Work Health, Safety and Wellbeing Incident Management Procedure

Purpose:

The Incident Management Procedure of Able To Wellbeing outlines the processes followed when an incident, hazard or near miss occurs or is reported. The safety management system of Able To Wellbeing follows the requirements as set out by the Work Health and Safety Act 2011, Work Health and Safety Regulation 2011 and the relevant Codes of Practices and other supporting documentation.

Scope:

This applies to the board and all staff. Staff is inclusive of the executive team, leaders, managers, board members, workers, students, volunteers and contractors. This procedure does not cover client incidents. Please refer to the Client Incident Management Procedure for client related incidents. This procedure, being the Work, Health, Safety and Wellbeing Incident Management Procedure relates to any matters pertaining to work, health, safety and wellbeing and is as defined in the section ‘what is an incident, hazard or near miss'.

Responsibilities:

- *Board:*
    - Demonstrate leadership and a commitment to work health and safety procedures and incident management process, and to comply with relevant legislation, supporting guidelines, policies and procedures.
- *Executive Managers:*
    - Demonstrate leadership and a commitment to work health and safety procedures and incident management processes, and compliance with relevant legislation, supporting guidelines, policies and procedures.
    - Allocate necessary resources to implement, manage and correct incident, hazards and near misses.
    - Monitor and review work health and safety performance regularly including incident management.
- *Supervisors and Team Leaders:*
    - Demonstrate supervision and support to work health and safety procedures and incident management processes, and compliance with relevant legislation, supporting guidelines, policies and procedures.
    - Lead by example in promoting a safe work environment, both physically and emotionally.
    - Ensure that employees under their supervision are adequately trained in work health and safety procedures and processes.
    - Investigate and report incidents promptly.
- *Employees/volunteers/students:*
    - Comply with all work health and safety policies and incident management processed, as well as any other relevant procedures, legislation and codes of practice.
    - Report hazards, incidents and near misses promptly.
    - Take reasonable care for their own health and safety and the health and safety of others.

What is an incident, hazard or near miss:

The definition of an incident, hazard or near miss are:

- *Incident:* any incident in the workplace which may or may not result in injury or illness. This may also include incidents with or without harm which occur not just to a person, but to property, the environment or result in loss or damage. Reportable incidents as defined by WorkSafe QLD must be reported within the reporting guidelines.
- *Hazard:* anything within the workplace which has the potential to cause harm, although harm has not occurred (WorkSafe QLD).
- *Near miss:* a situation which could have led to an injury and/or illness to yourself and/or others, and/or damage to the environment and/or property (WorkSafe NSW).

Notifiable incidents:

Work Health and Safety legislations requires that certain incidents are reported to the regulatory body, WorkSafe QLD. Notifiable incidents must be reported within 24 hours to WorkSafe QLD at this link https://www.worksafe.qld.gov.au/safety-and-prevention/incidents-and-notifications/notify-us-of-an-incident/notify-workplace-health-and-safety-queensland-or-electrical-safety-office

Information on notifiable incidents can be found at this link https://www.worksafe.qld.gov.au/safety-and-prevention/incidents-and-notifications/notify-us-of-an-incident/notify-workplace-health-and-safety-queensland-or-electrical-safety-office/confirm-if-an-incident-is-notifiable#7578

The types of notifiable incidents are:

- Death: the death of a person.
- Serious injury or illness of a person: This is defined as:
    - An injury or illness requiring the person to have:
        - Immediate treatment as an in-patient in a hospital.
        - Immediate treatment for:
            - The amputation of any body part
            - A serious head injury
            - A serious eye injury
            - A serious burn
            - The separation of skin from an underlying tissue (such has degloving or scalping)
            - A spinal injury
            - The loss of a bodily function
            - Serious lacerations.
        - Medical treatment within 48 hours of an exposure to a substance.
    - Any infection where the carrying out of work is a significant contributing factor, including any infection that is reliably attributable to carrying out work:
        - With micro-organisms.
        - That involves providing treatment or care to a person.
        - The involves contact with human blood or body substances.
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        - That involves handling or contact with animals, animal hides, skins, wool, hair, or animal carcasses or animal waste products.
    - The following occupational zoonoses contracted in the course of work involving the handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste product:
        - Q-Fever
        - Anthrax
        - Leptospirosis
        - Brucellosis
        - Hendra virus
        - Avian influenza
        - Psittacosis.
- Dangerous incident. This is defined as an incident at work that exposes a worker, or any other person, to a serious risk to their health or safety from an immediate or imminent exposure to:
    - An uncontrolled escape, spillage or leakage of a substance.
    - An uncontrolled implosion, explosion or fire.
    - An uncontrolled escape of gas or steam.
    - An uncontrolled escape of a pressurised substance.
    - Electric shock.
    - The fall or release from height of any plant, substance or thing.
    - The collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with regulations.
    - The collapse or partial collapse of a structure .
    - The collapse or failure of an evacuation or of any shoring supporting an evacuation or tunnel.
    - The interruption of the main system of ventilation in an underground excavation or tunnel.
    - Any other event prescribed under a regulation but does not including an incident of a prescribed kind.
- Serious electrical event which is defined as an incident involving electrical equipment if a person:
    - Is killed by electricity.
    - Receives a shock or injury from electricity and is treated for it by, or under the supervision of, a doctor.
    - Receives a shock or injury from electricity at high voltage, whether or not the person is treated for it by, or under the supervision of, a doctor.
- The Electrical Safety Laws define a dangerous electrical event as:
    - When a person, for any reason, is electrically unsafe around high voltage electrical equipment, even if the person doesn't receive an electric shock or injury.
    - Significant property damage caused by electricity or something originating from electricity such as fire caused by electricity.
    - Unlicensed electrical work.
    - Unsafe electrical work.

- Unsafe electrical equipment or electrical equipment that doesn't have electrical equipment safety system approval markings.

Entering incidents into Safety Champion:

Each employee will be provided with a logon and access to Safety Champion. Training will be provided in the use of Safety Champion. Basic information is entered into Safety Champion however information on the investigation or additional information will be entered into the template 'Incident Investigation Report' and uploaded as an attachment to the relevant incident.

Managing an incident:

When an incident occurs, the first priority is the safety of staff and others involved. The following occurs initially:

1. Cease work to assess whether work can safely continue. If unsure, reach out to your line manager.
2. Assess if first aid is needed or an ambulance. Notify your line manager when reasonably practicable.
3. Assess whether it is safe to continue working. If unsure, reach out to your line manager.
4. If not already done, report the incident to your line manager and complete the incident notification form online.
5. Reporting of an incident online must be completed with 24 hours, sooner if possible.

Initial investigation of incident:

The investigation of an incident needs to occur rapidly following the incident, and there will generally be the initial investigation and information collection then a more detail investigation as outlined under the heading 'conducting the investigation'.

Line managers are responsible for conducting the investigation however they may delegate this to relevant staff as relevant.

Incident investigation methods have been taken from WorkSafe QLDs 'Tips for investigating workplace incidents'. Able To Wellbeing follow a 'no blame' culture. This means, we encourage our staff, clients, and all others to report an incidents or hazards, and where an incident or hazard occurs, we work together to identify how we can prevent this in the future.

Part of managing an incident requires the following to be considered:

- An initial investigation to be completed.
- To visit the scene of the incident before it is disturbed.
- Not make assumptions about the situation.
- Do not remove anything from the scene of the incident.
- Check if anyone has moved anything.
- Take photographs or make drawings to reconstruct the incident and scene.

Conducting the investigation:

After the initial investigation, a more detailed investigation is required. Consideration needs to be given to:

- Take any evidence and label this.
- Interview witnesses separately.
- Review incident data to see if there have been similar incidents or near misses.
- Keep documentation on all sources of information.
- Keep records to ensure the investigation was conducted in a fair and impartial manner.
- Review information and data including:
    - Roster information.
    - Leave records.
    - Procedures and processes.
    - Past incident data.
    - Any relevant human resource records.
    - Training and professional development records including orientation and onboarding.
    - Design specifications or equipment manuals.
    - Qualifications or compliances required.
    - Risk assessments.
    - Maintenance records.
    - Client information that is relevant to the incident.

When conducting the investigation, it is necessary to:

- Look at incidents leading up to the accident:
    - The work being carried out and whether or not the systems or processes were adequate for that job.
    - The training, instructions or supervision provided for that work.
    - Were there any variations from the procedure or instructions and what are he reasons for the variation.
    - What were the workplace conditions such as the lighting, weather, floor surfaces, stairs, signs or warning signs.
    - The location of the incident described in a way others will be able to identify the area.
    - The materials being used.
    - Whether any equipment or transport equipment was used.
    - Was supervision provided.
- Consider the facts of the incident:
    - What was the state of the system/processes/equipment at the time the incident occurred.
    - Who was directly involved and indirectly involved.
    - What tools, equipment, materials and fixtures are directly involved in the incident.
    - The time the incident occurred.
- Review the facts relating to what occurred immediately after the incident:

    - What injuries or damage occurred as a result of the incident.
    - Wo are the people involved, including those who are witnesses or who provided aid.
    - Any issues in managing the incident or injuries such as out of date first aid supplies, faulty fire extinguisher, first aid supplies missing.
- What are the essential factors and causes: The aim of an investigation is not to look for any one cause, but all possibilities relating to people, processes, behaviours, environments or equipment. Please consider:
    - Design: What is the design of the equipment used?
        - Is machinery or equipment supposed to have a guard, or is this missing?
        - Are safety devices for equipment not operating or hard to locate.
        - Inadequate ventilation.
    - Environmental components / work processes:
        - How do people function within the work environment?
        - Consider both the physical and social aspects of the environment.
        - How do people do the job?
        - What are the procedures and work processes?
    - Behavioural components:
        - Were safeguards being used?
        - Were tools/equipment being used incorrectly?
        - Were safety notices or caution notices not followed?
        - Was personal protective equipment used, or not available, or used incorrectly?
        - Was horseplay involved?
        - Were there housekeeping concerns?

Table 1 below outlines questions which may help in conducting the investigation. Not all questions may apply, but it may help in the investigation process:

Table 1 - Questions to consider when investigating.

	Question to consider	Additional notes
Who	Who was injured?	
	Who saw the incident?	This could be bystanders, first aiders, other staff, family.
	Who was working with the injured person?	This may be staff, volunteers, students, contractors.
	Who had instructed for the job to be completed?	
	Who else was involved?	
	Who has information on the circumstances prior to the incident?	
What	What is the injury, if any? Or what is the incident?	For example, is it a contusion, fracture, psychological, needle stick.
	What is the damage or loss?	
	What was the person/s doing in relation to the incident?	What was the person doing at the time of the incident?
	What is the work process?	Consider what the correct process is.
	What had the person been advised to do relating to the incident?	What had the person involved in the incident been told to do in relating to the incident. Were they advised to follow a process that was not an approved process for example?
	What tools were being used?	
	What machine/plant/equipment was being used?	
	What similar incidents have occurred previously?	Look at the data to see if there are any similar occurrences
	What action had been undertaken to prevent recurrence?	If there were previous incidents, was any action take to reduce the likelihood of it occurring again?
	What safety processes or what procedures were not followed?	Was processes or procedures not followed at the time of the incident?
	What safe systems of work or work permits were in place?	
	What training had been given?	Consider orientation and onboarding training given and the content of this. Also consider ongoing mandatory training and any task-specific training. Also, was any professional development provided as part of their employment.
	What were the contributing causes of the incident?	
	What communication system was in use?	Outline how staff communicate with various others including managers, clients, other staff, visitors etc.

	Question to consider	Additional notes
When	When did the incident occur?	Consider the date and time
	When did the damage become evident?	Was there a delay between the time of the incident and when the damage became noted.
	When did the person involved in the incident start the job?	
	When was an explanation of the hazards given?	
	When did the supervisor last see the person/s involved in the incident?	Consider that some supervisors may not be in the field directly with workers, so consider not just when they last saw each other but when there may have been phone or email contact.
	When was something seen to be wrong?	
Why	Why did the incident occur?	
	Why did communication fail?	Consider things such as phone and email communication, training or memos and staff understanding.
	Why was training not given?	Also consider if maybe training was given, but was it suitable? Was the content relevant or could staff understand?
	Why were there unsafe conditions?	
	Why was the hazard not evaluated?	
	Why was the system of work inadequate or not appropriate?	Consider if the standard processes that would normally have been used or if the tasks required task-specific processes which are documented or if not documented, why?
	Why was personal protective equipment not provided?	Consider if personal protective equipment was used, was it used correctly?
	Why was protective equipment not used?	
	Why was there no safe system of work, permit to work or isolation procedure in place?	
	Why were specific safety instructions not given?	
	Why was the supervisor not consulted when things started to go wrong?	
	Why was the supervisor not there at the time?	
Where	Where did the incident occur?	Ensure to explain this in detail so people know the exact location for example, occurred in client's home at 123 Cama Drive Roller QLD 4870 and occurred in the main toilet area.
	Where did the damage occur?	
	Where was the supervisor at the time?	
	Where were the witnesses at the time?	

	Question to consider	Additional notes
How	How did the incident occur?	
	How could the incident have been avoided?	
	How could the supervisor have prevented the incident?	
	How could better design of plant or systems of work help?	

It is necessary throughout the investigation to be considering the corrective measures in order to prevent the incident from occurring again. The aim of corrective measures is to ideally eliminate the risks all together, but where this is not possible then it is necessary to move down the hierarchy. The hierarchy of controls is as per the below (Table 2):

Table 2 - Hierarchy of controls

Eliminate: Eliminate the hazard by removing it.
Substitute: Consider safer alternatives and replace the process or equipment with something that is less hazardous.
Isolate: Keep people and the hazard apart and isolated from each other.
Engineer: Review the equipment or process with a view to change or redesign.
Administrative controls: Make changes or implement new processes, policies, procedures, training, systems.
Personal Protective Equipment: Use or change the personal protective equipment.

Table 6 outlines the timeframes in which corrective measures need to be implemented within.

Other things to consider relating to corrective measures includes:

- Corrective measures must be directly related to the incident, with the aim to prevent the incident from occurring again.
- Consideration must be given to the possible implications of a particular control measure. That is, by implementing a control measure to eliminate one safety risk, are other new safety risks being introduced as result of that control measure?
- Consultation must occur with the staff who perform that task in order to ensure the best outcomes as staff who perform that task may have additional ideas or considerations.

- Training and where applicable, assessment, is to be provided in any control measures where this may require a change to work practices or procedures.
- Policy and procedure should be reviewed relating to the incident to ensure it is up-to-date and best practice. Updates are to be made as required.
- Where corrective measures have a cost implication to the business, these are implemented in accordance with the Delegation of Authority.
- Updates are to be made in Safety Champion to notify corrective actions are completed.

Incident severity rating:

Each incident must be categorised by an incident severity rating. This provides a severity level which assists in the overall management and follow up of incidents. The Risk Matrix (Table 3) outlines and provides guidance around risk ratings. The Risk Matrix is used when considering any business risks, with definitions provided for health, safety and wellbeing. When considering the risk rating, it is necessary to look at the likelihood and consequence/severity which can be defined as:

- Likelihood: consider how likely it is that the incident may occur again.
- Consequences/severity: considering the incident, what is the severity? When considering the severity, it is necessary to consider various factors such as:
    - The injury or injuries which may have occurred. Consider how severe these are and the ongoing impacts.
    - Any damage which did occur or could have occurred.
    - Any environmental impacts or considerations relating to the incident.
    - The financial impacts which may or have resulted from the incident.
    - Are there any reputational risks for the business, for example is there the risk of negative media exposure or legal action?
    - Are there any compliance matters such as non-compliance or an inability to meet compliance requirements? Consider if there is a low risk of adverse outcomes or the possibility of prosecution?

To use the Risk Matrix, first consider the consequence/severity. Once you have determined this, review the likelihood table and using the consequence/severity level, match this against the likelihood. A rating will be provided which will be:

Table 3 - Risk Matrix table

Consequences/severity				
Insignificant: • Injury/illness: No injury / illness. • Environment: No or very small environmental impact. Contained within location of incident. • Reputation: No or very minimal risks to reputation or media exposure. • Compliance: No or very minimal risks to non-compliance. • Financial: Nil or <$100 impact on business. • Customers: Nil or minimal impacts on customer service. • Business operations: Nil or minimal impacts to the operations and/or strategy of the business. • Information technology: Nil impacts to technology (infrastructure, equipment and software). Continued next page: **Insignificant continued:**	**Minor:** • Injury/illness: Medical treatment required such as a doctor or allied health, illness. May need first aid. Lost time from injury/illness <5 days and/or return to full duties within 15 days. • Environment: Possible / low environmental impact. Impacts extend further than location of incident. • Reputation: Possible / low risks to reputation or adverse media exposure to the local area. • Compliance: Possible / low risks to non-compliance which may result in regulatory intervention. Continued next page:	**Moderate:** • Injury/illness: Medical treatment required such as a doctor or allied health. Lost time from injury/illness >5 to <15 days and/or return to full duties within 25 days. • Environment: Moderate environmental impact. Impacts extend further than location of incident. • Reputation: Moderate risks to reputation or adverse media exposure to the local area. • Compliance: Moderate risks to non-compliance which may result in regulatory intervention. • Financial: Moderate financial impact of >$300 to <$800 impact on business. Continued next page:	**Major:** • Injury/illness: Hospital treatment whether emergency on in-patient. Lost time from injury/illness >15 to <30 days and/or return to full duties within 60 days. • Environment: Environmental impact which may result in external intervention. Impacts extend further than location of incident. • Reputation: Large risks to reputation or adverse media exposure to the local area and outside of the local area. Possibility of involvement by regulatory bodies linking to compliance. Continued next page:	**Catastrophic (death or lifetime impairment, large impacts to finances, environment, compliance or other concerns):** • Injury/illness: Catastrophic injury or illness resulting in death or permanent impairment. • Environment: Environmental impact which results in external intervention. Impacts extend further than location of incident and/or has long term impacts to the environment. • Reputation: Catastrophic risks to reputation or adverse media exposure to the local area and outside of the local area. Involvement of regulatory bodies linking to compliance. Continued next page:

• Human resources/staff: Nil or minimal impacts on staffing which affects HR including but not limited to staffing, rosters, resourcing, professional development, recruitment and retention.	**Minor continued:** • Financial: Possible / low risk of financial impact of >$100 to <$300 impact on business. • Customers: Possible / low impacts on customer service and may result in complaints which can be managed by the business. • Business operations: Possible / low impacts to the operations and/or strategy of the business which may result in a disruption to business of < 1 or slightly delays the achievement of strategy. • Information technology: Possible / low impacts to technology (infrastructure, equipment and software) which may result in being offline for <1 day. Continued next page:	**Moderate continued:** • Customers: Moderate impacts on customer service including rosters and may result in complaints. • Business operations: Moderate impacts to the operations and/or strategy of the business which may result in a disruption to business of >1to < 2 days or slightly delays the achievement of strategy by one month. • Information technology: Moderate impacts to technology (infrastructure, equipment and software) which may result in being offline for >1 to < 2 days. • Human resources/staff: Moderate impacts on staffing which affects HR including but not limited to staffing, rosters, resourcing, professional development, recruitment and retention	**Major continued:** • Compliance: Large risks to non-compliance which result in regulatory intervention and/or may result in temporary business suspension. • Financial: Large financial impact of >$800 to <$1,000 impact on business. • Customers: Large impacts on customer service including rosters and results in a complaint which may be made externally. • Business operations: Large impacts to the operations and/or strategy of the business which may result in a disruption to business of >2 to <14 days or delays the achievement of strategy by more than two months. Continued next page:	**Catastrophic continued:** • Compliance: Catastrophic risks to non-compliance which result in regulatory intervention and may result in temporary or permanent business suspension. • Financial: Very large financial impact of > $1,000 impact on business. • Customers: Catastrophic impacts on customer service including rosters and results in a complaint which is made externally. • Business operations: Catastrophic impacts to the operations and/or strategy of the business which may result in a disruption to business of >14 days or delays the achievement of strategy by more than three month. Continued next page:

	Minor continued: • Human resources/staff: Possible / low impacts on staffing which affects HR including but not limited to staffing, rosters, resourcing, professional development, recruitment and retention.		**Major continued:** • Information technology: Large impacts to technology (infrastructure, equipment and software) which may result in being offline for >2 to <14 days and may require the engagement of IT speciality support. • Human resources/staff: Large impacts on staffing which affects business operations including but not limited to staffing, rosters, resourcing, professional development, recruitment and retention and may require speciality support.	**Catastrophic continued:** • Information technology: Catastrophic impacts to technology (infrastructure, equipment and software) which may result in being offline for >14 days and requires the engagement of IT speciality support. • Human resources/staff: Catastrophic impacts on staffing which affects the business operations including but not limited to staffing, rosters, resourcing, professional development, recruitment and retention and may require speciality support.

Select the consequence / severity in this row →		**Insignificant**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Likelihood	Almost certain (One or more times a week or more / almost certain occurrence)	Moderate risk	High risk	High risk	Very high risk	Very high risk
	Likely (happens once a month / likely to happen)	Moderate risk	Moderate risk	High risk	Very high risk	Very high risk
	Possible (happens once a year / could happen)	Low risk	Low risk	Moderate risk	High risk	Very high risk
	Unlikely (hasn't happened but could happen)	Very low risk	Low risk	Low risk	Moderate risk	High risk
	Rare (May occur in extreme or unexpected circumstance)	Very low risk	Very low risk	Low risk	Low risk	Moderate risk

Timeframes: reporting, investigation and corrective measures:

Reporting and timing of incident reporting:
Reporting of incidents must be done as soon as reasonably practicable. This means, people do the best they can and what they are reasonably able to do to ensure health and safety. Incidents must be reported as soon as possible after the incident, first however ensuring the safety and wellbeing of those involved.

Table three outlines who needs to be notified of an incident and this depends on the severity rating:

Table 4 - Who to notify of incident

Risk Rating	Who to report to	Timeframe
Insignificant	Line Manager	Before the end of the shift
Minor	Line Manager	Before the end of the shift
Moderate	Director	Notifiable incidents to be reported to regulatory body within 24 hours. Reported to director within two hours.
Major	Director	Notifiable incidents to be reported to regulatory body within 24 hours. Immediately reported to director.
Catastrophic	Director	Notifiable incidents to be reported to regulatory body within 24 hours. Immediately reported to Director.

Timing of investigation and responsible person:
All investigations are investigated by the line manager, however for major and catastrophic incidents the director is updated regularly and informed of progress. Table 4 outlines the timeframes of the incident investigation:

Table 5 - Timeframes for incident investigation

Risk Rating	Who to conducts investigation	Timeframe
Insignificant	Line Manager	31 days to complete and close out investigation.
Minor	Line Manager	31 days to complete and close out investigation.
Moderate	Line Manager	14 days to complete and close out investigation.
Major	Line Manager. Line manager to regularly liaise with Director.	7 days to complete and close out investigation.
Catastrophic	Line Manager. Line manager to regularly liaise with Director.	To be determined by the Director depending on incident.

Corrective measures reporting and timelines:
As part of each investigation, there will be corrective actions required as per the hierarchy of control (see table 2). Where corrective measures have a cost implication to the business, these are implemented in accordance with the Delegation of Authority. Timeframe in which actions must be closed out are as per table 6:

Table 6 - Timelines for closing of investigations.

Risk Rating	Timeframe
Insignificant	Up to 62 days to implement corrective actions.
Minor	Up to 62 days to implement corrective actions.
Moderate	Up to 50 days to implement corrective actions.
Major	Up to 31 days to implement corrective actions.
Catastrophic	Up to 31 days to implement corrective actions.

If corrective measures are unable to be implemented within the required timeframes, the line manager or other responsible person is to notify the director.

Evaluation:
Incidents are evaluated each month by the line manager. Feedback is provided to the Director on a monthly basis.

Legislation:

The relevant legislations or guidelines that apply are listed below. This list is not exhaustive and is relevant as at the time of the development of this Policy. This list may change at any time and will be updated on the next schedule review or sooner where required.

- WorkSafe QLD – Work Health and Safety Act 2011
- WorkSafe QLD – Work Health and Safety Regulation 2011

Resources:

- WorkSafe QLD – Codes of Practice
- WorkSafe QLD – Risk Management
- WorkSafe NSW - Glossary
- WorkSafe QLD – Tips for investigation workplace incidents
- Safe Work Australia – Managing risks
- NSW Government – Reasonably Practicable
- Safe Work Australia – Identify, assess and control hazards

Review:

This policy will be reviewed in two (2) year's time from the last version date, or sooner should there be any changes to the legislation or an identified need.

Version History:

Version number	Date	Who	Summary of changes
1.0	20/12/2023	Chief Executive Officer	Creation of Work Health, Safety and Wellbeing Policy
2.0	30/11/2024	Director	Update to procedure and review of content