

Hazard and Risk Assessment Details

<p>What is the topic of this risk assessment? This can be a: process; task; piece of plant or equipment; tool; substance; situation; activity; location; issue; or anything that might cause harm.</p>	Changes to Couriers Run to Support Service Provision	
<p>How was the hazard identified? For example: Raised by Staff; Direct Observation; Workplace Inspection; Audit Finding; Incident Report; etc.</p>	HSU Notification	
<p>What is the location of the hazard?</p>	Hospital / Facility	Orange Pathology
	Department/ Ward/ Unit/ Service	Courier Service
	Specific Location	NA
<p>Hazard Register Number Refer to your Quality System or NSWHP Laboratory Safety Hazard Register for the next sequential number</p>		
Initial Risk Assessment Details:		
Initial Risk Assessment Date	Manager/ Supervisor Name and Signature	Worker(s) Consulted
09 Feb 2026	Benjamin Alchin	Abby Cooksey Renata Payne Russell Platt Gordon Dunlop Hanah Trengove Connie Kissell

Risk Assessment Review

The Risk Assessment must be reviewed if: there is evidence that it is no longer valid; an incident/injury or illness occurs from exposure to the hazard; a significant change is proposed in the place of work/work practices/procedures to which the risk assessment relates; or 3 years has elapsed since the last review of the risk assessment.

Date Subsequent review was completed	Manager/ Supervisor Name and Signature	Worker(s) Consulted

Risk Assessment

Hazard Groups:

- Hazardous Manual Tasks – Includes Ergonomics, manual handling, repetitive movements, awkward and/or sustained postures
- Psychosocial – Can be social factors of work/relationships, tasks where there are inherent psychological risks, and the way tasks are designed and organised
- Physical – Where there is potential for an injury, or an injury has occurred
- Biological – The potential for Needle Sticks, Sharps injuries, splashes and exposure to biological substances
- Plant/Equipment - Plant includes machinery, equipment, appliances, containers, implements and tools and components or anything fitted or connected to those things.
- Chemical (HZ & DG) – Where chemicals are used and there is a potential for exposure
- Electrical – Where there is a potential for electric shock
- Radiation – Use of radioactive substances or machines where radioactive substances are used and there is the potential for radiation exposure i.e. CT Scanners and X-Ray machines.

Hazard Group(s)	Specific Details of Hazard	Risk Rating (A-Y)
Physical	Route C (Original to Proposed) – Increasing the hours across an afternoon/evening shift potentially increases the risk of courier fatigue. Fatigue can lead to physical hazards such as microsleeps, inattentive driving, slow reaction times or making fewer or more drastic steering corrections. These all increase the risk of driver related incidents on the road.	M
Psychosocial	<p>Route B (Original to Proposed) – Originally this route had couriers starting work at 1000 and finishing at 1830, where the proposed change has a start of 0730 and finish at 1400. This change could impact workers who have responsibilities in their personal life, such as family duties, who whilst working this original roster may benefit from a later start. Short notice changes to this may place undue stress onto workers who may need to make alternative arrangements for any morning responsibilities they have.</p> <p>Route C (Original to Proposed) – The original route commenced at 1600 and finished at 2130, while the proposed route commences at 1530 and finishes at 2300. The increased hours across this afternoon/evening shift may lead to increased fatigue for couriers as currently the latest weekday shift concludes at 2130</p> <p>This proposed route change will also need to be considered when rostering on for the next shift to ensure we are working in accordance with the Minimum Break Requirements under the award. This can potentially lead to rostering challenges.</p>	M

Consequence

Context

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Page 2 of 5

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RISK ASSESSMENT – Work Health and Safety

Catastrophic	Unexpected, or potentially preventable, death of multiple persons from the same event or cause; or Substantial reprioritisation of resources to salvage key strategic, operational or performance objectives
Major	Unexpected, or potentially preventable, death of a person; or Reprioritisation of resources to ensure delivery of key strategic, operational or performance objectives
Moderate	Major harm to a person (or persons); or Modest reprioritisation of resources to support strategic, operational and/or performance objectives
Minor	Minor harm to a person (or persons); or Reprioritisation of resources to support delivery of key objectives at a unit- or service-level
Minimal	Minor harm, not requiring medical treatment, to a person (or persons); or Short-term diversion of resources to achieve business unit or service objectives

Likelihood	Time scale	OR	Probability
Almost certain	Several times a month		Greater than 97%
Likely	Monthly, or several times a year		At least 70% but less than 97%
Possible	Yearly, or several times over a three-year period		At least 30% but less than 70%
Unlikely	Once every three years		At least 3% but less than 30%
Rare	Less frequent than once every three years		Less than 3%

		Consequence Rating				
		Catastrophic	Major	Moderate	Minor	Minimal
Likelihood Rating	Almost certain	A	D	J	P	S
	Likely	B	E	K	Q	T
	Possible	C	H	M	R	W
	Unlikely	F	I	N	U	X
	Rare	G	L	O	V	Y

Risk matrix key: Extreme (A – E) High (F – K) Medium (L – T) Low (U – Y)

Risk Rating	Extreme (A – E)	High (F – K)	Medium (L – T)	Low (U – Y)
Review period	28 days	91 days	182 days	364 days

HIERARCHY OF CONTROL

(as per Code of Practice Managing Workplace Risks)



- **Eliminate** the hazard
- **Substitute** the hazard with something safer
 - **Isolate** the hazard from people
 - Reduce the risks through **engineering controls**
- Reduce the exposure to the hazard using **administrative actions**
 - Use **personal protective equipment (PPE)**

Hazard Group <small>(Refer to page 2)</small>	Agreed Control Measures <small>(short/ long term)</small>	Date Risk Assessed	Inherent Risk rating <small>(See page 2)</small>	Agreed Person Responsible	Agreed date for Resolution	Date controls Implemented	Agreed Residual Risk Rating – After controls in place
Physical	<p>Regular fatigue check-ins with workers in the form of pre-shift or post-shift huddles. (Regular 1:1's with manager to commence 23/02/2026)</p> <p>Ensuring workers have scheduled appropriate rest/meal breaks. (Part of best rostering practice)</p> <p>Fatigue training and provision of resources to ensure workers are aware of steps they can take to individually manage fatigue both during work and in their personal lives. (All couriers have been enrolled in Fatigue: Minimising the impact at work 285850115)</p>	09 Feb 26	M	<p>Tatenda Zana</p> <p>Tatenda Zana</p> <p>All couriers</p>	<p>23/02/2026</p> <p>Currently in place</p> <p>27/03/2026</p>		
Psychosocial	<p>Consultation and regular communication with workers around roster changes, to ensure they</p>	09 Feb 26	M	Ben Alchin	Ongoing		

	<p>have an appropriate amount of time to manage any responsibilities outside of work.</p> <p>Create an environment where regular communication is encouraged, so workers feel they have the support to speak up if feeling overwhelmed by work responsibilities or any early warning signs of fatigue. (Part of huddles as described above)</p>			<p>Tatenda Zana</p>	<p>Ongoing</p>		
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