Minutes of the June meeting of the OHS Committee held at 11am June 15, 2010 in Building 11 Function Centre 2.

1 PRELIMINARY BUSINESS

1.1 WELCOME AND APOLOGIES

PRESENT: Ian Laird, Chairperson (Engineering and Informatics WAC representative);
Dylan Smith, Secretary;
Kellie Ridges (HBS and Science WAC representative);
Daniel Leo (Administration and Commerce WAC representative);
Brent Michell (B&G and Accommodation Services WAC representative);
Michael Manning (Alternate Library abd ITS WAC representative);
Joanne George (Innovation Campus WAC representative);
Edward Wolfers (NTEU representative);
Julie Gray (CPSU representative);
Assoc. Prof. Stephen Wilson (Management representative);
Bruce Flint (Management representative);
Irene Burgess (Alternate Management representative);
Cathie Andrew (Alternate Management representative).

APOLOGIES: Peter Gray (Library and ITS WAC representative);
Prof. John Patterson (Management representative);
John Steele (Management representative);
Assoc. Prof. Muttucumaru Sivakumar (Management representative);
Prof Trevor Speeding (Deans representative);
Darren Smith (OHS);
Lyne Wright (EED);
Stephen Cooper (UniCentre representative);
Tim McDonald (Informatics WAC Chair);
Ron Marshall (Engineering WAC Chair);
Trevor Gollan (ITS WAC Chair);
Kankesu Jayanthakumaran (Commerce WAC Chair);
Paul Else (HBS WAC Chair);
Chris Hadley (Administration WAC Chair);
Mark Haining (Accommodation Services WAC Chair);
Vickie Giffen (Innovation Campus WAC Chair).

IN ATTENDANCE: Aaron McGrath (Buildings & Grounds WAC Chair);
Guy Davidson (Faculty of Arts WAC Chair);
Len McAlear (Health & Behavioural Science Alternate WAC Chair);
Ron Sluyter (Faculty of Science WAC Chair);
Michael Manning (Library WAC Chair);
Grant Elmers (Faculty of Creative arts WAC Chair).

1.2 CONFIRMATION OF MINUTES

ATTACHMENT

The minutes of the previous meeting held on the 18th of May 2010 were confirmed without change.
2 BUSINESS ARISING

2.1 REQUEST TO MODIFY HDR CANDIDATE ANNUAL PROGRESS REPORTS

Dylan Smith informed the Committee that Michael Neghendahl will consult with the Director of the Research Student Centre and the Dean of Research regarding the implementation of a uniform standard on OHS training requirements for students participating in research practices. It is envisaged the standard will ensure training needs are assessed before research activities are undertaken by students.

Action: The OHS Unit to report back to the Committee once an agreement has been reached.

2.2 PEDESTRIAN BEHAVIOUR AT UOW WESTERN RING ROAD ENTRANCE

Dylan Smith informed the Committee that the OHS Unit is consulting with UOW Security regarding observations raised by Stephen Ralph relating to pedestrian safety at the intersection between Parry Road and the University Ring Road. The OHS Unit is waiting on a response from UOW Security regarding what possible modifications could be made to the intersection that will help improve pedestrian safety.

During discussion on the issue, recent modifications to the Western Car Park were identified as another potential risk to pedestrian safety. The opening of an additional University access point that runs from Robsons Road to the University Ring Road via the Western Car Park has increased the amount of traffic flowing through this area and consequently the interaction between pedestrians and vehicles.

The issue of pedestrian signage at Northfields Avenue was also discussed. Bruce Flint informed the Committee that fencing had recently been constructed on the south side of Northfields Avenue around the entrance to the Botanical Gardens to prevent pedestrians crossing the road at this location.

Action: The OHS Unit to advise the manager of Security on the additional observations and report back to the Committee on any planned corrective action to be taken.

3 GENERAL BUSINESS

3.1 OHS UNIT REPORT

3.1.1 PERFORMANCE SUMMARY

There were 8 new workers compensation claims lodged in May which included:

- One lost time injury that was work related involving manual handling.
- Four medically treated injuries of which one was a journey to work claim.
- Three insignificant claims which following initial assessment by a general practitioner did not necessitate any further medical treatment.

Cathie Andrew informed the Committee that the lost time injury sustained by a University staff member potentially could have been prevented if the incident was immediately reported to the OHS Unit.

3.1.2 HAZARD AND INCIDENT REPORTING

The number of reported hazards and incidents (including students and visitors) in April was 71. One of these was assessed as having a high level of risk. Details of the incident are summarised on the following page:

<table>
<thead>
<tr>
<th>Risk Score</th>
<th>Description of Hazard/Incident</th>
<th>Corrective Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Student suffering from severe heat rash due to inoperative air conditioning whilst undertaking mechanical engineering tutorial.</td>
<td>1. Alternative working arrangements organised immediately as an interim solution.</td>
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<tr>
<td></td>
<td></td>
<td>2. Air-conditioning maintenance to be undertaken by B&amp;G.</td>
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</tbody>
</table>


3.1.3 SAFE WORK PROCEDURES
Total number of Safe Work Procedures finalised in SafetyNET – May 2010:
- 413, previously 334 in April.

3.1.4 RISK ASSESSMENTS
Total number of Risk Assessment approved in SafetyNET – May 2010
- 85, previously 62 in April.

3.1.5 TRAINING
There was 5 OHS training course conducted in May with 32 participants.

3.2 OHS DOCUMENTATION REVIEW
Nil

4 NEW BUSINESS

4.1 SELF INSURANCE OHS AUDIT 24-28 May 2010
Daniel Leo informed the Committee on the University’s recent success in completing the WorkCover Self Insurance OHS Audit. The University reached a minimum score of 75% or higher in each of the two components audited. For the two components the University scored:
- Occupational Health & Safety Management System – 87%;
- Risk Management - 77%.

The OHS Unit congratulated all staff members involved in the audit process who played a vital part in ensuring the University was compliant with the National Audit Tool for Self Insurers.

The Committee requested that the OHS Unit attach a Non-Conformance report detailing areas that require corrective action for compliance with the criteria set out in the National Audit Tool.

The OHS Unit has developed an action plan and envisage having it completed by the end of 2010.

Action: OHS Unit to attach a Non-Conformance Report to the July meeting agenda.

4.2 WAC CHAIR REPORTS
University Workplace Advisory Committee (WAC) representatives provided performance reports for their WAC.

Accommodation Services
- Have held two meeting in 2010 with strong attendance rates;
- Have conducted 5 work place inspections and have submitted all hazards identified during inspections into SafetyNET;
- Have requested that cleaning contractors upgrading all their chemical storage facilities as apart of their contract;
- Are further promoting the use and development of risk assessments across all sites; and
- Are in the process of developing an emergency evacuation procedure for Campus East with. If the procedure is suitable it is envisaged it will be used across all sites.

Buildings & Grounds
- Have held two meetings in 2010 with strong attendance rates;
- Are working on resolving discrepancy regarding what inspection forms should be used in particular areas; and
- Have utilised BEIMS in the development of work place inspection schedules for 2010 as it will automatically prompt staff to conduct inspections when they are due for completion.
Faculty of Arts
- Have held one meeting in 2010; and
- The Dean of the faculty is encouraging staff undertake workplace inspections in common areas and office spaces.

Faculty of Commerce
- Have held two meetings in 2010; and
- Are continuing discussions with faculty management regarding an ongoing safety concern associated with windows in the School of Economics lunch room.

Faculty of Creative Arts
- Have held two meetings in 2010; and
- Are continuing discussions with faculty management to ensure arrangements are made to complete the implementation of the corrective action plan developed during the 2008 Internal OHS Management System Audit.

Faculty of Engineering
- Have held two meetings in 2010;
- Each School Safety Committee has held two meetings this year;
- Lab inspections were carried out in April and 83% of checklists have been completed and returned to the WAC;
- Have been challenged with getting full representation to WAC meetings and securing student representation;
- Have developed an After Hours Access Authority Procedure;
- Undertook a review of new staff and postgraduate student induction form; and
- Developed new procedure for key/key codes issued to postgraduate students to ensure controlled access to laboratories.

Faculty of Health & Behavioural Science
- Have held three meetings in 2010 with strong attendance rates;
- Have ensured all units in the faculty are represented on the Committee; and
- Are continuing to monitor and attempt to resolve the ongoing issue associated with thermal comfort in building 41; and
- Have developed coping guidelines to assist staff to deal with issues surrounding thermal comfort issues.

Faculty of Informatics
- Have held two meetings in 2010;
- Have replaced 50% of members who were on the WAC in 2009;
- Issues relating to SMART building construction have abated; and
- Smoking around faculty buildings (particularly near doors and windows) has dramatically declined since the relocation of bins.

Faculty of Science
- Have held two meetings in 2010 with strong attendance rates and representation across all three schools;
- Successfully held "Working Safely in Science" on the 24th of February;
- Have completed workplace inspections as per inspection schedule;
- Have investigated options to control serious workplace incidents that have occurred this year including inappropriate disposal of mixed waste, needle stick injuries, self-repair/modification of electrical appliances/instruments and smoking near buildings;
- Smoking in the library courtyard remains a problem for building 18;
- Thermal comfort remains a problem in Buildings 18, 35, 41 and 42; and
- A number of Faculty research groups are moving into IHMRI in July 2010. Future implications for Science WAC, School Safety Committees (especially Biological Sciences) and SafetyNet will need to be addressed.

Innovation Campus
- A new WAC formed in November 2009;
- Have held two meetings this year with an attendance rate of 60%;
- Topics of discussion have mainly focused around the implementation of the WAC and its purpose; and
- Are developing a draft workplace inspection schedule for the Innovation Campus.
Library

- Have held one meeting this year as per meeting schedule; and
- Have successfully dealt with an incident relating to the verbal harassment of a staff member by a library customer;
- Have identified issues associated with student accessing power points and running cords across the floor and are working on ways to resolve this.

Administration

- Meets four times per year and sets its inspection schedule at the first meeting;
- Areas covered are generally low risk areas, with the exception of the Printery; and
- Have found it difficult getting information out to staff working in the areas covered by the WAC as a group email is not available that would allow the WAC to target occupants of specific buildings/floors.

4.3 MANAGER OHS POSITION

Darren Smith will be the acting Manager of Staff Services during July and August 2010. Cathie Andrew and Daniel Leo will each act as the Manager of OHS for periods during this time.

5 LATE BUSINESS

5.1 ALTERNATE COMMITTEE REPRESENTATIVES

Ian Laird encouraged Committee members to organise an alternate Committee members to represent them during meetings that they can not attend.

6 NEXT MEETING

The next meeting is scheduled to be held on Tuesday July 20th, 2010 at 10:30am in 36.304.
SELF INSURER AUDIT 2010
CORRECTIVE ACTION PLAN

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>Score (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management Responsibility</td>
<td></td>
</tr>
<tr>
<td>OHS Management System</td>
<td>87</td>
</tr>
<tr>
<td>Risk Management</td>
<td>77.3</td>
</tr>
<tr>
<td>Process Control</td>
<td></td>
</tr>
<tr>
<td>Measurement-Evaluation-Review</td>
<td></td>
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</table>
**NONCONFORMANCES**

**CATEGORY: OHS MANAGEMENT SYSTEM**

<table>
<thead>
<tr>
<th>Criteria</th>
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<th>Non Conformance</th>
<th>Action to be Taken</th>
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<tbody>
<tr>
<td>3.8.2</td>
<td>Documents and data critical to health and safety shall be clearly identifiable, duly authorized prior to issue, kept legible and include their issue status.</td>
<td>Some hard-copy documents at one of the verification sites were observed to be outside their current revision status.</td>
<td>Local document registers to be reviewed and updated to ensure currency.</td>
</tr>
<tr>
<td>3.10.2</td>
<td>Health and safety requirements are identified, evaluated and incorporated into all purchasing specifications for services.</td>
<td>The organisation's purchasing specifications for services within tender documents and the Contractor OHS Evaluation Checklist did not clearly define the required health and safety specifications for the services being procured.</td>
<td>The Contractor Safety Guidelines to be reviewed to include more detail with regards to defining OHS specifications for services within tender documents. The Contractor OHS Evaluation Checklist to be reviewed to include more information defining the minimum OHSMS requirements for the provision of services.</td>
</tr>
<tr>
<td>3.10.4</td>
<td>Contractor health and safety performance is monitored and reviewed to ensure continued adherence to organisation's health and safety requirements or specifications.</td>
<td>The OH&amp;S Performance Report for Contractors tool did not allow for monitoring contractors adherence to the organisation's health and safety requirements or specifications.</td>
<td>Review OHS Performance Report for Contractors to include the monitoring of organisation’s health and safety requirements or specifications.</td>
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## CATEGORY: RISK MANAGEMENT

<table>
<thead>
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| 3.9.1    | The organisation has identified the hazards, including public safety hazards that are associated with its activities, processes, products or services; assessed the risks involved; and implemented suitable control measures. The risks shall be eliminated, or otherwise controlled and monitored, in accordance with hierarchy of controls and legal requirements. | i) Not all Safe Work Procedures for tasks with an identified hazard, had a risk assessment preceding and supporting its development.  
ii) Risk assessments were not conducted to identify the frequency of workplace inspections as per system requirements. | Safe Work Procedure Guidelines to include a requirement for the risk assessment process to be undertaken by completing the hazard report form or risk assessment form prior to completing a safe work procedure.  
Risk assessment to be conducted to identify the frequency of workplace inspections. |
| 3.9.3    | The organisation documents all identified hazards, risk assessments and risk control plans. | i) Risk assessments were not always formally documented i.e. when hazards were identified during workplace inspections and subsequently not all controls were documented.  
ii) During the design stage for buildings the risk assessment process in particular was not documented. | The Workplace Safety Inspection Guidelines to be updated to include the requirement to report identified hazards via the Hazard Report form in SafetyNet.  
The risk assessment process for the design of buildings is to be documented using a form to identify hazards, risk and appropriate controls including design personnel, legislative requirements and verification upon completion. |
| 3.9.4    | Risks of identified hazards are assessed in consultation with employees having regard to the likelihood and consequence of injury, illness or incident occurring, based upon the:  
  a) legal requirements  
  b) evaluation of available information;  
  c) records of incidents, illness and disease; and  
  d) the potential for emergency situations. | i) The Hazardous Substance Risk Assessment tool did not include a risk assessment component, subsequently the use of numerous hazardous substances were not risk assessed.  
ii) A manual handling risk assessment was not always conducted when manual handling hazards were identified.  
iii) The Risk Assessment Form for Laboratory Work was being used to address hazards that were not related to hazardous substances or | Hazardous Substances Risk Assessment form to be reviewed to include risk assessment process.  
Manual handling risk assessment process to be reviewed and implemented.  
The Risk Assessment Form for Laboratory Work for will be reviewed to ensure it encapsulates appropriate hazards, risks and controls. |
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| 3.9.5    | Identified control measures shall be implemented in accordance with the assigned risk control priorities.                                                                                                       | i) The SafetyNet system allowed dates of completion for controls to be set outside of system requirements and subsequently some controls were not completed within the assigned risk control priority timeframe.  
ii) There was an insufficient escalation process in place for controls that were not implemented by the required date.  
iii) There was no evidence that controls identified through the completion of manual handling risk assessments were assigned a risk control priority. | SafetyNet to be reviewed to ensure corrective actions are set within risk control priority timeframes.  
Identify possible escalation process for corrective actions which are not implemented as per risk control priority timeframes.  
| 3.10.19  | Competent personnel verify that plant and equipment is safe before being returned to service after repair or alteration.                                                                                           | The Work Order Slip Maintenance – Repairs Form did not include provision for verification that plant and equipment was safe before being returned to service after repair or alteration. | The Work Order Slip Maintenance – Repairs Form is to be amended to include the provision for verification that plant and equipment is safe before being returned to service after repair or alteration. |
# OBSERVATIONS

## CATEGORY: OHS MANAGEMENT SYSTEM

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<td>2.3.4</td>
<td>Health and safety plans are reviewed on a regular basis, to ensure they are kept up-to-date, and when there are changes to the organisation’s activities, processes, products or services.</td>
<td>Whilst the organisations current OHS Management plan was not due for review until July 2010, there was evidence that past health and safety plans had been reviewed on a regular basis.</td>
</tr>
<tr>
<td>3.5.4</td>
<td>There is a documented complaints procedure that encompasses health and safety issues for dealing with formal and informal complaints received from external parties.</td>
<td>The organisation had a new External Complaints Procedure, which held not yet been utilized; however there was evidence of formal and informal health and safety complaints from external parties being addressed.</td>
</tr>
<tr>
<td>3.8.2</td>
<td>Documents and data critical to health and safety shall be clearly identifiable, duly authorized prior to issue, kept legible and include their issue status.</td>
<td>Processes for the identification and control of hard-copy health and safety documents were not always systematically driven.</td>
</tr>
<tr>
<td>3.10.6</td>
<td>Procedures shall be established and implemented for verifying that purchased goods conform to health and safety requirements, and any non-conformances shall be addressed before the goods are put into operational use.</td>
<td>System documentation did not clearly record checks of received goods against health and safety specifications.</td>
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</table>
# CATEGORY: RISK MANAGEMENT

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<td>2.3.2</td>
<td>The organisation documents its methodology to reduce health and safety risks through hazard identification, risk assessment and development of risk control measures in accordance with the hierarchy of controls and legal requirements.</td>
<td>Not all tools used for conducting risk assessment had guidance documentation on their use i.e. Safe Work Method Statement Buildings and Grounds.</td>
<td>Ensure that documents used in risk management process are driven from system documentation.</td>
</tr>
<tr>
<td>3.9.1</td>
<td>The organisation has identified the hazards, including public safety hazards that are associated with its activities, processes, products or services; assessed the risks involved; and implemented suitable control measures. The risks shall be eliminated, or otherwise controlled and monitored, in accordance with hierarchy of controls and legal requirements.</td>
<td>Not all workplace inspections were conducted by the relevant committee identified within the OHS Risk Management Guidelines i.e. bi-annual workplace inspections.</td>
<td>Update the guidelines to provide more detail regarding campus and workplace inspections.</td>
</tr>
</tbody>
</table>
| 3.9.2    | The hazard identification, risk assessment and risk control process is undertaken by personnel competent in the use of the organisation’s methodology. | • Not all Workplace Advisory Committee members who participated in risk management activities had completed both required modules of training.  
• Examples of completed risk assessments and safe work procedures demonstrated that some individuals were not provided adequate instruction in their completion. | Monitor training through WAC surveys via OHS Committee  
Review training programs for risk management activities |
<p>| 3.9.6    | Risk management procedures shall be reviewed and revised where necessary to ensure relevance, currency and compliance to health and safety management system requirements. | Reviews of safe work procedures were occurring inconsistently as they were not system driven. | Identify solutions to safe work procedure review processes |</p>
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</tr>
</thead>
</table>
| 3.10.7   | Hazard identification, risk assessment and the development of control measures are undertaken during the design stage of products, buildings or processes, or when the design is modified. | • Although undertaken, the process was informal and could not be well demonstrated.  
• There was no identified requirement within the system for the risk management process to occur during design of minor works. | Formalise the process of risk management activities during design |
| 3.10.8   | Competent personnel verify that designs and modifications meet specified health and safety requirements. | Although undertaken, this requirement was not documented within system procedures for building design i.e. Project Management Guidelines. | Document competent persons within system procedures for building design. |
| 3.10.11  | The organisation documents procedures or work instructions for the safe handling, transfer and transport of hazardous substances and dangerous goods. | • The Working With Hazardous Substances Guidelines PER-OHS-GUI-114.5 required clarity regarding conducting risk assessments for Amber rated substances.  
• Some Safe Work Procedures for hazardous substances and dangerous goods did not include referencing the relevant MSDS as a control measure. | Clarify the requirements of risk assessments for each colour rating in chem alert.  
Investigate feasibility of incorporating this requirement into safetynet. |
| 3.11.6   | A dangerous goods and/or hazardous substances manifest or inventory system is in place and in accordance with legal requirements. | The ChemAlert Stock Holding inventory system used by the organisation as its hazardous substances and dangerous goods register did not include a notation as detailed in clause 168 of the OHS Regulation 2001. | Investigate feasibility of incorporating this requirement into chemalert with vendor. |