

 <p>WHS DOCUMENT MANAGEMENT PROCEDURE</p>	Version No:	5.0
	Issued:	28/04/2022
	Next Review:	April 2026
	BCS Reference:	

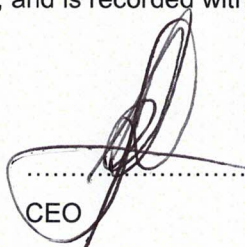
1. Overview

This procedure provides the minimum standards that the District Council of Peterborough (**the organisation**) will maintain its Work Health and Safety ("WHS") management system documentation to, so that documents are drafted, maintained, described, controlled and referenced appropriately.

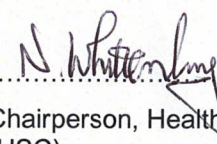
This procedure aims to ensure:

- The WHS management system conforms with legislative requirements and ReturnToWorkSA's Performance Standards for Self Insurers ("PSSI");
- Documents are drafted, developed, maintained and controlled by competent persons;
- The Health and Safety Committee ("HSC"), Health and Safety Representatives ("HSRs"), workers and their representatives and other WHS duty holders (where relevant) are consulted during document development, review and implementation;
- Newly developed or amended documents are communicated to all relevant workers and stakeholders (where applicable) and included in a document development and review schedule; and
- Training is provided when new documents are developed, or when amendments are made to existing documents, and is recorded within the WHS management system.

SIGNED:


CEO

Date: 31/5/22


Chairperson, Health and Safety Committee (HSC)

Date: 31/05/22

2. Core components

The core components of the organisation's WHS document management procedure aim to:

- Implement a clear system for a process to manage the creation, maintenance, modification and retention of WHS documents in response to organisational needs;
- Nominated persons responsible for developing and controlling WHS documents who are competent in the subject area (through appropriate training and/or experience);
- The use of document formats that are appropriate to the document's intended purpose and audience;
- A process that enables the inclusion of suitable and adequate information (e.g. procedures have enough information to achieve the document's intended purpose (e.g. procedures have enough information to allow safe work practices to be developed);
- The review of draft WHS draft documentation in consultation with appropriate workers (or their representatives) and other relevant stakeholders;
- Documented evidence of consultation is retained;
- Processes that enables new or updated WHS documents requiring approval to be reviewed for suitability and conformance with document management requirements by a competent person, prior to being approved for release;
- Processes to enable current WHS documentation to be easily accessible and provide for these documents to be identifiable as the approved current version by those who need to access them; and
- A system (implemented and maintained) for recording documents (including policies, procedures, forms and templates) and retaining records (including internal and external reports and records) to enable effective control of WHS management system (WHSMS) documentation.

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3. Definitions

Competent person	<p>A person who has acquired through experience, qualification or training, the knowledge and skill to carry out the task.</p> <p>[as defined in the Work, Health and Safety Regulations, 2012]</p>
Consultation	<p>Consultation requires that:</p> <ul style="list-style-type: none"> a) relevant information about the matter is shared with workers; b) workers are given a reasonable opportunity to express their views and raise WHS issues in relation to the matter and to contribute to the decision making process; c) the views of workers are taken into account; d) workers are advised of the outcome of any consultation in a timely manner; and e) if workers are represented by a HSR, the consultation includes the HSR <p>[Work Health and Safety Act 2012, Section 48]</p>
Health and Safety Representative (HSR)	<p>A Health and Safety Representative is elected by a work group to represent workers in the work group on matters affecting their health, safety and welfare.</p>
Health and safety committee (HSC)	<p>The functions of a Health and Safety Committee are:</p> <ul style="list-style-type: none"> a) to facilitate co-operation between the organisation and workers in instigating, developing and carrying out measures designed to ensure the workers' health and safety at work; b) to assist in developing standards, rules and procedures relating to health and safety that are to be followed or complied with at the workplace; and c) any other functions prescribed by the regulations or agreed between the organisation and the HSC. <p>[Work Health and Safety Act 2012, Section 77]</p> <p>(Refer to Communication and Consultation Procedure for further information.)</p>
Policy (WHS)	<p>Statement by the organisation of its intentions and principles in relation to its overall health and safety performance. The policy provides a framework for action and for the setting of health and safety objectives and targets. Compliance and cooperation with a WHS policy is mandatory. [as defined by ReturntoWorkSA Work Health Safety Guidelines August 2017]</p>
Procedure (WHS)	<p>Written, detailed way to action/perform in conformance with policy objectives. Compliance with a WHS procedure is mandatory for those persons to whom the activity relates. [as defined by ReturntoWorkSA Work Health Safety Guidelines August 2017].</p>
Record	<p>Means:</p> <ul style="list-style-type: none"> a) written, graphic or pictorial matter; or b) a disk, tape, film or other object that contains information or from which information may be reproduced (with or without the aid of another object or device). <p>[as defined in the State Records Act 1997]</p> <p>For example, records include contracts, purchase orders, meeting records, training records, etc.</p>
<p>Safe Work Instruction ("SWI")</p> <p>Safe Operating Procedure ("SOP")</p>	<p>Safe Work Instructions (Task), Safe Operating Procedures (Plant) are written instructions for tasks involving recognised hazards, which:</p> <ul style="list-style-type: none"> a) have relevance to the organisation's tasks and activities; and b) outline the required method of undertaking a task whilst emphasising ways to minimise any risk of harm.

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	Compliance with a SWI/SOP is mandatory for those persons to whom the activity relates.
Safe Work Method Statement (SWMS)	SWMS are documents that record the steps in an activity, the hazards associated with the activity, the controls required to conduct the activity safely and the method for employing such controls. A SWMS is legally required to be developed for high risk construction work activities defined in the WHS Regulations, Regulation 291.
WHS Management System (WHSMS)	An orderly arrangement of interdependent activities and related procedures that drives an organisation's WHS performance [as defined by ReturntoWorkSA Work Health Safety Guidelines August 2017].

4. Procedure

4.1. Document control

- 4.1.1. The organisation's Senior Leadership Team will facilitate a document development and review schedule, which includes all WHS management system documents, by a nominated competent person.
- 4.1.2. WHS documents will be provided in a manner and format that is easy to understand and allows easy accessibility for the required users.
 - a) Master copies must be kept in hard copy and will also be stored in electronic format on the organisation's Cloud based system (Magiq) intranet or internet WHS management system, Skytrust in accordance with the organisation's records management system.
 - b) Hard copies of relevant documentation will be provided to persons who do not have ready access to Magiq and/ or SkyTrust or when instructions are required at point of use (e.g. plant, equipment operating instructions and safe work instructions, etc.).
 - c) Printed documents will be considered uncontrolled and will be identified as such.

4.2. Creation of new or additional WHS documents

- 4.2.1. The need for new or additional documents for inclusion into the organisation's WHS management system (WHSMS) may be based on:
 - a) Legislative requirements
 - b) PSSI requirements
 - c) Local Government Association Workers Compensation Scheme ("LGAWCS") suggestion
 - d) System failures reported during accident or incident investigation or as a result of audit findings
 - e) Suggestions from workers or their representatives, stakeholders or other external advisors
 - f) Industry or organisational best practice
- 4.2.2. Requests for new documents may be considered by the organisation's Senior Leadership Team and/or HSC depending on the particular document requested.
 - a) If it is agreed that the requested document is a required part of the WHS management system, timeframes for development will be set and a nominated competent person or groups of persons will be directed to produce a draft document (as described below).
 - b) If the organisation's Senior Leadership Team and/or HSC (as appropriate) decide, after consulting with affected workers and their representatives, that there is no need for the document they will advise the requestor and provide reasons for the decision.
 - c) The document development process will reference applicable WHS legislation, Australian Codes of Practice, Standards or other guidance documents.
- 4.2.3. WHS documentation will be in a standard format to enable document control,

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- a) The header should include:
 - i. The organisation's name and logo;
 - ii. WHS subject name and type (e.g. policy, procedure, etc.);
 - iii. Version number;
 - iv. Date of document issue; and
 - v. Date of next review.
- b) A footer should include:
 - i. File name and file path or particular reference to enable an electronic version of the document to be located, maintained and recorded;
 - ii. A statement that alerts the reader that the printed copy is uncontrolled and may not be current, directing the reader to verify that the document is the current version; and
 - iii. The page number and total number of pages of the document (e.g. Page X of Y).
- c) Any draft document will clearly indicate that it is a draft.
- d) Where a "One System" Model document has been used as a template for the organisation's document, the organisation should keep a record of the details of the template used (this may be facilitated by retaining the information in the left hand box in the footer of the model document).

"One System" Model documents need to be tailored to each Scheme Member's structure and processes. The WHS/ Risk Coordinator will update the documents in consultation with relevant managers, supervisors and workers to make sure they are suitable for the organisation's needs, structures and activities.

- 4.2.4. The circumstances of the likely audience should be considered in the choice of format for the documentation, including:

- a) Literacy capabilities, learning difficulties and English as a second language;
- b) Appropriate strategies identified e.g. verbal delivery, on-line delivery, one to one delivery and/or translation of documents into different languages; and
- c) In so far as is reasonably practicable, the information and instruction in any document is to be provided in a way that is readily understandable to any person to whom it is provided.

4.3. WHS policies and procedures

- 4.3.1. Draft WHS policies and procedures will be developed by the organisation's WHS/Risk Coordinator.
- 4.3.2. The WHS/Risk Coordinator will prepare and maintain a document development and review schedule for WHS policies and procedures.
 - a) WHS policies and procedures will be scheduled for review at least every four years, or more frequently if legislation or organisational needs change or non-conformance is identified.
 - b) The organisation's Senior Leadership Team will provide direction to the HSC when timeframes are not being met.
- 4.3.3. Once a draft WHS policy or procedure has been developed the following should occur:
The Implementation Process Checklist (annexed to this procedure) may be utilised to maintain a planned approach.]
 - a) The WHS/ Risk Coordinator and/ or HSC will check that:
 - i. the document is easy to read and understand;
 - ii. the document conforms with legislative and PSSI requirements; and
 - iv. the core components from the relevant "One System" Model procedure have been documented in the organisation's procedure as set out in the "One System" Model

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procedure or evidence is retained to show where the core components have been mapped into the content of the Council's procedure; and

- v. the core components from the relevant "One System" Model procedure can be met if readers follow the instructions.
 - b) The HSC (or other relevant group/process) will determine when the draft document is ready for consultation and identify the appropriate stakeholders (in accordance with legislative requirements) and appropriate timeframe for consultation. Minutes will record that this has occurred. These details may also be recorded on the document development and review schedule.
 - c) The draft policy or procedure will be distributed to the appropriate stakeholders for consultation via the approved communication and consultation channels.
 - d) [The LGAWCS template Document Review Checklist (which is annexed to this procedure) may be utilised to facilitate the recording of consultation and feedback in a systematic and standardised format.]
 - e) The HSC will take into account feedback received and agree on any necessary amendments.
 - f) If there is substantial change to the content of the document, further consultation will occur. Minor changes to grammar and spelling are not deemed a substantial change.
 - g) The Risk/ WHS Coordinator will undertake a final review of the draft document for suitability and conformance with the document management requirements.
 - h) Once a final document is agreed upon, the HSC will endorse the document and forward it to the Senior Leadership Team for final approval and sign off.
- 4.3.4. Approved policies, and procedures will be signed by the CEO and Chair of the HSC.
- a) Once approved, workers who were consulted during document development will be advised of the outcome.
 - b) The original signed document/s will be retained in the relevant master file for archiving and loaded onto the intranet in accordance with this procedure and the General Disposal Schedule 40 for Local Government and the Council's record management procedure.
 - c) The approved document will be included in the document development and review schedule.
 - d) Obsolete documents will be replaced with current versions on the intranet in accordance with the organisation's record management procedure
 - e) Where hard copy documents are required, the relevant manager will facilitate the replacement of obsolete documents with updates as required, so that current versions are available at all points of use.
 - f) A training schedule for workers and other relevant stakeholders will be developed in accordance with the organisation's WHS Induction and Training Procedure.
- 4.4. Safe Work Instructions (SWI)
- 4.4.1. A SWI provides practical guidance and advice on the implementation of a particular activity or task. Compliance with a Guideline/SWI is mandatory for those persons to whom the activity relates.
- 4.4.2. The department manager and/ or WHS/Risk Coordinator will prepare and maintain an up to date document development and review schedule for SWIs.
- [The LGAWCS Implementation Process Checklist (which are annexed to this procedure) may be utilised to maintain a planned and documented approach.]
- a) The risk assessment process will determine when the development of a SWI is required, with the following mandatory requirements:

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- i. A SWI will be developed for all tasks involving plant and equipment when indicated by a risk assessment and for all hazardous chemical use;
 - ii. SWIs will be developed by a competent person as nominated by the department manager.
 - b) SWIs shall be scheduled for review at least every four years, or more frequently if legislation or organisational needs change or a non-conformance is identified.
 - c) DCP's document development and review schedule shall be monitored and reviewed by the HSC every quarter (or alternative intervals).
 - d) The HSC shall refer the document development and review schedule to the Senior Leadership Team if timeframes are exceeded.
- 4.4.3. SWIs shall be developed in an approved template that includes the following information at a minimum:
- a) Clear reference to the Task Risk Assessment undertaken before SWI development;
 - b) Description of the activity or process;
 - c) Any prohibitions relevant to the activity or process;
 - d) The number of people required to undertake the activity or process and the competency requirements of those persons;
 - e) The person or position that has supervisory responsibility for the activity or process;
 - f) Personal protective equipment to be worn whilst undertaking the activity or process;
 - g) Tools or other equipment used in the activity or process and their SWI/SOP reference;
 - h) The environment or location where the activity or process is to be undertaken;
 - i) Potential hazards and their associated risk as identified by the task risk assessment;
 - j) The controls required to prevent injury and/or persons encountering known hazards;
 - k) A clear explanation, in sequential order, of the steps or stages comprising the activity or process;
 - l) Any relevant environmental, clean-up and waste disposal measures;
 - m) Emergency response procedures;
 - n) Licensing competency requirements and clearance to work requirements (if any); and
 - o) Reference to legislation, Codes of Practices and/or Australian Standards; and
 - p) Appropriate document control (as per this Procedure) to ensure current documents are easily identifiable and controlled.
- 4.4.4. Once a draft SWI has been developed, a timeframe for consultation shall be determined.
- a) The finalised draft document and any other relevant information shall be presented to the relevant workers, HSRs and/or stakeholders for discussion via the approved consultation channels. A reasonable opportunity shall be provided for the workers, HSRs and stakeholders to express their views and contribute to the decision making process. Department meeting minutes shall record that consultation has commenced.
 - b) Workers, HSRs and stakeholders should discuss the draft document with their representative groups within the allocated timeframe.
 - c) Documented feedback should be provided to the department manager or nominated person within the allocated timeframe.
- [The LGAWCS template Document Review Checklist (which is annexed to this procedure) may be utilised to record consultation and feedback in a systematic and standardised format.]

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- d) The department manager will consider feedback received and (in consultation with the document developer) determine what information is to be incorporated or deleted.
- e) If there is substantial change to the document, the document will be re-sent throughout the department or to the relevant workers/stakeholders for further consultation.
- f) Once a final document is agreed upon the department manager shall review the document for suitability, approve the document and advise affected workers of the outcome.

4.4.5. Approved SWIs shall be signed by the department manager and retained, stored and displayed in accordance with 4.3.4 above.

4.5. Safe Work Method Statement (SWMS)

4.5.1. A SWMS is legally required to be developed for the 18 high risk construction work activities defined in the WHS Regulations 2012: Regulation 291.

NOTE: The SWMS must be kept for 5 years.

[See definition for SafeWork Australia Safe Work Method Statements]

[Note: Where SWMS are going to be used for the management of activities wider than their defined legal use, the organisation will need to ensure that their documented processes clearly explain the different uses and include all relevant steps for the use of a SWMS in the different ways, e.g. which fields need to be completed and when. If SWMS are being used as a risk assessment tool, the organisation must make sure that the SWMS has captured all the requirements for a risk assessment as set out in the One System Model Hazard Management Procedure, e.g. the identification of hazards, estimations for consequence, likelihood and risk rating and selection of controls from the Hierarchy of Control].

4.5.2. The Department Manager will facilitate a SWMS being completed prior to commencing the construction work if the construction work involves high risk construction work. The Council's staff should reference the LGAWCS WHS Construction Activities Guidance Checklist if high risk construction work is being undertaken, to check legislative requirements are met.

4.5.3. The SWMS will set out the high risk construction work activities to be carried out in a logical sequence, the hazards arising from the activities and the measures to be put in place to control the risks. The description of the process should not be so broad that it leaves out activities with the potential to cause accidents and prevents proper identification of the hazards, but neither is it necessary to go into fine detail of the tasks.

4.5.4. The SWMS must be able to be easily read by those who need to know what has been planned to manage the risks, implement the control measures and ensure the work is being carried out in accordance with the SWMS.

4.5.5. A generic SWMS that aims to address a range of hazards that will potentially be encountered by workers during a work activity is not acceptable unless further work is done to make it 'site specific'. This can be done by reviewing and revising the SWMS regarding its suitability for the specific environment and circumstances in which the high-risk construction work will be performed.

4.5.6. The SWMS will be kept at the workplace where high risk construction work is being carried out and will be retained for at least 2 years after a notifiable incident occurs and in accordance with the organisation's record management system requirements.

4.5.7. A review of the SWMS is required if relevant control measures are revised, as per WHS Regulations.

4.6. Implementation process

4.6.1. Each WHS document should have a formal implementation process applied to its introduction into the organisation, which at a minimum must address the following;

- a) The timeframe set for implementation
- b) Identification of the stakeholder groups

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- c) The identification of the required level of training/information exchange for each stakeholder group
- d) The development of training/information packages
- e) The delivery of the training/information
- f) The introduction of the documented process and confirmation that it is effective

[The LGAWCS template Implementation Process Flowchart and Implementation Process Checklists (which are annexed to this procedure) may be utilised to maintain a planned and documented approach.]

- 4.6.2. [The LGAWCS template Implementation Process Flowchart and Implementation Process Checklists (which are annexed to this procedure) may be utilised to maintain a planned and documented approach.]

4.7. Document review

- 4.7.1. All WHS management system documents shall be subject to audit and review. The review process should consider:

- a) The adequacy and effectiveness of documentation content and practical application;
- b) Conformance with legislative requirements;
- c) System failures reported during accident or incident investigation or as a result of audit findings and any resultant amendments;
- d) Any suggestions from workers or their representatives, stakeholders or other external advisors; and
- e) Other relevant information.

[The LGAWCS template Document Review Checklist (which is annexed to this procedure) may be utilised to record consultation and feedback in a systematic and standardised format.]

- 4.7.2. The document development and review schedule/s shall program every document to be reviewed at least every 4 years and shall be maintained to reflect any changes as they occur.

4.8. Records Management

- 4.8.1. The WHS management system will generate significant documents that relate to the production, tracking and retaining of WHS management system records. These records need to be managed effectively in order to be able to show that the PCBU, its officers and workers have all discharged the duties placed upon them.

Such documents can include: compliance registers for inspections, monitoring and testing records, completed documentation such as completed work site inspections, risk assessments and audit records, etc.

Local Government have specific requirements that relate to records management, and WHS documents are maintained in line with these requirements. See the General Disposal Schedule 40 for Local Government for the pertinent detail and process to be followed.

5. Training

- 5.1. Any person with a role in the document management process, including Managers, supervisors, nominated persons, HSRs and members of the HSC shall be trained in the organisation's WHS document management process.
- 5.2. The organisation's training needs analysis will be updated and a training plan developed for workers and other relevant stakeholders when WHS documentation is created or modified.

[The LGAWCS Implementation Process checklist (which are annexed to this procedure) may be utilised to ensure a planned and documented approach.]

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6. Records

The following records should be maintained:

- 6.1. WHSMS Planning Records
- 6.2. Records relating to the consultation process for WHS system documentation;
- 6.3. Records relating to the development and review of policies, procedures, SWIs/SOPs, SWMS and other WHS management system documentation; and
- 6.4. Implementation records
- 6.5. WHSMS records e.g. compliance registers, monitoring;
- 6.6. testing and inspection records; and
- 6.7. Training needs analysis, training plans and training records.

Records must be managed in line with the current version of General Disposal Schedule 40 for Local Government.

7. Responsibilities and Accountabilities

7.1. The Senior Leadership Team is accountable for:

- 7.1.1. Maintaining legislative compliance;
- 7.1.2. Approving required expenditure for WHS;
- 7.1.3. Encouraging a work environment that facilitates consultation and communication at all levels throughout the organisation;
- 7.1.4. Approving WHS documentation, if appropriate;
- 7.1.5. Providing direction when document development and review schedules are not being met and/or maintained and when document control measures are not applied; and
- 7.1.6. Checking that the organisation's WHS management system conforms to the PSS1.

7.2. Managers and supervisors are accountable for:

- 7.2.1. Driving and recording WHS consultative and document review processes within relevant department meetings;
- 7.2.2. Checking that creation and modification of WHS documentation is performed by competent persons and assisting them with the tailoring and development of these documents;
- 7.2.3. Checking that an easily identifiable and documented audit trail for all WHS documentation is produced that demonstrates the processes for document development, consultation, approval, communication, implementation and review;
- 7.2.4. Identifying relevant participants in any consultation process so that they are provided with all relevant information in order to provide their view;
- 7.2.5. Providing HSRs and HSC members with sufficient time to undertake their role effectively;
- 7.2.6. Checking that consultation feedback is documented and forwarded to the HSC or department manager (as applicable);
- 7.2.7. Checking that relevant information from the HSC and/or Senior Leadership Team is communicated and discussed within the department;
- 7.2.8. Advising affected workers and other stakeholders of outcomes in a timely manner after any decision has been made;
- 7.2.9. Providing training for workers and other stakeholders when new or modified WHS documents are produced;

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- 7.2.10. Checking that the most current version of WHS documents are made available to affected workers and stakeholders; and
- 7.2.11. Checking that documents provided to workers and stakeholders are in a format and manner that are readily understandable by workers or stakeholders.

7.3. Workers are accountable for:

- 7.3.1. Using current documentation that is available and communicated to them for use;
- 7.3.2. Participating in department meetings and other consultative forums as requested;
- 7.3.3. Engaging in consultation in accordance with the organisation's Communication and Consultation procedure and providing comment/feedback within the specified timeframes;
- 7.3.4. Raising issues that require resolution in accordance with the organisation's Issue Resolution Process;
- 7.3.5. Undertaking actions within the scope of their responsibility to implement and use identified and agreed corrective or preventative actions; and
- 7.3.6. Reporting any identified hazards as they arise to their department manager or supervisor.

7.4. The Risk/ WHS Coordinator is accountable for:

- 7.4.1. Assisting, preparing and maintaining a document development and review schedule for WHS documentation;
- 7.4.2. Tailoring or developing draft WHS policies and procedures and supporting documentation (with appropriate document control) in consultation with relevant managers and supervisors and presenting them to the HSC for discussion;
- 7.4.3. Distributing draft WHS policies and procedures to appropriate stakeholders for consultation and updating the documentation in line with agreed changes;
- 7.4.4. Undertaking a final review of draft WHS policies and procedures for suitability before final presentation to the HSC;
- 7.4.5. Assisting managers and team leaders to develop, review and update other operational WHS documentation (SWI, SWMS etc.), with appropriate document control, as required; and
- 7.4.6. Providing reports to the organisation's management on the status of WHS document management and alerting them to any issues that require their direction'
- 7.4.7. Checking that an easily identifiable and documented audit trail for all WHS documentation is produced that demonstrates the processes for document development; consultation, approval, communication review and training; and

7.5. The HSC is accountable for:

- 7.5.1. Assisting in the development of WHS documentation in line with this procedure; and
- 7.5.2. Referring issues that require direction or enforcement to the organisation's Senior Leadership Team.

7.6. HSRs may:

- 7.6.1. Facilitate consultation between relevant workers and the organisation's Senior Leadership Team in accordance with the organisation's Communication and Consultation procedure; and
- 7.6.2. Assist in the resolution of WHS issues.

[Note: Where the organisation is required to nominate a person or role within a Model document (Such as in 4.2, 4.3, 4.1.1, 4.6.2, 7.4 and 8.2 of this procedure) then these roles and the responsibilities and accountabilities need to be included in this section of the appropriate document against the appropriate role title]

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8. Review

- 8.1. The Document Management Procedure shall be reviewed by the Senior Leadership Team, in consultation with workers and their representatives, every 4 years or more frequently if legislation or organisational needs change, which may include a review of:
 - 8.1.1. Feedback from managers, workers, HSRs, HSC or other relevant stakeholders;
 - 8.1.2. Legislative compliance;
 - 8.1.3. PSSi;
 - 8.1.4. LGAWCS guidance;
 - 8.1.5. Internal or external audit findings; and
 - 8.1.6. Any other relevant information.
- 8.2. Internal audit reviews may result in preventative and/or corrective actions being implemented or a revision of this document.
- 8.3. The Risk/ WHS Coordinator shall report on the outcomes of such reviews to the HSC and the organisation's Senior Leadership team.

9. References

Work Health and Safety Act 2012

Work Health and Safety Regulations (SA) 2012

State Records Act 1997

General Disposal Schedule 40 for Local Government

ReturnToWorkSA Work Health and Safety Standards for self-insured employers

Code of Practice: How to Manage Work Health and Safety Risks June 2020

Code of Practice: Work Health and Safety Consultation, Co-operation and Co-ordination June 2020

SafeWork Australia Safe Work Method Statements for High Risk Construction Work Information Sheet

10. Related Documents

Administration of the WHS management system policy

WHS Hazard Management procedure

Communication and Consultation procedure

Induction and Training procedure

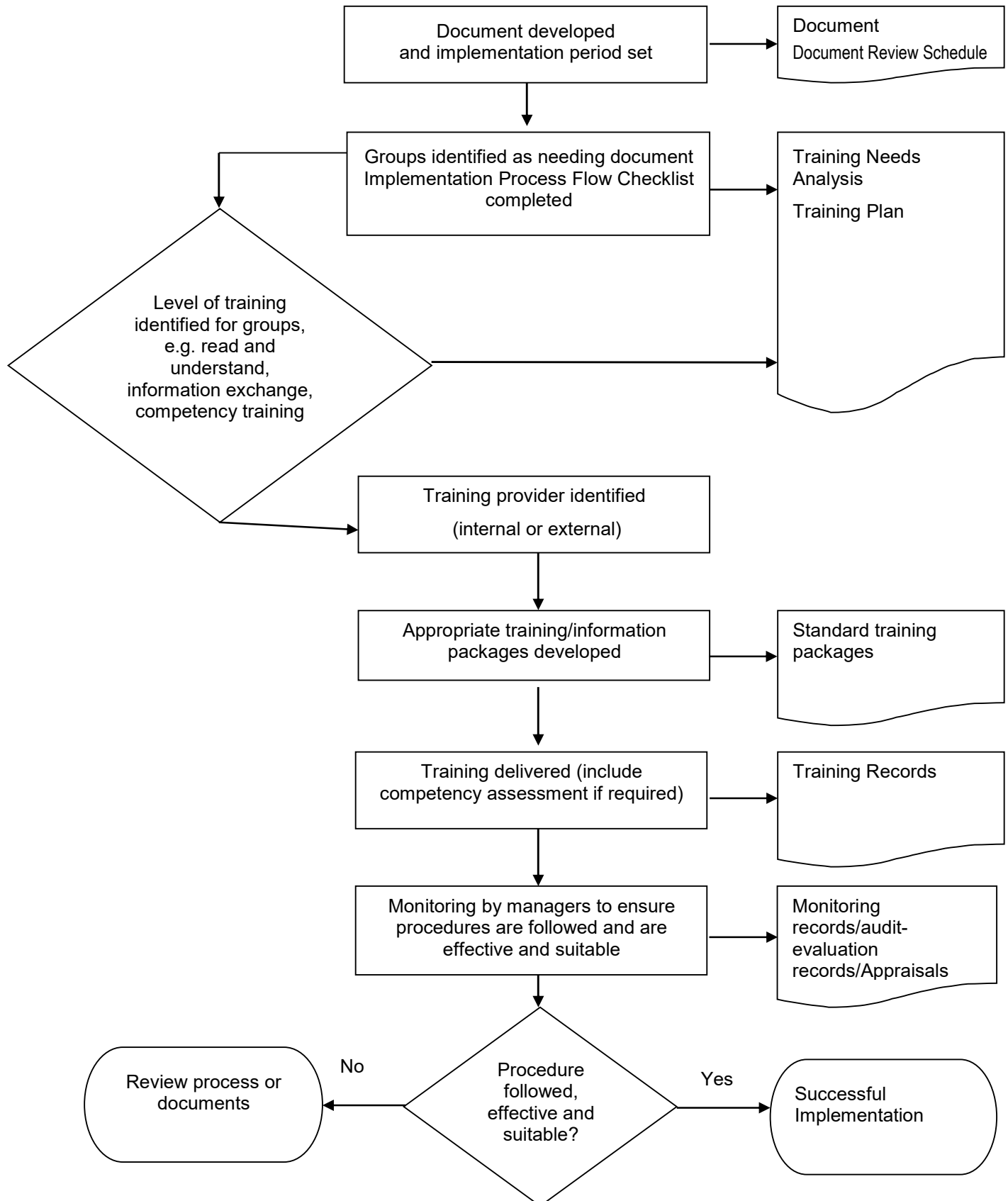
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11. Document History

Version No:	Issue Date:	Description of Change:
1.0	April 2013	New Document bringing the requirements of Document Development and Document control procedures together.
1.1	April 2013	Correction to title on Sample SWI to Document Management Procedure
2.0	November 2015	References to WHS Committee (WHSC) amended to Health and Safety Committee (HSC) for consistency with WHS Act and Codes of Practice; Definition of Records amended to reflect State Records Act; SWI updated to reflect requirements of 4.4.2. Addition of explicit sections on Implementation (4.6) and Records management (4.8). Included instruction on requirement for inclusion of responsibilities for nominate role at end of 7.5
3.0	March 2018	Minor formatting and language changes, updated logo; updated hyperlinks. 4.8 Added record management aspect to core components 2(h) to align with record management requirements. 4.3 & 4.4 Added ability to consult with other group or via other process if HSC does not exist. 4.4 Added reference to Task Risk Assessment & SOP. 4.5 Updated information & references relating to SWMS 6.3 Added TNA and training plan. Updated content of Implementation Process Flowchart and Implementation Process Flow Checklist - Master
4.0	06/07/2021	Minor formatting and language changes, Added definitions for policy, procedure, SWMS and WHS management system; 4.1.2 master copy must be kept in hard copy; online delivery as an example; competency requirements; requirement to review final document for suitability; electronic storage Magiq & SkyTrust. Changed GDS20 to GDS40; SWMS template; management team to Senior Leadership Team; WHS Codes of Practice to June 2020; SafeWork Australia to SafeWorkSA; to implementation process flow checklist – removed 'Master' checklist (now 1 checklist not 2). WHS Procedure training/ TNA in SkyTrust. Document review time frame changed from 3 to 4 years Implementation checklist – Master and SWI template removed.
5.0	28/04/2022	BCS Reference added to document header. Document being reviewed as part of WHS KPI Action Plan; and by HSC Document Review Sub-Committee. Attachment D: Document Review Checklist added. Section 4.3 reference to HCS or WHS/ Risk Coordinator changed to WHS/ Risk Coordinator; Section 4.3.3 e) and f) removed; Section 4.4.2 b) review time frame for SWIs increased from 3 years to four years; Section 4.4.2 d) removed the words (or other relevant group/ process); and Section 4.7.2 WHS Procedure review changed from 5 years to 4 years. Added Document Review Schedule to flowchart. Attachment B – Document Implementation Process checklist updated.

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ATTACHMENT A : IMPLEMENTATION PROCESS FLOWCHART



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ATTACHMENT B : DOCUMENT IMPLEMENTATION PROCESS CHECKLIST

The document/process named below has been identified as applying to some areas of your work group. This checklist should be completed by the department manager/supervisor and include all the details for the workgroup and the implementation process.

1. Name of document to be implemented

[Insert name of document to be implemented]

2. Person filling in checklist (not including questions no. 9 & 10)

Name			
Signature		Date	

3. Department covered by this form and groups identified as needing document

[Insert the names of your department and the group or groups that need to be informed of or trained in the document]

4. Questions related to content of document

a) What document controls are required for this document?

--

b) Does this document require any other documents to be reviewed or developed e.g. risk assessments, SWIs,

--

c) Are updates to existing WHS Registers required e.g. hazard, plant, electrical, hazardous chemicals?

--

d) Does this document require anything to be purchased or sourced?

--

e) Does this document require changes to first aid provisions, training or an Emergency Response Plan?

--

f) Are there any other actions that need to be undertaken to implement this document?

--

g) Does this document require any changes to existing roles, responsibilities or authorisations and updates to Position Descriptions?

--

5. Implementation period set

[Insert timeframe for the Implementation]

6. Level of training identified for groups

[Insert level of training needed for each identified group, e.g. read and understand, information exchange competency training]

a) Has training been mapped within the Training Needs Analysis?

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b) Has training been mapped within the Training Plan?

c) Does induction information require any change as a result of this document?

d) Has a suitable training provider been identified?

e) Have appropriate training/ information packages been developed?

7. Training delivered (include competency assessment details if completed)

[Insert details of any training package that has been used to implement this document/procedure and the details of delivery, such as to which group, when it was delivered and how it was delivered (e.g. verbal, written, etc.) and by whom]

8. Training unattended follow-up

(include number of people required & number who did not attend)

Number required	Number who attended	Names of people who did not attend training:

Please provide a copy of the Training Attendance form

9. Monitoring by Managers to ensure procedures are followed

[Insert how monitoring has occurred to ensure procedure/process is being followed – include reference to any documentation that is completed as part of this]

10. Is the procedure followed suitable and effective?

Has the procedure/process been followed and therefore implemented effectively?	Yes	No
[if no, document here what the corrective action is to be (this may include updating the procedure or modifying the process, developing or updating supporting information e.g SOPs, SWIs, etc.)]		

The following is to be completed by :

(Manager/ Supervisor)

I confirm that all of the identified relevant workers have participated in the training for the document named in Section 1 of this checklist.

Name			
Signature		Date	

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ATTACHMENT C : DOCUMENT REVIEW CHECKLIST (consultation)

Document title: _____

Reviewers Name: _____

Date Issued for review: _____

Date for comments to be returned: _____

Return to: _____

	Question	Yes/No	Commentary
1	Does the document under review relate to your Council or workgroup work activities? <i>(If no, do not answer any other questions – return to your person nominated above with an explanation of why the document under review does not relate to your Council or workgroup work activities)</i>		
2	Does your workgroup follow this document when undertaking the task? If not, why?		
3	Does the document under review reflect the way the activity is currently done? If not, why?		
4	Have audit results been considered as part of the document review? (Including consideration of effectiveness criteria). How?		
5	Does the document address any known diversity requirements? (e.g. language, intellectual or physical specific needs). If no, how can this be improved?		
6	Has the review included consideration of any incident and hazard trends relevant to the document being reviewed? How?		
7	Are there legislative changes that need to be considered in the review of the document? Explain in commentary.		
8	Are there workplace changes that need to be considered in the review of the document? Explain in commentary.		
9	Is there anything missing which should be included within the document? Explain in commentary.		
10	Is there anything in the document that does not need to be there? Explain in commentary.		
11	Does this review have operational implications for your Council? How?		
12	Are there organisational and/or resource implications identified as part of the procedure review that management need to be aware of? Explain in commentary.		
13	Are you aware of any other work group that should be consulted on this Document? Who and why?		
14	Do you wish to make any other comments?		

Other comments:



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ATTACHMENT D : DOCUMENT REVIEW CHECKLIST (process management)

DOCUMENT REVIEW CHECKLIST (Process Management)

Document name

Reason for review

☐ Legislative ☐ Scheduled ☐ Operational ie change of process

☐ Document updated including associated documents (forms, checklist)

Consultation / Review

Review method

☐ Group

☐ Individual

Review team

Review date / timeframe

☐ Review completed – Review checklist completed (Attachment 3)

☐ HSC meeting – recommendation to HSC to endorse

☐ Document Control register updated

☐ Review schedule updated

☐ Intranet updated

☐ Hardcopy manuals

☐ Old docs archived

Rollout to workgroups

Date imp

Minutes held

☐ Full Staff
Meeting

/ /

☐

Comments: