

## Intent

To outline the process for creating and maintaining health and safety documentation for the JCU Health, Safety Management System (HSMS).

## Scope

All approved health and safety documentation that is used or introduced to the JCU website forms part of the Health, Safety Management System (HSMS). This documentation assists with the implementation of work health and safety requirements for JCU.

The HSMS is made of a hierarchy of document types. It includes Policy, Procedures, Guidelines, Instructions, Standard Operating Procedures, Safe Work Procedures, Forms, Checklists etc.

This Guideline excludes Policy documents which are controlled by the [Policy Handbook](#).

This Guideline applies to Health, Safety and Environment (HSE) operational documents.

This Guideline does not apply to records.

## Parent Procedure

Procedure Handbook

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## 1 Definitions

Term	Definition
Controlled Document	Any document for which distribution and status are required to be kept current by the issuer to ensure that authorised holders or users have the most up to date version available
Document Control	the process established in this Guideline to define controls needed for the management of HSMS documentation
Health, Safety Management System	The Health, Safety Management System (HSMS) is the system of Health Safety and Environment documents and resources to assist JCU in meeting its health and safety legal requirements
HSE Document Controller	The HSE Unit representative, nominated by the Associate Director that is responsible for the HSE document control requirements
Local Document	HSE documents that are created by a College or Directorate to meet the specific local needs of that area e.g. Standard Operating Procedure for an area specific lab equipment
Local Document Controller	The person nominated by the College or Directorate to liaise with HSE to ensure the document control requirements are met for the local document
Local Document Owner	The person nominated by the College or Directorate who is responsible for approving the controlled local document
Major Amendment	Any amendment to a controlled document that is not a minor amendment. A major amendment requires approval from the approval authority
Master Copy	The electronic copy of a controlled document, which is approved by the approval authority that is safeguarded against unintentional changes to its content or formatting. Changes to a controlled document must be made on its master copy
Minor Amendment	An amendment to a controlled document that does not change the content or intent of the document. Minor amendments are limited to grammatical, spelling or formatting corrections
Record	Records function as evidence of activities.

## 2 HSE Document Framework

The HSE Unit produces health and safety documentation to assist with the implementation of work health and safety requirements for JCU.

These documents establish the minimum requirements that all Divisions and Colleges must achieve to maintain appropriate work health and safety standards.

### 2.1 Document Hierarchy

The document framework that makes up the James Cook University's HSMS is hierarchical in nature.

The hierarchical relationship is illustrated as a document hierarchy pyramid in Figure 1.

Each tier of the pyramid represents a category of documents that is more descriptive and operational-specific than its 'parent' document in the tier above.

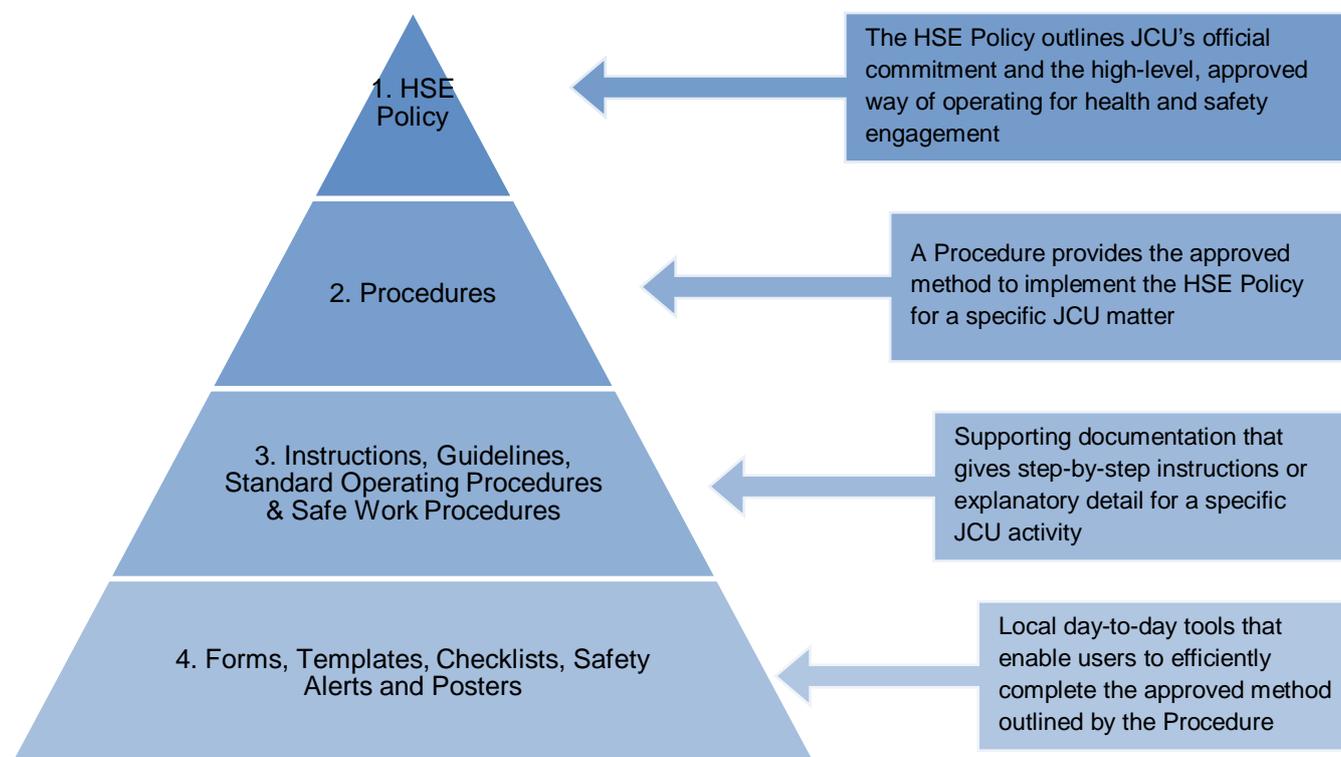


Figure 1 HSMS Document Hierarchy

#### HSE Policy

The HSE Policy is positioned at the apex of the pyramid. The Policy constitutes the overarching health and safety position for all supporting documents under it.

Any Procedure, document or tool that is developed under the HSMS should support the HSE Policy and should not contradict JCU's commitment to health and safety and its approved operations.

#### HSE Procedure

Each HSE Procedure is developed and established to support the HSE Policy.

The JCU HSE Procedures will apply to all of JCU's operations and set the expectations and performance requirements to be met in the management of work health and safety related matters.

### **Instructions, Guidelines and Standard Operating Procedures / Safe Work Procedures**

The Guidelines, Instructions, Standard Operating Procedures (SOP) and Safe Work Procedures (SWP), are the supporting tools that support its parent JCU HSE Procedure. This level of document assists in understanding, implementing and complying with the HSE Procedure and their associated Act, Regulations and Code of Practice requirements throughout day-to-day operations.

### **Supporting Tools**

Supporting tools are developed (including but not limited to templates, forms, checklists and posters) where clarification or information gathering is required and ensures consistency, compliance of process and efficient operations. This is the last tier of the hierarchy pyramid.

## **3 Local Documents**

Local documents are internal documents that are developed and implemented by a particular College or Directorate to standardise and instruct work practices or processes that are used specifically within that area. For example a SWP to instruct the operation of specific laboratory equipment.

All local documents should follow the requirements outlined in the Guideline.



**A local document must not contradict or conflict with any JCU Policy or any other HSMS document**

## **4 Approval**

All new HSE documents or changes to existing HSE documents that form part of the HSMS must be approved by the nominated approval authority using the Document Approval Form. Refer to the [HSE Document Matrix](#) to determine the approval authority for each document type.

Once a HSE document is approved by its approval authority, it is considered a 'controlled document' of the HSMS.

The electronic version that is approved by the approval authority is known to be the master copy of that document.

The master copy must be preserved against unintentional changes. To do this, the master copy must be retained in TRIM in accordance with the [Records](#) section of this Guideline.

The completed Document Approval Form must be filed alongside the master copy as the record of the approval process.



**Minor amendments, including grammar or spelling are not deemed as content change and are exempt from the approval process**

## 5 Document Control Register

The Document Control Register is the record of the controlled documents, draft documents under construction and proposed documents managed by the HSE Unit.

The Document Control Register must be maintained to ensure it remains up-to-date at all times.

The Document Control Register will include the following headings:

- Document title
- Version number
- Date created
- Date reviewed
- Reason for creation / review
- Document owner
- Links to consultation / feedback received

Local documents that are developed or modified by Colleges or Directorates should be recorded on a local document control register and regularly maintained. Refer to appendix [Local Document Control Register](#) for an example of a local document control register template.

## 6 New Controlled Document

The requirement for a new controlled document may be based on, but not limited to:

- legislative requirements
- system failures reported or identified during incident investigations
- suggestions from JCU staff or consultants
- industry best practice

Staff members external to the HSE Unit, may request a new HSE document to be introduced to the HSMS. Requests are to be made by email to [safety@jcu.edu.au](mailto:safety@jcu.edu.au).

The need for a new HSMS document will be considered by the HSE Unit and if agreed as necessary, arrangements will be made to organise the drafting of the document.

### 6.1 Document Design

All health and safety documents must be created using the endorsed HSE templates to ensure the mandated [document properties](#) are included and the formatting is correct. HSE document templates are available from the HSE website.

### 6.2 Document Properties

Each document that is created for the HSMS is required to include the following document properties:

**Document Identifiers:** the title of the document, the document number and the latest version (V) number.

**Approval Date:** the date the document was approved by the nominated approval authority

**Implementation Date:** the date the document was released for use into JCU

**Review Date:** this is date that will trigger the cyclic review of the document

**Page Number:** the page and number of pages in the document must be included in the footer

**Controlled Document Disclaimer:** outlines that the HSE website should be referenced to obtain the most recent version of the document and that hard copies are considered uncontrolled (not applicable to agendas and minutes, newsletters etc.).

All HSE documents must have the following statement contained in the footer of the document:

*'Hardcopies of this document are considered uncontrolled. Please refer to the HSE website for the latest version.'*

**Referenced Documents:** All referenced documents will be included as hyperlinks in the content.



**Local documents must also include the above document properties**

### 6.3 Document Numbering

All controlled documents will be labelled with a unique number that follows the standardised numbering convention of:

#### HSE - Document Type – Sequential Number

The HSE prefix is constant. Every HSE document number will start with HSE.

#### Document Type

The table below lists the acronyms for each HSE document type.

Document Type	Acronym
Procedure	PRO
Instruction	INS
Guidelines	GUI
Safe Operating Procedures	SOP
Safe Work Procedures	SWP
Safe Work Method Statements	SWMS
Template	TEM
Permit to Work	PTW

Document Type	Acronym
Forms	FORM
Checklist	CHK
Poster	POS
Permits	PER
Inspection	ISP
Audit	ADT
Safety Alert	ALERT
Information	INFO

### Sequential Number

This represents the next consecutive number in the sequence. Sequential numbers start at 001.

A new document in the HSMS will be given the next consecutive number. This must be taken from the document control register that is managed by the HSE Unit.

This number will be provided by the HSE Document Controller or Local Document Controller and recorded on the document control register.

## 7 Document Review

Existing documents require regular review to ensure currency with external and internal requirements.

All documents created for the HSMS must include a cyclic review date to trigger a review of the document for relevance, effectiveness and currency.

Refer to the [HSE Document Matrix](#) for the cyclic review periods for each HSMS document type.

Document review dates must be recorded in the document control register. Each month, the HSE Unit will review the document control register to determine which HSE documents are due for review.

Reviews may be required outside the nominated cyclic review period. This may be due to:

- changes or new legislative requirements
- system failures reported or identified during incident investigations
- suggestions from employees directly or via consultation arrangements
- industry best practice

Once it is determined that a review is required for whatever reason, the document will be assigned to a member of the HSE Unit to undertake the review process. Allocation and the reason for the review must be recorded in the document control register.

JCU staff may request a review and suggest changes to any HSE controlled document.

Requests / suggestions are to be made by email to [safety@jcu.edu.au](mailto:safety@jcu.edu.au) for consideration and action if deemed appropriate by the HSE Unit.

### 7.1 Document Changes

If a change to a controlled document is required, the changes must be made using a duplicate of the master copy. All changes must clearly marked.

This ensures:

- changes are made to the most recent version of the controlled document
- amendments are clearly identified to highlight the changes between the new and the superseded version

All major amendments that are made to controlled documents must be reviewed, consulted on and approved.

Document change approval requests must be made using the Document Approval Form and given to the approval authority.

If approved, the master copy of the new version must be preserved against unintentional changes. The master copy of the new version, its completed Document Approval Form and the consultation records must be retained in TRIM.



**Only changes made using the master copy will be approved by the approving authority**

## 8 Draft Documents

All planned HSMS documents must be clearly identified as draft until approved by the approval authority.

All draft documents must include a watermark to distinguish it as the most recent version of a draft document for example the words 'DRAFT V1'.

Only the HSE Document Controller or the Local Document Controller can remove the watermark as part of the final check once the document is approved and prior publishing.

## 9 Consultation

Any new HSMS document or existing HSMS document that has undergone major amendment, must be distributed for consultation with stakeholder and users prior to its finalisation.

Consultation can occur through the following means but is not limited to:

- direct to key stakeholders for input
- Health, Safety and Environment Advisory Committee (HSEAC)
- a subcommittee of the HSEAC
- Health Safety Representatives
- working groups

Evidence of consultation must be documented through meeting minutes or emails.

Consultation records must be included with the master copy of the new / amended document and the completed Document Approval Form and archived in TRIM.

Once consultation is complete the HSE Unit will review the suggested edits and finalise the draft documents.

## 10 Quality Checking

Prior to submitting the new or amended document to the approval authority, it is imperative that the document is checked over to ensure errors in the text and formatting are corrected.

Items to be checked include, but not limited to:

- hyperlinks are active
- spelling and grammar
- formatting is as per template requirements
- numbered headings are consecutive

- headers and footers are correct
- page sizing and orientation is correct
- tables and figures are numbered correctly (if applicable)
- 'draft' watermarks are removed

## 11 Implementation and Communication of Revised or New Documents

### 11.1 Version Control

Document versions will be tracked and recorded on the controlled document.

Once a new controlled document has been approved or changes to an existing document have been approved, the document must be assigned a version number.

The first version of an approved document will be version 1. Changes to an approved document will increase in whole numbers.

### 11.2 Obsolete Controlled Documents

Obsolete controlled documents are those which are no longer required, have been replaced or superseded as determined by the needs of the HSMS.

Obsolete documents must be removed from points of issue and use and appropriately archived to prevent unintended use.

Documents must be archived in TRIM. Documents must be retained in accordance with the section of this document named *Records* and be accessible for potential legal purposes.

### 11.3 Communication

Communication of all new HSMS documents or HSMS documents that have undergone major amendment must be communicated in accordance with the Communication Plan.

## 12 Records

All records must be retained in accordance with the retention and disposal schedules governed by the Queensland State Archives:

- [General Retention and Disposal Schedule](#)
- [University Sector Retention and Disposal Schedule](#)

## 13 Related Documents, Legislation and Other Resources

### 13.1 Related Documents and Other Resources

Guideline	<a href="#">JCU Policy Handbook</a> JCU Procedure Handbook
Procedure	
Template	HSE-GUI-001a HSE Guideline Template HSE-GUI-001b HSE Procedure Template HSE-GUI-001c HSE Information Sheet Template

HSE-GUI-001d Safety Alert Template
HSE-GUI-001e Standard Operating Procedure Template

## 14 Regulatory Authorities and Other Relevant Entities

Nil

### 14.1 Related Legislation, Codes of Practice and Standards

Legislation	
Codes of Practice	
Standards	

## 15 Administration

NOTE: Printed copies of this procedure are uncontrolled, and currency can only be assured at the time of printing.

### 15.1 Approval Details

Guideline Sponsor	Associate Director, Health, Safety & Environment responsible for development, compliance monitoring and review
Approval Authority	Associate Director, Health, Safety & Environment
Consultation Committee	Not required
Approval date	04 December 2015
Implementation date	04 January 2016
Date for next review	05 December 2017
Contact Unit	<a href="mailto:safety@jcu.edu.au">safety@jcu.edu.au</a>

### 15.2 Revision History

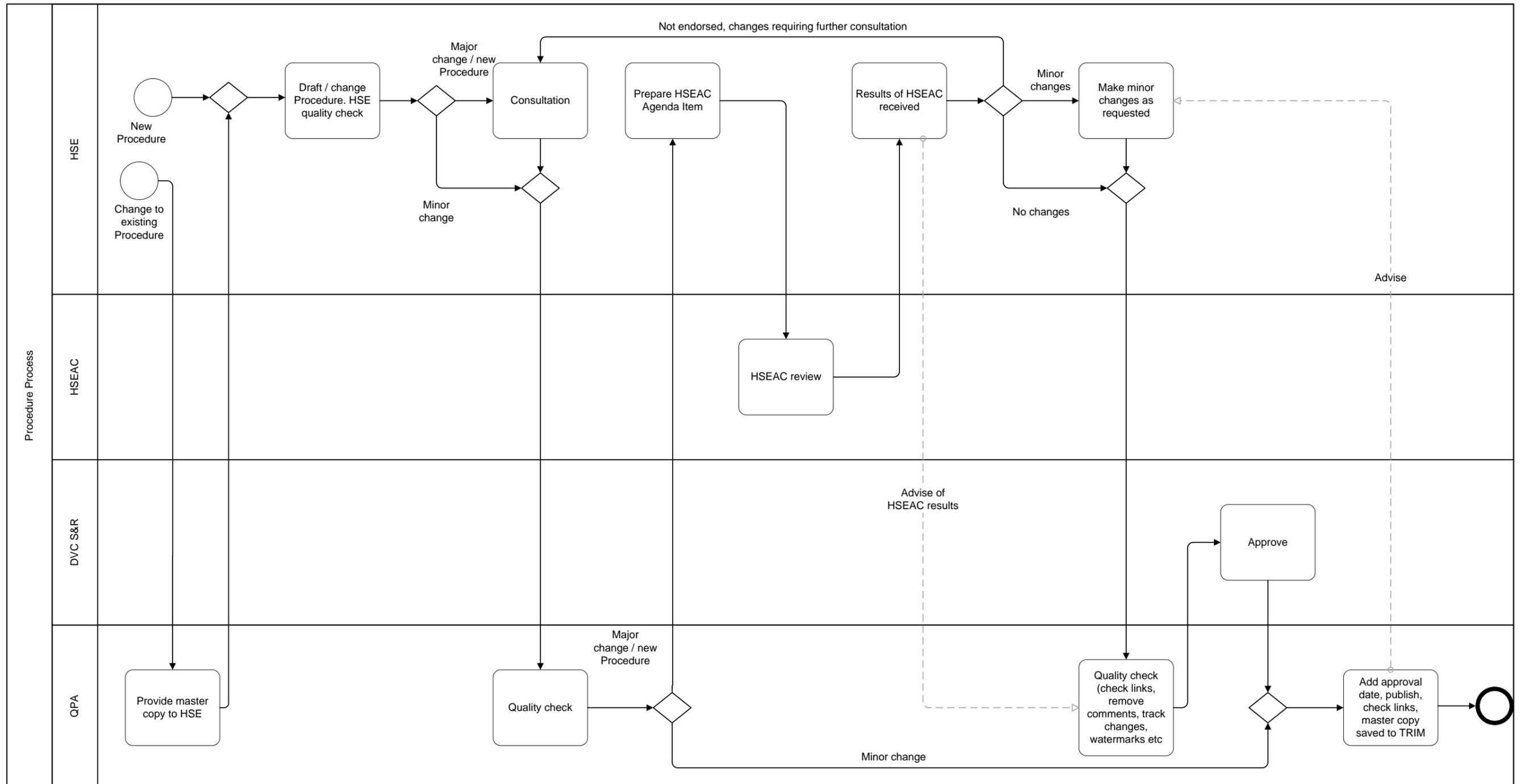
Version	Date Approved	Description of changes	Author
1.0	04/12/2015	Guideline established	Vikki Young, HSE Project Officer

## 16 Schedule

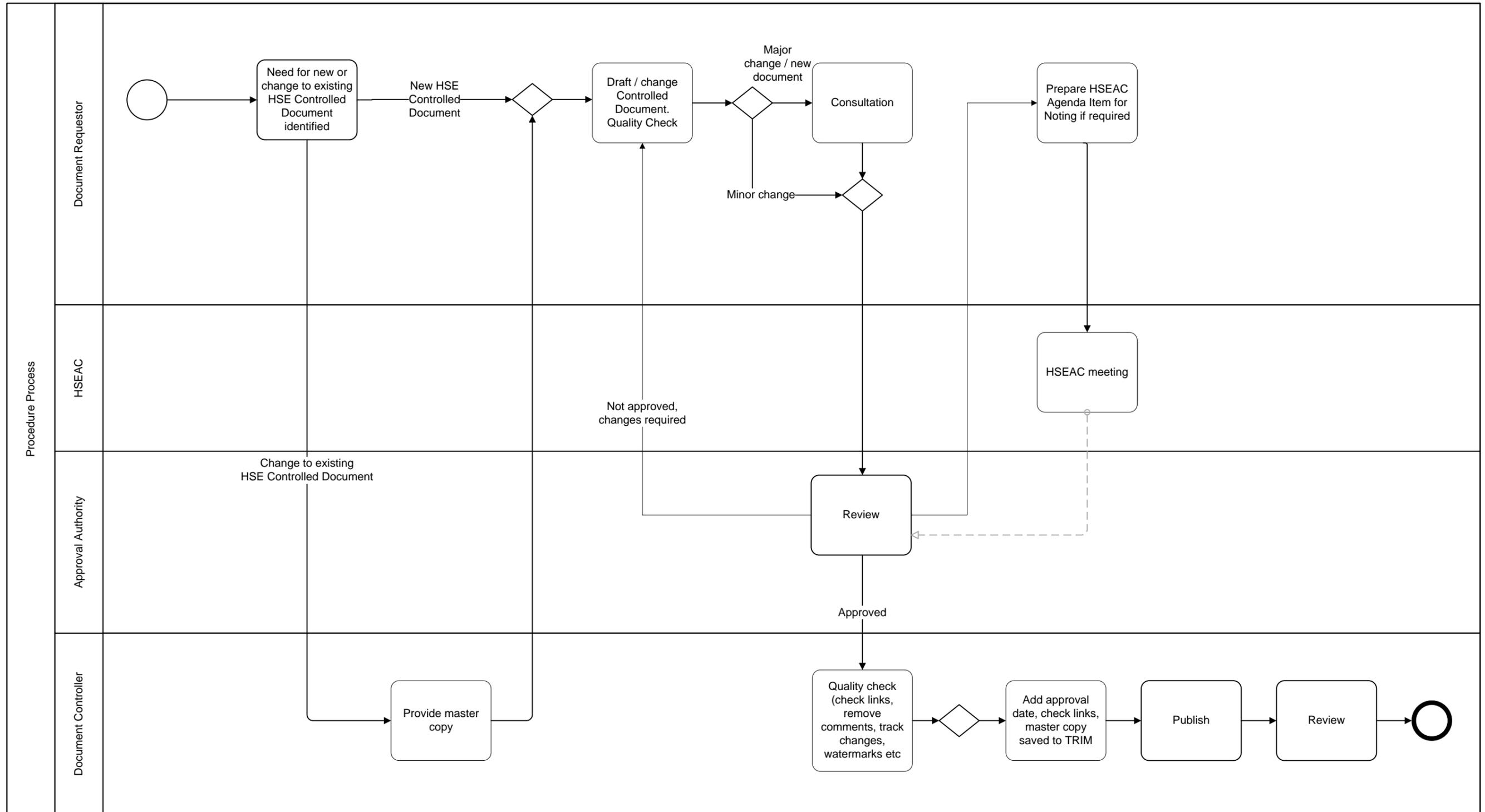
Not applicable

## 17 Appendices

17.1 Process for Establishing or Changing a HSE Procedure



17.2 Process for Establishing or Changing All Other HSE Controlled Documents



### 17.3 HSE Document Matrix

Document Type	Authority	Approval Authority	Responsible Unit	Management of Review Cycle	Cyclic Review Period	Publish Location	Archive location
HSE Policy	Policy Handbook	Council or Committee of Council	QPA	QPA via Policy Database	Every 3 years	CMS Available externally	TRIM
HSE Procedure	Procedure Handbook	Policy Sponsor	Business Unit (publishing) and QPA (review cycle)	QPA via Procedure Database	Every 2 years	CMS Available externally & internally	
HSE Guideline, Instruction	HSE Document Management Guideline ( <i>this document</i> )	Associate Director, HSE	HSE	HSE via Document Control Register	Every 2 years	HSE Webpage Available internally	
HSE Forms, Templates, Checklists and Posters	HSE Document Management Guideline ( <i>this document</i> )	Associate Director, HSE	HSE	HSE via Document Control Register	Every 2 years. If applicable, review period to coincide with Parent Procedure	HSE Webpage Available internally	
Local Document	HSE Document Management Guideline ( <i>this document</i> )	Nominated Local Document Owner	College / Directorate	Nominated Local Document Controller via Local Document Control Register	Every 2 years	Local webpages / shared drive Available internally	

**17.4 Local Document Control Register**

College / Directorate:

Document Title	Document Type	Document No.	Date Created	Date of Last Review	Version No.	Date of Next Review	Local Document Owner	Reasons for creation / review	Consultation Records