

# Aiming for Excellence

## Health and Safety update for CORNERSTONE® practices



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

This is an update to Indicator 20 of the *Aiming for Excellence* standard with reference to the new Health and Safety at Work Act 2015 (HSWA) for CORNERSTONE® practices.

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 or the standard.

You can get more detailed information by clicking on the links in the text and from our guide *Health and safety things to think about*.

See also [WorkSafe NZ](#) and [Introduction to the Health and Safety at Work Act 2015 Special Guide](#).

## Indicator 20: The practice team is committed to ensuring health and safety in the workplace

Criteria		Evidence may include
<b>20.1<sup>1</sup></b> ★★	The practice team is able to demonstrate how they comply with the Health and Safety at Work Act 2015.	<ul style="list-style-type: none"> <li>▪ Hazard/risk register (includes risk assessment)</li> <li>▪ Incident register</li> <li>▪ Health and safety policies and processes</li> </ul>
<b>20.2</b> ★★	The practice has a designated Health and Safety Officer who manages compliance with the Health and Safety at Work Act 2015.	<ul style="list-style-type: none"> <li>▪ There is a Health and Safety Officer</li> <li>▪ They can describe their role and responsibilities</li> <li>▪ Position description</li> </ul>
<b>20.3</b> ★★	The practice team conducts an annual health and safety review and makes policy amendments as required.	<ul style="list-style-type: none"> <li>▪ Evidence of annual review (with staff input)</li> <li>▪ Evidence of policy and process amendments</li> </ul>
<b>20.4</b> ★★	Health and safety accidents and incidents are reported, recorded, investigated and followed up.	<ul style="list-style-type: none"> <li>▪ Evidence of reporting, recording, investigation and follow up of incidents (and near misses)</li> <li>▪ Incident register</li> <li>▪ <a href="#">Reporting forms</a>/process</li> </ul>

<sup>1</sup> Criteria 20.1 and 20.2 are the equivalent of Criteria 19.1 and 19.2 in Foundation Standard 3.2

## Guidance notes

On 4 April 2016, the [Health and Safety at Work Act 2015](#) (HSWA) came into force. It is part of reforms introduced to reduce work-related injuries and deaths by at least 25 percent by 2020.

These mark a shift of focus, from monitoring and recording incidents to identifying and managing risk.

This does not necessarily mean major changes to how you operate. It establishes a duty for a practice to consider the health and safety of workers, contractors, patients, and visitors. Practices must identify health and safety risks that could cause them harm and act to eliminate or minimise them.

Most practices already do this. In summary your practice must identify and manage health and safety risks, make sure staff are informed, and give staff the opportunity to participate in health and safety.

For more see Worksafe NZ: [Health and Safety at Work Act 2015](#) and [Knowing the risks in your sector: Health services](#).

### Key components of an effective health and safety system

Start by documenting all health and safety policies and processes, and communicate them to staff. All documentation should reflect the Health and Safety at Work Act 2015. You should review and update Health and Safety procedures at least once a year. Let staff contribute to the Health and Safety review, including ongoing development and improvements.

### Health and Safety leadership

Under the law, your practice has a primary duty of care to ensure the safety of workers and anyone affected by your work.

Good health and safety requires good leadership. It is vital that company partners and directors (as officers) use due diligence, and ensure their business is managing health and safety risks effectively.

### PCBU

A PCBU is a 'person conducting a business or undertaking'. The PCBU may be a specific person, or the organisation. It may be a sole trader.

In most cases, the PCBU is an organisation (in our context, the practice). The PCBU has primary responsibility for workplace safety.

General practices will have different ownership/management models, which will affect where this responsibility lies. You should take time to work out where this responsibility lies. The HSWA does not define the terms 'business' and 'undertaking,' but broadly:

- 'Business' refers to any activity for profit or gain.
- 'Undertaking': refers to non-commercial activity

For more information on PCBU, see [WorkSafe NZ: What is a PCBU?](#)

#### Key term

PCBU: person (or company) conducting a business or undertaking.

## Officers

Anyone in a senior leadership position or with significant influence on the management of a PCBU is an *officer*. Organisations usually have more than one officer.

Officers include:

- company directors
- any partner in a partnership (other than a limited partnership)
- any general partner in a limited partnership
- someone comparable to a director in a body corporate or an unincorporated body
- anyone who influences management of the PCBU (e.g. the Chief Executive).

The following people are not officers:

- health and safety managers
- team leaders, line managers and supervisors
- workplace health and safety officers and advisors
- people whose job title includes 'officer', such as Corrections Officer, Police Officer or Administration Officer.

**Every officer has a duty** – it is not a joint duty.

Officers have a duty because they make policy and investment decisions that can affect workers' health and safety. People in senior leadership positions have an important role in leading health and safety culture throughout a PCBU.

An 'officer' under the Act is distinct from a Health and Safety Officer. This person helps the practice team understand how to meet regulatory requirements. Details should be in their employment agreement.

## Due diligence

Officers must exercise due diligence to make sure that the PCBU meets its legal obligations. They must use reasonable care to avoid harm to people or their property.

Due diligence includes taking reasonable steps to:

- a. stay up to date on health and safety matters
- b. understand their business and the hazards and risks associated with its operations
- c. make resources available to eliminate or minimise risks to health and safety
- d. make sure there are processes to track and respond to incidents, hazards, and risks, and
- e. make sure processes comply the Act.

## The primary duty of care

As far as *reasonably practicable*, a PCBU must ensure there is no risk to staff (and others) health and safety. This is the 'primary duty of care'.

[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.

### Key term

#### Reasonably practicable

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.

### Specific obligations:

The primary duty of care includes:

- providing and maintaining a work environment without risk to health and safety
- providing and maintaining safe plant and structures
- providing and maintaining safe systems of work
- ensuring the safe use, handling and storage of plant, structures and substances
- providing facilities for the welfare at work of workers in carrying out work for the business or undertaking, including ensuring access to those facilities e.g. toilets, changing rooms, first aid facilities
- providing information, training, instruction, and supervision to protect people from risks while working
- monitoring health and safety to prevent injury or illness.

### Working together on Health and Safety

Everyone in a practice has a role in managing health and safety. The practice team should contribute to solutions that are appropriate for your practice. Rather than prescribing specific systems, the new law is flexible and allows for innovation: what is most important is that actions are effective.

It's about doing what is 'reasonably practicable' and proportional; balancing the level of risk, the likelihood of an incident happening, the impact on people, and how much influence or control the PCBU has to manage it.

Staff will know where the health and safety pressure points are. They can suggest practical, cost-effective solutions, and are more likely to make them happen when they are involved.

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

#### Worker Engagement and Participation

The duties of engagement and participation involve a conversation about health and safety.

*Engagement* is how a business involves its workers in decisions.

*Participation* involves enabling staff to raise health and safety concerns, be part of decisions, and offer suggestions. Consider having health and safety as an agenda item for regular staff meetings, offering regular training, and creating a suggestion book/board, etc.

The Act provides some flexibility for you and your practice to decide what participation and engagement practises work best for your size, risk and staff. Encourage staff to contribute to improvements by raising issues, generating ideas, and participating in the development, implementation, monitoring and review of systems.

However, on a specific health or safety matter, the PCBU only needs to engage with the staff affected.

You should document how you will:

1. take into account staff views on health and safety matters, and
2. enable staff to suggest improvements or raise concerns.

You may not need an elected health and safety representative (HSR). These are only required if you have 20 or more staff (or work in high-risk sector or industry).

### Engage with staff:

- When you identify and assess hazards
- On decisions about:
  - addressing risks
  - staff welfare facilities
  - monitoring health and workplace conditions
  - staff training and communication
  - work health or safety procedures
- When determining work groups
- On any change that affects health and safety
- Developing worker participation practices (i.e. ways for workers to participate in improving work health or safety on a day-to-day basis).

#### Key term

##### Work group:

Team, department, site or the whole workplace. Could be based on the type of work carried out (e.g. nursing or administration work) or the areas or places where work is carried out (e.g. different floors of a multi-storey building, or separate premises).

### Managing hazards and risks in your practice

There are risky things in all practices big or small. The first step in managing health and safety is to identify these hazards in your practice and assess the likelihood or risk of them causing a serious injury or illness.

You will need to write hazards and risks down in a hazard/risk register. Try focusing on your people when you are looking for hazards/risks - you're simply looking for all the things that could hurt the people that come into your practice.

This register should list all hazards to staff, visitors, patients and contractors along with a rating for the risk of each hazard and how you plan to control and manage them.

To help you, use tables like Worksafe NZ's [Risk Rating Table](#).

A common question is what the difference between a hazard and a risk is. A hazard is anything that can cause harm, like a hazardous substance, equipment, fatigue, repetitive movements on the computer, bullying, and so on. A risk is the likelihood that death, injury or illness might occur when exposed to a hazard. So for each hazard think about how likely it is to occur and write that down in your register.

What you must do:

- [identify the hazards and risks](#) in all work areas in your practice
- regularly review your accident and incident register to work out the hazards that cause harm
- [involve your staff](#) in identifying hazards and risks
- reassess when there are new hazards or processes (for example when you introduce a new piece of equipment or work process)

### Incidents

You will need to go further than just writing hazards down. Incidents and near misses are a fact of life in any business and staff should be encouraged to report any incident (or near miss) so that you can all learn and improve health and safety in your practice. These then need to be recorded, investigated and followed up. Write down any details and findings in an incident register, and any follow up required.

Some major incidents and accidents will require you to notify Worksafe NZ. See their website for more information on [notifiable events](#) and familiarise yourself with any requirements for notifying these.

## Resources

[WorkSafe New Zealand](#) website

Guidance notes [HSWA Guidance](#)

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

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

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

[HSWA terms and definitions](#)

[Employers and Manufacturers Association](#)

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 services](#)

[MinterEllisonRuddWatts: Health and Safety Toolkit](#)