

Health and safety things to think about



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

This is a guide to meeting the health and safety requirements of the current *Aiming for Excellence* and Foundation standards, with reference to the new [Health and Safety at Work Act 2015](#).

This document has a list of things to think about and questions to ask yourself. It is a guide only and is not a comprehensive or exhaustive tool on the topic, or a method of verifying compliance with the Act, Regulations or the standards.

You can get more detailed information by clicking on the links in the text, from our [website](#) and in the interpretation guide for [Foundation Standard](#) (the same guidance applies to CORNERSTONE® practices). See also [Introduction to the Health and Safety at Work Act 2015 Special Guide](#) and [Risks in Health Services](#).

Each practice will have their own needs and individual risks, therefore parts of the guide may require modification depending on your practice's circumstances. Please use your own independent skill and judgment or seek appropriate advice if you have any questions about how the guidance relates to your practice. It is up to each practice to determine whether their policies and procedures meet their needs and that they align with all legal, ethical and moral obligations.

Health and safety leadership

Things to think about

Who has been appointed to manage health and safety in the practice?

The person appointed to manage health and safety in our practice is:

This person assists the practice team to understand how to apply the requirements of the Act and Regulations (Health and Safety Officer in the current standards).

Their duties are covered in their position description.

Who is your PCBU?

Our PCBU is:

The [PCBU](#) is the person (or company) conducting a business or undertaking. In many cases, the PCBU is an organisation (practice) but this will depend on your ownership and/or management structure.

Our PCBU takes reasonably practicable steps to safeguard the health and safety of workers.

[Reasonably practicable](#) means you don't have to do everything humanly possible; you do what is suitable in the circumstances to first try to eliminate the risk. If the risk can't be eliminated, then you minimise it.

Our PCBU supports officer and worker engagement and participation.

Who are the officers in your practice?

An [officer](#) is any person who holds a very senior leadership position and has the ability to significantly influence the management of a PCBU. Officers are likely to be practice owners, partners, directors, etc. and will depend on the practice's circumstances.

NB: This is different to the Health and Safety Officer in the standards and elected [Health and Safety Representatives](#).

Our officers have been identified, and have read and understood their obligations.

Our officers are (may be more than one):

Our officers understand the company's operations, the hazards and risks associated with the operations and the controls in place to manage those hazards and risks.

Our officers have processes to monitor the practice's health and safety performance and understand its processes by reviewing audits, management plans, risk assessments, risk registers and findings from internal and external audits.

Our officers allocate adequate resources and engage appropriate expertise to implement, develop and maintain the health and safety management system (including independent advice as required).

Do the workers in your practice understand their obligations?

Everyone is responsible for workplace health and safety, however [workers](#) have different responsibilities to those of the PCBU and officers.

A worker is someone who carries out work in any capacity. This includes employees, contractors or subcontractors, apprentices or trainees, someone gaining work experience, etc.

Our workers know to take reasonable care for their own health and safety.

Our workers' actions do not negatively affect the health and safety of others.

Our workers cooperate with any reasonable policies or procedures the practice has in place on how to work in a safe and healthy way.

Our workers comply with any reasonable instruction given by the practice so that they can comply with HSWA and the Regulations.

Health and safety policies and procedures

Things to think about

Is there is a documented health and safety policy/manual in your practice?

This document will describe how the practice aligns with the Health and Safety at Work Act 2015.

You can use the questions in this guide and the diagram in [Appendix A](#) as examples of headings. See also [Writing health and safety documents](#).

Our health and safety policies and procedures are written down (this could be electronic) and available to all staff (e.g. noticeboards, in the tea room, intranet).

Our health and safety policies, procedures and associated forms are reviewed at least annually and amendments made as necessary.

Our staff contribute to health and safety reviews.

Resources and training

Things to think about

Does your practice provide adequate information, supervision, training and instruction for its workers?

Health and safety is included in our orientation/induction processes and information.

Supervision is provided for our new staff until they can work safely.

There are procedures to inform our staff about hazards and risks.

We provide training for all our staff as required and keep records.

Appropriate certification and training for the use of our equipment are held if applicable.

Health and safety matters are part of ongoing staff training and staff meetings.

Emergency procedures and equipment

Things to think about

Does your practice have emergency procedures and equipment in place?

General practices will need an approved [Evacuation Scheme](#) as they are providing nursing, medical, or geriatric care under the Fire Service Act 1975 and Fire Safety and Evacuation of Buildings Regulations 2006 (some exceptions apply).

Our practice has an approved evacuation scheme.
Date approved:

Key information is displayed in our practice:

- Evacuation plans
 - [Emergency procedures](#)
 - Emergency phone numbers (with prefix for line out)
 - Warden names and contact details
 - First aid provisions and [first aiders' names](#)
 - Fire equipment locations
 - [Emergency survival kits](#) (e.g. Civil Defence kits/cabinets) if you have them
 - Emergency meeting/assembly points
 - Who to report incidents to, etc.
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Our practice has appointed fire warden/s who have been trained.

There is an emergency/evacuation drill at least every six months (or as required) and we discuss and write down how it went and any actions required.

Fire equipment is available and maintained (if applicable):

- Fire extinguisher(s), hose(s), alarms
- Smoke detectors
- Sprinkler system
- Emergency lighting.

Our exit signage is clear and able to be read from a distance.

Exits are kept clear at all times and exit doors are easily opened from the inside.

Information about emergency procedures and equipment is included in our orientation/induction processes and information.

Things to think about

Has your practice identified and planned to manage hazards and risks?

[Control measures](#) are ways of eliminating or minimising risks to health and safety.

Examples include:

- *removing trip hazards e.g. replacing worn carpet*
- *substituting the hazard with something safer e.g. a different chemical*
- *Using personal protective equipment (PPE) e.g. gloves.*

For more guidance see:

[A Way to Identify, Assess and Manage Work Risks](#) and [How to Manage Work Risks](#).

Our practice has a hazard register that includes date of hazard entered, risk assessment, control measures, person responsible, review date and closed date when applicable.

Hazards and risks in our practice have been identified and documented.

These include, but are not limited to:

- Vehicles, plant, machinery, equipment.
- People (e.g. falls, slips, trips).
- Locations/environment, premises (e.g. ventilation, lighting, noise).
- Hazardous substances, chemicals, gas.
- Tasks (e.g. repetitive movements, lifting).
- Stress, fatigue, traumatic events, [bullying](#).

Our staff are part of hazard and risk management on an ongoing basis (e.g. as a standing agenda item at team meetings).

We use a hazard risk matrix/[risk rating table](#) to see if it is a significant hazard.

Our practice team manages hazards and risk with control measures to either eliminate or minimise the risk.

Information about hazards and risks is included in our orientation/induction processes and information.

The health of workers and the conditions at our workplace are monitored so as to prevent workers' injury or illness.

For example:

- Noise
- Contact with chemicals
- Blood-borne and other body fluids diseases and infection
- Stress.

Our staff are offered vaccinations (e.g. influenza).

Our practice checks for hazards and risks when there are new, or changes to, staff, equipment or procedures:

- Safety information is obtained
 - Health and safety hazards and risks are identified and documented
 - Strategies are identified for the safe:
 - installation
 - transport
 - handling
 - storage
 - Staff receive information/training.
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Our team checks regularly that we are managing hazards and risks effectively (e.g. at team meetings).

Worker engagement and participation

Things to think about

Are all your staff able to participate in improving health and safety?

[Engagement](#) is involving workers in health and safety matters and decisions.

[Participation](#) practices are the on-going ways for workers to be involved in health and safety matters.

See [Worker Engagement, Participation and Representation Good Practice Guidelines](#)

[Health and Safety Representatives](#) are only required when:

- 20 or more workers; and
- Requested by a worker.

You can choose to have one even if you don't require one.

Our staff are engaged and consulted when :

- Identifying and assessing hazards
 - Determining how workers are organised into groups
 - Proposing changes which may affect the health and safety of workers.
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Our staff are involved in making decisions about:

- Addressing risks
 - Staff welfare facilities (e.g. toilets, changing rooms, first aid facilities, meal rooms)
 - Monitoring health and workplace conditions
 - Information and training for workers
 - Procedures for resolving work health or safety issues.
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The name of our Health and Safety Representative (if required) is:

Reporting and investigating incidents

Things to think about

Does your practice have a process for staff to report incidents and accidents?

We document all incidents (including near-misses) in an incident register.

We investigate incidents (including near-misses).

We act on findings from investigations, audits, etc.

Our incident reports and registers are analysed to identify trends and put in place appropriate responses.

Is there a documented process to record and notify workplace accidents and serious harm?

We have a process to [report notifiable events](#).

An accident is any event that causes any person to be harmed or, in different circumstances, might have caused any person to be harmed.

Our practice keeps a record of every notifiable event for at least 5 years.

A [notifiable event](#) is when someone dies or when a [notifiable injury or illness](#) (e.g. serious head or eye injury), or [notifiable incident](#) (e.g. explosion, leakage of a substance), arises from work.

Our practice ensures that WorkSafe is notified as soon as possible after we become aware of a notifiable event occurring at the business.

If required by WorkSafe, we provide written notice of the notifiable incident within 48 hours of being requested to.

Managing employee injuries

Things to think about

Does your practice help injured employees make the transition back to work?

Our practice has a system in place to support injured staff to stay at work (safely) or to return to work as soon as possible.

See ACC [Managing Employee Injuries](#)

Contractors and visitors

Things to think about

Does your practice help ensure the safety of contractors and visitors?

Our practice tells contractors and visitors about relevant hazards and how they can keep safe.

We have an agreement with contractors which includes health and safety, and hazard and risk management.

We seek information from contractors about what hazards they bring into the workplace and how they are to keep staff, visitors and themselves safe.

Contractors have the right qualifications to do the job safely.

Further information and resources

RNZCGP: [Foundation Standard](#)

[WorkSafe New Zealand](#) website

Health and Safety at Work ([General Risk and Workplace Management](#)) Regulations 2016

Health and Safety at Work ([Worker Engagement, Participation and Representation](#)) Regulations 2016

[HSWA terms and definitions](#)

Health and Safety Leadership: [A guide for small to medium business owners and company directors](#)

WorkSafe New Zealand: [Emergency procedures](#)

Environmental Protection Agency: [Emergency Procedures](#)

Information for schools and ECE services, but with useful factsheets: [Ministry of Education: Health and safety system for schools and ECE service](#)

These headings may be useful when you are writing up your health and safety policies and processes.

What you need for an effective health and safety system

