	WHS CORRECTIVE AND PREVENTATIVE ACTION PROCEDURE		Version No:	5.1
			Issued:	24/2/2022
			Next Review:	Feb. 2026

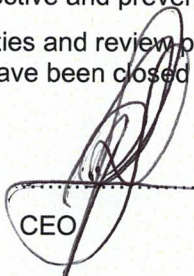
1. Overview

The District Council of Peterborough understands its obligation as a self-insured employer to produce measurable continuous improvement outcomes in Work Health and Safety ("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.

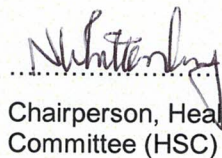
This procedure aims to:

- Provide minimum standards for identifying, assessing and eliminating or minimising risks associated with WHS non-conformances to ensure, so far as is reasonably practicable, the health and safety of workers and others in the workplace;
- Outline the process for identifying WHS non-conformances in the workplace and documenting and implementing corrective and preventative actions to control them; and
- Describe the activities and review processes that verify implemented preventative and corrective actions are effective and have been closed out.

SIGNED:


CEO

Date: 31 / 5 / 22


Chairperson, Health and Safety
Committee (HSC)

Date: 31 / 05 / 22

2. Core components


The Corrective and Preventative Action Procedure core components aim to:

- Define processes to identify corrective and preventative actions;
- Record, track, communicate and consult upon corrective and preventative actions;
- Assign responsibility for close out of corrective and preventative actions within defined timeframes;
- Verify the effectiveness of corrective and preventative actions; and
- Require reports to be provided to workgroups, the Health and Safety Committee ("HSC") and the Senior Leadership Team on the performance and effectiveness of the corrective or preventative action process.

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3. Definitions

Close out	The completion of the implementation of the corrective or preventative action.
Conformance	Activities undertaken and results achieved fulfil the specified requirements [as defined by the ReturnToWorkSA work health and safety standards for self-insured employers, which includes the WHS Performance Standards for Self-Insurers ("PSSI")].
Continuous Improvement	<p>Process of enhancing the health and safety 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.</p> <p>[as defined by the ReturnToWorkSA work health and safety standards for self-insured employers, which includes the WHS Performance Standards for Self-Insurers ("PSSI")].</p>
Corrective Action	Action taken after the event to correct any problem and make sure that a repetition does not occur.
Corrective and Preventative Actions Register ("CAPA")	<p>A centralised database or spread sheet that records WHS non-conformances that have been identified and corrective and/or preventative action to be implemented.</p> <p>This CAPA register was replaced by the SkyTrust Actions (Council Actions) in December 2020.</p>
Hazard	<p>A situation or thing that has the potential to harm a person.</p> <p>[as defined by CoP: How to Manage Work Health & Safety Risks, June 2020]</p>
Health and Safety Committee ("HSC")	<p>The functions of a HSC are:</p> <ul style="list-style-type: none"> a) to facilitate co-operation between Council 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 at the workplace; and c) any other functions prescribed by the regulations or agreed between Council and the committee. <p>[Work Health and Safety Act 2012 ("WHS Act"), Section 77]</p>
Health and Safety Representative ("HSR")	<p>In relation to a worker, means the health and safety representative elected under Part 5 for the work group of which the worker is a member;</p> <p>[as defined by the Work Health and Safety Act 2012 ("WHS Act"), Section 4]</p>
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 one or more of the following:</p> <ul style="list-style-type: none"> (a) substituting (wholly or partly) the hazard giving rise to the risk with something that gives rise to a lesser risk; (b) isolating the hazard from any person exposed to it; (c) Implementing engineering controls. <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.</p> <p>[as defined by the Work Health and Safety Regulations 2012 ("WHS Regulations"), Regulation 36]</p>
LGAWCS	Local Government Association Workers Compensation Scheme

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Non-conformance	<p>Activities undertaken and the results achieved do not fulfil the specified requirements of the elements. This may be due to the substantive absence or inadequate implementation of a system or documented systems or procedures not being followed.</p> <p>[as defined by the ReturnToWorkSA work health and safety standards for self-insured employers, which includes the WHS Performance Standards for Self-Insurers ("PSSI")].</p> <p>For the purposes of this procedure, the word non-conformance should be taken to include WHS system non-conformances.</p>		
Observation	<p>Activities undertaken and results achieved fulfil the specified requirements of the elements; however an opportunity for improvement exists due to minor deficiencies noted.</p> <p>[as defined by the ReturnToWorkSA work health and safety standards for self-insured employers, which includes the WHS "PSSI"]].</p>		
Preventative Action	Proactive action taken before an incident occurs.		
Reasonably practicable	<p>Reasonably practicable, in relation to a duty to ensure health and safety, means that which is, or was at a particular time, reasonably able to be done in relation to ensuring health and safety, taking into account and weighing up all relevant matters including—</p> <ul style="list-style-type: none"> (a) the likelihood of the hazard or the risk concerned occurring; and (b) the degree of harm that might result from the hazard or the risk; and (c) what the person concerned knows, or ought reasonably to know, about— <ul style="list-style-type: none"> i. the hazard or the risk; and ii. ways of eliminating or minimising the risk; and (d) the availability and suitability of ways to eliminate or minimise the risk; and (e) after assessing the extent of the risk and the available ways of eliminating or minimising the risk, the cost associated with available ways of eliminating or minimising the risk, including whether cost is grossly disproportionate to the risk <p>[as defined by the WHS Act, Section 18]</p>		
SkyTrust	An on-line (internet based) Safety Management System used for documenting incidents, hazards, risk assessments, and contractor information.		
Worker	<p>A person who carries out work in any capacity for a PCBU, including work as—</p> <ul style="list-style-type: none"> (a) an employee; or (b) a contractor or subcontractor; or (c) an employee of a contractor or subcontractor; or (d) an employee of a labour hire company who has been assigned to work in the person's business or undertaking; or (e) an outworker; or (f) an apprentice or trainee; or (g) a student gaining work experience; or (h) a volunteer. <p>[as per the WHS Act, Section 7]</p>		
Workplace	<p>A workplace is a place where work is carried out for a business or undertaking and includes any place where a worker goes, or is likely to be, while at work.</p> <p>"place" includes—</p> <ul style="list-style-type: none"> (a) a vehicle, vessel, aircraft or other mobile structure; and (b) any waters and any installation on land, on the bed of any waters or floating on any waters. <p>[as per the WHS Act, Section 8]</p>		

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4. Procedure

4.1. Corrective and Preventative Action register (“CAPA”).

- 4.1.1. The Council, prior to January 2021 had developed and maintained a CAPA register.
- 4.1.2. The CAPA register was transferred into SkyTrust in December 2020. In SkyTrust, CAPAs are recorded as ‘Actions’. The term CAPA may be phased out in 2022 and replaced by the term ‘Council Actions’ or SkyTrust Actions.
- 4.1.3. The CAPA will be under the control of the WHS/Risk Co-ordinator and available to workers on the mainframe computer.
- 4.1.4. The CAPA should record all identified WHS non-conformances and the 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 (e.g. hazard identification, accident/incident report, inspection report, audit/procedure validation findings);
 - d) Risk rating as per the Hazard Management Procedure and priority for action;
 - e) The required corrective or preventative action;
 - f) Person responsible for implementing actions;
 - g) Required close out date;
 - h) Status (e.g. closed out, in progress or outstanding);
 - i) Residual risk rating (after controls have been implemented); and
 - j) The method of verification of effectiveness (e.g. audit, inspection, testing).
- 4.1.5. The Risk/ WHS Coordinator should authorise those persons who are able to enter information in the CAPA.

4.2. Identify, investigate and assess WHS non-conformances

- 4.2.1. WHS non-conformances may be identified as an outcome of many activities in the WHS management system. These 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/procedure validations;
 - h) WHS document review; and
 - i) Management review.
- 4.2.2. Once a non-conformance has been identified, an investigation should be undertaken to identify the root cause of the non-conformance and assess the level of risk (depending on the nature and complexity of the non-conformance).
 - a) The department manager or supervisor should investigate non-conformances arising in their area of responsibility in consultation with the HSR and/or designated workers.
 - b) A person nominated by the Senior Leadership Team must 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 should involve stakeholders and may require external expertise. The LGAWCS is available to provide assistance and advice if required.
 - d) The investigation team should determine:

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- i. the likelihood of the non-conformance recurring;
 - ii. the potential consequence (harm) if it did recur; and
 - iii. the level of risk using the organisation's risk rating table, which is contained in the Hazard Management Procedure.
- e) Priorities for action should be set in accordance with the organisation's risk classification table, which is contained in the Hazard Management Procedure.
- f) The investigation findings should be recorded in the CAPA/ SkyTrust as an Action.

4.3. Identify corrective and preventative actions

4.3.1. The department manager or Senior Manager 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 in accordance with the organisation's Hazard Management and Communication 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 CAPA/ SkyTrust Action; and
- f) Communicate the corrective or preventative actions to relevant workers.

4.3.2. In some instances, observations or trends may be identified which, while not breaching WHS legislation or PSSSI, could present an opportunity for improvement or an escalating risk over time if not addressed (this will normally be driven from the planning and management monitoring and review processes). The Senior Manager will assess such observations or trends and apply appropriate corrective or preventative actions, as necessary.

4.4. Monitor and review actions for effectiveness

4.4.1. Department managers should discuss the selection of local corrective and preventative actions with workers and monitor their implementation and effectiveness in departmental meetings. Minutes will record progress of items and actions being implemented.

4.4.2. The HSC will monitor the implementation and effectiveness of all corrective or preventative actions and refer any concerns to the relevant department manager.

4.4.3. If any new non-conformances, hazards or risks are identified during the monitoring or evaluation process, the department manager or Senior Manager will recommence the risk assessment process in accordance with the organisation's 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; and
- e) Monitoring hazard and incident statistics and trends.

For further information in relation to reviewing the effectiveness of CAPA actions/ SkyTrust Actions (refer to the Code of Practice "How to Manage Work Health and Safety Risks", specifically Step 4 "How to review controls").

4.4.5. A HSR may request a review of a control measure if they reasonably believe it has not been adequately reviewed.

- a) The circumstances in which a request for review can be made include:

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- 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 hazard or risk is identified; or
 - iv. The results of consultation indicate a review is necessary.
 - b) The HSR may only request a review if the above circumstances affect, or may affect, the health and safety of a member of their work group.
 - c) The HSR should discuss the issue with their manager and explain the reason for the request.
 - d) If appropriate, the manager should recommence the risk assessment process in accordance with the Hazard Management Procedure.
- 4.4.6. When actions have been implemented and deemed effective, the department manager or Senior Manager will check that the item is closed out on the CAPA/ SkyTrust Actions.
- 4.4.7. The WHS/Risk Co-ordinator will present a regular report to the HSC and Senior Leadership Team listing all outstanding items on the CAPA/ SkyTrust Actions requiring direction or enforcement.
- 4.4.8. After the designated 'responsible person' has completed the action (CAPA) in SkyTrust, the HSC shall review the documented action to determine if the action carried out appears to have addressed the issue that the CAPA was raised for.
- If the members of the HSC agree that the documented action appears to have:
- a) Addressed the issue that the CAPA has been raised for, the HSC shall determine the time frame for 'reviewing the action for effectiveness' and direct that the action status be updated to 'Complete Accepted'; or
 - b) Not addressed the issue that the CAPA has been raised for, the HSC shall direct the Risk/ WHS Coordinator to update the CAPA status by altering:
 - i. The action in SkyTrust to 'In Progress'; and
 - ii. The percentage of completion altered to an amount below 90%.
 - c) The designated 'responsible person' for completing the action (CAPA) will be advised via email of the HSC's decision.
- HSC's decision on the CAPAs being reviewed for sign off will be recorded in the minutes of the meeting.
- 4.4.9. In the situation where a CAPA has not been completed by the designated due date the Senior Leadership Team shall direct action and enforce close out of items, as required. The Senior Leadership Team minutes should record outcomes of discussion and actions undertaken.
- 4.4.10. The CAPA/ SkyTrust Actions should be subject to regular audit and review.

5. Training

- 5.1. Workers should have the Corrective and Preventative Action Procedure explained to them during the induction process.
- 5.2. Managers, supervisors, HSRs and the HSC 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. Hazard reports;
- 6.3. Inspections;
- 6.4. Hazard, accident and incident investigations;
- 6.5. Risk assessments;
- 6.6. Corrective and Preventative Action Register (CAPA)/ SkyTrust Actions;

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- 6.7. Procedures and Safe Work Instructions (SWIs);
 - 6.8. Training and induction records; and
 - 6.9. CAPA/ SkyTrust Action monitoring and review records e.g. HSC and Senior Leadership Team minutes.
- 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 organisation's Senior Leadership Team is accountable for:
 - 7.1.1. Confirming CAPA/ SkyTrust Actions is in place and being utilised;
 - 7.1.2. Monitoring legislative compliance;
 - 7.1.3. Approving expenditure necessary for the implementation of corrective and preventative actions;
 - 7.1.4. Providing managers and supervisors with training to enable the effective application of the Corrective and Preventative Action Procedure;
 - 7.1.5. Providing training to enable workers to understand and apply the Corrective and Preventative Action Procedure within the limits of their responsibility; and
 - 7.1.6. Monitoring the CAPA/ SkyTrust Actions and enforcing close out of items, as required.
- 7.2. Managers and supervisors are accountable for:
 - 7.2.1. Providing workers with any necessary information, instruction, training and supervision to enable them to undertake their tasks safely;
 - 7.2.2. Identifying WHS non-conformances and undertaking an investigation and risk assessments;
 - 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/ SkyTrust Actions for effectiveness;
 - 7.2.5. Including discussion, monitoring and review of corrective and preventative actions/ SkyTrust Actions at department meetings; and
 - 7.2.6. Assessing control measures for effectiveness.
- 7.3. The WHS/Risk Co-ordinator is accountable for:
 - 7.3.1. Maintaining the CAPA/ SkyTrust Actions;
 - 7.3.2. Undertaking an investigation and risk assessment of WHS non-conformances (in consultation with relevant workers) when directed by the Senior Leadership Team or when non-conformances have been identified that have a systemic impact on the WHS management system or when repeated non-conformances of the same nature have been identified;
 - 7.3.3. Identifying, implementing and reviewing corrective and preventative actions for effectiveness;
 - 7.3.4. Including discussion, monitoring and review of corrective and preventative actions at HSC meetings; and
 - 7.3.5. Checking that control measures are effective and closing out items on the CAPA/ SkyTrust Actions.
- 7.4. Workers are accountable for:
 - 7.4.1. Identifying non-conformances (including accidents, incidents, hazards and near misses);
 - 7.4.2. Reporting all non-conformances to their department manager or supervisor as soon as they are identified;
 - 7.4.3. Participating in any investigation, as required, and in associated consultation processes; and
 - 7.4.4. Complying with any corrective and preventative actions implemented by the organisation.

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7.5. The HSC is accountable for:

- 7.5.1. Monitoring and reviewing the CAPA/ SkyTrust Actions, and providing direction on the 'final' closed out of the CAPA; and ,
- 7.5.2. Referring issues that require management direction or enforcement to the Senior Leadership Team.

7.6. HSRs 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; and
- 7.6.3. Request a review of a control measure in the circumstances outlined in the Hazard Management Procedure.

8. Review

- 8.1. The WHS Corrective and Preventative Action Procedure will be reviewed by the Senior Leadership Team, in consultation with workers and their representatives, every four (4) years or more frequently if legislation or organisational needs change. This 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. Accident and incident statistics and trends;
 - 8.1.4. Performance Standards for Self-Insurers;
 - 8.1.5. LGAWCS guidance;
 - 8.1.6. Internal or external audit findings; and
 - 8.1.7. Any other relevant information.
- 8.2. The reviews may result in a revision of this document.
- 8.3. The WHS/Risk Co-ordinator should report on the outcomes of such reviews to the HSC and the Senior Leadership Team.

9. References

Work Health and Safety Act 2012

Work Health and Safety Regulations 2012

General Disposal Schedule 40 for Local Government

ReturnToWorkSA Work Health and Safety Standards for self-insured employers

ReturnToWorkSA Self-insured workplace health and safety evaluation guidelines

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

10. Related documents

Incident Reporting and Investigation procedure

Hazard Management procedure

Communication and Consultation procedure

Internal Audit procedure

Workplace Inspection procedure

Instruction for use of online reporting platform

Hazard /Risk /CAPA Register/ SkyTrust Actions

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11. Document History

Version No:	Issue Date:	Description of Change:
1.0	Dec 2009	New Document, September 2009
2.0	05/04/13	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
3.0	26/11/15	References to WHS Committee (WHSC) amended to Health and Safety Committee (HSC) for consistency with WHS Act and Codes of Practice; References to Workcover SA replaced with ReturnToWorkSA; Definitions added for HSR & LGAWCS; inclusion of references to tables in Hazard Management procedure; Replace all references to "corrective action register" and "register" with "CAR"; replace references to "Risk Management procedure" with "Hazard Management procedure"; formatting & language.
4.0	12/10/2018	Included consulting in core components Definitions updated to most current versions and aligned to other OS procedures; introduced reference to CAPA register and procedure validations; minor formatting changes, minor spelling and terminology adjustments; updated logo, header and footer and hyperlinks; 4.2.2– removed reference to a specific section of the Hazard Management procedure; added 4.2.2f) - requirement to record findings in CAR/CAPA; 4.3.2 revised content: added observations and trends as a source of corrective or preventative actions; 4.4.1 included discuss actions with workers guidance for reviewing control measures for effectiveness; in 4.4.4 added information from Code of Practice – How to Manage Work Health and Safety Risks 2011 – Step 4, p.18; adjusted responsibility language in 7.1.1; revised responsibility in 7.3.2 to match procedural requirements; updated Related Documents list. 9 – Updated with updated references, titles and dates 10 – Additional internal related documents listed Legal review: Minor grammatical and content changes.
5.0	09/08/2021	Changed CAR/CAPA to CAPA/ SkyTrust Actions; document review timeframe from 36 months to 4 years; GDS 20 to GDS 40. Updated Code of Practice to June 2020 Added : Definition for SkyTrust; in section 4.1 - The CAPA register was transferred into SkyTrust in December 2020. In SkyTrust, CAPAs are recorded as 'Actions'. The term CAPA may be phased out in 2022 and replaced by the term 'Council Actions' or 'SkyTrust Actions'
5.1	24/2/2022	Added HSC review of CAPAs (SkyTrust actions) which have the status of 'responsible person completed' Sections 4,4,8 & 7.5.1. Minor change to wording in Section 4.4.9