**Finance and Business Services / Infrastructure and Assets**

**SAFE WORK METHOD STATEMENT (SWMS)**

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| WORK DETAIL | | | | | | | | | |
| Title: | | | Work Description: | | | | | | |
| Requested by: | | | Work Order No: | | | | Permit No: | | |
| WMH Facility: | | | Building Name /No. | | | | Facility Address: | | |
| PCBU – Company Name:  *West Moreton Hospital and Health Service* | | | Contractor Name: | | | | Contractor Phone No.: | | |
| Company ABN:  *64 468 984 022* | | | Contractor Signature: | | | | | | |
| Start Date: |  | Finish Date: | |  | Start time: |  | | Finish Time: |  |
| Tools/Equipment to be Used: | | | | | | | | | |
| Licences Required for the Works *(list workers and licences)*: | | | | | | | | | |

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| SERVICES THAT MAY BE IMPACTED | | |
| Electricity | Natural / LP Gas | Fire Detection / Prevention |
| Communications | HVAC | Lift / Access |
| Water | Medical Gas | Other (specify) …………………… |

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| HIGH RISK CONSTRUCTION WORK *(tick the activities that are applicable)* | | | |
|  | Works on a roof or platform that may result in a fall greater than 2m |  | Works involving the use of explosives |
|  | Demolition of a load bearing structure |  | Works carried out on fuel, gas, chemical or refrigerant lines or within 5m of fuel, gas, chemical or refrigerant storage vessels, valves or flanges |
|  | Likely to involve the disturbance of asbestos |  | Works carried on, in or adjacent to a road railway, shipping lane or other traffic corridor in use by traffic other than pedestrians |
|  | Installation of temporary supports for structural alterations or repairs |  | Works involve the movement of powered mobile plant |
|  | Confined space entry or adjacent to a confined space |  | Works carried out in an area that are subjected to artificial extremes of temperature |
|  | Work in or near a shaft or trench with and excavated depth greater than 1.5 metres or a tunnel |  | Works are carried out in or near water or any other liquid that involves the risk of drowning |
|  | Works carried out on or adjacent to energised electrical installations or services |  | Works that involve diving work |
|  | Tilt-up or precast concrete elements |  | Work on or near pressurised gas mains or piping |
|  | Works carried out where there may be a contaminated or flammable atmosphere |  | Work on a telecommunication tower |

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| CONSULTATION AND TRAINING | | | | | |
| *Yes* | *N/A* |  | *Yes* | *N/A* |  |
|  |  | Has the SWMS been developed based on a site-specific risk assessment for the proposed work |  |  | All workers for the task have been consulted about this SWMS |
|  |  | Daily pre-start to be conducted |  |  | All workers to review this SWMS and sign acknowledgement |
|  |  | Toolbox talk to be conducted before commencement |  |  | Other training (specify) … |

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| PPE REQUIREMENTS *The minimum PPE requirements are: 1) Safety Boots, 2) Long Pants, 3) Long Sleeves*  *Tick the additional PPE required for the task (over and above the minimum PPE requirements):* | | |
| Safety helmet (hard hat) | Hearing Protection | Gloves |
| Safety glasses / face shield | Dust Mask / Respirator | Harnesses & Lanyards / Height Safety Gear |
| Face Shield / Welding Mask | Fall Arrest Harness | Other (specify) …………………… |
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| MONITORING AND REVIEW | | | |
| Person responsible for ensuring compliance with SWMS: |  | Date SWMS Received: | / / |
| Person responsible for reviewing SWMS control measures: |  | Date SWMS Received by Reviewer: | / / |
| Reviewer’s Signature: |  | Review Date: | / / |

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| APPROVAL | | | |
| *Individuals approving this document accept responsibility for the appropriateness of controls and for the validity of the Risk Assessment.* | | | |
| Officer in Charge of Site:  I understand the conditions of this work and will abide by all safe work procedures outlined in this SWMS | Name: | Signature: | Date:  / / |
| Infrastructure and Assets Authorised Person:  I am satisfied that persons impacted have been consulted regarding this SWMS | Name: | Signature: | Date:  / / |

Note: A SWMS

* is a document that sets out the *high-risk construction work activities* and *work on energised electrical equipment* to be carried out at a workplace, the hazards arising from these activities, and the measures to be put in place to control the risks.
* must be prepared before high-risk construction work or work on energised electrical equipment starts.
* should be brief and should focus on describing the specific hazards identified and provide an outline of the risks for work to be undertaken. It should also detail the control measures to be established to ensure that the work can be conducted safely.
* must be kept and available for inspection until the high-risk construction work has been completed. Where a SWMS is revised, all versions must be kept. If a notifiable incident occurs during the high-risk construction work related to the SWMS, the SWMS must be kept for 2 years from the incident.
* work specified in the SWMS, must be performed in accordance with the SWMS.

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| RISK ASSESSMENT (refer to the risk management guide attached) | | | | | | | | | |
| **What are the tasks involved?** | **What are the hazards and risks?** | **Risk Rating before controls** | | | **What are the control measures?** | **Risk Rating after controls** | | | **Who is responsible?** |
| *List the work tasks in a logical order.* | *Identify the hazard category and type. Describe the risks that may cause harm to workers or the public e.g.*  *The risk of <harm> due to <exposure to hazard> resulting in <consequence>”.* | *Consequence* | *Likelihood* | *Risk Score* | *Describe what will be done to control the risks and to make the activity as safe as* *reasonably practicable (apply the Hierarchy of control)* | *Consequence* | *Likelihood* | *Risk Score* | *Identify a single person responsible for establishing or verifying the control measure.* |
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| WORKER DECLARATION | | | |
| I have been given the opportunity to comment on the context of this SWMS. I have read, understood and agree with how to safely carry out the activities listed above. | | | |
| Names of workers consulted | Signature of workers | | Date |
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| IMPLEMENTATION | | | |
| How have relevant workers been provided with information and instruction so that they understand the hazards arising from this work, understand and can implement the identified control measures, and know what to do if the work is not being conducted in accordance with the SWMS |  | | |
| What measures are in place to ensure that work is being carried out in accordance with the SWMS once work commences |  | | |
| COMPLETION | | | |
| Has the work area been left tidy and safe | | Are changes to equipment documented and communicated | |
| Are site personnel aware of status of work including remaining isolations | | All incidents, near miss incidents, unsafe situations reported | |

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| Guideline for Completing this SWMS |

Managers, contractors and workers should all be involved in developing a SWMS.

Consulting workers is important, so they understand the detail of the SWMS and what they are required to do to implement and maintain risk controls.

**Recommended steps for filling out the SWMS template**

1. Consult with relevant workers involved with the works, on the activities involved and associated hazards, risks and controls.
2. In the ‘Unit’ field, identify the area of the facility that work will be undertaken (e.g. Ward 5B)
3. In the ‘Works Lead’ field identify the team member who is responsible for undertaking the work activity and leading the team working on the job site (e.g. who will be the primary tradesperson on the job?)
4. In the ‘WMH Facility’ field identify the facility or building where the work is being undertaken (e.g. Ipswich Hospital, The Park, Collingwood Park Dental etc)
5. In the ‘Where are the works going to be conducted?’ box, you must select one or more of the choices. These choices are based on the Infection Control Risk Groups identified in the Infection Prevention Risk Assessment (i.e. High Risk Treatment Areas = Group 4, Treatment Areas = Group 3, Ward / Patient Care Areas = Group 2, Office / Non-Patient Areas = Group 1)
6. In the section titled Infection Control, “*high risk treatment area*” refers to Group 4 areas as defined on the Infection Control Risk Assessment
7. In the ‘What are the tasks involved?’ column, identify each task that will be undertaken.
8. In the ‘What are the hazards and risks?’ column, identify the hazard category and type. (Table One) Describe the risks that may cause harm to workers or the public.
9. Select the risk rating for each step using the risk matrix table attached. Determine the likelihood of an event occurring and what the consequences may be if an event happened. This step should be undertaken in consultation with the workers who are involved in the task. Rate the risk level before and after controls have been established.
10. In the ‘What are the control measures?’ column, select an appropriate control or combination of controls by working through the “Hierarchy of Controls”. It is important you are able to justify why the selected control measure is reasonably practicable for the specific workplace.

**Selecting control measures**

1. Eliminate the risks so far as is reasonably practicable.
2. If this is not reasonably practicable, minimise them so far as reasonably practicable by:

* substituting the hazard
* isolating the hazard
* implementing engineering controls

1. If the risk still remains, minimise the remaining risk by implementing administrative controls (rules)
2. If the risk still remains, minimise the remaining risk by ensuring the provision and use of suitable personal protective equipment (PPE).

It is important to note, PPE is the least effective means of controlling risk and has no effect on the identified hazard and should be the last control considered.

**SWMS compliance (information, monitoring and review)**

1. Induct each worker on the SWMS before commencing work. Ensure each worker knows work is to stop if the SWMS is not followed.
2. Observe the work being carried out and monitor compliance with the SWMS. Review risk controls regularly, including:

* before a change occurs to the work itself, the system of work or the work location
* if a new hazard associated with the work is identified
* when new or additional information about the hazard becomes available
* when a notifiable incident occurs in relation to the work
* when risk controls are inadequate or the SWMS is not being followed.

In all of the above situations stop the work, review the SWMS, adjust as required and re-brief the team.

Keep the SWMS in a readily available location for the duration of the activity and for at least 2 years after if a notifiable incident occurs.

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| Hazard Category | Hazards Type Table One |

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| 1. **Gravitational** | Slips, trips, falls at the same level | Fall from Heights | Access/work beneath suspended load | Falling objects |
| 1. **Kinetic /Mechanical** | Caught in/between moving plant or parts; | Struck by moving vehicles/mobile plant | Contact with sharp objects | Struck by projectiles. |
| 1. **Noise and Vibration** | Excessive noise (sustained or peak) | Vibrating plant/vehicles | Contact with vibrating tools/objects | |
| 1. **Electrical** | Exposed or faulty wiring or equipment; static shocks | Contact with live electrical parts; electrical arcing | Exposure to high fault currents | Mechanical damage to power leads, fixed electrical wiring; |
| 1. **Chemical** | Ingestion, absorption or inhalation of chemicals | Uncontrolled spill | Burns / splash in eyes | Specific exposure: Asbestos /Lead / Silica |
| 1. **Thermal and Work Environment** | Lighting workplace and equipment/tool design; Restricted working space | Uneven/unstable ground or work surface | Weather and atmospheric conditions; Remote and isolated work | Contact with hot/cold objects / surfaces/ liquids |
| 1. **Biological** | Exposure to algal, bacterial, fungal, viral or parasitic agents | Animal, insect and spider bites/stings | Sharps injury/needle-stick exposure | Specific exposure: Contact with raw sewage |
| 1. **Fire / Explosions** | Condition leading to fire/explosion (combustible material) | | Ignition of gas/dust in a hazardous area | |
| 1. **Manual Tasks** | Repetitive or sustained force; High or sudden force; Handling heavy loads | Repetitive movement; Sustained or awkward posture; | Exposure to vibration; Tool use which requires excessive force; | Handling unstable or awkward objects /loads; |
| 1. **Pressurized energy** | Release of a stored energy i.e. gases, water, oil subject to high/ low pressures | | Release of spring/tension energy |  |
| 1. **Psycho-social and medical** | Exposure to workplace bullying, harassment, violence & aggression | Exposure to traumatic incidents; | Working for excessive time periods and/or while fatigued | Working under the influence of alcohol/drugs |
| 1. **Radiation** | Non iodizing radiation: Ultraviolet light (artificial/sunlight), laser, infra-red, microwave, radio frequency, welding arc light | | | |

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| Risk Management Guidance | | |
| **Definition**  A **hazard** is a situation or thing that has the **potential** to harm a person. Hazards at work may include noisy machinery, a moving forklift, use and storage of chemicals, electricity, working at heights, a repetitive job, bullying and violence at the workplace.  **Risk** is the possibility that harm (death, injury or illness) might occur when exposed to a hazard.  Expressed as a risk Statement  “The risk of <harm> due to <exposure to hazard> resulting in <consequence>”. | **Hazard Category & Type**  (refer to attachment A) | **Risk control** means taking action to eliminate health and safety risks so far as is reasonably practicable, and if that is not possible, minimising the risks so far as is reasonably practicable. |
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| Gravitational |
| Kinetic /Mechanical |
| Noise and Vibration |
| Electrical |
| Chemical |
| Thermal and Work Environment |
| Biological |
| Fire / Explosions |
| Manual Tasks |
| Pressurized energy |
| Psycho-social and medical |
| Radiation |

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| *What is the LIKELIHOOD of an event occurring* | | | |
| **Descriptor** | **Definition** | **Frequency** | **Probability** |
| ***Rare*** | No identified or known events occurring. Only occurs in exceptional circumstances. | Event expected to occur less than once every five years. | Less than 5 percent |
| ***Unlikely*** | Evidence of event occurring in the past, but unlikely to occur in the future. | Event expected to occur once in the next five years. | 5-30 percent |
| ***Possible*** | There is evidence of several events in the past. It would not be a surprise if it occurred. | Event expected to occur once in the next two years. | 30-60 percent |
| ***Likely*** | Event occurs from time to time. | Event expected to occur once in the next year. | 60 - 90 percent |
| ***Almost Certain*** | Risk event is expected to occur. | Event expected to occur within the next three months. | More than 90 percent |

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| *What would be the CONSEQUENCES should an event occur* | | | | |
| ***Negligible/***  ***Insignificant*** | ***Minor*** | ***Moderate*** | ***Major*** | ***Extreme / Catastrophic*** |
| No injury/illness/time lost. Minor adjustment to operational routine. | No lost time injury. An injury requiring first aid or medical treatment. | An injury involving a temporary loss of function or a notifiable event (illness/injury requiring overnight inpatient hospitalisation, or a dangerous event requiring notification). | An event resulting in permanent loss of function or disability. | An event resulting in loss of life. |

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| Indicate the LIKELIHOOD and CONSEQUENCE in the table below to establish the RISK RATING | | | | | |
| **LIKELIHOOD** | **CONSEQUENCES** | | | | |
| Negligible/ Insignificant | Minor | Moderate | Major | Extreme |
| Rare | Low | Low | Medium | Medium | High |
| Unlikely | Low | Low | Medium | High | High |
| Possible | Low | Medium | High | High | Extreme |
| Likely | Medium | Medium | High | Extreme | Extreme |
| Almost Certain | Medium | Medium | High | Extreme | Extreme |

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| Risk Rating | Minimum Action Required (specific to safety risks) |
| LOW | Monitor to ensure no change to risk level occurs. |
| MEDIUM | Action required within one month. |
| HIGH | * Detailed risk assessment required. * Action required within one to two weeks (short and/or long-term controls). * Report in accordance with West Moreton Health (WMH) risk requirements * Report within one week to the local Work Safety and Wellbeing (WSW) Unit. * Long term control plan including detailed risk assessment required with management involvement/review. |
| EXTREME | * Immediate action required (short and/or long-term controls). * Work activity/component may be ceased/restricted until short term controls implemented to reduce risk level. * Report in accordance with WMH risk requirements. Report immediately to the local WSW Unit. * Long term control plan including detailed risk assessment required with senior management involvement/review. |