

Mangaparae Papakainga

Health and safety policies and procedures manual

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Employer commitment and policy

Purpose

This section lists the objectives of the health and safety manual, provides a brief summary of the health and safety legislation and defines accountabilities.

Objectives

The The Mangaparae Papakainga health and safety programme aims to:

- promote excellence in health and safety management
- continually improve current health and safety performance
- provide a safe and healthy work environment
- identify and control actual and potential hazards
- establish and maintain communication on health and safety
- support staff participation in health and safety matters
- identify needs and provide training on health and safety
- demonstrate a commitment to the accurate reporting and recording of health and safety matters
- comply with legal and organisational obligations.

Objectives will be achieved through:

- management's support and commitment to health and safety
- implementation of policies and procedures
- implementation of an annual health and safety programme Plan¹
- staff education and participation
- maintaining a quality philosophy
- regular reviews and evaluations
- three-monthly health & safety meetings
- two-yearly health and safety manual review.

Legislative requirements

The Health and Safety in Employment Act 1992 requires employers to take all practicable steps to ensure the health and safety of staff members at work by:

- providing a safe working environment
- providing and maintaining facilities for staff members' safety and health
- ensuring plant and equipment on the premises are safe
- ensuring staff members are not exposed to hazards
- developing emergency procedures
- ensuring that no action or inaction by staff members is likely to cause harm to themselves or any other person.

¹ An annual plan is developed and can be found with Health and Safety Meeting Minutes at the back of this manual.

Other people who have duties under the Act include persons in control of places of work; self-employed people; principals to a contract; contractors and subcontractors; and staff members.

The Health and Safety in Employment Regulations 1995 impose duties on employers in respect of the workplace, certain staff members, and types of work. The Resource Management Act, the Building Act, the Fire Service Act, the Hazardous Substances and New Organisms Act, and the Injury Prevention, Rehabilitation, and Compensation Act also include health and safety elements.

Accountability

The {CEO} as the employer representative has ultimate accountability for the health and safety of all staff. This is provided for by:

- Demonstrating continuous improvement through a systematic approach to occupational health and safety matters that includes setting specific objectives, systems and programmes in partnership with staff and reviewing these yearly (refer appendices 1 and 2).
- Documenting and communicating the health and safety policy and holding staff members responsible for supporting the policy and related procedures.
- Taking appropriate actions (including disciplinary actions) in the event of unacceptable performance or behaviour, consistent with normal operational practice.
- Incorporating health and safety as an element in position descriptions and as a measurable outcome of an individual's performance appraisal where appropriate.
- Expecting all staff to share the responsibility for meeting the requirements of health and safety legislation and maintaining ongoing accountability through the roles and responsibilities defined below.

The Administrator {CEO or delegated manager} has key responsibilities for developing, implementing and improving the health and safety management system as an integral part of day-to-day operations. These include the following:

- providing leadership and direction in matters of health and safety
- developing staff commitment to achieving excellent health and safety standards
- establishing, monitoring and achieving overall health and safety goals and objectives
- ensuring that all staff members receive appropriate induction training, and are involved in the improvement of systems and practices where relevant (refer appendix 3 at the back of the employee health and safety handbook)
- ensuring health and safety representatives receive appropriate training (for courses available from the employment relations service, see the website www.ers.dol.govt.nz)
- conducting regular health and safety inspections
- maintaining up-to-date information on changes to health and safety legislation, regulations, codes of practice and standards
- acting in the capacity of the health and safety representative
- ensuring any changes to the health and safety manual are distributed to staff and the manual is kept up to date and is managed as a controlled document.

Health and Safety Meetings

- Three-monthly health and safety staff meetings are to be held.
- The health and safety committee (representatives or team) comprises:
 - {Enter in names of staff}
 - {Enter in names of staff}
 - {Enter in names of staff}
 - {Enter in names of staff}.
- Employees will be involved in the selection of health and safety representative members through informal discussion and agreement at a general staff meeting. Any employee wanting to be on the health and safety committee 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 staff.
- Any employee 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.
- The health and safety manual will be reviewed two-yearly by the {CEO} in consultation with staff and in conjunction with ACC self-assessments.

Employee Consultation

Staff are encouraged to actively participate in health and safety meetings.

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

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

References

The Health and Safety in Employment Act 1992 and Amendment

The Health and Safety in Employment Regulations 1995

Other relevant regulations and codes of practice

Employee Health and Safety Handbook

Hazard management

Purpose

To further improve the method for systematically identifying, assessing and controlling hazards in the workplace as required by the Health and Safety in Employment Act 1992.

Scope

The procedures apply to all The Mangaparae Papakainga activities.

Responsibilities

The {CEO} is responsible for:

- conducting regular health and safety inspections
- maintaining the hazard register (appendix 6) including identification and risk analysis
- working with staff to control identified hazards
- authorising specialist consultants to be contracted where existing staff competency is not available to identify, eliminate or minimise hazards (for example assessment of workstations).

All staff are responsible for:

- implementing hazard management procedures in their work area
- taking all practicable steps to ensure that hazards identified are eliminated, isolated or controlled
- completing a hazard notification form (appendix 7) if a hazard is identified and providing this to the CEO (who will undertake a full identification and risk analysis and enter details into the hazard register)
- informing others (staff, visitors and contractors) 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
- ensuring unsafe acts and unsafe conditions are appropriately addressed.

Procedure

Hazard management steps include:

1. Identification – describe the hazard and state the location of the hazard
2. Risk analysis – rate the risk
3. Control – Recommend the control measure (eliminate, isolate or minimise).

Complete details on the hazard management register (appendix 6).

If difficulties are experienced in identifying, eliminating or controlling hazards, the {CEO} will engage an outside contractor with appropriate experience (e.g. BWA Group).

Hazard management needs to be completed:

- systematically for all areas and processes at regular three-monthly intervals
- when an accident 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 Process ²		
1.	Use inspection, audits, walk-through surveys and checklists to determine hazards	
	<p>Working Environment</p> <p>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, equipment Hazards which could cause ill health Psycho-social environment Organisation environment</p>	<p>Human Factors</p> <p>Knowledge and training Skills and experience Health, disabilities, fitness Age and body size Motivation Risk perception and value systems Protective clothing, equipment, footwear Leisure interests</p>
		<p>Tasks</p> <p>Task analysis Working postures and positions Actions and movements Duration and frequency of tasks Loads and forces involved Intensity Speed/accuracy Originality Work organisation</p>
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 weeks' recovery
3	Moderate	Injury or illness requiring advanced first aid and medical visit (e.g. GP or hospital visit) and/or 1-6 week's 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 requires 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

² Table: Adapted from Interaction of people, tasks, and environment for hazard analysis (developed from Hay 1992, and OSH 1991: P10) Likelihood scale.

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.

Step 3 – Control

Where a significant hazard is to be controlled, this must, if practicable, be by elimination. Where elimination is not practicable then the hazard must be isolated. Only where both elimination and isolation are not practicable are methods of minimisation to be applied.

If a minimisation strategy is used, the Act requires monitoring of employees' exposure to the hazard. In this event, a schedule should be developed and implemented whereby the Health and Safety Representative {CEO} regularly monitors³ the hazard noting variances and taking appropriate action where necessary (such as obtaining expert advise).

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.

³ Through a prescribed timetable, for example undertaking a regular survey or internal audit.

- '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 whose 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.
- '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.

References

The Health and Safety in Employment Act 1992 and Amendment.

Prevention Policy

Policy statement

Occupational Overuse Syndrome (OOS) 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 OOS has the potential to be classified as a significant hazard because the condition may cause 'Serious Harm'. Therefore the risk factors for OOS need to be controlled by eliminating the hazard if at all possible, or else by isolating or minimising the hazard.

Scope

This policy applies to all staff members of The Mangaparae Papakainga .

Purpose

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

Responsibilities

The {CEO} is responsible for:

- taking all practical steps to ensure that there is compliance with the *OSH Code of Practice (COP) for Visual Display Units⁴*
- ensuring all staff at risk attend an OOS awareness training session in their first month of employment and as may be required
- encouraging staff to report any work-related pain to the {CEO} 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 OOS-related injury where possible.

Staff members are responsible for:

- reading the OOS 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 line 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 gradual process injury that the particular job may aggravate or contribute to, by checking the statement on the application form.

⁴ Laptop computers should not be chosen for continuous use at work unless they are plugged into a conventional monitor and/or keyboard.

Existing staff

- Individual staff members should adjust their own workstation to maintain a comfortable working position, vary tasks, practise 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 {CEO}. (An example of a workstation assessment form is provided in appendix 3.)
- 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 the following actions 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.

Standards

Approved Code of Practice for the Use of Visual Display Units in the Place of Work; Guidelines to the Selection and Purchase of Workstation Furniture and Equipment.

Definitions

The Health and Safety in Employment Act defines **Serious Harm** (in part) as “a condition that amounts to or results in permanent or temporary severe loss of bodily function”.

References

The Health and Safety in Employment Act (1992) and Amendment

The current *Approved Code of Practice for the Use of Visual Display Units in the Place of Work* published by the OSH service of the Department of Labour

Guidelines to the Selection and Purchase of Workstation Furniture and Equipment

The Accident Reporting and Rehabilitation Policy

Record of Accident/Incident/Serious Harm

Smoke-free working

environment policy

Policy statement

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

The Mangaparae Papakainga management recognise that the use of tobacco and smoking presents a health hazard that can have serious implications for both the smoker and the non-smoker and that smoking habits may have life-long adverse consequences. The Mangaparae Papakainga supports a safe and healthy environment.

Scope

This policy applies to employees of and visitors to The Mangaparae Papakainga .

Purpose

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

1. Everyone is entitled to a smoke-free 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 smoke-free environment.

Responsibilities

The {CEO} is responsible for:

- The maintenance of smoke-free signage.

Procedure

Smoke-free buildings:

Smoking in buildings is prohibited as it endangers the safety of others, creates an unhealthy environment and causes damage to property.

In the event that an employee chooses to smoke, a designated area, such as a sheltered balcony outside of the premises, should be used.

Passive smoking:

Smoking is permitted in outside areas, provided others are protected from smoke drift and passive smoking by the smoker keeping their distance from people, and opening windows and doors within their close proximity.

Complaints:

Complaints regarding smoking and suggestions or complaints regarding a smoke-free environment should be brought to the attention of the {CEO}.

References

Smoke-free Environments Act 1990

Smoke-free Amendment Act 2003

Stress at work

Policy statement

The Mangaparae Papakainga recognise the responsibility of the employer to actively reduce and manage stress in the workplace. Stress may arise from both personal and organisational sources.

The Mangaparae Papakainga 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”⁵

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, 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, feeling anxious and tense for no explained reason
- having difficulty concentrating, finding it hard to make decisions
- lower level of confidence, making mistakes, forgetting things
- feeling impatient and irritable, drinking more alcohol, smoking more.

“Stress is inevitable: distress is not”⁶

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, 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

This policy is applicable to all staff.

5 Professor Michael O'Driscoll.

6 Quick J.C., Quick J.D., Nelson D.L., & Hurrell Jr J.J., Preventive Stress Management in Organizations 1997.

Purpose

- To assist all staff to understand the causes of stress, and work together in ways that 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 {CEO} 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 {CEO}
- 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, job 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 – the preventative strategies outlined above should be used.

All staff are responsible for (where applicable):

- managing your time and realistically prioritising tasks
- taking regular, necessary breaks during the day

- taking your annual leave
- taking leave accrued as time in lieu as soon as practicable
- not working excessively long hours
- discussing with your manager the issues that are causing you stress, along with any suggested solutions
- seeking advice and help from others – talk to partners, friends, colleagues, a professional counsellor or your manager if possible.

References

The Health and Safety in Employment Act 1992 and Amendment

Manual handling

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

The policy is applicable to all employees.

Responsibilities

The {CEO} 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 code of practice 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.

Definitions

The Code of Practice for Manual Handling published jointly in June 2001 by OSH and ACC defines manual handling as:

“any activity requiring a person to lift, lower, push, pull, carry, throw, move, restrain, hold, or otherwise handle any animate, or inanimate object”.

Sources of further information

Information relating to manual handling can be found in the following:
Code of Practice for Manual Handling OSH (Department of Labour and ACC)
Manual Handling Hazard Control Record (Worksheet, OSH and ACC)
Manual Handling: A Work Book (Department of Labour)
Helpful Advice on Managing Your Acute Low Back Pain (ACC)
Active and Working (National Health Committee and ACC)
Acute Low Back Pain Management (National Health Committee and ACC)

The following websites have further information that can be downloaded free:

www.osh.dol.govt.nz and/or www.acc.co.nz

Accident management

Policy 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 The Mangaparae Papakainga has a specific accident reporting and investigation form that must be used in the event of all work accidents, incidents and OOS type conditions.

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

Scope

This policy applies to employees of The Mangaparae Papakainga, including fixed-term, part-time and casual staff.

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 The Mangaparae Papakainga 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 {CEO} 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
- ensuring that weekly compensation payments are paid during any period of incapacity
- 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. OOS prevention, manual handling
- accurately reporting and documenting all accidents, incidents and observed hazards to the {CEO}
- 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 {CEO}
- reporting non-work injuries resulting in time off to the {CEO} 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 in Employment Act places requirements on employers to record and investigate accidents. "Serious harm" accidents must be reported, in writing, and on the prescribed form, to the Occupational Safety and Health Service (OSH) of the Department of Labour, 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 The Mangaparae Papakainga accident/incident/serious harm form (appendix 4)

Notification of work-related⁷ 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 {CEO} as soon as possible after the accident/incident occurs.
- Complete an accident/incident/serious harm form, and send a copy to The Mangaparae Papakainga 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 {CEO} as soon as possible.

Accident/Incident reporting investigation

In the event of 'serious harm' or a significant hazard the {CEO} must be advised immediately so that OSH can be advised.

The {CEO} should:

- ensure receipt of all relevant information (incident form, ACC forms, 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 in Employment Act
- ensure all corrective actions that have been identified are carried out within the specified timeframes
- the investigation report will be reviewed by the {CEO} to ensure that the corrective 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.

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 the Occupational Safety and Health Service of the Department of Labour (OSH).
- 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 CEO.
- OOS type conditions may become 'serious harm' and must be reported to OSH (via the {CEO}) 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 an OOS type condition that is or could be work related is made by a medical practitioner.

⁷ Affecting the employee.

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.

References

Injury Prevention, Rehabilitation, and Compensation Act 2001

Privacy Act 1993

Human Rights Act 1993

Health and Safety in Employment Act 1992 and Amendment

Rehabilitation policy

Policy statement

The Mangaparāe Papakainga is committed to initiating vocational rehabilitation programmes whenever appropriate for work-related personal injury (all staff) and for non-work personal injury (excludes contracted staff who fall outside the definition of 'employee'). 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 person is entitled to support, advice and representation from their nominated representative⁸. Medical information will be obtained with formal consent from the staff member and will be treated confidentially.

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.

The {CEO} 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
- 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.

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 {CEO}.

Rehabilitation procedure

Early return to Work for full-time and part-time employees

A staff member who has experienced work-related personal injury 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 the {CEO}, 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.

⁸ For example, friend, colleague, union representative

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 {CEO}.

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 person is off work for more than seven consecutive days they must provide a medical certificate confirming they are 'fit for work' to the {CEO}.

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 {CEO}, in consultation with others as appropriate, will try to identify suitable alternative duties after considering:

- the nature and severity of the illness/injury
- 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 {CEO} 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 {CEO} 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, The Mangaparae Papakainga will explore the possibility of suitable alternatives with the employee.

When an employee's personal injury is so severe as to prevent him/her 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 resulting in a condition that amounts to or results in permanent loss of bodily function, or temporary severe loss of bodily function and/or any harm that causes the person to be hospitalised for a period of 48 hours or more.

References

Injury Prevention, Rehabilitation, and Compensation Act 2001

Privacy Act 1993

Human Rights Act 1993

Health and Safety in Employment Act 1992 and Amendment

Emergency management

Policy

The Mangaparae Papakainga recognises the need to be prepared for emergency situations that may be encountered while at work.

Scope

This policy applies to all full-time and part-time The Mangaparae Papakainga employees and contractors.

Responsibilities

The {CEO or other delegated person, e.g. H&S representative} is responsible for:

- acting as the warden for The Mangaparae Papakainga
- 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.

All staff are responsible for:

- maintaining familiarity with emergency responses and following procedures
- advising the {CEO} 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

{Enter in organisation address here}

PHONE NUMBER {Enter in organisation phone number here}.

- Visitors

Visitors are the responsibility of the person they have called to see.

2. Fire

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

If you discover a fire:

- activate the alarm and dial 111
- alert people in your area and the warden (the {CEO} is the The Mangaparae Papakainga warden) or a health and safety representative in his/her absence

- do not extinguish the fire unless there is no personal danger to you or anyone else
- if time permits and there is no danger, close all doors and windows
- 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 (do not use lifts)
- 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 {specify where this is} and report to the building or floor warden.

3. Earthquake

- Keep calm.
- Move away from windows, equipment and shelves that may fall.
- Take cover under solid furniture such as tables and desks.
- 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
- warden will turn off all electrical sources and gas taps
- wait for orders from your warden
- check for hazards and extinguish any fires if safe to do so
- evacuate if instructed to do so
- listen to the radio for civil defence instructions.

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 {specify where this is}.

4. 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 {specify who this is and their contact details}.
- Prepare to evacuate.

5. 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.

6. 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 phone line open until police arrive.

7. 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 phone up on the caller).

First aid

Policy statement

The Mangaparae Papakainga 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

This policy applies to all The Mangaparae Papakainga employees.

Responsibilities

The {CEO} is responsible for:

- ensuring appropriate first aid supplies are provided at the The Mangaparae Papakainga office (see minimum list below)
- ensuring that first aid supplies are accessible to staff at the office
- being the designated first aid representative for The Mangaparae Papakainga
- holding an appropriate first aid certificate or other equivalent qualification
- ensuring a first aid register form and incident and accident register is completed in the event that first aid is rendered (refer appendix 4 and 5).

References

The Health and Safety in Employment Act 1992 and Amendment

The Health and Safety in Employment Regulations 1995

Guidance Notes on Providing First Aid Equipment, Facilities and Training, OSH, Oct 2000

Addendum

The Mangaparae Papakainga Office first aid supplies

Minimum contents for workplace first aid kits

- A manual giving general guidance on first aid
- 20 individually wrapped sterile adhesive dressings (various sizes), appropriate to the type of work
- 2 sterile eye pads
- 2 individually wrapped triangular bandages
- 6 safety pins
- 6 medium-sized, individually wrapped sterile unmedicated wound dressings, about 12 cm x 12 cm
- 2 large sterile individually wrapped unmedicated wound dressings, approximately 18 cm x 18 cm
- 1 pair of disposable gloves
- 1 resuscitation mask.

Note: Pain relief should not be included in first aid kits. Special provision for treating allergic reactions should be the responsibility of the person with the allergy.

Employee information, training and supervision

Policy statement

The Mangaparae Papakainga recognises the responsibility of the employer to promote a safe and healthy workplace. Employees need to actively participate in workplace health and safety and require information, training and supervision to support safe workplace practices.

Purpose

To ensure that employees are provided with adequate information, training and supervision on health and safety matters.

Scope

This policy applies to all The Mangaparae Papakainga employees.

Responsibilities

The CEO is responsible for ensuring that all newly appointed staff receive:

- an induction to health and safety in the workplace (refer checklist, appendix 3, *Health and Safety Toolkit*)
- a copy of the Employee Health and Safety Handbook
- an opportunity to complete the induction process and gain familiarity with The Mangaparae Papakainga policies and procedures
- any additional training that is required as a result of specific work activities or requirements
- any protective clothing or equipment required for the position
- adequate supervision to ensure a safe workplace including a workstation assessment (refer checklist, appendix 3).

The CEO is responsible for ensuring that staff receive:

- opportunities for employees to contribute to health and safety
- notification of all health and safety meetings
- an opportunity to attend ongoing training in relation to health and safety relevant to the organisation and employee responsibilities (for example, health and safety representative training, first aid training).

All staff are responsible for:

- following instructions of your employer or employer representative (e.g. supervisor)
- completing the induction process including reading the employee health and safety handbook, policies and procedures and undertaking paid training as directed
- reporting hazards
- using and caring for protective equipment or clothing provided by the employer
- cooperating with the monitoring of workplace hazards and employees' health (with permission)

- reporting work-related injuries or ill health
- not undertaking work that is unsafe
- not interfering with an accident scene.

References

The Health and Safety in Employment Act 1992 and Amendment
Employee Health and Safety Handbook

Workmen on site

(contractors)/visitors

Policy statement

The Mangaparae Papakainga 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 in Employment Act 1992, and related legislation and regulations. In meeting these requirements The Mangaparae Papakainga 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 The Mangaparae Papakainga 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 The Mangaparae Papakainga premises.

Responsibilities

The reception staff {or other nominated person} 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 and providing the contractor or any unescorted visitor with suitable identification (ID badge)
- ensuring there are strategies for on-site communications for contractors (e.g. site meetings).

Staff are responsible for:

- ensuring visitors are escorted by a staff member at all times (unless they have been issued with a visitor ID badge) 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 {CEO} (or other nominated health and safety Representative) in the case of an emergency

- advising the receptionist of any special assistance that may be required in case of an emergency requiring evacuation.

References

The Health and Safety in Employment Act 1992 and Amendment

The Health and Safety in Employment Regulations 1995

The Fire Safety and Evacuation of Buildings Regulations 1992

Visitors, and Contractors, Registers

Appendix 1: Checklist for yearly manual review

Health & 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 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 prevention Manual handling guidelines Smoke-free 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, flood) Management of an unwanted visitor, bomb threat	
Employee information, training and supervision	Induction process & training Employee responsibilities Ongoing training and staff development Cross-references to employer commitment	
Employee involvement	Employee participation Cross reference to health and safety committees	
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	

Appendix 2: Checklist for ACC Safe Workplace Preparation Audit

Checklist to assist in preparation for the ACC Safe Workplace Audit to be used in conjunction with the *Self-Assessment Guide* (ACC1663)

Questions	Response	Follow-up required? (when & who by)
Who is your H&S Representative?		
Has this person had recent training in H&S? (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 & ensuring contractor & staff safety?		
Do you provide information to visitors & contractors of hazards & 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 they current & 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 & accidents?		
Have incidents & accidents been recorded?		
What action has been taken as a result of incidents & accidents?		
Have you had regular H&S meetings? (If yes, how often?)		
Are there minutes of these meetings including who attended & action plans where applicable?		
Have you circulated any material relating to H&S 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 H&S matters?		
Have staff participated in the review of any policies or procedures relating to H&S?		
Do you set yearly objectives for H&S?		

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 H&S 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 H&S matters in addition to any policies and procedures?		
Is there an orientation or induction process for new staff that includes H&S?		
Are H&S responsibilities assigned to managers or the H&S Representative written into the job description of those people?		
Are H&S responsibilities included in the performance review of staff?		

Appendix 3: Sample 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	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		Y	N
The monitor is designed or arranged for VDU tasks so that...			
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, lights) is present on the screen which might cause employee to assume an awkward posture to read screen		
Work Area		Y	N
The work area is designed or arranged for doing VDU tasks so that...			
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			

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

Appendix 4: Incident and accident reporting form/register

Record of Accident /Incident/ Serious Harm	
<p>To be completed by the line manager and injured person and sent to H&S representative or CEO within 48 hours of the event.</p>	
<p>Is it an <input type="radio"/> Accident <input type="radio"/> Incident/Near Miss <input type="radio"/> Condition (e.g. OOS)</p>	
<p>Surname:</p> <p>First name(s):</p> <p>Residential address:</p> <p>.....</p> <p>.....</p> <p>Phone:</p> <p>Gender: <input type="radio"/> M <input type="radio"/> F</p> <p>Date of event:Time: am/pm</p> <p>Date reported:.....</p> <p>If OOS – date of visit to doctor:.....</p> <p>Hours worked since arrival at work.....</p> <p>Shift <input type="radio"/> Day <input type="radio"/> Evening <input type="radio"/> Night</p> <p>Location where event occurred:</p> <p>.....</p> <p>Occupation or position of injured person:</p> <p>.....</p> <p>Type of employment:</p> <p><input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Non-employee</p> <p>Period of employment:</p> <p><input type="radio"/> 1st week <input type="radio"/> 1st month</p> <p><input type="radio"/> 1-6 months <input type="radio"/> 7 months-1 yr</p> <p><input type="radio"/> 1-5 years <input type="radio"/> Over 5 years</p> <p>Nature of injury or disease:</p> <p><input type="radio"/> No injury <input type="radio"/> Superficial</p> <p><input type="radio"/> Sprain or strain <input type="radio"/> Open wound</p> <p><input type="radio"/> Head injury <input type="radio"/> Poisoning/toxic effect</p> <p><input type="radio"/> Fracture, spine <input type="radio"/> Other fractures</p> <p><input type="radio"/> Multiple injuries <input type="radio"/> Foreign body</p> <p><input type="radio"/> Puncture wound <input type="radio"/> Internal injury, trunk</p> <p><input type="radio"/> Chemical reaction <input type="radio"/> Occupational hearing loss</p> <p><input type="radio"/> Burns <input type="radio"/> Bruising/crushing</p> <p><input type="radio"/> Mental disorder <input type="radio"/> Amputation, including eye loss</p>	<p><input type="radio"/> Disease nervous system</p> <p><input type="radio"/> Disease musculo-skeletal system</p> <p><input type="radio"/> Disease digestive system</p> <p><input type="radio"/> Disease infectious or parasitic</p> <p><input type="radio"/> Disease respiratory system</p> <p><input type="radio"/> Tumour (malignant or benign)</p> <p><input type="radio"/> Damage artificial aid</p> <p><input type="radio"/> Fatal</p> <p>Injured part of body:</p> <p><input type="radio"/> Trunk <input type="radio"/> Neck</p> <p><input type="radio"/> Head <input type="radio"/> Internal organs</p> <p><input type="radio"/> Upper limb(s) <input type="radio"/> Lower limb(s)</p> <p><input type="radio"/> Multiple locations</p> <p>Mechanism of event:</p> <p><input type="radio"/> Fall, trip or slip</p> <p><input type="radio"/> Sound or pressure</p> <p><input type="radio"/> Biological factors</p> <p><input type="radio"/> Body stressing</p> <p><input type="radio"/> Mental stress</p> <p><input type="radio"/> Being hit by moving objects</p> <p><input type="radio"/> Heat, radiation or energy</p> <p><input type="radio"/> Chemicals or other substances</p> <p><input type="radio"/> Hitting objects with part of the body</p> <p>Was a 'Significant Hazard' involved?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Type of treatment given:</p> <p><input type="radio"/> Nil <input type="radio"/> First aid</p> <p><input type="radio"/> Doctor <input type="radio"/> Hospital</p> <p>Agency of injury:</p> <p><input type="radio"/> Machinery or (mainly) fixed plant</p> <p><input type="radio"/> Mobile plant or transport</p> <p><input type="radio"/> Tools, appliances, equipment (powered)</p> <p><input type="radio"/> Tools, appliances, equipment (non-powered)</p> <p><input type="radio"/> Chemical or chemical products</p> <p><input type="radio"/> Material or substance</p> <p><input type="radio"/> Environmental agency</p> <p><input type="radio"/> Animal, human or biological</p>

Appendix 5: First aid register

Employee's name:	
Job title:	

Date of treatment:	
Time of treatment:	
Person giving first aid:	
Accident register completed by:	
Nature of injury:	
Treatment provided:	