MANAGEMENT OF OHS ACTIONS PROCEDURE

SCOPE

This procedure relates to all activities under the management and control of Monash University and applies to affected staff, students, contractors and visitors.

For the purpose of this procedure, references to 'the University' includes activity at Monash University Australia, Monash University Malaysia, Monash University Indonesia, Monash Suzhou, the Monash University Prato Centre and World Mosquito Program Ltd (and its subsidiaries), unless indicated otherwise.

PROCEDURE STATEMENT

This document sets out the processes to be used to respond to OHS recommendations and to identify practicable actions that:
1. Eliminate or reduce health and safety risks;
2. Create new types of work, work organisation and work environments; and/or
3. Continually improve the management of occupational health and safety.

1. Abbreviations

HSR	Health and Safety Representative
OHS	Occupational Health and Safety
OH&S	Monash Occupational Health & Safety
OHSMS	Monash OHS Management System
SARAH	Safety and Risk Analysis Hub

2. Actions Management Process

The process for actions management consists of:

- Identifying actions and documenting recommendations for action;
- Review recommendations received;
- Determine potential actions;
- Assess practicality of proposed actions;
- Assign priority to agreed actions;
- Implement agreed actions.

2.1 Identification of Recommendations

The source of recommendations register can be found in the Appendix of this document.

Recommendations for actions may arise due to a need to:

2.1.1 Introduce new products, services and processes, or implement changes to existing products, services and processes associated with:

a) Physical workplaces and surroundings;
b) Work organisation;

      c)   Working conditions;
      d)   Equipment;
      e)   Work force;

    2.1.2   Implement and integrate as part of the OHSMS:

      a)   Changes to legal requirements and other internal or external requirements;
      b)   Changes in knowledge or information about hazards and OHS risks; and
      c)   Developments in knowledge and technology.

The relevant OHS processes outline how these recommendations are arrived at, documented and who is the person assigned to respond to the recommendation. If the person assigned to a recommendation does not believe they have the authority to act, the recommendation must be transferred to the most appropriate person (delegated or escalated) as soon as possible. Where it is unclear who is the most appropriate person, consultation with the relevant stakeholders must be undertaken to identify the most appropriate person in accordance with the OHS Consultation Procedure.

Any recommendations that require changes to the OHSMS must be assigned to the Manager, OH&S.

2.2 Reviewing Recommendations

The person assigned to a recommendation must identify the process, and review the findings that lead to the recommendation.

2.3 Determining Potential Actions

The person assigned to a recommendation must:

● Determine the potential actions to address the recommendation as soon as reasonably practicable;
● In accordance with the OHS Consultation Procedure, consult with relevant stakeholders to identify any actions that could be considered.

A decision to take no course of action shall be considered an action and shall be documented as per any other action. Justification for taking no action must be provided. The person who made the recommendation will have a right of reply as per Section 3.7.

2.4 Assessing Practicality

The person assigned to a recommendation must assess as soon as possible, whether each potential action is reasonably practicable.

Any action deemed not to be reasonably practicable may be excluded following consultation (in accordance with the OHS Consultation Procedure), and there must be agreement that the actions deemed to be reasonably practicable will:

● Reduce the level of risk to an acceptable level; and/or
● Satisfactorily address any perceived need for change.

Additional actions must be determined if the included actions are deemed to be insufficient to reduce the level of risk to an acceptable level and/or any perceived need for change may not be achieved (refer to Section 3.3).

2.5 Assigning Priority

The person assigned to a recommendation must assign priority to the agreed actions as soon as reasonably practicable by assessing the:

a) Alignment to the Faculty/Division Risk Register and the associated potential risk reduction with respect to the Hierarchy of Controls as outlined in Table 1;
b) Perceived need for change (continual improvement); and
c) Required resource investment.

Consultation is required to ensure all stakeholders agree with this assessment of priority in line with the OHS Consultation Procedure.

2.6 Implementation of Actions

All agreed actions must be documented including:

● A description of the action(s) to be taken;
● Timeframes for implementation; and
● The responsible person assigned.

The expected timeframe to complete each agreed action will depend on its priority, the complexity of the action and the resources that are allocated.

All actions must have a single responsible person assigned, however more than one person may participate in the implementation of an action.

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If an action cannot be implemented for any reason (e.g. deadline reached or unforeseen problem), the person responsible for implementation must consult with all stakeholders (including the person assigned responsibility to address the recommendation) in line with the OHS Consultation Procedure.

If action/s are no longer considered practical, additional actions will need to be determined (refer to Section 2.3).

All document owners must ensure that any documentation associated with an action under their control is updated as soon as practicable.

2.7 Changes to the OHSMS

It is the responsibility of the Manager, OH&S to make changes to the OHSMS.

2.7.1 Minor and moderate changes to the OHSMS can be implemented only by the Manager, OH&S or their delegate.

2.7.2 Changes to the OHS Policy or any mandatory requirements established as part of the OHSMS (e.g. procedural changes and changes to any mandatory processes or systems) must only be made after:

- Formal consultation has been conducted in accordance with the requirements of the OHS Consultation Procedure and agreed feedback incorporated;
- Sign-off has been received from the Vice-Chancellor (VC) or their delegate.

2.8 Action Completion

The person assigned to a recommendation must mark each action as completed and the corresponding date only once fully implemented.

All affected stakeholders must be advised, so far as is reasonable, by either the person responsible for implementing an action or the person assigned to address the recommendation that an action has been completed.

The Manager, OH&S must ensure that changes to the OHSMS are communicated to stakeholders in accordance with the OHS Communications Procedure.

2.9 Review of Actions

Actions recorded in SARAH must be reviewed using the 'Formal Review' command button in SARAH, when considering the following:

- The person(s) who initiated the recommendation must determine if the actions taken sufficiently address their recommendation. Where actions do not appear to satisfactorily address the recommendation, return to Section 2.3.
- The effectiveness of actions must be reviewed by the person assigned to the recommendation based on the level of risk. Where actions do not appear to be effective, return to Section 2.3.

The Manager, OH&S must ensure that changes to the OHSMS are reviewed in accordance with the OHSMS Management Review procedure.

2.10 New hazards and unintended consequences

Any action that identifies new hazards or that has unintended consequences must:

- For any health and safety concerns; be actioned via either:
  o An existing risk assessment in accordance with the OHS Risk Management Procedure as soon as reasonably practicable.
  o Entry of a Hazard or Incident report in accordance with the Managing OHS Hazards and Incidents Procedure.
- For opportunities for improvement to the OHSMS; be actioned via the OH&S Feedback form.

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Eliminate	Eliminate the risks if appropriate as the first step in risk control.
Substitute	Substitute with a less hazardous alternative.
Isolate	Enclose or isolate the hazard.
Engineering controls	Change processes, equipment or tools to reduce risk e.g.: ● Machinery guards ● Ventilation aids
Administration	Information, training and procedures to reduce risk e.g.: ● Job rotation ● Limiting access ● Permit systems ● Safe operating procedures ● Training ● Signage
Personal Protective Equipment	Personal equipment to protect an operator e.g. ● Laboratory coat ● Safety glasses ● Closed shoes/steel capped boots ● Hearing protection

Most Preferred/ Effective Control

Least Preferred/ Effective Control

Table 1 – Hierarchy of controls

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                                    ┌─────────────────────────────┐
                                    │ (3.1) Recommendation received│
                                    │ and person responsible assigned│
                                    └─────────────────────────────┘
                                                │
┌──────────────────────────────┐        ╱───────────────╲
│ Transfer the recommendation to │       ╱ Does the person ╲
│ the most appropriate person.   │◄─No──╱ assigned to a      ╲
│ If unclear, consult to         │      ╲ recommendation have ╱
│ determine who the most         │       ╲ the authority to  ╱
│ appropriate person is          │        ╲ take action?    ╱
└──────────────────────────────┘          ╲───────────────╱
                                                │ Yes
                                    ┌─────────────────────────────┐
                                    │ (3.2) Reviews recommendation │
                                    └─────────────────────────────┘
                                                │
                                    ┌─────────────────────────────┐
                                    │ (3.3) Determine potential    │
                                    │ actions in consultation      │
                                    │ with stakeholders            │
                                    └─────────────────────────────┘
                                                │
                            Yes     ╱───────────────╲
                        ◄──────────╱  Action taken?  ╲
                                    ╲───────────────╱
                                                │ No
                                    ┌─────────────────────────────┐
                                    │ (3.4) Assess what is          │
                                    │ reasonably practicable in     │
                                    │ consultation with stakeholders│
                                    │ and exclude any action that   │
                                    │ is not reasonably practicable.│
                                    └─────────────────────────────┘
                                                │
                            ╱──────────────────────╲
                           ╱ Are the remaining       ╲─No─►
                           ╲ actions sufficient to    ╱
                            ╲ address the level of   ╱
                             ╲ risk or perceived    ╱
                              ╲ need for change?   ╱
                               ╲────────────────╱
                                                │ Yes
                                    ┌─────────────────────────────┐
                                    │ (3.5) Consult with           │
                                    │ stakeholders and assign      │
                                    │ priority                     │
                                    └─────────────────────────────┘
                                                │
                                    ┌─────────────────────────────┐
                                    │ (3.6) Describe action to be  │
                                    │ taken and:                   │
                                    │ • Assign person responsible  │
                                    │   for each action, and       │
                                    │ • Set agreed timeframe for   │
                                    │   implementation             │
                                    └─────────────────────────────┘
                                                │
            ┌──────────────┐        ╱───────────────╲
            │ Create a     │◄──Yes─╱ Did the action   ╲
            │ Hazard report│       ╲ identify any new  ╱
            └──────────────┘        ╲ hazards?        ╱
                                     ╲──────────────╱
                                                │ No
                                    ╱───────────────╲
                                   ╱ Can the action  ╲─No─►
                                   ╲ be completed     ╱
                                    ╲ within the     ╱
                                     ╲ agreed        ╱
                                      ╲ timeframe?  ╱
                                       ╲──────────╱
                                                │ Yes
                                    ┌─────────────────────────────┐
                                    │ Actions implemented and      │
                                    │ associated documentation     │
                                    │ updated                      │
                                    └─────────────────────────────┘
                                                │
                                    ┌─────────────────────────────┐
                                    │ (3.7) Person making          │
                                    │ recommendation reviews       │
                                    │ actions taken                │
                                    └─────────────────────────────┘
                                                │
                                    ╱───────────────╲
                                   ╱ Does action taken╲─No─►
                                   ╲ address the      ╱
                                    ╲ recommendation?╱
                                     ╲──────────────╱
                                                │ Yes
                                    ┌─────────────────────────────┐
                                    │ Person responsible reviews   │
                                    │ effectiveness of actions     │
                                    │ based upon the level of risk │
                                    └─────────────────────────────┘
                                                │
                                    ╱───────────────╲
                                   ╱ Has the action  ╲─No─►
                                   ╲ remained          ╱
                                    ╲ effective?      ╱
                                     ╲──────────────╱
                                                │ Yes
                                    ┌─────────────────────────────┐
                                    │ Recommendation closed        │
                                    └─────────────────────────────┘
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3. Responsibility for Implementation

A comprehensive list of OHS responsibilities is provided in the document OHS Roles, Responsibilities and Committees Procedure. A summary of the specific responsibilities relevant to this procedure is provided below.

Head of Academic/Administrative unit (person in control of a workplace): A head of academic/administrative unit has the overall responsibility for ensuring that every action is fully implemented within the agreed time frame. They may delegate this responsibility.

Person assigned to address a recommendation: Must ensure that all recommendations are assigned reasonably practicable actions that adequately address the risk or the need for change in the OHSMS.

Person assigned to implement an action: Any person assigned an action must ensure that it is implemented by the agreed timeframe and, if unable to do so, communicate this back to the person assigned to address the recommendation.

4. Records

Corrective and preventive actions must be recorded in the relevant module of SARAH (e.g. Workplace inspections, Audits, Hazard and Incident reports).

Continual improvement actions must be recorded such that they are accessible and include:

● A description of the agreed action;
● Agreed timeframes for implementation; and
● Responsible person assigned.

For OHS Records document retention please refer to: OHS Records Management Procedure.

5. Appendix

Source of recommendations register.

Source of Need	Need Type	Relevant procedure	Example of the types of changes that could impact on the OHSMS
External	Legislative	OHS Legal and other External Requirements Procedure	Changes in legal requirements that impact upon the OHSMS.
	Regulatory	OHS Legal and other External Requirements Procedure	Changes required as a result of a WorkSafe determination.
	Standard or code of practice	OHS Legal and other External Requirements Procedure	Changes in relevant industry guidance.
	Alignment to other organisations	OHS Legal and other External Requirements Procedure	Changes required to align with other organisations.
Internal	Monitoring activities	OHS Monitoring Procedure	Recommendations arising from monitoring programs such as the OHS workplace inspections, OHSMS Self-assessments, building evacuations etc.
		OHS Management System Audit Procedure	Recommendations arising from OHSMS audits
		OHSMS Management Review Procedure	Recommendations arising from management review.
		Management of OHS Actions Procedure	Unintended consequences of actions
	OHS Hazard and Incident Reports	Managing OHS Hazards and Incidents Procedure	Recommendations arising from investigations conducted on OHS: ● Hazard Reports, and; ● Incident reports.
	OHS Risk Management	OHS Risk Management Procedure	Commonality amongst risk assessments and control measures identified by:

			• Risk Assessments • Risk Registers • Event Risk Management Plans
	Roles and Responsibilities	[OHS Roles, Responsibilities and Committees Procedure](#) [OHS Consultation Procedure](#) [Health and Safety Issue Resolution Procedure](#)	Recommendations arising from: • Local OHS Committees • Feedback from Appointed Health and Safety Roles • Feedback from Workers • Impacts from restructure
	Management of Change	[OHS Communication Procedure](#) [Management of OHS Actions Procedure](#)	Recommendations arising from: • Changes to the workplace • Unintended consequences as a result of the implementation of an OHS action.

DEFINITIONS

A comprehensive list of definitions is provided in the [Definitions tool](#). Definitions specific to this procedure are provided below.

Key word	Definition
Continual improvement	A recurring process of enhancing the OHS Management System in order to improve overall OHS performance consistent with the Monash University OHS Policy
OHSMS	OHSMS: The combined approach to health and safety management at Monash University. In relation to change to the OHSMS the following terms are used: 1. Implementation (of the OHSMS) - The design, implementation, management and improvement of the OHSMS. 2. Integration (of the OHSMS) - The deployment and use of the OHSMS to manage health and safety within Faculties and Divisions. 3. Aspect (of the OHSMS) - The OHS Policy and the associated procedures, system (online tool, eForm, paper-based form or proforma), and any supporting documentation including web-based content. 4. Records - Stored information kept as evidence of the integration of the requirements of the OHSMS.
OHSMS Change Impact Level	The impact a change to the OHSMS can have on stakeholders as either a: **Minor change** - Changes to guidance materials and/or changes to improve upon the look at feel of the OHSMS including: • Changes to formatting; • Clarifications of wording; and • Correcting webpage links. **Moderate change** – Changes to information provided to support mandatory requirements including: • Guidelines and standalone reference material; • OHS Reporting tools; • Optional processes and the way optional systems operate. **Major change** - Changes to the Policy or any mandatory requirements established as part of the OHSMS including: • OHS procedures; • Changes to the mandatory processes and the way mandatory systems operate
Recommendation	A suggestion or proposal for actions or outcomes that may be adopted to address a risk to health and safety, or improve processes within the OHSMS. **Stakeholders**: Anyone whose operations may be affected as a result of a revision of an aspect of the OHSMS. Stakeholders include: 1. Internal stakeholders (e.g. OH&S team, safety roles, eSolutions, HR); 2. Organisations delivering outsourced activities (e.g. trainers, auditors, software vendors);

| | 3. Affiliated organisations (e.g. Monash Student Organisations, Monash College);
4. External stakeholders (e.g. Associated research institutes (Hudson), CSIRO). |

GOVERNANCE

Parent policy	OHS&W Policy
Supporting procedures	**Monash University OHS documents** Health and Safety Issue Resolution Procedure Management of OHS Actions Procedure Managing OHS Hazards and Incidents Procedure OHS Communication Procedure OHS Consultation Procedure OHS Legal and other External Requirements Procedure OHS Management System Audit Procedure OHS Monitoring Procedure OHSMS Management Review Procedure OHS Records Management Procedure OHS Risk Management Procedure OHS Roles, Responsibilities and Committees Procedure All Monash University OHSMS procedures may result in the creation of recommendations. Refer to the A-Z documents index.
Supporting schedules	N/A
Associated procedures	**Australian and International Standards** ISO 45001:2018 Occupational Health and Safety Management Systems
Related Legislation	Occupational Health and Safety Act 2004 (Vic) Occupational Health and Safety Regulations 2017 (Vic)
Category	Operational
Approval	Chief Operating Officer & Senior Vice-President 1 December 2020
Endorsement	Monash University OHS Committee 17 November 2020
Procedure owner	Health, Safety and Wellbeing Manager
Date effective	December 2020
Review date	2023
Version	7.3 *(Minor amendments effective 17 December 2021)*
Content enquiries	ohshelpline@monash.edu

DOCUMENT HISTORY

Version	Date Approved	Changes made to document
2	February 2011	OHS Corrective Action Procedure v2
3	February 2013	1. Deleted old summary table 2. Added responsibilities section

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		3. Added procedural section in section 1
		4. Added flowchart as a visual representation of section 1
		5. Refined definitions section
		6. Added document history section, and
		7. Added Corrective Action Register Template
3.1	July 2015	1. Updated hyperlinks throughout to new OH&S website
4	November 2016	1. Refined Definitions section
		2. Added corrective actions table
		3. Added Hierarchy of controls to definitions section
		4. Removed specific timeframe of 5 years for document retention
		5. Added link to OHS Records Management Procedure sections
		6. Updated flowchart
		7. Updated reference section
4.1	August 2017	1. Updated logos in header
		2. Updated OHS Regulations to 2017
5	June 2019	1. Removed requirement to keep a separate 'Corrective Actions register' and updated section 3.3 to reflect that SARAH and other appropriate methods are to be used for recording and monitoring of corrective actions.
		2. Updated Scope to reflect that only Australian campuses are covered by the certification to OHS AS 18001 and AS 4801.
6.0	November 2019	1. Renamed procedure to 'Management of OHS Actions Procedure'.
		2. Revised scope and purpose to include all OHS related actions
		3. Refined definitions
		4. Revised body of procedure to reflect the review of recommendation, identification of potential action, assessment of practicality, prioritisation, implementation and review of action requirements.
		5. Removed reporting section.
		6. Updated records section to reflect that the relevant modules of SARAH must be used.
		7. Updated links
		8. Updated flow chart
		9. Removed corrective actions table
		10. Updated responsibility for implementation section
		11. Updated reference section
		12. Updated certification logo in header
7.0	December 2020	1. Revised language to align with ISO 45001.
		2. Clearly identify sources of recommendations including:
		a. Unintended consequences of actions.
		b. Improvements identified through OHSMS Review.
		c. The addition of a 'Source of recommendations register' in the appendix.
		3. Added a section that describes the steps required to make changes to the OHSMS including:
		a. Identified that all changes to the OHSMS are the responsibility of the Manager, OH&S.
		b. What steps are required before major changes can be made.
		c. Additional requirement to update the OHSMS Change register.
7.1	July 2021	1. Updated certification logo in footer to ISO 45001
		2. Updated the Standard to ISO 45001 under "Associated procedures" in the Governance table
		3. Updated OHS Policy under 'Parent Policy' to OHS&W Policy

7.2	October 2021	1. Updated Scope statement to include Monash University Malaysia, Monash University Indonesia, Monash Suzhou and the Monash University Prato Centre.
7.3	December 2021	1. Updated Scope statement to include World Mosquito Program Ltd (and its subsidiaries). 2. Updated title of Procedure owner in Governance table.