Health and Safety  
Manual template

**Practice, Templates and Procedures  
August 2018**

**SPORT NZ ‘HEALTH AND SAFETY MANUAL – PRACTICE, TEMPLATES AND PROCEDURES**

This template Health and Safety Manual – Practice, Templates and Procedures is provided by Sport NZ for use and adaptation by Sports and Recreation sector organisations. This Manual sits alongside and aligns with the content in the following Sport NZ template documents:

\*Human Resources Policies

\*Employee Handbook; and

\*Health and Safety Employee and Volunteer Handbook.

Sector organisations can use and amend some/all of this Manual (and the associated template documents) to fit their particular circumstances and organisational needs. When using and implementing this Manual the organisation should take care in ensuring that it is:

1. Reflective of that organisation’s, needs, circumstances, roles and values;
2. A fit with the culture of the organisation; and
3. Complete and accurate.

Organisations are encouraged to use either internal or external expert advice in doing do.

Much of the content in this Manual was adapted from Sector organisations and is used here with permission. Thanks especially to Swimming New Zealand, Hockey New Zealand, Sport Northland, Sport Whanganui and Sport Otago for their assistance. Organisations looking to implement Health and Safety policies, practices, templates and procedures are encouraged to contact other Sector organisations to benchmark and learn.

Finally – neither Sport NZ nor any of the source organisations take or accept any responsibility for the use of the Health and Safety Manual. Organisations should seek their own independent expert advice when in doubt over health and safety matters.

**[organisation] Health and Safety Manual - Practice, Templates and Procedures**

**Contents**

1. [organisation] Commitment
2. Hazard Management

**Templates**

|  |  |
| --- | --- |
| Template 1: | Annual Manual Review |
| Template 2: | Checklist for Safe Workplace Audit |
| Template 3: | Workstation Assessment Checklist |
| Template 4: | Accident and Near Miss Reporting Form |
| Template 5: | First Aid Register |
| Template 6: | Hazard Register |
| Template 7: | Hazard Notification Form |
| Template 8: | Threat Checklist |

**Procedures**

|  |  |
| --- | --- |
| Appendix 1: | Gradual Process Injury Procedure |
| Appendix 2: | Smokefree Workplace Procedure |
| Appendix 3: | Workplace Stress Procedure |
| Appendix 4: | Manual Handling Procedure |
| Appendix 5: | Accident Management Procedure |
| Appendix 6: | Rehabilitation Procedure |
| Appendix 7: | Emergency Management Procedure |
| Appendix 8: | First Aid Procedure |
| Appendix 9: | Contractors and Visitors Procedure |
| Appendix 10: | Vehicle Drivers Procedure |
| Appendix 11: | Working Alone Procedure |
| Appendix 12: | Workplace Wellness Procedure |

|  |  |
| --- | --- |
| 1.0 | [organisation] Commitment |

**The [organisation]** **Health and Safety Programme will:**

* Have a commitment to promoting and continually improving Health and Safety.
* Provide a safe workplace for all employees, volunteers, contractors, and visitors.
* Communicate with all employees regarding Health and Safety.
* Systematically identify and manage workplace hazards.
* Eliminate, isolate, or minimize (in that order) workplace hazards.
* Provide training and supervision to ensure work is done safely.
* Have accurate and thorough record-keeping regarding Health and Safety.
* Provide appropriate tools, aids, and protective equipment to allow tasks to be done safely.
* Have robust procedures for dealing with workplace accidents.
* Record all workplace accidents and illnesses and report those that cause ‘serious harm’.
* Monitor the health of employees in relation to the hazards of their work.
* Provide opportunities for employees to participate in Health and Safety.
* Comply with our legal obligations.

**This will be achieved through:** The Board (‘Board’) and Management’s support and commitment to health and safety.

* Implementation of policies and procedures.
* Staff education and participation.
* Regular reviews and evaluations of Health and Safety by Management and the Health and Safety Representative.
* Monthly Health and Safety Committee meetings (if relevant).
* An ongoing cycle of appraisal of Health and Safety policies and procedures.

|  |  |
| --- | --- |
| 1.1 | The Legislative Environment |

[organisation]will meet its obligations under the relevant legislation. The Ministry of Business, Innovation and Employment (MBIE) lists these as being:

* The Health and Safety at Work Act 2015, and
* The Employment Relations Act 2000.

The purpose of the Health and Safety at Work Act 2015 is to secure the health and safety of workers and workplaces. It aims to do this by, among other things, eliminating or minimising risks arising from work. To ensure Health and Safety, [organisation]must systematically manage hazards in the workplace through:

* Communication with and cooperation from employees.
* Systematic identification, documentation, and review of workplace hazards.
* Ensuring employees have received appropriate training and supervision.
* The elimination of hazards where possible; if not elimination then isolation or minimisation.

The Health and Safety at Work Act 2015 sets out a range of duties for organisations, workers and other people a workplace, to ensure all people are safe and healthy in the workplace.

The definition of 'worker' includes employees, contractors, subcontractors, loaned employees and people doing on-the-job training or gaining work experience.

Volunteers that carry our voluntary work for sporting organisations are not considered workers, but they do have health and safety obligations. Volunteers are responsible for taking reasonable care for their own health and safety, for ensuring that their acts or omissions do not adversely affect the health and safety of others, and complying with reasonable instructions relating to health and safety.

Various Health and Safety at Work Regulations impose duties on organisations in respect of the workplace, workers, and types of work. The Resource Management Act, the Building Act, the Fire Service Act, the Hazardous Substances and New Organisms Act, and Accident Compensation Act also include health and safety elements.

|  |  |
| --- | --- |
| 1.2 | Accountability |

The Board of [organisation] is responsible for the Health and Safety of all workers, volunteers, and visitors, and for ensuring that the Health and Safety of other persons are not put at risk from activities undertaken by [organisation].

The Board has delegated to the Chief Executive (CE) responsibility for:

* Demonstrating continuous improvement through a systematic approach to workplace Health and Safety.
* Documenting and communicating the Health and Safety Policies and Procedures, and holding [organisation] and its workers accountable for compliance with the relevant procedures.
* Taking appropriate actions (including disciplinary actions) in the event of unacceptable performance or behaviour relating to health and safety.
* Expecting all workers to share the responsibility for meeting all Health and Safety requirements.
* Exercising due diligence to ensure [organisation] complies with its Health and Safety obligations.

The Health and Safety Committee has responsibility for:

* Facilitating the co-operation between [organisation] and workers in instigating, developing, and carrying out measures designed to ensure the workers’ health and safety at work.
* Assisting in the development of any standards, rules, policies, or procedures relating to health and safety in the workplace
* The systematic review of Health and Safety Policies and Procedures and related documentation.
* Regular review of known hazards, and their relevant elimination or mitigation strategies.
* Regular inspections of the workplace to identify unknown hazards and to manage them.
* To provide workers with an opportunity to participate in Health and Safety management.
* To communicate with all workers relevant Health and Safety information, including: changes to policies, procedures, and documentation; the identification or mitigation of new hazards; training opportunities; new obligations on employees and other relevant information.
* Ensure all workers receive training relevant to the Health and Safety risks of their role.
* Providing leadership and direction in matters of health and safety.
* Making recommendations to the Board for changes to policies or any other matters relating to health and safety.
* Reporting to the Board on a monthly basis.

The Terms of Reference for the Health and Safety Committee can be found in Appendix 13.

[organisation] will, so far as reasonably practicable, consult, co-operate and co-ordinate with any other organisation involved in the same work on health and safety matters, to ensure health and safety duties are met.

**Health and Safety Meetings**

* Monthly Health and Safety Staff Meetings are to be held, minuted, and reported to the Board through the Chief Executive.
* Workers will be involved in the selection of Health and Safety Committee Representatives through nominations at a general staff meeting. Any worker wanting to be a Health and Safety Representative may self-nominate and will as a result, be invited to attend the committee meetings. Changes to the committee will be communicated via email to all workers.
* Any worker is welcome to attend a Health and Safety Committee meeting. The date and time of meetings will be circulated to all staff via group email.
* An extraordinary meeting will be held in the event of a serious harm injury being investigated.

**Worker Consultation**

Workers are encouraged to actively engage with the Health and Safety Committee and/or their Health and Safety Representative.

Where changes to existing policies are being considered, workers will be invited to comment and participate in the consultation process prior to implementation of changes.

Workers may have their nominated representative participate or advocate on their behalf as part of the consultation process.

|  |  |
| --- | --- |
| 2.0 | Hazard Management |

[organisation] will regularly assess, record, and review hazards, including any potential or actual source of harm whether it’s a process, the location, a situation, equipment, or a person’s behaviour. Worker input enhances hazard management and helps to determine the best way to control hazards and secure health and safety. The Accident Register will list any accidents, injuries or near misses that have occurred at the workplace. If a notifiable event occurs, an investigation will identify any hazard that may have caused the event.

**Purpose**

To take all reasonably practicable steps to identify, control, and manage hazards to minimize risks to health and safety.

**Responsibilities**

The Operations Manager is responsible for:

* Conducting regular health and safety inspections.
* Maintaining the Hazard Register, including identification and risk analysis.
* Working with workers to control identified hazards.
* Eliminating hazards, and if it is not reasonably practicable to eliminate hazards, minimising those hazards as far as reasonably practicable.
* Authorising specialist consultants to be contracted where existing competency is not available to eliminate or minimise hazards (for example assessment of workstations).

All workers are responsible for:

* Implementing hazard management procedures in their work area.
* Behaving in a manner that does not create a hazard to themselves or any other person.
* Taking all practicable steps to ensure that hazards identified are eliminated, or minimal.
* Completing a hazard notification form if a hazard is identified and providing this to the Operations Manager, who will undertake a full identification and risk analysis and enter details into the Hazard Register where appropriate.
* Informing workers and others of any hazards to health and safety which are known to be associated with the work they perform and the steps to be taken to control any such hazard.

**Procedure**

The hazard management steps are:

**Identification:** The first step in securing health and safety is to identify the hazards and assess the risk those hazards may have on the health and safety of workers and others in the workplace. [organisation] will:

* Systematically identify the hazards in the workplace.
* Regularly review the Accident Register to determine the hazards that cause harm.
* Involve the workers in identifying hazards.
* Reassess the workplace when there are new hazards or processes.

**Control:** Hazards will be dealt with in this priority:

* Take all reasonably practicable steps to eliminate the health and safety risk.
* If a risk cannot be eliminated then [organisation] will minimise the risk.
* If the hazard can only be minimised then [organisation] will action one or more of the following steps that is most appropriate and effective taking into account the nature of the risk:
* substituting (wholly or partly) the hazard giving rise to the risk with something that gives rise to a lesser risk;
* isolating the hazard giving rise to the risk to prevent any person coming into contact with it;
* implementing engineering controls.
* If the risk then remains, [organisation] must minimise the remaining risk, so far as is reasonably practicable, by implementing administrative controls.
* If a risk then remains, [organisation] must minimise the remaining risk by ensuring the provision and use of suitable personal protective equipment.

The Hazard Register needs to then be updated with the identified hazard and any risk management strategies.

If difficulties are experienced in identifying, eliminating, or minimising risks and hazards, the CE will engage an outside contractor with appropriate experience.

**Hazard Management needs to be completed:**

* Systematically, for all areas and processes at regular three-monthly intervals.
* When an accident, injury, or near miss occurs; a check is needed to ensure hazards listed and their controls are adequate.
* When a new process or equipment is introduced.
* If a new hazard is observed or reported.

**Step 1: Identify Hazards**

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazard Identification Process2** | | | |
| 1. | Use inspection, audits, walk-through surveys, and checklists to determine hazards. | | |
| Working Environment   * Area used and its physical condition. * Workplace layout. * Location of material/equipment and distances moved. * Types of equipment used. * Energy hazards. * Hazards which could cause injury. * Characteristics of materials and equipment. * Hazards which could cause ill health. * Psycho-social environment. * Organisation environment. | Human Factors   * Knowledge and training. * Skills and experience. * Health, disabilities, and fitness. * Age and body size. * Motivation. * Risk perception and value systems. * Protective clothing, equipment, and footwear. * Leisure interests. | Tasks   * Task analysis. * Working postures and positions. * Actions and movements. * Duration and frequency of tasks. * Loads and forces involved. * Intensity. * Speed/accuracy. * Originality. * Work organisation. |
| 2. | Analyse any ‘near miss’ accidents that may have been recorded in the incident and accident register or documented in the minutes from Health and Safety Meetings. | | |

**Step 2 – Risk Analysis**

Risk analysis is the process of estimating the magnitude of the risk and deciding what actions to take. The following considerations are made to establish risk using the likelihood and impact scales below.

|  |  |  |
| --- | --- | --- |
| **Score** | **Scale** | **Frequency of Accident or Illness** |
| 1 | Rare | May occur only in exceptional circumstances, e.g. less than 5% chance of occurring. |
| 2 | Unlikely | Could occur at some time, e.g. 5-29% chance of occurring. |
| 3 | Possible | Should occur at some time, e.g. 30-59% chance of occurring. |
| 4 | Likely | Will probably occur in most circumstances, e.g. 60-79% chance of occurring. |
| 5 | Almost Certain | Will occur in most circumstances, e.g. 80%+ chance of occurring. |

**Impact Scale**

|  |  |  |
| --- | --- | --- |
| **Score** | **Scale** | **Severity of Accident or Illness** |
| 1 | Minimal | Negligible injury or illness. |
| 2 | Minor | Minor injury or illness requiring minor first aid and/or less than one week’s recovery. |
| 3 | Moderate | Injury or illness requiring advanced first aid and medical visit, e.g. general practitioner or hospital visit and/or one to six weeks recovery. |
| 4 | Major | Injury or illness requiring advanced first aid and emergency medical assistance, e.g. hospitalisation and/or more than six weeks recovery. |
| 5 | Extreme | Injury or illness requiring immediate emergency medical assistance and may result in permanent or long-term disabling effects or death. Hospitalisation likely to be for more than six weeks. |

A risk assessment category (critical, high, moderate, or low) for each hazard is compiled by using the chart below. Hazards with the highest rating are given priority.

**Risk Assessment Chart**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Likelihood** | **Impact** | | | | |
| Minimal | Minor | Moderate | Major | Extreme |
| Almost Certain | H | H | C | C | C |
| Likely | M | H | H | C | C |
| Possible | L | M | H | C | C |
| Unlikely | L | L | M | H | C |
| Rare | L | L | M | H | H |

Legend:

|  |  |
| --- | --- |
| C | Critical risk; immediate action required. |
| H | High risk; senior management attention is needed. |
| M | Moderate risk; management responsibility must be specified. |
| L | Low risk; manage by routine procedures. |

The risk assessment category is entered into the Risk Score column beside the hazard on the Hazard Management form. ‘Significant Hazards’ are identified according to the definition above.

**Definitions**

* ‘Hazard’ means an activity, arrangement, circumstance, event, occurrence, phenomenon, process, situation, or substance (whether arising or caused within or outside a place of work) that is an actual or potential cause or source of harm. In effect, a hazard can be interpreted as anything that can cause harm in terms of human injury or ill health, damage to property, damage to the environment, or a combination of all these.
* ‘Hazard Identification’ is the process of recognising that a hazard exists and defining its characteristics.
* ‘Hazard Assessment’ is the overall process of determining whether a hazard is significant.
* ‘Significant Hazard’ means a hazard that is an actual or potential cause or source of:
* Serious harm, or
* Harm (that is more than trivial), the severity of its effects on any person depends on the extent or frequency of the person’s exposure to the hazard or harm that does not usually occur, or is not easily detectable, until a significant time after exposure to the hazard such as a gradual process injury.
* ‘Harm’ means ‘illness, injury, or both’. The term is only used in the context of harm that is more than trivial.
* ‘Serious harm’ is essentially a work-related injury, illness, or condition that will result in admission to hospital for 48 hours or more or being off work for more than one week.

**Template 1: Yearly Manual Review**

|  |  |  |
| --- | --- | --- |
| **Health and Safety System** | **Policy Components** | **Review Date** |
| Employer Commitment  to Health and Safety | * Outline of Health and Safety Programme (objectives). * Employer commitment, including employer and employee responsibilities. * Volunteers. * Health and Safety Committees/Representatives. * Acknowledgment of and cross-reference to relevant legislation. * Quality systems that support health and safety, such as internal audit. |  |
| Hazard Identification  and Management | * Hazard identification process and risk analysis. * Managing hazards. * Stress at work. * Occupational overuse syndrome (OOS) prevention. * Manual handling guidelines. * Smokefree workplace. * Forms for hazard identification and analysis. |  |
| Accident Reporting and Management | * Definitions of accident and serious harm. * Procedures for investigating and recording accidents. * Making claims. * Rehabilitation – employer commitment to vocational rehabilitation programmes and early return to work. * Forms for recording accidents and investigations. |  |
| Emergency Planning and Readiness | * First Aid. * Disaster management (fire, earthquake, and flood). * Management of an unwanted visitor, bomb threat, etc. |  |
| Employee Information, Training,  and Supervision | * Induction process and training. * Employee responsibilities. * Ongoing training and staff development. * Cross-reference to employer commitment. |  |
| Employee Involvement | * Employee participation. * Cross-reference to Health and Safety Committees and Representatives. |  |
| Contractors and Visitors | * Definitions. * Processes to ensure safety while on-site. * Responsibilities. |  |
| Event Management | * Health and Safety off-site. * Responsibilities and functional relationships with other stakeholders. * Checklists managing risk – event management. |  |

**Template 2: Checklist for Safe Workplace Audit**

|  |  |  |
| --- | --- | --- |
| **Questions** | **Response** | **Follow-up required (when and who by)?** |
| Who is your Health and Safety Representative? |  |  |
| Has this person had recent training in health and safety?  Specify what and when. |  |  |
| Do you have a Visitors Book or other mechanism for monitoring and ensuring visitor safety? |  |  |
| Do you have a Contractors Book or other mechanism for monitoring and ensuring contractor and staff safety? |  |  |
| Do you provide information to visitors and contractors of hazards and emergency procedures?  How is this done? |  |  |
| Do you obtain information from contractors about hazards they may be bringing on-site? |  |  |
| Do you have a qualified first aid person?  When does their First Aid Certificate expire? |  |  |
| Do you have first aid supplies?  Are these current and complete? |  |  |
| Have you identified hazards? |  |  |
| Do you have a Hazards Register?  Is this regularly updated? |  |  |
| Have you had any expert assistance to identify or mitigate hazards? |  |  |
| Have you had any incidents and accidents? |  |  |
| Have incidents and accidents been recorded? |  |  |
| What action has been taken as a result of incidents and accidents? |  |  |
| Have you had regular Health and Safety Meetings?  If yes, how often? |  |  |
| Are there minutes of these meetings, including who attended and action plans where applicable? |  |  |
| Have you circulated any material relating to health and safety in staff newsletters or emails over the past year? |  |  |
| Have you any staff who are union members? |  |  |
| Have staff been informed that they are able to have a representative or union representative assist them in relation to the health and safety matters? |  |  |
| Have staff participated in the review of any policies or procedures relating to health and safety? |  |  |
| Do you set yearly objectives for health and safety? |  |  |
| Do you have a management plan of how these objectives will be achieved? |  |  |
| Have you undertaken a review of objectives to monitor progress toward achievement? |  |  |
| Do you have copies of health and safety inspections of equipment, e.g. of fire extinguishers/fire drills, etc.? |  |  |
| Do you have a Fire Warden?  If yes, has this person had Fire Warden training? |  |  |
| Do you have reference material available to staff and health and safety matters in addition to any policies and procedures? |  |  |
| Is there an orientation or induction process for new staff that includes health and safety? |  |  |
| Are health and safety responsibilities assigned to Managers or the Health and Safety Representative written into the Position Description of those people? |  |  |
| Are health and safety responsibilities included in the performance review of staff? |  |  |

**Template 3: Workstation Assessment Checklist**

After three months, each new employee’s workstation should be assessed according to the following checklist and adjustments made as required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Working Conditions**  **The workstation should be designed or arranged so it allows the employee’s…** | **Y** | | **N** |
| **A** | Head and neck to be about upright (not bent down/back). |  | |  |
| **B** | Head, neck, and trunk to face forward (not twisted). |  | |  |
| **C** | Trunk to be about perpendicular to floor (not leaning forward/backward). |  | |  |
| **D** | Shoulders and upper arms to be about perpendicular to floor (not stretched forward) and relaxed (not elevated). |  | |  |
| **E** | Upper arms and elbows to be close to body (not extended outward). |  | |  |
| **F** | Forearms, wrists, and hands to be straight and parallel to floor (not pointing up/down). |  | |  |
| **G** | Wrists and hands to be straight (not bent up/down or sideways toward little finger). |  | |  |
| **H** | Thighs to be about parallel to floor and lower legs to be about perpendicular to floor. |  | |  |
| **I** | Feet to rest flat on floor or be supported by a stable footrest. |  | |  |
| **J** | Visual Display Unit (VDU) tasks to be organised in a way that allows the employee to vary VDU tasks with other work activities or to take micro-pauses while at workstation. |  | |  |
|  | **Seating The chair…** | **Y** | | **N** |
| **1** | Backrest provides support for employee’s lower back (lumbar area). |  | |  |
| **2** | Seat width and depth accommodate specific employee (seat pan not too big/small). |  | |  |
| **3** | Seat front does not press against the back of the employee’s knees and lower legs (seat pan not too long). |  | |  |
| **4** | Seat has cushioning and is rounded/has ‘waterfall’ front (no sharp edge). |  | |  |
| **5** | Armrests support both forearms while employee performs VDU tasks and do not interfere with movement. |  | |  |
|  | **Keyboard/Mouse The keyboard/input device is designed or arranged for doing VDU tasks so that…** | **Y** | | **N** |
| **6** | Keyboard/input device platform(s) is stable and large enough to hold keyboard and input device. |  | |  |
| **7** | Input device (mouse or trackball) is located right next to keyboard so it can be operated without reaching. |  | |  |
| **8** | Mouse is easy to activate and shape/size fits hand of specific employee (not too big/small). |  | |  |
| **9** | Wrists and hands do not rest on sharp or hard edge. |  | |  |
|  | **Monitor The monitor is designed or arranged for VDU tasks so that…** | **Y** | | **N** |
| **10** | Top line of screen is at or below eye level so employee is able to read it without bending head or neck down/back (for employees with bifocals/trifocals, see next item). |  | |  |
| **11** | Employee with bifocals/trifocals is able to read screen without bending head or neck backward. |  | |  |
| **12** | Monitor distance; allows employee to read screen without leaning head, neck, or trunk forward/ backward. |  | |  |
| **13** | Monitor position is directly in front of employee so employee does not have to twist head or neck. |  | |  |
| **14** | No glare, e.g. from windows or lights is present on the screen which might cause employee to assume an awkward posture to read screen. |  | |  |
|  | **Work Area The work area is designed or arranged for doing VDU tasks so that…** | **Y** | | **N** |
| **15** | Thighs have clearance space between chair and VDU table/keyboard platform (thighs not trapped). |  | |  |
| **16** | Legs and feet have clearance space under workstation so employee is able to get close enough to keyboard/input device. |  | |  |
|  | **Accessories** | **Y** | **N** | |
| **17** | Document holder, if provided, is stable and large enough to hold documents that are used. |  |  | |
| **18** | Document holder, if provided, is placed at about the same height and distance as monitor screen so there is little head movement when employee looks from document to screen. |  |  | |
| **19** | Wrist rest, if provided, is padded and free of sharp and square edges. |  |  | |
| **20** | Wrist rest, if provided, allows employee to keep forearms, wrists, and hands straight and parallel to ground when using keyboard/input device. |  |  | |
| **21** | Telephone can be used with head upright (not bent) and shoulders relaxed (not elevated) if employee does VDU tasks at the same time, i.e. using headset. |  |  | |
|  | **General** | **Y** | **N** | |
| **22** | Workstation and equipment have sufficient adjustability so that the employee is able to be in a safe working posture and to make occasional changes in posture while performing VDU tasks |  |  | |
| **23** | VDU workstation, equipment, and accessories are maintained in serviceable condition and function properly. |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Comments** |  |  |

Passing Score = ‘YES’ answer on all ‘working postures’ items (A-J) and no more than two ‘NO’ answers on remainder of checklist (1-23).

**Template 4: Incident and Accident Reporting Form/Register**

|  |  |
| --- | --- |
| **Record of Accident/Incident/Serious Harm** | |
| ***To be completed by the Manager and injured person and sent to the Health and Safety Representative or CE within 48 hours of the event.*** | |
|  | |
| Is it an o **Accident** o **Incident/Near Miss** o **Condition, e.g. OOS** | |
| Surname: ………………………………………………………...  First name(s): …………………………………………………...  Residential address: ………………………………………….  ………………………………………………………………………  ………………………………………………………………………  Telephone: …………….………………………  Gender: o M o F  Date of event: ………………………Time: ………… am/pm  Date reported:……………………………………………………..  If GPI – date of visit to Doctor: …………………………………  Hours worked since arrival at work: .………………………….  Shift: o Day o Evening o Night  Location where event occurred: ………………………………  ……………………………………………………………………….  Occupation or position of injured person: ………………….  ……………………………………………………………………….  **Type of employment**:  o Full-time o Part-time o Non-employee  **Period of employment:**  o 1st week o 1st month  o 1-6 months o 7 months - 1 year o 1-5 years o Over 5 years  **Nature of injury or disease:**  o No injury o Superficial o Sprain or strain o Open wound o Head injury o Poisoning/toxic effect  o Fracture, spine o Other fractures  o Multiple injuries o Foreign body o Puncture wound o Internal injury, trunk  o Chemical reaction o Occupational hearing loss o Burns o Bruising/crushing  o Mental disorder o Amputation, including eye loss o Nerves/spinal cord o Dislocation  o Disease skin o Disease circulatory system | o Disease nervous system  o Disease musculo -skeletal system o Disease digestive system  o Disease infectious or parasitic  o Disease respiratory system  o Tumour (malignant or benign) o Damage artificial aid  o Fatal  **Injured part of body:**  o Trunk  o Neck  o Head  o Internal organs o Upper limb(s)  o Lower limb(s) o Multiple locations  **Mechanism of event:**  o Fall, trip, or slip  o Sound or pressure o Biological factors  o Body stressing o Mental stress  o Being hit by moving objects o Heat, radiation, or energy o Chemicals or other substances o Hitting objects with part of the body  **Was a ‘Significant Hazard’ involved?**  o Yes o No  **Type of treatment given:**  o Nil o First aid  o Doctor o Hospital  **Agency of injury:**  o Machinery or (mainly) fixed plant o Mobile plant or transport  o Tools, appliances, equipment (powered) o Tools, appliances, and equipment (non-powered) o Chemical or chemical products o Material or substance  o Environmental agency o Animal human or biological agency (not bacterial/virus o Bacterial or virus |
| **THE INVESTIGATION**: Describe what happened.  **ANALYSIS:** What caused the event?  **PREVENTION:** What action has or will be taken to prevent a recurrence?  By whom?……………………………………….……… By when? …………………………………………..  Were ACC forms completed? o Yes o No  Has time been lost from work? o Yes o No  If yes, how many days? ………………………..…………  Manager: (Name)………….………….………….………….………….………….………….…………  Signature: …………….…………………….………… Date: …………….…………………….…………  **Consent** (in the case of an ACC claim)  I authorise the CE or Health and Safety Representative to obtain medical and any other records that are, or may be, relevant to this claim.  I authorise disclosure to any accident insurer of personal information and health information held by other parties relating to the claim.  I authorise disclosure of my health and other information relating to this claim to: my employer, ACC, contracted health or rehabilitation providers, and employee representatives.  **Injured Person:** (Name)………….………….………….………….………….………….………….…………  Signature: …………….…………………….………… Date: …………….…………………….………… | |

**Template 5: First Aid Register**

|  |  |  |
| --- | --- | --- |
| **Employee name:** |  | |
| **Position title:** |  | |
| **Date of treatment:** | |  |
| **Time of treatment:** | |  |
| **Person giving first aid:** | |  |
| **Accident register completed by:** | |  |
| **Nature of injury:** | |  |
| **Treatment provided:** | |  |

**Template 6: Hazard Register**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard Identification and Analysis** | | | | | | | **Action** | | |
| Hazard and Potential Harm | Risk Category | Significant  Hazard?  Yes/No | Practicable To | | | Controls Required (including existing) | Person Responsible | Date of Action | Completed By |
| Eliminate?  Yes/No | Isolate?  Yes/No | Minimise?  Yes/No |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**Template 7: Hazard Notification Form**

Any employee who identifies a hazard should complete this form, for example a new hazard that is not entered into the Hazard Register or an existing hazard that has been entered into the Hazard Register that has not been correctly managed to eliminate or mitigate risk.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hazard Notification Form** | | | | |
| Your name: | Date: | | Location: | Notification to: |
|  |  | |  |  |
| Date observed: | |
|  | |
| Description of hazard including significance in your opinion: | | | Any immediate action taken to mitigate: (please describe). | Your recommendations to control or eliminate the hazard: |
|  | | |  |  |
| Signature of person notifying this hazard: | | |  | |
| Health and Safety Representative report including analysis and action taken: | | | | |
|  | | | | |
| Date entered into the Hazard Register: | | | | |
| Signature of Health and Safety Representative: | |  | | |

**Template 8: Threat Checklist**

|  |  |
| --- | --- |
| **Question** | **Response** |
| What is the nature of the threat? |  |
| If the threat is an item what did it look like? |  |
| When has the person said the threatening event will take place? |  |
| Where did the person say the threat would occur? |  |
| What is your name? |  |
| Where are you? |  |
| Record the exact wording of the threat. |  |
| Date and time of call. |  |
| Any distinguishing background noises. |  |
| What was the person’s gender? What else could you say about them from their voice? |  |

**Appendix One:** **Gradual Process Injury Prevention Procedure**

**Statement**

Gradual Process Injury (GPI) is a collective term for a range of conditions (including injury) characterised by discomfort or persistent pain in muscles, tendons, and other soft tissues. Every case of GPI has the potential to be classified as a significant hazard because the condition may cause ‘Serious Harm’. Therefore the risk factors for GPI need to be controlled by eliminating the hazard if at all possible, or else, by isolating or minimising the hazard.

**Scope** - all staff members of [organisation].

**Purpose**

To provide systems and procedures for proactively managing the risk factors that may contribute to a range of gradual process type conditions.

**Responsibilities**

**The Operations Manager is responsible for:**

* Taking all practical steps to ensure that there is compliance with the Occupational Safety and Health (OSH) Code of Practice (COP) for Visual Display Units.
* Ensuring all staff at risk attend an GPI awareness training session in their first month of employment and as required.
* Encouraging staff to report any work-related pain to their manager as early as possible.
* Ensuring the work environment of any staff who do develop symptoms is monitored and all practicable steps are taken to remedy any deficiencies.
* Facilitating an early return to work for any staff member who has been absent through an GPI-related injury where possible.

**Staff members are responsible for:**

* Reading the GPI awareness information and attending training where required.
* Adjusting workstation equipment to maintain a comfortable body position.
* Taking breaks away from the workstation and practising micro-pauses as appropriate.
* Reporting early symptoms to the manager; preferably before visiting a doctor.
* Participating in an early return to work programme if applicable.

**Procedures**

**Pre-employment Procedures**

Managers will seek to establish, if the prospective staff member suffers from any GPI that the particular job may aggravate or contribute to, by checking the statement on the application form.

**Existing Staff**

* Individual staff members should adjust their own workstation to maintain a comfortable working position, vary tasks, practice micro-pauses and take other breaks. They must report any problems to the Health and Safety Representative, who in turn may request a full workstation assessment from a properly trained Workstation Assessor. The Workstation Assessor will work with the staff member to recommend changes or adjustments, and will provide a brief summary of findings to the employee and the Operations Manager.
* Early warning symptoms should not be ignored in the hope that the pain will go away. If discomfort during work activities persists for more than a few days action should be taken. By taking these steps, individuals will be making important decisions about stopping the symptoms from worsening and developing into a possibly serious and long-term condition.

**Appendix Two: Smokefree Working Environment Policy and Procedure**

**Statement**

It is a requirement of the Smokefree Environments Act 1990 that all employers have a written policy on smoking for all areas occupied by the employer and frequented by employees.

[organisation] has a Smokefree Policy that all employees are expected to adhere to at all times.

**Policy**

As part of its role in promoting health and wellbeing to the location/region community,[organisation] has a responsibility to encourage and support clients, staff and their families/whanau to become smokefree.

[organisation] is required to ensure that no person smokes at any time while they are working (on or off site) and to keep employees and visitors to [organisation]’s premises, programmes, and events free from the health risks of smoking. [organisation] will ensure that all employees are aware of this Smokefree policy and will model Smokefree behaviour.

**Scope**

This policy and procedure applies to:

* Current and prospective staff (including volunteers).
* Employees and visitors to [organisation].
* Clients.
* Visitors, family/whanau to the [organisation] premises.
* Participants at [organisation]’s programmes and events where [organisation] is in control of the venue.

The Smokefree Environment component of this policy includes all buildings, grounds, social venues and vehicles owned or under the control of [organisation], including its three regional offices.

**Purpose**

This policy was developed to meet the requirements of the Smokefree Environments Act 1990 and the Smokefree Amendment Act 2003 and is based on the following principles:

1. Everyone is entitled to a smokefree environment in all the areas normally used for work.
2. Everyone who does not smoke, or who does not wish to smoke in their place of work, must, as far as is reasonably practicable, be protected from tobacco smoke in their place of work.
3. The implementation of this policy depends on everyone responding courteously to the desire for a smokefree environment.

The purpose of this policy is to outline [organisation]’s expectations regarding:

* The health and safety of all individuals within [organisation]’s premises and environments to enhance the health of employees, those who access [organisation]’s services, and to promote a Smokefree environment and encourage a Smokefree workforce.
* Compliance with the Smokefree Environments Act 1990 and Amendments 2003 and the Health and Safety in Employment Act (HSEA) 1992 and Amendments 2002.
* Systems to reduce smoking rates among staff and the community, in accordance with the New Zealand Health Strategy.

**Responsibilities**

**The Operations Manager is responsible for:**

* The maintenance of smokefree signage.

**The CE is responsible for:**

* Enforcement of this policy.

**Procedure**

**Smokefree Buildings:**

* All [organisation] sites are Smokefree.
* Smoking is not permitted inside and around [organisation] affiliated buildings, vehicles and offices, including in any buildings leased by [organisation].
* Staff, clients, and visitors may not smoke in external areas immediately surrounding any sites owned by [organisation] or controlled by them under a lease arrangement. They must leave the site if they wish to smoke. Onsite includes; boundary fences, gardens, and entrances to sites (or designated area assigned).
* Staff who wish to smoke offsite should not be identifiable as [organisation] staff by their uniforms or name tags. If staff wish to smoke, it will only be during scheduled breaks (morning tea, lunch, and afternoon tea).
* As [organisation]’s staff support clients in their own homes and the community, staff must endeavour to minimise their own risk to second-hand tobacco smoke in these settings.

**Promoting a Smokefree Environment**

It is the responsibility of all staff to inform staff, clients and visitors who are found to be smoking onsite that [organisation] is smokefree and that people must go offsite to smoke.

Health team employees who are responsible for client care are also encouraged to discuss the Smokefree Policy with clients and their families/whanau upon presentation to [organisation].

[organisation] prohibits any use of cigarettes as behavioural tools, including building rapport with service users and de-escalating or managing critical incidents.

Staff are prohibited from smoking when working with service users. This includes within the service user’s home and when undertaking community activities.

This Smokefree policy will be clearly displayed and available to all.

Smokefree signs will always be clearly visible in the workplace.

Events and programmes will always be promoted as Smokefree.

**Hazard Identification**

In order to best manage workplace health and safety, smoking is an identified hazard on the Hazard Register. If you experience any negative effects, please complete an Accident/Incident Register to ensure that this is investigated.

**Complaints**

Individuals, who believe, on reasonable grounds, that there has been a failure to comply with the purpose of the policy, should forward their complaint, in writing, to the CE of [organisation]. Responses to the complaint are to be made within seven working days after receipt of the complaint.

**Staff Non-compliance**

Any breach of the policy section on Smokefree Environments will be considered misconduct and will be dealt with in accordance with [organisation]’s Misconduct Procedures.

**Smokefree Systems**

[organisation] is committed to the development and/or improvement of the systems around becoming Smokefree (supporting clients and staff who smoke or are exposed to second-hand smoke in the home). This includes systems for:

* Promoting a smokefree environment.
* Identifying clients who smoke or are exposed to second-hand smoke in the home.
* Documentation of smoking status and brief intervention.
* Facilitating effective brief interventions with clients who smoke.
* Effective referral processes for further cessation support.
* Supply and provision of smokefree resources

**Smokefree Education and Support**

Appropriate [organisation] staff will complete the Smokefree E-learning module. These staff will also be encouraged to become Quitcard providers by the completion of Smoking Cessation Practitioner training or via completion of the E-learning module (registered health professionals).

[organisation]’s health team employees will actively support people who wish to stop or reduce smoking by:

* Identifying clients and staff who smoke or are exposed to second-hand smoke in the home.
* Providing brief advice to those who smoke.
* Offering cessation support either themselves or by referral to local cessation/quit specialists.
* Encouraging and supporting staff to quit smoking and through determination of the CE, will be allowed to attend two 30 minute smoking cessation advice sessions.

**Appendix Three: Workplace Stress Procedure**

**Statement**

[organisation] recognise the responsibility of the employer to actively reduce and manage stress in the workplace. Stress may arise from both personal and organisational sources.

[organisation] clearly has a degree of control only over the latter and these guidelines provide a framework for stress management in the workplace.

**Background Information for Employees**

‘Stress arises when a person’s capabilities are overwhelmed by demands’

Every day, individuals are confronted with a variety of demands or ‘stressors’. These may arise from either personal sources, e.g. ill-health, marital discord, family problems, financial uncertainty, or from institutional sources e.g. work overload or underload, role conflict, lack of control, or physical environment. Stressors produce a biochemical response in the body which prepare the body to do what is essential during a stressful situation (in preparation for fight or flight).

The stress response is highly functional and can lead to elevated performance, through constructive and creative responses, increased and well-directed energy, improved morale and motivation, and increased efficiency and effectiveness. Where an individual is exposed to demands that are too intense, frequent, or chronic, the stress response can create unhealthy, destructive outcomes, e.g. cardiovascular disease or depression.

There are wide individual differences in the way we each respond to stressors and therefore the optimum stress load that maximises performance varies by individual and by task (the Yerkes-Dodson Law refers to the fact that performance increases with increasing stress loads up to an optimum point and when the stress load becomes too great, performance decreases.

**Some common signs of stress in individuals are:**

* Headaches, feeling tired, or having difficulty sleeping.
* Worrying a lot and feeling anxious and tense, for no explained reason.
* Having difficulty concentrating, finding it hard to make decisions.
* Lower level of confidence, making mistakes, or forgetting things.
* Feeling impatient and irritable, drinking more alcohol, or smoking more.

**Organisational stressors can be grouped into four categories:**

* Physical – the physical environment in which one works, e.g. temperature, office design, noise, lighting, etc.
* Task – the nature of the work itself, the specific activities assigned to the employee, e.g. reception or budget management.
* Role – the expectations that others have of one’s role and its function within the organisation, e.g. conflicting or ambiguous expectations.
* Interpersonal – the social, personal, and working relationships that exist.

**Scope -** all staff.

**Purpose**

* To assist all staff to understand the causes of stress and work together in ways which encourage positive responses to work demands.
* To enable staff to identify indicators or symptoms of stress and to assess the extent to which they or other individuals are responding positively or negatively.
* To encourage Managers and staff to seek information and early assistance in managing their own stress in a constructive way.
* To provide information and advice regarding the causes and impact of stress in the work situation and offer some ways for managing stress positively.
* To have procedures for dealing with negative stress or distress effectively.

**Responsibilities**

**The Operations Manager is responsible for:**

* Facilitating training and information for managers in effective management practices and styles, covering the nature of stress, and promoting responsible prevention and rehabilitation attitudes towards it as determined by the CE.
* Providing up-to-date and accessible information on stress.
* Adjusting the physical environment, the workload, task design, pacing of work and work schedules to alleviate significant stress/distress for an individual, in full consultation with the individual concerned.
* Making free specialist counselling available for staff.

**Prevention**

* Allow staff to participate in collaborative decision-making.
* Allow staff to exercise as much autonomy and control as is practical.
* Provide training to enable work to be done most effectively.
* Provide accurate, fair, and prompt feedback on performance
* Consider job design, position descriptions, and performance targets with the aim of reducing unnecessary stressors.
* Consult with employees to identify stressors in the workplace.
* Promote activities that make the workplace healthier, more stimulating, and more fun.
* Carefully match people to jobs by considering their individual skills, capabilities, and needs.

**Early Intervention**

* Act immediately if a staff member seems overly stressed.
* Explore whether their stress is in any way job related; discuss ways of alleviating it in the short-term initially and then focus on the sources of stress to consider long-term solutions.
* Short-term solutions could include; sharing tasks amongst other staff, taking leave, or adopting flexible or reduced hours.
* Long-term solutions should aim to eliminate or minimise the cause of stress where possible.

**All staff are responsible for (where applicable):**

* Managing their time and realistically prioritising tasks.
* Taking regular, necessary breaks during the day.
* Taking their annual leave.
* Taking leave accrued as time in lieu as soon as practicable.
* Not working excessively long hours.
* Discussing with their manager the issues that are causing them stress, along with any suggested solutions.
* Seeking advice and help from others – talking to partners, friends, colleagues, a professional counsellor, or their Manager if possible.

**Appendix Four: Manual Handling Procedure**

**Purpose**

To provide a starting point for the identification, assessment, prevention, and control of the hazards and risks associated with manual handling in the workplace.

**Scope -** applicable to all employees, volunteers and contractors.

**Responsibilities**

**The Operations Manager is responsible for:**

* Identifying the manual handling tasks that are likely to be a risk to health and safety, in the office workspace, re-assessing the risks on a regular basis, taking steps to control those risks, and reviewing the effects of controls. The COP for manual handling provides a method that can be used to analyse such tasks in order to establish the healthiest and safest ways of preventing harm to staff members.
* Providing information and training for staff about the hazards they are exposed to or that they may create and what controls are in place.

**Staff members are responsible for:**

* Taking all reasonable and necessary precautions for their own health and safety (and that of others) when carrying out manual handling tasks.
* Being familiar with current accepted best practice for manual handling, including use of equipment.

**Appendix Five: Accident Management Procedure**

**Statement**

A safe and healthy work environment is fostered through a partnership where all involved combine their efforts and share the responsibility for work-related personal injury prevention and management. Early reporting is essential to this process and [organisation] has a specific Accident Reporting and Investigation Form that must be used in the event of all work accidents, incidents, and GPI type conditions.

A staff member injured at work who needs medical treatment must provide [organisation] with a copy of the completed ACC forms, and, if time off work is also required, must provide a medical certificate.

**Scope -** all employees and volunteers.

**Purpose**

To provide consistent procedures for recording and investigating work-related incidents and accidents and to set out the work-related personal injury claim process.

**Responsibilities**

To assist [organisation] in meeting its aims in the prevention and management of work-related personal injury, there are responsibilities for the employer through line managers working in partnership with employees.

**The Operations Manager is responsible for:**

* Preventing accidents and injury by providing a safe and healthy work environment within their areas of office operation.
* Taking all practicable steps to see that all staff are aware of the accident reporting system, know where to obtain the appropriate form, and report such events when they occur.
* Arranging for appropriate first aid and emergency care (or other assistance) where required if an accident does occur
* Acting as the Health and Safety Representative, including liaison with ACC and investigation of workplace injury or accident.

**Staff members**

Every staff member is responsible for:

* Observing any established health and safety procedure that relates to the work performed.
* Participating in relevant health and safety training, e.g. GPI prevention and manual handling.
* Accurately reporting and documenting all accidents, incidents, and observed hazards to the Operations Manager.
* Obtaining initial medical treatment from a registered treatment provider of his/her choice (this must be a registered medical practitioner if lost time is involved).
* Providing a copy of the completed ACC forms and, if lost time is involved, a medical certificate from the registered medical practitioner to the Finance Manager.
* Reporting non-work injuries resulting in time off to their Manager as soon as possible.

**Procedures**

**Pre-employment injury prevention procedures**

The person or agency responsible for recruitment will check information provided as part of the application process to ensure that prospective staff members have stated that they are physically and medically fit to perform the duties of the position for which they have applied before appointment is finalised.

**Record of accident/incident/serious harm**

The Health and Safety at Work Act places requirements on employers to record and investigate accidents. ‘Serious Harm’ accidents must be reported, in writing, and on the prescribed form, to WorkSafe (Min BIE), within seven days of the event.

The purpose of the investigation procedure is to determine actual causes of an accident/incident and to put in place procedures or controls to minimise the chances of a recurrence.

The [organisation] serious harm form is Template 4.

**Notification of work-related accidents/incidents and how to make a claim**

Whenever there is a work-related accident, incident or ‘Serious Harm’ injury, the staff member must take the following steps:

* Inform the Operations Manager as soon as possible after the accident/incident occurs.
* Complete an Accident/Incident/Serious Harm Form with the Operations Manager immediately.
* If medical treatment is required and/or there is lost time, the staff member must, in addition to completing the form above, seek treatment from a treatment provider of their choice (this must be a registered medical practitioner if lost time is involved). ACC forms will need to be completed.
* Provide copies of any completed ACC forms (and a medical certificate if lost time is involved) to the Finance Manager as soon as possible.

**Accident/incident reporting investigation**

In the event of ‘serious harm’ or a significant hazard the CE must be advised immediately so that WorkSafe can be advised.

The Chief Executive should:

* Ensure receipt of all relevant information (incident form, ACC forms, and medical certificates as applicable).
* Initiate and carry out an investigation. This must commence within 12 working hours of the event concerned.
* Ensure any hazard that is identified as the cause of the event is eliminated, isolated, or minimised in accordance with the requirements of the Health and Safety at Work Act.
* Ensure all corrective actions that have been identified are carried out within the specified timeframes.
* Review the investigation report to ensure that the correct actions have been carried out as indicated and to check, if applicable, that significant hazards have been controlled in accordance with the requirements of the Act.

**An event has Caused ‘serious harm’ when it meets any of the following criteria:**

* Amputation of body part.
* Burns requiring referral to a specialist, registered medical practitioner, or specialist outpatient clinic.
* Loss of consciousness from lack of oxygen.
* Loss of consciousness, or acute illness requiring treatment by a registered medical practitioner from: absorption, inhalation, or ingestion of any substance.
* Any harm that causes the person harmed to be hospitalised for a period of 48 hours or more commencing within seven days of the harm's occurrence.
* Any of the following conditions that amounts to or results in permanent loss of bodily function, or temporary severe loss of bodily function: respiratory disease, noise-induced hearing loss, neurological disease, cancer, dermatological disease, communicable disease, musculoskeletal disease, illness caused by exposure to infected material, decompression sickness, poisoning, vision impairment, chemical or hot-metal burn of eye, penetrating wound of eye, bone fracture, laceration, crushing.

**When events result in ‘serious harm’, take the following steps:**

* Make sure anyone injured or suspected of injury has received medical attention if necessary.
* Do not interfere with the accident scene without the permission of an Inspector from WorkSafe.
* Complete the reporting and investigation procedures and take steps to eliminate, isolate, or minimise any identified significant hazards. The injured person must also provide a medical certificate from the treatment provider and forward it to the Health and Safety Representative or CE.

GPI type conditions may become ‘serious harm’ and must be reported to OSH (via the CE) if the following conditions are met:

* The person is suffering from pain which is significantly more than discomfort and considers it work related.
* The person is unable to carry out, or is directed not to carry out, normal duties for a period of more than seven calendar days, irrespective of whether they take sick leave.
* The person has voluntarily obtained, or been directed to obtain, medical help for the condition.
* A diagnosis of a GPI type condition that is or could be work related is made by a medical practitioner.

**Definitions**

* ‘Work-related personal injury’ is a personal injury that the staff member suffers as set out in the Injury Prevention, Rehabilitation, and Compensation Act. This includes a definition of personal injury caused by a work-related gradual process, disease, or infection.
* ‘Lost time accidents’ are work-related personal injuries that result in more than a day off the job, i.e. the staff member is unable to resume work the day after a personal injury has occurred.
* ‘Treatment provider’ means a registered medical practitioner if time off work is required or a registered health professional such as a physiotherapist, chiropractor, etc. if time off work is not necessary.

**Appendix Six: Rehabilitation Procedure**

**Statement**

[organisation] is committed to initiating vocational rehabilitation programmes whenever appropriate for work-related personal injury (all staff), for non-work personal injury (excludes contracted staff who fall outside the definition of ‘employee’) and for personal illness (sick leave). The aim is to assist optimum recovery, early return to work, and resumption of normal lifestyle without undue delay. The benefits of rehabilitation are greatest when the process is begun as soon as possible.

Staff are expected to participate fully in their own rehabilitation programme which will be established through a consultative approach. The injured or ill person is entitled to support, advice, and representation from their nominated representative. Medical information will be obtained with formal consent from the staff member and will be treated confidentially.

**Scope -** all employees.

**Purpose**

Through planned rehabilitation, to manage proactively the early return of staff members to as normal a life as possible, having regard to the consequences of the personal injury or illness.

**The Line Manager is responsible for:**

* Identifying suitable alternative duties, where possible, to enable an early return to work for the staff member.
* Confirming that a rehabilitation plan is established, if appropriate, following a lost time accident.
* Monitoring the staff member’s progress towards recovery and the suitability of the alternative duties and/or rehabilitation programme.
* Taking steps to see that appropriate levels of confidentiality are maintained consistent with the principles of the Privacy Act 1993.

**The Operations Manager is responsible for:**

* Reviewing Health and Safety Management after a critical event, or if there is a change in work procedures, or Health and Safety Policy.
* Acting as the Health and Safety Representative and person responsible for liaison with ACC on behalf of your organisation.
* Ensuring that relevant support systems are in place if an injury or illness requires alterations to the employee’s workspace, requires opportunities to administer relevant medication or therapeutic exercises, or to avoid aggravation and relapse of an accident or illness.

**Staff members are responsible for:**

* Participating in an appropriate rehabilitation programme, including a return to work programme, which requires alternative duties or partial hours.
* Providing ongoing medical certificates to the Finance Manager.

**Rehabilitation Procedure**

**Early return to work for full-time and part-time employees**

A staff member who has experienced a personal injury or illness and who has taken time off to recover will be supported in a return to work as early as possible and in accordance with medical advice. This involves a partnership between the staff member and their Manager, medical treatment providers, and others, as appropriate, in the circumstances. At any stage the staff member can choose to be accompanied by a representative or support person. An early return to work may involve a modification of the person’s working environment, alternative duties for a temporary period, and/or changes to the normal hours of work.

**Medical information**

The staff member must give a copy of their completed ACC forms or medical certificate from the treatment provider (this must be a registered medical practitioner if lost time is involved), to the Finance Manager.

The medical certificate will state the staff member’s capacity or incapacity for work and specify a date for review (second visit) by the treatment provider. Selected or restricted activities may also be specified for a certain period of time. If the injured or ill person is off work for more than seven consecutive days, they must provide a medical certificate confirming they are ‘fit for work’ to the Finance Manager.

**Capacity to work and the provision of alternative duties**

The provision of suitable alternative duties is an essential part of rehabilitation. Alternative duties are aimed at providing appropriate and productive work while a staff member rehabilitates to his/her former role. This is a proactive approach to enable a staff member to return to work as quickly as possible and maximise the chances of full recovery.

The line manager, in consultation with the Finance Manager (and others as appropriate), will try to identify suitable alternative duties after considering:

* The nature and severity of the injury or illness.
* The medical information provided and the restrictions imposed by treatment providers.
* The previous work undertaken by the staff member.
* The predicted timeframe for rehabilitation (if known).

**Regular review**

The line manager will review the rehabilitation programme in consultation with the staff member at regular intervals (usually every two weeks) involving others as appropriate. Where uncertainty exists about the suitability of duties being performed or where the progress of a staff member is slower than anticipated, the line manager will seek additional professional assistance as appropriate.

**Alternative placement or permanent disablement**

Where at any point it becomes clear that a staff member will be unable or is unlikely to return to former duties as a result of work-related personal injury, [organisation] will explore the possibility of suitable alternatives with the employee.

When an employee’s personal injury or illness is so severe as to prevent her or him returning to their former position and all available options have been fully explored, then termination of employment will be considered in accordance with the relevant employment contract.

**Definitions**

* ‘Rehabilitation’ means a process of active change and support with the goal of restoring the staff member’s health, independence, and participation to the maximum extent practicable. It comprises treatment, social rehabilitation, and vocational rehabilitation.
* ‘Rehabilitation plan’ means an individualised rehabilitation programme to facilitate the early and safe return of the staff member to the same or equivalent duties as those previously performed on a long-term basis.
* ‘Alternative duties’ are early return to work interventions. They may include alternative work or other forms of action appropriate for the staff member. These duties are a temporary modification of the employee’s work tasks. They must not aggravate the personal injury or delay healing, must be compatible with the business of the organisation, and be subject to regular review. A staff member may be fit for alternative duties from the occurrence of the personal injury or when improvement has occurred following a period of being unfit for work.
* Serious harm means:
  + Amputation of body part.
  + Burns requiring referral to a specialist, registered medical practitioner, or specialist outpatient clinic.
  + Loss of consciousness from lack of oxygen.
  + Loss of consciousness, or acute illness requiring treatment by a registered medical practitioner from: absorption, inhalation, or ingestion of any substance.
  + Any harm that causes the person harmed to be hospitalised for a period of 48 hours or more commencing within seven days of the harm's occurrence.
  + Any of the following conditions that amounts to or results in permanent loss of bodily function, or temporary severe loss of bodily function: respiratory disease, noise-induced hearing loss, neurological disease, cancer, dermatological disease, communicable disease, musculoskeletal disease, illness caused by exposure to infected material, decompression sickness, poisoning, vision impairment, chemical or hot-metal burn of eye, penetrating wound of eye, bone fracture, laceration, crushing.

**Appendix Seven: Emergency Management Procedure**

[organisation] recognises the need to be prepared for emergency situations that may be encountered while at work.

**Scope -** all [organisation] employees, all contractors, and volunteers.

**Responsibilities**

**The Operations Manager (or Health and Safety Representative in their absence) is responsible for:**

* Acting as the warden for [organisation].
* Ensuring all staff receive emergency preparedness training.
* Maintaining emergency supplies of water and provisions in accordance with civil defence requirements
* Maintaining a register of those staff who may require special assistance in the case of an emergency requiring evacuation.
* Ensuring all staff are accounted for after an evacuation and notifying the relevant attending emergency services.

**All staff are responsible for:**

* Maintaining familiarity with emergency responses and following procedures.
* Advising the Operations Manager of any special assistance that may be required in case of an emergency requiring evacuation, e.g. in case of deafness, physical disability.
* Ensuring their own safety if working in the building after hours or alone, by utilising security measures that are available, e.g. doors electronically locked.

**Procedures**

1. **When Emergency Services are required**

* For emergency services dial 1 for an outside line then 111 and ask for the service you require:
* FIRE.
* AMBULANCE.
* POLICE.
* Stay calm, give your name, details of the emergency, and street address - which is:
* .
* .
* Visitors:
* Visitors are the responsibility of the person they have called to see.

1. **Fire**

Ensure you are familiar with the building evacuation scheme or evacuation procedure.

**If you discover a fire:**

* Activate the nearest alarm.
* Alert people in your area.
* Do not extinguish the fire unless there is no personal danger to you or anyone else.
* Evacuate the building following the evacuation procedure or scheme.
* After evacuation, meet at the assembly point.

**If the fire alarm sounds:**

* Walk quickly to your nearest exit.
* Make sure any visitors leave the building with you.
* Do not stop to take personal items with you.
* Keep to the left of the stairs.
* Meet at the assembly area on the grass area outside the Caledonian Ground entrance.

1. **Earthquake**

* Keep calm.
* Move away from windows, equipment, and shelves that may fall.
* Drop, cover and hold under a solid piece of furniture.
* Do not try to evacuate until the shaking has stopped.
* Be prepared for aftershocks.

**When the shaking stops:**

* Keep calm and help those who need assistance.
* Fire wardens will coordinate evacuation.
* Wardens will designate people to turn off all electrical sources and gas taps.
* Check for damage to stairways and for fallen debris at your exit to determine a safe exit route.
* Check for hazards and extinguish any fires if safe to do so.
* Evacuate if instructed to do so.
* Go to the assembly point and await further instructions.
* If the assembly point is unsafe, (i.e. subject to liquefaction), the warden will nominate an alternative assembly point.
* A register will be kept of people present logging when they leave and their intentions.

**If you need to evacuate or the fire alarm sounds:**

* Use evacuation procedures to leave the building.
* Keep together.
* Follow the warden’s instructions.
* Meet at the assembly area on the grass area outside the xxxx entrance.

1. **Flooding (in building, e.g. sprinklers)**

* Shut off the power and water and turn off electrical appliances if there is no personal danger to you or anyone else.
* Try to identify the source of the flooding if safe to do so.
* Contact the Building Manager:
* Prepare to evacuate.

1. **Flood (Natural Disaster)**

* Shut off the power and water and turn off electrical appliances if there is no personal danger to you or anyone else.
* Move vital records to highest accessible point if safe to do so.
* Notify emergency services.
* Prepare to evacuate.

1. **Unwanted Visitor**

If a person is displaying unusual behaviour:

* Keep calm, make no sudden movements.
* Do what the offender asks.
* Try to memorise as many details about the offender as possible.
* Notify police as soon as it is safe to do so. Leave the telephone line open until police arrive.

1. **Bomb Threat**

When a bomb threat is received or a suspicious object is discovered, it must be treated as genuine until proven otherwise.

Do not touch or move any suspicious object. Treat unusual or suspicious objects as a bomb, as they can be made to resemble almost anything. The Police will determine the action to take with the object.

* Keep calm.
* Keep the person talking – don’t interrupt.
* Let them feel in charge – keep the person on the line, don’t hang up.
* Ask Bomb Threat Checklist questions and record responses (refer Appendix 8).
* Do not operate the manual alarm points or electrical switches or use a mobile telephone as this may activate the device.
* Attract assistance if possible and have this person alert staff and notify Police on 111.
* Evacuate the building if directed to do so by the Police (but do not hang the telephone up on the caller).

**Appendix Eight: First Aid Procedure**

**Statement**

[organisation] has a responsibility to take ‘all practicable steps’ in providing effective first aid arrangements.

**Purpose**

To ensure safe and consistent care is taken when first aid may be required in the workplace.

**Scope -** all [organisation] employees and volunteers.

**Responsibilities**

**The Operations Manager is responsible for:**

* Ensuring appropriate first aid supplies are provided at the [organisation] office.
* Ensuring that first aid supplies are accessible to staff at the office.
* Being the designated first aid representative for [organisation] OR ensuring there is/are are first aid representatives for [organisation]..
* Holding an appropriate first aid certificate or other equivalent qualification.
* Ensuring a First Aid Register form and Incident and Accident Register is completed if first aid is rendered.

**Appendix Nine: Contractors on Site and Visitors Procedure**

**Statement**

[organisation] is firmly committed to the provision of a safe and healthy workplace for contractors, sub-contractors, and visitors in accordance with its Occupational Health and Safety Policy and with its duties under the Health and Safety at Work Act and related legislation and regulations. In meeting these requirements [organisation] seeks to:

* Ensure that contractors and subcontractors work in a healthy and safe manner and are not harmed (or do not cause harm to others) while working on [organisation] premises.
* Promote measures to prevent injury and illness by insisting on safe methods, safe equipment, proper materials, and safe practices at all times.
* Ensure that all visitors are not harmed while on [organisation] premises.

**Responsibilities**

**The Operations Manager (or other nominated Health and Safety Representative in their absence) is responsible for:**

* Ensuring details of any specific hazards that may be relevant to the visitor and/or contract worker are provided to the visitor and/or contractor.
* Advising the contractor on miscellaneous matters, such as how to activate the fire alarm, the location of fire extinguishers and first aid assistance, escape possibilities, and where and to whom the contractor should report in case of an emergency situation or an accident.
* Advising visitors of any hazards and evacuation procedures in case of an emergency and of the policy that they must be escorted at all times.
* Maintaining a record of visitors and contractors on the premises.

**Staff are responsible for:**

* Ensuring visitors are escorted by a staff member at all times to ensure their safety and wellbeing and assist that person if required should the building need to be evacuated.

**The contractor is responsible for:**

* Providing details of any hazards that they will be bringing onto the site or any hazards that may be created as a result of the nature of the work being undertaken, together with how these hazards will be mitigated.
* Ensuring the contractor’s employees have received the safety training required for the specific job, including protocols for issuing keys or entry to restricted areas.
* Providing and using emergency and personal protective equipment they may require.

**The visitor is responsible for:**

* Acting on the instruction of the Operations Manager (or other nominated Health and Safety Representative) in the case of an emergency.
* Advising the Receptionist of their arrival and any special assistance that may be required in case of an emergency requiring evacuation.

**Appendix Ten: Vehicle and Driver Procedure**

**Statement**

[organisation] vehicles (with the exception of the Chief Executive’s) are moving billboards that highlight our organisation and the pride we have in our work. It should all be maintained and driven in a manner that reflects that pride and the values of the organisation. This document should be read in conjunction with the Company Vehicles Policy in the Employee Handbook.

**Scope -** all employees.

**Vehicles**

The vehicles used by [organisation] are the property of [organisation]. As much as possible, [organisation] vehicles (with the exception of the Chief Executive’s) are to be used by staff members for work-related travel during office hours.

[organisation] will maintain its vehicles to a high standard so they are safe for all drivers. This will include a minimum of:

* Current warrant of fitness.
* Regular maintenance by authorised service agent.
* Complete and well maintained breakdown kit.

In the event a vehicle develops a fault or is damaged in a way that the driver believes would make it unsafe to drive the driver should:

* Call 0800 xxxx for breakdown assistance.
* Contact the Operations Manager or their line manager for assistance or advice.
* Make arrangements to remain in a safe location, and if required be collected from that location if there will be significant delay in recovering the vehicle.

If a vehicle develops a fault or is damaged in a way that means it is still drivable

but is of concern:

* Report it to the Operations Manager or allocated primary driver, or
* Contact 0800 xxxx for advice and assistance.

**Drivers**

At all times vehicles must be driven in a safe and lawful manner. People operating vehicles outside of the aforementioned policy will be subject to disciplinary procedures in keeping with [organisation] policy.

Only the following may drive [organisation] cars: an employee, to whom a vehicle has been allocated, or an employee or volunteer who has been authorised to do so by the Operations Manager or CE. Unauthorised drivers are fully responsible for any loss, damage, or injury caused by them.

Drivers of [organisation] vehicles must be in possession of a current drivers licence applicable to all classes of vehicles to be operated as part of their employment.

Staff with responsibility for a vehicle will ensure that the vehicle which they have been entrusted with is never operated by a driver whose faculties may be impaired by alcohol or drug consumption. All reasonable and practical steps should be taken to ensure that any person authorised to use the vehicle does so in a proper and responsible manner.

Any staff member found in breach of road safety rules, (whether by Police prosecution or automated detection device, or infringement notice), will be subject to the normal course of disciplinary action as stated within the Misconduct Policy.

In the event of an accident the driver should follow the procedure outlined in the Employee Handbook. Always put the safety of any person involved first and deal with damage to vehicles and other property second.

**Appendix Eleven: Working Alone Procedure**

**Statement**

Where the conditions of service delivery or its associated tasks require staff to work alone, both the individual staff member and managers have a duty to assess and reduce the risks which working alone presents.

This procedure should be read in conjunction with the main Policy and Employee Handbook and the relevant Health and Safety policies.

**Purpose**

This policy is designed to alert staff to the risks presented by working alone, to identify the responsibilities each person has in this situation, and to describe procedures which will minimise such risks. It is not intended to raise unnecessarily anxiety, but to give staff a framework for managing potentially risky situations.

**Scope -** all staff who maybe working alone, at any time, in any of the situations described in the definition below.

**Context**

Services are increasingly being offered on an after hours basis and at times communication may be difficult. Our Regional Co-ordinators and some other staff will be involved in events/activities over the weekends and outside of normal working hours that will entail them working on their own.

Staff working out in the community face the same risks as anyone else, as well as those directly related to their work. Within the organisation’s overall policy relating to safer working practices, support for lone workers is an essential part, and the same principles apply, particularly:

* A commitment to supporting staff and managers both in establishing and maintaining safe working practices.
* Recognising and reducing risk.
* A commitment to the provision of appropriate support for staff.
* A clear understanding of responsibilities.
* The priority placed on the safety of the individual over property.
* A commitment to providing appropriate training for staff.

Equipment such as mobile phones, personal alarms, and torches will be made available as appropriate.

**Definition**

Within this document, ‘working alone’ refers to the situations where staff in the course of their duties work alone in the community, organising events, in the homes of individuals, or in their own home, or may be the only staff member present in an office or other establishment maintained by the organisation or by one of its partner agencies.

**Mandatory Procedures**

*Security of Buildings*

* Employees are responsible for ensuring that all appropriate steps are taken to control access to the building, and that emergency exits are accessible.
* Staff working alone must ensure they are familiar with the exits and alarms.
* There must be access to a telephone and first aid equipment for staff working alone.
* If there is any indication that a building has been broken into, a staff member must not enter alone, but must wait for backup.

*Personal Safety*

* Staff must not assume that having a mobile phone and a backup plan is a sufficient safeguard in itself. The first priority is to plan for a reduction of risk.
* Staff should take all reasonable precautions to ensure their own safety, as they would in any other circumstances (see Appendix 1).
* Staff must inform their line manager or other identified person when they will be working alone, giving accurate details of their location, and following an agreed plan to inform that person when the task is completed. This includes occasions when a staff member expects to go home following a visit rather than returning to their base.
* Managers must ensure that there is a robust system in place for signing in and out, and that staff use it.
* Staff such as an Active Families coordinator, who works to a pre-planned programme of visits, must inform their line manager if they deviate from the programme.
* If a member of staff does not report in as expected, an agreed plan should be put into operation, initially to check on the situation and then to respond as appropriate.
* Arrangements for contacts and response should be tailored to the needs and nature of the team. Issues to take into account include:
* Staffing levels and availability; developing links with a family member or a reliable friend may be the best out of hours’ solution.
* The identified risks.
* Measures in place to reduce those risks.
* Where staff work alone for extended periods and/or on a regular basis, managers must make provision for regular contact, both to monitor the situation and to counter the effects of working in isolation.
* Staff working in the community should be issued with a mobile phone; they are responsible for checking that it is charged, in good working order, and with sufficient credit remaining with the relevant provider. Personal alarms may also be provided by request.
* Staff should take particular care if transporting people in their own cars.

**Assessment of Risk**

* In drawing up and recording an assessment of risk, the following issues should be considered, as appropriate to the circumstances:
* The environment – location, security, and access.
* The context – nature of the task, any special circumstances.
* The individuals concerned – indicators of potential or actual risk.
* History – any previous incidents in similar situations.
* Any other special circumstances.
* All available information should be taken into account and checked or updated as necessary.
* Where there is any reasonable doubt about the safety of a lone worker in a given situation, consideration should be given to sending a second worker or making other arrangements to complete the task.
* While resource implications cannot be ignored, safety must be the prime concern.

**Planning**

* Staff should be fully briefed in relation to risk as well as the task itself.
* Plans for responding to individual service users or situation that present a known risk should be regularly reviewed and discussed with the Health and Safety Committee.
* Communication, checking-in, and fall back arrangements must be in place.
* The team manager is responsible for agreeing and facilitating these arrangements, which should be tailored to the operating conditions affecting the team.

**Reporting**

* Should an incident occur, the reporting and debriefing should follow the guidance in the Accident Management policy.
* The identified person should debrief in the first instance; if this is not the staff member’s line manager, that manager should be informed as soon as practicable, and continue the process.

**Support Following an Incident**

* The support available should be as described in the Accident Management Policy.

**Staff Working at Home**

* Staff working from their own homes should take every reasonable precaution to ensure that their address and telephone number remain confidential.
* There should be regular contact with their line manager or other designated person if working at home for extended periods, and an appropriate reporting in system should be used if making visits from home.

**Practice Guidance for Staff in Remote Locations**

**Personal Safety**

* ‘Reasonable precautions’ might include:
* Checking directions for the destination.
* Checking whether a person or the activity/site or event environment is known to present a risk and the agreed plan for working with them.
* Ensuring your car, if used, is roadworthy and has breakdown cover.
* Avoiding where possible, poorly lit or deserted areas.
* Taking care when entering or leaving empty buildings, especially at night.
* Ensuring that items such as laptops or mobile phones are carried discreetly.
* Out of normal working hours, the identified contact may be a team leader, or possibly a family member/flatmate rather than the line manager. This should only be by prior arrangement, and they should be fully briefed by the relevant line manager on the procedure to follow.
* Active Families and Green Prescription programmes’ coordinators should report any concerns about out of office hours to the Green Prescription Area Manager. Regional Coordinators should report any concerns about out of office activities to the CEO.
* The agreed plan for contact or emergency response may be a standard one for the team or specific to the individual situation. It should be recorded and readily accessible by the identified person, and updated as necessary. It may be appropriate to agree on a code word or phrase to indicate that assistance is required.
* Managers should be particularly aware of the importance of such arrangements for staff that live alone.

**Assessment of Risk**

* ‘Special circumstances’ may include the most recent events and the person’s response, the indication of alcohol or substance use, the presence of a dog, or any other factors specific to the situation which might affect the assessment.

**Monitoring and Review**

* The ongoing implementation of the Working Alone Policy will be monitored through the supervision process.
* Working Alone and Risk Assessment will be regular agenda items for team meetings.
* Any member of staff with a concern regarding these issues should ensure that it is discussed with their supervisor or with the Health and Safety committee, as appropriate.
* The policy will be reviewed as part of the regular cycle of reviews, unless changing circumstances require an earlier review.

*Pro-active Personal Safety*

It is not wise to rely on alarm systems or breakaway techniques to get you out of trouble – there are a number of things that you can do to avoid trouble in the first place. The organisation has a responsibility

as an employer to ensure the health, safety, and welfare of staff; but employees also have a duty to take reasonable care of themselves.

This is not about raising anxiety levels, but about recognising potential dangers and taking positive steps to reduce risks, for yourself and for service users in your care.

*Be Aware of the Environment*

* Know what measures are in place where you work: check out alarm systems and procedures, exits and entrances, and the location of the first aid supplies.
* Make sure that your car and mobile phone are in good working order, and that electrical and other mechanical equipment is safe to use. Check the instructions for use, and ensure that faults are reported/dealt with.
* If your work takes you into areas which are isolated, poorly lit at night, or known for high crime rates, arrange to check in when the visit is over, or work with a partner.
* If a potentially violent situation occurs, be aware of what might be used as a weapon against you, and of possible escape routes.
* Try to maintain a comfortable level of heating and lighting in buildings you control.

*Be Aware of Yourself*

* Think about your body language. What messages are you giving?
* Think about your tone of voice and choice of words. Avoid anything which could be seen as sarcastic or patronising.
* Think about what you are wearing. Is it suitable for the task? Does it hamper your movement? What signals does it send out? In a potentially risky situation, does a scarf or tie offer an opportunity to an assailant?
* Be aware of your own triggers – the things that make you angry or upset.

*Be aware of Other People*

* Take note of their non-verbal signals.
* Be aware of their triggers.
* Don’t crowd people – allow them space.
* Make a realistic estimate of the time you will need to do something, and don’t make promises which can’t be kept either by you or on someone else’s behalf.
* Be aware of the context of your meeting.
* Listen to them, and show them that you are listening.

*Going Offsite*

Staff making an initial visit should have access to all available relevant information in order to make a reasoned judgement of any potential risk. Agencies must be encouraged to share all relevant information when making a referral for a service, and protocols agreed where appropriate. The following issues should be considered, as appropriate to the circumstances:

* The environment – location, security, and access.
* The context – nature of the task, special circumstances, likely outcomes.
* The individuals concerned – indicators of potential or actual risk.
* History – any previous incidents in similar situations.
* Any other special circumstances.

*The Environment*

* It is the responsibility of the organisation to assess the risks presented by the building itself – access, layout, furnishings, lighting, and temperature control – and to take appropriate action.
* Alarm systems must be accessible and tested regularly.
* All staff must be familiar with the alarms, and be given clear instructions on how to respond to them.
* If people are being accompanied on transport or in a public place, or visited at home; there must be an appropriate assessment of the risks that this might present.

*Personal*

* In order to make a complete assessment, any history of previous difficulties, incidents, or risks should be investigated.
* Any information regarding known risks must be recorded.
* Staff must be aware of the need to inform their manager or a family member of their whereabouts and likely timeframe from commencement of a trip/activity and completion. Failure to check in will then elicit the required response from the contact person.

*Sharing Information*

* Information should be shared with due regard to issues of confidentiality and data protection.
* Within the Health Team, staff should ensure that relevant information concerning violent or abusive individuals is shared appropriately with other establishments or sections.
* Where people may be known to other agencies, staff should inform that agency of incidents and of the specific care plan currently being implemented.

*Planning*

* If visiting a site or person where a risk has been identified, always consider a joint visit or an office-based meeting as alternatives.
* Ensure there are agreed contacts in case of an emergency and a system for reporting back at the end of a visit.
* Take into consideration the current situation and any previous events which have caused problems.

**Appendix Twelve: Workplace Wellness Procedure**

Workplace wellness encompasses both the physical and mental wellbeing of [organisation] staff. [organisation] recognises the numerous benefits of supporting a healthy and physically active workplace where everyone feels part of ‘the team’.

**This procedure aims to:**

* Encourage a healthy and active workplace.
* Promote a positive and inclusive team environment.
* Minimise undesired staff turnover.
* Minimise absenteeism.
* Work with our other Health and Safety policies to provide a workplace our staff and visitors want to be a part of and enjoy working at.

[organisation] supports the physical health and wellbeing of employees through a range of processes listed below:

**Bereavement Leave**

[organisation] wants to support out staff at this difficult time. Managers can authorise use of sick leave as bereavement leave, and we aim to support our staff in other ways that help them.

**Breast Feeding**

[organisation] recognises the importance of breast feeding. Spaces suitable for the needs of the individual will be made available for this purpose.

**Celebrating Success**

[organisation] celebrates the achievements of staff in both their personal and work capacity.

**Employee Assistance Programme (EAP)**

[organisation] provides a confidential support service for employees who need to discuss personal or professional issues that are impacting on their work or wellbeing. This is a free service and who uses it remains confidential.

Speak to your manager, Health and Safety Representative or see the posters around the office for further details.

**Ergonomics**

We recognise the importance of a well laid out workspace to your comfort and health. Staff can request alterations to help them have a fit-for-purpose workspace.

**Family Friendly**

[organisation] recognises the importance of family. When required, children are able to come into the workplace. Partners are often invited to the social club functions. We recognise the importance of both maternity and paternity leave and strive to give staff the maximum possible time with their new family while holding their job open.

**Flexitime**

[organisation] recognises that employees have a life outside of work. [organisation] provides flexible working arrangements to enable a work life balance.

**Flu Shots**

[organisation] will cover the cost of one flu vaccination each year for any employee who requests one.

**Health and Safety**

[organisation] recognises the importance of a healthy and safe workplace. All staff are encouraged to be a part of achieving that and their input is welcome.

**Non-working Spaces**

[organisation] provides spaces such as the kitchen and staff room where regular breaks, i.e. morning tea, lunch and afternoon tea can be had away from ones workspace.

**Nutrition and Alcohol**

[organisation] encourages healthy food choices when providing catered food and will provide a range of choices. [organisation] acknowledges host responsibility and when alcohol is available food must also be served along with non-alcoholic options.

**Professional Development**

We recognise the value of helping our staff develop both personally and professionally. This may be through funding or support in other ways.

**Raising Concerns**

[organisation] provides clear pathways for people that have an issue or concern. In the first instance staff can speak to their manager. Or if this is not an option staff can speak directly to the Chief Executive.

**Showers**

Through the provision of showers we encourage people to be physically active before work and during their break times.

**Sick Days**

When an employee is feeling sick they are encouraged to remain at home and take a sick day to improve their health and prevent the spread of illness.

**Smokefree**

Smoking is not permitted at any time on any premises controlled by [organisation] or its regional offices. We will strive to reduce the exposure of our staff to second-hand smoke at all times.

**Social Club**

[organisation] values the benefits of out of work socialising. [organisation] contributes finically to the social functions.

**Sporting Representation**

We are proud of our staff who represent us in sport. Those representing New Zealand may be eligible for additional leave of up to one week. We will try to accommodate leave requests for representative sport where possible.