

# WHS CORRECTIVE & PREVENTATIVE ACTION PROCEDURE

Version No	2.0
Issued	22 <sup>nd</sup> May 2014
Next Review	May 2017
GDS	12.63.1.1

## 1. OVERVIEW

The Flinders Ranges Council understands its obligation as a self-insured employer to produce measurable continuous improvement outcomes in WHS and comply with legislative obligations. Part of this process requires that corrective and preventative actions are identified and implemented when WHS non-conformances have been identified.

This procedure aims to:

- Provide minimum standards for identifying, assessing and eliminating or minimising risks associated with the hazards identified by non-conformances, so as to prevent any recurrence of WHS risk exposure to workers and others in the workplace.
- Outline the process for identifying the WHS non-conformances in the workplace and documenting and implementing corrective and preventative actions to control them.
- Describe the activities that verify implemented preventative and corrective actions are effective and have been closed out.
- Describe the review processes that confirm system effectiveness.

SIGNED .....

Chief Executive Officer

Chairperson, WHS Committee

Date: 22 / 5 / 2014

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## 2. CORE COMPONENTS

The core components of our Corrective and Preventative Action Procedure are as follows:  
The WHS management system has:

- Defined processes to identify corrective and preventative actions.
- A system for recording, tracking and communicating corrective and preventative actions.
- Corrective and preventative actions are assigned to a person with defined close out dates.
- A process for the verification of the effectiveness of selected corrective and preventative actions.
- Requirements for reports to be provided to workgroups, the WHS Committee and the Senior Leadership Team on the performance and effectiveness of the corrective or preventative action process.

## 3. DEFINITIONS

Close out	The completion of the implementation of the corrective action.
Conformance	Activities undertaken and results achieved fulfil the specified requirements of the elements [as defined by the WorkCover SA Performance Standards for Self Insurers].
Continuous Improvement	Process of enhancing the health, safety and rehabilitation and claims management systems, to achieve improvements in overall related performance, in line with the organisation's policies. The process need not take place in all areas simultaneously [as defined by the WorkCover SA Performance Standards for Self Insurers].
Corrective Action	Action to eliminate the cause of or to control an identified non-conformance.
Corrective Action Register	A centralised database or spreadsheet that records the WHS non-conformances that have been identified and corrective and/or preventative action to be implemented. This register may be a stand-alone corrective action register (CAR) or a combination of a CAR and hazard/risk register.
Hazard	A situation or thing that has the potential to harm a person [as defined by Approved Code of Practice How to Manage Work Health and Safety Risks].

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Hierarchy of Control	<p>If it is not reasonably practicable for risks to health and safety to be eliminated, risks must be minimised, so far as is reasonably practicable, by doing 1 or more of the following:</p> <ul style="list-style-type: none"> <li>(a) substituting (wholly or partly) the hazard giving rise to the risk with something that gives rise to a lesser risk;</li> <li>(b) isolating the hazard from any person exposed to it;</li> <li>(c) implementing engineering controls.</li> </ul> <p>If a risk then remains, the duty holder must minimise the remaining risk, so far as is reasonably practicable, by implementing administrative controls.</p> <p>If a risk then remains the duty holder must minimise the remaining risk, so far as is reasonably practicable, by ensuring the provision and use of suitable personal protective equipment [as defined by the Work Health and Safety Regulations 2012, Regulation 36].</p>		
Non-conformance	<p>Activities undertaken and the results achieved do not fulfil the specified requirements of the elements. This may be due to the absence or inadequate implementation of a system or documented systems or procedures not being followed [as defined by the WorkCoverSA Performance Standards for Self Insurers].</p> <p>For the purposes of this procedure, the word non-conformance should be taken to include health and safety hazards and WHS system non-conformances</p>		
Preventative Action	Pro-active action taken before an incident occurs		

#### 4. PROCEDURE

##### 4.1. Corrective action register

- 4.1.1. A corrective action register ('the register') for The Flinders Ranges Council will be developed and maintained.
- 4.1.2. The register will be under the control of the WHS Coordinator.
- 4.1.3. The register should record all identified WHS non-conformances and corrective and/or preventative action required to be implemented. It should identify, at a minimum:
  - a. The date the non-conformance was identified.
  - b. A description of the non-conformance.
  - c. The method of identification (eg accident/incident report; inspection report, audit findings etc).
  - d. Risk rating and priority for action.
  - e. The required corrective or preventative action.
  - f. Person responsible for implementing actions.
  - g. Required close out date.
  - h. Status (eg closed out or outstanding).
  - i. Residual risk rating after controls have been implemented.
  - j. The method of verification of effectiveness (eg audit, inspection, testing etc).
- 4.1.4. The WHS Coordinator should authorise those persons who are able to enter information in the register.

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- 4.2. Identify, investigate and assess WHS non-conformances.
  - 4.2.1. WHS non-conformances can be identified as an outcome of many activities in the WHS management system. These can include, but are not limited to:
    - a. Consultation.
    - b. Risk assessment.
    - c. Hazard, accident and incident reporting.
    - d. Workplace inspections.
    - e. Inspection and testing of plant and equipment.
    - f. Assessment or monitoring of contractors and other stakeholder activities in the workplace.
    - g. WHS audits.
    - h. WHS document review.
    - i. Management review.
  - 4.2.2. Once a non-conformance has been identified and depending on the nature and complexity of the non-conformance, an investigation may be undertaken to identify the root cause of the non-conformance and assess the level of risk.
    - a. The department manager or supervisor should investigate non-conformances arising in their areas of responsibility, in consultation with the HSR and/or designated workers.
    - b. The management team should nominate a person/s to investigate non-conformances that have a systemic impact on the WHS management system or when repeated non-conformances of the same nature have been identified.
    - c. Depending upon the nature and complexity of the non-conformance, the investigation may involve stakeholders and or require external expertise. The LGAWCS is available to provide assistance and advice if required.
    - d. The investigation team should determine the likelihood of the non-conformance recurring, the potential consequence (harm) if it did re-occur and identify the level of risk using The Flinders Ranges Council risk rating table. Priorities for action should be set in accordance with The Flinders Ranges Council risk classification table.
- 4.3. Identify corrective and preventative actions
  - 4.3.1. The department manager or the WHS Coordinator should:
    - a. Determine if it is reasonably practicable to eliminate the potential for recurrence of the non-conformance.
    - b. If it is not reasonably practicable to eliminate recurrence of the non-conformance, select the corrective and preventative actions, by applying the Hierarchy of Control and in accordance with The Flinders Ranges Council Hazard Management and Consultation procedures.
    - c. Assign responsibility for implementing the required actions and communicate that information to the person/s concerned.
    - d. Set a timeframe by which actions are to be closed out. The timeframe should be determined with regard to the risk rating and what is reasonably practicable in the circumstances.
    - e. Complete the relevant sections of the register.
    - f. Communicate the corrective or preventative actions to relevant workers.
- 4.4. Monitor and review actions for effectiveness
  - 4.4.1. Department managers will monitor the implementation and effectiveness of local corrective or preventative actions in departmental meetings. Minutes will record progress of items and actions being implemented.
  - 4.4.2. The WHS Committee should monitor the implementation and effectiveness of all corrective or preventative actions and refer any concerns to the relevant department manager. Minutes must record the progress of systemic issues and actions being implemented.

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- 4.4.3. If any new hazards or risks are identified during the monitoring or evaluation process, the department manager or the WHS Coordinator will recommence the risk assessment process, in accordance with The Flinders Ranges Council Hazard Management Procedure.
- 4.4.4. Control measures should be assessed for effectiveness by a method appropriate to the non-conformance. This may include, but not be limited to :
  - a. Consultation with workers.
  - b. Re-testing or inspection of plant or equipment.
  - c. Review of any controls during workplace inspections.
  - d. Undertaking an audit or re-audit.
  - e. Monitoring hazard and incident statistics and trends.
- 4.4.5. A HSR may request a review of a control measure if they reasonably believe that the control measure has not been adequately reviewed.
  - a. The circumstances in which a request for review can be made include if:
    - i. The control measure is not effective in controlling the risk it was implemented to control.
    - ii. A change occurs at the workplace that could present a new or different WHS risk that the control measure may not effectively control.
    - iii. A new relevant hazard or risk is identified.
    - iv. The results of consultation indicate a review is necessary.
  - b. The HSR may only request this review if the above circumstances affects or may affect the health and safety of a member of their own work group.
  - c. The HSR should discuss the issue with their manager and explain their reasons for the request.
  - d. The manager should recommence the risk assessment process as a result of such a request in accordance with the WHS risk management procedure.
- 4.4.6. When actions have been implemented and deemed effective, the department manager or WHS Coordinator will check that the item is identified as closed out on the register.
- 4.4.7. The WHS Coordinator will present a regular report to the WHS Committee and Senior Leadership Team listing all outstanding items on the register requiring their direction or enforcement.
- 4.4.8. The Senior Leadership Team are required to direct action and enforce close out of items when required. Senior Leadership Team minutes should record outcomes of discussion and actions undertaken.
- 4.4.9. The register should be subject to audit and review.

## 5. TRAINING

- 5.1. Workers will have the corrective and preventative action procedure explained to them during the induction process.
- 5.2. Managers, supervisors and the WHS committee should be trained in the requirements of this procedure.

## 6. RECORDS

The following records should be maintained:

- 6.1. Records relating to the consultation process.
- 6.2. Inspections.
- 6.3. Hazard, accident and incident investigations.
- 6.4. Risk assessments.
- 6.5. Corrective action register.
- 6.6. Procedures and Safe Work Instructions (SWIs).
- 6.7. Training records.
- 6.8. Records must be retained in line with the current version of GDS20.

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## 7. RESPONSIBILITIES

- 7.1. The Flinders Ranges Council *Senior Leadership Team* is accountable for:
  - 7.1.1. Developing and maintaining the corrective action register.
  - 7.1.2. Monitoring legislative compliance.
  - 7.1.3. Budgetary expenditure.
  - 7.1.4. Providing managers and supervisors with training to enable the effective application of hazard management procedures.
  - 7.1.5. Providing training to enable workers to understand and apply hazard management procedures within the limits of their responsibility.
  - 7.1.6. Monitoring the corrective action register and enforcing close out of items when required.
  - 7.1.7. Including a review of the corrective action register in the management review process.
- 7.2. *Managers and supervisors* are accountable for:
  - 7.2.1. Providing workers with any necessary information, instruction, training and supervision to enable the application of hazard management procedures and to undertake their tasks safely.
  - 7.2.2. Identifying WHS non-conformances, and undertaking an investigation and risk assessment.
  - 7.2.3. Identifying corrective and preventative actions in consultation with HSRs and relevant workers.
  - 7.2.4. Monitoring and reviewing corrective and preventative actions for effectiveness.
  - 7.2.5. Including discussion, monitoring and review of corrective and preventative actions at department meetings.
  - 7.2.6. Assessing control measures for effectiveness by a method appropriate to the non-conformance.
- 7.3. The *WHS Coordinator* is accountable for:
  - 7.3.1. Maintaining the corrective action register.
  - 7.3.2. Undertaking an investigation and risk assessment of WHS non-conformances when directed by the Senior Leadership Team.
  - 7.3.3. Identifying, implementing and reviewing corrective and preventative actions for effectiveness.
  - 7.3.4. Recording information on the corrective action register.
  - 7.3.5. Including discussion, monitoring and review of corrective and preventative actions at WHS meetings.
  - 7.3.6. Checking that control measures have been assessed as effective by a method appropriate to the non-conformance and finalising the item on the corrective action register.
- 7.4. *Workers* are accountable for:
  - 7.4.1. Reporting all non-conformances, including accidents, incidents, hazards and near misses, to their department manager or supervisor as soon as they are identified.
  - 7.4.2. Participating in any investigation as required and in associated consultation processes.
  - 7.4.3. Complying with any agreed corrective and preventative actions.
- 7.5. The *WHS Committee* is accountable for:
  - 7.5.1. Monitoring and reviewing the corrective action register and referring issues to the management team that require management direction or enforcement.

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## 7.6. Health and safety representatives may:

- 7.6.1. Facilitate consultation between department managers and workers in relation to WHS issues that affect the workgroup that they represent.
- 7.6.2. Assist in the resolution of WHS issues.
- 7.6.3. Request a review of a control measure in the circumstances outlined in the WHS risk management procedure.

## 8. REVIEW

- 8.1. The WHS Corrective and Preventative Action Procedure will be reviewed by the WHS Committee, in consultation with workers or their representatives, every three (3) years or more frequently if legislation or The Flinders Ranges Council needs change and may include a review of:
  - 8.1.1. Feedback from managers, workers, HSRs, WHS Committee members or other relevant stakeholder.
  - 8.1.2. Legislative compliance issues.
  - 8.1.3. Accident and incident statistics and trends.
  - 8.1.4. Compliance issues relating to the requirements of the Performance Standards for Self-Insurers
  - 8.1.5. LGAWCS guidance.
  - 8.1.6. Internal or external audit findings.
- 8.2. Results of reviews may result in revision of this document.
- 8.3. The WHS Coordinator should report on the outcomes of reviews to the WHS Committee and Senior Leadership Team.

## 9. REFERENCES

Work Health and Safety Act 2012  
 Work Health and Safety Regulations 2012  
 General Disposal Schedule 20 for Local Government  
 WorkCoverSA Performance Standards for Self-Insurers  
 Approved Code of Practice: How to Manage Work Health and Safety Risks  
 Approved Code of Practice: Worker Representation and Participation

## 10. RELATED DOCUMENTS

Incident Reporting and Investigation Procedure  
 Hazard Management Procedure  
 WHS Consultation and Communication Procedure

## 11. DOCUMENT HISTORY:

Version No:	Issue Date:	Description of Change:
1.0	July 2010	New Document
2.0	22 <sup>nd</sup> May 2014	Terminology changes to reflect 2012 WHS act, Regulations and Codes of Practice: Examples of changes include: OHS to WHS and employee to worker where appropriate and inclusion of HSR in section 4.4.5