

# MANAGEMENT OF OHS ACTIONS STANDARD

## SCOPE

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

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

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

<b>HSR</b>	Health and Safety Representative
<b>HSW</b>	Health, Safety and Wellbeing
<b>HS&amp;W</b>	Monash Occupational Health & Safety team, led by the Director, Health Safety & Wellbeing
<b>OHSE</b>	Occupational Health, Safety & Environment Unit (Monash Malaysia)
<b>HSWMS</b>	Monash Health Safety and Wellbeing Management System
<b>SARAH</b>	Safety and Risk Analysis Hub

## 2. Actions Management Process

The process for action management consists of:

- Identifying actions and documenting recommendations for action;
- Reviewing recommendations received;
- Determining potential actions;
- Assessing practicality of proposed actions;
- Assigning priority to agreed actions;
- Implementing agreed actions; and
- Monitoring that actions are effective in controlling the hazards/risks.

A summary can be found in Appendix 1

### 2.1 Identification of Recommendations

The source of the recommendations register can be found in Appendix 2 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 HSWMS:

- 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 HSW 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 [HSW Consultation Standard](#).

Any recommendations that require changes to the HSWMS must be assigned to the Health, Safety and Wellbeing Team.

## 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;
- Align potential actions with the Hierarchy of Control (Appendix 3)
- In accordance with the HSW Consultation Standard, 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 HSW Consultation Standard), 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 (Australia and School/Unit (Malaysia) 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 HSW Consultation Standard.

## 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.

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 HSW Consultation Standard.

If action/s are no longer considered practicable, 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 HSWMS

It is the responsibility of the Director, Health, Safety and Wellbeing or their delegate to make changes to the HSWMS.

- 2.7.1 Minor and moderate changes to the HSWMS can be implemented by the Director, Health, Safety and Wellbeing or their delegate.
- 2.7.2 Changes to the HSW Policy or any mandatory requirements established as part of the HSWMS (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 HSW Consultation Standard and agreed feedback incorporated;
  - Sign-off has been received from the Vice-Chancellor (VC) or their delegate (procedures and schedules only).

## 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 Director Health, Safety and Wellbeing must ensure that changes to the HSWMS are communicated to stakeholders in accordance with the HSW Communications standard.

## 2.9 Review of Actions

Actions recorded in SARA H must be reviewed using the 'Formal Review' command button in SARA H, 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 Director, Health, Safety and Wellbeing must ensure that changes to the HSWMS are reviewed in accordance with the HSWMS Management Review Standard.

## 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:
  - An existing risk assessment in accordance with the [HSW Risk Management standard](#) as soon as reasonably practicable.
  - Entry of a Hazard or Incident report in accordance with the [Managing HSW Hazards and Incidents Standard](#).
- For opportunities for improvement to the HSWMS; be actioned by contacting [hsw@monash.edu](mailto:hsw@monash.edu)

# 3. Monitoring of Actions

An essential part of the HSW management system is to ensure that actions or controls put in place to manage or control a hazard or risk are effective and sustainable. The following mechanisms should be used to monitor the effectiveness of actions/controls:

- Spot checks;
- Workplace inspections;
- Audits; and
- HSWMS Self-assessments.

Safety Officers should report on the review of action/control effectiveness at their local HSW Committee meetings as a standing agenda item.

# 4. Responsibility for Implementation

A comprehensive list of HSW responsibilities is provided in the document [HSW Roles, Responsibilities standard](#). A summary of the specific responsibilities relevant to this standard 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 HSWMS.
- **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 SARA (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 HSW records document retention please refer to the University's: [Information Governance and Recordkeeping Procedure](#)

## DEFINITIONS

Definitions specific to this standard are provided below.

Key word	Definition
Continual improvement	A recurring process of enhancing the HSW Management System in order to improve overall HSW performance consistent with the Monash University HSW Policy
Occupational Health, Safety and Wellbeing Leaders	Person or group of people who direct and are responsible and accountable for HSW at the highest level within each area of the Monash Group e.g. Director, Health Safety & Wellbeing, Occupational Health, Safety & Environment Manager (MUM), etc.
HSWMS	<p>HSWMS: The combined approach to health and safety management at Monash University. In relation to change to the HSWMS the following terms are used:</p> <ol style="list-style-type: none"> <li>1. Implementation (of the HSWMS) - The design, implementation, management and improvement of the HSWMS.</li> <li>2. Integration (of the HSWMS) - The deployment and use of the HSWMS to manage health and safety within Faculties, Divisions, Schools and Business Units.</li> <li>3. Aspect (of the HSWMS) - The HSW Policy and the associated standards, system (online tool, eForm, paper-based form or proforma), and any supporting documentation including web-based content.</li> <li>4. Records - Stored information kept as evidence of the integration of the requirements of the HSWMS.</li> </ol>
HSWMS Change Impact Level	<p>The impact a change to the HSWMS can have on stakeholders as either a:</p> <p><b>Minor change</b> - Changes to guidance materials and/or changes to improve upon the look at feel of the HSWMS including:</p> <ul style="list-style-type: none"> <li>● Changes to formatting;</li> <li>● Clarifications of wording; and</li> <li>● Correcting webpage links.</li> </ul> <p><b>Moderate change</b> – Changes to information provided to support mandatory requirements including:</p> <ul style="list-style-type: none"> <li>● Guidelines and standalone reference material;</li> <li>● HSW Reporting tools;</li> <li>● Optional processes and the way optional systems operate.</li> </ul> <p><b>Major change</b> - Changes to the Policy or any mandatory requirements established as part of the HSWMS including:</p> <ul style="list-style-type: none"> <li>● HSW Procedures;</li> <li>● Changes to the mandatory processes and the way mandatory systems operate</li> </ul>

<b>Recommendation</b>	<p>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 HSWMS.</p> <p><b>Stakeholders:</b> Anyone whose operations may be affected as a result of a revision of an aspect of the HSWMS. Stakeholders include:</p> <ol style="list-style-type: none"> <li>1. Internal stakeholders (e.g. HSW team, safety roles, eSolutions, HR);</li> <li>2. Organisations delivering outsourced activities (e.g. trainers, auditors, software vendors);</li> <li>3. Affiliated organisations (e.g. Monash Student Organisations, Monash College);</li> <li>4. External stakeholders (e.g. Associated research institutes (Hudson), CSIRO).</li> </ol>
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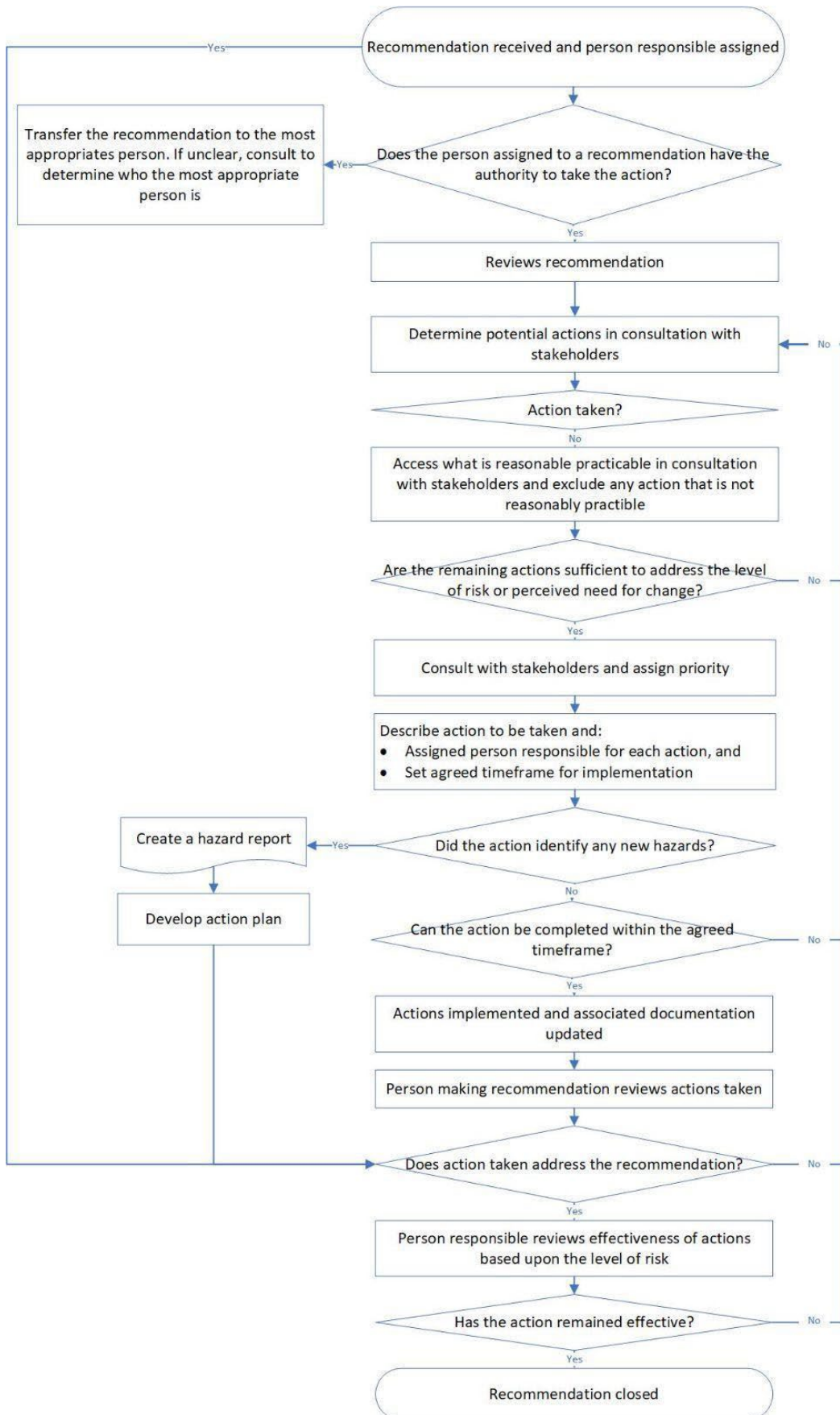
## GOVERNANCE

<b>Parent policy</b>	<a href="#">HS&amp;W Policy</a>
<b>Supporting documents</b>	<p><b>Monash University HSW documents</b></p> <p><a href="#">Health and Safety Issue Resolution standard</a></p> <p><a href="#">Management of HSW Actions standard</a></p> <p><a href="#">Managing HSW Hazards and Incidents standard</a></p> <p><a href="#">HSW Communication standard</a></p> <p><a href="#">HSW Consultation standard</a></p> <p><a href="#">HSW Legal and other External Requirements standard</a></p> <p><a href="#">HSW Management System Audit standard</a></p> <p><a href="#">HSW Monitoring standard</a></p> <p><a href="#">HSWMS Management Review standard</a></p> <p><a href="#">HSW Records Management standard</a></p> <p><a href="#">HSW Risk Management standard</a></p> <p><a href="#">HSW Roles, Responsibilities standard.</a></p>
<b>Supporting schedules</b>	N/A
<b>Associated documents</b>	<p><b>Australian and International Standards</b></p> <p>ISO 45001:2018 Occupational Health and Safety Management Systems</p>
<b>Related Legislation</b>	<p>Occupational Health and Safety Act 2004 (Vic)</p> <p>Occupational Health and Safety Regulations 2017 (Vic)</p> <p>Occupational Health and Safety Act 1994 (Malaysia)</p>
<b>Endorsement</b>	<p>Monash University OHS Committee</p> <p>1 December 2022</p>
<b>Document owner</b>	Director, Health Safety & Wellbeing
<b>Date effective</b>	14 December 2022
<b>Status</b>	Current and in effect
<b>Version</b>	1.0
<b>Content enquiries</b>	<a href="mailto:hsw@monash.edu">hsw@monash.edu</a>

## DOCUMENT HISTORY

Version	Date Approved	Changes made to document
1	2026	Administrative changes due to: <ul style="list-style-type: none"><li data-bbox="587 322 1059 349">● Conversion of Procedure to a HSW Standard</li><li data-bbox="587 353 1302 380">● Transition Procedure out of University Policy Bank on to HSW website</li></ul>

## 6. Appendix 1

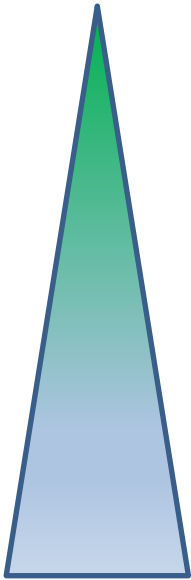


## 7. Appendix 2

Source of recommendations register.

Source of Need	Need Type	Relevant standard	Example of the types of changes that could impact on the HSWMS
<b>External</b>	Legislative	<a href="#">HSW Legal and other External Requirements standard</a>	Changes in legal requirements that impact upon the HSWMS.
	Regulatory		Changes required as a result of a WorkSafe determination.
	Standard or code of practice		Changes in relevant industry guidance.
	Alignment to other organisations		Changes required to align with other organisations.
<b>Internal</b>	Monitoring activities	<a href="#">HSW Monitoring standard</a>	Recommendations arising from monitoring programs such as the HSW workplace inspections, HSWMS Self-assessments, building evacuations etc.
		<a href="#">HSW Management System Audit standard</a>	Recommendations arising from HSWMS audits
		<a href="#">HSWMS Management Review standard</a>	Recommendations arising from management review.
		<a href="#">Management of HSW Actions standard</a>	Unintended consequences of actions
	HSW Hazard and Incident Reports	<a href="#">Managing HSW Hazards and Incidents standard</a>	Recommendations arising from investigations: <ul style="list-style-type: none"> <li>● Hazard Reports, and;</li> <li>● Incident reports.</li> </ul>
	HSW Risk Management	<a href="#">HSW Risk Management standard</a>	Commonality amongst risk assessments and control measures identified by: <ul style="list-style-type: none"> <li>● Risk Assessments</li> <li>● Risk Registers</li> <li>● Event Risk Management Plans</li> </ul>
	Roles and Responsibilities	<a href="#">HSW Roles, Responsibilities standard</a> <a href="#">HSW Consultation standard</a> <a href="#">Health and Safety Issue Resolution Procedure</a>	Recommendations arising from: <ul style="list-style-type: none"> <li>● Local HSW Committees</li> <li>● Feedback from Appointed Health and Safety Roles</li> <li>● Feedback from Workers</li> <li>● Impacts from restructure</li> </ul>
	Management of Change	<a href="#">HSW Communication standard</a> <a href="#">Management of HSW Actions standard</a>	Recommendations arising from: <ul style="list-style-type: none"> <li>● Changes to the workplace</li> <li>● Unintended consequences as a result of the implementation of an HSW action.</li> </ul>

## 8. Appendix 3

<b>Eliminate</b>	Eliminate the risks if appropriate as the first step in risk control.	<p><b>Most Preferred/ Effective Control</b></p>  <p><b>Least Preferred/ Effective Control</b></p>
<b>Substitute</b>	Substitute with a less hazardous alternative.	
<b>Isolate</b>	Enclose or isolate the hazard.	
<b>Engineering controls</b>	Change processes, equipment or tools to reduce risk e.g.: <ul style="list-style-type: none"> <li>● Machinery guards</li> <li>● Ventilation aids</li> </ul>	
<b>Administration</b>	Information, training and procedures to reduce risk e.g.: <ul style="list-style-type: none"> <li>● Job rotation</li> <li>● Limiting access</li> <li>● Permit systems</li> <li>● Safe operating procedures</li> <li>● Training</li> <li>● Signage</li> </ul>	
<b>Personal Protective Equipment</b>	Personal equipment to protect an operator e.g. <ul style="list-style-type: none"> <li>● Laboratory coat</li> <li>● Safety glasses</li> <li>● Closed shoes/steel capped boots</li> <li>● Hearing protection</li> </ul>	