**Monash University Procedure**

<table>
<thead>
<tr>
<th>Procedure Title</th>
<th>Management of OHS Actions Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Policy</td>
<td>OHS Policy</td>
</tr>
<tr>
<td>Date Effective</td>
<td>November 2019</td>
</tr>
<tr>
<td>Review Date</td>
<td>November 2022</td>
</tr>
<tr>
<td>Procedure Owner</td>
<td>Manager, OHS</td>
</tr>
<tr>
<td>Category</td>
<td>Operational</td>
</tr>
<tr>
<td>Version Number</td>
<td>6.0</td>
</tr>
<tr>
<td>Content Enquiries</td>
<td><a href="mailto:Bernadette.hayman@monash.edu">Bernadette.hayman@monash.edu</a></td>
</tr>
<tr>
<td>Scope</td>
<td>The processes described apply to all activities conducted at Monash University. Only Australian campuses are covered by the certification to OHS AS 18001 and AS 4801.</td>
</tr>
<tr>
<td>Purpose</td>
<td>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, and/or 2. Continually improve the management of occupational health and safety.</td>
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1. Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>HSR</td>
<td>Health and Safety Representative</td>
</tr>
<tr>
<td>OHS</td>
<td>Occupational Health and Safety</td>
</tr>
<tr>
<td>OH&amp;S</td>
<td>Monash Occupational Health &amp; Safety</td>
</tr>
<tr>
<td>OHSMS</td>
<td>Monash OHS Management System</td>
</tr>
<tr>
<td>SARAH</td>
<td>Safety and Risk Analysis Hub</td>
</tr>
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</table>

2. Definitions

A comprehensive list of definitions is provided in the Definitions tool. Definitions specific to this procedure are provided below.

**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

**Recommendation**: A suggestion or proposal for actions or outcomes that may be adopted to address a risk to health and safety or improve process within the OHSMS.

**Stakeholders**: Stakeholders include any individual or persons who could be affected by the hazard or situation which requires controlling.

3. Actions Management Process

Actions must be taken to ensure that recommendations are adequately implemented within an agreed timeframe.

The process for actions management consists of:

1. Receive recommendations for action;
2. Review recommendations received;
3. Determine potential actions;
4. Assess practicality of proposed actions;
5. Assign priority to agreed actions;
6. Implement agreed actions.

3.1. Recommendation Received

Recommendations for actions to address a risk to health and safety or improve OHS processes may be received in a variety of ways.

It is the responsibility of the Head of Academic/Administrative Unit to ensure that a responsible person is assigned to address all recommendations arising from the application of the OHSMS. If the person assigned to a recommendation does not believe they have the authority to take action, the recommendation must be transferred to the most appropriate person (delegated or escalated) as soon as possible. Where the most appropriate person is unclear, consultation with the relevant stakeholders must be undertaken to identify the most appropriate person in accordance with the OHS Consultation Procedure.
3.2. **Reviewing Recommendations**

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

3.3. **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.

3.4. **Assessing Practicability**

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).

3.5. **Assigning Priority**

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

1. Potential risk reduction (corrective/preventive action) with respect to the Hierarchy of Controls as outlined in Table 1;
2. Perceived need for change (continual improvement); and
3. Required resource investment.

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

3.6. **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.
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 3.3).

All 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.

Any corrective or preventive action that identifies new hazards, must be addressed by the creation of a new risk assessment or update to an existing risk assessment, in accordance with the OHS Risk Management Procedure as soon as reasonably practicable.

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

3.7. Review of Actions

Reviews must be undertaken 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 3.3.

- 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 3.3.
Table 1 – Hierarchy of controls

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

Most Preferred/Effective Control

Least Preferred/Effective Control
4. Responsibility for Implementation

A comprehensive list of OHS responsibilities is provided in the document OHS Roles, Committees and Responsibilities 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.

5. 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: Monash University OHS Records Management Procedure.
## 6. Document History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date of Issue</th>
<th>Changes made to document</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>February 2011</td>
<td>OHS Corrective Action Procedure v2</td>
</tr>
</tbody>
</table>
| 3       | February 2013 | 1. Deleted old summary table  
2. Added responsibilities section  
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 |
<p>| 3.1     | July 2015     | 1. Updated hyperlinks throughout to new OH&amp;S website |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Updates</th>
</tr>
</thead>
</table>
| November 2016 | 4       | 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 |
| August 2017  | 4.1     | 1. Updated logos in header  
2. Updated OHS Regulations to 2017 |
| June 2019    | 5.0     | 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. |
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 |