



# WHS CORRECTIVE & PREVENTATIVE ACTION PROCEDURE

<b>Version No</b>	3.0
<b>Issued</b>	23 <sup>rd</sup> Aug 2016
<b>Next Review</b>	August 2019
<b>GDS</b>	12.63.1

## 1. OVERVIEW

The District Council of Orroroo Carrieton (Council) (the organisation) 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:

- (a) 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;
- (b) Outline the process for identifying WHS non-conformances in the workplace and documenting and implementing corrective and preventative actions to control them; and
- (c) Describe the activities and review processes that verify implemented preventative and corrective actions are effective and have been closed out.

SIGNED .....  
 Chief Executive Officer

.....  
 Deputy Chairperson, WHS Committee

Date: 23 / 8 / 2016

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## 2. CORE COMPONENTS

The core components of our Corrective and Preventative Action Procedure aim to:

- (a) Define processes to identify corrective and preventative actions;
- (b) Record, track and communicate corrective and preventative actions;
- (c) Assign responsibility for close out of corrective and preventative actions within defined timeframes;
- (d) Verify the effectiveness of corrective and preventative actions; and
- (e) Require reports to be provided to workgroups, the Health and Safety Committee (HSC) and the management team on the performance and effectiveness of the corrective or preventative action process.

## 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 of the elements. [as defined by the ReturnToWorkSA Performance Standards for Self Insurers (PSSI)]
Continuous Improvement	Process of enhancing the health, safety and rehabilitation and claims management 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. [as defined by the ReturnToWorkSA PSSI]
Corrective Action	Action to eliminate the cause of or to control an identified non-conformance.
Corrective Action Register (CAPA)	A centralised database or spread sheet that records WHS non-conformances that have been identified and corrective and/or preventative action to be implemented.



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Hazard	A situation or thing that has the potential to harm a person. [as defined by Approved Code of Practice How to Manage Work Health and Safety Risks].
Health and Safety Committee (HSC)	The functions of a Health and Safety Committee are: 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. [Work Health and Safety Act 2012 Section 77]
Health and Safety Representative (HSR)	A HSR is elected by a work group to represent workers in the work group on matters affecting their health, safety and welfare.
Hierarchy of Control	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: (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. If a risk then remains, the duty holder must minimise the remaining risk, so far as is reasonably practicable, by implementing administrative controls. 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. [as defined by the Work Health and Safety Regulations 2012, Regulation 36]
LGAWCS	Local Government Association Workers Compensation Scheme
Non-conformance	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. [as defined by the ReturnToWorkSA PSSI] For the purposes of this procedure, the word non-conformance should be taken to include WHS system non-conformances.
Preventative Action	Proactive action taken before an incident occurs
Reasonably practicable	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— (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— 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

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	<p>available ways of eliminating or minimising the risk, including whether the cost is grossly disproportionate to the risk. [as defined by the Work Health and Safety Act 2012 Section 18]</p>
Worker	<p>A person who carries out work in any capacity for a PCBU, including work as—</p> <ul style="list-style-type: none"> <li>(a) an employee; or</li> <li>(b) a contractor or subcontractor; or</li> <li>(c) an employee of a contractor or subcontractor; or</li> <li>(d) an employee of a labour hire company who has been assigned to work in the person's business or undertaking; or</li> <li>(e) an outworker; or</li> <li>(f) an apprentice or trainee; or</li> <li>(g) a student gaining work experience; or</li> <li>(h) a volunteer.</li> </ul> <p>[as per the Work Health and Safety Act 2012 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. “place” includes—</p> <ul style="list-style-type: none"> <li>(a) a vehicle, vessel, aircraft or other mobile structure; and</li> <li>(b) any waters and any installation on land, on the bed of any waters or floating on any waters.</li> </ul> <p>[as per the Work Health and Safety Act, 2012 Section 8]</p>

## 4. PROCEDURE

### 4.1. Corrective action register (CAPA)

- 4.1.1. The organisation will develop and maintain a CAPA.
- 4.1.2. The CAPA will be under the control of the Manager of Corporate & Community Services and available to workers on the intranet.
- 4.1.3. The CAPA should record all identified WHS non-conformances and 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 (eg accident / incident report, inspection report, audit 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 (eg closed out or outstanding);
  - i) Residual risk rating (after controls have been implemented); and
  - j) The method of verification of effectiveness (eg audit, inspection, testing)
- 4.1.4. The Manager of Corporate & Community Services 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 should 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;

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- 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;
- 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) Manager of Corporate & Community Services 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/or require external expertise. The LGAWCS is available to provide assistance and advice if required.
  - d) The investigation team should determine
    - 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 Section 4.5.5 of the Hazard Management Procedure.
  - e) Priorities for action should be set in accordance with the organisation's risk classification table, which is contained in Section 4.5.6 of the Hazard Management Procedure.

#### 4.3. Identify corrective and preventative actions

The Manager of Corporate & Community Services should:

- a) Determine if it is reasonably practicable to eliminate the potential for recurrence of the non-conformance;  
(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);
- b) Assign responsibility for implementing the required actions and communicate that information to the person/s concerned;
- c) 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)
- d) Complete the relevant sections of the CAPA; and
- e) Communicate the corrective or preventative actions to relevant workers.

#### 4.4. Monitor and review actions for effectiveness

- 4.4.1. Department managers should monitor the implementation and effectiveness of local corrective or preventative actions 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.

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- 4.4.3. If any new non-conformances, hazards or risks are identified during the monitoring or evaluation process, the Manager of Corporate & Community Services 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.
- 4.4.5. A HSR may request a review of a control measure if they reasonably believe that the control measure has not been adequately reviewed.
- a) The circumstances in which a request for review can be made include:
    - 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 reasons for the request.
  - d) If appropriate, the manager should recommence the risk assessment process as a result of such a request in accordance with the Hazard Management Procedure.
- 4.4.6. When actions have been implemented and deemed effective, the Manager of Corporate & Community Services will check that the item is closed out on the CAPA.
- 4.4.7. The Manager of Corporate & Community Services will present a regular report to the HSC and management team listing all outstanding items on the CAPA requiring direction or enforcement.
- 4.4.8. The management team shall direct action and enforce close out of items, as required. Management team minutes should record outcomes of discussion and actions undertaken.
- 4.4.9. The CAPA should be subject to 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 Action Register (CAPA);
- 6.7. Procedures and Safe Work Instructions (SWIs);

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- 6.8. Training and induction records; and
- 6.9. CAPA monitoring and review records eg HSC and/or management minutes.

Records must be managed in line with the current version of General Disposal Schedule 20 for Local Government.

## 7. RESPONSIBILITIES AND ACCOUNTABILITIES

- 7.1. The organisation's *management team* is accountable for:
  - 7.1.1. Developing and maintaining the CAPA;
  - 7.1.2. Monitoring legislative compliance;
  - 7.1.3. Approval of 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 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 for effectiveness;
  - 7.2.5. Including discussion, monitoring and review of corrective and preventative actions at department meetings; and
  - 7.2.6. Assessing control measures for effectiveness.
  
- 7.3. The *Manager of Corporate & Community Services* is accountable for:
  - 7.3.1. Maintaining the CAPA;
  - 7.3.2. Undertaking an investigation and risk assessment of WHS non-conformances when directed by the management team;
  - 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 close out items on the CAPA.
  
- 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; and
- 7.5.2. Referring issues that require management direction or enforcement to the management 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 WHS Hazard Management Procedure.

## 8. REVIEW

8.1. The WHS Corrective and Preventative Action Procedure will be reviewed by the WHS Committee, in consultation with workers and their representatives, every three (3) years or more frequently if legislation or organisational needs change, and 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 Manager of Corporate & Community Services should report on the outcomes of such reviews to the HSC and management team.

## 9. REFERENCES

[Work Health and Safety Act 2012](#)

[Work Health and Safety Regulations 2012](#)

[General Disposal Schedule 20 for Local Government](#)

[ReturnToWorkSA's Performance Standards for Self-Insurers](#)

[Code of Practice: How to Manage Work Health and Safety Risks](#)

[Worker Representation and Participation Guide](#)



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## 10. RELATED DOCUMENTS

Incident Reporting and Investigation Procedure  
 Hazard Management Procedure  
 Communication and Consultation Procedure

## 11. DOCUMENT HISTORY

Version No:	Issue Date:	Description of Change:
1.0	8 Dec 2010	New Document
2.0	5 Aug 2014	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	23 Aug 2016	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 'CAPA, replace references to 'Risk Management procedure' with 'Hazard Management procedure'; formatting & language.