**[Insert organisation name/logo here]**

# Work, Health and Safety (WHS) Procedure

***Note\****

*This policy template has been developed to meet the needs of a diverse range of services and includes items for consideration in your WHS procedure. Not all content will be relevant to your service. Organisations are encouraged to edit, add and delete content to ensure relevancy.*

***Please move any appendices relevant to your service to the main body of this procedure and delete any appendices that are not required for your service provision.***

*If you are unsure about legislative responsibilities for your specific service, you are encouraged to seek out legal review of Policy Toolkit documents.*

*All notes (like this one) should be considered and deleted before finalising the procedure. 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 procedure.*

***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.* 

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## SECTION 1: INTRODUCTION

### 1.1 Purpose and scope

This document sets out the procedural elements of work, health and safety (WHS) practice at **[organisation name**], in addition to further detail on WHS requirements at **[insert organisation name].** This Procedure should be read in conjunction with the WHS Policy, which includes the WHS framework and definitions of terms used in this procedure.

1.2 Definitions   
Refer to the ‘definitions’ section of the WHS Policy for guidance on terms used in this procedure.

## SECTION 2: PSYCHOSOCIAL HAZARDS

**[Organisation name]** is committed to addressing psychosocial hazards experienced by Board members and employees.  Psychosocial hazards are, ‘aspects of work and situations that may cause a stress response which in turn can lead to psychological or physical harm’.1 **[Organisation name]** recognises that, ‘when psychosocial hazards and risks at work are not effectively managed, this may increase the risk of work-related psychological and physical injuries, incidents and errors’.2  

**2.1 Common psychosocial hazards**   
As identified by Safe Work NSW, common psychosocial hazards include:

* bullying and harassment (refer to the Bullying and Harassment Policy for guidance about these areas)
* role overload (for example, when there is too little time or resources for employees to do their work)
* Role underload (low workloads or job demands)
* being exposed to traumatic events
* inadequate reward and recognition
* remote and isolated work
* violence and aggression
* low job control
* poor support
* lack of role clarity
* poor organisational change management

For more examples of psychosocial hazards, refer to ‘Code of Practice: Managing Psychosocial Hazards at Work’ by Safe Work NSW (2021).    
   
While an individual hazard such as violence may by itself cause serious harm, in many instances, psychosocial hazards will not manifest by themselves, but will combine to negatively impact an employee- for example, bullying and inadequate reward and recognition. The combined impact of psychosocial hazards should be taken into account in the risk management process to address them.

**2.2 Addressing psychosocial hazards**  
 **[Organisation name]** addresses psychosocial hazards by applying the same four-step risk management process that is used to manage physical hazards, which is included in section 4 of the WHS Policy.    
   
2.3 Workplace bullying   
**[Organisation name]** recognises that workplace bullying is a serious work health and safety issue, and is committed to providing a workplace free from bullying. Bullying is repeated, unreasonable behaviour directed toward an individual, or group of individuals, that creates a risk to their health and safety. For more information on what constitutes workplace bullying and harassment, strategies to eliminate these behaviours, and the responsibilities of **[insert organisation name]**, refer to the Bullying and Harassment Policy.

## SECTION 3: INTERNAL REFERENCES AND RESOURCES

### 3.1 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

**Posters and information**

* Emergency response plan
* Evacuation diagram
* Car park map of emergency equipment
* WHS officers poster
* Visitor notice
* Office entry and exit procedure poster
* Medical emergency plan
* If you get injured at work poster

**Human Resources Policy Supporting Document**

* Code of Conduct

### 3.2 Relevant policies or procedures

* WHS Policy
* Bullying and Harassment Policy
* Human Resources Policy and Procedure
* Client Clinical Management Policy
* Risk Management Policy and Procedure
* Financial Management Policy
* Organisational Development Policy and Procedure
* Service and Program Operations Policy and Procedure

## SECTION 4: EXTERNAL REFERENCES

### 4.1 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)

4.2 Resources   
Physical safety

* Lifting, Pushing and Pulling (Manual Handling) – Safe Work Australia: <https://www.safeworkaustralia.gov.au/safety-topic/hazards/lifting-pushing-and-pulling-manual-tasks>
* Slips, Trips and Falls – Safe Work Australia: <https://www.safeworkaustralia.gov.au/safety-topic/hazards/slips-trips-and-falls>

Psychosocial safety

* Safe Work NSW, ‘[Code of practice – Managing psychosocial hazards at work’(2021):](https://www.safework.nsw.gov.au/__data/assets/pdf_file/0004/983353/Code-of-Practice_Managing-psychosocial-hazards.pdf) <https://www.safework.nsw.gov.au/__data/assets/pdf_file/0004/983353/Code-of-Practice_Managing-psychosocial-hazards.pdf>
* Guide for Managing the Risk of Fatigue at Work - SafeWork NSW: <https://www.safeworkaustralia.gov.au/doc/guide-managing-risk-fatigue-work>

Other resources

* 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
* Safe Work Australia, ‘incident notification information sheet’: <https://www.safeworkaustralia.gov.au/resources-and-publications/guidance-materials/incident-notification-information-sheet>
* ‘Workers Compensation Benefits Guide’ (2022), State Insurance Regulatory Authority (SIRA): <https://www.sira.nsw.gov.au/__data/assets/pdf_file/0006/530862/workers-compensation-benefits-guide.pdf>

# APPENDICES

*\*Note: Please move any of the below appendices that are relevant to your organisation into the main body of the Procedure text.* 

*\*Please delete this note when finalising this document.*

## APPENDIX A ENVIRONMENT AND FACILITIES

### 1.1 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.

**[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 **[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].**

**[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: <https://www.safeworkaustralia.gov.au/safety-topic/hazards/lifting-pushing-and-pulling-manual-tasks> 

### 1.2 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. |

**[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;
* adhere to **[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].**

**[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.

|  |  |
| --- | --- |
| **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: https://www.safeworkaustralia.gov.au/safety-topic/hazards/slips-trips-and-falls

### 1.3 Visitors

Visitors are defined as anyone who attends the **[organisation name]** premises and is not a paid staff member, Board member, student or volunteer. A number of practices are implemented to ensure the safety and wellbeing of visitors whilst on **[organisation name]** premises, including:

* visitors are directed to **[organisation name]**’s reception area and are welcomed by a staff member;
* visitors are supervised during their visit;
* visitors sign in using the **[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 **[organisation name]** Visitor Register.

### 1.4 Fire safety

**[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. procedure and practice changes.

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

For more information in how to respond to an emergency, refer to the Disaster and Emergency Management Policy.

### 1.5 Emergency management

 Emergency situations which may impact on [organisation name] include fire, explosion, medical emergency, rescues, incidents with hazardous chemicals, bomb threats, armed confrontations and natural disasters. Refer to the [Disaster and Emergency Management Policy](https://nadaau.sharepoint.com/:f:/r/sites/Policies/Shared%20Documents/General?csf=1&web=1&e=jUCPH2) for more information.

### 1.6 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.

**[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.

## APPENDIX B: PREMISES AND PROPERTY SECURITY

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

***\*Note*** *Security measures listed in sections 1.1-1.6 of this appendix may vary depending on resourcing, geography and service type. Please adapt these sections to suit your organisation.   
  
\*Please remove this note before finalising this procedure.*

### 1.1 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 **[organisation name]** gain entry via **[insert your secure entrance method for visitors; e.g. intercom system at the entrance]**. Visitors to **[organisation name]** gain access to the offices through the **[insert your secure entrance method for visitors; e.g. reception area]**. Visitors to the **[ organisation name]** facilities sign in using the Visitors Register, for more information refer to Appendix A, section 1.3: Visitors.

For people with accessibility requirements, access to **[organisation name]** facilities is through **[Insert your access to the building for people with accessibility requirements- for instance, an alternative entrance]**.

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

### 1.2 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 procedure.*

### 1.3 Office security alarm

The **[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 **[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 procedure.*

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]**.

### 1.4 Theft or damage to property or premises

**[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 **[organisation name]** premises.

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

If necessary **[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].**

### 1.5 Working outside core hours

**[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 **[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 Appendix C: First Aid and Appendix D: 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 the Disaster and Emergency Management Policy and supporting documentation. If there is an attempted or actual break-in whilst on **[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.

### 1.6 Master key and key registers

All keys issued by **[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 the Human Resources Procedure concerning, ‘Security and return of organisational property’.

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

## APPENDIX C: FIRST AID

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

### 1.1 First Aiders

**[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.

### 1.2 First Aid kit

**[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 procedure.*

### 1.3 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 procedure.*

### 1.4 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.

### 1.5 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.

### 1.6 Infection control

**[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 **[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.

**[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.
* handling all blood and other body 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 **[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**

**[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:  <https://www.health.nsw.gov.au/Infectious/Pages/phus.aspx>. Alternatively, call 1300 066 055 to be directed to your local Public Health Unit.

### 1.7 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.

### 1.8 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 **[organisation name]** HSR, direct supervisor and/or the CEO/Manager. A WHS Incident Report is to be completed, reported and filed.

## APPENDIX D: INCIDENT MANAGEMENT

A WHS incident is an unplanned event resulting in or having a potential for, injury, ill health, death, damage or other loss. Examples of incidents include slips/trips, motor vehicle accident, scald from boiling water, and physical assault.

Incidents to workers may occur on **[organisation name]** premises, while travelling for work-related purposes, or while performing **[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, procedure and supporting documents- for example, risk management plans for managing mental health episodes and client overdose incidents are part of the Risk Management policy package.*

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

### 1.1 Immediate incident response

The health and safety of **[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 **[organisation name]** premises, or re-locating to alternative overnight accommodation (if travelling for **[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 the Disaster and Emergency Management Policy 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.

### 1.2 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 Appendix C: First Aid.

In most cases, the need for medical treatment is obvious. The following list of injuries and symptoms, although not exhaustive, provides guidance on when to refer to medical treatment:

* Heart attack
* Stroke
* Epilepsy and seizures
* Hyperglycaemia or hypoglycaemia
* Burns larger than 20 cent piece or electrical burn
* Lacerations if bleeding is severe or persistent
* Soft tissues injuries, e.g. sprains and strains
* Dislocations and fractures
* Head, neck and spinal injuries
* Facial injuries
* Poisoning
* Bites and stings
* Electric shock
* Loss of consciousness.

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 **[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.

### 1.3 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.

**[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 counselling 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 Procedure.*

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

### 1.4 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.

**[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 **[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.

**1.4.1** **Family and funeral arrangements**

**[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.

**1.4.2** **Bereavement**

At **[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 **[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 regarding a person’s death.*

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

**1.4.3** **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.

**1.4.4** **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 **[organisation name]** items, e.g. keys. The next of kin will not be pressured immediately after the death to return such items.

### 1.5 Reporting incidents including notifiable incidents

All incidents are to be reported and reviewed, including:

* Client-related incidents
* Any injury to **[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 **[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 **[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 **[organisation name]** WHS Register (Injuries)
* notify your insurer within 48 hours

Further guidance can be accessed in the ’Incident notification information sheet’ on the Safe Work Australia website.

Penalties apply for NOT notifying incidents. 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.

### 1.6 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, **[organisation name]** is to notify **[insert name of workers compensation insurer]** and the State Insurance Regulatory Authority. Refer to Appendix I: 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.

## APPENDIX E: WORK RELATED TRAVEL AND VEHICLE USE

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

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

Business conducted away from the **[organisation name]** facilities, other than at home, may be undertaken as part of the **[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].**

**[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 **[organisation name]** business away from the organisation facilities, refer to Appendix D: 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.  

### 1.2 Motor vehicle security and maintenance

**[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 **[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.  

### 1.3 Use of the organisation motor vehicles

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

* hold a current NSW driver’s licence
* adhere to this policy
* book **[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 **[organisation name]** for the use of a motor vehicle, the worker must record their work use in the Motor Vehicle Log.

**[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.

**[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 **[organisation name]** vehicle contains a current First Aid kit, roadside assistance contacts and other items provided by the organisation, as mentioned above.

### 1.4 Use of private vehicles

Use of private 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*

### 1.5 Driver fatigue

Workers using motor vehicles for **[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 the NSW Government Centre for Road Safety website: <http://roadsafety.transport.nsw.gov.au/stayingsafe/fatigue/>     
  
1.6 Safe operation of vehicles while transporting clients

Staff adhere to Appendix E: Work Related Travel and Vehicle Use section of this procedure 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.
* There should be no smoking, eating or drinking in vehicles.
* Staff reserve the right to refuse to offer transport services to clients whose behaviour breaches this procedure.
* 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.

**1.6.1** **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 Government webpage on child car seats: <https://www.nsw.gov.au/driving-boating-and-transport/roads-safety-and-rules/safe-driving/child-seats#toc-child-car-seat-rules>

### 1.7 Motor vehicle incidents

Damage or theft to a **[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 **[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
* **[organisation name]’s** insurance details
* **[organisation name]’s** name, postal address and phone number.

## APPENDIX F: WORKING FROM HOME

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

**[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.

### 1.1 Flexible work practice considerations

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

### 1.2 Working from home WHS report

Once initial approval for working from home has been granted in principle, a **[organisation name]** Working from Home WHS Report is to be completed by the staff member and forwarded to their supervisor and the **[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.

**[Organisation name]** does not require employees to pay for WHS compliance costs for home-based work. However, where **[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.

### 1.3 Reporting a working from home incident

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

### 1.4 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.

### 1.5 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 **[organisation name]** recommends staff members obtain and maintain appropriate contents insurance cover.

### 1.6 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.

### 1.7 Protection of sensitive data

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

## APPENDIX G: WASTE MANAGEMENT

**[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 **[organisation name]** workers, clients and visitors.

### 1.1 General waste

**[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.

### 1.2 Paper and cardboard

**[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 **[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.

### 1.3 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.

### 1.4 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.

### 1.5 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.

### 1.6 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.

## APPENDIX H: ENVIRONMENTAL AUDITS

**[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 **[organisation name]** facilities to identify and document hazards, the degree of associated risks, and identify control measures.

### 1.1 Audit schedule

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

### 1.2 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 procedure.*

### 1.3 Audit process

1. Conduct physical inspection of **[organisation name]** environment
2. Identify hazards
3. Assess risk of occurrence and the consequence, should the risk occur
4. Assign a risk rating (see Environment Audit Checklist)
5. Identify a response rating (see Environment Audit Checklist)
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.

## APPENDIX I: WORKERS COMPENSATION AND RETURNING TO WORK

1.1 What is workers compensation?   
The NSW Workers Compensation Scheme, administered by the SafeWork Authority of NSW, is regulated by the Workers Compensation Act 1987 (NSW), Workplace Injury Management and Workers Compensation Act 1998 (NSW) and the Workers Compensation Amendment Act 2012 (NSW).

The NSW Workers Compensation Scheme provides protection to workers and their employers in the event of a work-related injury or disease. The aim of the scheme is to maintain a financially viable workers compensation system that is fair and affordable for employers and improves outcomes for injured workers.    
    
The scheme 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 due to the injured worker. Injured workers may have an entitlement through the workers compensation system to:

* weekly payments;
* lump sum payments for permanent impairment (and pain and suffering where applicable);
* payment of medical and hospital expenses; and
* rehabilitation assistance.

Previous workers compensation legislation included eligibility for workers to make a ‘journey claim’ where an injury is sustained while the worker is travelling between home and work while the worker is off duty. The *Workers Compensation Amendment Act* *2012* (NSW) has changed, meaning that coverage will only be available if there is a substantial connection between the workers employment and the incident from which the injury arose, e.g. a nurse who is injured treating an accident on the way to work.

Separate public liability insurance policy covers **[organisation name]** Board members and visitors for injuries sustained while on **[organisation name]** premises or participating in **[organisation name]** -run events.

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 (see ‘References and resources’ at the end of this procedure).

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

### 1.2 Notifiable incidents and SafeWork NSW

Once a WHS incident has been managed in line with Appendix D: Incident Management, **[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 **[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. Examples of these notifiable incidents are available in Safe Work Australia's ‘[Incident notification information sheet](https://www.safeworkaustralia.gov.au/resources-and-publications/guidance-materials/incident-notification-information-sheet)’ (see ‘References and Resources’ in this procedure).

Information that will be requested by SafeWork NSW is documented in the **[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, **[organisation name]’s** details, and any actions undertaken to prevent recurrence of the incident.

### 1.3 Notifying the external insurer

All notifiable incidentsare to be reported to **[organisation name]**’s workers compensation insurer within 48 hours of the incident occurring. For incidents that are not immediately life threatening, [organization name] is to report to [organization name]’s workers compensation insurer within seven days of the incident occurring.

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

### 1.4 Making a workers compensation claim

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

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

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

* the insurer will contact **[organisation name]**,the injured worker, and if necessary, the worker’s nominated treating doctor
* 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 capacity5 to **[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 **[organisation name]** will be advised of this.

The insurer must advise the injured worker and **[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 **[organisation name]** or the insurer.

### 1.5 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 **[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

**[Organisation name]** must either adopt the SIRA standard return to work program for Category 2 employers3 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, **[organisation name]** will:

* contact the worker regularly throughout their recovery
* inform the worker of their rights and obligations, and give them **[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 **[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 **[organisation name]** dismisses a worker because they are unfit for employment due to the injury, the worker may apply to **[organisation name]** within two years to be reinstated.

**[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.

**[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.

### 1.6 Dispute management

If disputes arise about an employee’s suitable duties, their work capacity or the return to work process, **[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), Safe Work NSW, or an injury management consultant.

Disputes are to be managed in accordance with the **[organisation name]** Grievance Management Policy.

### 1.7 Workers compensation records

All WHS incidents are recorded using the **[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.

## APPENDIX J: WORKING WITH CLIENTS

**[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.

### 1.1 Client safety

All clients are provided with appropriate WHS information and instruction on commencement of their program with **[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 Appendix D: Incident Management and recorded in the client file.

### 1.2 [Organisation name]’s 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:

**1.2.1** **Counselling Rooms**

**[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 procedure*.

**1.2.2** **Client Accommodation**

Where possible, clients are allocated in single or double rooms. The physical arrangement should ensure client dignity and privacy. 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.

**1.2.3** **Client common areas**

**[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.

**[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 Procedure.

### 1.3 Worker and client safety

**1.3.1**  **Aggression**

The purpose of this section is to ensure the implementation of effective processes to prevent and manage the risk of aggressive incidents for **[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 **[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, **[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 procedure.*

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

**1.3.2** **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.