

# Work Health and Safety (WHS) Report

## Quarter 1 January to March 2024

This report provides an overview of WHS performance and initiatives across ACU during Quarter 1 2024.

### 1. Executive Dashboard

Table 1 below provides key WHS indicators as agreed with the CPO for Q1 2024 (January to March). These are aligned with good practice inside and outside the University sector and provide improved visibility as to WHS performance across both ACU overall and at the Portfolio level (where such data currently exists). To ensure that WHS data is contemporary and to allow the University and Portfolios to take action to “course-correct” as required to address WHS performance issues, WHS reports are now provided on a monthly basis, supplemented by quarterly reports (this report) and annual summary reports.

### 2. WHS Performance

#### 2.1 Notifiable Incidents

There was one notifiable incident in Quarter 1. A male staff member working at Melbourne Campus had a seizure in the bathroom requiring hospitalisation. No additional action required from ACU.

#### 2.2 Riskware Incidents

Riskware is the online incident and hazard reporting system used by ACU for reporting safety related matters. Student reports accounted for 21 of 34 (62%) riskware incidents that were logged in Q1. Staff members reported 10 (29%) incidents, whilst 2 visitor reports (6%) were logged, and 1 contractor incident (3%) was logged.

##### ***Hazard Reports***

- 5 hazards were logged during Q1.
- All hazards have been actioned and closed out by relevant stakeholders.

##### ***Staff Lost Time Injuries***

- In Quarter 1, 2 staff members sustained injuries / illnesses resulting in time lost from work.

##### **Mechanisms of Injury (Staff and Students)**

- The top 3 mechanisms of injury that occurred during the period were:
  - Illness (excl. psychological) incl. fainting, chest pain, heart palpitations (students), and
  - Falls on the same level including slips / trips.
  - Sharps / Needlesticks.

##### ***Open Incidents***

- Of the 34 incidents lodged during the quarter, 9 remain open in the system, requiring action in relation to completion or finalisation of the action plan.
- Portfolio leads are expected to raise the completion of actions and closure of riskware incidents with their teams to ensure these are addressed in a timely manner. Detailed reports on open incidents by Portfolios are available from the Safety & Wellbeing Team on request.

**Table 1 – WHS Dashboard for ACU (January to March 2024)**

	COO	DVC Education	DVCRE	Provost	VP	VCP	ACU OVERALL
Notifiable Incidents	1	0	0	0	0	0	1
Total Incidents	3	1	0	30	0	0	34
Number of Employee Incidents	2	1	0	7	0	0	10
Number of Student Incidents	1	0	0	20	0	0	21
Number of Visitor Incidents	0	0	0	2	0	0	2
Number of Contractor Incidents	0	0	0	1	0	0	1
Total Hazards	0	0	0	5	0	0	5
Number of Employee Hazards	0	0	0	4	0	0	4
Number of Student Hazards	0	0	0	1	0	0	1
Number of Visitor Hazards	0	0	0	0	0	0	0
Number of Contractor Hazards	0	0	0	0	0	0	0
Incidents Remaining Open	1	0	0	6	1	1	9
WC Claims Lodged	0	0	0	3	0	0	3
WC Claims Currently Open	5	0	0	9	0	1	15
WC Claims Closed	1	1	0	2	0	0	4
Total Days Lost	42	0	0	205	0	63	310
EAP Counselling Sessions Q1	31 sessions of EAP were accessed by employees in Q1.						
WHS Mandatory Training Completion (New staff)	71 new staff members completed the WHS Online Training Module – Completion rate of 86%.						

NOTE: Data included in this report is aligned with the organisational structure in place prior to the implementation of the Enabling our Future change plans. Organisational units and portfolios will be progressively aligned in future reports with the new structures as these become reflected in our workforce systems. Data will also be reported upon by campus, in addition to Portfolios, in a future report.

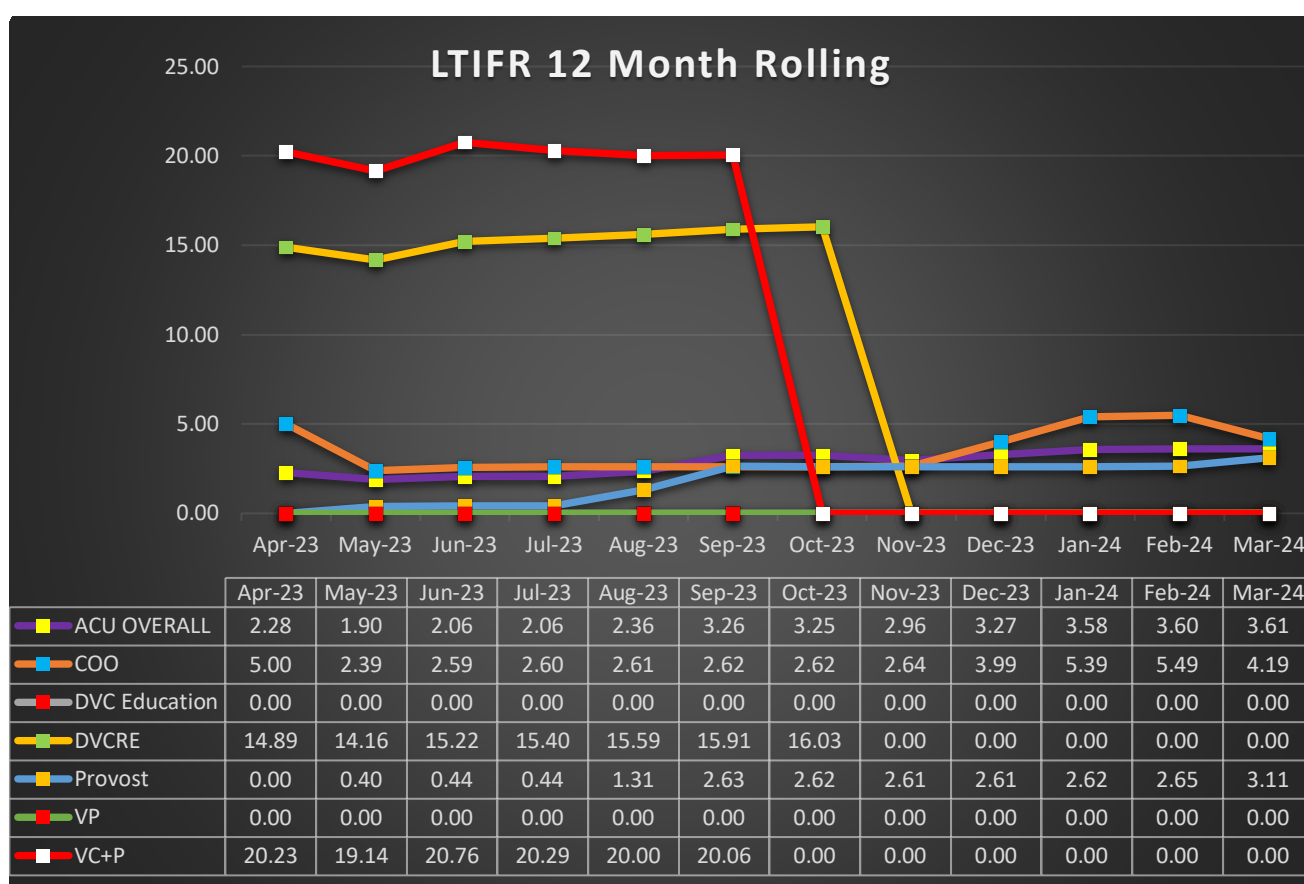
## 2.3 Lost Time Performance

Figures 1 and 2 show rolling 12-month Lost Time Injury Frequency Rates (LTIFR) and Total Recordable Injury Frequency Rates (TRIFR) respectively for ACU overall, as well as each Portfolio. Note that:

- LTIFR is calculated by dividing the number of lost time injuries (where an employee sustains an injury or illness and they are unable to work their next scheduled shift) divided by the total number of hours worked in the period, multiplied by a million.
- TRIFR is likewise calculated by dividing the number of lost time injuries AND medical treatment injuries (i.e. an injury that is 'beyond' first aid and required intervention by a medical professional) injuries, divided by the total number of hours worked in the period.

Lost time performance and related indicators should be used with caution and do not provide a definitive view as to overall safety performance. They are best used in conjunction with a range of other lagging and leading safety indicators, such as those shown in Table 1, to provide a more comprehensive picture of WHS performance within a work area.

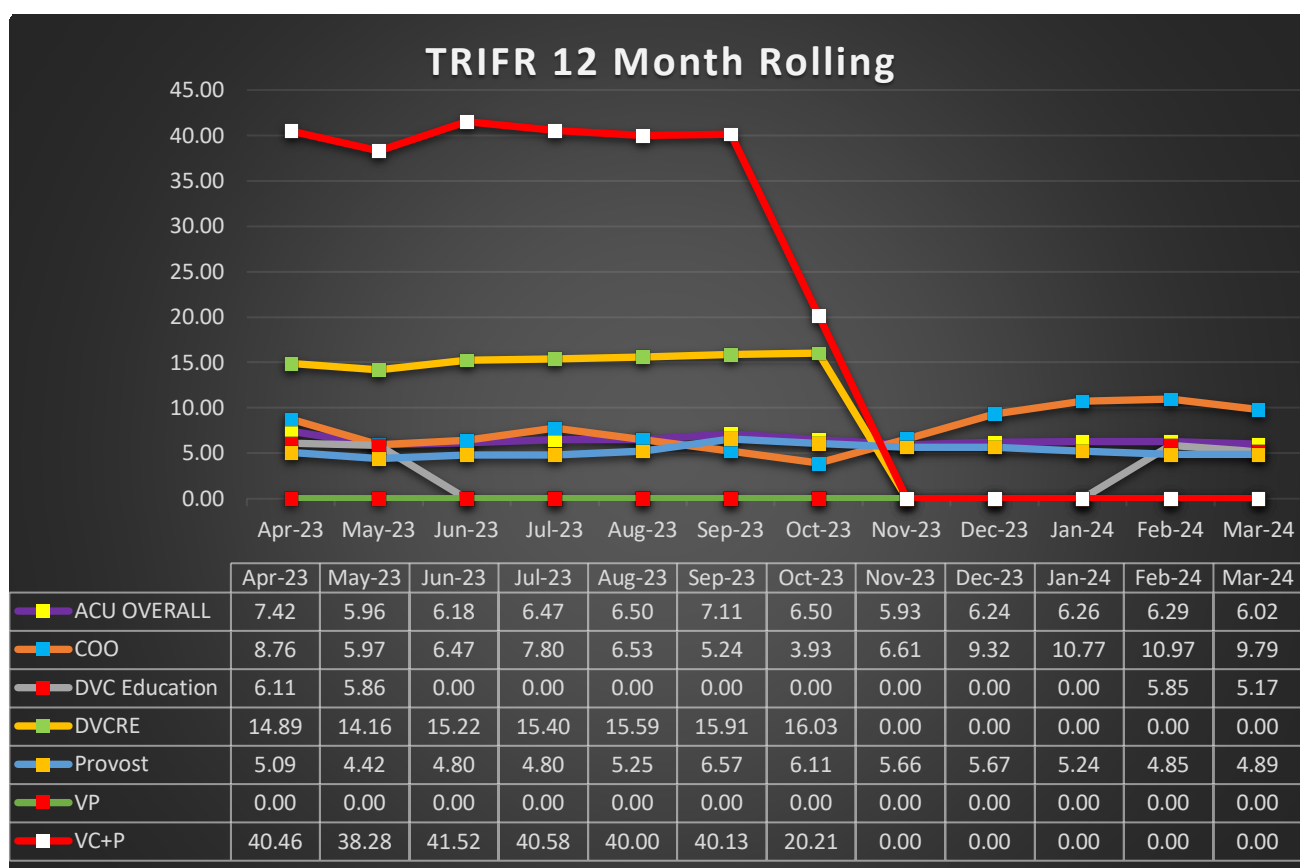
**Figure 1 – LTIFR for ACU (Overall and Portfolios)**



Notes to Figures 1 and 2:

- LTIFR is best viewed as a trend over time and over large employee populations.
- Rolling 12-month data for any given month takes into account WHS performance for the current month as well as that over the preceding 11 months.
- As calculations are based on hours worked, a single lost time incident in a portfolio with considerably smaller numbers of staff can have a large relative impact on LTIFR/TRIFR.

Figure 2 – TRIFR for ACU (Overall and Portfolios)



### 2.4 WHS Performance Commentary

In reviewing and comparing data for Quarter 1 against the previous period, the following observations are made:

- At the end of Quarter 1, the ACU Overall LTIFR was 3.61, a slight increase from the end of Q4, where the LTIFR was 3.27.
- TRIFR has decreased slightly from 6.24 to 6.02 between Q4 2023 and Q1 2024.
- These figures are likely to increase significantly in Q2 due to the lodgement of at least six workers compensation claims in April, most of which are lost-time injuries.
- Training completion is high for new staff and in addition, an initiative by P&C in Q1 2024 to increase compliance training completion for all staff has resulted in a dramatic increase in completion rates for all mandatory compliance training, including WHS. This will be reported upon in future reports.

## 3. WHS Achievements

WHS achievements are highlighted below:

- New EAP provider Acacia EAP successfully commenced from 1/1/24.
- New St Johns First Aid booking portal launched, which allows any staff member wishing to enrol in a first aid course, fulfil the training requirements of being a listed first aid officer on campus, or maintain currency of their qualifications, to do so via a single site (replacing several complex manual processes).
- New Workers Compensation Broker (Gow Gates) appointed for ACU who will assist with policy placement, complex claims management and alternative premium models.
- Expression of Interest submitted to icare for participation in NSW Loss Prevention and Recovery (LPR) Workers Compensation Scheme in 2024/25.
- WHS Risk Register tender progressed to shortlisting of 3 vendors.
- Investigation of the expansion of EAP to Rome Campus commenced, including examination of GDPR (Privacy) requirements.
- Discussions around tender process for Staff/Student Mental Wellbeing Plan underway with Procurement, including consideration of an internal proposal to undertake the work by FEA.

- Health and Safety Representatives (HSRs) Guidelines (including time allocation) agreed to encourage more HSRs across ACU.
- Gap Analysis (including recommendations) comparing ACU policies, processes and programs to requirements under the new AHRC Guidelines for employers to comply with the Positive Duty under the Sex Discrimination Act 1984 is underway.

#### **4. Further Information**

More detailed data regarding, and advice on improving, WHS performance for Portfolios, Faculties, Directorates and other work areas, is available on request from the Safety & Wellbeing team at [healthsafetywellbeing@acu.edu.au](mailto:healthsafetywellbeing@acu.edu.au).

Submitted for information by  
People and Capability  
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