



# Health and Safety Policy and Procedure

## **Purpose**

1. This Policy outlines the Australian International Institute of Higher Education ('the Institute') a framework for complying with the Work Health and Safety Act 2011, the Work Health and Safety Regulation 2011, related codes of practice, and other safety guidance material.

## **Scope**

2. This Policy applies to:
  - a) all students;
  - b) all staff of the Institute whether full-time, part-time, casual or contract;
  - c) members of the Institute's Governing Bodies;
  - d) individuals engaged in providing services to the Institute or receiving services from the Institute, such as students, contractors or consultants.

## **Definitions**

3. For the purposes of this Policy:
  - a) **Administrative controls** are work methods or procedures that are designed to minimise exposure to a hazard (e.g. the use of signs to warn people of a hazard).
  - b) **First aid** is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers.
  - c) **First aider** is a person who has successfully completed a nationally accredited training course or an equivalent level of training that has given them the competencies required to administer first aid.
  - d) **Hazard** is a situation or thing that has the potential to harm a person.
  - e) **Risk** is possibility that harm, i.e. death, an injury or an illness, might occur when exposed to a hazard.

## **Policy**

### **Statement**

4. The Institute is committed to providing and maintaining a safe and healthy environment for students, staff as well as visitors and members of the public.
5. The Institute will eliminate or minimise hazards and risks to health and safety as far as reasonably practicable.
6. Health and safety will only be achieved through the participation, co-operation, and commitment of everyone at the Institute.

### **Principles**

7. In seeking to provide a safe environment for all members the Institute will:



- a) ensure the Institute complies with all legislation relating to health and safety.
- b) eliminate or minimise all hazards and risks as far as is reasonably practicable.
- c) provide information, instruction and training to enable all students to study, and staff to work, safely.
- d) supervise students and staff to ensure course and work activities are performed safely.
- e) consult with and involve students and staff on matters relating to health, safety and wellbeing.
- f) provide appropriate safety equipment and personal protective equipment.
- g) provide a suitable injury management and return to work program.

## **Procedure**

### **Approach**

8. The Institute is required to manage all work health and safety risks so that the health and safety of students, staff, and other people are not affected by the Institute's conduct. The Institute has adopted a risk-based approach to the management of health and safety risk which is aligned to its *Risk Management Plan*.
9. Health and safety at the Institute is managed according to the following four-step process:

#### *Step One - Identification of hazards*

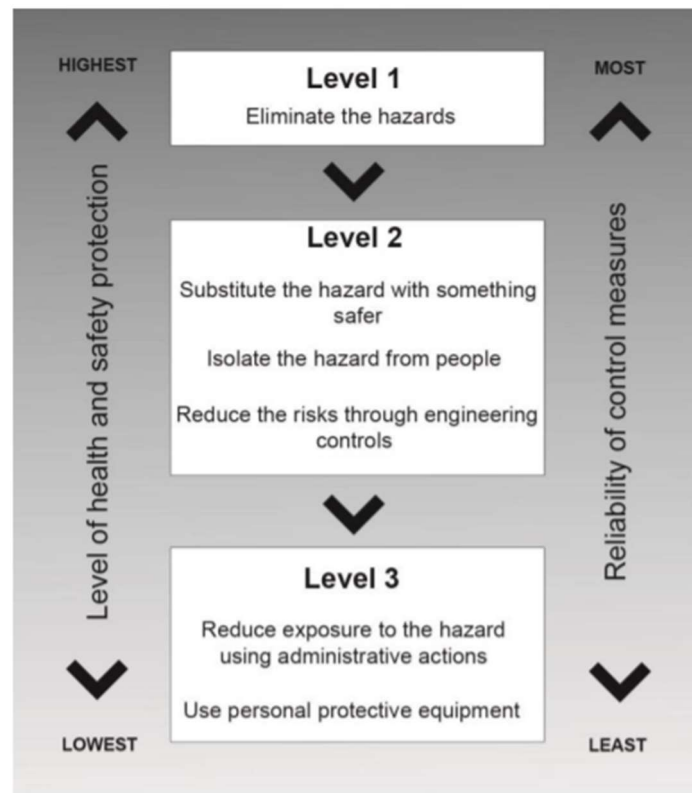
10. The Institute will identify health and safety hazards by:
  - a) looking at every task in the workplace to help identify all potential hazards;
  - b) recording all incidents, near misses, health monitoring, and the results of inspections; and
  - c) investigating incidents to identify any hazards involved and to control the corresponding risks.

#### *Step 2 - Assessment of health and safety risks*

11. The Institute will conduct health and safety risk assessments to determine:
  - a) the severity of a risk;
  - b) whether existing control measures are effective;
  - c) what actions should be taken to control the risk; and
  - d) how urgently those actions should be completed.

#### *Step 3 - Risk controls*

12. The Institute will eliminate identified hazards so far as reasonably practicable, or if that is not possible, minimise associated risks as far as reasonably practicable.
13. Adequate controls will be selected using the hierarchy of control, which ranks ways of controlling risks from the highest level of protection and reliability to the lowest.



**Figure 1 – The hierarchy of risk control (*How to manage work health and safety risks Code of practice 2011*)**

14. The person deciding on the control must work through the hierarchy of control, from highest to lowest. The Institute will always aim to eliminate the hazard and, if not reasonably practicable, minimise the risk so far as is reasonably practicable by doing or more of the following:
  - a) substituting (wholly or partly) the hazard creating the risk with something that creates a lesser risk;
  - b) isolating the hazard from any person exposed to it; or
  - c) implementing engineering controls.
15. If a risk still remains, that remaining risk must be further minimised, so far as reasonably practicable, by implementing administrative controls or through the use of personal protective equipment. These controls should only be used:
  - a) when there is no other practical control measure available (as a last resort);
  - b) as an interim measure until a more effective way of controlling the risk can be used; or
  - c) to supplement higher-level control measures (as a back-up).

#### *Step 4 - Review of risk controls*

16. The Institute will regularly review existing risk controls:
  - a) when the control measure does not control the risk it was implemented to control;
  - b) before a change at the Institute which is likely to give rise to a new or different health and



- safety risk that the control measure may not effectively control;
- c) if a new hazard or risk is identified;
- d) if the results of consultation indicate that a review is necessary;
- e) if a health and safety representative requests a review and they reasonably believe that a circumstance referred to above affects or may affect the health and safety of a member of the work group they represent.

17. Controls for serious risks should be reviewed more frequently.

### **Information, training and instruction**

18. The Institute will provide information, training, and instruction to students and staff that is suitable to:

- a) the different cohorts at the Institute, with special consideration given to international students;
- b) the nature of the work carried out by staff, e.g. teaching, support services, or corporate office;
- c) the nature of the risks, e.g. mental health, fire, violence; and
- d) the controls being put in place to treat identified risks.

19. Students are made aware of safe behaviours and standards of conduct during orientation. Educational campaigns are regularly conducted, including on the following topics:

- a) online, on campus, and off campus safety;
- b) alcohol and drug consumption; and
- c) sexual harassment and sexual assault.

20. Appendix 4 provides a list of relevant information material on personal safety.

21. Staff members receive a formal induction when joining the Institute and receive specific training depending on their roles, in particular:

- a) designated first aiders receive training in administering first aid;
- b) Student Services and other designated staff receive first responder training including for sexual assault, bomb threat, active shooter, firefighting;
- c) fire wardens receive training on evacuation protocols, including training on evacuation protocols for persons with disabilities.

22. The Institute will ensure, so far as reasonably practicable, that the information, training, and instruction provided is readily understandable and accessible.

### **First aid**

23. The Institute determine first-aid requirements according to the following four-step risk management process:

- a) identifying hazards that could result in work-related injury or illness;
- b) assessing the type, severity and likelihood of injuries and illness;
- c) providing the appropriate first aid equipment, facilities and training; and
- d) reviewing first aid requirements on a regular basis or as circumstances change.

24. The standard content of first aid kits is provided at Appendix 1.

25. The Student Services Manager ensures that:



- a) first aid equipment and facilities are adequate and accessible;
  - b) first aid kits and facilities are maintained and reviewed every six (6) months;
  - c) that at least one (1) first aider is present at all times for every 50 people per floor, including students, staff, and potential visitors;
  - d) that first aiders are easily identifiable and contactable, including by posting their work location and contact details in public areas of the campus; and
  - e) that staff and students are adequately trained.
26. First aiders are required to attend training on a regular basis to refresh their first aid knowledge and skills and to confirm their competence to provide first aid. Refresher training in CPR is undertaken annually and first aid qualifications should be renewed every three years.
27. Appendix 2 contains standard precautions for infection control when administering first aid.
28. First aiders should record any first aid treatment given and report to the Human Resources Manager on a regular basis to assist reviewing first aid arrangements.

### **Student personal safety**

29. The Student Services Manager is responsible for developing and maintaining a current understanding of potential personal safety risks to students and for implementing strategies through the Executive Management Team for the prevention and mitigation of incidents.
30. The Student Services Manager is responsible for arranging regular awareness sessions and general information on students’ personal safety online, on campus, and off campus.
31. In developing the material, the Student Services Manager will consider the characteristics of student cohorts and their needs, with special consideration being given to international students.
32. The Student Services Manager is responsible for engaging with local Police, hospitals, and relevant associations, maintaining a network of relevant contacts for enhancing student safety and wellbeing, and organising presentations on health, safety, security, and wellbeing (see *Student Support Framework* and other student policies).

### **Facilities**

33. The Student Services Manager is responsible for ensuring that the following is provided and maintained, so far as is reasonably practicable, without risk to a person’s health and safety:
- a) a means of entry, exit and movement within the campus;
  - b) work and learning spaces, both formal and informal;
  - c) floors and surfaces designed, installed, and maintained for the provision of educational services, related services, and support functions;
  - d) adequate lighting to enable each person to study and carry out work, move within the spaces, and evacuate in an emergency;
  - e) ventilation;
  - f) control of risks associated with extremes in temperatures;
  - g) control of risks associated with essential services; and
  - h) adequate facilities for students and staff, including toilets, drinking water, washing and eating facilities, maintained in good working order and clean, safe and accessible.



34. The Student Services Manager is responsible for reviewing the adequacy of facilities in accordance with the four-step risk management process.

### **Consultation**

35. The Institute will adopt a collaborative process for the management of health and safety, including sharing health and safety information with students and staff.
36. The Student Services Manager will consult with students and staff where they are, or are likely to be, directly affected by a health and safety matter, ensuring they have a reasonable opportunity to express their views or raise issues. Where staff members are represented by a health and safety representative, the consultation will involve that representative. The Institute will consult, cooperate, and coordinate activities with all other persons who have a work health or safety duty in relation to the same matter, so far as is reasonably practicable.
37. The Student Services Manager will consult when:
- identifying hazards and assessing risks arising in the course of the operation of the Institute;
  - proposing changes that may affect the health and safety of students or staff; and
  - carrying out activities prescribed by WHS regulations.
38. The Student Services Manager will also consult with both students and staff when making decisions about:
- ways to eliminate or minimise risks; and
  - the adequacy of facilities for students and staff members' welfare.
39. The Student Services Manager will consult with staff when making decisions about:
- procedures for consulting staff;
  - resolving health and safety issues;
  - monitoring the health and safety of staff or workplace conditions; and
  - how to provide health and safety information and training to staff.
40. Staff members are entitled to:
- elect a health and safety representative;
  - request the formation of a health and safety committee;
  - cease unsafe work;
  - have health and safety issues resolved in accordance with an agreed issue resolution procedure; and
  - not be discriminated against for raising health and safety issues.

### **Rehabilitation and return to work**

41. The Institute is committed to enable a prompt return to the Institute of injured staff. The Institute is required to take out an Accident Insurance Policy to insure staff members with Worksafe Queensland.
42. Injured staff members should actively participate in rehabilitation as soon as possible once an injury has occurred. The staff member should contribute to return to work planning straight away while they wait for the insurer to assess their claim for compensation.
43. The Institute will provide the injured staff member with rehabilitation and assist them to return to work as part of their recovery. This process will start as soon as possible after the injury has occurred.



44. The Chief Executive Officer (CEO) will act as rehabilitation and return-to-work coordinator and provide overall coordination of the staff member's return to work. In particular, the CEO will:
  - a) initiate early communication with the staff member to clarify the nature and severity of the injury;
  - b) consult with the staff member to develop a personalised suitable duties plan;
  - c) ensure the staff member's duties adhere to their level of capacity as assessed by their treating doctor;
  - d) liaise with any person engaged by the Institute to help with the staff member's rehabilitation and return to work; and
  - e) regularly communicate with WorkCover Queensland regarding the staff member's progress.
45. Depending on the type of the injury, the Institute may need to identify a range of other tasks that the staff member can perform, i.e. tasks or responsibilities that the staff can perform even though it may not be part of their normal job. The CEO is responsible for the development of a suitable duties plan with the injured staff.
46. The CEO will ensure that the suitable duties plan includes:
  - a) the staff member's details and contact information;
  - b) the period for which the staff can perform suitable duties;
  - c) the duties to be performed in gradual or incremental stages;
  - d) any specifications or restrictions that need to be adhered to as identified by a medical practitioner;
  - e) any training required to allow the staff to perform the suitable duties;
  - f) when the suitable duties plan is to be reviewed and updated; and
  - g) signatures from relevant parties to approve the suitable duties plan including the staff, the staff's supervisor, the Human Resources Manager and the staff's treating practitioner.

## Reporting

### *Reporting incidents and hazards*

47. Students should report incidents or hazards promptly to Student Services in person, via email, or on the phone (XX XXX XXX).
48. Staff should report incidents or hazards promptly to their line manager in person, via email, or on the phone.
49. Where there is a risk to life, always call 000.

### *Reporting to management and governing bodies*

50. All staff members should promptly report any incident or hazards to the CEO for recording.
51. The CEO reports to the Executive Management Team on health and safety matters on a monthly basis, including incidents, near misses, and reported hazards.
52. The Chief Executive Officer reports to the Governing Council on health and safety matters on a quarterly basis.

### *Reporting to regulators*



53. The Institute will notify Workplace Health and Safety Queensland by telephone (1300 362 128) or in writing (<https://ols.workcoverqld.com.au/ols/public/incident/registration.wc>) as soon as they become aware of a death, or a serious injury or illness of a person or a dangerous incident.
54. Where an incident is expected to impact on the Institute’s capacity to comply with the *Higher Education Standards Framework*, it is required to notify the Tertiary Education Quality and Standards Agency within 14 days of the incident.

## Records

55. The CEO is responsible for ensuring that the following records are created and maintained:
  - a) the identified hazards, assessed risks, and chosen control measures (including any hazard checklists, worksheets, and assessment tools used in working through the risk management process);
  - b) how and when the control measures were implemented, monitored and reviewed;
  - c) whom the Institute consulted with;
  - d) relevant training records; and
  - e) any plans for changes; and that
  - f) a record is kept for each notifiable incident for at least five (5) years from the day that notice of the incident is given to the regulator.

## Monitoring and improvement

56. The Student Services Manager collects data on health and safety incidents, including near-misses and hazard reports. Student feedback is sought on their experience of health and safety at the Institute, including reporting mechanisms.
57. The CEO uses the collected data to monitor trends in health and safety incidents.
58. The Institute will improve its health and safety risk elimination and minimisation strategies based on the collected data. An action plan will be developed for each health and safety goals and related objectives. A template action plan is provided at Appendix 3.
59. The CEO will benchmark the Institute’s performance against relevant industry data and will establish targets as appropriate.
60. The Governing Council receives an annual report on the adequacy and effectiveness of health and safety strategies.

## Issue resolution

### Students

61. The Institute encourages students to resolve grievances with the Institute through the processes established under the *Student Grievance Policy and Procedure*. If a student is not satisfied with the outcome of the Institute’s grievance resolution process, they may lodge a complaint with:
  - a) Workplace Health and Safety Queensland for health and safety issues at the Institute (<https://www.worksafe.qld.gov.au/contact-us/raise-workplace-concern-ask-whs-eso-question>);
  - b) the Tertiary Education Quality and Standards Agency for matters relating to compliance with the Higher Education Standards Framework, the Education Services for Overseas Students Act and the National Code of Practice for Providers of Education and Training to Overseas





Students; and

- c) for international students, the Overseas Student Ombudsman where they believe the Institute may not have followed applicable rules or treated them fairly.

### Staff

62. The *Work Health and Safety Act* encourages parties to resolve issues at the workplace without need for escalation to either the regulator or an external tribunal. If there is a health and safety issue at the Institute, both management and staff must make reasonable efforts to achieve a timely, final and effective resolution of the issue in accordance with the *Human Resource Management Policy and Procedure* or the default procedure set out in the WHS Regulation ([Issue Resolution Factsheet](#)).

### Responsibilities

63. As officers of the Institute, the Executive Management Team must:
- a) acquire and keep current information on work health and safety matters;
  - b) understand the nature and operations of the Institute and associated hazards and risks;
  - c) ensure the Institute has, and uses, appropriate resources and processes to eliminate or reduce risks to health and safety;
  - d) ensure the Institute has appropriate processes to receive and consider information about incidents, hazards, and risks, and to respond in a timely manner; and
  - e) ensure the Institute has, and implements, processes for complying with their duties and obligations.
64. All students and staff are responsible for:
- a) taking reasonable care for their own health and safety;
  - b) following safe work procedures, instructions and rules;
  - c) participating in safety training;
  - d) reporting health and safety hazards;
  - e) reporting all injuries and incidents; and
  - f) using safety equipment as instructed.
65. The Student Services Manager is responsible for:
- a) coordinating the Institute's health and safety program and initiatives; and
  - b) reporting on health and safety performance.
66. The CEO is responsible for arranging adequate communications and awareness campaigns relating to student health and safety.



### Associated information

<b>Approving body</b>	Governing Council
<b>Date approved</b>	23 October 2020
<b>Date of effect</b>	Commencement of operation
<b>Next scheduled review</b>	Two years from when policy commence
<b>Policy owner</b>	Chief Executive Officer
<b>Policy contact</b>	Chief Executive Officer
<b>Related AIIHE Documents</b>	<p><i>Campus Facilities and Security Policy and Procedure</i>  <i>Compliance Policy and Procedure</i>  <i>Critical Incident and Emergency Management Plan</i>  <i>Student Equity and Diversity Policy and Procedure</i>  <i>Quality Assurance Framework</i>  <i>Risk Management Plan</i>  <i>Sexual Harassment and Sexual Assault Prevention Policy and Procedure</i>  <i>Staff Code of Conduct</i>  <i>Student Code of Conduct</i>  <i>Student Support Framework</i></p>
<b>Higher Education Standards Framework (Threshold Standards) 2015 (Cth)</b>	Standard 2.3 Standard 6.1, ss 4
<b>Other related external instruments/documents</b>	<p><b>Related Legislation</b></p> <ul style="list-style-type: none"> <li>• <i>Tertiary Education Quality and Standards Agency Act 2011 (Cth)</i></li> <li>• <i>Work Health and Safety Act 2011 (Qld)</i></li> <li>• <i>Work Health and Safety Regulation 2011 (Qld)</i></li> </ul>

### Document history

Version	Author	Changes	Approval Date
1.0	Not applicable	Original version	23 October 2020

Warning - Document uncontrolled when printed! The current version of this document is maintained on the AIIHE website at [www.aiihe.edu.au](http://www.aiihe.edu.au)



## **Appendix 1 – Content of a first aid kit<sup>1</sup>**

- Instructions for providing first aid – including cardio-pulmonary resuscitation (CPR) flow chart.
- Adhesive strips (assorted sizes) for minor wound dressing.
- Splinter probes (single use, disposable).
- Non-allergenic adhesive tape for securing dressings and strapping.
- Eye pads for emergency eye cover.
- Triangular bandage for slings, support and/or padding.
- Hospital crepe or conforming bandage to hold dressings in place.
- Wound/combine dressings to control bleeding and for covering wounds.
- Non-adhesive dressings for wound dressing.
- Safety pins to secure bandages and slings.
- Scissors for cutting dressings or clothing.
- Kidney dish for holding dressings and instruments.
- Small dressings bowl for holding liquids.
- Gauze squares for cleaning wounds.
- Forceps/tweezers for removing foreign bodies.
- Disposable nitrile, latex or vinyl gloves for infection control.
- Sharps disposal container for infection control and disposal purposes.
- Sterile saline solution or sterile water for emergency eye wash or for irrigating eye wounds. This saline solution must be discarded after opening.
- Resuscitation mask to be used by qualified personnel for resuscitation purposes.
- Antiseptic solution for cleaning wounds and skin.
- Plastic bags for waste disposal.
- Note pad and pen/pencil for recording the injured or ill person's condition and treatment given.
- Re-usable ice-pack for the management of strains, sprains and bruises.

Medication, including analgesics such as paracetamol and aspirin, should not be included in first aid kits because of their potential to cause adverse health effects in some people including asthmatics, pregnant women and people with medical conditions. The supply of these medications may also be controlled by drugs and poisons laws. Staff requiring prescribed and over-the-counter medications should carry their own medication for their personal use as necessary.

---

<sup>1</sup> Workplace Health and Safety Queensland (2014) *First aid in the workplace Code of practice 2014*



## ***Appendix 2 – Standard precautions for infection control<sup>2</sup>***

First aiders should take standard precautions to avoid becoming ill and exposing others to illness when handling blood or body substances. Standard precautions are work practices that are applied to all patients and their blood and body substances, regardless of their infectious status, to ensure a basic level of infection prevention and control. Standard precautions include hand hygiene, use of personal protective equipment, appropriate handling and disposal of sharps and waste, cleaning techniques and managing spills of blood and body substances.

### **Providing first aid safely**

Before providing first aid to an injured or ill person, first aiders should assume they could be exposed to infection. First aiders should wash their hands with soap and water or apply alcohol-based hand rub before and after administering first aid. First aiders should also wear personal protective equipment to prevent contact with blood and body substances, including disposable gloves. Eye protection, a mask and protective clothing may also be necessary if splashes of blood or body substances are likely to occur.

You should establish procedures to avoid staff members becoming ill and exposing others to illness when handling blood or body substances. Procedures could include:

- proper hand hygiene practices
- how to handle and dispose of sharps
- how to clean surfaces and reusable equipment
- how to manage spills and handle and clean soiled laundry
- how to handle and dispose of waste
- when to use personal protective equipment (e.g. using resuscitation masks for cardiopulmonary resuscitation).

First aiders should be aware of what to do if they have accidental contact with blood or body substances, a sharps injury or contact with a person known to have a contagious illness. Any part of the body that comes in contact with blood or body substances should be washed with soap and water immediately. Prompt medical advice should be obtained.

All first aiders should be offered hepatitis B virus vaccination.

### **Contaminated items**

All items that are soiled with blood or body substances should be placed in plastic bags and tied securely. Waste disposal should comply with any state or local government requirements.

Sharps, including scissors and tweezers, that have become contaminated with blood or body substances should be disposed of in a rigid-walled, puncture-resistant sharps container by the

---

<sup>2</sup> Workplace Health and Safety Queensland (2014) *First aid in the workplace Code of practice 2014*



person that used them. The materials, design, construction, colour and markings of sharps containers should comply with:

- AS 4031– Non-reusable containers for the collection of sharp medical items used in health care areas
- AS/NZS 4261– Reusable containers for the collection of sharp items used in human and animal medical applications.

If a first aider sustains a sharps injury or thinks they are at risk of infection from blood or bodily fluid contamination, they should seek prompt medical advice.

### **Cleaning spills**

Cleaning should commence as soon as possible after an incident involving blood or body substances has occurred. First aiders should wear disposable gloves when cleaning spills and if splashes of blood or body substances may occur, additional protective equipment such as eye protection, plastic aprons and masks should be worn. Surfaces that have been contaminated with blood or body substances should be wiped with paper towelling and cleaned with warm soapy water. It is generally unnecessary to use sodium hypochlorite (chlorine bleach) for managing spills but it may be used in specific circumstances, for example if the surface is hard to clean.



## Appendix 3 – Action Plan Template

### Health and Safety Action Plan

Goal:			Evaluation indicator:			Tool:	
Objective:			Evaluation indicator:			Tool:	
Strategy	Type of strategy	Activities	Timeline	Person/s responsible	Resource requirement	Evaluation indicator	Tool
Objective:			Evaluation indicator:			Tool:	
Strategy	Type of strategy	Activities	Timeline	Person/s responsible	Resource requirement	Evaluation indicator	Tool



## **Appendix 4 – General Personal Safety Information**

eSafety Commissioner, eSafety Young People (<https://www.esafety.gov.au/young-people>)

Australia Trade and Investment Commission, Study in Australia, Live in Australia, Health and Safety (<https://www.studyinaustralia.gov.au/English/Live-in-Australia/Health-and-safety>)

Queensland Police, Safer Living – Strategies to maximise your safety and enhance wellbeing ([https://www.police.qld.gov.au/sites/default/files/2018-08/SaferLiving\\_Website.pdf](https://www.police.qld.gov.au/sites/default/files/2018-08/SaferLiving_Website.pdf))

Queensland Police, Visitors to Queensland (<https://www.police.qld.gov.au/safety-and-preventing-crime/visitors-to-queensland>)

Queensland Police, Personal Safety (<https://www.police.qld.gov.au/sites/default/files/2019-08/Personal%20Safety%20-%20English.pdf>)

Queensland Police, Home Security (<https://www.police.qld.gov.au/sites/default/files/2019-08/Home%20Security%20-%20English.pdf>)

Queensland Police, Identity Safety (<https://www.police.qld.gov.au/sites/default/files/2019-08/Identity%20Safety%20-%20English.pdf>)

Surf Life Saving, Flags and Signs (<https://beachsafe.org.au/surf-safety/flags-and-signs>)

Surf Life Saving, Lifeguard Top Tips (<https://beachsafe.org.au/surf-safety/lifeguards-top-tips>)

Surf Life Saving, Rip Currents (<https://beachsafe.org.au/surf-safety/ripcurrents>)