

Document Control Procedure (22)



Catholic
Safety & Injury
Management
South Australia



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1. PURPOSE

To describe the systematic approach for the management of Catholic Church Endowment Society Inc. (CCES) documents. This process covers, creating, modifying, approving, retention, and disposal (including archiving, destruction), of any documents in both electronic and paper-based format.

2. SCOPE

This procedure applies to all workers under the CCES.

3. DEFINITIONS

Definitions can be found on the [Catholic Safety & Injury Management Website](#).

3.1. Information

Worksites will be responsible for following their own document control process. For guidance refer to [Section 5.11 Implementation](#).

4. RESPONSIBILITIES

Specific responsibilities for carrying out certain actions required by the CCES, have been allocated to particular position holders within the organisation. Such responsibilities are consistent with the obligations that the legislation places on officers, managers, supervisors, workers and others in the workplace.

Responsibility, authority and accountability processes have been defined in [Responsibility, Authority & Accountability Procedure \(12\)](#), and summarised in:

- [Responsibility, Authority & Accountability Matrix – Workers \(025G\)](#);
- [Responsibility, Authority & Accountability Matrix – Managers & Supervisors \(023G\)](#);
- [Responsibility, Authority & Accountability Matrix – Officers \(024G\)](#); and
- [Work Health & Safety and Injury Management Policy](#).

You are required to familiarise yourself with this procedure in order to understand the obligations that you may have in relation to its implementation and to carry out your assigned actions and responsibilities.

This Procedure is to be read in conjunction with your Organisational Policies and / or Procedures.



5. PROCEDURE

5.1. General Requirements

Catholic Safety & Injury Management (CSaIM) is responsible for ensuring that a system of document control administration is developed and implemented.

Document review and revision processes must occur whenever there are relevant:

- changes in Legislation, Standards, Codes of Practice;
- changes in the operation of Management System or other business systems impacting on policies or procedures;
- changes in the structure of the organisation;
- changes in the processes, activities of the organisation;
- advances in science and technology impacting on documentation;
- findings from incidents, inspections or audits;
- reporting and communication requirements impacting on documentation;
- feedback from workers, or others impacting on documentation; and / or
- every five (5) years.

5.2. Creating or Modifying System Documentation

5.2.1. Initiating System Documentation

The Director, CSaIM will initiate system documentation review.

5.2.2. Drafting System Documentation

When drafting or modifying system documentation the following should be considered:

- Legislation;
- Codes of Practice;
- Industry Standards; and
- Existing System documentation.

5.3. Document Format

CCES documents (including tools, forms and guidelines) will comply with a standard format to ensure consistency in documentation production and reproduction.

Documents which form part of the WHS & IM System shall be identified with:

- allocated numerical reference;
- version number;
- approved date;
- uncontrolled when printed.

5.4. CSaIM Document Review

Once drafted the Administration Team will review and initiate the consultation process.



All draft documents shall be identified with the word “DRAFT” and an identifier to denote different draft versions.

Documents denoted with “DRAFT” may be developed and issued at the discretion of the Director, CSaIM for specific, short-term needs, such as consultation, testing and / or feedback.

Procedures will be placed on the CSaIM website for a period of six (6) weeks for consultation with all stakeholders.

5.5. Document Approval

Documents are approved by the Director, CSaIM and provided to the Self-Insured Governing Council.

5.6. Document Distribution

On receipt of the document the CSaIM Administration Team is responsible for:

- checking the document for compliance with document formatting and document control requirements;
- update the Document Control Register (061F);
- converting all policies, procedures and work instructions into pdf format and upload to the CSaIM website;
- sending an email to stakeholders to inform them of the updated documentation.

5.7. Document Control Register

The CSaIM Administration Team is responsible for ensuring that an electronic [Document Control Register \(061F\)](#) is set up to manage documents under CSaIM control.

5.8. Managing Obsolete System Documents

The removal of obsolete documents must occur as soon as practicable after the date of becoming obsolete.

The CSaIM Administration Team is responsible for ensuring that obsolete system documents are removed from the CSaIM website and archived.

5.9. Document Storage / Maintenance

Superseded documents (electronic or hard copy controlled) will be stored electronically.

5.9.1. Electronic Records

Electronic records shall be used where possible and retained as per [Record Keeping Index \(026G\)](#).

5.9.2. Paper-based Records

Paper-based records shall be stored in a manner which minimises the risk of loss, damage, deterioration, and theft. If possible, paper-based records shall be scanned and stored electronically.



5.10. Access and Confidentiality

All records containing personal information held in the workplace are subject to the provision of the Australian Federal Privacy Act 1988 and the South Australian Privacy Principles. Workplace information and records subject to these requirements include information concerning a worker's:

- personal identifiers;
- personal health information
- health surveillance; and
- injury details

5.11. Implementation

Worksites will implement procedures created by CSaIM and may create site specific procedures / guidance material and proformas.

Worksites will maintain:

- WHS & IM documents as per [Record Keeping Index \(026G\)](#);
- records of WHS activities (e.g. Audits; Registers, Compliance Testing etc.);
- backing up any electronic systems for records.

Storage of records must be in a manner identifiable for efficient and effective retrieval / replacement by any authorised persons.

After the designated retention period, the following criteria must be considered to determine if documents are to be destroyed / archived indefinitely:

- the original purpose of the document;
- the purpose of keeping it;
- confidentiality and privacy;
- historical benefits; legislation, contractual or best practice.

Records will be disposed of according to environmental and waste management practices and maintain confidentiality and privacy.

5.12. Records

All documents will be managed in accordance with requirements detailed in this procedure.

5.13. Review

This procedure will be subject to review in accordance with the requirements previously outlined.



6. RELATED SYSTEM DOCUMENTS

6.1. Policies & Procedures

Asbestos Procedure (4)
Audit Procedure (7)
Confined Space Procedure (25)
Consultation, Cooperation & Coordination Procedure (5)
Contractor Management Procedure (6)
Driver Safety Procedure (8)
Electrical Procedure (9)
Emergency Management Procedure (10)
Event Management Procedure (30)
Fall Prevention Procedure (23)
First Aid Procedure (11)
Hazard Management Procedure (14)
Hazardous Manual Tasks Procedure (16)
Hazardous Work Procedure (31)
Incident Reporting & Investigation Procedure (2)
Induction & Training Procedure (13)
Infection Control Procedure (24)
Maintaining Workplace Health Procedure (1)
Management of Hazardous Chemicals (19)
Managing Psychosocial Hazards (18)
Noise Procedure (28)
Personal Protective Equipment Procedure (29)
Plant Management Procedure (15)
Purchasing Procedure (20)
Remote & Isolated Work Procedure (17)
Responsibility, Authority & Accountability Procedure (12)
Traffic Management Procedure (26)
Volunteers Procedure (21)
Waste Management Procedure (27)
Work Environment & Facilities Procedure (3)
WHS & Injury Management Policy



6.2. Forms & Tools

Document Control Register (061F)

Group Legal Register (010T)

7. REFERENCES

Legislation and other requirements related to this procedure are defined in [Group Legal Register \(010T\)](#).

7.1. Internal Resources

Record Keeping Index (026G)

Responsibility, Authority & Accountability Matrix – Managers & Supervisors (023G)

Responsibility, Authority & Accountability Matrix – Officers (024G)

Responsibility, Authority & Accountability Matrix – Workers (025G)

7.2. External Resources

Nil

8. AUDITABLE OUTPUTS

The following examples of records will be used to verify implementation of this procedure:

- Document retention periods
- Documents readily retrievable



9. VERSION CONTROL & CHANGE HISTORY

Version	Approved by	Approved Date	Reason for Development of Review	Next Review Date
V5	Sector Forums	May 2014	Legislation – New WHS Act	2017
April 2015 – Document consolidated across CCES sectors				
V1	Executive Manager CSHWSA	24/04/2015	Scheduled Procedure Review	2017
V2	Executive Manager CSHWSA	18/09/2017	Scheduled Procedure Review	2020
V3	Executive Manager CSHWSA	22/01/2021	Reviewed content, Reformatted template, Renumbered.	2024
V4	Director, CSaIM	15/03/2024	Changed procedure review period to 5 years. Reviewed content and rebranded.	2029
V4.1	Director, CSaIM	23/07/2024	Removed reference to Challenging Behaviours, Aggression & Violence (18) & Bullying & Harassment (18). Referenced new Procedure Managing Psychosocial Hazards (18) and renumbered procedures 22 – to 33 moved up a number. Reformatted.	2029

Approved for Publication:

DNation

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Debbie Nation