[Insert organisation name/logo]

# WORK HEALTH AND SAFETY POLICY

**Version: [Year/no]**

**Document status: Draft or Final**

**Date issued: [date]**

**Approved by: [insert organisation name] Board of Directors on [date]**

**Date for review: [date]**

**Record of policy development:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version number** | **Date of issue**  | **Lead author/reviewer**  | **Consultative panel**  | **Significant changes on previous version** |
| **[Year/no]**  | **[Date]** | **[Name/role]** | **[Name/role/ organisation]**  | **[For example, incorporate changes to new legislation]** |
|  |  |  |  |  |
|  |  |  |  |  |

***🖌Note\****

*This policy template has been developed to meet the needs of a diverse range of services and includes items for consideration in policy and procedure.*

***Not all content will be relevant to your service.******Organisations are encouraged to edit, add and delete content to ensure relevancy.***

*All notes (like this one) should be considered and deleted before finalising the policy, and the contents list should be updated as changes are made and when content is finalised. See the NADA Policy Toolkit User Guide for more editing tips.*

*\*Please delete note before finalising this policy.*

***🖌Note\****

*To update the contents list when all content has been finalised, right click on the contents list and select ‘update field; an option box will appear, select ‘Update entire table’ and ‘Ok’.*

*To use the contents list to skip to relevant text, use Ctlr and click to select the relevant page number.*

*\*Please delete note before finalising this policy.*

Contents

[WORK HEALTH AND SAFETY POLICY 1](#_Toc12627420)

[SECTION 1: WORK HEALTH AND SAFETY FRAMEWORK 5](#_Toc12627421)

[1.1 Policy statement 5](#_Toc12627422)

[1.2 Purpose and scope 5](#_Toc12627423)

[1.3 Definitions 5](#_Toc12627424)

[1.4 Principles 6](#_Toc12627425)

[1.5 Outcomes 6](#_Toc12627426)

[1.6 Delegations 7](#_Toc12627427)

[1.7 Policy implementation 7](#_Toc12627428)

[1.8 Risk management 7](#_Toc12627429)

[SECTION 2: WORK HEALTH AND SAFETY OBLIGATIONS 8](#_Toc12627430)

[2.1 [Insert organisation name] 8](#_Toc12627431)

[2.2 Workers 9](#_Toc12627432)

[2.3 Work Health and Safety Representatives 9](#_Toc12627433)

[2.4 Health and Safety Committee (HSC) 11](#_Toc12627434)

[2.5 Monitoring and consultation 12](#_Toc12627435)

[2.6 WHS orientation 12](#_Toc12627436)

[2.7 WHS training 12](#_Toc12627437)

[SECTION 3: MANAGING RISK 13](#_Toc12627438)

[3.1 Managing Risk to Health and Safety at the Workplace 13](#_Toc12627439)

[3.2 Hazard identification 14](#_Toc12627440)

[3.3 Risk assessment 14](#_Toc12627441)

[Determine the consequence of the hazard 15](#_Toc12627442)

[Determine the likelihood of harm occurring 16](#_Toc12627443)

[3.4 Risk control 17](#_Toc12627444)

[3.5 Hazard and risk assessment records 17](#_Toc12627445)

[3.6 Review control measures 18](#_Toc12627446)

[SECTION 4: ENVIRONMENT AND FACILITIES 19](#_Toc12627447)

[4.1 Manual handling 19](#_Toc12627448)

[4.2 Slips, trips and falls 19](#_Toc12627449)

[4.3 Visitors 22](#_Toc12627450)

[4.4 Fire safety 22](#_Toc12627451)

[SECTION 5: PREMISES AND PROPERTY SECURITY 23](#_Toc12627452)

[5.1 Entry to premises 23](#_Toc12627453)

[5.2 Exit from premises 23](#_Toc12627454)

[5.3 Office security alarm 24](#_Toc12627455)

[5.4 Theft or damage to property or premises 24](#_Toc12627456)

[5.5 Working outside core hours 24](#_Toc12627457)

[SECTION 6: EMERGENCY MANAGEMENT 26](#_Toc12627458)

[6.1 Responding to an emergency 26](#_Toc12627459)

[6.2 Fire management 26](#_Toc12627460)

[6.3 Evacuation 26](#_Toc12627461)

[6.4 Emergency assembly site 27](#_Toc12627462)

[6.5 Communication with Emergency Services 27](#_Toc12627463)

[6.6 Emergency evacuation drills 27](#_Toc12627464)

[6.7 Emergency response review 27](#_Toc12627465)

[6.8 Record-keeping 28](#_Toc12627466)

[SECTION 7: FIRST AID 29](#_Toc12627467)

[7.1 First Aiders 29](#_Toc12627468)

[7.2 First Aid kit 29](#_Toc12627469)

[7.3 Managing an incident requiring First Aid 30](#_Toc12627470)

[7.4 Consent to treatment 30](#_Toc12627471)

[7.5 Duty of care 30](#_Toc12627472)

[7.6 Infection control 30](#_Toc12627473)

[7.7 Other persons providing First Aid 32](#_Toc12627474)

[7.8 Reporting First Aid incidents 32](#_Toc12627475)

[SECTION 8: INCIDENT MANAGEMENT 33](#_Toc12627476)

[8.1 Immediate incident response 33](#_Toc12627477)

[8.2 First Aid and medical treatment 33](#_Toc12627478)

[8.3 Critical incidents 34](#_Toc12627479)

[8.4 Fatal incidents 34](#_Toc12627480)

[8.5 Reporting incidents including notifiable incidents 35](#_Toc12627481)

[8.6 Review of incidents 37](#_Toc12627482)

[SECTION 9: WORK RELATED TRAVEL AND VEHICLE USE 37](#_Toc12627483)

[9.1 Working away from the facilities other than at home 37](#_Toc12627484)

[9.2 Motor vehicle security and maintenance 37](#_Toc12627485)

[9.3 Use of the organisation motor vehicles 38](#_Toc12627486)

[9.4 Use of personal motor vehicles 38](#_Toc12627487)

[9.5 Driver fatigue 39](#_Toc12627488)

[9.6 Safe operation of vehicles while transporting clients 39](#_Toc12627489)

[9.7 Motor vehicle incidents 40](#_Toc12627490)

[SECTION 10: WORKING FROM HOME 41](#_Toc12627491)

[10.1 Flexible work practice considerations 41](#_Toc12627492)

[10.2 Working from home WHS report 41](#_Toc12627493)

[10.3 Reporting a working from home incident 42](#_Toc12627494)

[10.4 Working from home records 42](#_Toc12627495)

[SECTION 11: WORKPLACE BULLYING 43](#_Toc12627496)

[11.1 Risk controls 43](#_Toc12627497)

[11.2 Responding to workplace bullying 44](#_Toc12627498)

[SECTION 12: WASTE MANAGEMENT 45](#_Toc12627499)

[12.1 General waste 45](#_Toc12627500)

[12.2 Paper and cardboard 45](#_Toc12627501)

[12.3 Mobile phones 45](#_Toc12627502)

[12.4 Computer equipment 45](#_Toc12627503)

[12.5 Toner and ink cartridges 46](#_Toc12627504)

[12.6 Furniture and fittings 46](#_Toc12627505)

[SECTION 13: ENVIRONMENTAL AUDITS 46](#_Toc12627506)

[13.1 Audit schedule 46](#_Toc12627507)

[13.2 Audit coverage 46](#_Toc12627508)

[13.3 Audit process 47](#_Toc12627509)

[SECTION 14: WORKERS COMPENSATION AND RETURNING TO WORK 48](#_Toc12627510)

[14.1 What is workers compensation? 48](#_Toc12627511)

[14.2 Notifying SafeWork NSW 49](#_Toc12627512)

[14.3 Notifying the external insurer 49](#_Toc12627513)

[14.4 Making a workers compensation claim 50](#_Toc12627514)

[14.5 Injury management and return to work plan 51](#_Toc12627515)

[14.6 Dispute management 52](#_Toc12627516)

[14.7 Workers compensation records 52](#_Toc12627517)

[SECTION 15: WORKING WITH CLIENTS 53](#_Toc12627518)

[15.1 Client safety 53](#_Toc12627519)

[15.2 [Insert organisation’s name] environments 53](#_Toc12627520)

[15.3 Worker and client safety 54](#_Toc12627521)

[SECTION 16: INTERNAL REFERENCES 56](#_Toc12627522)

[16.1 Supporting documents 56](#_Toc12627523)

[16.2 Referenced Policies 56](#_Toc12627524)

[SECTION 17: EXTERNAL REFERENCES 57](#_Toc12627525)

[17.1 Legislation 57](#_Toc12627526)

[17.2 Resources 57](#_Toc12627527)

[17.3 Websites 57](#_Toc12627528)

##

## SECTION 1: WORK HEALTH AND SAFETY FRAMEWORK

### 1.1 Policy statement

**[Insert organisation name]** is committed to providing and maintaining a safe and healthy work environment through demonstrating commitment, promoting accountability, encouraging co-operation, implementing processes and outlining responsibilities.

### 1.2 Purpose and scope

This policy aims to provide guidance to **[insert organisation name]** in developing and implementing work health and safety (WHS) systems that are compliant with health and safety legislation, and effectively prevent and respond to health and safety risks and incidents.

This policy applies to all **[insert organisation name]** workers, including permanent, contract and casual employees, Board members, contractors, students, volunteers and visitors.

### 1.3 Definitions

|  |  |
| --- | --- |
| **WHS** | Work Health and Safety. |
| **Workers** | The collective term used in this policy to refer to a person who carries out work for **[insert organisation name]** including permanent, contract and casual employees, contractors, sub-contractors, employees of a contractor, students and volunteers. |
| **Workplace** | This is a place where work is carried out for a business or undertaking and includes any place where a worker goes, or is likely to be, while working. |
| **Hazard** | A situation or thing that has the potential to harm a person. |
| **Risk** | Likelihood that a harmful consequence (death, injury or illness) might result when exposed to a hazard. |
| **Incident** | Any accident or event that occurs in the course of **[insert organisation name]** work. |
| **Health and Safety Committee (HSC)** | Committee established by workers, bringing together employees and management to assist in the development and review of health and safety policies and procedures for the workplace. |
| **Health and Safety Representative (HSR)** | Employee elected or selected to represent the health and safety interests of employees within **[insert organisation name].** The HSR assists both the FSO and FAO in monitoring and reporting WHS risks and incidents. |
| **Fire Safety Officer (FSO)** | Employee elected or selected to supervise day-to-day fire prevention, protection, fire safety functions and implement emergency procedures. The FSO assists the HSR and FAO in monitoring and reporting WHS risks and incidents. |
| **First Aider** | Individuals who are certified to provide First Aid.  |
| **First Aid Officer (FAO)**  | A First Aider who is an employee elected or selected to be responsible for administering First Aid, monitoring and maintaining First Aid facilities and policies. The FAO assists both the HSR and FSO in monitoring and reporting WHS risks and incidents. |
| **Infection** | Requires three main elements — a source of the infectious agent, a mode of transmission and a susceptible host. |
| **Infection control** | Is preventing the transmission of infectious organisms and managing infections if they occur. |
| **Infectious agents** | Are biological agents that cause disease or illness to their hosts. |
| **Contact transmission** | Usually involves transmission of an infectious agent, by hand or via contact with blood or body substances. Contact may be either direct or indirect. |
| **Direct contact transmission** | Occurs when infectious agents are transferred from one person to another; for example, a client’s blood entering a healthcare worker’s body through an unprotected cut in the skin. |
| **Indirect contact transmission** | Involves the transfer of an infectious agent through a contaminated intermediate object or person; for example, an employee touches an infected body site on one client and does not perform hand hygiene before touching another client. |
| **Standard precautions** | Are work practices which require everyone to assume that all blood and body substances are potential sources of infection, independent of perceived risk. |

### 1.4 Principles

* Safe working premises, equipment and culture are a priority for **[Insert organisation name].**
* Workers’ orientation, training and consultation relevant to their position and responsibilities is key to WHS.

### 1.5 Outcomes

* Workers are provided with a safe working environment that they have contributed to.
* Workplace incidents and injuries are prevented or minimised.
* **[Insert organisation name]** workers understand and comply with their WHS obligations.

### 1.6 Delegations

|  |  |
| --- | --- |
| **Board of Directors** | * Endorse, comply with and ensure compliance with the WHS Policy.
* Monitor work health and safety risk management strategies, incidents and injuries.
 |
| **Business services/ management** | * Comply with the WHS Policy.
* Ensure compliance with the WHS Policy.
* Ensure staff are provided with relevant training in WHS.
* Lead emergency responses where the delegated HSR is not available.

**CEO/Manager (or as delegated)*** Receive and respond to WHS reports from HSC or HSR.
* Operational decision-making relating to WHS management, including expenditure.
* Refer serious WHS issues to the Board and/or to relevant authorities.
 |
| **Program Services/ clinical**  | * Comply with the WHS Policy.

**Health and Safety Representative*** Representation of **[organisation name]** workers in the workplace.
* Maintain WHS Register records.
* Investigate WHS incidents and make recommendations to **[insert organisation name]** Board in relation to WHS incidents and systems.

**Fire Safety Officer*** Lead emergency evacuations and evacuation drills.
* Make recommendations to improve emergency evacuation and fire safety policy and practice.

**First Aid Officer*** Lead First Aid responses.
* Make recommendations to improve First Aid policy and practice.
 |

### 1.7 Policy implementation

This policy is developed in consultation with **[Insert organisation name]** employees and approved by the **[insert organisation name]** Board of Directors.

All **[insert organisation name]** workers are responsible for understanding and adhering to this WHS Policy.

### 1.8 Risk management

This WHS Policy is informed by and complies with relevant legislation, including the Work Health and Safety Act 2011 (NSW) and the Workers Compensation Legislation Amendment Act 2011 (NSW). Employees undertaking specific WHS responsibilities are provided with suitable training and support from **[insert organisation name]** to fulfil their responsibilities.

## SECTION 2: WORK HEALTH AND SAFETY OBLIGATIONS

### 2.1 [Insert organisation name]

**[Insert organisation name]** is responsible for ensuring, as far as reasonably practicable, that workers are not exposed to health and safety risks. The concept of “reasonably practicable”[[1]](#footnote-1) requires **[insert organisation name]** to implement a system of work health and safety which identifies workplace hazards, assesses those hazards and takes action to eliminate or control them. Strategies include: orientation to the workplace and WHS for workers, WHS training, consultation with workers, and regular workplace audits.

By law, **[insert organisation name]** has a duty of care to ensure that:

* the work environment, systems of work, machinery and equipment are safe and properly maintained
* chemicals are used, handled and stored safely
* adequate workplace facilities are available
* information, training, instruction and supervision are provided
* workers’ health and workplace conditions are monitored
* any accommodation you provide to your workers is  safe.

Similarly, **[insert organisation name]** has a duty to consult. For example:

* Share information with anyone likely to be directly affected by a work health and safety matter – and give them the opportunity to express their views and contribute to any decisions relating to the matter.
* Take their views into account and let them know the outcome of consultation in a timely manner.
* Consult, cooperate and coordinate activities with other individuals and organisations – and any health and safety representative (HSR) – who have a duty in relation to the same matter,
* Establish consultation arrangements that best suit the needs of your workers, be it regular toolbox talks or scheduled meetings with their HSR or health and safety committee (HSC).

**[Insert organisation name]** must consult when:

* identifying hazards and assessing risks
* making decisions about ways to eliminate or control risks, and workplace facilities
* proposing changes that may affect the health and safety of workers
* making decisions about consulting procedures, resolving safety issues, monitoring workers’ health and conditions, and providing information and training.

### 2.2 Workers

**[Insert organisation name]** workers have the responsibility to:

* take reasonable health and safety care of themselves and others in the workplace;
* avoid behaviour that may place others at risk of death, serious injury or illness;
* use premises, equipment and resources responsibly to support the health and safety, both of themselves as well as other workers;
* comply with **[insert organisation name]** and legislative WHS requirements;
* be aware of **[insert organisation name]** WHS representatives and support their roles;
* co-operate with other workers, the CEO/Manager and the **[insert organisation name]** Board on work health and safety matters; and
* contribute to the development and review of WHS systems and practices.

### 2.3 Work Health and Safety Representatives

**[Insert organisation name]** is responsible for designating and/or supporting the election of WHS representatives and providing them with relevant training and the appropriate support to perform their duties in a professional manner.

In the case of Health and Safety Representatives (HSR) (refer to 2.3.1), **[Insert organisation name]** is legally obligated to:

* give the HSR time off at normal pay and any necessary facilities and assistance to enable them to fulfil their role.
* talk with the HSR about work health and safety issues.
* give the HSR access to all information regarding hazards and risks.
* allow the HSR to attend work health and safety interviews if a worker consents.
* allow a person assisting the HSR to enter the workplace if that assistance is necessary.
* permit the HSR to accompany an inspector on an inspection of areas where the workers they represent work.
* give the HSR five days training and a one-day annual refresher course, if requested.
* notify SafeWork NSW of the names of HSR’s, deputy HSR’s and associated work groups and display these names in the workplace

**[Insert organisation name]** also ensures WHS representatives’ posters are displayed strategically throughout the organisation’s premises so that they can be identified easily.

All WHS representatives work closely with the **[insert organisation name]** quality improvement program co-ordinator to identify and co-ordinate improvements to workplace health and safety.

***🖌Note\****

*Quality improvement (QI) programs provide great opportunities to identify and review your service practices. If your organisation does not have a QI program, it is recommended that one is developed as a priority to ensure better outcomes for your organisation. See the Organisational Development Policy for more information on QI, or visit the NADA website.*

*\*Please delete note before finalising this policy.*

#### 2.3.1 Health and Safety Representative

A Health and Safety Representative (HSR) facilitates the flow of information about health and safety between **[insert organisation name]** and the workers, provides representation for **[insert organisation name]** workers in the workplace, monitors WHS measures taken by **[insert organisation name]**, investigates WHS-related complaints, and makes inquiries into issues that have the potential to place at risk worker health and safety.

In the event that **[insert organisation name]** has a formal Health and Safety Committee (see 2.4 below), the Health and Safety Representatives (HSR) and deputy HSR’s are elected through a democratic process involving all employees. Notices calling for nominations with a reasonable closing date are prominently displayed. Notices are prepared in an easy to understand language.

After the nominations have been called an election can be conducted.

* every employee is informed of the election date as soon as possible after the date is determined
* all employees are given an opportunity to nominate for the position of HSR and vote in the election
* all workers and the CEO/Manager are informed of the outcome of the election

If a formally elected HSR has completed approved HSR training they can also direct unsafe work to stop when they have a reasonable concern that carrying out the work would expose a worker to a serious risk.

A direction to stop work can only be given if the issue has not been resolved by consultation (unless the risk is so serious that it's unreasonable to consult first).

HSRs can also issue a '**Provisional Improvement Notice**' (PIN)[[2]](#footnote-2) when they reasonably believe there is a contravention of the Work Health and Safety Act 2011.

#### 2.3.2 Fire Safety Officer

The Fire Safety Officer (FSO) is an employee elected or selected for the role and assists the HSR and FAO in monitoring and reporting WHS risks and incidents.

Fire Safety Officer duties include supervision of day-to-day fire prevention and protection, implementing emergency procedures and conducting evacuation drills and procedures. Other duties include reviewing and checking emergency exit routes, fire and smoke doors, firefighting equipment, emergency lighting and alarm systems (detection, sprinklers and manual).

#### 2.3.3 First Aid Officer

The First Aid Officer (FAO) employee is elected or selected for the role and assists the HSR and FSO, in monitoring and reporting WHS risks and incidents.

The FAO holds a current First Aid qualification (or is working towards one) from a registered training organisation and is properly trained to administer First Aid, monitoring and maintaining a First Aid allocated area, together with First Aid kits. There may also be other First Aiders within the organisation who can be of assistance in an emergency.

### 2.4 Health and Safety Committee (HSC) [[3]](#footnote-3)

A Health and Safety Committee provides a formal mechanism for workers and management to review workplace health and safety matters.

A Health and Safety Committee can be established by the CEO/Manager or at the request of:

* a HSR (see 2.3.1), or
* five or more workers at the workplace

A Committee must be established within two months, if requested to do so.

The make-up of the Committee must be agreed upon by the workers and the CEO/Manager**.**

The HSC includes all **[insert organisation name]** WHS representatives and othersnominated by the organisation. The CEO/Managercan only nominate up to half of the members.

The role of workers on the HSC is to ensure genuine worker representation in health and safety matters that affect them.

The Committee is required to prepare a constitution/terms of reference agreed upon by the CEO/Manager, theHSRand workers at the workplace. If agreement is not reached within a reasonable timeframe, any party may request SafeWork NSW to appoint an inspector to decide the matter.

Functions of the HSC are to:

* facilitate co-operation between **[insert organisation name]** and workers in instigating, developing and carrying out measures designed to ensure workers’ health and safety;
* assist in developing systems and procedures relating to health and safety; and
* undertake other functions prescribed by regulation or agreed between **[insert organisation name]** and workers.

HSC members are allowed to:

* spend reasonable time to attend meetings, carry out functions as committee members, and be paid at their normal rate of pay while doing so;
* access **[insert organisation name]** information about workplace hazards and risks relating to health and safety of workers (excluding the worker’s personal medical information without that worker’s consent); and
* access opportunities to develop skills relevant to their role on the HSC.

The HSC must meet at least every three months and at any reasonable time when requested by at least halfof the HSC members. Regular reports of WHS matters are then provided at staff meetings.

### 2.5 Monitoring and consultation

**[Insert organisation name]** monitors WHS systems and consults with workers who are (or are likely to be) directly affected by a work and health safety matter. Monitoring and consultation provides opportunity for information-sharing and discussion about strategies to manage health and safety.

Specific consultation, monitoring and support activities undertaken include:

* WHS as an agenda item in staff and Board meetings.
* Quarterly workplace environment audits, including a review of First Aid kits.
* Working from home environment audits and agreements.
* Emergency evacuation drills.
* External checks of fire safety equipment by authorised professionals.
* **[Insert other monitoring and consultation mechanisms].**

**🖌Note\***

Other examples of monitoring and consulting mechanisms include:

* All staff participating in undertaking environment audits on a rotation
* management, staff and Board members reviewing WHS incidents
* involving staff and Board in the development and review of WHS policies and procedures
* review of WHS policies and procedures every two years at a minimum.

\*Please delete note before finalising this policy.

### 2.6 WHS orientation

All **[insert organisation name]** workers are provided with WHS information and instruction on commencement of their time with the organisation to help them remain healthy and safe in the workplace. Such information is easy to understand training / instruction about the work, the risks and the measures in place to control those risks.

Workers are directed to, or provided with a copy of, **[insert organisation name]’s** WHS Policy and supporting documents, and are informed of their responsibility to understand and comply with them.

The new worker’s supervisor and/or HSR provide instruction on:

* emergency procedures
* First Aid
* amenity facilities
* reporting and responding to hazards and other safety issues
* reporting WHS incidents
* WHS as it is managed in the workplace
* specific health and safety procedures related to their tasks, such as workstation set-up and use of the **[insert organisation name]** motor vehicle(s)
* **[Insert other WHS orientation item].**

The CEO/Manager and/or the Board President provide Board members with instruction on relevant matters that have been listed above.

### 2.7 WHS training

Employees acting as a HSR, FAO or FSO are required to undertake accredited training as part of the WHS role and are supported in this pursuit. **[Insert organisation name]** provides financial resources to cover costs of training and releases employees from their usual duties to undertake initial WHS and maintenance training.

## SECTION 3: MANAGING RISK

### 3.1 Managing Risk to Health and Safety at the Workplace

Managing work health and safety risks involves four steps[[4]](#footnote-4) (see figure below):

1. **identifying hazards** – finding out what could cause harm
2. **assessing risks** (if necessary) – understanding the nature of the harm that could be caused by the hazard, how serious the harm could be and the likelihood of it happening
3. **controlling risks** – implementing the most effective control measure that is reasonably practicable in the circumstances
4. **reviewing control measures** – ensuring control measures are working as planned.

Control measures must be selected to eliminate the risk, so far as is reasonably practicable. If elimination is not reasonably practicable, the risks must be minimised so far as is reasonably practicable.



### 3.2 Hazard identification

The first step in managing workplace health and safety risks is hazard identification. Hazards are those items and situations that have potential to cause harm, and generally arise from the following aspects of work:

* physical work environment
* work tasks and how they are performed
* equipment, materials and substances used
* work culture, design and management.

Examples of hazards that may be relevant to the **[insert organisation name]** workplace are:

|  |  |
| --- | --- |
| **Hazard**  | **Potential harm** |
| Physical work environment | Trips and falls from power cords across walkways |
| Work tasks and how theyare performed | Over-exertion or repetitive movement causing muscular strain |
| Equipment, materials and substances | Being hit by, or hitting, moving vehicles whilst operating the organisation’s motor vehicle |
| Work culture, design and management | Effects of work-related stress, bullying, and work-related fatigue |
| **[Insert other workplace hazard]** | **[Insert potential harm].** |

**[Insert organisation name]** works closely with workers to look at every task in the workplace to assist in finding potential hazards.

Strategies for identifying hazards include:

* inspecting the workplace (environment audits);
* consulting with workers; and
* reviewing information and advice from external parties, such as industry associations and regulators.
* **[Insert other strategies to identified hazards].**

### 3.3 Risk assessment

Risk assessment considers what could happen if a person is exposed to a hazard, and the likelihood of it happening. Risk assessment can determine how severe the risk is, whether existing control measures are effective, what controls should be implemented, and how urgently a response needs to be taken.

**[Insert organisation name]** undertakes risk assessments in the following circumstances:

* when hazards are identified as part of the standard environment audits
* when someone notices a hazard and there is uncertainty about how a hazard may result in injury or illness
* when new practice, equipment or facilities are introduced to the workplace and the hazards, risks and controls are not clear
* following a significant WHS incident
* when developing a new program or co-ordinating an organisational activity
* **[Insert other circumstances in which your organisation will undertake a risk assessment].**

A risk assessment is mandatory for high-risk activities such as live electrical work.

Some hazards that have exposure standards, such as noise, may require scientific testing or measurement by a competent person to accurately assess the risk and to check that the relevant exposure standard is not being exceeded (for example, by using noise meters to measure noise levels).

A risk assessment is not required when legislation requires a hazard or risk to be controlled in a specific way – these requirements must be complied with.

A detailed risk assessment may not be required where a code of practice or other guidance sets out a way of controlling a hazard or risk that is applicable to your situation. In this circumstance, you simply implement these control measures.

**3.3.1 How to do a risk assessment**

**Step 1: Identify WHS Risk Rating**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Consequence** | **+** | **Likelihood** |  | **=** | **Risk Rating**  |
| *Level*  | *Descriptor*  |  | *Level* | *Descriptor*  |  |  | *Consequence (1-5)* |
| **1**  | Insignificant |  | **A**  | Almost certain |  | *Likelihood**(A – E)*  | **1** | **2** | **3** | **4** | **5** |
| **2**  | Minor |  | **B**  | Likely |  | **A** | **Med**  | **High**  | **High**  | **Very high**  | **Very high**  |
| **3**  | Moderate |  | **C**  | Possible |  | **B** | **Med**  | **Med**  | **High**  | **High**  | **Very high**  |
| **4**  | Major |  | **D**  | Unlikely |  | **C** | **Low**  | **Med**  | **High**  | **High**  | **Very high**  |
| **5**  | Severe |  | **E**  | Rare |  | **D** | **Low**  | **Low**  | **Med**  | **Med**  | **High**  |
|  |  |  |  |  |  | **E** | **Low**  | **Low**  | **Med**  | **Med**  | **Med**  |

### Determine the consequence of the hazard

Hazards have the potential to cause different types and severities of harm (consequences), ranging from minor discomfort to a serious injury or death.

In the table above are the five escalating levels of **consequence** of the hazard used by **[insert organisation name]** in assessing risk:

1. insignificant
2. minor
3. moderate
4. major
5. severe

The consequence of the hazard is rated according to one of these levels of risk.

In estimating the severity of harm that could result from each hazard, the following matters are considered:

* What type of harm could occur (for example muscular strain, injuries due to fatigue, psychological injury, burns, laceration)? How severe is the harm? Could the hazard cause death, serious injuries, illness or only minor injuries requiring first aid?
* What factors could influence the severity of harm that occurs? For example, the distance someone might fall will determine the level of harm that is possible. The harm may occur immediately if something goes wrong (for example injury from a fall) or it may take time for it to become apparent (for example illness from long-term exposure to a substance or to excessive work demands).
* Do you need to use specific tools or processes to assess how severe the harm could be? This could include arranging noise exposure level testing.
* How many people are exposed to the hazard and how many could be harmed in and outside your workplace?
* Could one failure lead to other failures?
* Could a small event escalate to a much larger event with more serious consequences? For example, a minor fire can get out of control quickly in the presence of large amounts of combustible materials.

### Determine the likelihood of harm occurring

In the table above are the five escalating levels of the **likelihood** of the hazard occurring used by **[insert organisation name]:**

1. Almost certain to occur—expected to occur in most circumstances
2. Very likely—will probably occur in most circumstances
3. Possible—might occur occasionally
4. Unlikely—could happen at some time
5. Rare—may happen only in exceptional circumstances.

The likelihood of the hazard occurring is rated according to one of these levels of risk.

The likelihood that someone will be harmed can be estimated by considering the following:

* How often is the task done? Does this make the harm more or less likely?
* How often are people near the hazard? How close do people get to it?
* Has it ever happened before, either in your workplace or somewhere else? How often?
* **[Insert other circumstances in which your organisation will estimate the likelihood of harm occurring].**

**Determine the risk rating**

The **Consequence** and **Likelihood** of any given risk are plotted on the **Risk Rating** matrix shown above to determine the level of resulting risk or its overall risk rating:

* Low
* Medium
* High
* Very High

**Step 2: Identify Response Rating**

|  |  |
| --- | --- |
| **Risk rating** | **Response rating** |
| Very high (VH) | Act immediately |
| High (H) | Act today |
| Medium (M) | Act within 1 week |
| Low (L) | Act within 1 month |

The Risk Rating, in turn determines the Response Rating, as seen in the table above.

Refer to the Risk Management Policy for further details.

### 3.4 Risk control

Managing risks involves eliminating them so far as is reasonably practicable, or if that is not possible, minimising the risks so far as reasonably practicable.[[5]](#footnote-5)

The following ‘hierarchy of hazard control’[[6]](#footnote-6) guides how **[insert organisation name]** is to control risks, with the most effective controls listed first, and less effective options listed lower. A combination of higher and lower level controls is desirable.

|  |
| --- |
| **Hierarchy of hazard control** |
| **1** | Eliminate the hazard or task if the risks outweigh the potential benefits. |
| **2** | Substitute the hazard with something that is potentially safer; e.g. substitute a toxic substance with another that is non-toxic. |
| **3** | Isolate the hazard by using barriers or distance; e.g. place insulation around noisy equipment. |
| **4** | Use engineering controls, such as air conditioning to prevent overheating and fire. |
| **5** | Minimise the size or volume of the hazard and the duration of exposure to the hazard. |
| **6** | Rearrange the work area and work flow; e.g. intersperse repetitive activity with a variety of different tasks to avoid overuse injuries. |
| **7** | Establish safe work practices, such as restricting access to the area, keeping the area free of clutter, being prepared for emergencies; e.g. spill kits. |
| **8** | Provide training and supervision appropriate to the level of expertise of the personnel involved. As a minimum, this would include familiarisation with local hazards and their control, safe work methods and emergency procedures. |

Risk control measures are implemented as soon as possible, with responsibility assigned to an appropriate worker and a completion date set. The person responsible for implementing the risk control measure provides updates to workers through staff meetings and reports to the HSR.

### 3.5 Hazard and risk assessment records

Identified hazards, risks and their control mechanisms are documented and filed in **[insert organisation name]’s** WHS Register located at the **[insert location of WHS register].**

The HSR is responsible for maintaining the WHS Register, which includes:

* Incident Reports – containing completed Incident Reports for the past five years, and copies of blank Incident Report Forms ready for completion if/when needed
* identification and risk assessments of individual hazards conducted over the past five years
* environmental audits and action plans
* **[insert organisation name]’s** WHS Policy
* current WHS Officer, Fire Safety Officer and First Aid officer details
* other relevant WHS documentation
* **[Insert other information included in your organisation’s WHS register].**

### 3.6 Review control measures

**[Insert organisation name]** regularly reviews WHS risk control measures to ensure the controls are adequate. A review may be required:

* when it is apparent that a control measure is not effective in controlling the risk;
* if a new hazard or risk is identified;
* before changes to work practices are implemented and where health and safety risks have yet to be assessed and are therefore unknown;
* if the results of a consultation indicate that a review is necessary; or
* if the **[insert organisation name]** HSR requests a review
* **[Insert other circumstances in which your organisation will review the existing control measures].**

At a minimum, **[insert organisation name]** reviews control measures as part of **[Insert frequency; e.g. quarterly]** environmental audits. For more information refer to Section 13: Environmental Audits.

Where reviews identify further WHS issues, risk assessment and new control measures should be implemented.

**🖌Note\***

In reviewing risk control measures, consider the following:

» Are the current control measures working effectively?

» Have the control measures introduced new problems?

» Have all hazards been identified?

» Have new work approaches, new equipment or chemicals made the job safer?

» Are safety procedures being followed?

» Has instruction and training been provided to workers, on how to work safely, been successful?

» Are workers actively involved in identifying hazards and possible control measures?

\*Please delete note before finalising this policy.

## SECTION 4: ENVIRONMENT AND FACILITIES

### 4.1 Manual handling

Manual handling is any activity that involves lifting, lowering, pushing, pulling, carrying, moving, holding or restraining. It may also include stretching and bending, sustained and awkward postures, and repetitive movements. Manual handling can result in musculoskeletal injuries to workers, including sprains and strains, and damage to muscles, tendons and soft tissues.

**[Insert organisation name]** workers have a responsibility to:

* take reasonable care of their own health and safety and the health and safety of others in relation to manual handling;
* be aware of manual handling hazards which may affect their back, shoulder, knees and wrists;
* read, understand and adhere to **[Insert organisation name]**’s control measures implemented to manage manual handling risks, e.g. use a trolley to move boxes, seek help from another person so as not to lift their total weight on their own; and
* **[Insert other worker’s responsibilities].**

**[Insert organisation name]** has a responsibility to:

* identify hazardous tasks in relation to manual handling, e.g. repetitive movement, sustained or awkward postures;
* carry out a risk assessment for manual tasks that have the potential of being hazardous or you have identified as being hazardous;
* eliminate or control the risks posed by hazardous manual handling tasks;
* provide resources to control manual handling risks;
* ensure employees are aware of and practicing safe manual handling practices; and
* **[Insert other organisation’s responsibilities].**

Further guidance on manual handling can be found in ‘Lifting, Pushing and Pulling (Manual Handling)’ Safe Work Australia

### 4.2 Slips, trips and falls

Slips occur when a person’s foot loses traction with the ground surface, sometimes due to wearing inappropriate footwear, or when walking on slippery floor surfaces, such as those that are highly polished, wet or greasy.

Trips occur when a person unexpectedly catches their foot on an object or surface. In most cases people trip on low obstacles that are located close to the floor and are either partially or totally concealed and therefore not easily noticed. These obstacles include uneven edges in flooring, loose mats, opened drawers, or cables from electrical equipment.

Falls can result from a slip or trip but may also occur as falls from low heights such as steps, stairs and curbs, falling into a hole or a ditch or into a body of water.

The most common injuries from slips, trips and falls are musculoskeletal injuries, cuts, bruises, fractures and dislocations. However, more serious injuries may also occur.

| **Common slip hazards** | **Common trips hazards** |
| --- | --- |
| * Spills of liquid or solid material
* Wet cleaning methods
* Wind-driven rain through doorways
* Change in floor surface, e.g. joins between carpet and polished timber
* Change from wet to dry surface
* Dusty and sandy surfaces
* Incline of a ramp
* Loose or bumpy flooring
* Low light levels
* Use of unsuitable footwear.
 | * Ridges in floors or carpets
* Worn floor coverings or broken tiles
* Potholes and cracks in floors
* Changes in floor level
* Thresholds and doorstops
* Floor sockets and phone jacks
* Cables from power extension units
* Loads that obstruct vision
* Obstacles in traffic areas.
 |

**[Insert organisation name]** workers have a responsibility to:

* take reasonable care of their own health and safety and the health and safety of others in relation to hazards that may cause slips, trips and falls;
* read, understand and adhere to **[insert organisation name]’s** control measures implemented to manage trips, slips and falls, e.g. use signage to indicate a wet area as a result of spilt water;
* cordon off and use signage to prevent traffic over an uneven or broken floor area;
* **[Insert other worker’s responsibilities].**

**[Insert organisation name]** management will:

* identify hazardous tasks in the workplace in relation to trips and falls;
* carry out a risk assessment for slips, trips and falls that have the potential of being hazardous or you have identified as being hazardous;
* eliminate or control the risk of slip, trip and fall hazards in the workplace;
* provide resources to control slip, trip and fall hazards;
* ensure that employees are aware of and managing slip, trip and fall hazards;
* **[Insert other organisation’s responsibilities].**

The table below provides examples of control measures to manage the risk of trips, slips and falls according to the hierarchy of risk control (see diagram[[7]](#footnote-7) below).



|  |  |
| --- | --- |
| **Control measure**  | **Example actions** |
| **Eliminate the hazard** | Remove slip and trip hazards at the design stage, such as eliminating changes in floor levels and installing more power outlets to avoid trailing cords. |
| **Substitution** | Replace uneven or broken flooring with a more slip-resistant surface. |
| **Isolation**  | Prevent access to high risk areas; for example, cordon off wet floor areas while cleaning is in progress. |
| **Engineering controls (redesign)**  | * Apply floor treatments to increase slip resistance
* Improve lighting
* Stop leaks from equipment or pipes
* Provide adequate drainage
* Clearly mark edges of steps and any changes in floor height.
 |
| **Administrative controls** | * Implement good housekeeping practices, including keeping access ways clear and cleaning up spills immediately
* Use signage to warn of the presence of wet or slippery areas
* Provide training and supervision
* Supply and use personal protective equipment
* Wear slip-resistant footwear.
 |

Further guidance can be found in ‘Slips, Trips and Falls’ Safe Work Australia

### 4.3 Visitors

Visitors are defined as anyone who attends the **[insert organisation name]** premises and is not a paid staff member; visitors also include Board members, contractors and stakeholders. A number of practices are implemented to ensure the safety and wellbeing of visitors and staff members whilst on **[insert organisation name]** premises, including:

* visitors are directed to **[insert organisation name]**’s reception area and are welcomed by a staff member;
* visitors are supervised during their visit;
* visitors sign in using the **[insert organisation name]** Visitor Register, noting the date, their name, who they are visiting, mobile number and time of arrival / departure;
* in the event of an emergency, the Visitor Register is collected by the Fire Safety Officer and visitors are included in emergency roll calls;
* visitors sign out using the **[insert organisation name]** Visitor Register.

### 4.4 Fire safety

**[Insert organisation name]** maintains fire safety through:

* appointing and training a Fire Safety Officer;
* providing WHS orientation to new staff;
* providing and checking fire safety equipment – water hoses, extinguishers, blankets, and smoke detectors and alarms – by qualified and registered contractors;
* ensuring the building/facilities obtain annual building fire safety statements;
* regular WHS environment audits;
* implementing emergency management plans;
* conducting emergency evacuation drills;
* reviewing fire-related WHS incidents and implementing necessary policy and practice changes.

**[Insert organisation name]** staff are responsible for knowing the location and instruction of fire safety equipment throughout the **[insert organisation name]** facilities.

For more information in how to respond to an emergency, refer to Section 6: Emergency Management.

**4.5 Ergonomics in the office**

Although working in an office environment is deemed relatively safe, office workers face occupational hazards including the development of musculoskeletal injuries or discomfort associated with work.

The design of effective, safe work systems and processes (including ergonomic workspace, regular rest breaks and exercise) contributes to preventing office work related injuries.

**[Insert organisation name]** has prepared the Ergonomic Office Guide outlining essential information and checklists not only on ergonomics of workstations and equipment, but also exercises workers can undertake to prevent overuse injuries.

All workers in an office environment receive training in this area at orientation and at subsequent periods as necessary.

## SECTION 5: PREMISES AND PROPERTY SECURITY

**[Insert organisation name]** ensures the safety and security of **[insert organisation name]** workers and visitors by implementing a range of security measures, including the installation of a monitored alarm system, and procedures for accessing **[insert organisation name]** premises.

### 5.1 Entry to premises

Staff access the facilities with **[insert your secure entrance method; e.g. swipe security key for the front door or an automated gate opener for the car park].** Staff access the offices with **[insert secure method to access the organisation offices; e.g. two security keys for the entry door and/or pass-code for the alarm system]**.

Staff are provided with, and instructed in the use of, **[Insert your secure method; e.g. keys and pass-codes]** as part of orientation and induction.

Visitors to **[insert organisation name]** gain entry via **[insert your secure entrance method for visitors; e.g. intercom system at the entrance]**. Visitors to **[insert organisation name]** gain access to the offices through the **[insert your secure entrance method for visitors; e.g. reception area]**. Visitors to the **[insert organisation name]** facilities sign in using the Visitors Register, for more information refer to Section 4.3: Visitors.

Disabled access to **[insert organisation name]** facilities is through **[Insert your disabled access to the building; e.g. intercom system or via car park]**.

**[Insert organisation name]** staff and visitors are advised to lock motor vehicle doors and windows when entering or exiting the facility’s car park.

### 5.2 Exit from premises

Staff are required during the day to **[Insert your staff requirements when exiting/entering the facilities; e.g. lock the office entry door each time they arrive and leave the office].**

The last staff member to leave the facilities/office in the evening is to:

1. **[Insert your staff requirements when exiting the facilities]**
2. **[Insert your staff requirements when exiting the facilities].**

**🖌Note\***

Some examples of requirements for staff when leaving the office in may include:

* Log off desktop computer
* Turn off all the office lights
* Check if the building is locked and alarmed
* Set the main office security alarm
* Lock and bolt the front door.

\*Please delete note before finalising this policy.

### 5.3 Office security alarm

The **[insert organisation name]** office alarm system is monitored by external contractors **[Insert your contractor’s name]**. The CEO/Manager is the primary authorised staff member to liaise with the alarm contractor, and is their first contact should the alarm be activated. The **[insert organisation name] [insert delegated staff member]** and **[insert delegated staff member]** are also authorised contacts.

The alarm system is regularly checked by **[Insert process arranged with your contractor to ensure that the alarm is operational; e.g. the alarm system is programmed to send a daily test signal to the contractor to ensure the alarm is operational].** If no signal is received, the contractor will contact the authorised contact members of the organisation.

**🖌Note\***

It is important that your contract agreement with the alarm system contractors specifies ongoing operational checks and maintenance service to ensure your facilities are secure and properly protected.

\*Please delete note before finalising this policy.

If the office alarm is mistakenly activated whilst on the premises, turn the alarm off, and contact **[insert delegated staff member]** via text and/or phone. If there is no response, leave a message and contact **[insert your contractor’s name]** to inform them of the mistake.

**[Insert your alarm system contractor’s name]** can be contacted on phone number **[insert your alarm system contractor’s telephone number]**.

### 5.4 Theft or damage to property or premises

**[Insert organisation name]** staff are provided with a key lockable drawer/locker to store personal valuables. Visitors are advised to maintain security of their personal valuables whilst on **[insert organisation name]** premises.

In the event of damage to or suspected theft of personal property, staff are to inform the most senior **[insert organisation name]** staff member on site before contacting the police by phoning **[insert local police station contact details].**

If necessary **[insert organisation name]**’s insurance providers are also contacted. Other actions may need to be taken if the security of the premises is compromised, e.g. locksmith to install new locks.

Clients’ personal belongings are secured on site by **[insert how you secure client’s belongings].** In the event of damage, missing or suspected theftof client’s personal belongings, **[insert how you handle this instance on site].**

### 5.5 Working outside core hours

**[Insert organisation name]’s** core hours of operations are between **[insert organisation core hours e.g. 9.00am - 5.00pm Monday to Friday],** with the majority of work undertaken during core hours. Work conducted in the office outside core hours, including weekends and public holidays, is considered working outside core hours.

Staff may enter the premises outside of core work hours under extenuating circumstances or when work practices are negotiated with both their direct supervisor and the CEO/Manager.

Specific risks associated with working in the **[insert organisation name]** office outside core hours include a lack of immediate assistance in the event of an incident, accident, illness or injury; and staff who are trained and/or available to provide assistance in the event of a medical emergency or building evacuation are less likely to be present outside core hours.

To address this risk, staff are required to notify their supervisor and/or CEO/Manager via **[insert method of receiving information e.g. SMS, email or phone]** on every occasion prior to or when commencing and ceasing work in the office outside core hours. Staff accessing the office outside of core hours for non-work related purposes are to also notify their supervisor and/or CEO/Manager via **[insert method of receiving information e.g. SMS, email or phone]** on every occasion prior to accessing the office. The supervisor and/or CEO/Manager are required to acknowledge the notification in writing.

Injuries or illnesses incurred by staff in the office outside core hours are to be reported to their supervisor and/or CEO/Manager as soon as possible, regardless of it being outside core hours. For more information refer to Section 7: First Aid and Section 8: Incident Management.

In the event of an emergency situation in the office outside core hours, staff are to respond to the situation as outlined in Section 6: Emergency Management. If there is an attempted or actual break-in whilst on **[insert organisation name]** premises outside core hours, staff are to contact Emergency Services immediately by phoning 000 and then exit the building, using the emergency exits if required. Staff are advised not to attempt to prevent intruders from entering the building or from taking property. Staff are also to notify their direct supervisor or CEO/Manager as soon as possible.

**5.6 Master key and key registers**

All keys issued by **[insert organisation name]** are recorded in the Key Register.

Keys are issued generally at orientation or when the employee has been promoted and returned on cessation of employment. Further details about return of keys can be found in 1.7 Ceasing Employment.

A master key is available on site in the event of emergencies. It is retained by the head of the shift at all times.

## SECTION 6: EMERGENCY MANAGEMENT

Emergency situations which may impact on **[insert organisation name]** include: fire, explosion, medical emergency, rescues, incidents with hazardous chemicals, bomb threats, violent behaviour, armed confrontations and natural disasters.

### 6.1 Responding to an emergency

The R A C E acronym has been adopted as the standard emergency message and response for all **[insert organisation name]** persons, including workers, clients and visitors, as it is applicable in many emergency situations. This is signposted throughout the organisation premises on WHS posters.

|  |  |  |
| --- | --- | --- |
| **R ** | **RESCUE ** | Any persons in immediate danger if safe to do so |
| **A ** | **ALARM ** | Raise the alarm/alert others; contact Emergency Services by phoning 000**;** in case of fire activate alarm |
| **C ** | **CONTAIN ** | In the event of fire, close doors to contain fire and secure the area |
| **E ** | **EXTINGUISH/EVACUATE ** | Attempt to extinguish fire only if trained and if safe to do so. Evacuate premises. |

### 6.2 Fire management

In the event of a fire, fire safety equipment is to be used by trained personnel to extinguish the fire if safe to do so. If it is unsafe to use fire safety equipment, emergency evacuation procedures are implemented.

Anyone who identifies a fire should immediately contact Emergency Services by phoning 000.

All fires should be attended by Emergency Services, regardless of the size, extent or damage of the fire, as there may be further risks which Emergency Services can identify and assess.

### 6.3 Evacuation

Where an emergency alert or alarm is given that requires evacuation of the facilities (i.e. fire, explosion, bomb threat, natural disaster), all persons are to leave the **[insert organisation name]** premises via the emergency exits in a prompt and calm manner. In an emergency evacuation, do not use lifts.

The Fire Safety Officer (FSO) is responsible for providing direction and facilitating safe evacuation of all persons. The FSO collects the **[insert sources of information which will identify people present in the building; e.g. Visitor Register, staff sign-in sheet, resident list]** and ensures all persons evacuate the building and meet at the designated emergency assembly site. Where the FSO is not available, a senior staff member acts as the person responsible for leading the emergency response.

All persons are to follow instructions of the identified emergency response leader and Emergency Services personnel. Staff should support the FSO in carrying out these instructions.

Mobility-impaired persons are supported by other persons to evacuate the premises safely. Mobility-impaired persons who are in immediate danger and cannot safely evacuate the premises are moved to a safe place. A safe place may be inside a fire-isolated fire stair, or into another section of the facilities, closing doors between the person and the fire, but still on an exit route.

If a person is trapped in the facilities, no person is to re-enter the premises unless it is completely safe to do so. If it is unsafe to re-enter the premises, inform Emergency Services on their arrival for them to assess and respond to the situation. No person is to re-enter the premises while the fire alarm is sounding or until the clearance is given by Emergency Services.

### 6.4 Emergency assembly site

Following evacuation from the **[insert organisation name]** premises, all persons are to assemble at the designated emergency assembly site(s).

The **[insert organisation name]** designated emergency assembly site is: **[insert assembly site area].** At the assembly site the FSO will count and call all the names in the **[insert sources of information which will identify people present in the building; e.g. Visitor Register, staff sign-in sheet, resident list]** to ensure that all persons in the facilities have been evacuated. If a person is discovered not to have been evacuated, the FSO will immediately inform Emergency Services on site.

All persons are to remain at the designated emergency assembly site until given clearance to return to **[insert organisation name]** premises or other direction, by the **[insert organisation name]** FSO and Emergency Services personnel.

In the event that the evacuation is a false alarm, no persons are permitted to return to the premises until given the all clear by the FSO and/or Emergency Services personnel.

### 6.5 Communication with Emergency Services

The person responsible for leading the emergency response is the primary contact for Emergency Services personnel. Upon their arrival, Emergency Services are to be informed of the emergency circumstances, including the name(s) and identities of persons (if any) remaining in the facilities.

### 6.6 Emergency evacuation drills

The **[insert organisation name]** FSO and HSR co-ordinate and facilitate emergency evacuation drills at a minimum of **[insert number of evacuation drills per year]** per year. All persons in the **[insert organisation name]** facilities at the time of the drills are to respond as in a true emergency evacuation.

### 6.7 Emergency response review

Following an emergency situation, the Fire Safety Officer, HSR and CEO/Manager are to review the emergency event with the view of identifying and implementing improvements in overall work health and safety and emergency management.

### 6.8 Record-keeping

An Emergency Evacuation Report (form) is completed by the FSO following each evacuation, whether a practice drill or a live event. This Report is a key tool in risk management and continuous improvement.

All emergency incidents, including evacuation drills, are recorded in the WHS Register, along with relevant supporting information; e.g. an Emergency Evacuation Report.

**6.9 Bush fire and emergency response**

The NSW Rural Fire Service (RFS) has developed bushfire self-assessment tools which **[insert organisation name]** uses to assess the level of preparedness in the event of a bushfire.

Issues identified are reported via the Environmental Audit reports and action taken according to the risk rating.

During the bushfire season, there is proactive monitoring of local bushfire forecasts to ensure informed decision-making, should the need arise.

RFS *Alert Levels* are utilised to determine the appropriate action and/or response according to the level of severity and imminent fire danger.

The FSO communicates with the RFS, should the need arise. Information passed on includes:

* Residence size & number of residents
* Current resident acuity, including mobility status and special needs
* Contact details of the residence, including key personnel
* The level of risk to the residence

Should the need arise, the FSO arranges alternative transport to assist with relocation of residents and workers.

## SECTION 7: FIRST AID

**[Insert organisation name]** is committed to providing timely and appropriate First Aid assistance to workers and visitors whilst on the organisationpremises and whilst conducting **[insert organisation name]** business.

### 7.1 First Aiders

**[Insert organisation name]** ensures that at least one employee holds a current First Aid qualification from a registered training organisation. The qualification covers competencies to recognise and respond to common life-threatening injuries or illnesses, including life-support using cardiopulmonary resuscitation (CPR), and to manage the casualty and incident until the arrival of medical or other assistance. This First Aider is recognised as the organisation’s First Aid Officer (FAO); however, other certified First Aiders may be workers or visitors to the organisation.

Posters including a photograph and location or contact details for the FAO are posted around the organisation premises.

### 7.2 First Aid kit

**[Insert organisation name]** maintains a fully stocked First Aid kit, located at the WHS post, and in **[insert locations including vehicles]**.

The FAO and HSR monitor the contents of First Aid kits to ensure they are fully stocked at all times and are appropriate for the health and safety needs of the workplace.

First Aid kits are identifiable by a white cross on green background on the external container and are made of material that protects the contents from dust, moisture and contamination. They contain necessary items for administering First Aid, as detailed on an enclosed contents list.

Any time a staff member uses an item from the First Aid kit, the HSR is to be informed so that the stock can be replaced and a determination made if a WHS Incident Report is required.

The contents of the First Aid kit are to be audited quarterly as part of the environment audits, with any missing or out-of-date products replaced.

The emergency equipment floor plan displayed around the facilities including clear directions to First Aid Kit locations.

**🖌Note\***

Some agencies undertake assessments to determine the First Aid requirements for the organisation’s First Aid kit and the number of First Aiders required. For more information about First Aid in the Workplace refer ‘First Aid in the Workplace, Code of Practice’ from Safe Work Australia.

The document also provides best practice information and an example of items and quantities required to establish and maintain a standard workplace First Aid kit.

\*Please delete note before finalising this policy.

### 7.3 Managing an incident requiring First Aid

In an emergency situation, the first staff member at the incident is to:

* Provide reassurance and maintain a calm environment
* Assess the situation to ascertain the severity of the incident and identify further risk or hazards for the injured person, the staff member themselves and others who may be directly affected
* As determined by the assessment of the circumstances enlist the aid of bystanders to contact the FAO, another First Aider or Emergency Services if required
* Ensure the injured person and people providing First Aid are protected from further injury
* Obtain the injured person’s consent to provide First Aid if they are conscious
* Provide all the information to the First Aider and Emergency Services if they require it.

The First Aider is to:

* Calm and reassure the injured person
* Assess and prioritise First Aid treatment for the injured person
* Ensure contact with Emergency Services has been made if required
* If the casualty is conscious, request information from the injured person regarding any medical conditions and allergies they may have, or details about the incident
* Obtain consent to administer treatment
* Provide First Aid.

**🖌Note\***

A client drug overdose or a mental health episode may happen at your organisation. A Risk Management Plan template has been developed for each of these issues as part of the Risk Management Policy. Elements of this policy may also be identified in the WHS policy or procedures for your organisation.

\*Please delete note before finalising this policy.

### 7.4 Consent to treatment

First Aiders require consent from the casualty prior to commencing any First Aid treatment, unless the casualty is unresponsive and therefore unable to give consent. In this circumstance, it is presumed the person would give consent if they were conscious.

If the casualty is a child, the parent/guardian should be asked for permission, but if the parent/guardian is not present and the illness is life-threatening, immediate First Aid should be given.

### 7.5 Duty of care

When a First Aider commences administering First Aid treatment to the casualty, they are committed to provide a duty of care to that casualty. This duty of care requires that the First Aider remains and provides First Aid treatment to the best of their ability, training and experience until:

* another person with more experience or knowledge in the provision of First Aid arrives and agrees to take control; or
* a qualified medical practitioner arrives; or
* they are physically unable to; or
* the situation becomes unsafe for them to continue to do so.

### 7.6 Infection control

**[Insert organisation name]** First Aiders take steps to prevent direct contact with bodily fluids while providing First Aid. Ideally, First Aiders wash their hands before and after providing First Aid, to assist in protecting the casualty, themselves and others from the risk of infection. Instant hand sanitiser is located at the WHS post where the First Aid kit is kept. Disposable gloves are provided and should be worn while providing First Aid.

If a First Aider does come into contact with a casualty’s bodily fluids, seek medical advice as soon as possible and report the incident.

Effective control of infection is central to providing high quality support for clients and a safe environment for **[insert organisation name]** workers and visitors.

Staff and clients are most likely sources of infectious agents and are also the most common susceptible hosts. Other people visiting the premises may be at risk of both infection and transmission.

The main modes for transmission of infectious agents are contact (including blood-borne), droplet and airborne. Transmission of infection may also occur through sources such as contaminated food, water, medications, devices or equipment. Infection can also be spread from person to person in a number of ways, including coughing, sneezing, contact with contaminated surfaces, broken skin, bodily fluids and many other ways.

**[Insert organisation name]** prevent and control infections in the facilities by:

* Implementing cleaning protocols with emphasis on food preparation surfaces and bathrooms
* Providing safe Sharps Disposal Units
* Providing disposable liquid handwash dispensers, paper towels and sanitiser
* Providing and supporting training for workers in infection control practices, including:
* good hygiene practices, e.g. hand washing, protective barriers (e.g. gloves)
* handling and disposal of infectious waste, laundry and sharps
* precautions to be used when working with all clients
* handling all blood and other bodily fluids (regardless of the client’s perceived infectious status).

##### A. Key safety measures

There are administrative measures that can be implemented to improve workplace safety for workers and clients. These measures should ensure that staff members:

* Receive training and supervision related to infection-prevention and control procedures
* Are able to identify and assess infection-control risks
* Plan and prepare for identified risks including communication to clients or workers
* Act with caution at all times and use protective barriers or personal protective equipment (PPE)
* Understand the importance of hand care and hand washing
* Follow procedures regarding the use of needles and sharps
* Review each client incident to ensure future safe practices.

For more information on the organisation’s risk management, refer to the Risk Management Policy.

##### B. Quarantining

Staff, Board members, students, volunteers and clients experiencing infectious conditions will be requested to absent themselves from **[insert organisation name]** premises and refrain from activities during the virulent period of the condition.

##### C. Response to possible infection

When potentially infected bodily fluids come into contact with an employee, Board member, student, volunteer or client, steps are taken to decrease the impact of such contact, including First Aid and assessment at a medical service.

A supervisor must be notified of such incidents as soon as possible and an incident report form completed.

##### D. Notifiable Diseases

**[Insert organisation name]** notifies the Public Health Unit in the event of an outbreak of a food-borne illness in two or more related cases, or gastroenteritis among people of any age.

Contact details for Public Health Units, fact sheets and control guidelines can be accessed here from NSW Health or call 1300 066 055 to be directed to your local Public Health Unit.

### 7.7 Other persons providing First Aid

In the case of a serious or life-threatening incident, the first person to arrive at the incident takes control and remains in control until charge is handed over.

Any other person who arrives is to offer First Aid assistance. If another person in attendance is more qualified to manage the situation, that person may be asked to take control.

### 7.8 Reporting First Aid incidents

As soon as practicable following an incident, the staff member and/or First Aider are to report the incident to the **[insert organisation name]** HSR, direct supervisor and/or the CEO/Manager.

A WHS Incident Report is to be completed, reported and filed.

## SECTION 8: INCIDENT MANAGEMENT

A WHS incident is an unplanned event resulting in or having a potential for, injury, ill health, death, damage or other loss.

Incidents to workers may occur on **[insert organisation name]** premises, while travelling for work-related purposes, or while performing **[insert organisation name]** business off-site. Incidents occurring while travelling from and to home from work are not considered WHS incidents.

**🖌Note\***

In a clinical/frontline service environment, incidents such as a mental health episode, suicide/suicide attempt or self-harm can occur. Any incident should be managed in accordance with this WHS policy as well as the relevant client service delivery policy and procedures. For more information on managing suicidal and self-harming behavior, refer to the Client Clinical Management Policy and also to the Risk Management Policy; for example, risk management plans for managing mental health episodes and client overdose incidents.

\*Please delete note before finalising this policy.

### 8.1 Immediate incident response

The health and safety of **[insert organisation name]** workers and visitors is the priority immediately following a WHS related incident. If necessary and appropriate, involved persons are to physically distance themselves from harm. This may mean leaving a room/office, leaving **[insert organisation name]** premises, or re-locating to alternative overnight accommodation (if travelling for **[insert organisation name]** related business).

Action must be taken to prevent further persons from being injured. This may involve activation of emergency management procedures as per Section 6 or other actions to control immediate risk, such as barricading the area, placing warning signs at the site, contacting Emergency Services, and notifying other workers and visitors of the incident/hazard.

### 8.2 First Aid and medical treatment

If an injury has been sustained, First Aid is to be provided from a suitably qualified First Aider, or where such a person is not available, from a person capable and willing to do so. For further details, refer to Section 7: First Aid.

In some circumstances the need for initiating medical treatment by contacting Emergency Services by phone on 000, may not be obvious; however, medical treatment must be sought. Examples include:

* after an electric shock: any person who has received an electric shock, no matter how minor it may seem, as there may be delayed effects, such as an irregular or lowered heart rate
* after regaining consciousness: any person who has lost consciousness, even for a small amount of time.

In some cases, the person may require non-emergency medical treatment and may be transported to a medical centre by staff. For example, a swollen ankle may be treated more promptly at a medical centre as opposed to calling an ambulance or attending the Accident and Emergency Department. This is decided on a case-by-case basis in consultation with the injured person and the person providing transport.

Note that **[insert organisation name]** workers are not obliged to transport other workers to hospital or other medical services. However, workers should facilitate access to hospital or other medical services where necessary.

### 8.3 Critical incidents

Critical incidents are those which directly or indirectly cause significant distress to a person, either at the time it occurs or later. A critical incident may require the activation of emergency procedures.

**[Insert organisation name]** provides debriefing opportunities for those affected by an incident, including out-of-session counselling for clients, supervision for staff, and an Employee Assistance Program (EAP) following options for support and assistance for those experiencing critical incident distress. The EAP is available for employees through **[insert EAP contractor’s name or allocated internal counselling services].**

**🖌Note\***

Employee Assistance Programs (EAP) provide individuals (and in some cases their immediate family members) with preventative counselling, intervention counselling and resolution for work-related and personal issues. An EAP is usually provided by organisations to enhance personal wellbeing, work performance, team morale and mental health. EAP services are strictly confidential and it is recommended that you engage an external contractor to manage your organisation’s EAP.

For further information about Employee Assistance Program please refer to the Human Resource Policy.

\*Please delete note before finalising this policy.

### 8.4 Fatal incidents

This section guides the organisation in responding to the death of a person linked to, supported, or employed by the organisation.

In the event of a death there is recognition of the need to balance sensitivity with practical needs. It is accepted that the death of a person has an impact on those with whom the person had a working relationship.

By implementing the following procedures, the organisation ensures a prompt, appropriate and sensitive response to the death of a person. A sensitive response recognises and respects:

* Cultural and religious beliefs and practices of the person and their family;
* Responses are prompt to minimise the distress arising from the event.

**[Insert organisation name]** and its staff offer appropriate support to those affected by the event. This includes:

* Providing practical and organisational assistance within normal expected arrangements where required;
* Where possible, having the same staff member deliver information about the person’s death and burial arrangements to those impacted by the person’s death.

#### Immediate response

When a person dies at **[insert organisation name],** the staff member on duty is to immediately contact Emergency Services by phoning 000 and inform the nominated supervisor and/or the Manager/CEO about the person’s death.

The nominated supervisor, Manager/CEO ensures that:

* The next of kin contact details are provided to the police
* A debriefing activity is facilitated and appropriate support for staff and clients is arranged
* The Board President is informed of the person’s death; the President will ensure all board members are then notified
* The CEO/Manager will send a letter of condolence to the next of kin.

#### 8.4.2 Family and funeral arrangements

**[Insert organisation name]** may offer the family support and assistance with funeral arrangements (when appropriate). The CEO/Manager in consultation with the President and other Board members will make a decision on appropriate support assistance.

#### 8.4.3 Bereavement

At **[insert organisation name]** it is acknowledged that a client’s death is likely to impact on other clients, staff, the client’s family and friends and the wider community. Support is provided to anyone who might require a referral to a local mental health service. Staff are encouraged to seek support as and when needed.

Supervisors/managers ensure appropriate support is offered to employees through the **[insert organisation name]**’s Employee Assistance Program provided by **[insert details and contact number].** For more information about Employee Assistance Program, refer to Human Resources Policy.

**🖌Note\***

 Identify if there are specific obligations from your funding body with regard to a person’s death.

\*Please delete note before finalising this policy.

#### 8.4.4 Media interest

Where there is likely to be media interest in a death of a person, the Board determine a strategy to communicate relevant information. A nominated Board member will liaise with media, if needed. No information will be given to any external enquirers.

#### 8.4.5 Returning personal and organisational items

In order to complete the organisation’s obligations, the CEO/Manager is to make contact with the next of kin of the deceased within one week of the event, to determine:

* Practical arrangements (e.g. if the person was an employee, regarding payment of salary) with a request, if needed, for details of the executors of the estate.
* A specific date and time to deal sensitively with the return of the deceased’s personal belongings.

The CEO/Manager is responsible for ensuring the return of **[insert organisation name]** items, e.g. keys. The next of kin will not be pressured immediately after the death to return such items.

### 8.5 Reporting incidents including notifiable incidents

All incidents are to be reported and reviewed, including:

* Client-related incidents
* Any injury to **[insert organisation name]** workers or visitors of any nature or severity sustained whilst on the organisation’s premises or for staff members whilst undertaking an organisational activity externally, e.g. meeting attendance
* Any incidents which may have had the potential to cause an injury, e.g. exposure to chemical agents
* Dangerous occurrences or system failure which caused or had the potential to cause serious property damage, e.g. fires, floods and explosions
* Motor vehicle accidents occurring on organisation’s premises or whilst conducting **[insert organisation name]** business.

An overview of the incident is to be logged in the WHS Register and a WHS Incident Report is to be completed, reported and filed with the information recorded.

All WHS incidents involving **[insert organisation name]** workers are to be documented using the Incident Report Form. If the incident involved a client the incident must be recorded in the Client File.

The involved worker or HSR is to complete an Incident Report Form at the time of the incident, or within a 24-hour period. The Incident Report Form is provided to the HSR for later filing in the Incident Report folder located at the WHS post. Copies of Incident Reports are filed in the employee’s personnel file.

In the event of an incident where the staff member is unable to complete the Incident Report Form within 24 hours – for example, they are off-site or travelling – they are to notify their supervisor via phone of the incident and the supervisor is to complete the Incident Report Form.

In the case of serious injury or illness, **a death or a dangerous incident, you must report it to SafeWork NSW immediately on 13 10 50.** Incidents can be notified 24 hours a day, 7 days a week.

You must also:

* provide first aid and make sure the worker gets the right care
* take care not to disturb the incident site until a SafeWork NSW inspector arrives. You can help an injured person and ensure safety of the site.
* record it in the **[insert organisation name]** WHS Register (Injuries)
* notify your insurer within 48 hours

Further guidance can be accessed in the ‘Incident Notification Fact Sheet’, Safe Work Australia.

Penalties apply for NOT notifying incidents. The maximum penalty for failing to notify is $50,000 for a body corporate and $10,000 for an individual.

Contact Insurance and Care NSW (icare) for more information on notifying a workplace injury and the claims process.

For recovery at work information visit the State Insurance Regulatory Authority, Injury Advice Centre.

### 8.6 Review of incidents

Following an incident report, the HSR, and where relevant, the CEO/Manager, reviews the circumstances surrounding the incident with the aim of identifying and implementing preventative and risk-management strategies.

The HSR collates the Incident Report Forms and regularly reviews them to identify trends and preventative risk management strategies.

Where an incident may lead to a workers compensation claim, **[insert organisation name]** is to notify **[insert name of workers compensation insurer]** and the State Insurance Regulatory Authority. Refer to Section 14: Workers Compensation and Returning to Work for more information on matters referred to the insurer and the State Insurance Regulatory Authority, time limits, and relevant procedures.

## SECTION 9: WORK RELATED TRAVEL AND VEHICLE USE

**[Insert organisation name]**’s commitment to safe and healthy work practices extends to workers when conducting business away from the **[insert organisation name]** facilities, including travel to and from the destination.

### 9.1 Working away from the facilities other than at home

Business conducted away from the **[insert organisation name]** facilities, other than at home, may be undertaken as part of the **[insert organisation name]** worker’s roles and responsibilities. All work-related activity undertaken away from the organisation facilities is to be scheduled in the **[insert your organisation scheduling tool; e.g. shared team electronic calendar or intranet team calendar].**

**[Insert organisation name]** workers have a responsibility for identifying and acting on potential or actual WHS hazards when they are conducting business away from the organisation facilities.

Incident reporting procedures apply if a WHS incident occurs while conducting **[insert organisation name]** business away from the organisation facilities, refer to Section 8: Incident Management for further details. If the incident took place on premises controlled by another organisation, the worker also notifies that organisation and follows their incident management procedures.

### 9.2 Motor vehicle security and maintenance

**[Insert organisation name]** provides motor vehicles for workers to undertakework**-**related activity. All documents related to motor vehicles are located in the Equipment register at **[insert office location of the equipment register].**

All motor vehicles are provided with **[insert your organisation’s inclusions on motor vehicles; e.g. fuel-only expense card per vehicle, toll tag, roadside assistance, registration, insurance, etc.]**.

Responsibility for all motor vehicle administration, including co-ordination of servicing, fuel cards, toll tags, roadside assistance, registration and insurance are overseen by **[Insert allocated staff member role or team]**.

Unless being used for business, vehicles are secured in the **[insert organisation name]** car park. However, there may be occasions where a worker requires the vehicle early morning, late evening or for a number of days, and therefore may take the vehicle the night before or return the day after use, and keep the vehicle secured at their place of residence or accommodation.

It is the responsibility of all motor vehicle users to maintain the vehicle’s cleanliness and fill with petrol.

### 9.3 Use of the organisation motor vehicles

**[Insert organisation name]** workers using the organisation vehicles must:

* hold a current NSW driver’s licence
* adhere to this policy
* book **[insert organisation name]** vehicles through the **[insert your organisation booking system; e.g. intranet booking system or hard copy booking register].**
* sign out and in, in the Motor Vehicle Log when taking and returning the vehicle key.

If a staff member has entered into a special agreement with **[insert organisation name]** for the use of a motor vehicle, the worker must record his/her work use in the Motor Vehicle Log.

**[Insert organisation name]** drivers are responsible for adopting low-risk attitudes and behaviours that reduce the possibility of being involved in a driving incident.

Low-risk attitudes include:

* placing a high value on safe driving
* choosing low-risk alternatives in spite of pressures to do otherwise
* maintaining motivation to apply low-risk behaviours.

Low-risk behaviours include:

* preparation – planning driving (being fit to drive, rest breaks/overnight stops, route selection, non-driving duties)
* vehicle safety checks
* driving – being alert, scanning for potential hazards, managing speed and position of the vehicle to reduce the likelihood of a crash
* evaluation – reviewing driving to identify means of reducing risk on future journeys.

**[Insert organisation name]** drivers are required to:

* comply with Australian and NSW road rules, including wearing seatbelts and adhering to laws regarding the use of mobile phones and other devices
* ensure the **[insert organisation name]** vehicle contains a current First Aid kit, roadside assistance contacts and other items provided by the organisation, as mentioned above.

### 9.4 Use of personal motor vehicles

Use of personal motor vehicles should only be considered and approved if:

* The organisation motor vehicle(s) is/are not available;
* The work trip cannot be postponed;
* The car to be used is covered by comprehensive and compulsory third party insurance policies;
* No other alternative is available.

Approval to use a personal vehicle for work purposes must be approved by the direct supervisor or manager.

Reimbursement for personal vehicle use will be at **[insert AUD$ amount]** per kilometre. The reimbursement for vehicle use is capped at **[insert AUD$ amount]** (incl. GST) for a return trip. Receipts and/or documentation of travel details must be provided and managed in line with the Financial Management Policy.

**🖌Note\***

The Australian Tax Office provides guidance here on the cents per kilometre rate which takes into account all vehicle running expenses

\*Please delete note before finalising this policy

### 9.5 Driver fatigue

Workers using motor vehicles for **[insert organisation name]** business are responsible for eliminating or minimising their own driver fatigue by:

* ensuring sufficient sleep before commencing a long drive;
* recognising the early warning signs of fatigue, including yawning, poor concentration, tired eyes, restlessness, drowsiness, slow reactions, boredom or oversteering;
* not driving during those hours when you would normally be asleep;
* taking regular breaks from driving (at least every two hours);
* sharing driving where possible;
* pulling over and stopping when drowsiness, discomfort or loss of concentration occurs;
* understanding the effects of medications, which may affect driving ability.

Further information about driver fatigue, sleep cycles and NSW road rest areas is available from NSW Centre for Road Safety.

### 9.6 Safe operation of vehicles while transporting clients

Staff adhere to the Work Related Travel and Vehicle Use Section of the WHS Policy when transporting clients. In addition:

* Only the client, children in the care of the client and/or a carer attending to the client, are permitted to travel in the vehicle.
* Children are to be seated by the parent or guardian utilising child restraints where applicable.
* All children are to be seated in the rear of the vehicle and under supervision.
* Transportation will not commence until all seatbelts are in use. Drivers are required to immediately cease transportation if seatbelts are not in use for all passengers.
* Clients acting irresponsibly or breaching traffic regulations will not be tolerated and staff reserve the right to cease transportation and request that the offending passengers exit the vehicle.
* Vehicles must never exceed maximum seating or carrying capacity.
* Strictly no smoking, eating or drinking in vehicles.
* Staff reserve the right to refuse to offer transport services to clients whose behaviour breaches this policy.
* Transportation may be refused in the circumstances that either the client or other passengers are deemed to be intoxicated and/or under the influence of alcohol or other drugs.

##### 9.6.1 Safe operation of vehicles while transporting children

National child restraint laws state:

* Children up to the age of six months must be secured in an approved rearward facing restraint
* Children aged from six months old but under four years old must be secured in either a rear or forward-facing approved child restraint with an inbuilt harness
* Children under four years old cannot travel in the front seat of a vehicle with two or more rows
* Children aged from four years old but under seven years old must be secured in a forward facing approved child restraint with an inbuilt harness or an approved booster seat
* Children aged from four years old but under seven years old cannot travel in the front seat of a vehicle with two or more rows, unless all other back seats are occupied by children younger than seven years in an approved child restraint or booster seat
* Children aged from seven years old but under 16 years old who are too small to be restrained by a seatbelt properly adjusted and fastened are strongly recommended to use an approved booster seat
* Children in booster seats must be restrained by a suitable lap and sash type approved seatbelt that is properly adjusted and fastened, or by a suitable approved child safety harness that is properly adjusted and fastened.

If the child is too small for the child restraint specified for their age, they should be kept in their current child restraint until it is safe for them to move to the next level.

If the child is too large for the child restraint specified for their age, they may move to the next level of child restraint.

Further information can be obtained from the NSW Transport Roads and Maritime Services website – Seatbelts and Child Restraints.

### 9.7 Motor vehicle incidents

Damage or theft to a **[insert organisation name]** motor vehicle is to be reported to **[Insert allocated staff member role or team]** immediately after the incident occurs using the Incident Report Form.

Copies of the Incident Report Form are kept in all the organisation’s vehicles.

Immediately following an accident involving a **[insert organisation name]** motor vehicle:

* turn off the engine and immobilise the vehicle to reduce the risk of fire;
* switch on the hazard warning lights;
* if anyone has been injured or killed, contact Emergency Services by phoning 000;
* provide assistance to others involved in the accident if it is safe to do so
* protect the area to prevent subsequent accidents. Remove any object(s) that falls or escapes from crashed vehicles which is likely to endanger the safety of others;
* contact police where:
* a person is killed or injured
* a vehicle needs to be towed away
* there is damage to property or animals
* a person fails to stop or exchange information
* a driver is believed to be under the influence of alcohol or drugs.
* provide police with details of the accident, including vehicles involved, your name, address, and driver’s licence number, and information about witnesses or drivers of other vehicles involved;
* regardless of the damage, obtain and provide the driver(s) of other vehicles involved in the accident with the following:
* your name and licence number
* vehicle registration number
* **[insert organisation name]’s** insurance details
* **[insert organisation name]’s** name, postal address and phone number.

## SECTION 10: WORKING FROM HOME

**[Insert organisation name]’s** commitment to providing a safe and healthy work environment applies to staff working from home.

**[Insert organisation name]** considers working from home to be a flexible work practice which is:

* a one-off occurrence where a staff member requires flexible arrangements for a number of hours; or
* on a regular and re-occurring basis, e.g. every Friday; or
* over an extended period of time of more than five consecutive days, e.g. working from home for one week during school holidays.

### 10.1 Flexible work practice considerations

All requests for flexible work practices are reviewed in line with the **[insert organisation name]** Human Resources, including considering if when working from home, all necessary equipment/resources are available for the employee to safely undertake his or her duties.

Approval for flexible work practices may be retracted if there are concerns or evidence of unacceptable WHS risks.

Refer to the Human Resources Policy for more information on flexible work practices, including working from home arrangements.

### 10.2 Working from home WHS report

Once initial approval for working from home has been granted in principle, a **[insert organisation name]** Working from Home WHS Report is to be completed by the staff member and forwarded to their supervisor and the **[insert organisation name]** HSR. As part of this assessment, the Ergonomic Office Guide may also used.

The staff member, HSR and supervisor review the Working from Home WHS Report to determine safety of the home workplace. Where WHS matters are identified, approval for home-based work will not be granted until changes have been made that ensure a safe working environment.

**[Insert organisation name]** does not require employees to pay for WHS compliance costs for home-based work. However, where **[insert organisation name]** is unable to meet WHS compliance costs, working from home approval will not be granted.

Once the staff member, supervisor and HSR agree that the home-based site complies with WHS requirements, a Working From Home Agreement is developed, including WHS-related arrangements. Working hours must be outlined for workers compensation purposes. For more information on Working from Home Agreements, refer to the Human Resources Policy.

The Working from Home WHS Report is reviewed **[insert frequency of reviews]**, or if there are changes to:

* the home-based work site;
* legislative changes that impact WHS requirements;
* internal policy changes that impact on WHS requirements;
* the work duties which may impact on WHS requirements.

### 10.3 Reporting a working from home incident

**[Insert organisation name]** incident reporting procedures apply if a WHS incident occurs while working in the home during agreed work hours.

### 10.4 Working from home records

All working from home documentation, including requests, correspondence, Working from Home WHS Report and Agreements are filed in the staff member’s personnel file.

**10.5 Insurance arrangements in the home**

Staff members are solely responsible for checking whether working from home has any impact on any existing insurance arrangements they may have, including public liability or equipment covered by their own home contents insurance, and any obligations they may have to notify their insurer that their home is to be used for work purposes.

Staff members are responsible for third parties visiting their home-based worksite and may wish to take out public liability insurance. Staff members are also responsible for any loss or damage to their own equipment or assets and **[insert organisation name]** recommends staff members obtain and maintain appropriate contents insurance cover.

**10.6 Staff absences**

Staff undertaking home-based work are required to follow the same processes for notifying of absences (e.g. sick leave, carer’s leave) that apply to all staff.

**10.7 Protection of sensitive data**

If home-based work involves access to **[insert organisation name]** resources and computer networks, employees must ensure that appropriate security arrangements are in place, and that they abide by the xxx in the Human Resources policy.

**🖌Note\***

Before approving any staff member to work from home it is important to double-check your insurance policy to ensure that the organisation is covered to provide this working practice.

\*Please delete note before finalising this policy

## SECTION 11: WORKPLACE BULLYING

This section should be read in conjunction with 2.3 Bullying and Harassment of the Human Resources Policy.

**[Insert organisation name]** recognises that workplace bullying is a serious work health and safety issue and is committed to providing a workplace that is free from bullying.

Workplace bullying is described as repeated, unreasonable behaviour directed towards a worker or a group of workers, that creates a risk to health and safety.

Workplace bullying can be verbal, physical, social or psychological abuse by your employer (or manager), another person or group of people at work.

Workplace bullying can happen in any type of workplace, from community groups to government organisations.

Workplace bullying can happen to volunteers, casual and permanent employees.

Some types of workplace bullying are criminal offences.

Repeated behaviour refers to the persistent nature of the behaviour and can refer to a range of behaviours over time.

Unreasonable behaviour means behaviour that a reasonable person, having regard for the circumstances, would see as victimising, humiliating, undermining or threatening.

### 11.1 Risk controls

**[Insert organisation name]** implements a range of risk controls to manage workplace bullying risks, including:

Controls to address changes to organisational culture

* Plan for organisational change where the need is identified and when possible
* Consult with staff as early as possible
* Implement communication throughout the change
* Seek feedback from staff
* Review and evaluate change processes
* **[Insert other risk control strategies to address organisational change].**

Controls to address negative leadership styles

* Management supervision, support and training
* Additional support for new and poor performing managers
* Performance and development reviews and plans
* **[Insert other risk control strategies to address negative leadership styles].**

Controls to address support work systems

* Cycle of review and improvement to policies and procedures
* Monitor staff workloads, staffing levels and resource availability
* Redesign and define job roles
* **[Insert other risk control strategies to address lack of appropriate work systems].**

Controls to address poor workplace relationships

* Facilitate relevant training, e.g. conflict management, diversity, interpersonal communication
* Act on and discipline inappropriate behaviour
* **[Insert other risk control strategies to address poor workplace relationships].**

Controls to address workforce characteristics

* Provide induction and orientation for new staff
* Support and protect vulnerable staff
* Facilitate training
* Facilitate workplace buddies or mentors
* **[Insert other risk control strategies to address workforce characteristics]**.

ComCare has developed a useful Risk Management Tool to address bullying. It can be accessed here.

### 11.2 Responding to workplace bullying

**[Insert organisation name]** encourages all **[insert organisation name]** workers to report bullying if they feel they have experienced or witnessed bullying in the workplace. All reports made by staff are seen as serious, confidential and will be addressed.

Reports are to be made to the reporter’s supervisor and/or the CEO/Manager verbally or in writing. A record of the report is made by the receiver with details of the matter known only by those directly involved.

If your supervisor is the person whose behaviour is concerning you, you can report their behaviour through other channels, such as your HSR. HSRs can make a report on your behalf if you give them permission. They can also give you advice on how to make a report. HSRs do not have any role or responsibility for resolving the matter.

The reporter’s supervisor, CEO/Manager and others involved are to respond and manage the bullying report in line with **[insert organisation name]’s** grievance management procedures.

Please refer to **[insert organisation name]’s** Human Resources Policy for more detail.

If the workplace bullying behaviour is not stopped, complaints may be escalated by the worker concerned to an external third party, such as the Fair Work Commission. Refer to the Fair Work Commission website for more information.

**🖌Note\***

If your organisation needs to implement a Bullying and Harassment Procedure as part of your organisation’s Human Resources Policy, refer to the Human Resource Policy for further policy information about Bullying and Harassment.

\*Please delete note before finalising this policy.

## SECTION 12: WASTE MANAGEMENT

**[Insert organisation name]** is committed to managing waste in a way that enables the recycling and reuse of waste products, and that poses minimal risk to **[insert organisation name]** workers, clients and visitors.

### 12.1 General waste

**[Insert organisation name]** provides general waste bins throughout the facilities, office and at workstations. General waste bins are emptied weekly by **[Insert your organisation cleaning contractor’s name or allocated staff member role]**.

The organisation provides kitchen facilities equipped with a bin for food waste and emptied by **[Insert your organisation cleaning contractor’s name, allocated staff member role or general staff]** as required.

Bags of general waste are placed on the general waste area in **[Insert general waste location, e.g. waste area at the end of car park]** to be removed by **[Insert your organisation cleaning contractor’s name]**.

### 12.2 Paper and cardboard

**[Insert organisation name]** provides paper and cardboard waste bins throughout the facility and at workstations. Paper and cardboard waste bins are emptied **[insert frequency, e.g. weekly]** by **[insert your organisation cleaner contractor’s name, allocated staff member role or general staff].**

Paper and cardboard waste is placed in **[Insert paper and cardboard waste location, e.g. waste area at the end of car park]** to be removed by **[Insert your organisation cleaners contractor’s name].**

Documents containing confidential or sensitive information are to be shredded using the **[insert organisation name]** shredder located in **[insert shredder location].** Bulk amounts of documents containing confidential or sensitive information are shredded by **[Insert your organisation shredding contractor’s name]**. Bulk documents for shredding are placed in the secure document bin located in the **[insert secure document bin location, e.g. store room].** Once the secure document bin is full, the contractor is contacted for secure disposal of the contents.

### 12.3 Mobile phones

Broken and redundant mobile phones are disposed through **[insert external company name],** who will then arrange for recycling. The organisation phone, battery and accessories are placed on specific packages according to **[insert external company name]** disposal procedures.

### 12.4 Computer equipment

Broken and redundant computers and related equipment are collected for recycling by **[insert external company name]**. **[Insert allocated IT staff member role]** is to be notified of all computers and equipment requiring disposal, to ensure items are managed on the Information Technology Asset Register and that the hard drive is wiped clean. Items are collated in the **[insert computer equipment waste location, e.g. store room]** until collection.

Redundant computers in a good state of repair may be donated to a partner organisation or to a charity.

### 12.5 Toner and ink cartridges

Used toner and ink cartridges are collected for recycling by **[insert external company name].** Items are collated in the designated toner and ink recycling bin located in the **[insert toner and ink recycling bin location, e.g. store room]** until collection.

### 12.6 Furniture and fittings

Unwanted furniture and fittings in a good state of repair may be donated to a partner organisation or to a charity.

Broken furniture and fittings are to be placed in the general waste area in **[insert general waste location, e.g. waste area at the end of car park]** to be removed by **[insert your organisation cleaners contractor’s name].**

The removal of ‘white goods’ is arranged and negotiated with the delivery of the replacement items.

## SECTION 13: ENVIRONMENTAL AUDITS

**[Insert organisation name]**’s commitment to a healthy and safe workplace is supported by regular environmental audits undertaken by all staff. The environmental audit process assesses the physical environment of the **[insert organisation name]** facilities to identify and document hazards, the degree of associated risks, and identify control measures.

### 13.1 Audit schedule

Environmental audits are conducted **[Insert environmental audit frequency]**, scheduled in advance, and allocated to trained staff on a rotational basis.

### 13.2 Audit coverage

The audit is guided by Environment Audit Checklist, which includes an assessment of the condition and possible hazards in the following areas:

* consultation
* external environment
* security
* floors, aisles, exits and stairs
* lighting and indoor climate
* bathroom facilities
* kitchen and dining facilities
* managing facilities / housekeeping
* hazardous substances
* storage
* First Aid
* workstations and office furniture
* electricity/electrical equipment
* fire exits and procedures
* **[Insert other items that your organisation’s environment audit checklist could include, e.g. counselling facilities].**

**🖌Note\***

In residential facilities, remember to list all the client facilities of your organisation; these may include client accommodation, gymnasium, communal gardens or the TV room.

\*Please delete note before finalising this policy

### 13.3 Audit process

1. Conduct physical inspection of **[insert organisation name]** environment
2. Identify hazards
3. Assess risk of occurrence and the consequence, should the risk occur
4. Assign a risk rating (see table below)
5. Identify a response rating (see table below)
6. Identify risk management action, responsibility and timeframe
7. Document environment audit findings and action plan
8. Implement action
9. Report audit and actions to HSR and staff, and where necessary, CEO/Manager and Board
10. File audit reports in the WHS Register at the WHS post.

**Identify WHS Risk Rating**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Consequence** | **+** | **Likelihood** |  | **=** | **Risk Rating**  |
| *Level*  | *Descriptor*  |  | *Level* | *Descriptor*  |  |  | *Consequence (1-5)* |
| **1**  | Insignificant |  | **A**  | Almost certain |  | *Likelihood**(A – E)*  | **1** | **2** | **3** | **4** | **5** |
| **2**  | Minor |  | **B**  | Likely |  | **A** | **Med**  | **High**  | **High**  | **Very high**  | **Very high**  |
| **3**  | Moderate |  | **C**  | Possible |  | **B** | **Med**  | **Med**  | **High**  | **High**  | **Very high**  |
| **4**  | Major |  | **D**  | Unlikely |  | **C** | **Low**  | **Med**  | **High**  | **High**  | **Very high**  |
| **5**  | Severe |  | **E**  | Rare |  | **D** | **Low**  | **Low**  | **Med**  | **Med**  | **High**  |
|  |  |  |  |  |  | **E** | **Low**  | **Low**  | **Med**  | **Med**  | **Med**  |

**Step 2: Identify Response Rating**

|  |  |
| --- | --- |
| **Risk rating** | **Response rating** |
| Very high (VH) | Act immediately |
| High (H) | Act today |
| Medium (M) | Act within 1 week |
| Low (L) | Act within 1 month |

## SECTION 14: WORKERS COMPENSATION AND RETURNING TO WORK

### 14.1 What is workers compensation?

Workers compensation in NSW was previously administered by WorkCover NSW. Since 1 September 2015, the functions of WorkCover have been assumed by three new organisations:

* SafeWork NSW – responsible for licences and registrations, law and policy, health and safety and the organisation for employers to notify incidents
* State Insurance Regulatory Authority (SIRA) – responsible for regulating and administering the workers compensation system in NSW so that it is sustainable, affordable and provides support for injured workers
* Insurance and Care NSW (iCare) – most employers can only take out workers compensation insurance through iCare; processing and managing workers compensation claims

The NSW workers compensation scheme is underpinned by the Workers Compensation Act 1987 (NSW), Workplace Injury Management and Workers Compensation Act 1998 (NSW) and the Workers Compensation Legislation Amendment Act 2012 (NSW).

The NSW workers compensation system provides protection to workers and their employers in the event of a work-related injury or disease. It’s aim is to maintain a financially viable workers compensation system that is fair and affordable for employers and improves outcomes for injured workers.

The system is funded through the premiums paid by employers and provides medical and financial support to injured workers. In the event of a workplace injury or disease, a workers compensation insurance policy ensures that an employer is covered for the costs of all benefits that the injured worker is entitled to.

Depending on the individual claim and the type, nature and severity of the work-related injury, a worker may be eligible for the following compensation claims / benefits:

* weekly payments
* permanent impairment
* medical, hospital and rehabilitation expenses
* property damage expenses.

Death benefits and funeral expenses may be payable when a worker dies as a result of a workplace injury.

For detailed information on benefits, refer to SIRA’s Workers Compensation Benefits Guide.

The SIRA website also details how to investigate and determine eligibility for the above claims and other less common areas of compensation.

### 14.2 Notifying SafeWork NSW

Once a WHS incident has been managed in line with Section 8: Incident Management, **[insert organisation name]** must immediately notify SafeWork NSW on 13 10 50 of ‘notifiable incidents’ and preserve the incident site until an inspector arrives or directs otherwise. The incident must also be documented on an Incident Report form and recorded in the **[insert organisation name]** WHS Register.

A ‘notifiable incident’ is:

* the death of a person;
* a ‘serious injury or illness’; or
* a ‘dangerous incident’.

A ‘serious injury or illness’ is one that requires immediate treatment as an in-patient in hospital, or for amputation, serious burn, serious eye injury, spinal injury and serious lacerations.

‘Dangerous incidents’, commonly referred to as ‘near misses,’ refer to any incident that exposes a serious risk to a person’s health or safety from immediate or imminent exposure to events such as uncontrolled implosion, explosion or fire; uncontrolled escape of gas or steam; and electric shock.

Information that will be requested by SafeWork NSW is documented in the **[insert organisation name]** WHS Register including a detailed description of the incident, such as what, when and where the incident happened, all the injured persons’ details, the injured persons’ treatment details, **[insert organisation name]’s** details, and any actions undertaken to prevent recurrence of the incident.

### 14.3 Notifying the external insurer

All incidents whether notifiable or otherwise are to be reported to **[insert organisation name]**’s workers compensation insurer within 48 hours of the incident occurring.

A claim for workers compensation should be made within a maximum of six months of the date of injury (or in the case of a death - within six months of the date of death).

In some circumstances, this time limit may be exceeded. For example:

* a claim can be made up to three years after the accident in some situations (e.g. absence from the state or honest mistake)
* if a claim relates to an injury resulting in death or serious and permanent impairment, the claim may still be made after three years, if there is a reasonable cause for the delay
* if a period greater than three years has passed since the incident then a claim may still be made with SIRA approval.

There are special arrangements for cases where a worker is made aware they have received an injury a long time after the accident.

Further details about the claims process can be found in SIRA’s ‘Guidelines for Claiming Workers Compensation’.

### 14.4 Making a workers compensation claim

Before making a workers compensation claim, the injured worker or their representative must advise **[insert organisation name]** that an injury has occurred, ensure that the injury/illness has been recorded in the **[insert organisation name]** WHS Register, and provide a medical certificate.

**[Insert organisation name]** or the employee can notify **[insert organisation name]’s** workers compensation insurer.

Generally, once **[insert organisation name]**’s workers compensation insurer has been notified of an injury, the following occurs:

* the insurer will contact **[insert organisation name]** andthe injured worker to discuss the support available
* the insurer may contact the injured worker’s nominated treating doctor, if necessary
* the injured worker may be entitled to certain payments when a work related injury has resulted in a loss of earnings due to partial or total incapacitation
* to demonstrate this incapacity, the injured worker must provide a completed workers compensation certificate of capacity[[8]](#footnote-8) to **[insert organisation name]** and the insurer
* the insurer must determine liability within 21 days of receiving the claim, unless they have:
* commenced provisional payments within seven days of receiving the claim
* delayed starting provisional payments due to a reasonable excuse and notified the injured worker of the reason(s) for doing so within seven days of receiving their claim

If the insurer has disputed the claim, the injured worker and **[insert organisation name]** will be advised of this.

The insurer must advise the injured worker and **[insert organisation name]** of payment entitlements, based on a number of factors such as:

* whether the worker has current work capacity or no current work capacity
* the worker’s pre-injury average earnings
* whether the worker has been able to return to work

Injured workers may receive payment entitlements directly from **[insert organisation name]** or the insurer.

### 14.5 Injury management and return to work plan

Injured employees are not to return to work until they have medical clearance; however, they must co-operate with **[insert organisation name],** the insurer and their treating doctor to return to work with suitable duties when able to do so.

Implementing a successful return to work (RTW) program involves three main activities:

1. Appoint the person responsible for recovery at work
2. Develop a return to work program
3. Implement the return to work program

**[Insert organisation name]** must either adopt the SIRA standard return to work program for Category 2 employers[[9]](#footnote-9) or develop own program based on this.

Injured workers receiving weekly benefits through workers compensation undergo work capacity assessments throughout the life of their claim. The work capacity assessment takes into account a range of factors, including medical benefits, vocational retraining, and the number of hours a person is able to work.

Throughout the return to work process, **[insert organisation name]** will:

* contact the worker regularly throughout their recovery
* inform the worker of their rights and obligations, and give them **[insert organisation name]** workers compensation insurer’s details
* make early contact with the worker’s doctor to discuss the worker’s normal duties, suitable work that is available, and opportunities for workplace modifications or assistive equipment
* contribute to the worker’s injury management plan, which will be written by **[insert organisation name]** insurer, and meet our obligations stated in the plan
* if necessary, arrange for an approved workplace rehabilitation provider to help the worker to recover at work
* not dismiss the worker for six months after they become unfit for employment because of a work related injury, as the law requires.

In the event that **[insert organisation name]** dismisses a worker because they are unfit for employment due to the injury, the worker may apply to **[insert organisation name]** within two years to be reinstated.

**[Insert organisation name]** will provide suitable full-time or part-time employment for workers with the capacity to recover at work, as far as reasonably practicable. This work will be consistent with medical advice, productive and appropriate for the worker’s physical and psychological condition. It may include parts of the same job, the same job with different hours or modified duties, a different job at the same or a different workplace, training opportunities or a combination of these.

**[Insert organisation name]** will also:

* provide other support if necessary, such as equipment, workplace modifications or changes in practices to reduce work demands and aid the worker’s recovery at work
* begin planning for the worker’s recovery at work as soon as notification of a work related injury or illness is received
* consult the worker, insurer, doctor (where possible) and workplace rehabilitation provider (where applicable) to write a tailored recover at work plan
* monitor the worker’s progress and update the plan as required
* keep all documents about the workers compensation claim in a confidential file.

Further recover at work planning tools can be accessed at SIRA’s website.

### 14.6 Dispute management

If disputes arise about an employee’s suitable duties, their work capacity or the return to work process, **[insert organisation name]** will work with the employee, and a third party if applicable, in a genuine attempt to resolve the dispute. Assistance may also be sought from the workers compensation insurer, the State Insurance Regulatory Authority (SIRA), or an injury management consultant.

Claim disputes must be undertaken with the insurer in the fist instance. All enquiries and complaints from injured workers that remain unresolved with their insurer are then referred to the State Insurance Regulatory Authority (SIRA) for review and to assist with the resolution process.

If you remain dissatisfied with SIRA’s findings, a review of the decision may be sought by applying to the Workers Compensation Independent Review Office (WIRO).

Phone WIRO on 13 94 76 or visiting their website for more information.

Disputes between **[insert organisation name]** and the employee are managed in accordance with **[insert organisation name]’s** Grievance Management Procedures of the Human Resources Policy.

### 14.7 Workers compensation records

All WHS incidents are recorded using the **[insert organisation name]** Incident Report Form and filed in the WHS Register and a copy is placed in the employee’s personnel file.

Copies of workers compensation claims, return to work plans and related communication is filed in the employee’s personnel file.

## SECTION 15: WORKING WITH CLIENTS

**[Insert organisation name]** provides specific guidance to staff members in managing WHS issues related to providing direct client services.

This section outlines and informs processes to minimise, as far as possible, any risks of harm to workers, clients and visitors.

### 15.1 Client safety

All clients are provided with appropriate WHS information and instruction on commencement of their program with **[insert organisation name]**.

The **[insert staff member role, e.g. intake officer or HSR]** has the responsibility to inform and provide instruction on:

* emergency procedures
* First Aid
* facilities
* other safety issues including responding to hazards
* reporting WHS incidents to workers
* how work health and safety is managed
* specific work health and safety procedures related to their program
* **[Insert other WHS client orientation item].**

All incidents involving clients must be reported and reviewed as per Section 8: Incident Management and recorded in the client file.

### 15.2 [Insert organisation’s name] environments

There are a range of potential environmental hazards that may exist as part of the facilities and surroundings that may impact on client and worker safety. These hazards may lead to incidents and injuries to staff members or clients. The organisation ensures that the following processes are considered and implemented when working with clients:

####

#### 15.2.1 Counselling Rooms

**[Insert organisation name]** provides room/s for the purpose of performing assessments, counselling, or one-to-one sessions with clients. The location and the physical layout of the room/s should ensure worker safety while maintaining client dignity and privacy.

This can be achieved by:

* Clearly documenting your appointment times, session duration and client details for staff to refer to
* Ensuring other staff know what time your session starts and the expected length of the session
* Sitting in the chair closest to the exit and having clear access to the exit
* Making sure you have your personal (duress) alarm with you (if applicable)
* Making sure you have clear access to any fixed site alarm systems.

Organisational environmental considerations in counselling rooms include:

* **[Insert environmental considerations for your organisation assessment facilities]**
* **[Insert environmental considerations for your organisation assessment facilities].**

**🖌Note\***

Some examples of environmental considerations include:

* The room must be clean and well-maintained
* The room must have appropriate heating and ventilation systems
* The room must include a source of natural light
* The room must include fire safety equipment
* No smoking and/or excessive noise in the room at the time of the assessment.

\*Please delete note before finalising this policy

#### 15.2.2 Client Accommodation

Where possible, clients are allocated in single or double rooms. The physical arrangement should ensure client dignity and privacy. All client accommodation ensures the safety of all clients and staff.

Environmental considerations in client bedrooms include:

* **[Insert environmental considerations for client accommodation]**
* **[Insert environmental considerations for client accommodation]**

For more information on client accommodation procedures refer to Service and Program Operations Policy.

#### 15.2.3 Client common areas

**[Insert organisation name]** common areas are specifically designed and equipped to support clients to live as independently as possible in a shared residential environment and be safe.

All common areas ensure sufficient floor space, properly maintained equipment and WHS administrative measures to accommodate clients in safety and ensure responsible usage of the facilities.

**[Insert organisation name]** environmental considerations for client common areas include:

* **[Insert other environmental considerations for client common areas]**
* **[Insert other environmental considerations for client common areas].**

For more information on common area procedures, refer to Service and Program Operations Policy.

### 15.3 Worker and client safety

#### 15.3.1 Aggression

The purpose of this section is to ensure the implementation of effective processes to prevent and manage the risk of aggressive incidents for **[insert organisation name]** workers, clients and visitors.

Aggression is a way of relating that often makes others feel intimidated or fearful. In some cases, aggressive behaviour may lead to assault which can include either physical or sexual threats, or harm. One vital part of risk assessment and management is to ensure that aggression and assault risks are identified and assessed by clinical staff.

If a client is identified as having a history of aggressive behaviour, or is observed to relate in such a manner, staff will employ strategies to manage this. For example, a contract may be entered into, between the client and **[insert organisation name]** for control of anger to ensure safety to all clients and staff. A breach of this contract may result in immediate discharge for the client. When possible, **[insert organisation name]** will try to work with the client around their aggressive relating style and may employ strategies such as contracts, treatment management plans, and discussion within counselling.

**Key safety measures**

These key safety measures are administrative measures to improve workplace safety both for workers and clients. This should ensure that staff members:

* Receive training and supervision related to aggression
* Are able to implement comprehensive intake and assessment to identify risks
* Plan, prepare and communicate any incident with clients or workers at risks
* Act with caution at all times
* Review each client incident to ensure future safe practices.

**🖌Note\***

Training to support staff in dealing with challenging behaviour could include:

* Types of occupational violence and legal issues associated with violence;
* Policies and procedures for on-site and off-site work;
* Recognising signs of impending violence;
* Controlling risks associated with specific tasks or worksites;
* Client service and complaints management;
* Anger-management techniques, de-fusing, de-escalation techniques and self-defense;
* Emergency response procedures (including those related to violence, fire, bomb scare, and armed hold-up);
* Incident reporting mechanisms, debriefing procedures and supervision and mentoring.

\*Please delete note before finalising this policy

For more information on risk management plan and safety, refer to the Risk Management Policy.

#### 15.3.2 Outreach and Home visits

The organisation’s WHS policy applies during all work undertaken as part of the organisation, including outreach and home visits.

Staff complete the Outreach Home Visit Log when working off-site.

Staff adhere to the Outreach/Home Visits Risk Management Plan.

## SECTION 16: INTERNAL REFERENCES

### 16.1 Supporting documents

* WHS Register
* Incident Report Form
* Outreach home visit log
* Emergency evacuation report
* Home WHS Report & Agreement
* WHS Environmental Audit
* Visitor register
* WHS environmental audit schedule
* Motor vehicle log
* First Aid content register
* Ergonomic office guide
* Key Register
* WHS Equipment Register

**Posters and information**

* Emergency response plan
* Evacuation diagram
* Car park map of emergency equipment
* WHS officers poster
* Visitor notice
* Basic life support poster
* How to Hand Wash Poster (WHO)
* Cover your Cough Poster
* Office entry and exit procedure poster
* Phone threat checklist.

**Human Resources Policy Supporting Documents**

* Code of Conduct

### 16.2 Referenced Policies

* Human Resources Policy
* Client Clinical Management Policy
* Risk Management Policy
* Financial Management Policy
* Organisational Development Policy
* Service and Program Operations Policy.

## SECTION 17: EXTERNAL REFERENCES

### 17.1 Legislation

* Work Health and Safety Act 2011 (NSW)
* Work Health and Safety Regulation 2017 (NSW)
* Workers Compensation Act 1987 (NSW)
* Workplace Injury Management and Workers Compensation Act 1998 (NSW)
* Workers Compensation Legislation Amendment Act 2012 (NSW)
* Work Health and Safety Act 2011 (Cth)
* Work Health and Safety Regulations 2011(Cth)

### 17.2 Resources

* MHCC Organisation Builder (MOB) - Policy Resource - Mental Health Coordinating Council (MHCC) 2012.
* Guide for Managing the Risk of Fatigue at Work - SafeWork NSW
* Incident Notification Fact Sheet - SafeWork NSW
* Provisional Improvement Notices – SafeWork NSW
* Code of Practice for First Aid in the Workplace – SafeWork NSW
* Model Code of Practice: First Aid in the Workplace – Safe Work Australia
* Health and Safety Committees – SafeWork NSW
* Lifting, Pushing and Pulling (Manual Handling) – Safe Work Australia
* Slips, Trips and Falls – Safe Work Australia

### 17.3 Websites

* NSW Government Roads and Maritime Services
* Safe Work Australia
* SafeWork NSW
* State Insurance Regulatory Authority
* Insurance and Care NSW
1. Further guidance information on ‘[Reasonably Practicable’](http://www.safework.nsw.gov.au/law-and-policy/employer-and-business-obligations/reasonably-practicable) may be found at SafeWork NSW [↑](#footnote-ref-1)
2. For further information on [Provisional Improvement Notices](http://www.safework.nsw.gov.au/health-and-safety/consultation-%40-work/provisional-improvement-notices) (PIN’s) refer to SafeWork NSW [↑](#footnote-ref-2)
3. Further guidance and legal requirements on [Health and Safety Committees](http://www.safework.nsw.gov.au/health-and-safety/consultation-%40-work/safety-committees) can be found at SafeWork NSW and in Safe Work Australia’s ‘[Worker Representation and Participation Guide](http://www.safework.nsw.gov.au/__data/assets/pdf_file/0017/50165/workers-rep-and-participation-guide-8410.pdf)’ [↑](#footnote-ref-3)
4. Adapted from ‘[Code of Practice: How to Manage Work Health and Safety Risks’](https://www.safeworkaustralia.gov.au/doc/model-code-practice-how-manage-work-health-and-safety-risks), Safe Work Australia, [↑](#footnote-ref-4)
5. SafeWork NSW, [How to Manage Work Health and Safety Risks: Code of Practice, 2011](http://www.safework.nsw.gov.au/__data/assets/pdf_file/0012/50070/How-to-manage-work-health-and-safety-risks-Code-of-Practice.pdf) [↑](#footnote-ref-5)
6. Adapted from [University of Sydney WHS policy](http://sydney.edu.au/whs/activities/control_or_fix.shtml) [↑](#footnote-ref-6)
7. Diagram from Safe Work Australia, ‘[Model Code of Practice: Managing the Risk of Falls at Workplaces’](https://www.safeworkaustralia.gov.au/doc/model-code-practice-managing-risk-falls-workplaces) [↑](#footnote-ref-7)
8. The [certificate of capacity](https://www.sira.nsw.gov.au/__data/assets/pdf_file/0004/325579/SIRA08719-Certificate-of-capacity-certificate-of-fitness-for-work.pdf) is used in the NSW workers compensation system to describe the nature of a worker's injury/illness, their capacity for work and the treatment required for a safe and durable recovery at work. [↑](#footnote-ref-8)
9. A Category 2 employer has a basic tariff premium of $50,000 a year or less or insured by a specialised insurer and has under 20 employees [↑](#footnote-ref-9)