule? While it is not reasonable to expect a detailed answer, it is reasonable to expect that there is a maintenance program in place and that you know it is working effectively because you review the performance reports.

#### ***Purchasing equipment, materials and services***

Do you check on the health and safety impact on equipment, materials and services before purchasing them? For instance, is there an ergonomic assessment undertaken of office chairs and work stations? How do you evaluate the capacity of the contractor to undertake their task safely? Is there a process in place to ensure health and safety impacts are systematically considered, before purchase?

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## ***Design***

Is OHS incorporated in the design and construction of refurbishments and new facilities? Is there a process in place to ensure that end users are consulted about the possible health and safety implications of the proposed design? Is it specifically incorporated into the design brief and then into the construction contract?

### **Safety Management Systems**

For TAFE Institutes the most useful model of an OHS management system is the Australian Standard AS 4801: Occupational Health and Safety Management Systems. Designed using the same structure or framework as ISO 9001- Quality and ISO 14001 – Environmental Management, this standard is now the benchmark against which regulatory authorities such as WorkSafe Victoria audit organisations. The standard AS 4801 can be ordered from [www.standards.org.au](http://www.standards.org.au) (*Refer to Attachment 4A: Framework/structure for OHS Management System*)

It is reasonable to expect that the Institute has a safety management system in place that meets the requirements of AS 4801. But from a practical perspective at the corporate, centre and program management level how does that system operate? Are the basic elements in place? Are they operating effectively? Let's look at three components.

#### ***1) Risk Management Programs and Compliance Strategies***

Have the hazards arising from your programs and services been systematically identified? We need to look beyond the obvious physical safety hazards associated with the work environment and the equipment. It is important to examine and question whether there are any 'health' hazards associated with your operations, the design and management of work programs including the tasks themselves. Some of the most common and costly workplace problems in Australia are sprains, strains and stress. Generally these problems result from 'health' hazards rather than the more obvious physical hazards.

Having clarified the nature and scope of your workplace hazards, do you as the responsible manager know what the relevant regulatory obligations are? Are you, or one of your senior staff able to articulate the requirements and demonstrate your compliance with them? Compliance with your legal obligations is a basic and non-negotiable requirement. What do the Inspectors want to see? The answer is a Risk Control Plan. (**Refer to Attachment 4B: Compliance Checklist**)

#### ***2) Training and Supervision***

Do your managers, supervisors and staff have the knowledge and skills to meet their responsibilities? Can you provide documentary evidence of this training? How do you supervise staff? Is the supervision appropriate to their level of experience and expertise? How do you monitor the performance of staff and contractors whose work is unsupervised?

#### ***3) Emergency Planning and Management***

We are all aware that often life does not go according to plan. Consequently, we need to plan for the unexpected. How far do we go in preparing for emergencies? At the minimum, managers are expected to consider the potential emergencies that are foreseeable due to the nature of your operations. For instance, if you run a TAFE program in the centre of the city it is reasonable to expect security problems. As the manager you would need to ensure there are programs and plans to ensure the safety of staff in the event of a security scare.

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## **Active Safety Culture**

### ***Effective communication***

OHS communication is effective when people actually do work safely. Communication is more than the distribution of policies and procedures. It requires discussion and debate about the particular health and safety risks facing individuals or groups. What are the priorities? What are the barriers to working safely in practice? What options are available to improve OHS in your workplace?

### ***Consultation and Participation***

It is critical to involve employees in discussions about health and safety in an effort to develop sustainable solutions. Occupational Health and Safety is also one area of organisational management where employees have a legal right to be involved in the decision making process. How do you consult with your staff? What opportunities do you provide for their participation in making decisions that will impact on their health and safety? Are these processes effective?

### ***Recognition and Reward***

Do you recognise initiative or achievement in your team? Do you go further and reward initiative or achievement? What areas of performance does this apply to, does it include health and safety? Should the recognition and reward be public or private? Should it be individual or team focused? At a minimum, recognising initiative and performance is vital in reinforcing the message that senior managers place a high value on staff working safely. The question of rewarding staff is important and should reflect the culture and management style of the Institute.

## **Leadership**

### ***Leading by example***

Your personal commitment to making the system work is critical. Leading by example means that you personally 'walk the talk' when it comes to health and safety. It means that you know who the key OHS stakeholders are within and outside the organisation and you discuss relevant issues with them. It means you acknowledge the potential for conflict between achieving performance targets and safety and you are committed to eliminating or reducing that tension. It means you participate in OHS forums and demonstrate your knowledge of Institute OHS policies and processes.

### ***Accountability and Responsibility***

Who is responsible for making your workplace safe and healthy? How can you make people accountable and responsible?

- assign specific OHS responsibilities in the duty statements of all managers and staff
- develop KPIs to measure performance
- include OHS in the performance review process.

In addition, it means the senior management team:

- regularly reviews OHS performance
- reviews investigation findings following incidents involving the health and safety of employees
- responds to OHS issues raised by employees.

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### ***Communicating about OHS***

Effective communication about OHS is achieved when your key stakeholders recognise that OHS is a business priority for you. This means you have communicated your commitment, vision, goals and improvement strategies. Effective communication means you have adopted a consultative approach involving employees in the process of finding answers to OHS issues. It means that you recognise and reward both initiative and achievement in health and safety.

### ***Incorporating OHS into business plans and programs***

To improve OHS in your Institute you must put the preventative approach into practice. The challenge for managers is to increase the organisation's capacity, its structures and systems and integrate OHS into its business plans and programs. This may include incorporating OHS into the business planning process, recognising the potential tension between productivity and safety and setting OHS objectives and targets and monitoring performance against milestones.

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## **4.3 Demonstrating compliance**

TAFE Institutes have a non-negotiable obligation to demonstrate compliance with the requirements of the OHS Act 2004 and the regulations that pertain to the operations of the Institute, such as the Manual Handling and Hazardous Substances regulations.

To demonstrate compliance Institutes need to adopt a risk management approach to your health and safety risks. In practice, this requires the preparation of Risk Control Plans to demonstrate that the hazards and risks arising from Institute programs and services are systematically identified, assessed and effectively controlled. The critical steps in this process are:

### ***Consult with your staff***

Your staff are the people who do the work. They know the tasks and they know the hazards and risks arising from the work they do. Their involvement and participation in the preparation of the Risk Control Plans is fundamental to its success. To work safely requires staff ownership of the risk controls.

### ***Confirm activities or steps in the work flow***

Decide what the major activities undertaken in the work unit are or the main stages in planning and conducting your programs. It is these major activities at each stage of the program that should be the focus for identifying and controlling risks.

### ***Identify the hazards***

Hazards are potential accidents. The challenge is to consider the hazards that are associated with the planned programs or services. In practical terms, safety hazards are likely to result from:

#### **The physical work environment**

- Temperature – too hot, too cold?
- Light – is it adequate for the task?
- Noise – is it reasonable, for how long?
- Air quality – fumes, dust etc.
- Space/lay out of work area – is it sufficient?
- House keeping – clear walk ways etc.
- Storage space – is it adequate?

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### **Machinery and equipment**

- Is it appropriate for the task?
- Is it maintained in safe working order?

### **Materials**

- What chemicals are used?
- Are there any other hazardous materials required for the task?

The most serious OHS challenges in TAFE Institutes are sprains, strains and stress, so it is vital that health hazards be seriously considered. They are likely to emerge from two areas.

### **Tasks, activities, processes:**

What are the hazards arising from the jobs in your unit?

Are there any ergonomic hazards: lifting, carrying, pushing, pulling, restraining?

### **Work design and management: what are the potential stressors arising from:**

- **Organisational culture and change process**  
Management structure, policies and processes  
Planning and management of organisational restructures  
Communication between staff and managers  
Consultation and participation by staff
- **Demands of the job on individuals:**  
Work loads  
Work schedules including time, location  
Work patterns
- **Roles: staff concern about their responsibilities:**  
Role clarity  
Role overload  
Role conflict  
Levels of responsibility
- **Support: staff concern about the lack of resources and personal support:**  
Information  
Resources  
Support from managers  
Support from colleagues  
Feedback
- **Control: staff concern about the lack of input into how they work:**  
Participation in decision making processes  
Level of skill discretion

### ***Assess the risks, establish priorities***

Deciding the level of risk of an injury or illness arising from these hazards is clearly a matter of judgement. It is expected that your team will follow a systematic process to determine which are the high, moderate and relatively low risks.

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The simplest approach is to consider two factors, probability and consequence, give them each a numerical rating from 1 to 4 and multiply the two scores to establish a risk rating of between 1 and 16. The first question to answer is .....

- **What is the probability of this hazard causing an accident or illness?**

- 1 = very unlikely, could happen but probably never will
- 2 = unlikely, could happen, but rarely
- 3 = likely, could happen sometime
- 4 = very likely, could expect to happen any time

- **If it did happen, what is the likely outcome, the impact or consequence?**

- 1 = minor, first aid treatment only
- 2 = medical attention required, time off work
- 3 = serious injury or illness
- 4 = very serious, permanent injury or death

- **Probability rating x Outcome rating = risk rating**

- > 12 = High Risk
- 6–12 = Moderate Risk
- < 6 = Low Risk

It is important to remember this is not simply a mechanistic process. If your review of the priorities causes concern have another look. The objective is really to confirm the high priority and moderate risks and put in place controls that eliminate or reduce that risk.

### ***Eliminate or minimise the risks***

After confirming the priority risks, the real challenge is to select and implement effective controls. Managers are required to consider the ‘risk control’ hierarchy, this is a five level pyramid of controls designed to prevent the risk being a threat rather than protecting people from the threat. The five levels of the risk control hierarchy in order of their significance are:

- Eliminate the task, process or use of the product – do it differently
- Substitute an alternative process or product – that is less hazardous
- Adopt ‘engineering’ controls – use technical rather than human controls

If consideration of these options means the task still cannot be done safely then:

- Apply administrative controls, establish safe ways of performing the task
- Provide personal protective equipment, gloves, glasses, hats, goggles, boots etc.

Remember, this is not an academic debate. If the optimal, long term solution is not immediately feasible, because of cost or other Institute priorities, a manager is expected to establish short-term measures to mitigate the risk and protect staff. **(Refer to Attachment 4C: OHS Risk Control Plan template)**

The management of some particular hazards are governed by regulations. Institutes must therefore prepare Risk Control Plans that reflect these specific requirements. As noted earlier, the key regulations for Institutes are:

- Manual Handling Regulations 1999

- 
- Hazardous Substances Regulations 1999
  - Dangerous Goods Regulations 2000
  - Noise Regulations 2004
  - Plant Regulations 1995
  - Prevention of Falls Regulations 2003
  - Asbestos Regulations 2003

From an Institute perspective, the manual handling, hazardous substances and dangerous goods regulations should be the top priorities. The manual handling regulation is significant because of the high proportion of WorkCover claims arising from sprains and strains or other soft tissue injuries. A large proportion of these claims arise as a result of individuals lifting, carrying, pushing, pulling, restraining etc., that is activities whose management is governed by the regulation. The Manual Handling Code of Practice provides valuable information and advice about how to prevent these types of injuries. **(Refer to Attachment 4D: Manual Handling Risk Control Plan)**

Similarly, management of chemicals, other hazardous substances and dangerous goods such as gas cylinders is governed by two regulations which WorkSafe Victoria is very diligent in monitoring. These are the Hazardous Substances and Dangerous Goods Regulations. **(Refer to Attachment 4E: Chemical Management Guidelines - Note these guidelines will be reviewed following stage one of WorkSafe's chemical management in universities project)**

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#### **4.4 Stress Prevention Strategies**

Stress is an increasing problem for TAFE Institutes and many other organisations. The challenge is to identify the initiatives managers can take to reduce the level and cost of work-related stress among staff. Adopting more effective people management practices will allow Institutes to meet legal and financial pressures and obligations. But, most importantly, such practices will lead to a happier and more productive staff.

The definitions of occupational stress are many and varied. Generally, occupational stress occurs when an employee is unable to adjust satisfactorily to the demands and changes in their work environment.

What intervention opportunities are available to an Institute to reduce the stress levels among staff and the frequency and cost of stress-related WorkCover claims?

The Institute cannot change individuals or directly impact on individual personalities and coping mechanisms. There is now extensive evidence, however, about organisational and work design/management factors that can affect an individual. These include:

- Demands – demands of the job
- Control – employee control over how they work
- Support – from management and colleagues
- Relationships - working relationships
- Role – clarity of roles and responsibilities
- Culture and change – organisational

**(Refer to Attachment 4F: Stress Prevention and Management Strategy)**

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These guidelines are designed to provide practical information and assistance to all levels of management in tackling occupational stress. The guidelines have been prepared using a non-existent organisation, the Victoria Institute, as a model.

*(Attachment 4D: Managers Injury Prevention Checklist)*

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## **4.5 Preventing Sprains and Strains or Soft Tissue injuries**

Sprains and strains or soft tissue injuries represent approximately 50 per cent of all the Workcover claims made by employees in the TAFE sector and just under 50 per cent of the total cost of those claims. This represents a major challenge for many Institutes particularly when our ageing workforce is taken into account. The good news is that many of these injuries are preventable through the adoption of simple, practical strategies.

The first step is to identify and analyse the nature and scope of the problem through consideration of the following questions:

- How serious is the problem of sprains and strains? Indicator = sprains and strains type claims as a percentage of total Institute claims.
- Which areas of the Institute are generating sprains and strains type claims? Indicator = department or campus.
- What is the profile of sprains and strains claimants? Indicator = Occupation, Age and Gender.
- Cause or 'activity' at time of injury. Indicator = Mechanism of injury

Analysis of this type of information will provide a comprehensive picture or profile of the sprains and strains challenge in your Institute.

### **Prevention Strategies**

In practical terms there are four simple initiatives to address the sprains and strains challenge. The first involves providing all staff with the information and simple, practical tools to effectively address the problem in their own department or program.

As with all OHS initiatives, the success of the intervention will reflect the involvement of staff in designing, managing and reviewing the programs.

### **1. Sprains and Strains Prevention Program (all departments)**

The first initiative is to provide a simple model, and the associated tools and techniques, to enable departments to identify and then address the relevant factors contributing to sprains and strains type injuries. This will involve a project team undertaking the following tasks:

- Reviewing the track record, examining incident reports, claims data and any other records, talking with staff about the 'aches and pains' they suffer as a result of their work.
- Identify the hazards associated with your work that contribute to people suffering sprains and strains, arising from five aspects:
- The physical work environment

- 
- Machinery and equipment used
  - Materials used
  - Work Processes or tasks
  - Design and management of work programs
  - Consider both short-term and long term solutions including cost/benefit analysis
  - Either implement an agreed solution or assign responsibility for somebody to undertake further investigations

## **2. Priority Areas: Assistance in developing the Prevention Program**

To assist those departments or campuses that are the primary source of sprains and strains claims, it may be productive to engage the services of an expert ergonomist to work with your OHS Coordinator to develop and implement sprains and strains prevention programs.

## **3. Priority Tasks: Provide the Answers**

The solution to many of the common sprains and strains hazards, such as repetitive tasks and lifting, are already well known. The challenge is to identify the barriers to their adoption in practice and in each workplace develop simple strategies to encourage everybody to ‘work safely in practice’

## **4. Priority People: Invest in prevention**

Most Institutes provide a counselling service for staff in the belief that this service will not only help staff resolve individual issues but also help them to be productive members of the Institute team. Effectively, this is an investment in prevention. The same logic is applied to this initiative to reduce sprains and strains type injuries.

The program is based on recognising that each individual has different issues/priorities and will require customised strategies to reduce the potential for suffering soft tissue injuries or appropriate rehabilitation for those who already have soft tissue injuries.

Under the guidance of expert therapists, the program aims to provide individual staff with an assessment of their condition, relevant information and advice (i.e. a personal plan to improve their physical condition) and thereby reduce the potential for a sprain or strain injury.

### **(Refer to Attachment 4G: Sprains and Strains Prevention Strategy)**

Using the (non-existent) Healesville Institute as a case study, this sample strategy illustrates the information required by senior management to develop a strategy, it identifies the priority areas, the priority tasks, the priority people and provides simple practical and cost effective solutions.

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# **Attachment 4A: Framework for OHS Management System**

## **1. OHS Policy**

## **2. OHS Planning and Management**

- 2.1 Legal Obligations
- 2.2 OHS Planning
- 2.3 Roles and Responsibilities for OHS
- 2.4 Training and Induction
- 2.5 Communication and Consultation
- 2.6 OHS Committees
- 2.7 Issue Resolution
- 2.8 Hazard/Incident Reporting and Investigation
- 2.9 OHS Performance Reporting Program
- 2.10 Health Surveillance & Monitoring
- 2.11 Audits
- 2.12 Document Control

## **3. OHS Management Guidelines**

- |                           |                               |
|---------------------------|-------------------------------|
| 3.1 Risk Management       | 3.14 Facilities Management    |
| 3.2 Emergency Planning    | 3.15 Waste Management         |
| 3.3 First Aid             | 3.16 Electrical Safety        |
| 3.4 Manual Handling       | 3.17 Alcohol & Drugs          |
| 3.5 Chemical Management   | 3.18 Smoking                  |
| 3.6 Student Safety        | 3.19 Bullying                 |
| 3.7 Visitor Safety        | 3.20 Working off-site         |
| 3.8 Office Safety         | 3.21 Working from home        |
| 3.9 Contractor Management | 3.22 Confined Spaces          |
| 3.10 Purchasing           | 3.23 Working at Heights       |
| 3.11 Plant & Equipment    | 3.24 Facility fit for purpose |
| 3.12 Noise                | 3.25 Change of occupancy      |
| 3.13 Permits to Work      |                               |

## **4. Safe Work Instructions #**

# to be prepared by centres and work units reflecting local controls

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## **Attachment 4B: Compliance Checklist**

**Compliance with your legal obligations is non-negotiable. In practice, this requires that you, in conjunction with your staff, eliminate the risks arising from your programs, or if that is not feasible, minimise the risks.**

**While certain regulations have quite specific requirements, the basic approach or methodology is the same for all OHS regulations. To demonstrate compliance, you must be able to verify that you have undertaken each of the following five steps.**

<b>Identified all the hazards associated with your programs</b>		Identification process needs to consider: nature & type of tasks work environment materials & equipment program planning & management
<b>Assessed the risks arising from these hazards</b>		Rank the risks - high, medium & low
<b>Prepared and implemented Risk Control Plans</b>		Apply the risk control hierarchy Eliminate the risk Substitute safer alternatives Apply engineering controls Implement administrative controls such as training Provide protective equipment If required, adopt short term controls to reduce risk while you develop a long term solution
<b>Provided training and supervision</b>		Staff have the knowledge and skills to meet their responsibilities
<b>Review the effectiveness of the risk controls</b>		Check to see if the controls are actually effective

## **Attachment 4C: OHS Risk Control Plan template**

This hazard identification, risk assessment and control process should be undertaken in conjunction with relevant staff and Health and Safety Representative (HSR).

<b>1. Identify the hazard</b>				
Identify the hazards by considering the factors listed below and describe briefly				
<b>Hazards</b>	Work Environ.	Equipment & Materials	Work Processes	Program Design & Managem.t
<b>Tasks</b>				
<b>2. Establish regulatory obligations</b>				
Are there any regulatory obligations? Manual Handling, Hazardous Substances, Dangerous Goods, Plant, Noise				Yes/No
If yes, please refer to relevant RCP, if not, please complete this Risk Control Plan				
<b>3. Assess the risk</b>				
What is the probability of this hazard causing an injury or illness? <i>1=low 4=highly likely</i>	1	2	3	4
How serious would the consequences be? <i>1 = minor 4 =significant</i>	1	2	3	4
Score the risk rating – probability x consequence	<b>Score</b>			
Rank task as high, medium or low risk. <i>&gt;12=High 6-12=Medium &lt;6=Low</i>	H	M	L	
<b>4. Eliminate or reduce the risk</b>				
List controls to eliminate or reduce the risk of injury. Refer to control hierarchy below.				
<b>Control hierarchy:</b> <i>Eliminate the task - Substitute alternative process or product- Adopt an engineering solution – Provide information &amp; training – Provide protective equipment</i>				
Mgt Representative:		Health & Safety Representative		

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## **Attachment 4D: Manual Handling Risk Control Plan**

### **OHS (Manual Handling) Regulations 1999**

#### ***Regulatory Requirements***

To comply, you must undertake the following actions:

- Identify all manual handling activities in your area
- Use the relevant risk factors to decide if the task is hazardous
- Eliminate or reduce the risk using the hierarchy of controls
- Review effectiveness of the risk controls

**Note: The hazard identification, risk assessment and control process should be undertaken in conjunction with relevant staff and a Health and Safety Representative (HSR).**

#### **Some Manual Handling Risks Commonly Found in TAFE Institutes**

- Carrying books, computers and other resources
- Typing while using a notebook computer in an awkward posture
- Repetitive use of computers
- Stretching to reach a high shelf or bending to a low shelf
- Receiving and storing materials and equipment
- Moving furniture
- Pushing a trolley
- Restraining a student
- Using a ladder

# Manual Handling Risk Control Plan

<b>Program/location:</b>	<b>Date</b>	<b>Job/ Task:</b>
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## 1. Identify the Hazard

Identify *hazardous* manual handling by identifying the relevant stressors listed below and place a tick (✓) in the box.

	<b>Tasks &amp; Stressors</b>	Repetitive or sustained application of force	Repetitive or sustained awkward posture	Repetitive or sustained movement	Application of high force	Exposure to sustained vibration	Handling of people & animals	Handling unstable or awkward loads
A								
B								
C								
D								

## 2. Assess the risk

1	Does the task involve repetitive or sustained postures, movements or forces?	Yes/No			
2	Is the task done for more than 2 hours/ shift or for more than 30 minutes at a time?	Yes/No			
3	Does the task involve high force?	Yes/No			
4	Is there a risk? Yes if, you answered yes to 1 and 2 <i>or</i> you answered yes to 3	Yes/No			
5	Are environmental factors increasing the risk?	Yes/No			
6	Count the number of stressors (✓) from the table and rank task as high, medium or low risk. <i>High = more than 9 stressors      Medium = 5-9 stressors      Low = 1-4 stressors</i>	<table border="1"> <tr> <td>H</td> <td>M</td> <td>L</td> </tr> </table>	H	M	L
H	M	L			

## 3. Eliminate or reduce the risk

List controls to eliminate or reduce the risk of injury. Refer to control hierarchy below.

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### Control hierarchy

*Eliminate the task - Substitute alternative process - Use mechanical aids - Provide information & training*

Mgt Representative:	Health & Safety Representative
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## **Attachment 4E: Chemical Management Guidelines**

### Incorporating Hazardous Substances & Dangerous Goods Regulations

#### **1. Objective**

Our objective is to protect the health of staff, students and visitors who are exposed to chemicals or substances that are hazardous and the safety of property in relation to the storage, handling and use of dangerous goods at our workplaces.

#### **2. Performance Standard**

Achievement of the performance standard requires programs to:

- Identify all chemicals stored and used
- Obtain Material Safety Data Sheets (MSDS)
- Ensure that containers of Hazardous Substances are correctly labelled
- Set up a chemicals register
- Ensure MSDS are accessible to relevant people
- Assess the risk associated with chemicals used and stored
- Undertake atmospheric monitoring and/or health surveillance, if required
- Eliminate or minimise any risks to people and property
- Provide information, instruction and training
- Monitor the implementation and effectiveness of control measures

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### 3. Process

This flow chart summarises the key steps in the risk management process.

<b>Sequence</b>	<b>Steps</b>
Identify the chemicals	Identify all chemicals stored and used  Obtain and review Material Safety Data Sheets (MSDS)
Ensure chemicals are correctly labelled	Check to ensure containers of chemicals and chemicals in systems/pipework are identified and labelled correctly
Set up register	Set up chemicals (hazardous substances & dangerous goods) register
Informing team members about the chemicals	Ensure MSDS are available and accessible to team members and other people
Select controls to eliminate or reduce the risk	Select the appropriate risk controls by applying the risk control hierarchy, i.e. consider opportunities to:  Eliminate use of the chemical  Substitute an alternative less dangerous chemical  Isolate process or substance or adopt engineering controls to reduce the risk  Develop Safe Work Procedures to safely manage processes using chemicals  Provide information, instruction & training  Provide Personal Protective Equipment
Apply the Risk Controls	When will the controls be implemented? By whom?  <ul style="list-style-type: none"><li>• Short term</li><li>• Long term</li></ul>
Review risk controls	Consult with team members  Monitor injury reports



# Chemicals Risk Assessment & Control worksheet

Location ..... Unit ..... Date ..... Assessor .....

Product	Process/Use Tasks Quantities used Concentrations Frequency Duration	Risk Type Fire Explosion Corrosion Spont. Comb Other (explain)	Current Safety Measures	Exposure Route? Inhalation Ingestion Eye/skin contact Injection	Is there a risk to people or property? Yes/No Why?	Action Required to eliminate or reduce risk What Who When

**Victoria Institute**

# **Stress**

## **Prevention & Management Strategy**

*July 2003*

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## **Stress Prevention and Management Strategy**

<b>1.</b>	<b>Stress is an organisational and management issue.</b>
<b>2.</b>	<b>Stress – the problem is getting worse at Victoria Institute.</b>
<b>3.</b>	<b>Intervention Opportunities – to reduce stress.</b>
<b>4.</b>	<b>Review of current prevention/management initiatives.</b>
<b>5.</b>	<b>As managers, what can we do about occupational stress?</b>
<b>6.</b>	<b>Measuring the success of the new stress prevention/management strategies.</b>

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## 1. **Stress is an organisational and management issue**

The focus of these guidelines are the initiatives that managers at Victoria Institute can take to reduce the level and cost of stress among staff, suffered as a result of their employment at the university.

The imperatives to adopt a more proactive approach are not only our legal obligations and financial pressures but the benefits to both staff and the university of more effective people management practices: staff will be happier and more productive.

The definitions of occupational stress are many and varied. Generally, occupational stress occurs when an employee is unable to adjust satisfactorily to the demands and changes in their work environment.

What intervention opportunities are available to the university to reduce the stress levels among staff and the frequency and cost of stress related WorkCover claims?

Victoria Institute cannot change individuals. Victoria Institute cannot directly impact on individual personality variables and coping mechanisms. There is now extensive evidence, however, about the organisational and work design/management factors that can affect an individual. These include:

- Demands – demands of the job
- Control – employee control over how they work
- Support – from management and colleagues
- Relationships - working relationships
- Role – clarity of roles and responsibilities
- Culture and change – organisational

These guidelines are designed to provide practical information and assistance to all the levels of management at Victoria Institute in tackling occupational stress.

## 2. **Stress – the problem is bad and getting worse at Victoria Institute**

Statistics for the three year period 2001 – 2004 indicate the problem of stress related claims is:

- Increasing in frequency (7 – 17 per year) and cost (\$120,000 - \$780,000 per year)
- Concentrated in a few departments, more prevalent in professional and administrative staff and more common among experienced staff

	% of claims cost	% of staff	Comment
<b>Source</b>			<ul style="list-style-type: none"> <li>• Five departments that employ under 50% of the Victoria Institute workforce, account for almost 90% of stress claims</li> <li>• Engineering and Business represent almost 50% of stress claims and almost 50% of the workforce</li> <li>• Hospitality, Corporate and Art &amp; Design account for almost 40% of stress claims but together account for less than 5% of the total workforce</li> </ul>
<b>Engineering</b>	24.6	35.1	
<b>Business</b>	23.6	12.6	
<b>Hospitality</b>	15.5	0.2	
<b>Corporate</b>	13.6	0.9	
<b>Art &amp; Design</b>	9.3	3.4	
<b>Occupation</b>			<ul style="list-style-type: none"> <li>• Admin staff account for just over 25% of the workforce but represent over 70% of stress claims</li> </ul>
<b>Admin</b>	72.9	27.4	
<b>Teaching</b>	15.1	18	
<b>Support</b>	3.5	7.8	
<b>Age</b>			<ul style="list-style-type: none"> <li>• Staff over the age of 50 years represent just over 20% of the workforce but 40% of claims</li> </ul>
<b>50 – 59</b>	40.2	22.4	
<b>40 – 49</b>	26.9	26.6	
<b>Gender</b>			<ul style="list-style-type: none"> <li>• Females account for less than 50% of the total workforce but over 70% of stress claims</li> </ul>
<b>Female</b>	71.2	48	
<b>Years of Service</b>			<ul style="list-style-type: none"> <li>• Experienced staff, i.e. greater than 6 years at Victoria Institute account for less than 20% of the workforce but represent over 65% of stress claims</li> </ul>
<b>6 – 9</b>	21.6	4.4	
<b>10 – 14</b>	23.8	7.7	
<b>15 – 19</b>	21.6	4.4	

### How does Victoria Institute compare with other universities?

### 3. Intervention Opportunities – to reduce stress

The key findings of Australian and international research into the effectiveness of alternative stress prevention strategies are as follows:

<p><b>Focus on prevention</b></p>	<p>The <i>primary</i> focus should be organisational and management initiatives to prevent the development of stress among staff. Programs targeted at supporting individuals are important but essentially of secondary significance.</p> <ul style="list-style-type: none"> <li>• Focusing on staff health and well-being to improve their ‘coping’ mechanism is unlikely to be sustainable if there are no changes in the underlying causes of workplace stress</li> <li>• As employers, or representatives of the employer, managers have a legal obligation to provide a safe <i>and healthy</i> workplace <i>for</i> staff</li> </ul>
<p><b>Adopt risk management principles</b></p>	<p>The most effective strategy to prevent stress is adoption of conventional risk management practices; identify the stressors, assess the risk and develop control strategies to eliminate or minimise the risk, especially the ‘high’ risk stressors.</p>
<p><b>Integrate into day to day management practices</b></p>	<p>The sustainability of stress prevention initiatives is dependent upon their being integrated into daily management practices.</p>
<p><b>Critical risk factors</b></p>	<p>There are five critical risk factors and therefore key intervention opportunities to prevent or minimise workplace stress. Four relate to the design and management of work programs:</p> <ul style="list-style-type: none"> <li>roles and responsibilities</li> <li>the demands of the job</li> <li>support from managers and colleagues including resources</li> <li>degree of control people have over their work</li> </ul> <p>The fifth risk factor arises from the organisational and management culture including planning and management of work programs and the ‘change’ process.</p>
<p><b>Management Actions</b></p>	<p>In each of these areas there are quite simple and effective actions that can be taken by managers at all levels to reduce stress levels among staff. These are presented in Table 1.</p>

**Table 1:**

<b>Stressors</b>	<b>Management Actions - Standards</b>
<p><b>Organisational culture and change process</b> Concern about Victoria Institute, school or service unit management practices, communication change planning and management:</p> <ul style="list-style-type: none"> <li>• Management structure, policies and processes</li> <li>• Restructure planning and management</li> <li>• Communication</li> <li>• Consultation</li> </ul>	<ul style="list-style-type: none"> <li>• Inform staff about reasons for proposed changes to programs and the timetable</li> <li>• Consult with staff and provide opportunity to influence proposals</li> <li>• Identify impact of changes on people's jobs</li> <li>• Provide training to support new roles</li> <li>• Provide support during the change process</li> </ul>
<p><b>Work Design and Management – Roles</b> Staff concern about their role and responsibility:</p> <ul style="list-style-type: none"> <li>• Role clarity</li> <li>• Role overload</li> <li>• Role conflict</li> <li>• Levels of responsibility</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure staff clearly understand their roles and responsibilities</li> <li>• Minimise the imposition of incompatible roles</li> <li>• Establish processes to resolve uncertainty or conflict about roles and responsibilities</li> </ul>
<p><b>Work Design and Management – Demand</b> Staff concern about coping with demands of their jobs:</p> <ul style="list-style-type: none"> <li>• Work loads</li> <li>• Work environment</li> <li>• Work schedules</li> <li>• Work patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Provide staff with adequate and achievable demands in relation to the agreed hours of work</li> <li>• Match job demands with people's skills, abilities and capacities</li> <li>• Address employee concerns about their work environment</li> </ul>
<p><b>Work Design &amp; Management – Support</b> Staff concern about lack of resources and personal support:</p> <ul style="list-style-type: none"> <li>• Information</li> <li>• Resources</li> <li>• Manager support</li> <li>• Colleague support</li> <li>• Feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Provide sufficient information, resources to staff</li> <li>• Encourage and support staff</li> <li>• Encourage staff to support their colleagues</li> <li>• Provide regular and constructive feedback</li> <li>• Encourage staff to report unacceptable behaviour</li> <li>• Inform staff of available support and how to access it</li> </ul>
<p><b>Work Design and Management – Control</b> Staff concern about their lack of input into how they do their work: Low participation in making decisions Level of skill discretion</p>	<p>Where possible, allow staff to control their work pace Consult staff about their work patterns Encourage staff to use their skills and initiative Encourage staff to develop new skills</p>

#### 4. Review of current prevention/management initiatives

Against these standards, what does Victoria Institute have in place at the:

## **5. As managers, what can we do about occupational stress?**

Consultation is critical. One of the first tasks is to learn to recognise stress in your staff through indicators such as low morale, staff dissatisfaction, complaints, altered behaviour and attendance.

Consulting staff, and providing opportunities for staff to participate in addressing the issue of stress in the workplace, will be critical to the success of any initiatives that are put in place.

With this in mind, the first step is to establish a working group comprising representatives from the different sections of your workforce to tackle the problem.

Remember, your primary responsibility is to prevent the onset of stress arising from the design and management of your programs and services. Improving the capacity of staff to cope with stress, and having the support services available, is important. But without concurrent attention to the underlying causes of stress, these are unlikely to lead to a substantive and sustainable improvement.

As managers, there are three actions that you can take to reduce the level of stress in your work areas. These actions are:

- Identify the most important stressors affecting your staff and, within the limits of your management authority, adopt strategies to specifically address these issues. Where the source of the stress lies outside your responsibility, raise the matter with more senior levels of management and communicate both your initiatives and management responses to your staff.
- Improve the staff's 'coping mechanisms' through training and health and well-being initiatives
- Ensure your staff are aware of, and know how to access, the support services (EAP) available through People and Culture.

The four key steps in your customised stress prevention program and practical initiatives for improving staff capacity to cope with stress are detailed in Table 2.

Stress Prevention Initiatives	Stress Management Initiatives	
<p><i>Apply risk management principles</i></p> <p><i>Identify, assess, control &amp; review risks</i></p>	<p><i>Improve staff 'coping' mechanisms</i></p>	<p><i>Access Support services (EAP)</i></p>
<p><b>1. Identify the significant stressors in your area</b></p> <ul style="list-style-type: none"> <li>• Organise a team to complete the Stress Prevention &amp; Management Review - Performance Report</li> <li>• Review WorkCover claims rates and EAP usage rates</li> <li>• Review absence/attendance and leave patterns</li> <li>• Review trends in accident and injury rates</li> <li>• Analyse the findings to establish the group priorities</li> </ul> <p><b>2. Assess alternative options to reduce stress</b></p> <ul style="list-style-type: none"> <li>• What are the short term options immediately available and within the existing management control?</li> <li>• What are the long term strategies required to resolve the problem?</li> <li>• What are the likely positive outcomes of proposed short term measures?</li> <li>• What are the potential negative outcomes?</li> <li>• Undertake cost/benefit analysis of alternative options</li> </ul> <p><b>3. Implement control measures</b></p> <p><b>4. Review their effectiveness</b></p>	<p><b>Training &amp; Education</b></p> <p>Assertiveness Time Management Program Planning &amp; Management Conflict Resolution Coping with change Recognising stress Communication Team leading</p> <p><b>Health &amp; Wellbeing Initiatives</b></p> <p>Encourage staff to eat a healthier diet, get and stay fit through information, advice and practical support Yoga, Pilates classes Subsidise gym membership or massages Table tennis or pool table for staff Walking and jogging events Healthy cooking classes Provide free fruit Support Quit smoking campaigns Learn about diabetes Back management programs</p>	<p>Inform staff about support services available through People Services, and How staff can access these services</p>

## Stress Prevention and Management Review - Performance Report

Please consider how effectively you prevent and manage occupational stress in your area.  
Select the appropriate rating, calculate your score & % for each element: 1 = poor & 5 = excellent

Element & Requirements	Score						
<b>Roles &amp; Responsibilities</b>							
We ensure staff clearly understand their roles and responsibilities	1	2	3	4	5	15	%
We minimise the imposition of incompatible roles	1	2	3	4	5		
There are processes to resolve uncertainty about roles and responsibilities	1	2	3	4	5		
<b>Demands of the Job</b>							
We provide staff with achievable demands in relation to the agreed hours of work	1	2	3	4	5	15	%
We match job demands with people's skills, abilities and capacities	1	2	3	4	5		
We address employee concerns about their work environment	1	2	3	4	5		
<b>Working relationships – support from management and colleagues</b>							
We provide sufficient information, resources to staff to work effectively	1	2	3	4	5	30	%
We encourage and support staff	1	2	3	4	5		
We encourage staff to support their colleagues	1	2	3	4	5		
We provide regular and constructive feedback	1	2	3	4	5		
We encourage staff to report unacceptable behaviour	1	2	3	4	5		
We inform staff of available support services and how to access them	1	2	3	4	5		
<b>Staff control over their work</b>							
Where possible, we allow staff to control their work pace	1	2	3	4	5	20	%
We consult staff about their work patterns	1	2	3	4	5		
We encourage staff to use their skills and initiative	1	2	3	4	5		
We encourage staff to develop new skills	1	2	3	4	5		
<b>Organisational culture and change process</b>							
We inform staff about reasons for proposed changes to programs and the timetable	1	2	3	4	5	25	%
We consult with staff and provide opportunity to influence proposals	1	2	3	4	5		
We identify the impact of changes on people's jobs and provide support	1	2	3	4	5		
We provide training to support new roles	1	2	3	4	5		
<b>TOTAL SCORE</b>						<b>.....%</b>	

## **Attachment 4G: Sprains and Strains Prevention Strategy**

### ***The nature and scope of the Sprains and Strains challenge***

Sprains and strains type injuries constitute over 50 per cent of all WorkCover claims and 30 per cent of the cost of claims, according to an analysis of the three year period from 2001 to 2004. In 2003, the total cost of ‘sprains & strains’ claims was \$1.1 million. In other words, soft tissue injuries are a serious, costly and, more importantly, preventable problem.

The significant features of the Healesville Institute experience of ‘sprains & strains’ are presented in the table below.

<b>How serious is the problem of ‘sprains &amp; strains’ at Healesville Institute?</b>	
<i>Indicator = frequency and cost of WorkCover claims</i>	
<ul style="list-style-type: none"> <li>• 50.4% of all Healesville Institute WorkCover claims</li> <li>• 30.4 % of total cost of claims</li> <li>• Average cost per claim is \$19,138</li> <li>• 30% increase in number of claims from 2001 to 2002, now steady</li> <li>• Average cost of claim doubled in 2003 to now cost on average \$32,932</li> </ul>	
<b>Source of ‘sprains &amp; strains’ claims</b>	<i>Indicator = Department</i>
Three departments account for nearly 70% of the frequency & cost of ‘sprains & strains’ type claims	
<ul style="list-style-type: none"> <li>• Industry Services</li> <li>• Research</li> <li>• Administration</li> </ul>	<ul style="list-style-type: none"> <li>20% of claims and 20% of cost of claims</li> <li>22% of claims and 8% of cost of claims</li> <li>25% of claims and 42% of cost of claims</li> </ul>
<b>Profile of ‘sprains &amp; strains’ claimants</b>	<i>Indicator = Occupation, Age and Gender</i>
<ul style="list-style-type: none"> <li>• Non teaching staff account for 70% of the frequency &amp; 80% cost of ‘sprains &amp; strains’ claims.</li> <li>• Non teaching staff also have the highest average cost of claim, i.e. \$22,241 (65% higher than other occupations).</li> <li>• Staff aged 40+ years account for 60% of frequency &amp; 75% of cost of ‘sprains &amp; strains’ claims.</li> <li>• Females account for 50% of the frequency &amp; 55% of the cost of ‘sprains &amp; strains’ claims.</li> </ul>	

<b>Cause or activity at time of 'sprains &amp; strains' injury</b>	<i>Indicator = mechanism</i>
Five 'mechanisms' account for 80% of the frequency & 85% of the cost of 'sprains & strains' claims:	
• Repetitive movement	22% of claims and 41% of cost of claims
• Lifting, carrying, putting down	8% of claims and 21% of cost of claims
• No objects being handled	18% of claims and 11% of cost of claims
• Handling, but not lifting etc	12% of claims and 7% of cost of claims
• Falls on the same level	10% of claims and 6% of cost of claims

## ***Prevention Strategies***

The proposed 'sprains & strains' prevention program includes four initiatives: tools and techniques for all departments to identify and address the key contributing factors in their own area and three targeted programs.

### **2.1 Sprains & strains prevention program (all departments)**

The sprains and strains prevention program will involve each department, in conjunction with and supported by the OHS Coordinator, undertaking the following:

Reviewing the 'track record' in relation to staff suffering soft tissue injuries. This review would examine WorkCover claims, incident data but more importantly involve discussions with staff in each work area about their experience and 'aches and pains' arising from their work.

Identify the factors or hazards in the workplace that contribute to their suffering sprains and strains, arising from:

- The work environment
  - Machinery and equipment used
  - Materials used
  - Work Processes
  - Design and management of work programs
- Consider the appropriate improvement options, both the long-term, sustainable solutions that might eliminate the problem and short-term solutions to address the problem immediately.
  - Establish the cost of alternative solutions.
  - Assign responsibility to a person to investigate further, or to implement the agreed solutions before the nominated target date.

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## **2.2 Priority Areas**

### **Industry Services, Research and Administration**

Using the model outlined above, with the assistance of an expert ergonomist and the support of their OHS Co-ordinator, these departments will develop and implement sprains and strains prevention programs.

## **2.3 Priority Tasks**

### **Repetitive tasks, lifting and carrying etc. slips, trips and falls**

Repetitive tasks, lifting, carrying etc. and slips, trips and falls are the three tasks which are responsible for over 50 per cent of the 'sprains & strains' claims and 75 per cent of their cost. The OHS Co-ordinator will develop a series of model 'work instructions' detailing practical measures required to address the three tasks. In conjunction with the consultants, each school/service unit will develop a program of briefings for staff to discuss these prevention strategies, identify the barriers to their adoption and agree on practical prevention initiatives they will adopt to address them.

## **2.4 Priority People**

### **Non teaching staff**

In conjunction with expert assistance from external therapists, the OHS Co-ordinator will develop a 'sprains & strains' prevention program, initially targeted at non-teaching staff who comprise a quarter of the Healesville Institute workforce but are responsible for 70 per cent of 'sprains & strains' claims.

The objective of this program is to provide assessments, information and advice to non-teaching staff on effective personal strategies to prevent soft tissue injuries or appropriate rehabilitation for those already suffering soft tissue injuries.

Initially targeting non-teaching staff, and following a review after 12 months to assess its value, the program would be extended to all staff at Healesville Institute.

### ***Finance***

Over the three years to June 2004, sprains and strains type claims have cost Healesville Institute over \$2.2 million. More significantly, the cost of these claims has recently doubled to average \$32,000.

Two additional factors need to be considered. Firstly, due to the changes in the formula used to calculate WorkCover premiums, almost the total cost of a claim is effectively added to the premium paid. So Healesville Institute bears a direct financial burden from these claims. Secondly, the

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Industry Commission estimates that there is an additional indirect financial burden arising from the costs associated with hiring replacement staff, lost productivity, retraining etc.

Effectively, if an investment of \$100,000 reduced the incidence and severity of soft tissue claims by 20 per cent, it would represent a very valuable investment.

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## **5. Injury management and returning staff to work**

### **1. What the law says**

### **2. Critical success factors**

### **3. Return to work policies and programs**

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#### **5.1 What the law says**

As employers TAFE Institutes have legal obligations to help employees either stay at work while they recover from an injury or return to work if the injury has caused them to take time off.

In practical terms, to meet these obligations which come from the Accident Compensation Act 1985, Institutes are required to:

- Develop an occupational rehabilitation program; the system for managing people who are injured at work, i.e. policies and procedures.
- Prepare an individual return to work plan for injured workers; an action plan to keep the injured worker at work or get them back to work after an injury.
- Develop a risk management program; a plan to eliminate or reduce the risk of the injury re-occurring.

To assist employers meet these legal obligations, the regulator, the Victorian WorkCover Authority, has prepared *The Return to Work Guide for Victorian Employers*.

This guide is a valuable resource for TAFE Institutes. It is a return to work management manual that provides detailed advice, practical strategies, checklists and templates. It assists in preparing an occupational rehabilitation program, developing return to work plans and preventing further injuries through the preparation of a risk management program.

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#### **5.2 Critical Success Factors**

Effective injury management and return to work practices are critical to reducing Institute WorkCover premiums. Early and supportive intervention can lead to either no claim being lodged or significantly reduce the cost of any claim arising from a workplace injury.

The answer is not to produce another manual full of complex bureaucratic procedures. The challenge for corporate, centre and program managers in TAFE Institutes is to make the systems, programs and plans work effectively.

The experience from organisations with a successful track record in getting staff back to work and lowering premiums, suggests that the key ingredients are: strong leadership and commitment by senior management, simple, practical processes and effective early intervention strategies.

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- **Integrated management of health and safety:** integrate the management of injury prevention (OHS officers), return to work staff and the workers compensation personnel into a single Health and Safety Unit who can apply a comprehensive and coordinated approach.
  - **Accountability:** clarify the responsibilities and accountabilities of all parties, assign primary responsibility for injury management as well as injury prevention to centre and program managers.
  - **Training:** train centre and program managers in the knowledge and skills needed to meet their responsibilities and effectively support an injured employee.
  - **Partnership:** establish an effective working partnership between the Health and Safety Unit, i.e. the expert resources and centre/program managers.
  - **Early Intervention Strategy:** adopt an early intervention approach and provide support to Institute employees as soon as the injury occurs and if appropriate, identify and start suitable alternative duties.
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### ***5.3. Return to Work Policies and Programs – making them work***

The key requirements for successfully returning injured employees to work are having effective planning and management systems in place; such as the Occupational Rehabilitation Program and Risk Management Program. But having systems in place is not enough. Success, defined as keeping people at work or getting them back to work quickly, requires active commitment and leadership by the CEO and senior management team in each centre and program.

#### **A) Management commitment**

The commitments from the Institute, CEO and senior management team that are needed for the Institute's Injury Management and Return to Work Policy include:

- The objective for employees to remain at work or return to work in a safe and sustainable manner as soon as possible
- Return to work planning will commence after the injury occurs
- Treatment, rehabilitation and return to work activities will commence as soon as necessary
- Suitable duties, consistent with medical opinion will be made available to all injured workers
- Confidentiality of the information obtained during an employee's return to work will be maintained
- Employees will be consulted in the preparation and review of the Institute Occupational Rehabilitation Program

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## B) Demonstrating leadership

The demonstration of an active and strong leadership by the senior management team in relation to returning injured Institute employees to work may include:

- An understanding of the relationship between return to work outcomes and impact on premiums.
- Assignment of accountability by directors, centre and program managers for the *management* of workplace injuries as well as injury prevention.
- Provision of training to directors, centre and program managers so they can meet their responsibilities.
- Development of KPIs to reflect these accountabilities.
- Setting performance improvement targets in relation to Return to Work.
- Development and review of the Institute Occupational Rehabilitation Program and Risk Management Programs.
- Review of performance reports relating to the Return to Work of Institute employees.
- Communication with staff about the Institute's Return to Work policy and program.

## C) Occupational Rehabilitation Program

Institutes are required to prepare an occupational rehabilitation program to manage the maintenance at work or return to work of injured employees. Key elements of the Occupational Rehabilitation Program include:

- **Institute's Injury Management and Return to Work Policy**
- **Implementation Strategy – Institute procedures:**
  - Injury notification
  - Referral for assessment
  - Development of Return to Work Plan
  - Management of Return to Work Plan
  - Working with approved rehabilitation providers
  - Identifying suitable employment options
  - Monitoring
  - Case closure and follow up

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- **Roles and responsibilities:**

- Centre/Program Managers
- Supervisors
- Return to Work Coordinator/Case Managers
- Approved rehabilitation providers
- Medical and treatment professionals

*(Refer to Attachment 5A: Responsibilities for Return to Work)*

- **Training program**

- **Contact details:**

- Return to Work Coordinator/Case Managers
- Approved rehabilitation providers

- **Communication and consultation with Institute staff in relation to:**

- Development of Institute Injury Management and Return to Work Policy
- Communication of policy to all Institute employees
- Mechanism for advising employees of changes to policy or processes
- Dissemination of performance reports and reviews

- **Performance review and evaluation:**

- Program to monitor effectiveness of rehabilitation processes
- Provision of performance reports to senior management and consultative forums
- Process and timeframe of review of Institute Injury Management and Return to Work policy and procedures

*(Refer to Attachment 5B: Return to Work Performance Indicators)*

## **D) Risk Management Program**

Institutes are required to prepare and maintain a risk management program to prevent the recurrence of workplace injuries. In the event of an employee being injured, it is critical that the Institute fully document this risk management program. Key elements of the risk management program are:

- **Injury Reporting:**

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- Employees to notify the Institute that they have been injured
  - Institute to keep a register of injuries, the injury report book

- **Injury Investigation:**

Investigate the circumstances leading up to the injury to identify the causes, taking into account contributing factors arising from:

- Physical work environment
- Machinery and equipment
- Materials
- Activities and Tasks
- Design and Management of work program

- **Risk Assessment:**

- Identify the hazards in the relevant workplace
- Rank the risks associated with these hazards by considering the likelihood or probability of an accident occurring and also the impact or consequence for staff

- **Risk Control:**

- Identify and assess opportunities to eliminate the risk
- If necessary, consider what short/medium term measures can be put in place while finding a long term solution

- **Review effectiveness of risk controls**

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## **Attachment 5A: Responsibilities for Return to Work**

### ***Return to Work Coordinator***

The Return to Work Coordinator is primarily responsible for making sure the Institute's rehabilitation policy and programs are implemented to achieve a safe and sustainable return to work by the injured employee. This includes the following practical functions:

- Assist Institute employees to remain at work, where practical, or return to work as soon as possible after injury.
- Where appropriate, ensure the injured employee is given access to rehabilitation services.
- Liaise with all the parties in the rehabilitation process.
- Monitor the progress of the employee's capacity to work.
- Ensure steps are taken to prevent a recurrence of the injury.

### **Centre and Program Managers**

Checklist for Centre and Program Managers in relation to the rehabilitation of injured workers:

- Monitor for early warning signs of work related injury or illness in your area.
- Ensure prompt and appropriate medical treatment.
- Maintain regular contact with injured employees.
- Reinforce the Institute commitment that remaining at work, or returning to work as soon as safely possible after injury, is normal practice and expectation.
- Involve the Rehabilitation Coordinator/Case Manager as soon as possible.
- Take steps to assess the potential return for an injured employee to return to work.
- Be aware of the requirements and the impact of the Return to Work Plan on the injured employee and their colleagues.
- Facilitate effective implementation of the Return to Work Plan to achieve a safe and sustainable return to work.
- Monitor progress in relation to the Return to Work Plan.

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## **Attachment 5B: Return to Work (RTW) Performance Indicators**

Indicators that Institutes can use to measure the success of Return to Work programs:

- WorkCover claims frequency rate
- WorkCover claims cost rate
- Actual and percentage of lost time
- Duration and cost of time lost by injury type
- Interval between date of injury and notification to RTW coordinator/case manager
- Interval between date of injury and date of assessment for a RTW program
- Interval between date of referral for assessment and commencement of RTW program
- Outcomes achieved by RTW program by case manager
- Outcomes achieved by RTW program by rehabilitation provider
- Outcomes achieved by RTW program by injury type
- Cost of RTW programs
- Number of RTW programs reopened
- Incidence of high cost claims
- Expenditure on case management as proportion of payroll

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## **6. Claims Management**

- 1. What the law says**
- 2. Critical success factors**
- 3. Management commitment and leadership**
- 4. Planning for efficient claims management**
- 5. Claims management practices**

The administration or management of WorkCover claims is widely recognised as a very significant opportunity for organisations such as TAFE Institutes to reduce the cost of premiums. The problem is that often WorkCover claims have been delegated to a relatively junior member of staff and not adequately monitored by senior management.

To minimise the cost of claims, and the consequent impact on Institute premiums, a pro-active and rigorous approach to the administration and processing of claims is required. Changes to the model used by the Victorian WorkCover Authority to estimate the cost of claims requires evidence that the Institute is diligent in looking after the injured employee.

Delays in the reporting of claims, processing of the forms and payments are evidence of poor management and increase the likely cost of the claims. Tardy administration of claims will cost the Institute dearly.

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### **6.1 What the law says**

The Victorian WorkCover Authority (VWA) website clearly articulates the legal obligations of the Institute, once an employee has suffered a workplace injury. These are to:

- Ensure the injury is recorded in your workplace Register of Injuries. This is required by law. If required the worker may visit a doctor. The doctor may call you to advise of possible return to work/alternative duties options.
- Stay in touch with the injured worker; it is advisable that you maintain contact with the injured worker as it can be beneficial to their recovery to feel that they have not been forgotten.
- Complete and lodge claims as soon as you can; upon receiving a completed Worker Claim Form you are required by law to forward this to your managing WorkCover insurer within 10 days. The sooner the claim is lodged, however, the sooner that activity can commence and get the worker back to active duty. An Employer's Claim Report must also be completed and sent with the completed Worker's Claim Form.
- If you accept a claim you are liable for the first 10 days lost from work that the injured worker misses and also the first \$495 of medical expenses, unless you have selected the Excess Buyout option. If you are not accepting liability at this point, you do not have to pay anything at this stage. Simply forward the claim forms and certificate/s to your managing WorkCover insurer and await the agent's decision.
- For death, or a specified serious injury, you are also required to notify WorkCover on 13 23 60.

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## **6.2 Critical Success Factors**

The critical success factors for minimising the cost of claims and WorkCover premiums are

- strong management commitment and personal leadership
- effective planning of administrative structures and systems including performance reporting
- pro-active, timely, efficient administration of outstanding claims

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## **6.3 Management commitment and leadership**

Critical issues for the senior management team to consider include:

### ***Understanding the financial pressures***

Understanding the financial pressures behind the calculation of Institute WorkCover premiums is critical. The Victorian WorkCover Authority is introducing changes to the model for calculating premiums and there is significant debate, if not confusion, surrounding the impact this may have on both the 'better' and 'worse' performing Institutes.

Put simply, the combination of your individual Institute's performance, and the overall performance of the TAFE sector, will have a major role in determining the premium. While the new scheme aims to reward the better performers, the performance of the sector overall can act as a constraint. At this stage, late 2004, Institutes should be in close and frequent contact with their claims agent and ensure the CEO and Council are regularly briefed.

### ***Identifying the improvement opportunities***

What are the improvement opportunities within the Institute? What management actions will impact on the cost of an individual claim and consequently the WorkCover premium? It is important that senior management understand the 'internal drivers', that is the factors the Institute can control in minimising the estimated cost of outstanding claims. This includes an understanding of the consequences of tardy administration and processing.

### ***Reporting and monitoring performance***

Senior management monitoring of claims performance is vital. The senior management team should be regularly briefed to understand and develop improvement strategies in response to:

1) Benchmarking your performance with comparable Institutes, key indicators are:

- WorkCover premium rate
- Claims frequency rate
- Claims cost rate

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2) Identify and monitor trends in relation to claims within the Institute, in terms of:

- Source of the claims – which department, campus, program etc.
- Claim types – which are the most common and costly claim types
- Occupations – are the claims coming from teachers or administrative staff?

3) Claims administration performance, evidence of efficiency:

- Reporting of injuries
- Processing of forms and payments
- Regular review of claim
- Monitoring of rehabilitation providers

*(Refer to Attachment 6A: Sample Claims Management Performance Report)*

### ***Demonstrate leadership in practice***

The key actions or behaviours which demonstrate the commitment of senior management are effective communication and personal participation. Ensuring regular and effective communication between the injured employee, the Institute and medical/rehabilitation providers helps with an early return to work of the staff member or the achievement of a resolution that meets the needs of all the parties. Personal participation by senior management during this process reinforces the Institute's commitment to the staff member.

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## **6.4 Planning for efficient claims management**

The key factors in the development of management systems and structures for the efficient administration of claims are:

### ***1. Integration of the Institute management of OHS***

The adoption of an integrated, or at a minimum, a coordinated approach to OHS management enabling the implementation of comprehensive and coherent strategies targeting:

Prevention of injuries or illnesses arising from Institute programs and services

Rehabilitation of injured employees either by staying at work or returning to work as soon as is safely possible

Efficient administration of outstanding claims

An example of the need for this integrated approach in TAFE Institutes is the issue of preventing and more effectively managing stress claims. From an insurance company's perspective, the initial cost estimate for a stress claim has risen to \$250,000. Clearly, it is in the interests of the Institute to adopt a comprehensive approach to stress prevention and management. This incorporates three areas; prevention of further stress claims, rehabilitation of employees presenting with symptoms of stress and a proactive management of stress related claims.

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## ***2. Committing appropriate resources***

To ensure the efficient management of claims, the Institute's planning priorities are to commit appropriate resources to:

- Identify and allocate people with the appropriate expertise, qualifications and experience to efficiently process claims.

## ***3. Assigning responsibility/authority***

Clarify the administrative/management roles and responsibilities of all parties, including:

- Claims administrative officers
- Case managers/rehabilitation coordinators
- Rehabilitation providers
- Insurance Agents
- HR or Corporate Services Director

## ***4. Procedures and Protocols***

Develop practical procedures and protocols in relation to:

- Reporting of injuries
- Assessment of claims
- Acceptance/non acceptance of claims
- Arrangements with medical/rehabilitation providers
- Management of claims
- Dispute resolution
- Estimating claims costs
- Claims review process

## ***5. Training***

Identify the knowledge and skill requirements of all parties with responsibilities for managing and processing claims. Ensure the provision of appropriate training

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## **6. The management of information/performance reporting systems**

(Refer to section 6.3 for details)

### **7. Quality control systems**

Establish quality control mechanisms.

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## **6.5 Claims management practices**

In terms of improving performance, claims management is perhaps the most critical. What actually happens in practice to the management of claims? Are claim forms simply processed without question or worse are they left unprocessed? Is the CEO or senior management team aware of the Institute's claims performance and the potential impact this might have on premiums in the following years, or what the opportunities are for improvement?

The actual day-to-day administrative practices are critical because they not only impact on the capacity (and enthusiasm) of the injured employee to return to work but have a direct and immediate impact on the estimated cost of the claim and the subsequent premiums.

In simple terms, to minimise the cost of a claim, Institutes need to provide evidence of timely and appropriate action in the processing of the claims and the adoption of a rigorous and strategic approach to claims management. If there is insufficient evidence presented to the agent a worst case scenario is assumed, leading to the adoption of the maximum cost estimates for that type of claim, for example \$250,000 for stress claims.

Evidence of efficient claims management practices should demonstrate:

### **1. Early reporting of claims**

The time between the date of the injury and presentation of claims is indicative of management's response to the incident. Early intervention in terms of supporting the injured worker is widely recognised as the one of the most important management initiatives. Similarly, early reporting to your agent is indicative of an efficient approach to the administration of the claim arising from the injury.

### **2. Efficient processing of forms and payments**

Efficient processing of forms and payments including:

- Claim form
- Employers Claim Report
- Medical bills
- Invoices from rehabilitation providers

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### ***3. Monitor and review program***

Monitor and review program, including:

- Regular review of each outstanding claim
- Consideration of progress achieved
- Performance against targets
- Suitability of current medical/rehabilitation services
- Cost/benefit analysis of other options
- Review of quality and cost of current service providers
- Review of services provided by agent to assist Institutes to manage claims more effectively.

## Attachment 6A: Sample Claims Management Performance Report

Please review the effectiveness of your Claims Management systems and practices and select the appropriate rating: 1 = poor to 5 = excellent.

Element and Requirements						Score	
Roles and Responsibilities assigned and defined for:							
Claims administration officers	1	2	3	4	5	— 20	%
Case Managers	1	2	3	4	5		
Rehabilitation providers	1	2	3	4	5		
Insurance agents	1	2	3	4	5		
Procedures and Protocols for:							
Reporting of injuries	1	2	3	4	5	— 40	%
Assessment of claims	1	2	3	4	5		
Acceptance/non acceptance of claims	1	2	3	4	5		
Arrangements with medical/rehabilitation providers	1	2	3	4	5		
Management of claims	1	2	3	4	5		
Dispute resolution	1	2	3	4	5		
Estimating claims costs	1	2	3	4	5		
Claims review	1	2	3	4	5		
Training provided to:							
All staff and managers with responsibility for processing and managing claims	1	2	3	4	5	— 5	%
Review of individual claims:							
Progress achieved against target	1	2	3	4	5	— 15	%
Suitability of current medical/rehabilitation services	1	2	3	4	5		
Cost/benefit analysis of alternative options	1	2	3	4	5		
Monitoring Institute performance:							
Benchmarking performance against other TAFE Institutes – claim type and cost	1	2	3	4	5	— 20	%
Claims administration performance – reporting, processing and review	1	2	3	4	5		
Quality and cost of medical/rehabilitation service providers	1	2	3	4	5		
Services provided by agent	1	2	3	4	5		
<b>TOTAL SCORE</b>						<b>.....%</b>	

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## **7. For Further Information .....**

<b>Injury Prevention</b>	<p><a href="http://www.workcover.vic.gov.au">www.workcover.vic.gov.au</a></p> <p>WorkSafe Regulations Employers' Information Guidance Material</p> <p>Other very useful websites are:</p> <p><a href="http://www.comcare.gov.au">www.comcare.gov.au</a></p> <p><a href="http://www.hse.gov.uk">www.hse.gov.uk</a>.</p>
<b>Injury management and returning staff to work</b>	<p><i>The Return to Work Guide for Victorian Employers</i> Victorian WorkCover Authority Tel 9641 1555 <a href="http://www.workcover.vic.gov.au">www.workcover.vic.gov.au</a></p>
<b>Claims Management</b>	<p><a href="http://www.workcover.vic.gov.au">www.workcover.vic.gov.au</a></p> <p>Publications</p> <ul style="list-style-type: none"><li>• VWA On-line Claims Manual</li></ul> <p>Employers Information</p> <ul style="list-style-type: none"><li>• Claims and Benefits</li><li>• Understanding Premiums</li></ul> <p>Authorised WorkCover Agents - contact details via WorkCover website</p>