



National Guideline to AFP health and safety management arrangements 2007 – 2012

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1. Disclosure and compliance

This document is classified **UNCLASSIFIED** and is intended for internal AFP use.

Disclosing any content must comply with Commonwealth law and the [AFP National Guideline on disclosure of information](#).

Compliance

This instrument is part of the AFP's professional standards framework. The [AFP Commissioner's Order on Professional Standards \(CO2\)](#) outlines the expectations for appointees to adhere to the requirements of the framework. Inappropriate departures from the provisions of this instrument may constitute a breach of AFP professional standards and be dealt with under Part V of the [Australian Federal Police Act 1979](#) (Cth).

2. Acronyms

AFP	Australian Federal Police
CO3	Commissioner's Order 3
DWG	Designated Work Group
DHSR	Deputy Health and Safety Representative
HSR	Health and Safety Representative
HSMA	Health and Safety Management Arrangements
OHS	Occupational Health and Safety
OSC	Operational Safety Committee
PIN	Provisional Improvement Notice

3. Definitions

Employee(s) - Means an appointee as defined in s. 4 of [Australian Federal Police Act 1979](#) (Cth), to be a:

- Deputy Commissioner
- AFP employee
- Special member
- Special protective service officer
- Person engaged overseas under s. 69A to perform duties overseas as an employee of the AFP
- Person engaged under s. 35 as a consultant, or independent contractor, to perform services for the AFP
- Consultant, or independent contractor, determined by the Commissioner under s. 35(2) to be an AFP appointee
- Person assisting the AFP to perform its functions under an agreement under s. 69D.

Consultation - is taken to involve appropriately informing employees, and inviting and considering their responses. Sufficient action must be taken to secure employees' responses and to give the employees' views proper attention. Consultation involves more than a mere exchange of information. Employees must be contributing to the decision-making process. ([Health and Safety Management Arrangements - A guide to developing HSMAs](#))

Designated Work Group (DWG) - a specified group of employees, established as a designated work group in accordance with Section 24 of the [Occupational Health and Safety Act](#)

[1991](#), for the purpose of selecting a Health and Safety Representative.

Hazard - is taken to mean a source or situation with a potential for harm in terms of human injury or ill-health, damage to property, damage to the environment, or a combination of these. (AS/NZS 4804:2001)

Health and Safety Representative (HSR) - an employee chosen by members of the DWG to represent their interests to ensure that their views may be considered when decisions are made about the management of workplace health and safety.

Risk - (in relation to any potential injury or harm) is taken to mean the likelihood and consequence of that injury or harm occurring. (AS/NZS 4804:2001)

Safety - is taken to mean a state in which the risk of harm (to persons) or damage is limited to an acceptable level. (AS/NZS 4804:2001)

4. Authority

This guideline was created by the National Manager Human Resources using power under s. 37(1) of the [Australian Federal Police Act 1979](#) (Cth) as delegated by the Commissioner under s. 69C of the Act.

5. Introduction

These are the AFP Health and Safety Management Arrangements (HSMA) under s. 16 of the [Occupational Health and Safety Act 1991](#).

The purpose of the HSMA is to facilitate the continuous improvement of occupational health and safety management systems to reduce the risk and incidence of workplace injury and illness.

The HSMA set out the responsibilities of all parties, establish the Occupational Health and Safety (OHS) consultation framework and the process for avoiding a dispute. It documents the arrangements agreed between AFP management and employees on the management, promotion and development of measures to ensure the health, safety and welfare of employees at work.

The HSMA apply to all AFP employees.

Although s.8 of the [Occupational Health and Safety Act 1991](#) provides an exemption to the AFP with regard to dangerous and covert operations, this exemption only applies to those factors considered outside the control of the AFP.

6. Informing employees of the HSMA

The AFP will provide information to employees:

- in a manner that is readily accessible and easily understood
- within a reasonable timeframe so that employee representatives can consult with employees and obtain their views
- in a manner that enables employee suggestions to be considered.

7. Availability of the HSMA

The Health and Safety Management Arrangements (HSMA) will be made available to all employees via the AFP Hub. If an employee is unable to access the document on the Hub they may request a hardcopy from their Area OHS Advisor or send an e-mail request to <mailto:Health-Safety%26Rehabilitation@afp.gov.au>.

8. Consultation

Establishment, review and update of the Health and Safety management Arrangements (HSMA) will occur in consultation with employees and, where they choose, their nominated representatives.

The AFP will use the health and safety committees established by the HSMA to facilitate consultation to establish, review and update the arrangements.

9. Health and safety management policy

The AFP recognises its moral and legal responsibility to provide a safe and healthy work environment and systems of work for employees, contractors, clients and visitors.

The Commissioner is committed to achieving high standards of health and safety throughout AFP operations and seeks the same commitment from each AFP employee.

The AFP will work to improve OHS management systems to reduce the incidence of workplace injury and illness. The AFP Health and Safety Management Arrangements (HSMA) facilitate consultation and cooperation between management, employees and health and safety representatives.

All AFP activities will be carried out so as to protect the health and safety of AFP employees, contractors, clients and visitors. It is acknowledged that the health and safety of employees is paramount and that the best way to reduce the human and financial costs of work related injury and illness is through a strategic focus on prevention. The AFP will apply a risk management approach to health and safety.

The AFP has appointed the Coordinator Health, Safety and Rehabilitation to oversee the management of the AFP Occupational Health and Safety (OHS) program and Area OHS Advisors and Rehabilitation Case Managers to facilitate provision of injury prevention and management advice.

9.1 Employer responsibilities

The AFP will provide a comprehensive occupational health and safety management program to assist all AFP members to create and maintain a healthy and safe environment in which to manage and protect the employees of the organisation. The AFP, in consultation with employees, will:

- to the extent practicable, provide and maintain safe systems of work
- identify hazards, assess any associated risk and take appropriate action to treat the risk
- conduct a formal documented incident investigation, in accordance with the [AFP National](#)

[Guideline on Workplace Incident Investigation](#), of each workplace incident notified to Comcare under s. 68 of the [Occupational Health and Safety Act 1991](#)

- conduct an informal investigation, in accordance with the AFP [National Guideline on Workplace Incident Investigation](#), for all other incidents where an AFP Workplace Incident Report form has been completed, to determine and document the action taken or proposed to prevent similar incidents
- develop, implement and review national OHS guidelines, practical guides and other OHS documentation
- make information relating to design of workplace equipment, processes, substances and plant readily available and accessible to all levels of management, employees, Health and Safety Representatives (HSRs), and consultative committees which consider OHS issues
- provide information and training, including induction training, to all employees on occupational health and safety, including hazard identification, risk assessment and risk control measures
- organise and conduct biannual hazard inspections in consultation with HSRs, using an inspection checklist (available from the OHS Advisor)
- consult and liaise with external key stakeholders in situations that involve third party control of the workplace (for example the Department of Prime Minister and Cabinet in relation to the Lodge)
- provide all managerial and supervisory staff with training to enable them to meet their responsibilities in relation to occupational health and safety
- provide all employees where appropriate with any necessary safety equipment and protective clothing, and training in the use of that equipment and clothing, to enable them to work safely
- organise and conduct appropriate environmental and medical monitoring programs
- provide appropriate medical and health advice and first aid services for employees.

The AFP Executive, Managers, Coordinators and Team Leaders have overall responsibility and accountability for the provision of a healthy and safe workplace.

Managers at all levels (includes Coordinators and Team Leaders), in planning their work and as a part of overall people and resource management, have a responsibility to the employees in their workgroup. Managers will ensure on behalf of the AFP that all reasonably practical steps have been taken to protect the health and safety of employees in their sphere of responsibility. In the AFP, managers will take into account the need to improve the way we work to reduce the risk and incidence of injury and illness to our employees.

Managers at all levels are also individually responsible and accountable for promoting the merits of a safe workplace, ensuring effective risk reduction to prevent injury/illness in their workplace and for ensuring that if injury or illness does occur steps are taken to minimise the risk of the causal hazard. Individual performance against these objectives should be assessed as part of the performance management review process.

The AFP undertakes that no action or threat of action will be taken to prejudice an employee's position if the employee raises a health and safety issue, assists an investigator or stops work as the result of a direction by a Health and Safety Representative.

9.2 Employee responsibilities

AFP employees will take all reasonable practicable steps to ensure that they:

- work safely, minimising risks to their own health and safety, and that of other persons, whether or not the other persons are AFP employees
- assist the AFP to achieve its goals in relation to providing a healthy and safe work environment
- satisfactorily complete training and educational programs that are provided by the AFP to increase health and safety awareness skills
- use any safety equipment provided to them by the AFP, in accordance with the instructions about its safe and proper use
- respond to health and safety issues in their sphere of responsibility by reporting hazards and incidents that might have caused injury or illness, as well as incidents that caused injury or illness, to the Coordinator/Team Leader in charge of the work activity.

Notwithstanding the above responsibilities, any employee has a right to cease particular work, without loss of benefits, when the employee genuinely believes the particular task involves an immediate threat to health or safety. This right to stop work only applies to those risks that are within the control of the AFP and does not cover those risks that would be exempted under s. 8 of the [Occupational Health and Safety Act 1991](#) (Cth). In the event of an employee exercising their right to cease work, the employee's Coordinator/Team Leader and HSR must immediately be informed. In such a case, the AFP may direct the employee to perform suitable, alternative work.

9.3 Provision of information, education and training

Occupational Health and Safety (OHS) training needs will be assessed by area Management Teams and Coordinators/Team Leaders, in consultation with Learning and Development, the Area OHS Advisor and Coordinator Health, Safety and Rehabilitation.

Training and relevant information will be provided as required when national OHS guidelines, practical guides and other OHS documentation are implemented.

Health and safety information will be included in standard operating procedures, standard tactical plans, induction training and training in safe systems of work and the selection, use and maintenance of safety equipment.

On-line OHS induction training will be made available through iAspire and must be completed by each new employee within 4 weeks of commencement.

Members of the Regional OHS Consultative Committees and the National OHS Committee are encouraged to attend suitable accredited training to fit them for the committee role. Comcare regularly delivers a training course called 'Making the Most of Health and Safety Committees'. Time off work will be provided to enable training attendance and the associated training cost will be the responsibility of the business area responsible for the payment of that member's salary.

9.4 Risk management

Occupational Health and Safety risks will be identified, assessed and treated in accordance with regulatory requirements, the [AFP National Guideline on Risk Management](#) and guidance on the recommended practices to manage the identified risk.

9.5 Changes to work environment

The introduction of new technology, work practices, plant or substances will be subjected to the procedures outlined in the [AFP National Guideline on Risk Management](#). Health and Safety Representatives should be invited by management to be involved in the process of risk identification, assessment and treatment.

The AFP must consult with the HSR when implementation of changes at the workplace may affect the health and safety of the employees in the Designated Work Group and the HSR has requested consultation under S. 30(1)(a) of the [Occupational Health and Safety Act 1991](#).

9.6 Consultants

Both AFP management and Health and Safety Representatives (HSRs) may be assisted by an independent consultant. However, unless prior endorsement has been received, management is not obliged to pay for the services of a consultant engaged by an HSR.

Where the AFP has agreed to engage a consultant, the consultant must be provided with a written brief prior to commencement of any work.

Any consultant used will be required to submit a written report, detailing their findings as well as any recommended action and expected costs of implementing such action. Consultants' reports will be circulated to all relevant managers and HSRs as well as being tabled at the next meeting of the relevant OHS consultative forum or committee.

9.7 Workplace incident notification and reporting

Within the AFP, all incidents that might have caused injury or illness, as well as the incidents that caused injury or illness, must be reported using the AFP **Workplace Incident Report Form**. The form is available on the AFP Hub through the forms function in *Insight!*. The completed form must be submitted to the line manager supervising the work activity at the time of the incident.

Incidents that involve death, serious personal injury, incapacity of 30 or more days/shifts and/or dangerous occurrences must be notified to Comcare within the time period prescribed by legislation. The employee/s affected and/or their line supervisor at time of incident are responsible for ensuring compliance with the relevant legislative and governance requirements. The *Insight!* Help function provides guidance on the definitions of 'accident category'. Applicable legislative provisions include Sections 5, 68 and 69 of the *Occupational Health and Safety Act 1991* and Regulations 2, 3, 36A, 37, 37A, 37B, 37C and 37G of the [Occupational Health and Safety \(Safety Arrangements\) Regulations 1991](#).

9.8 Rehabilitation

The AFP, in accordance with the [AFP National Guideline on Occupational Rehabilitation and Return to Work](#) and the [AFP Practical Guide on Occupational Rehabilitation and Return to Work](#), is committed to providing a workplace based occupational rehabilitation service to its employees who sustain a work related injury or illness. Assessment of the need for a return to work program will be undertaken for all ill or injured employees who are off work, or likely to

be off work, for periods in excess of ten working days.

Employees who have sustained a non work-related injury or illness may be given the opportunity to undertake a return to work program where this is recommended by the AFP rehabilitation case manager and approved by the relevant manager.

Where appropriate, a return to work plan will be instituted following the procedures set out in the [AFP National Guideline on Occupational Rehabilitation and Return to Work](#).

10. OHS consultative arrangements

The AFP will establish a consultative structure consisting of occupational health and safety committees, designated work groups, Health and Safety Representatives and Occupational Health and Safety Advisors.

10.1 OHS committees

The AFP encourages employee involvement and participation on matters likely to affect health, safety and welfare. The AFP Occupational Health and Safety (OHS) committee structure and purpose are:

- **National OHS Committee:** to provide strategic direction to the AFP OHS management program.
- **Operational Safety Committee (OSC):** to provide strategic advice and direction to the AFP in areas of operational safety training practices, operational safety practices in the workplace, operational safety orders and guidelines, and associated OHS policy issues.
- **Regional OHS Consultative Committees:** to fulfil the statutory function required in the [Occupational Health and Safety Act 1991](#) by representing the collective interests of employees located in the region and providing the peak formal consultative body for OHS issues in the region. Matters which are unable to be resolved at the regional committee level may be referred to the National OHS Committee.
- **Workplace OHS Consultative Forums:** to provide a formal forum to ensure regular employee involvement in the management of health and safety at the workplace level. This OHS consultation may be included as a standing item on the agenda of an existing meeting (such as a staff meeting). Matters which are unable to be resolved at workplace level may be referred to the Regional OHS Consultative Committee.

Attachment 1, AFP OHS Consultative Structure, provides further information about each committee and its terms of reference.

10.2 Designated work groups

Designated Work Groups (DWG) will be an important part of the OHS consultation arrangements. These will be established in accordance with the [Occupational Health and Safety Act 1991](#). The aim of a DWG is to facilitate convenient collective representation of the interests of the specified group of employees taking account of employment related factors such as geographic location, the nature and type of work performed and the shift arrangements.

The National OHS Committee and Regional OHS Consultative Committees may identify and recommend the establishment, review or update of Designated Workgroups. When identifying

DWGs consideration will be given to the criteria set down in s. 24 of the [Occupational Health and Safety Act 1991](#).

An application to establish, review or update a DWG will be considered by the National OHS Committee who may endorse or reject the application.

Refer to **Attachment 2** for a list of agreed Designated Work Groups.

10.3 Health and Safety Representatives

The role of a Health and Safety Representative (HSR) is that of an employee who is chosen by members of a DWG to represent their collective interests to ensure that their views may be considered when decisions are made about the management of workplace health and safety.

One HSR and one Deputy HSR (DHSR) may be elected for each DWG to represent the collective interests of the employees. To be eligible the person must be an employee included in the group. The election process will be conducted by the area OHS Advisor, within the letter and spirit of the [Occupational Health and Safety Act 1991](#).

In some cases, where the DWG covers a number of groupings of employees who perform different types of work and/or shift arrangements, more than one DHSR may be elected. Both the HSR and DHSR must be members of the DWG.

The elected HSR will represent all members of the DWG. A DHSR undertakes the role of the HSR and therefore can exercise the associated powers **only** in the absence of the HSR.

The AFP will recognise the statutory role and powers of the HSR. The AFP acknowledges, and will support, the primary role of the HSR to represent the health and safety interests of employees within their DWG. The rights and powers of HSRs, as laid down in S. 28 of the [Occupational Health and Safety Act 1991](#), are reproduced in **Attachment 4**.

The HSRs will have access to such time and facilities as are necessary and prescribed for them to exercise their powers under the Act.

The HSRs will disseminate health and safety information to, and liaise with, members of their DWG and may meet with other HSRs in the AFP, as required.

An employee ceases to be the HSR or DHSR when they resign from the role of HSR or DHSR, on disqualification, ceasing to be a member of the relevant DWG or ceasing to be an employee of the AFP. Resignation, in writing, is required if the HSR or DHSR no longer wishes to fulfil the role. The HSR or DHSR will forward the written resignation to:

- The relevant Coordinator/Team Leader
- The area OHS Advisor

And will also notify all members of the DWG.

Disqualification of a HSR or a DHSR may be sought on the grounds that:

- Action taken by the HSR or DHSR was taken with the intention of causing harm to the AFP or to an undertaking of the AFP; or action by the HSR or DHSR was taken unreasonably, capriciously or otherwise than for the purpose for which the power was conferred on the

representative; or

- The HSR or DHSR has intentionally used, or disclosed to another person, for a purpose that is not connected with the exercise of a power of a HSR, information acquired from the AFP.

Upon resignation or disqualification of the HSR, the DHSR of the DWG will be considered appointed to the role of HSR for the remaining period of their term of office.

The HSRs will notify the appropriate Coordinator/Team Leader of the findings of any inspections and/or investigations.

The HSRs are encouraged to make any suggestions for improvement in working conditions in writing. The appropriate manager will respond to such suggestions in writing.

HSRs will be involved and assist in the OHS risk management process and may assist AFP management with workplace incident investigation in their respective designated work group.

The AFP will maintain a list of current DWGs, and the names of HSRs and DHSRs for each group, and make the list available to employees on the AFP Hub, through the Health and Safety portal.

HSR election process: The election of a HSR and a DHSR will be conducted by the AFP in line with the requirements of the [Occupational Health and Safety Act 1991](#) and the [Occupational Health and Safety \(Safety Arrangements\) Regulations 1991](#).

The returning officer appointed to conduct the election will be the area OHS Advisor.

Attachment 3 - HSR Election Process, outlines the process applied to the election.

HSR term of office: The term of office of each selected/elected HSR and DHSR will be three years and they will be eligible for further terms.

HSR training: The AFP agrees to provide funds and time off work for each HSR and DHSR to attend a Comcare accredited HSR training course. There is no legal requirement to repeat the accredited training course when elected to serve a further term. The AFP will however agree to provide funds and time off work to attend a HSR refresher course if the need for such is identified by the reappointed individual.

10.4 OHS advice

The AFP has appointed the Coordinator Health, Safety and Rehabilitation, Area Occupational Health and Safety Advisors and Rehabilitation Case Managers to provide advice on injury prevention and management.

10.5 Dispute avoidance and settlement procedure

Where possible health and safety issues will be resolved between the relevant Team Leaders and employees in the workplace in which the issue has been raised.

As soon as possible after an issue has been raised (and the matter does not constitute an immediate threat to the health and safety of employees), the relevant Coordinator/Team Leader must communicate with the relevant employee and/or Health and Safety Representative (HSR)

and attempt to resolve the issue.

To facilitate resolution of health and safety issues in the workplace, and to prevent and settle any potential dispute, all parties agree to adhere to the following dispute avoidance and settlement procedure:

Step 1:

The HSR, or employee, raising an issue will write formally to the immediate Coordinator/Team Leader outlining the basis of the complaint. Where the issue is raised by an employee, a copy of the written communication is to be provided to the HSR.

The Coordinator/Team Leader provides written acknowledgement of the receipt of the complaint.

The Coordinator/Team Leader will have the responsibility and the authority to investigate and resolve the matter to the satisfaction of all parties. The Coordinator/Team Leader will respond to the complainant within 3 weeks either:

- Accepting the complaint and outlining the action that will be taken to attempt to resolve the issue; or
- Refusing to accept the complaint and outlining the reasons for non-acceptance.

If not the complainant, a copy of the response is to be provided to the HSR.

Occupational Health and Safety (OHS) management advice is available from the Area OHS Advisor.

Step 2:

If the dispute is not able to be resolved at the Coordinator/Team Leader level it may be referred to the next supervisory level. The relevant supervisor will then have the responsibility and the authority to investigate and resolve the matter to the satisfaction of all parties. The relevant supervisor will respond to the complainant within the timeframes and manner described above. OHS management advice is available from the Area OHS Advisor and/or members of the National Health, Safety and Rehabilitation Team.

Step 3:

If the dispute is not able to be resolved it may be referred to the National Manager of the functional area/Office Manager who will either resolve the matter or will refer it for resolution by the National Manager Human Resources. OHS management advice is available from the Coordinator Health, Safety and Rehabilitation.

Step 4:

If the dispute is not able to be resolved at the workplace, and all agreed steps for resolving it have been taken:

- The AFP may make a request to Comcare that an investigation be conducted at the

workplace to resolve the matter.

- The HSR may make a request to Comcare that an investigation be conducted at the workplace to resolve the matter.
- The HSR may issue a Provisional Improvement Notice under s. 29 of the [Occupational Health and Safety Act 1991](#).

Any decision or direction which Comcare makes in relation to the dispute will be accepted by all affected persons and will be complied with.

Nothing contained in this procedure will prevent the employer, the HSR, employees or, where they have chosen, their nominated representatives from entering into negotiations at any level if it seems likely to help resolve the OHS issue. Where a person does this they must advise the other parties involved in the dispute.

If a HSR has reasonable cause to believe that there is an **immediate threat** to employees in their DWG, the HSR should **immediately** approach the relevant Manager. If no relevant Manager can be contacted immediately, the HSR may direct employees to cease, in a safe manner, to perform the activity perceived to be an immediate threat, and as soon as practicable inform relevant Manager that the direction has been given.

10.6 Provisional Improvement Notices

Health and Safety Representatives (HSRs) have the power to issue a Provisional Improvement Notice (PIN) if, following consultation with the appropriate manager or coordinator/team leader, they believe that a provision of [Occupational Health and Safety Act 1991](#) and/or regulations is being contravened, or has been contravened and is likely to be contravened again. The PIN should only be issued after the application of the dispute avoidance and settlement process in s. 13 has failed to resolve the matter.

Where a HSR has deemed it necessary, the PIN is to be issued to the appropriate senior Manager or Coordinator/Team Leader in the area where the contravention is occurring or has occurred. As soon as possible after a PIN is issued, the Manager or Coordinator/Team Leader will ensure that all affected employees are aware of the PIN and that the PIN is displayed within the relevant workplace.

The PIN remains in force until the AFP complies with any stipulated action, the PIN is withdrawn by the HSR or the PIN is suspended while Comcare conducts an investigation and determine an outcome.

11. Establishment of HSMA

The Health and Safety Management Arrangements (HSMA) will be considered by the National OHS Committee and provided to Regional OHS Consultative Committees for comment. Regional OHS Consultative Committees may further consult with employees.

The AFP National OHS Committee will consider the views of the Regional OHS Consultative Committees and may vary the HSMA.

Upon endorsement by the AFP National OHS Committee the HSMA will be submitted to the Commissioner for approval.

The HSMA will come in to force upon approval by the Commissioner.

12 Term of the HSMA

The term of these HSMA is five years from the date of approval.

13. Review of HSMA

For the purposes of this section 'review' means 'to examine with a view to making changes that would materially depart from the operation of the existing HSMA'.

The Health and Safety Management Arrangements (HSMA) can be reviewed, if necessary, from time to time to:

- improve the operation of the HSMA if they are not fulfilling the prime purpose of reducing the risk of workplace injury and illness
- incorporate additional measures that would improve the health and safety of AFP employees.

A review of the HSMA may be initiated by the Coordinator Health, Safety and Rehabilitation, the National OHS Committee or any Regional OHS Consultative Committee. An application for review must identify the measures to be reviewed and provide alternate proposals and the reasons for those proposals.

An application for review of HSMA will be considered in the first instance by the AFP National OHS Committee and will then follow the same process set out for the establishment of the HSMA (refer to s. 8 above).

14. Update of HSMA

For the purposes of this section 'update' means 'to examine with a view to making changes that would:

- **not** materially depart from the operation of the existing Health and Safety Management Arrangements (HSMA)
- incorporate changes that would have been imposed by amended or new legislation, regulations or codes of practice
- incorporate changes that would avoid inconsistency with amended or new legislation, regulations or codes of practice.

The HSMA can be updated, if necessary, from time to time to:

- incorporate textual changes
- comply with changed legislation, regulations or codes of practice.

A proposal to update HSMA may be initiated by the Coordinator Health, Safety and Rehabilitation and made to the National OHS Committee. Any application for update must identify the measures to be updated and provide the reasons for those updates.

An application to update the HSMA will be considered by the AFP National OHS Committee who may endorse or reject the application.

15. Transitional arrangements

Existing OHS arrangements will remain in place until such time as the HSMA come in to effect and are implemented. However, administrative processes such as DWG establishment and HSR election will be conducted in accordance with the new legislative provisions that come into effect on 15 March 2007.

16. Commencement of the HSMA

The AFP HSMA will come in to effect upon approval by the Commissioner.

17. Further advice

Any queries relevant to the content of this guideline should be referred to Coordinator Health, Safety and Rehabilitation.

18. References

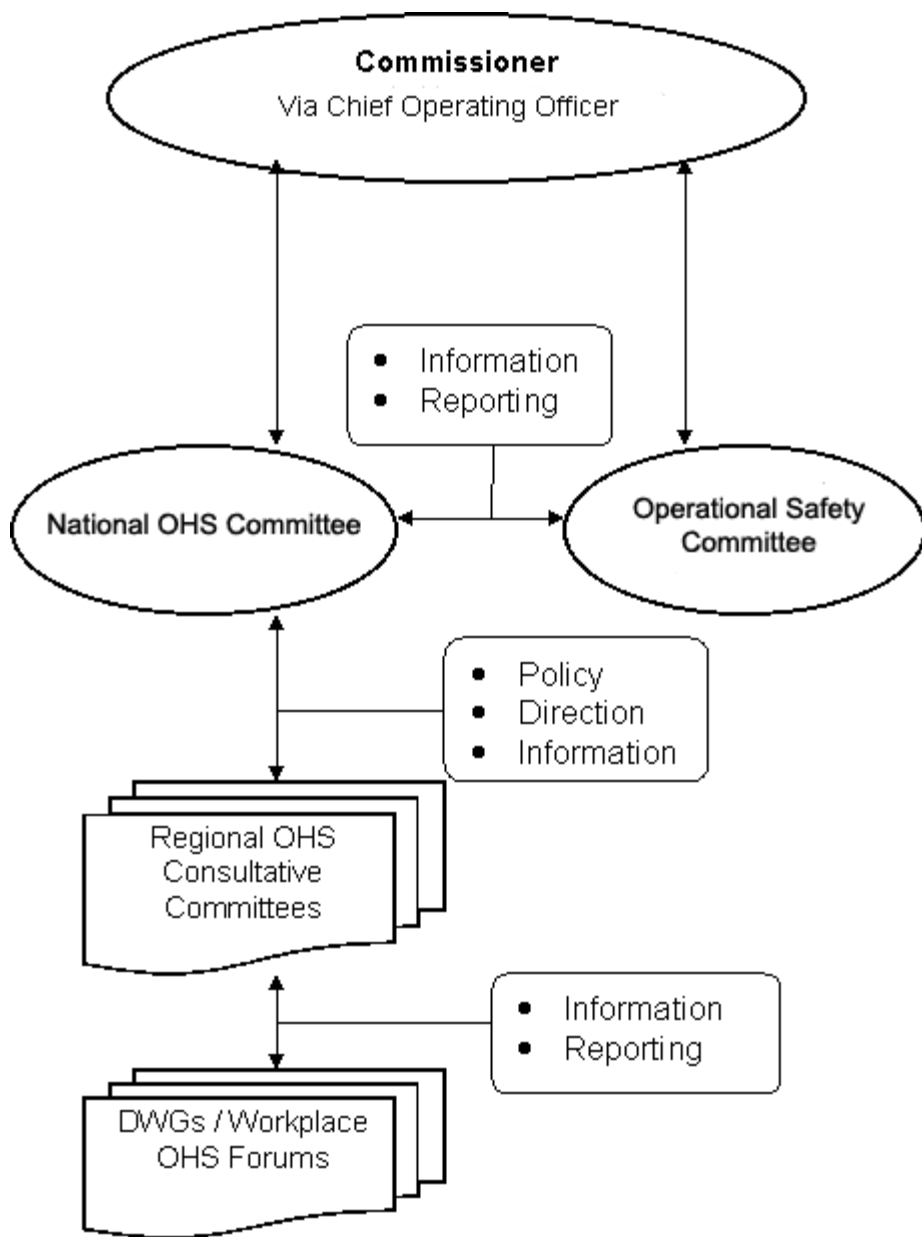
- [Occupational Health and Safety Act 1991](#)
- [Occupational Health and Safety \(Safety Arrangements\) Regulations 1991](#)
- [Occupational Health and Safety \(Safety Standards\) Regulations 1994](#)
- [AFP National Guideline on Workplace Incident Investigation](#)
- [AFP National Guideline on Risk Management](#)
- [AFP National Guideline on Occupational Rehabilitation and Return to Work](#)
- [AFP Practical Guide on Occupational Rehabilitation and Return to Work](#)
- [Health and Safety Management Arrangements - A guide to developing HSMAs](#), Comcare, Australian Government
- AS/NZS 4804:2001, Occupational health and safety management systems - General guidelines on principles, systems and supporting techniques, Section 3, Standards Australia

19. Attachments

- Attachment 1 - AFP OHS Consultative Structure
- Attachment 2 - Agreed Designated Work Groups
- Attachment 3 - HSR Election Process
- Attachment 4 - Powers of the HSR

Attachment 1 - AFP OHS Consultative structure

OHS Consultative Structure:



Terms of reference:

National OHS Committee:

Primary responsibility:

The National OHS Committee has primary responsibility for providing strategic direction to the AFP OHS management program. It reviews AFP OHS performance and oversees the development, implementation, and review of national guidelines for workplace injury/illness prevention and management. The Chair of the Committee is accountable for the decisions and outcomes reached by the Committee. The role of Committee Members is to provide the Chair with relevant advice in support of his or her accountability to the Commissioner.

Specific Responsibilities:

Endorse and provide strategic direction on:

- The AFP OHS management program
- Health, safety & rehabilitation targets and performance indicators for the AFP
- Injury/illness prevention and management guidelines for the AFP
- Oversee and provide direction on:
 - The development, implementation and review of the AFP OHS management system
 - The aggregate results from audits of the AFP OHS management system
 - The health and safety aspects of new technologies, work re-organisation, building proposals and plant and equipment purchases
 - AFP OHS performance against the national targets
- At the request of the Commissioner, to review and advise on investigations into accidents or other OHS reports.

Membership:

National Manager Human Resources (Chair); National Managers responsible for Protection, Aviation; International Deployment Group; Forensic and Data Centres; Commander Operations ACT; a representative of the Australian Federal Police Association and the Commonwealth Public Sector Union; Three Health and Safety Representatives nominated by the Australian Federal Police Association and one Health and Safety Representative nominated by the Commonwealth Public Sector Union.

Advisors to the committee consist of managers responsible for: People Strategies; Learning and Development; Commercial Support; Medical Services; Wellbeing Services and the Coordinator Health Safety and Rehabilitation. The responsibilities of advisers are to provide advice to the committee in regard to their areas of responsibility. They have no voting right to decisions and outcomes of the committee.

Secretariat services will be provided by a member of the Health Safety and Rehabilitation Team. Members of other AFP consultative forums that consider OHS issues, and other interested parties, may attend as observers with prior consent of the Chair. Consent is to be sought through the Secretariat. External organisations may be invited to give presentations on areas of interest to the Committee.

Meeting frequency:

Once every four months. Additional meetings may be convened out of session, with the agreement of members, to address urgent issues.

Accountability:

The National OHS Committee reports to Chief Operating Officer.

Operational Safety Committee (OSC)

Primary responsibility:

The Operational Safety Committee has primary responsibility for providing strategic advice and

direction to the AFP in the following areas:

- Operational safety training practices
- Operational safety practices in the workplace
- Operational safety orders (CO3) and guidelines
- Associated OH&S policy issues.

The Chair of the Committee is accountable for the decisions reached and the outcomes of the Committee. The purpose of the Committee members is to provide the Chair with information, discussion, collaboration and advice in support of his or her accountability to the Commissioner.

Specific Responsibilities:

- Provide advice to the Commissioner on amendments to Commissioner's Order 3.
- Monitor and report on numbers of AFP personnel currently qualified in use of force.
- Review, assess and approve the introduction of operational safety related equipment and accoutrements in the AFP.
- Review, assess and approve any changes to the operational safety training practices, procedures or methodologies in the AFP.
- Review, assess and approve any new operational safety training programs in the AFP.
- Review OHS and Comcare data relating to injuries caused by operational safety training or practice and recommend changes to ameliorate the risks.
- Communicate changes in any of the above policies or practices to Managers and the wider workforce.
- Assess AFP compliance with nationally agreed guidelines relating to operational safety.

Membership:

National Manager Human Resources (Chair); Manager Learning and Development; Deputy Chief Police Officer - Response (ACT Policing); Manager Professional Standards; Office Manager representative (currently Deputy Manager Sydney Office); Manager Forensic Services - National (Firearm Registrar); Manager International Deployment Group (currently MORG); Manager Specialist Groups Aviation; Manager Protection; Coordinator Health, Safety and Rehabilitation; Principal Medical Officer; Coordinator Operational Safety and Protection; and Team Leader Operational Safety and Police Practice.

Secretariat services are provided by Coordinator Operational Safety and Protection. Other interested parties may attend as observers with the prior consent of the Chair. Consent is to be sought through the Secretariat. Other internal or external representatives may be invited to give presentations on areas of interest to the Committee.

Meeting frequency:

The OSC meets every three months. Urgent matters may be considered by OSC members out of session.

Accountability:

The Operational Safety Committee reports to Chief Operating Officer.

Regional OHS Consultative Committees

Primary responsibility:

The Regional OHS Consultative Committees have primary responsibility for undertaking the statutory function required in the [Occupational Health and Safety Act 1991](#). They ensure employee involvement and participation in the management of health and safety. They assess and recommend controls for identified OHS risks in the local activities and work environments, and help the AFP to develop, implement, disseminate and review effective measures to protect and promote the health and safety of all AFP employees. The Committees review local OHS performance and oversee the development, implementation and review of risk mitigation strategies for workplace injury/illness prevention and management. The Chair of the Committee is accountable for the decisions and outcomes reached by the Committee. The role of Committee Members is to provide the Chair with relevant advice in support of his or her accountability to the local office Manager(s).

Specific responsibilities:

The Regional OHS Consultative Committees functions will be to:

- perform the statutory function required at ss. 34, 35 and 36 of the [Occupational Health and Safety Act 1991](#)
- ensure compliance with legislative and AFP governance framework requirements and inform local employees of any changes
- contribute to and assist in the development, implementation, dissemination and review of AFP OHS strategies and national guidelines
- contribute to and assist in the implementation of the AFP OHS risk management process, providing advice to Health and Safety Representatives, Managers and employees regarding the management of workplace hazards and risks
- deal with or propose action to resolve individual OHS issues on a regional basis
- oversight the workplace inspection program and reporting for the region
- provide injury and incident reporting for the region
- maintain registers of Designated Work Groups, Health and Safety Representatives, Deputy Health and Safety Representatives, Emergency Control Officers and First Aid Officers
- assist management and employees to identify and access the resources required to address occupational health and safety issues
- facilitate the provision of updated training to Managers and employees
- report to, and seek guidance from, the National OHS Committee.

Membership:

Chair of each Regional OHS Consultative Committee will be appointed by the National Manager Human Resources; members will include Health and Safety Representatives of Designated Work Groups in the region; local management representatives; the Senior Business Advisor HR and Area OHS Advisor.

Secretary of the Regional OHS Consultative Committee will be determined by the Chair. Other interested parties may attend as observers with prior consent of the Chair. Consent is to be sought through the Secretariat.

Meeting frequency:

At least once every four months. Additional meetings may be convened out of session, with the agreement of members, to address urgent issues.

Accountability:

The Regional OHS Consultative Committees report to the National OHS Committee.

Training:

In view of recommendations by Comcare Australia, the AFP will provide training to members of the Regional OHS Consultative Committees who wish to undertake it. The purpose of the training is to help members take practical steps to improve the outcomes achieved by the Committee. Training will at least include the legal requirements under the [Occupational Health and Safety Act 1991](#), outline the role of a health and safety committee, and the responsibilities of the committee members.

This training is delivered regularly by Comcare. Costs associated with the training will be the responsibility of the member's current business area.

Implementation:

A Regional OHS Consultative Committee arrangement will be implemented in the following areas:

- ACT
- ACT Policing
- International Deployment Group
- NSW
- SA
- QLD
- VIC/TAS
- WA/NT

Workplace OHS Consultative Forums

Primary responsibility:

The Workplace OHS Consultative Forums provide a formal forum to ensure regular employee involvement and participation in management of health and safety at the workplace level. This OHS consultation may be included as a standing item on the agenda of an existing meeting (such as a staff meeting). Functions will be to:

- contribute to and assist in implementation of OHS guidelines and strategies at workplace level
- contribute to and assist in the implementation of the AFP OHS risk management process,

- seeking and providing advice regarding the management of workplace hazards and risks
- assist employees to identify and access the resources required to address OHS issues
- deal with or propose action to resolve individual OHS issues at the workplace level.

Issues and outcomes of discussions will be recorded, kept on file in the workplace and made available to relevant persons as required (eg employees or Area OHS Coordinator). Issues unable to be resolved at this level will be referred to the Regional OHS Consultative Committee.

Attachment 2 - Agreed designated work groups

Regional OHS Consultative Committee	Designated Work Group
ACT	National Headquarters (includes employees located at Drakeford Building, Mort St, Moore St, West Block, Salvation Army House other than Learning and Development, Bowes Pl, External Territories and AFP locations internationally other than International Deployment Group)
	109 Canberra Avenue
	Learning & Development (including National Training Centre)
	Forensic & Data Centres
	Information Services
	Headquarters Protection (including Close Personal Protection)
	AFP Operations Coordination Centre
	Air Safety Officers (all locations)
	Canberra Airport
	Defence - ACT
	DFAT - ACT
	Diplomatic Protection Unit - ACT
	Official Establishments - ACT
	Parliament House
	Headquarters Joint Operational Command
	ACT Policing
Winchester Centre (Corporate)	
Winchester Centre (Operational)	
Property Office	
Crime Prevention	

	Prosecution and Judicial Support
	Traffic
	City Patrol (including Watch House & Beats)
	Belconnen Station
	Tuggeranong Station
	Woden Station
	SRS Specialist Teams
	SRS Tactical Response
	Gungahlin Station
	Technicians
	TIG - City Station
	Counter Terrorism & Emergency Management (CT&EM)
International Deployment Group	International Deployment Group
NSW	Sydney Airport
	Sydney Office
	ANSTO - Lucas Heights
	Diplomatic Protection Unit - Sydney
	Official Establishments - NSW
SA	Adelaide Airport
	Adelaide Office
	Woomera
QLD	Brisbane Airport
	Brisbane Office
	Cairns Airport
	Cairns Office
	Gold Coast Airport
VIC & TAS	Melbourne Airport
	Melbourne Office
	Hobart Airport and Office
	Diplomatic Protection Unit - Melbourne

WA & NT	Perth Airport
	Perth Office
	Diplomatic Protection Unit - Perth
	Alice Springs Airport
	Darwin Airport
	Darwin Office
	Exmouth
	Geraldton
	Pine Gap

Note: **Airport DWGs** include Airport Police Commander, Airport Uniform Police, Counter Terrorism First Response, Joint Airport Investigation Team, Joint Airport Intelligence Group, Police Airport Liaison Officer, Bomb Appraisal Officers, Canine teams and Office Response at the domestic and international airports. They exclude Air Safety Officers who are covered by a separate DWG which is a part of the ACT Regional OHS Consultative Committee

Attachment 3 - HSR election process

The election for a HSR or a DHSR vacancy will be conducted by the AFP.

The AFP appointed returning officer to conduct the election will be the AFP area OHS Advisor. The National OHS Policy Advisor will oversee the election process in the role of a scrutineer.

Each person eligible to vote at an election is entitled to 1 vote only at the election. A person who is eligible to vote in the election may request the OHS Advisor to conduct a poll for the election by secret ballot. If a secret ballot is requested the poll will be conducted in accordance with Divisions 4 and 5 of the [Occupational Health and Safety \(Safety Arrangements\) Regulations 1991](#).

If no request is made for a secret ballot, the OHS Advisor will conduct a poll for the election in the manner outlined below.

Notice of HSR or DHSR vacancy

When a HSR or DHSR vacancy occurs in a DWG the AFP area OHS Advisor will issue a written notice to all employees in the DWG. The notice will:

- invite employees interested in the role to submit a nomination
- state that nominations from interested employees need to be made to the person nominated in the notice by the time specified in the notice
- note that an employee is not eligible for selection as the HSR or DHSR for a DWG unless the person is an employee included in the DWG
- advise the term of the vacancy in line with the requirements of the [Occupational Health and Safety Act 1991](#)
- advise that an employee who has been disqualified under s. 32 of the [Occupational Health](#)

[and Safety Act 1991](#) may not be a candidate in the election for a HSR or a DHSR.

If the use of email is practical the call for nominations will occur by e-mail using the voting button facility in Microsoft Outlook.

If the use of email is impractical the OHS Advisor will provide written information to the employees by some other means such as a noticeboard and the nomination and election process will be conducted by means of a staff meeting at which a vote is taken by a show of hands.

If there is more than one candidate for election at the close of the nomination period, the AFP will conduct an election. The election will be conducted by the AFP OHS Advisor in line with the requirements of the [Occupational Health and Safety Act 1991](#) and the [Occupational Health and Safety \(Safety Arrangements\) Regulations 1991](#).

Election process when members of the DWG have computer access

The nomination and election process will be conducted by e-mail using the voting facility in Microsoft Outlook. All members of the DWG will be able to participate in the process. The nomination and voting period will generally be 2 weeks from the date of notice. The procedure applied will be as follows:

- The OHS Advisor sends vacancy notice by email to all the employees in the DWG and requests nominations.
- Employees submit their nominations to the OHS Advisor by reply mail.
- At the close of the nomination period, the OHS Advisor collates nominations, checks the eligibility of each nominated candidate and determines need for election.
- If a nomination is withdrawn, or is deemed ineligible, the OHS Advisor will:
 - Send an email to the individual to confirm withdrawal of the notification
 - Inform the members of the DWG of the withdrawal.
- Where there is only one nomination for the position, that person will be selected and will be deemed to have been elected as the HSR or DHSR for that DWG
- Where there is more than one nomination for the position the OHS Advisor will inform all nominees of the need for an election and conducts the election.
- The election will be conducted by email using the voting facility in Microsoft Outlook. All members of the DWG will be able to participate in the voting process.
- The OHS Advisor sends an email to all members of the DWG to inform them of the purpose of the election, the names of the candidates, the voting period and the process.
- Employees in the DWG submit their votes to the OHS Advisor by return mail using the voting buttons on the toolbar.
- The OHS Advisor receives, checks and counts each vote and determines outcome of the election
- The OHS Advisor prepares, dates and signs a statement setting out the number of votes given to each candidate and the number of informal ballot-papers
- When the person has been elected to the position of HSR or DHSR the OHS Advisor will:
 - send an email to the elected HSR or DHSR to confirm the appointment and term of office, enclosing the statement on the result of the count
 - inform each candidate of the election outcome
 - organise a notice to the employees of the DWG to inform them of the election of the HSR or DHSR. Such a notice may be distributed by email and the name of the person posted on the HSR/DHSR contact list on the AFP Hub.

In the event of a dispute, the National OHS Policy Advisor recounts the votes and resolves the dispute.

In the event of a tied vote, the successful candidate will be determined by lots drawn by the OHS Advisor in the manner prescribed in s. 23A of the [Occupational Health and Safety \(Safety Arrangements\) Regulations 1991](#).

The National OHS Policy Advisor will provide a copy of the updated HSR list to the Australian Federal Police Association and the Commonwealth Public Sector Union.

If no HSR nominations have been received management will invite an employee from the DWG to fill the vacancy until such time when a nomination is received.

If the use of email is impractical, the nomination and election processes may be conducted by means of staff meetings at which a vote is taken by a show of hands. Employees may be notified of the names of the elected HSR and Deputy HSR by means of a noticeboard.

Attachment 4 - Powers of the HSR

The Health and Safety Representative (HSR), or in their absence the Deputy HSR, have a number of powers in respect to health and safety matters affecting their Designated Work Groups (DWGs). These powers include the right to:

- inspect a workplace within their DWG if there has been a recent accident or dangerous occurrence or there is an immediate threat of an accident or dangerous occurrence
- inspect a workplace within their DWG if they have given the responsible person reasonable notice of the inspection
- make a request to an investigator or to the Safety Rehabilitation and Compensation Commission that an investigation be conducted
- accompany an investigator during any investigation within their designated workgroup whether the investigation has been requested by the HSR or not
- represent the members of their DWG in consultations involving health and safety, if there is no Health and Safety Committee or equivalent forum
- examine any records of the Health and Safety Committee or equivalent
- investigate complaints made by any employee in the work group concerning health and safety of any employee
- with the consent of the employee concerned, be present at any interview concerning health and safety at work, whether the interview is between the employee and an investigator, the employer, or a person representing the employer
- have access to any information within the control of the AFP relating to a risk to the health and safety of any employee within their DWG
- have access to any information held by the AFP relating to the health and safety of an employee, provided the information:
 - is not subject to legal professional privilege
 - if it is confidential medical information, the HSR has written consent to have that information, or the information is in such a form that does not identify the person concerned
- issue a Provisional Improvement Notice (PIN) in accordance with s. 29 of the [Occupational Health and Safety Act 1991](#)
- be assisted by a consultant in performing their role or provide a consultant with

information, provided that the AFP or Comcare has agreed in writing to the provision of that assistance or information. Agreement by the AFP to the use of a consultant does not make the AFP liable for any costs incurred for the consultant's services

- initiate emergency stop work procedures (under s. 37 of the [Occupational Health and Safety Act 1991](#))
- appeal to the Australian Industrial Relations Commission against a decision made by an investigator
- ask Comcare in writing to institute proceedings for offences under the [Occupational Health and Safety Act 1991](#) or Regulations, where proceedings have not been instituted within six months of the occurrence of an act or omission
- not be under any obligation to exercise any of their powers. Nothing in the Act is to be read as rendering a HSR liable in civil proceedings because of:
 - a failure to exercise such a power
 - the manner in which such a power was exercised.