



NMHS POLICY

Workplace Hazard Inspections

Scope (Staff):	All employees of NMHS
Scope (Area):	All areas of NMHS

1. Aim

North Metropolitan Health Service (NMHS) is committed to providing a safe work environment and systems of work by supporting periodic workplace hazard inspections (WHI) to proactively identify and manage hazards.

2. Risk

NMHS accepts its duty of care obligations under the Occupational Safety and Health Act 1984 (WA) and will ensure employees, so far as reasonably practicable, are not exposed to risk of injury or harm.

The risk of harm to an individual can be eliminated or reduced through hazard identification, risk assessment and implementation of control measures.

If regular WHIs are not performed, uncontrolled hazards may result in injury to people at the workplace.

Compliance with this policy will mitigate industrial, legislative and reputational risk for the organisation and its accountable officers by appropriately managing the health and safety of people at the workplace.

3. Definitions

Hazard	In relation to a person, means anything that may result in - a) injury to the person; or b) harm to the health of the person.
OSH	Occupational Safety and Health (OSH)
Risk	The probability of injury or harm occurring and the severity of the consequences of that harm.
Risk management	The process by which hazards are identified, assessed and controlled in a systematic manner.
Workplace	An area, place, or vehicle where a NMHS employees performs their duties and includes but is not limited to hospital premises, laboratories, workshops, training rooms, on-site and off-site facilities.

4. Principles

All NMHS sites must have planned and systematic periodic workplace inspection and investigation of:

- the physical workplace
- the equipment, plant and materials used in the workplace
- the work practices employed in the workplace
- any other factors that may influence the safety and health of employees.

A WHI must be completed **at least every 6 months in April and October each year.**

- Low risk areas may be inspected annually, only if deemed low risk by NMHS OSH and approved by the relevant Tier 3.

Inspections should be completed more frequently in high risk areas, or where there has been significant workplace change (redesign, redevelopment, or change in work tasks/load).

Annual chemical stock audits will be completed as part of the WHI (preferably in October) as per the [NMHS Management of Hazardous Substances and Dangerous Goods Policy](#).

The inspection is to be carried as per roles and responsibilities outlined in this policy.

Inspection of the workplace is conducted using the [NMHS WHI Form](#).

Note: Work areas that have specific hazards may develop their own checklist in collaboration with and advice from NMHS OSH.

Note: A specific checklist is available for [Fleet vehicles](#).

5. Roles and Responsibilities

Workplace Hazard Inspections are to be conducted jointly by the manager/supervisor (or their delegate) and a Safety and Health Representative (Safety Rep). Note: If a Safety Rep is unavailable, the Manager can either enlist a Safety Rep from another area or gain assistance from a staff member nominated by their peers.

Executive Directors (ED)

EDs have the overarching responsibility for ensuring that WHIs are completed.

Managers and Supervisors

Managers are responsible for ensuring:

- that periodic inspections are conducted to identify and control hazards/risks as per the procedures in this policy
- the implementation of required actions and ensuring the resolution of any outstanding OSH issues identified during the inspection are addressed in a timely fashion, including adding any relevant items to the risk register



- issues are escalated as required
- all completed inspections are reported to NMHS OSH
- Safety and Health Representatives are given opportunity and time to assist with inspections.

Safety and Health Representative

Safety and Health Representatives must be given the opportunity to participate in WHIs.

Safety and Health Representatives are responsible for:

- consulting with their peers on current safety issues and concerns
- assisting with identifying hazards in the workplace
- supporting with the implementation of controls for the hazards reported
- completing other tasks as agreed with their manager.

NMHS OSH

NMHS OSH will:

- provide forms and documents to complete WHIs
- provide advice to areas to assist with their inspections
- maintain a register of WHI records and compliance
- report compliance to the Safety and Health Committee every 6 months.

Further information is available on the [NMHS OSH Intranet Hub](#).

6. Compliance and Evaluation

The NMHS Chief Executive and NMHS site or Service Executive Director are responsible for ensuring compliance with this policy.

Compliance with this policy will be monitored by site Safety and Health Committees through compliance reporting and the NMHS OSH Department through auditing processes.

Related internal policies, procedures and guideline

[NMHS OSH Policy](#)

[Incident/Hazard Reporting](#)

[NMHS Risk Management Policy](#)

[NMHS Authorisations Schedule](#)

References

[Occupational Safety and Health Act 1984](#)

[Occupational Safety and Health Regulations 1996](#)











[Code of Practice OSH in the WA Public Sector 2007](#)
[Guidance Note General Duty of Care in WA Workplaces 2005](#)

Useful resources

[NMHS WHI Form](#)
[NMHS OSH Fleet vehicles checklist](#)
[NMHS Risk Management Process](#)
[NMHS Risk Management Framework](#)
[NMHS Risk Management Tables](#)
[NMHS Risk Management Guidelines](#)
[NMHS OSH Intranet](#)
[NMHS OSH Department](#)
[NMHS Issue Resolution Process](#)



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NSQHS Standards Applicable:	<input checked="" type="checkbox"/>  Std 1: Clinical Governance <input type="checkbox"/>  Std 2: Partnering with Consumers <input type="checkbox"/>  Std 3: Preventing and Controlling Healthcare Associated Infection <input type="checkbox"/>  Std 4: Medication Safety		<input type="checkbox"/>  Std 5: Comprehensive Care <input type="checkbox"/>  Std 6: Communicating for Safety <input type="checkbox"/>  Std 7: Blood Management <input type="checkbox"/>  Std 8: Recognising and Responding to Acute Deterioration		
National Standards for Mental Health Services	<input type="checkbox"/> Std 1: Rights and Responsibilities <input checked="" type="checkbox"/> Std 2: Safety <input type="checkbox"/> Std 3: Consumer and Carer Participation <input type="checkbox"/> Std 4: Diversity Responsibility <input type="checkbox"/> Std 5: Promotion and Prevention <input type="checkbox"/> Std 6: Consumers <input type="checkbox"/> Std 7: Carers <input checked="" type="checkbox"/> Std 8: Governance, leadership and management		<input type="checkbox"/> Std 9: Integration <input type="checkbox"/> Std 10: Delivery of Care <ul style="list-style-type: none"> <input type="checkbox"/> 10.1 Supporting Recovery <input type="checkbox"/> 10.2 Access <input type="checkbox"/> 10.3 Entry <input type="checkbox"/> 10.4 Assessment and Review <input type="checkbox"/> 10.5 Treatment and Support <input type="checkbox"/> 10.6 Exit and Re-entry 		
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The health impact upon Aboriginal people have been considered, and where relevant incorporated and appropriately addressed in the development of this health initiative (IS22P0216).

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