

Conflicts of role for assessors

Policy | OHS-POL-003

Document type	Policy
Title	Conflicts of role for assessors
Document ID	{{facility.code}}-OHS-POL-003
Version and status	1.0 Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
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Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 14 (Occupational Health), criterion 14.7
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. An assessor does not assess a worker where they also treat that worker, manage them, or have a stake in the outcome.
2. Each assessor declares any conflict on OHS-FRM-006 before the assessment.
3. A conflict is handed to another assessor at once.
4. Declarations are reviewed each year.

Stop and get help straight away if: an assessor carries out an assessment for a worker they manage or treat.

1. Purpose

To keep assessments free of conflicts of interest (14.7).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

To keep assessments free of conflicts of interest (14.7).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Occupational physician	Owns the conflict rule and reassigns	Clinician
Each assessor	Declares any conflict before each assessment	Clinician

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Declare.	• Declare any conflict on OHS-FRM-006 before each assessment.	Before each assessment.
2	Reassign.	• Hand a conflicted assessment to another assessor at once.	At once.
3	Review.	• Review the declarations each year.	Yearly.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Assessments with a conflict declaration	100%	Monthly	Occupational physician	Escalate to medical director

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
OHS-FRM-006	Conflict of role declaration	Record

16. Evidence

ID	Source and status
E-009	Based on the ICOH International Code of Ethics for Occupational Health Professionals, 3rd edition (2014).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval