

OH&S Policy and CoM Annual OH&S Audit

Document Control

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Purpose & Scope

The purpose of this document is to provide guidance on how Portarlington Neighbourhood House (PNH) will ensure the health and safety of workers and other persons.

The PNH Occupational Health and Safety (OH&S) objective is to provide an environment that is free of injury and promotes a culture of safety for workers, volunteers and visitors. The target is to prevent injuries or incidents (including incidents of bullying or harassment).

The purpose of the Committee of Management (CoM) annual OH&S audit is for the CoM to be confident that:

1. OH&S incidents and hazards are adequately reported, recorded and addressed;
2. adequate steps are in place to prevent incidents (mitigation);
3. PNH is adequately prepared for emergencies (contingency planning); and
4. PNH OH&S procedures comply with any relevant legislation and regulations.

This audit procedure is for risks to people. Risks to business such as fraud and avoiding negative impacts on PNH reputation, are part of the Business Risk Framework.

OH&S Policy

1. PNH will, as far as reasonably practical, provide a workplace that protects the health and safety of workers, volunteers and other people visiting the workplace.
2. To achieve its OH&S objective PNH will:
 - develop and maintain safe systems of work and a safe working environment
 - consult with workers and volunteers on OH&S matters
 - provide information and training for workers and volunteers
 - assess all risks, including manual handling, before implementing new processes or tasks
 - remove unacceptable risks to safety or provide adequate protective measures where removal is not practical
 - provide workers and volunteers with adequate facilities.
3. All workers and volunteers have a responsibility to ensure their own health and safety as well as the health and safety of others in the workplace.
4. OH&S-related operational policy and procedures will also be provided in the Office Procedures Manual (which is the responsibility of the Program Manager).
5. Any incident involving personal injury or any identified hazard which has the potential to result in injury, must have an Incident / Hazard Report Form completed. Serious injuries must also be reported to Worksafe if they meet the legislative criteria for reporting.

6. All incidents and hazards must be registered in the Incident & Hazards Register. The Program Manager can enter items on the Incident & Hazards Register without completing an Incident/Hazard Report Form (the form is available for member or visitor use).
7. All incidents must be investigated by the Program Manager in order to determine the root cause and the results documented in the Incident & Hazards Register. A plan to rectify the cause must also be developed, implemented and documented as part of an OH&S Action Plan.
8. All identified hazards must also have a rectification plan documented in the OH&S Action Plan.
9. All serious incidents and hazards must be reported to CoM at the regular CoM meetings.
10. The OH&S Action Plan must be kept updated and any outstanding items on the OH&S Action Plan must be reported to CoM at the regular CoM meetings.
11. Smoking is not permitted in PNH premises at any time.

Procedure for CoM Annual OH&S Audit

In March or April each year this audit checklist will be reviewed and then a process to carry out the audit decided at CoM meeting. The CoM may appoint a person or small team to carry out the audit using the audit checklist below. The audit should check that appropriate procedures are documented, implemented and communicated to relevant workers, volunteers and members. For contingency (emergency planning) procedures it is important that office personnel, activity facilitators and event safety officers know what to do, particularly after hours or when the Program Manager is absent.

The audit checklist is in 3 parts:

1. Reporting & Regulatory Processes
2. Mitigation Strategies (prevention & control)
3. Contingency (emergency plans in case it happens)

The Program Manager will be given at least 2 weeks notice prior to an audit.

Prior to this OH&S Audit, the Program Manager may conduct an OH&S audit (using adequate and simple audit form) *for each activity, and for each building space* (audit form to cover heavy lifting, lighting, access and other elements that may lead to an injury or health issue). The Program Manager will update the Incident & Hazards Register and the OH&S Action Plan post these audits as required.

Any items that need more attention (items found not compliant under this audit checklist at time of audit) are placed on the OH&S Action Plan, which is reported to CoM at regular meetings until the actions have been completed.

This audit checklist should be reviewed and updated at least annually.

The OH&S Action plan is then the responsibility of the Program Manager.

Related Documents & Forms

Incident / Hazard Report Form

- means a 'form' for members or visitors to report an incident, potential incident or hazard. A form must be completed for any injuries. For non-serious incidents and hazards, a verbal report to the Program Manager is acceptable (it must be recorded in the Incident & Hazard Register).

Incident & Hazard Register

- is a database (e.g. in excel) of all reported incident and hazards. Not all entries will relate to an Incident/Hazard Report Form as the Program Manager can enter incidents and hazards into the register directly. The database can be electronic (not hard copy). Categories for sorting is important - date of entry, place, type of incident/hazard, etc. EXAMPLE below

Category: Injury Hazard Behaviour	Date of Incident /Hazard report	Reported by [name] (and details if person not a PNH member or staff)	Place of incident or hazard reported	Category 1. building 2. equipment 3. noise 4. manual handling 5. work practices (working alone) 6. hazard substance 7. psychological (e.g. bullying)	Brief Summary of risk	Cause of risk	Immediate action - e.g. removed obstacles, Medical action	OH&S Action Plan item
Hazard	xx/03/22	RS	Hall exterior	building	Risk of person injured due to falling, tripping	Exterior lighting not working	nil	Contacted COGG for repair

OH&S Action Plan

- is a *table of actions in response to incidents and hazards*, with status of action, e.g. actions to get things fixed. The OH&S Action Plan is reported to CoM at each CoM meeting. EXAMPLE below

Date of entry to Incident & Hazard Register	Action	Status
xx/3/22	Reported to CoGG - exterior lights not working	No action from CoGG as at xx/xx/22 Xx/xx/22 - email to CoGG for update, no reply

Program Manager's Monthly Report to CoM

- must contain serious incidents, and contain the OH&S Action Plan for actions not completed

OH&S Audit form for each activity and building area

- simple form for collating OH&S data re each activity (sometimes events) and each area of the building/s. Procedure for collecting and processing this data at least annually is responsibility of Program Manager. This procedure should particularly look for any heavy lifting or unsafe practice in the activities.

Responsibility documents

- means position descriptions, office procedures, induction procedures



CoM Annual OH&S Audit Checklist

Date of Audit _____ Auditor _____

Reporting & Regulatory Processes		Audit Notes	Date given OK
1.	An adequate Incident/Hazard Report Form is available, with space to provide details of incident & any immediate action related to the incident (particularly medical/emergency actions).		
2.	Office personnel know their responsibilities in incident management and incident reporting procedures, and the policy and procedures are documented.		
3.	All serious incidents, or potential incidents/hazards, are reported to CoM via Program Manager's Monthly Report		
4.	The Incident & Hazards <i>Register</i> is maintained and updated. The Program Manager may enter incidents or hazards in the register without an Incident/Hazard Report Form.		
5.	The Incident & Hazard Register is reviewed annually for patterns (any patterns reported to CoM at least in April each year or at time of this audit).		
6.	After review of any incident or hazard report, appropriate action or response is taken. All actions are noted in the <i>OH&S Action Plan</i> as on-going or completed. The OH&S Action Plan may include items for CoGG action. Funds may be required.		



Reporting & Regulatory Processes		Audit Notes	Date given OK
7.	Outstanding items on the OH&S Action Plan are reported to CoM at each regular CoM meeting (including items from this audit).		
8.	OH&S Audits (using adequate and simple audit form) are carried out at least annually <i>for each activity, and for each building space</i> (audit form to cover heavy lifting, lighting, access and other elements that may lead to an injury or health issue). The Incident & Hazards Register is updated post audits as required. The OH&S Action Plan is updated as a result if required.		

Mitigation Strategies - prevention and control of potential incidents and impact		Audit Notes	Date given OK
9.	Responsibility for safety is appropriately documented & adequately explained to staff, office volunteers, activity facilitators and event safety officers (culture of safety awareness and responsibilities). Facilitators & event safety officers know how to manage an incident and know where to find the Defibrillator.		
10.	A Safety Officer is nominated (and recorded) for every event.		
11.	Program Manager, office personnel, activity facilitators and event safety officers discuss OH&S regularly (per term or per ½ year?)		
12.	Insurances all adequate and current (Workcover & public liability)		



Mitigation Strategies - prevention and control of potential incidents and impact		Audit Notes	Date given OK
13.	Adequate steps are taken to prevent bullying, harassment or physiological /emotional harm		
14.	Building maintenance processes working OK		
15.	Cleaning of facilities is OK		
16.	Emergency exits cleared & lights working		
17.	Fire alarms working (checked by appropriate authority)		
18.	Emergencies practiced for Office staff (per term)		
19.	There is clarity about who is control of an emergency and managing an identified risk (when President needs to be called in and when Program Manager not present).		
20.	Emergency telephone numbers are in an easy to find place		
21.	1 st aid kit is visible, and kept stocked		
22.	1 st aid training offered & list of trained people in easy to find place		
23.	Defibrillator is maintained and registered		
24.	Electrical cord testing carried out		
25.	Child Safety Code implemented if required		
26.	For members whose disability is generally know, is adequate care taken to assist them?		
27.	Any chemical storage complies to regulations		



Mitigation Strategies - prevention and control of potential incidents and impact		Audit Notes	Date given OK
28.	Working alone procedures practiced		

Contingency Strategies - if it happens, PNH personnel (office personnel, facilitators and event safety officers) know what to do in emergency events		Audit Notes	Date given OK
29.	Emergency evacuation e.g. due to fire, gas leaks, internal floods, electrical black-out <ul style="list-style-type: none"> • Who takes control? In absence of Program Manager? • Where are emergency contacts? • Where do people assemble? • Who checks everyone is out? • What records are needed (in emergency what to take?) • Who declares building safe to re-enter? • Other? 		
30.	Medical emergencies <ul style="list-style-type: none"> • Who takes control? In absence of Program Manager? • Procedures? 		
31.	Personal threat or confrontations by unarmed or armed persons, suspicious packages or telephone bomb threats - policy & procedures?		



Contingency Strategies - <i>if it happens, PNH personnel (office personnel, facilitators and event safety officers) know what to do in emergency events</i>		Audit Notes	Date given OK
32.	Emergency lock-in - e.g. severe external such as severe storms, asthma storms, local fires, local road closures, earthquake <ul style="list-style-type: none"> • Who takes control? In absence of Program Manager? 		
33.	Critical Incidents (how to manage victims and their families, when to call the President, managing media, managing PNH reputation in a serious incident)		

Suggested changes to this audit checklist		Suggested changes	Date given OK