MODULE

Change Management

Changes that occur in the operation or related facilities should not introduce new hazards, negatively change the risk rating of existing hazards or degrade controls. This is accomplished through a process called "change management."

Once hazards are identified, risks assessed and prioritized, and controls implemented, management-coordinating with its workforce-systematically looks for and controls change that can increase unacceptable risk. Change that results in unacceptable risk should be managed in the same manner as any other unacceptable hazard/risk, through appropriate and effective controls.

Change Management is the process of:

Identifying changes in the organization and at the operation that may introduce new risk or increase unacceptable risk by proactively looking for and controlling change at every level of the organization and across functional areas, including emergency management.

How it works

Fundamental to effective change management is training to ensure all affected personnel have a clear understanding of what "change" requires inclusion in the management process. The change management process should apply to every functional area and every level of the organization.

The management process should include changes that are:
- Planned or unplanned
- Temporary
- Incremental or permanent

And affect the operation's plan and/or the facilities and its:

- Processes
- Systems
- Procedures
- Equipment
- Products
- Material
- Organization
- Personnel

The change management process should include a provision to address emergencies where the full management of change is likely to be unrealistic. As such, management of change and emergency management should be closely coordinated, with the goal of ensuring emergency procedures exercised in response to a crisis or emergency do not introduce additional and unacceptable risk.

Flow of the Process

Procedures to establish the process for effectively managing change within the operation or facilities:

- Define change requiring management review. Communicate this process to all affected employees, contractors and other stakeholders.
- Develop a change management procedure that defines the "who, what, when and how" for the reviews. Define who is authorized to approve change actions.
- Ensure that the procedure includes provision to verify that change management actions have been completed and that they do not significantly result in new, negative risk.
- Integrate change management actions into the safety and health communication process to ensure all potentially affected parties are knowledgeable.
- Document change management decisions for tracking and verification purposes and for future reference.

Change Management

Workbook Materials For Module 11

Change management involves identifying changes in the organization and at the operation that may introduce new risk or increase unacceptable risk by proactively looking for and controlling change at every level of the organization and across functional areas, including emergency management.

Fundamental to effective change management is training to ensure all affected personnel have a clear understanding of what "change" requires inclusion in the management process. The change management process should apply to every functional area and every level of the organization.

Change Management Review Process

Change Management Process Manager:

Name: _____

Title: _____

Department: _____

Identify the Change:

Change Initiator

Name: _____

Title: _____

Department: _____

Change Recommended

_____

_____

_____

Change Management

Area/Department of Required Change:

Facilities and Equipment _____

Processes _____

Operating Procedures _____

Design and Construction _____

Maintenance Procedures _____

Materials Used _____

Consumables Used _____

Organization Structure/Responsibilities _____

Personnel Changes, Training, or Competencies _____

Individual Roles or Responsibilities _____

Mine Design/Planning _____

Contractor Administration _____

Regulatory/Statutory Regulations _____

Other _____ _____

Business Area Affected:

Health and Safety _____

Environmental and/or Social Responsibility _____

Business Continuity _____

Details of Requested Change: _____

_____

Impacts of Proposed Change: _____

_____

Project Administration:

Project Name _____

Date Initiated _____

Date Required _____

Policies/Regulations Involved _____

_____

Documentation Required _____

_____

Change Management

Assess, Authorize and Verify Change:

Change Assessor:

Name: _____

Title: _____

Department: _____

Change Authorizor:

Name: _____

Title: _____

Department: _____

Change Verifier:

Name: _____

Title: _____

Department: _____

Assess the Risk – Identify & Evaluate Risks

Using the tools provided in Module 4, Fatality Prevention/Risk Management, conduct a risk assessment of the change.

Risk: _____

_____

Likelihood (A-E): _____ Consequence (1-5): _____

Ranking:

Extreme: 1A-D, 2A-C, 3A   _____

High: 1E, 2D, 3 B-C, 4 A-B, 5A   _____

Medium: 2E, 3 D-E, 4C, 5B   _____

Low: 4 D-E, 5 C-E   _____

Assess, Authorize and Verify Change (cont.):

Mitigating Controls: _____

_____

_____

Residual Risk Rank: _____

Test/Trial Required: Yes _____   No _____
    Date: _____
    Duration: _____
    Findings: _____

        _____

Authoriziation Required: Yes _____   No _____

Audit Schedule:
    Date: _____
    Frequency: _____

Authorize the Change:

Change Management Process Required: Yes _____   No _____

Sign Off Required:
    Name: _____
    Department: _____
    Received: Yes _____   No _____
    Name: _____
    Department: _____
    Received: Yes _____   No _____
    Name: _____
    Department: _____
    Received: Yes _____   No _____

Change Management

Assess, Authorize and Verify Change (cont.):

Documentation Required:

Document Name: _____

Completed: Yes _____ No _____

Document Name: _____

Completed: Yes _____ No _____

Document Name: _____

Completed: Yes _____ No _____

Change Management Plan:

Responsible Person: _____

Department: _____

Implementation Schedule: _____

_____

Subject Experts/Participants:

_____   _____

_____   _____

_____   _____

Implementation Plan: _____

_____

_____

Training Required: Yes _____ No _____

Responsible Person: _____

Subject(s) to Cover: _____

_____

_____

Persons/Departments to Train: _____

_____

Schedule: _____

Training Plan/Method: _____

_____

_____

Change Management

Assess, Authorize and Verify Change (cont.):

Communication/Info Sharing Required: Yes _____ No _____

    Responsible Person: _____

    Subject(s) to Cover: _____

    _____

    Persons/Departments: _____

    _____

    Schedule: _____

    Communication Method: _____

    _____

Verify the Change:

Change Complete: Yes _____ No _____

Change Management Plan Followed: Yes _____ No _____

Risk Mitigating Controls in Place: Yes _____ No _____

Training Complete: Yes _____ No _____

Communications Complete: Yes _____ No _____

Change Evaluated and Audited against Additional Risk: Yes _____ No _____

    Findings: _____

    _____

    _____

Continued or Future Evaluations: Yes _____ No _____

    Schedule: _____

    Description: _____

    _____

    Responsible Person/Department: _____

Documentation Complete: Yes _____ No _____

Sign Offs Complete: Yes _____ No _____

    Name: _____

    Title: _____

    Department: _____

Change Management