Community Museum Work Health and Safety Tool Kit

2026

Overview

This tool kit is designed to support community museums across Australia to keep the museum industry a safe and healthy place to work and visit. It provides information about Work Health and Safety (WHS) within a museum and the risks that museums may need to understand and mitigate.

While each museum has different hazards and risks (depending on the type and volume of items stored, for example, as well as the environment where items are stored or displayed), some WHS issues and risks are common to all museums. Users of this tool kit are invited to edit and change the WHS manual to suit the particular hazards and risks present in their small museum.

Please note that this tool kit should be used in conjunction with WHS legislation in your state and does not replace or take precedence over information and advice provided by WHS regulators regarding work health and safety or fire safety.

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1. Understand legislative requirements

a. WHS legislation

Federal WHS legislation applies to workplaces under Commonwealth jurisdiction (such as Australia Post), and their regulator is Comcare. Most museums in Australia fall under the jurisdiction of a state WHS regulator.

Legislation is hierarchical. The act is the primary legislation, which is enacted by state parliament; regulations are subordinate to the act. The requirements of both acts and regulations are mandatory and cannot be waived with a contract or disclaimer. Codes of practice (subordinate to regulations) are used to explain how to comply with a regulatory requirement, setting a minimum standard. A museum can choose to use a different way to comply, as long as it is as good as or better than the way specified in a code of practice.

In 2010, SafeWork Australia issued a model WHS Act and model WHS Regulations, along with 27 model Codes of Practice, to guide each state regulator in 'harmonising' all WHS legislation across Australia. (Victoria is currently the only jurisdiction that has not implemented these model WHS laws.)

However, it is important to note that the model codes issued by SafeWork Australia are not the Codes of Practice adopted and enforced by individual state governments. The Codes of Practice listed on each state regulator's website are enforced by inspectors and must be used as the minimum standard.

State	WHS legislation	Status	Regulator
Queensland	WHS Act 2011 WHS Regulation 2011 Electrical Safety Act 2002 Electrical Safety Regulation 2013 Child Safe Organisations Act 2024	Harmonised	WorkSafe Qld /Workplace Health and Safety Queensland / Electrical Safety Office
NSW	WHS Act 2011 WHS Regulation 2017	Harmonised	SafeWork NSW
ACT	WHS Act 2011 WHS Regulation 2011 Machinery Act 1949 Machinery Regulation 1950 Dangerous Substances Act 2004	Harmonised	WorkSafe ACT
Victoria	OHS Act 2004 OHS Regulations 2017 Dangerous Goods Act 1985 Dangerous Goods (HCDG) Regulations 2016	Not harmonised	WorkSafe Victoria
Tasmania	WHS Act 2012 WHS Regulations 2022	Harmonised	WorkSafe Tasmania
South Australia	WHS Act 2012 WHS Regulations 2012	Harmonised	SafeWork SA
Western Australia	WHS Act 2020 WHS (General) Regulations 2022	Harmonised	WorkSafe WA
Northern Territory	WHS (National Uniform Legislation) Act 2011 WHS (National Uniform Legislation) Regulations 2011 Dangerous Goods Act 1998 Dangerous Goods Regulations 1985	Harmonised	NT WorkSafe
Common-wealth	WHS Act 2011 WHS Regulations 2011 Sex Discrimination Act 1984 Child Safe Organisations National Principles	Harmonised	Comcare

b. Primary duty (s.19)

The harmonised WHS laws clarify the primary requirement for ensuring health and safety with the following components.

The employer needs to proactively take measures to:

- provide and maintain a healthy and safe
    - work environment
    - plant and structures
    - systems of work
- provide adequate facilities for the welfare of workers at work
- provide safe use, handling and storage of
    - plant
    - structures
    - substances
- provide information, training, instruction or supervision
- monitor the health of workers and the conditions at the workplace.

These WHS expectations extend to contractors and other workers whose work activities are influenced or directed by the organisation.

c. Due diligence

The harmonised *WHS Act* applies an additional duty on 'officers'. A person is an officer if they make decisions that affect the whole, or a substantial part, of a museum's activities, or if they have the capacity to significantly affect the museum's financial standing. If the museum is an incorporated association, a person is considered an officer if they hold the position of president, secretary or treasurer; if they are a member of the management committee; or if they are the manager appointed by the management committee for the association. The person who completes work health and safety officer (WHSO) training or is appointed as the WHSO for the museum does not assume the role of officer of the museum.

Each museum should identify who their officers are. The officers must exercise due diligence to ensure that the museum complies with the WHS legislation. For officers, the term 'due diligence' includes taking reasonable steps to:

a. acquire and keep up-to-date knowledge of WHS matters
b. gain an understanding of the nature of the operations of the organisation and associated hazards and risks
c. ensure the organisation (or person) has available to use, and uses, appropriate resources and processes to eliminate or minimise risks to health and safety from work carried out as part of the conduct of the organisation
d. ensure the organisation has the appropriate processes for receiving and considering information regarding incidents, hazards and risks and responding in a timely way to that information
e. ensure the organisation has and implements a process for legal compliance
f. verify that the organisation (or person) has used the resources and processes identified above.

Officers must be proactive and take action to conduct due diligence and ensure that the museum complies with the WHS Act; ignorance is not a defence. An officer cannot delegate their duty to another person.

2. Employ a systematic approach

a. Incident reporting

Incidents are recorded to understand the hazards and risks present and emerging in the organisation, to identify trends, and to recognise opportunities for improvement. There are different types of incidents, and all are lessons for the organisation. An incident report can record injuries, near miss (or near hit) events, hazards, or opportunities.

Incidents are often recorded on printed forms for individual follow up; however, these can easily be misplaced or filed without action. For incident reporting to be most effective, incidents should be entered into a database or spreadsheet so that patterns can be recognised, and actions assigned to implement changes.

Online and inexpensive software programs can be used to report, gather and store information that can be downloaded in a spreadsheet. This data can be used to monitor the number of incidents, types of hazards and causes of injuries, and to identify actions to improve WHS.

b. Inspections and audits

An inspection can be done by anyone visually checking the work area and work practices against a checklist that has been developed from the requirements set forth in the organisation's procedures. An inspection may check for compliance on specific aspects of WHS, such as fire safety requirements (are fire extinguishers or fire doors blocked? Is there debris in the fire corridors or passageways?), hazardous chemicals (are the Safety Data Sheets available? Are chemicals stored correctly?), or workshop requirements (is machinery guarding in place? Are plant and equipment maintenance records readily available?). Inspections have limitations, however, because they capture only the aspects of WHS observed on that particular day. They may not identify activities that happen infrequently, or systematic WHS issues such as training or the use of risk assessments.

An example WHS Hazard Inspection Checklist is provided in the WHS Management System Forms and Registers spreadsheet (see Form 3). Inspection data should be analysed for trends that can indicate where improvements in processes, equipment and/or facilities are required.

A WHS audit represents a deeper review of the way WHS is being managed in an organisation. It reviews the overall effectiveness of WHS procedures, considers whether the procedures themselves are compliant and have been implemented, whether risks have been accurately identified, and whether the procedures in place adequately address those risks. Many audits focus on legislative compliance. However, an audit can often assess against standards for WHS management, such as ISO 45001:2018 Occupational health and safety management systems, which applies the Plan-Do-Check-Act (PDCA) methodology of systematic management of risk. Audits need to be conducted by a qualified WHS professional, preferably with auditing experience or qualifications.

c. Risk assessments and risk registers

A robust WHS system incorporates different levels of risk management. One risk assessment process is usually inadequate to effectively manage risks within an organisation.

The first level is the task-based risk assessment, which identifies the best way to complete a task within a relatively short timeframe. A task-based risk assessment is often called a Job Safety Analysis (JSA) or a Safe Work Method Statement (SWMS) in high-risk construction work. A task-based risk assessment must clearly establish the context of the risk assessment by clearly defining the task or equipment that the assessment applies to. The task-based risk assessment may or may not identify the steps in the task.

The key to a successful risk assessment is how well it describes each of the risks involved, a risk is described in three parts, firstly identify the hazard or source of harm (1), secondly explain the cause (2) and thirdly define the result or unwanted outcome (3). The phasing often reflects the following words:

Risk description:	(1)	*caused by*	(2)	*resulting in*	(3)
Example:	Exposure to bleach		spillage		burns to hands

Then describe the control measures that will be put in place to reduce the risk (as far as reasonably practicable). Task-based risk assessments often require each person performing the task to sign the document stating that they have read and understood the instructions in the risk assessment and agree to follow them. The limitations of task-based risk assessments are that they do not review overall risks or the big picture and cannot be used to manage risks across an organisation or long-term project or scope of work.

A formal risk assessment is more complex than a task-based risk assessment. Formal risk assessments determine how to best manage project work, long-term work, or work that is core business. A formal risk assessment will document the different risks present throughout the project or work, rather than broken down into individual steps. These overall risks need to be identified using a risk statement, along with the control measures, to determine whether further action is needed to control the risk and achieve compliance. The formal risk assessment requires that an action implementation plan be followed, with actions assigned to individuals with due dates for completion.

Risk registers are used at the higher level to assess the risk profile of the organisation. A risk register lists the different sources of risk, what measures have been implemented to prevent or mitigate the risk, and how effective those control measures are at reducing the risk. The risk profile is determined after the current risk controls have been implemented. The risk register is used to identify where limited resources should be focused, and what achievable and measurable actions should be taken to address priority risks.

An example risk register template is provided in the WHS Management System Forms and Registers spreadsheet (see Register 4).

d. Standard Operating Procedures and signage

A Standard or Safe Operating Procedure (SOP) is a method used to implement learnings from task-based risk assessments (i.e. JSAs (see 1c above)) for repeated or routine tasks. The use of task-based risk assessments that contain a worker sign-on agreement component approach is effective in construction or shutdown tasks, but less effective in a museum). By contrast, SOPs translate the instructions in task-based risk assessments into an established way of doing these tasks, which are then used to train workers and record the delivery of training.

All SOPs must be developed from a risk assessment. If the task involves the use of plant or machinery, the risk assessment must relay the information provided by the manufacturer or supplier of the plant or machinery used in the task. The risk assessment will also provide site-based information; for example, it may specify the need to place protective mats over flooring.

SOPs should be developed for complex tasks or tasks that involve the use of complex equipment. Simple tasks may not need a SOP, and developing an SOP for every type of task will create too many SOPs to implement or manage. For example, a rack of shelves holding collection items may require a risk assessment to determine the maximum weight limit for each shelf. Appropriate signage, coupled with supervision and inspection to monitor that the shelf weight limit is being observed, would be a sufficient control measure in this scenario.

e. Training and supervision

Any task for which an SOP has been developed should also involve regular training for workers who perform the task. The frequency of refresher training should be determined within the risk assessment and based on the level of risk. Document the training using online systems, or in person with a signature from both the person delivering the training and the person receiving the training.

Supervision is also part of implementing an effective WHS management system. The person responsible for the work area should occasionally observe the work being conducted to understand and resolve any issues that workers are experiencing. Supervision activities must not be 'gotcha' experiences; rather, supervision should reassure workers that supervisors support WHS, and that they recognise when workers are following SOPs and taking care of themselves and each other. Some WHS management systems measure how many supervision 'observations' are undertaken by senior managers; these systems are better when focused on positive outcomes and learning about the challenges within the organisation. Data gathered from observation and supervision are a positive or leading indicator for WHS performance monitoring.

f. Monitoring and reporting

WHS performance needs to be monitored to demonstrate due diligence and alignment with ISO45001. The original measure of WHS performance was TRIFR (total recordable injury frequency rate), a measure of the frequency of serious injuries. This method has serious drawbacks, especially for smaller organisations, because one serious injury makes targets unachievable. It is inappropriate to compare WHS performance between different organisations because each has very different risks and work environment. To compare like with like, an organisation needs to compare itself with its past, the goal being continuous improvement.

Many organisations measure the number of lost time injuries and/or injuries needing medical treatment or first aid. The number and type of injuries need to be monitored to identify trends in the causes of injury to reassess risk profile and assign resources as appropriate. However, injuries and illnesses are lagging indicators; it is an organisation looking backwards.

Leading indicators look forwards and identify the positive measures that will improve WHS. Examples of leading indicators include the number of WHS committee meetings held, the number of hazards identified, the number of toolbox talks delivered, and the number of inspections conducted.

Reporting involves notifying senior managers when a serious incident has occurred, and if necessary, notifying the regulator. This allows resources to be allocated to respond to an event, providing the appropriate support to the work group, ensuring medical requirements are met and managing compliance afterwards.

3. Seek advice and support

a. WHS professionals

WHS is a profession. Workplaces benefit from the support and advice provided by qualified WHS personnel or consultants. Ensure that the personnel who are engaged to provide WHS support have a minimum qualification of a Certificate IV in Work Health and Safety. Accredited WHS (or OHS) qualifications are also available in Australia at diploma, bachelor, graduate diploma and master levels.

b. Occupational hygiene

If you require support for an issue that involves monitoring of workplace conditions such as temperature, noise levels or atmospheric contaminants (e.g. dust or mould), engage a consultant who is an accredited occupational hygienist. Refer to the Australian Institute of Occupational Hygienists for an appropriately qualified consultant.

c. Manual handling or workplace ergonomics

An often-misunderstood part of WHS is how to reduce the risk of injury from manually handling items, and how to recover from strain and sprain type injuries. Before 2000, the WHS legislation contained manual handling weight limits; however, this has been replaced with a better explanation of the risk factors that cause a manual handling injury. The legislation no longer specifies a maximum weight that a person is allowed to lift. This has been changed due to developments in understanding the causes of injury from manual handling. The updated legislation redefines manual handling as any manual task where a person lifts, lowers, pushes, pulls, carries or otherwise moves, holds or restrains anything. The updated legislation focuses on tasks with a combination of risk factors. A manual task is classified as hazardous due to not only the force needed but also the movements and postures involved in the task.

Many companies advertise quick-fix solutions for manual handling training or lifting aids that often do not address the risk factors specified in the legislation. Exercise caution with organisations that offer the following as solutions to reducing manual handling injuries:

- back belts for manual material handling
- workplace stretching (good for a wellbeing program, but not for injury prevention)
- working out while working devices (e.g. a treadmill at the workstation)
- using exercise balls as chairs
- ‘how to lift’ training.

If you require support to reduce the risk of manual handling injuries in the workplace, engage a Certified Professional Ergonomist (CPE) or other consultant trained in Human Factors and Ergonomics (HFE). Refer to the Human Factors and Ergonomics Society of Australia for an appropriately qualified consultant.

d. Mental health or psychosocial wellbeing

Organisations have a responsibility to assess the risks of psychosocial harm in the workplace and implement measures to minimise risks. Workers may experience challenges that put their mental health at risk when interacting with members of the public or others. Professional counselling services can provide support and advice to both individuals and organisations when difficult events occur. Organisations should be prepared to provide support to all workers after a serious incident or natural disaster, with an incident debrief or one-on-one support as appropriate.

Workers may also experience challenges in their lives outside of work. A trained Mental Health First Aid officer can provide support in these circumstances and assist with contacting appropriate support networks. To help organisations manage psychosocial risks and provide a supportive work environment, WorkSafe Qld have developed a Psychosocial risk assessment tool.

4. Establish work restrictions

a. Prohibited work

Prohibited work is work that must only be done by people with the skills, capacity and insurance to perform it. Museums must recognise tasks that fall into this category and ensure that workers are instructed not to perform such work.

WHS legislation requires specific controls be implemented to manage certain risks. This may include registration or licensing requirements. The organisation needs to prohibit or restrict work that would expose people to risks such as:

- asbestos work, including asbestos removal
- working on composite or engineered stone
- lead process work, including heating, sanding or removing lead paint
- entry into a confined space, including looking inside
- work at height, using a fall arrest harness
- diving work, including use of scuba diving equipment
- electrical work, including electrical repairs
- construction work
- use of firearms or weapons
- possession of radioactive sources or equipment.

b. Restrictions to work

The museum may define a list of restricted activities to ensure that licensing and risk management requirements are met before such tasks are carried out. The organisation should restrict who can perform the following activities and the control measures needed:

Restricted activity	Control measures
Purchasing chemicals	Safety Data Sheet (SDS), risk assessment, storage and PPE
Using or hiring Elevated work platforms (EWP) or scaffolding	Licensed operators, suitable capacity and height and drop zone barriers
Using forklifts or pallet jacks	Licensed operators, suitable capacity and loading zone risk management
Using workshop equipment and tools	Risk management, development of SOPs with the provision of training and supervision.
Purchasing ladders and steps	Conformance to Australian Standards and designed for commercial use

c. Collection management

Museums must recognise that some items entering the collection may come with significant risk. Accepting risky items into the collection requires the authority of a senior person within the museum. In some cases, items should be refused. Prohibited or restricted items may include (but are not limited to):

- any material containing more than 1% asbestos, defined as asbestos-containing material (ACM)
- taxidermy and preserved material older than 1970 (material before this date is likely to have been preserved using toxic chemicals that can include lead or mercury, which have the capacity to produce fumes)
- radioactive material, including old hospital machinery or geological material
- items preserved with DDT (the pesticide dichlorodiphenyltrichloroethane)
- firearms

- items contaminated by mould
- items that have a confined space (e.g. tanks)
- specimens stored in flammable liquid such as ethanol or formalin
- large items that could topple
- large items that are difficult to move.

d. Cleaning

Assess all tasks that involve cleaning up hazardous material. Tasks that involve collection maintenance should be managed with an understanding of the risks involved, including any potential risks from the item itself, and which chemicals are appropriate for cleaning it. Cleaning that involves removing blood, urine, faeces and vomit must be restricted to those with appropriate training, equipment and sanitising chemicals.

5. Collaborate and consult

a. Collaboration with others

WHS risks and consequences are often shared between neighbours, between equipment designers and users, and between service providers and receivers. To adequately understand and manage the risks, all organisations are required by WHS legislation to collaborate with their suppliers, service providers and neighbouring organisations.

Before hiring a cleaning service provider, collaborate to understand what is being cleaned, how often cleaning is required, and where the cleaning will occur. Are there any security issues? Should access to collection spaces be restricted, or should their access be supervised by a collection manager? Is the cleaning limited to floors and waste receptacles within the collection spaces?

Buildings and air handling systems in museums should be designed with a good understanding of the environmental conditions that need to be maintained. Outline to the designer how museums need to have consistent atmospheric conditions for their collection items and ensure that the service contract meets the needs of the museum.

b. Worker consultation

Workers can provide invaluable information and insight about changes or improvements that could be made in the workplace to create a safer work environment. Consultation with workers and Health and Safety Representatives (HSRs) is required before any significant changes are made, and when conducting risk assessments.

Consultation means informing workers of issues or prospective changes and seeking their input before decisions are made. Consultation does not require agreement, nor is it a democratic process. Decision-making remains with the museum leadership; however, the feedback and suggestions made by workers must be considered, with documented responses and decisions.

For example, when purchasing a trolley, consult the workers who will use the trolley about the weight and size of items to be moved, where the trolley will be used, and the surfaces that the trolley will need to move over. This will determine the appropriate trolley's Safe Working Load (SWL), width and wheel size, whether it will fit through doors, and whether workers can see over it. After consulting workers about the requirements of their work, it is a good idea to purchase just one of an item in the first instance to trial its suitability. Check in with workers during the weeks following the purchase to see if the item is meeting the requirements of the task, and to determine that no unexpected issues have resulted from workers using the item. If everything is satisfactory following the trial period, purchase more of the item if appropriate.

c. Escalation processes

Workers must be able to escalate WHS issues quickly and have them addressed as a priority. An online form or suggestion box allows workers to quickly (and anonymously, if needed) report WHS incidents or issues.

WHS Consultation occurs with workers and the HSR for the workgroup who may be affected by a reported WHS incident or issue. WHS Consultation provides transparency around WHS and demonstrates an intention to resolve the WHS issue and implement WHS changes. If workers perceive that WHS issues have been ignored or hidden, on the other hand, this can be damaging to the organisational culture as well as risking worker safety. Additionally, workers who feel that WHS issues have been inadequately addressed may escalate them to external agencies, such as a WHS permit holder or WHS regulator.

6. Leadership and culture

a. WHS leadership

Measuring WHS improvement should look beyond measuring the number of injuries or serious injuries. A system that rewards zero injuries can unintentionally cause more harm, as this could incentivise under-reporting or reclassifying injuries as less serious than they actually are, resulting in missed opportunities to investigate and mitigate risk.

Good leadership and WHS decision-making relies on feedback and information from workers to identify and manage WHS risks. WHS is most successful when workers are engaged and actively contribute to the process of information gathering to report and resolve WHS issues. By contrast, authoritarian management systems typically set out rules and then enforce compliance, inhibiting communication and feedback from workers.

Managers and supervisors can demonstrate WHS leadership by talking with workers about WHS. This can occur during meetings, by attending toolbox talks, or asking workers about their concerns.

Leaders in progressive WHS systems track the number of safety observations or structured WHS discussions with workers on a weekly or monthly basis. They actively seek out and approach workers doing normal work tasks, observe the work, and talk about WHS in context of the task, with the purpose of gaining insight from the worker's perspective.

b. Safety culture

Safety culture refers to the collective mindset, values and practices that result in a culture of prioritising safety for workers at all levels of an organisation. Organisations with a strong safety culture foster participation in WHS decision-making, training and hazard reporting, driven not only by compliance with policies and procedures but by a shared responsibility for the wellbeing of others in the workplace. By periodically assessing both negative and positive culture markers and responding accordingly, good leaders can positively influence their organisation's culture of safety and how workers perceive the importance of WHS in the organisation.

Safety element	Negative culture markers	Positive culture markers
Incident reporting	Serious injuries are reported only when medical treatment is required.	Numerous minor injuries, near misses and hazards are reported.
Investigations	Investigations are either not conducted or offer only a shallow analysis focused on finding human faults.	Investigations focus on finding causes based on incident potential; and learnings are shared widely.
Risk assessment	No risk assessments, or superficial analysis of risk that does not initiate change.	Proactive formal risk assessment is integrated into all systems, and there is comprehensive analysis and understanding of the risk profile.
Training	Minimal or inconsistent training.	High level of training and awareness.
Communication	Infrequent safety meetings and toolbox talks; WHS communications do not gather information from workers.	Regular consultative meetings; tailored toolbox talks; team leaders observe tasks being performed.
Inspections and audits	Inspections are rare and seldom identify hazards.	Inspections and audits are scheduled and lead to corrective action plans.

The absence of injury or hazard reports should raise concern. If workers expect to receive rewards or benefits from their organisation having a good safety record and consequently associate reporting incidents with missing out on these benefits, then they are much less likely to report incidents or problems. This is also true if workers do not trust that action will be taken to fix problems. If a system is too difficult to follow, workers will avoid it rather than try to understand the process. If there is no feedback on WHS issues, then consultation is not working, and change is necessary.

The actions taken to improve safety culture can be measured by how often WHS issues are raised in meetings or discussed by managers, or by workers anonymously providing feedback on WHS.

WorkSafe Queensland have developed an Understanding Safety Culture resource defining safety culture and identifying nine actions organisations can take to develop a positive safety culture in the workplace.

WorkSafe Queensland have also partnered with Curtin University to develop the Safety Capability Survey to help workplaces better understand their WHS culture. Once your organisation has registered, your workers will be invited to participate in an anonymous survey about how WHS is managed in the workplace based on their own experiences and perceptions.