

Safety and Security Policy and Procedure		
Code: B3.09	Area: Non-Academic B	
Policy Owner: BoD	Version #: 2.4	Date: 9 June 2021
Policy Developer/Reviewer: QAM	Review date: 25 Mar 2024	

VERSION HISTORY

Version	Updated by	Approval Date	Details
1.0	EMG	18 Nov 2015	Document creation
2.0	EMG	4 Dec 2019	Comprehensive update against the HESF15
2.1	PRG	9 Jun 2020	Clarified that SITCM's responsibility to ensure safety extends to all stakeholders, and online as well as on-campus.
2.2	BoD	11 Dec 2020	Ownership changed to BoD; BoD and EMG responsibilities clarified.
2.3	BoD	26 Mar 2021	WHS Committee members must have a senior first aid certificate, Registrar replaced by CEO on WHS Committee, 6 first aid kits.
2.4	PRG	9 June 2021	IT Officer replaced by Office Manager on WHS Committee, WHS Officer role discontinued.

PURPOSE AND SCOPE

The aim of this policy is to:

- Outline SITCM's approach to campus safety and security.
- Specify the role of the Workplace Health and Safety Committee.

This policy applies to all stakeholders of the Sydney Institute of Traditional Chinese Medicine (SITCM).

1 OVERVIEW

The Sydney Institute of Traditional Chinese Medicine (SITCM) is committed to establishing and maintaining an educational and work environment where students and staff engage in educational and work processes in a safe, secure, and productive environment.

This policy has been informed by the *Higher Education Standards Framework (Threshold Standards) 2021*, in particular Section 2.3 Wellbeing and Safety and the *Work Health and Safety Act 2011*.

2 POLICY

2.1 PRINCIPLES

SITCM's approach to safety and security is guided by the following principles:

- 1) All SITCM stakeholders have the right to work, study and/or receive treatment in a safe and secure environment.

- 2) SITCM has a responsibility to ensure the safety of all stakeholders engaged in work, study or treatment at SITCM, be it on-campus or online.
- 3) All SITCM stakeholders have a responsibility not to act, or fail to act, in ways that could jeopardise their own safety, or that of others.
- 4) In undertaking any task or activity, safety must be the first priority.

2.2 RESPONSIBILITIES

2.2.1 BOARD OF DIRECTORS (BOD)

The BoD is responsible for:

- 1) Ensuring that the overall safety framework in place at SITCM is appropriate.
- 2) Reviewing all critical incidents that occur and resultant mitigative actions taken by the Executive Management Group (EMG), as reported by the CEO, to ensure that critical incidents are being appropriately mitigated against.

2.2.2 EMG

The EMG is responsible for:

- 1) Promoting a safe and secure campus environment.
- 2) Deciding on the appropriate control measures for any WHS issues reported by the WHS Committee, including critical incidents.
- 3) Notifying the WHS Committee of any decisions that it makes in relation to safety.
- 4) Reporting any critical incidents and resultant mitigative actions to the Board of Directors.

2.2.3 WORKPLACE HEALTH AND SAFETY COMMITTEE

- 1) The WHS Committee is responsible for:
 - a. Monitoring the implementation of this policy.
 - b. Reviewing campus security and safety measures.
 - c. Reviewing the *Critical Incidents Register* for any deficiencies in SITCM's safety processes, including through the identification of patterns.
 - d. Reviewing all *Notifiable Incident Reports* presented by the WHS Manager and ensuring the recommendations are appropriate.
 - e. Reviewing all *Hazard Assessment Forms* presented by the WHS Manager.
 - f. Reviewing all *WHS Consultation Reports* presented by the WHS Manager.
 - g. Providing advice, recommendations and feedback to the EMG.
- 2) The WHS Committee comprises at least five (5) members, including:
 - a. The WHS Manager (Chair).
 - b. The CEO.
 - c. The Clinic Manager (Non-Academic).
 - d. At least two (2) staff members (if requested, this will include the health and safety representative).
- 3) If requested by a staff member, an election may be held to elect one of the WHS Committee members (the "health and safety representative").
- 4) All WHS Committee members must hold a current Senior First Aid certificate.
- 5) The WHS Committee holds one (1) minuted meeting every three months.
- 6) The Chair of the WHS Committee reports on matters arising at WHS Committee meetings to the EMG.
- 7) Anyone with concerns about any aspect of safety or security on the SITCM campus can contact the WHS Committee by emailing whs@sitcm.edu.au or by asking for a member of the WHS Committee at reception.

2.2.4 WORKPLACE HEALTH AND SAFETY MANAGER

The Workplace Health and Safety Manager (WHS Manager) is responsible for:

- 1) Chairing WHS Committee meetings.
- 2) Reporting on WHS issues at EMG meetings.
- 3) Maintaining the *Critical Incidents Register*.
- 4) Presenting a *Notifiable Incident Report* to the WHS Committee and EMG every time a notifiable incident occurs.
- 5) Presenting an annual *Hazard Assessment Form* to the WHS Committee.
- 6) Presenting a *WHS Consultation Report* to the WHS Committee every time a stakeholder raises a WHS concern.
- 7) Overseeing inspections of fire exits.
- 8) Giving WHS presentations at Orientations and Teaching Staff Meetings.
- 9) Providing the *Emergency Procedures for Staff* document to new staff at inductions.
- 10) Communicating with the Strata Committee about WHS issues (including those relating to fire drills, fire extinguishers, fire stairs and fire hoses).
- 11) Communicating with Premium Fire Services Pty Ltd about fire safety issues (including those related to fire detectors and fire speakers).

2.2.5 CLINIC MANAGER (NON-ACADEMIC)

The Clinic Manager (Non-Academic) is responsible for:

- 1) Ensuring the safety of everyone who uses the Teaching Clinic.
- 2) Reporting to the WHS Committee on any WHS issues that face the Teaching Clinic.
- 3) Overseeing inspections of the air conditioning system, ceiling safety, power safety, pest control and first aid kits.
- 4) Only permitting students who have provided the following documentation to engage in clinical practicum:
 - a. A current Senior First Aid Certificate;
 - b. A National Police Clearance Certificate;
 - c. A Working with Children Check;
 - d. A signed Student Placement Declaration Form on Impairments;
 - e. A signed Acknowledgement Form for this Manual for Clinical Practice; and
 - f. A signed Acknowledgement Form for the SITCM Clinical Practice Program Handbook.
- 5) Convening a Notification Assessment Committee, comprising themselves, the Dean and Quality Assurance Manager, within three (3) business days of becoming aware of the possibility that:
 - a. A mandatory notification must be made about an SITCM-employed practitioner under Section 142 of the *Health Practitioner Regulation National Law 2009 (National Law)*, because the practitioner:
 - i. Practiced while intoxicated by alcohol or drugs;
 - ii. Engaged in sexual misconduct in connection with their practice;
 - iii. Placed the public at risk of substantial harm in their practice due to an impairment; or
 - iv. Placed the public at risk of substantial harm by practising in a way that constitutes a significant departure from accepted professional standards;
 - b. A mandatory notification must be made about an SITCM student under Section 143 of the *National Law*, because the student has an impairment that, in the course of them undertaking clinical practicum, may place the public at substantial risk of harm;

- c. A voluntary notification should be made about an SITCM-employed practitioner under Section 144 of the *National Law*, because the practitioner:
 - i. Has been convicted of a criminal offence;
 - ii. Has been guilty of unsatisfactory professional conduct or professional misconduct;
 - iii. Is not competent to practice;
 - iv. Has an impairment; or
 - v. Is otherwise not a suitable person to hold registration; or
 - d. A voluntary notification should be made about an SITCM student under Section 144A of the *National Law*, because the student:
 - i. Has been charged or convicted of a criminal offence that is punishable by at least 12 months' imprisonment;
 - ii. Has or may have an impairment; or
 - iii. Has or may have contravened a condition of the student's registration or an undertaking given by the student to a National Board.
- 6) Notifying AHPRA within three (3) business days of a majority of Notification Assessment Committee members deciding that a mandatory or voluntary notification should be made to AHPRA.
 - a. The Notification Assessment Committee can only make a decision about a case after first reviewing all relevant laws and guidelines, and then applying them to the individual case using professional judgment.
 - b. The Notification Assessment Committee must make its decision about a case within three (3) business days of being convened by the Clinic Manager.
 - 7) Preventing students from beginning or continuing their clinical practicum if AHPRA indicates that such a step is necessary following a mandatory or voluntary notification.

2.2.6 SEXUAL ASSAULT AND SEXUAL HARASSMENT (SASH) TASKFORCE

- 1) The SASH Taskforce is responsible for managing sexual assault and sexual harassment issues in accordance with the *Sexual Assault and Sexual Harassment Policy and Procedure*.

2.3 SAFETY AWARENESS

- 1) A presentation on WHS issues is given at every teaching staff meeting.
- 2) A presentation on WHS issues is given at every student orientation.
- 3) An *Emergency Procedures for Staff* document is given to every staff member at their induction.
- 4) An *Emergency Procedures for Students* document is given to every student at their orientation.
- 5) Information about the WHS Committee membership and key safety processes is displayed on Campus noticeboards.
- 6) The opportunities for stakeholders to provide feedback to SITCM are outlined in the *Stakeholder Feedback Policy and Procedure*.

2.4 HAZARD ASSESSMENTS

- 1) All staff and students have a responsibility to report hazards to the WHS Committee, which can be done either via the reception on Level 5 or by emailing whs@sitcm.edu.au.
 - a. The WHS Manager completes a *WHS Consultation Report* for every WHS issue raised by a stakeholder, and presents it at the next WHS Committee meeting.
 - b. The WHS Committee notifies the EMG of all recommendations arising from a *WHS Consultation Report* in a timely manner (out-of-session if necessary).

- 2) The WHS Manager oversees an annual hazard assessment in all areas of the SITCM campus through completion of a *Hazard Assessment Form*.
 - a. The WHS Committee notifies the EMG of all recommendations arising from a *Hazard Assessment Form* in a timely manner (out-of-session if necessary).
- 3) The EMG decides on the appropriate control measures for all WHS issues raised by the WHS Committee, and then notifies the WHS Committee for monitoring.
- 4) In determining control measures to control a risk, consideration should be given to:
 - a. The likelihood of the risk occurring.
 - b. The consequences of the risk occurring.

2.5 CAMPUS SAFETY AND SECURITY MEASURES

2.5.1 CAMPUS SAFETY MEASURES

- 1) Every floor of Harbour Plaza has three (3) fire exits.
 - a. On Level 5, all three (3) fire exits are accessible from the SITCM Campus.
 - b. On Levels 6 and 7, only two (2) of the three (3) fire exits are accessible from the SITCM Campus.
- 2) Every floor of the SITCM Campus has one (1) fire hose, located beside the elevators and maintained by the Building Strata Committee.
- 3) The SITCM Campus contains ten (10) fire extinguishers, maintained by the Building Strata Committee.
 - a. Five (5) fire extinguishers are located on Level 5.
 - b. Three (3) fire extinguishers are located on Level 6.
 - c. Two (2) fire extinguishers are located on Level 7.
- 4) SITCM engages in the services of Premium Fire Services Pty Ltd to provide proposals and equipment to ensure fire safety on the SITCM Campus.
 - a. Every room on the SITCM Campus contains a fire detector and speaker, maintained by Premium Fire Services.
- 5) The SITCM Campus contains six (6) first aid kits, whose contents are reviewed monthly by the Clinic Manager.
 - a. Two (2) first aid kits are located on Level 5.
 - b. Two (2) first aid kits are located on Level 6.
 - c. One (1) first aid kit is located on Level 7.
- 6) The SITCM Clinic has safety measures as specified in the *Manual for Clinic Practice* and the *BTCM CPP Handbook*.
 - a. Notably, all students must hold a valid First Aid Certificate, Police Check and Working with Children Check prior to commencing TCM Practice I (ACU207) in the second semester of Year 2.
- 7) An *Inspection Checklist* is maintained to ensure regular safety inspections are carried out as follows:
 - a. Air conditioning system: biannual inspection overseen by the Clinic Manager.
 - b. Ceiling safety: biannual inspection overseen by the Clinic Manager.
 - c. Power safety: annual inspection overseen by the Clinic Manager.
 - d. Pest control: biannual inspection overseen by the Clinic Manager.
 - e. First aid kits: monthly inspection overseen by the Clinic Manager.
 - f. Fire exits: biannual inspection overseen by the WHS Manager.

2.5.2 CAMPUS SECURITY MEASURES

- 1) CCTV cameras continuously film in all public areas of the SITCM Campus.
 - a. The use of CCTV cameras is ongoing.
 - b. CCTV footage is held for three months and then securely disposed of.

- c. CCTV cameras are only used for legitimate safety and security purposes.
 - i. If CCTV footage captures a possible breach of campus safety or security, it may be considered evidence of such.
 - d. To comply with the *Workplace Surveillance Act 2005*:
 - i. All CCTV cameras are clearly visible;
 - ii. Staff receive written notice of the surveillance via the *Staff Manual*; and
 - iii. A sign informing people they may be under surveillance is present at the entrance to the SITCM campus.
 - e. CCTV cameras are not present in any parts of the Harbour Plaza building that are not under the control of SITCM.
- 2) Classrooms and meeting rooms are audio-recorded, as is indicated by signage in each relevant room.
 - a. These audio recordings are made for learning purposes.
 - b. If an audio recording incidentally captures a possible breach of campus safety or security, it may be considered evidence of such.
 - 3) Computer surveillance may be carried out on all of SITCM's on campus computers by SITCM's IT personnel.
 - a. This surveillance occurs by the personnel remotely accessing SITCM's on campus computers using software that is installed on the computers.
 - b. The purpose of this software is to allow the personnel to remotely monitor SITCM's network and quickly troubleshoot IT issues for staff.
 - i. If surveillance captures a possible breach of the *IT Management Policy and Procedure's* Section 2.3 (Acceptable Use of IT Facilities and Services), it may be considered evidence of such.
 - c. To comply with the *Workplace Surveillance Act 2005*:
 - i. Staff receive written notice of the surveillance via the *Staff Manual*.
 - 4) If anyone feels unsafe on the SITCM campus, they can call building security on 0449 077 699 (Monday to Thursday) or 0404 114 973 (Friday to Sunday).
 - 5) Alternatively, they can contact the WHS Committee at whs@sitcm.edu.au.
 - 6) Locks are installed in all staffrooms and classrooms of the SITCM Campus. Each room is locked when the last staff member leaves.
 - 7) Passcode-controlled alarms are installed in all parts of the SITCM Campus. They are manually activated by the last staff member to leave the Campus.
 - 8) SITCM's website and files are stored on online servers protected by firewall.
 - 9) SITCM's internal server is protected by a firewall and antivirus software.
 - a. For more information in IT security, please refer to the *IT Management Policy and Procedure*.

2.6 UNSAFE BEHAVIOUR

- 1) SITCM Students are informed of their responsibility to act in a safe way in the *Student Manual*.
- 2) SITCM Staff are informed of their responsibility to act in a safe way in the *Staff Manual*.
- 3) A student may be investigated for unsafe behaviour in accordance with the *Student Non-Academic Misconduct Policy and Procedure*.
- 4) A staff member may be investigated for unsafe behaviour in accordance with the *Staff Misconduct Policy and Procedure*.
- 5) A student may make a complaint about a person's unsafe behaviour on the SITCM Campus in accordance with the *Non-Academic Grievance Policy and Procedure*.

- 6) A staff member may make a complaint about a person's unsafe behaviour on the SITCM Campus in accordance with the *Staff Grievance Policy and Procedure*.

2.7 EMERGENCIES

- 1) For information on how to respond to an emergency situation, refer to the *Critical Incident Policy and Procedure*.
- 2) All critical incidents (including near misses) are recorded in the *Critical Incidents Register*.
- 3) The WHS Manager is required to present a *Notifiable Incident Report* to the WHS Committee and EMG every time a notifiable incident (as defined in the *Critical Incident Policy and Procedure*) occurs.
 - a. The WHS Committee is responsible for reviewing the *Notifiable Incident Report* and ensuring its recommendations are appropriate.
 - b. The EMG is responsible for deciding on appropriate actions based on the recommendations of the *Notifiable Incident Report*.

3 PROCEDURES

3.1 ANNUAL HAZARD IDENTIFICATION PROCEDURE

- 1) The WHS Committee completes a *Hazard Assessment Form* for the SITCM Campus by:
 - a. Identifying any hazards.
 - b. Assessing the risks posed to health, safety and welfare.
 - c. Providing recommendations to eliminate or mitigate the risks as appropriate.
- 2) The WHS Committee notifies the EMG of all recommendations arising from a hazard assessment in a timely manner (out-of-session if necessary).
- 3) The EMG decides on the appropriate control measures to take and notifies the WHS Committee.
- 4) The WHS Committee reviews the control measures at the next WHS Committee meeting to ensure they remain appropriate.

4 RELATED POLICY AND OTHER DOCUMENTATION

- 1) Higher Education Standards Framework (Threshold Standards) 2021.
- 2) Work Health and Safety Act 2011.
- 3) E2.22 Sexual Assault and Sexual Harassment Policy and Procedure.
- 4) Emergency Procedures for Staff.
- 5) Emergency Procedures for Students.
- 6) Health Practitioner Regulation National Law 2009.
- 7) E2.17 IT Management Policy and Procedure.
- 8) Critical Incidents Register.
- 9) Notifiable Incident Report.
- 10) Hazard Assessment Form.
- 11) WHS Consultation Report.
- 12) E2.21 Stakeholder Feedback Policy and Procedure.
- 13) Manual for Clinic Practice.
- 14) BTCM CPP Handbook.
- 15) Inspection Checklist.
- 16) Workplace Surveillance Act 2005.
- 17) E2.20 Critical Incident Policy and Procedure.
- 18) Student Manual.

- 19) Staff Manual.
- 20) E2.08 Student Non-Academic Misconduct Policy and Procedure.
- 21) E2.24 Staff Misconduct Policy and Procedure.
- 22) E2.07 Non-Academic Grievance Policy and Procedure.
- 23) E2.11 Staff Grievance Policy and Procedure.