

A GUIDE TO OCCUPATIONAL HEALTH AND SAFETY IN GENERAL PRACTICE NOVEMBER 2009

Disclaimer

This guide has been developed by Compass Health Ltd to assist general medical practices to develop their own Occupational Health and Safety Policies. This information should be used in conjunction with the Department of Labour Guide to Health and Safety in Employment Act 1992 and/or Accident Compensation Corporations Guide to Implementing Safer workplace practices. This guide should not be used as a substitute for legislation or legal advice.

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PRACTICE POLICY STATEMENT ON HEALTH AND SAFETY

1. _____ is committed to the promotion of health and safety in the medical workplace.
2. It is our policy to provide and maintain a safe and healthy environment for our employees and patients.
3. Hazards have been identified and assessed and all practicable steps will be taken to control them.
4. Equipment will be maintained so that it is safe and presents no health risk.
5. Emergency plans and an accident reporting protocol have been established.
6. All relevant regulations and codes of practice will be observed.
7. We will provide training for our employees to ensure the maintenance of safe and healthy conditions in the medical workplace, and will encourage their involvement in the development of strategies to achieve this.
8. Employees also have a responsibility to ensure their own safety and that of others in the workplace.

Signed _____

Date _____

SECTION 1

This Health and Safety policy formally outlines the organisation's commitment to the health and safety of employees and others. The policy outlines a system that keeps patients and members of the practice team safe in the practice environment. Accidents, events and or emergencies are the responsibility of the practice.

OVERVIEW OF THE HEALTH AND SAFETY EMPLOYMENT ACT 1992

The object of the Health and Safety in Employment Act 1992 (HSE) is to promote the prevention of harm to all people at work, and others in, or in the vicinity of, places of work.

The Act applies to all New Zealand workplaces and places duties on employers, the self-employed, employees, principals and others who are in a position to manage or control hazards.

The emphasis of the law is on the **systematic** management of health and safety at work. It requires employers and others to maintain safe working environments, and implement sound practice. It recognises that successful health and safety management is best achieved through good faith co-operation in the place of work and, in particular, through the input of those doing the work.

SECTION 2: LEGAL DUTIES/RESPONSIBILITIES

EMPLOYER

The HSE Act requires you to take all practicable steps to:

- provide your employees with a safe working environment;
- provide facilities for your employees' safety and health (e.g. ensure that your practice has adequate heating and ventilation, and places for your employees to take breaks);
- make sure that any instruments or equipment used by your employees is safe to use (e.g. make sure that your employees' work areas are ergonomically safe and that they are adequately protected from any potentially harmful equipment that they use such as devices that emit radiation);
- make sure that your employees are not exposed to hazards while they are at work (e.g. by having methods in place to identify hazards and take steps to eliminate, isolate or manage/minimise the hazards that have been identified; and
- develop procedures for dealing with emergencies in your practice (e.g. a fire evacuation plan).

The HSE Act requires you to give your employees a reasonable opportunity to be involved in managing health and safety in your practice.

EMPLOYEES

The HSE Act requires employees to:

- Take all practicable steps to ensure their own safety
- Take all practicable steps to ensure any action or inaction while at work does not harm any other person
- Use protective clothing and suitable protective equipment provided by the employer
- Participate in health and safety management processes

EMPLOYEE PARTICIPATION

Employers are required to work co-operatively with employees to develop a system that enables your employees to participate in health and safety in your practice if your practice has:

- 30 or more employees; or
- less than 30 employees, but one or more of them, or the Union that represents them, requires you to develop an employee participation system.

Developing an employee participation system will be the responsibility one of the owners or a manager, working with staff. The system that you develop must include a process by which the system will be regularly reviewed, but otherwise can include anything that you and your staff want it to include, provided that you take into account:

- electing health and safety representatives;
- outlining what duties the health and safety representatives will have;
- whether the representatives will act on their own or as part of a committee; and processes for making sure that you and your staff co-operate and regularly discuss health and safety issues. E.g. Health and Safety Issues discussed at practice meeting and minuted

If the employee participation system that you develop provides for your employees to elect health and safety representatives, you must allow the representatives to take paid leave each year to attend health and safety training.

Source – NZ [Department of Occupational Safety and Health](#).

SECTION 3: HAZARD MANAGEMENT SYSTEM

Historically, the management of cross infection, materials, chemicals and equipment has not been regulated and the hazards have been regarded as minimal and obvious. However, **the HSE Act requires the employer, to be responsible for the process of systematically identifying existing and potential hazards in his/her practice, and then assessing whether they are significant hazards.**

A register of hazards, actions and training in Health and Safety issues is a legislative requirement.

DEFINITIONS:

- **Hazard:** A “hazard” is an activity, arrangement, occurrence, process, situation or substance that is an actual or potential source of harm (e.g. stairs without handrails, badly lit areas, poorly ventilated areas, slippery floors, or toxic substances such as acid). For example a person’s behaviour may also be a hazard if it is an actual or potential source of harm to the person or to another person (e.g. when a health practitioner suffers from the effects of fatigue, drugs or alcohol, which affect his/her behaviour).
- **Hazard management** – The HSE Act requires your practice to put in place effective methods for:
 - continuously identifying and listing potential hazards in your practice, including non-physical hazards such as stress and work practises that cause OOS.
 - involving your employees in identifying hazards in your practice and advising them how to avoid or deal with those hazards. Your employees will often be in the best position to recognise the hazards in the places where they work (e.g. raising this issue with your employees at team meetings); and regularly reviewing and assessing the hazards that have been identified.

Employers have specific obligations in relation to a significant hazard. The HSE Act requires employers to do everything they can to:

- **Eliminate the hazard** (e.g. by improving the lighting in a badly lit area, mopping a slippery floor or replacing dangerous equipment with something that is safer to use); or
- **Isolate the hazard** if you can’t eliminate it (e.g. by sending an employee home if he/she has an infectious illness); or
- **Minimise the hazard** if you can’t isolate or eliminate a hazard you will need to minimise it by:
 - Providing appropriate, clothing and/or equipment that will protect employees from the hazard and make sure they know where to find it and how to use it;
 - monitoring your employees’ exposure to the hazard; and the effects it may be having on employees
 - Having signage to warn of potential danger/risk
 - Providing appropriate training for employees

HAZARD IDENTIFICATION PROCESS

The most effective way of identifying existing hazards in the medical workplace is by examining specific areas of the medical practice and the activities carried on in them.

A static worksite such as a medical practice is well suited to a hazard identification method of grouping hazards into common types (eg chemical, biological) and identifying them by surveying the different areas of the site.

1. Use up-to-date plans of the workplace.
2. Include all processes, equipment and features.
3. Divide into areas.
4. List Hazards in each area and cover:
 - What might cause harm
 - What energy sources are present
 - What machines are used
 - What chemicals are present or used
 - What physical conditions exist, eg noise, ventilation etc.
 - What infection sources are present

CHECKLIST - HAZARD MANAGEMENT

1. The workplace has been surveyed to identify the hazards present.
2. The hazards have been assessed to determine those that are significant.
3. Where practicable, all significant hazards have been eliminated. If elimination is impossible, the hazards have been isolated.
4. The effects of hazards which cannot be eliminated or isolated have been minimised. This has been achieved by
 - training the employees in the nature of the hazard
 - provision of PPE
 - monitoring employees exposure to the hazard
5. A regular review of the workplace is conducted to ensure hazard controls are effective and to identify new hazards
6. Employees have been given information on the hazards they may be exposed to.
7. Employees have been informed of emergency procedures and the location and use of safety equipment
8. Employees have been adequately trained for their work, or they are supervised by an experienced person.
9. All employees have had the opportunity to be involved in the establishment of procedures for both hazard management and emergencies.

CHEMICAL HAZARDS

1. A list of hazardous substances used in this practice has been compiled.
 2. A Material Safety Data Sheet for each hazardous substance is on file. This file can be readily accessed by all staff.
 3. All containers of hazardous substances are appropriately labelled.
 4. All staff are aware of the side effects of listed hazardous substances and the routines to be followed should an accidental exposure or spillage occur.
 5. All drugs are securely stored.
-

RADIATION HAZARDS

1. All staff have been trained in the safe use of radiation equipment.
 2. All staff know the procedures to protect themselves and their patients from unnecessary exposure to radiation.
-

WASTE HAZARDS

1. Local body regulations regarding waste disposal have been ascertained.
 2. Contaminated waste is separated from non contaminated.
 3. Sharps are placed in a puncture resistant container and are disposed of in deep file or by incineration.
-

MACHINERY HAZARDS

1. The hazardous aspects of all machinery have been identified and staff made aware of them.
 2. All machinery is operated in a safe manner and maintained according to the manufacturers' instructions.
-

ATMOSPHERIC HAZARDS

1. All operating areas are appropriately ventilated.
 2. A scavenging system is used to help disperse anaesthetic gases.
 3. Appropriate procedures are in place to prevent the accumulation of hazardous vapours in the film processing area.
 4. All substances that produce hazardous vapours are only used in well ventilated areas.
-

GENERAL (INCLUDING ELECTRICAL, LIGHT AND POSTURAL HAZARDS)

1. Earth leakage devices are installed on switches operated with wet hands.
2. An antiglare screen is installed on the VDU(s) in the reception area.
3. All staff are aware of the causes of postural fatigue - inadequate workplace design, poor posture, static posture

EMERGENCIES

1. Emergencies that could possibly occur in this practice have been identified.
2. A general emergency plan has been established and specific actions for each type of emergency have been developed.
3. Employees have been involved in the development of the emergency procedures.

ACCIDENT REPORTING AND RECORDING

1. An accident register has been established.
2. The concept of "serious harm" is understood.
3. The reporting requirements are understood.

TRAINING AND EDUCATION

1. The practice conducts training sessions (OSH based) for all new employees prior to commencing employment.
2. The practice conducts update training sessions (OSH based) at least annually.
3. Training needs have been identified in relation to hazards in the workplace and how those hazards are dealt with.
4. Training has been provided by a person with the appropriate knowledge and skills.
5. Training content and language is able to be understood by employees.
6. Training records are maintained.

BIOLOGICAL – INFECTION HAZARDS

Potential for transmission of infection is from patient to staff, from patient to patient, from one member of the health care team to another and theoretically from the medical practice to the community at large by means of the public water supply or rubbish disposal.

Practitioners need to identify pathways by which infectious agents may be transmitted within their medical practice and implement the most appropriate measures to minimise cross infection.

1. Every practice should have cleaning, disinfection and sterilisation procedures documented.
2. Employees should not rely on information by word of mouth.
3. Documented infection control protocols are the responsibility of the principals who must either approve or alter them.
4. Safety and accident related protocols should be compulsory reading for all staff when they start work.

STAFF IMMUNITY

When staff are employed they should be offered advice regarding the chances of coming into contact with infectious diseases. They should be offered blood tests to determine their immunity to hepatitis B and rubella, and the need for other tests, such as HIV status should be considered.

HEPATITIS B

Consider pre employment testing for HBV carrier state e.g. midwife or obstetrician where status could affect employment.

All doctors and their employees with occupational exposure should be vaccinated against HBV, unless the employee has previously received the full course of HBV vaccination, if antibody testing reveals immunity, or if the vaccine is contraindicated for medical reasons.

Immunisation of employees is available at the employer's expense and should be initiated before assignments to tasks that may result in exposure. Check HBV antibody status after immunisation.

Tuberculosis Note Mantoux and BCG status. Consider updating. (Bias is not to give BCG but to know Mantoux status – Arthur Morris, Diagnostic Medical Laboratory, 1999). Repeat two weeks later if negative first test.

Tetanus Note date of last booster. Consider updating.

Rubella Should be immune if managing pregnant women.

Influenza Immunisation is available to all staff annually.

Chicken Pox Consider immunisation if seronegative. A history of chicken pox is adequate, but if unsure then serology should be done.

Employees who refuse to be vaccinated must sign an HBV Vaccination Declination form which must be kept on file by the employer. They are given information on what to do should they get a needle stick and that prophylaxis can be given then for HBV.

STAFF IMMUNISATION DECLARATION

_____ MEDICAL CENTRE

NAME _____

HEPATITIS B

1. I have been immunised against Hepatitis B on _____.
2. Post immunisation antibody status _____
3. I have positive antibodies to Hepatitis B, tested on _____.
4. I decline Hepatitis B immunisation.

RUBELLA

1. I have been immunised against Rubella on _____.
2. I have positive antibodies to Rubella, tested on _____.
3. I decline Rubella immunisation.

TETANUS

1. I have been immunised against Tetanus on _____.
2. I decline Tetanus immunisation.

TUBERCULOSIS

1. I have been immunised against TB on _____.
2. I have a positive Mantoux, tested on _____.
3. I decline TB immunisation.

SIGNED _____

DATE _____

HEPATITIS B VACCINE DECLINE CONFIDENTIAL

I _____ understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature:

Name:

Address:

Date:

Witness:

Signature

Note: Maintain this record for duration of employment plus 16 years

STAFF WITH INFECTIONS

1. Remove from patient contact those with

- Pyogenic skin lesions
- Scabies
- Chicken pox

2. Remove from patient contact in most instances, depending on degree of risk in individual case, those with:

- Conjunctivitis
- Acute viral Diarrhoea
- Acute respiratory tract infections
- Group A streptococcal infections – throat or skin
- MRSA
- Rubella
- Measles
- Mumps

3. No need to remove from patient contact:

- HIV
- HBV carrier
- Oral Herpes simplex

Source -Occupational Safety and Health and Infection Control in General Practice, Practice Resource Module, Goodfellow Unit, Auckland University, November 1999.

For Management of Biological / Infection Hazards please refer to Compass Health Infection Control Guildines 2009.

For Needle Stick Injuries and Exposure of Body Fluids please refer to Compass Health Guildines 2009.

GENERAL PRECAUTIONS

1. Designate a person to be responsible for storage and handling of materials.
2. List all hazardous materials used in the practice in a hazardous chemicals register and update as necessary. Include chemical name and where product is found in surgery.
3. Ensure all containers have labels to show chemical identity and appropriate hazard warning. Include secondary containers. Where possible include antidote information.
4. Hazard potential depends on amount of exposure and individual variability.
5. Handle chemicals properly in accordance with manufacturer's instructions.
6. Avoid skin contact with chemicals.
7. Minimise vapour in the air.
8. Keep stoppers in bottles.
9. Do not use a flame near flammable materials.
10. Do not eat in areas where chemicals are used.
11. Wear eye protection and/or masks, where appropriate.
12. Know proper clean up procedures.

Pregnant staff should avoid exposure to toxic chemicals especially in the first trimester. If work with chemicals continues during pregnancy, additional precautions may be advisable to minimise the inhalation of potentially hazardous chemicals.

MATERIAL SAFETY DATA SHEETS (MSDS)

MSDS assist hazardous substance users to develop correct health and safety procedures. Different chemicals have different safety requirements and can cause different health problems. MSDS provide information about:

- Product ingredients
- Safe handling and storage
- What to expect (health effects) when recommendations are not followed
- Symptoms of over-exposure
- Emergency procedures and
- First aid instructions if accidents occur

Always be familiar with the potential hazards of a product **before** you order or use them.

CHEMICAL REGISTER

Lists all chemical stored in the practice and include Material Safety Data Sheets (MSDS) for each item listed.

Material Safety Data Sheets contain information on products hazardous to health such as storage and safe handling requirements, precautions for use, first aid procedures, physical properties.

NZ manufacturers or importers are required to make MSDS's available, and in any place of work where a product hazardous to health is used, the employer shall ensure that a current MSDS or other written information of equivalent quality, such as a Product Safety card, is accessible to employees at all times.

N.B. You should always ask the supplier or manufacturer of the specific product your practice uses to supply an MSDS as some brands may not contain the same concentrations.

MSDS examples common to NZ General Practice are, Acetic acid, Acetic acid 1%, Chlorhexidine, Ethanol, Diethyl ether, Formaldehyde, Isopropyl alcohol, Nitrogen liquid, Phenol, Sonate – ultrasonic cleaner solution and Sodium hypochlorite.

DRUGS

Must be stored in a manner which prevents accidental or unlawful or child access - eg secure cupboard. Store Controlled Drugs as listed in the Misuse of Drugs Act 1975 (eg pethidine, morphine) in a secure manner as defined by that Act. Store intravenous sedatives or analgesics in a secure place and maintain a register.

ANAESTHETIC GASES

Store, maintain and use anaesthetic gases in a well ventilated area and in accordance with instructions.

CLEANING AGENTS

There is a risk of poisoning, and contact dermatitis. Store in child proof cupboard, and wear rubber gloves when using.

ISOPROPYL ALCOHOL

Isopropyl alcohol is a flammable, clear, colourless liquid with a somewhat bitter taste and an odour resembling alcohol. Exposure to isopropyl alcohol can occur through inhalation, ingestion, eye or skin contact, and skin absorption. Exposure to isopropyl alcohol causes eye and mucous membrane irritation and may cause incoordination and narcosis. Ingestion causes gastrointestinal pain, nausea, vomiting, and may cause coma and death.

GLUTARALDEHYDE

Glutaraldehyde is a toxic chemical that is used as a disinfectant and for sterilisation of medical and dental equipment. Glutaraldehyde can cause severe irritation of the eyes, nose, throat, lungs, nausea, headaches, drowsiness, and dizziness. It can cause difficulty in breathing and other severe allergic reactions. Eliminate the use of this chemical and use an alternative.

LIQUID NITROGEN

Risk of burns and cross infection particularly wart virus.

Transfer LN to fresh polystyrene pot then use on patient to avoid cross infection, avoid spillage. Do not return LN to flask after use. Store safely away from child access.

OXYGEN

When handling and storing oxygen, for the most current and up-to-date information refer to the label on the container and the material Safety Data sheet (MSDS), available from distributors/manufacturers.

Use with care and avoid using near any flame.

ETHYLENE OXIDE

Ethylene oxide is a colourless gas with a sweet odour; it is a colourless liquid below 10 deg C. It is both extremely flammable and highly reactive. Ethylene oxide is **very toxic** and may be fatal if inhaled.

It is irritating to the respiratory tract and is a central nervous system depressant. This means that high concentrations may cause headache, nausea, dizziness, drowsiness, and incoordination. Solutions may cause skin irritation and eye irritation. Chronic exposure has been associated with the occurrence of cancer, mutagenic changes, neurotoxicity and reproductive effects.

Use with good ventilation, avoid inhalation.

Source ACC – Injury Prevention

GAS LEAKS

If a gas leak suspected switch off at meter and open all doors and windows, and notify gas repairer immediately. Risk of fire or carbon monoxide poisoning is a real issue.

Extinguish any naked flames immediately.

MERCURY

Mercury is a silver-white, heavy, mobile, odourless liquid. It will not burn. Mercury is **very toxic** and it may be fatal if inhaled and harmful if absorbed through the skin.

It may have harmful effects on the nervous, digestive and respiratory systems, and the kidneys. Mercury may also cause lung injury although the effects could be delayed. It may cause allergic skin reaction, and it is a reproductive hazard.

Do not touch spilt mercury. Pick up with a paper scoop. Good ventilation is **very** important.

Store Mercury waste in a closed container covered with a suitable liquid, to prevent release of mercury vapour. Waste of this nature is usually collected by refining companies for the safe extraction and purification of the various metal components.

Source ACC – Injury Prevention

SMOKE FREE ENVIRONMENT

The Smoke Free Environments Act 1990 requires all employers to have a written policy on smoking for all workplaces and sets out the minimum requirements of such a policy. The Practice's policy reflects the requirements of the Act and provides the framework from which individual policies are to be developed and administered in each workplace within the Practice. It is the responsibility of managers to ensure that the policy is enforced.

SMOKE FREE POLICY

The Practice acknowledges its obligations under the Smoke-free Environments Act 1990 and will take all reasonably practicable steps to ensure that smoking doesn't take place within the practice environment.

The no smoking in the workplace extends to the use of vehicles provided by the practice.

COMPLAINTS RELATING TO WORKPLACE SMOKING

The Smoke-free Environments Act 1990 sets out the process for making a complaint;

- these can either be made through the employer or through the Director-General of Health, and must specify the particulars of the complaint
- The employer has 20 days to investigate whether a breach of the Act has occurred, and try to resolve the complaint. Complaints that are received in the first place by the Director-General will be referred back to the employer.
- Where the breach is on the part of the employer, the employer shall try to settle the complaint or give assurance that satisfies the complainant that there will be no repetition.
- If the breach is by an employee or volunteer, assurance should be obtained from the employee/volunteer that there will be no repetition.
- Representatives of the employees are entitled to present at the meeting called by the employer to resolve the complaint and prevent future complaints.
- If within 40 working days after receiving the complaint the employer is unable to investigate and resolve it by agreement, the employer must refer it, in writing, to the Director-General.

POLICY AND TRAINING FOR CHEMICAL HAZARD MANAGEMENT

This is the written policy for hazard identification and management in our medical practice and we will implement a training programme to ensure that employees are continually educated in the practical ways for this policy to be used in our workplace. This will ensure that everyone is working in a safe environment and has minimal exposure to hazards.

The designated person is _____

- 1 Clearly label all hazardous chemical materials as to their content and the possible hazards that may occur with their use.
- 2 List all these materials in the Hazardous Chemical Register which is then held in a place where it is available to all employees. This list will carry both the trade name and the generic name.
- 3 There will be a MSDS (Material Safety Data Sheet) for every material listed in the Hazardous Chemical Register. This will detail advice on safe storage of this material along with the treatment of any hazardous exposure and use of protective equipment. This will be kept alongside the Register which is the chemical list discussed above.
- 4 All employees will receive training in the use and safe handling of hazardous materials before they are required to handle these materials. This training will be reviewed and updated where appropriate. All such training will be recorded.
- 5 Any contractors coming into the practice will be advised of any possible likelihood of exposure to a hazardous material or situation and how to deal with this situation should it arise. Also the contractor will be questioned regarding the possibility of introducing any new hazards into the practice during the time of the contract.
- 6 All employees will be trained to emphasise the importance of drugs being stored in a secure manner to prevent unlawful access and in keeping a register of analgesics, sedatives, etc and drugs which have the potential for abuse.

RADIATION HAZARDS

The safe use of ionising radiation in New Zealand is covered by the Radiation Protection Act (1965) and its Regulations (1982). This legislation is administered by the National Radiation Laboratory which issues licences to persons wishing to use specific types of machines. The Act also allows for the use of an X-ray machine by persons acting under the supervision or instruction of someone suitably licensed.

Responsibility for all aspects of radiation safety is under the control of the licensee. Licences are renewable annually.

Refer to the National Radiation Laboratory for further information (Codes of Safe Practice).

WASTE HAZARDS

GENERAL

Surgery waste requires special care and different waste requires special handling.

Ensure employees are not exposed to hazards arising from disposal of material.

Identify hazards in the workplace and instruct employers and employees on personal protection.

Develop procedures for dealing with emergencies

A training schedule pertaining to the waste management of the practice should be written and a checking procedure undertaken to ensure all staff can show they have received appropriate instruction.

Doctors should be familiar with their responsibility under the Resource Management Act 1993 and local body regulations. Identify available commercial waste disposal companies.

Wherever possible render waste material harmless before or on disposal.

SEWERAGE SYSTEM

Fluids, miscible with water, may be carefully poured into a drain connected with the sewer system and diluted and flushed with water during the process.

It is recommended that drains and suction systems be flushed or purged each night.

Use a suitable non-foaming cleaner/sanitiser in suction systems to reduce bacteria accumulation and growth.

MEDICAL WASTE PROTOCOL

Identify items on the basis of contamination.

Put paper and non medical waste into paper rubbish bags.

SHARPS

Such as syringe needles, suture needles, disposable instruments, scalpel blades, broken glassware, glass ampoules and other "sharps" should be put into strong walled plastic containers and be disposed by an authorised medical waste company.

"SOFT" MEDICAL WASTE

Such as used swabs and soiled dressings, paper and cotton wool, tissue, gloves etc. should be put into plastic bags, labelled as "infectious", sealed, and disposed of by an authorised rubbish collector eg Waste-care for incineration.

LINEN

Linen that is blood stained or soiled with human waste should be put into specially marked linen bags. These should be laundered separately from other linen. An ordinary household washing machine is satisfactory provided that the temperature of the water in the washing machine is sufficient to achieve low level disinfection (e.g. at least 65°C for 10 minutes). The operator should wear gloves and an apron.

COLLECTION PROCEDURES

These will depend on a number of factors

- Whether small or large user and/or availability of a collecting service

eg - waste collection company - hospital (for incineration) - courier (for transfer from smaller centres or rural areas). Note: Doctors in rural areas could combine with other health professionals in the district to share disposal costs e.g Nitrogeniz, Medlab, Wastecare, Medical waste.

- Availability of a disposal unit (eg incinerator - at local hospital)
- Central/local government and bylaws

MACHINERY HAZARDS

Most of the hazards associated with medical surgery equipment are obvious but staff need to be made aware of special hazards and there should be appropriate staff training.

Special attention should be given to the operation of compressors, autoclaves, ultrasonic cleaners and X-ray equipment, equipment with liquid chemicals that may themselves be hazardous.

COMPRESSOR

Maintain Compressors in accordance with the manufacturer's recommendations and ensure that they are inspected and certified at the prescribed intervals. Since compressed air itself can present a considerable hazard all compressed air lines need to be treated with caution. Venting compressed air can cause injury.

AUTOCLAVES

The autoclave's job is to render its contents sterile, or free of any living organisms. If it fails to do so, serious health hazards can result.

Employees are exposed to burns or cuts that can occur from handling or sorting hot sterilised items or sharp instruments when removing them from autoclaves.

There is also a risk of explosion with autoclaves, maintain and operate autoclaves in accordance with the manufacturer's recommendations.

Install A hazard sign. Inspect door seals regularly (weekly at least) and replace as necessary. Staff should be acutely aware of the hazards of venting high pressure steam. Regular checks are necessary to ensure that autoclaves are functioning to specification. Autoclaves with a chamber size of less than 10 litres and which are manually replenished with water, are currently exempted from an inspection requirement. Nevertheless, the onus is on the employer to ensure that autoclaves are maintained and operated safely.

Source ACC – Injury Prevention

ULTRASONIC CLEANERS

Chemicals selected for use in ultrasonic cleaners must not emit harmful vapours.

When the unit is operating, fingers and hands must not be immersed in the unit as severe injury can result.

Keep the cover on in use to prevent an aerosol hazard.

VENTILATION HAZARDS

Good ventilation is important in aiding the dispersion of anaesthetic gases and the aerosols produced by clinical procedures.

Do not use disinfectants with hazardous vapours to disinfect large surfaces such as bench tops. Wear gloves and protect eyes when handling such solutions. Such disinfectants include the phenols, hypochlorites, aldehydes, glutaraldehydes, quaternary ammonium compounds and the iodophors.

Alcohol and alcohol mixtures are relatively harmless to the skin, but using large quantities in an enclosed space can be hazardous.

The developing of X-ray films usually involves the use of potentially hazardous chemicals in a confined space. Reference to the manufacturer's instructions and the MSDS for the developing and fixing of chemicals will ensure the safe use and disposal of these chemicals. It is recommended that all processing tanks have fitting lids and that a slight negative pressure be maintained in the dark rooms.

Use appropriate personal protective clothing for handling chemicals.

ELECTRICITY HAZARDS

Electricity produces three major hazards

- electric shock
- electric burn
- fire hazard

Follow accepted procedures to avoid and handle emergencies.

- Ensure all appliances are regularly checked and are in good working order including eliminating loose wires and connections.
- Disconnect electricity before investigating faults
- Do not overload outlets and plugs - be careful with plug boards - as they can overload
- Use earth leakage protection devices.
- Switch appliance off at wall before inserting or removing plugs.
- Ensure plug sites are not hazardous to children.

ECG, HYFRECATOR, DIATHERMY

Risk of burns or electric shock.

Inspect regularly and repair as needed.

MICROWAVE

Check seals and do not stand close while operating.

LIGHT HAZARDS

Interior lighting should be designed to afford good lighting and minimise eye strain, and to prevent trips and falls due to poor visibility.

POSTURAL HAZARDS

VDU/Workstations

Postural fatigue may be induced by

1. inadequacies in the workplace design. Operators' and assistants' stools should be adjustable for height and back support. Height is adjusted so that thighs are parallel to the floor. See OSH VDU pamphlet.
2. poor posture, impairing blood circulation
3. static posture which may give rise to symptoms of general aches and pains in neck, shoulders, arms, back, thighs and lower legs.
 - Lifting files, patients, stores etc
 - There is a risk of back injury.
 - All staff should follow safe lifting procedures.
 - Use appropriate equipment if necessary eg ladders for high shelves.
 - Prolonged standing
 - There is a risk of back pain, varicose veins, leg pain, tiredness.
 - Use stools provided.

OCCUPATIONAL OVERUSE SYNDROME

Definition

The condition of Occupational Overuse Syndrome (OOS or RSI as it was previously known) is a collective term for a range of conditions including injury characterised by discomfort or persistent pain in muscles, tendons and other soft tissue.

Causes

OOS often develops over a long period of time and is usually caused or aggravated by repetitive movement, sustained or constrained postures and/or forceful movements. The development of OOS may also be brought on by other factors such as stress and working conditions.

Prevention

Set out below are some strategies for minimising potential harm from OOS, and these should be adopted in areas where OOS has been identified as a hazard.

Job Rotation

The regulation of workloads and work flows is a shared responsibility. One of the most successful methods for the prevention of OOS is that of job rotation. Where-ever possible, employees should not work more than two hours on a repetitive task without being moved to another task for a further two hours, and so on. Not only does such a practice greatly reduce the risk of developing OOS, it also provides employees with variety in their daily work, promoting improved employee morale.

Employees engaged in repetitive tasks should take a short break of 10 minutes in each hour where they are not performing that repetitive activity (such breaks would include tea or meal breaks). If

alternative tasks are not available, the employee should spend the 10 minutes performing therapeutic exercises.

Micropauses

Employees engaged in repetitive tasks should also ensure that they take appropriate micropauses. A micropause is a ten-second relaxation every three to five minutes. Taking a number of deep breaths will also assist.

Micropauses need to be built into the work rhythm as natural pauses occur in the work. Waiting for a file to save, or the spell check to scan the text, are examples of the opportunities that keyboard operators have for a micropause.

Ergonomic Furniture

The correct use of ergonomically designed furniture is fundamental in the avoidance of OOS. Ergonomics must be a primary consideration whenever establishing a new position or purchasing new furniture or fittings.

Employees must also be provided with training in how to set up their workstation correctly to ensure avoidance of injury. (Refer "Setting Up The Workstation")

Early Diagnosis and Reporting

One of the key methods for preventing the development of OOS conditions is the establishment and encouragement of an early reporting system for potential sufferers of OOS. Employees must be encouraged to report any potential signs of OOS to their Manager or Team Leader, and any potential case of OOS must be investigated immediately.

Setting Up The Workstation

See also OSH booklets "Guidelines for the Provision of Facilities and General Safety and Health in Commercial and Industrial Premises" and OSH booklet on VDU's

PHYSICAL HAZARDS

Risk of falls and other physical injuries from steps, stairs, carpets, self closing doors, protruding objects, sharp objects eg staples, curling mats, slippery floors, broken glass.

These can be minimised by ongoing commonsense and vigilance.

Hot water

- There is a risk of scalds from a kettle or hot tap .
- Keep temperature on hot water cylinder below burn temperature.

Proximity to busy road

- Risk to young children running out.
- Use self closing doors between child and road or doors which have handles at a height that an adult can reach.

Waiting room toys

- Sharp or small parts can cause harm. Remove any unsafe toys.

Travel to and from work

- Travel by car is probably the most dangerous part of the working day.
- Injury on the way to and from work is regarded by ACC as a work injury.
- Full care should be taken by all staff according to normal safe driving practices and rules of the road.

Banking

- Risk of robbery. Use non identifiable packages and vary route to bank.
- Any attempt at robbery should not be resisted.

Examination couches

- Assist elderly,
- have sturdy steps,
- discourage children from climbing on them to reduce the risk of falls.

PSYCHOLOGICAL HAZARDS

VERBALLY/PHYSICALLY ABUSIVE PATIENTS.

Stay calm, refer all disputes to the employer. There is the option of setting up personal alarms for staff at night.

WORK PRESSURE/STRESS

Stress is caused by a number of factors, which can be caused by a number of factors some non work related. However, while you nor your workplace are responsible for this stress, you must be mindful of the impact it is having on the employee and, where necessary, take steps to ensure that you don't exacerbate their situation in the workplace (e.g. increasing their workload etc). Your employer may suggest you take annual or sick leave. For more information go to the NZ Department of Labour website.

The practice environment can be a stressful place to work and would encourage staff that if feeling under pressure or stress to; speak with someone in the Practice and ask for help if needed, and most of all support each other.

HARASSMENT

Harassment is any form of attention which is not invited or enjoyed and persists to the point of making you annoyed, uncomfortable or upset. Harassment can take the form of offensive jokes, unwanted deliberate contact, offensive emails etc. Sexual or racial harassment constitute serious misconduct and is illegal under the Human Rights Act and the Employment Relations Act.

The harassment is usually repeated and has a detrimental effect on the person at whom it is directed. A one-off minor comment is unlikely to be harassment.

Racial harassment may be unintentional and the perpetrator may be unaware of the effect it is having on the person at whom it is directed.

BULLYING

Bullying is the deliberate and persistent use of intimidation and manipulation so that the bully gets his/her own way.

If you are being harassed or bullied you should tell the offender very clearly that you find their behaviour offensive and ask them to stop. Talk with a trusted colleague, friend, your Manager or your employer prior to doing this.

If it is your employer (e.g. practice Principal) harassing you or bullying you and you are unable to resolve it with them directly, you could raise it with another practice partner, if appropriate, or seek outside assistance.

Due to the sensitive nature of these complaints, confidentiality is essential. Only the people who need to know in order to resolve the complaint should be told.

SECTION 5: EMERGENCIES

The objective is to have an effective general emergency plan to cope with all types of emergencies and to comply with legislative requirements.

An emergency can occur at any time, disturbing the normal routine of the medical practice and will demand immediate action. Staff must therefore be aware of the procedures to be followed in the case of likely emergencies.

Section 6 of the Health and Safety in Employment Act requires the development of emergency procedures, and section 14 requires employees to be involved in the development.

Possible emergencies include: Fire, Flood, Earthquake, Robbery, Chemical spill, Serious injury/medical emergency.

Prevention strategy includes installation of smoke alarms and fire extinguishers.

IMPLEMENTATION SEQUENCE FOR EMERGENCY PLANNING

1. Establish evacuation procedure.
2. Establish action required in specific cases eg fire. (Buildings in which 10 or more people work require an approved evacuation plan. Contact your local Fire Service.) Medical surgeries are required to have a fire evacuation procedure regardless of the number of people employed.
3. Decide which emergency services need notifying and how, and by whom.
4. Prepare and display emergency procedure directions, eg on notice boards, or adjacent to phone.
5. Develop procedure to account for all people in practice.
6. Implement emergency plan training for staff.
7. Survey need for emergency equipment, eg smoke detector, fire extinguisher, first aid kit and provide same in appropriate locations.
8. Consider ways of protecting vital records.
9. Review procedures annually involving employees.

EMERGENCY PROCEDURES POLICY STATEMENT

To ensure that health and safety risks are minimised it is important that all employees are aware of the Emergency Procedures. These are:

Fire

As building owners we are required to have a fire evacuation plan that is approved by the NZ Fire Service. All staff should be familiar with the emergency procedures in the practice and take responsibility for their patients and/or visitors.

As part of this plan we are required to ensure the means of escape and assembly points are maintained by:

- Ensuring they are kept clear of obstacles
- Exit doors are not locked or blocked
- Smoke control and fire stop doors are not left open

- Stairwells and passageways that will be used as a means of escape are not used as storage areas.
- Flammable liquids or materials are stored in non-combustible containers

Information

- Fire evacuation plan is readily available to employees
- Fire alarm signals work
- Fire fighting equipment is maintained and staff are trained to use it.
- Fire Exits are clearly marked
- Evacuation procedure and route is clearly visible.

Trial evacuations will be held six monthly. The Fire Service must be notified prior to the trial evacuation. Notice must be taken whether there are problems with the evacuation plan, if people with disabilities had problems, and was the plan completed within the desired time.

If not then alterations to the plan should be made.

FIRE PREVENTION

Prevention of fires arising from the following;

- Electrical wiring, equipment and appliances
- Gas reticulation, equipment or appliances
- Equipment or appliances fuelled by kerosene or other flammable liquids that are used
- Any open flames or appliance fuelled by a flammable liquid or gas that are used in the building.

Or

As tenants of the building we are required to follow the Evacuation Plan as designed by the landlord:

The practice also has an obligation to prevent fires arising from the following;

- Electrical wiring, equipment and appliances
- Gas reticulation, equipment or appliances
- Equipment or appliances fuelled by kerosene or other flammable liquids that are used
- Any open flames or appliance fuelled by a flammable liquid or gas that are used in the building.
- The packing or unpacking of goods packaged in straw, paper, wood, wool or other flammable materials.

STAFF OBLIGATIONS

If a staff member discovers a fire in your practice, they have a duty to:

- sound the alarm to warn people about the fire;
- notify the fire warden;
- where possible, take steps to extinguish the fire;
- follow the directions of the fire warden; and
- leave the building promptly when advised to go.

FIRE WARDENS

The fire warden is responsible for the making sure that everyone in the practice safely evacuates the building in the event of fire.

- the alarm is raised to warn people about the fire;
- everyone in your practice is evacuated from the building to a place of safety;
- everyone in your practice is accounted for;
- the New Zealand Fire Service is notified about the fire;
- where possible, steps are taken to extinguish the fire and minimise damage;
- any disabled people in your practice and their buddies are directed to safe areas, and the Fire Service are advised about their whereabouts;
- adjusting the flap or tag on the evacuation board to show that your practice has been evacuated;
- all doors are closed, but unlocked and all appliances are turned off. The lights should be left on; and

- your practice is completely evacuated. To ensure this, the fire wardens must check all the rooms in your practice, including the toilets, before leaving the practice by the nearest exit.

The fire warden is also responsible for making sure that all corridors and exit doors in the practice are unobstructed, the fire extinguishers, fire hose reels and other safety appliances in your practice are ready for use.

The fire warden/s is



ROBBERY

Staff need to be aware of how to respond during a robbery situation, and what steps to follow immediately after the event.

- During the incident remember to obey any demands.
- Once the robber has left check that everybody is alright. Render assistance as necessary.
- Secure all entry points and call the Police on 111. Remember the extra 1 to get an outside line where appropriate.
- Tell the name and address. If medical help is needed ask the Police to arrange.
- If it is safe to do so, try and see which way and how the robber(s) left the area.
- Do not touch anything the robber(s) touched, or left behind.
- Ask all witnesses to remain until the Police arrive. If anyone wishes to leave ocontact details for the Police to follow up.
- Without discussing what happened with anyone else, write down an Offender Description to ensure it is your description of the incident and the offender that is obtained.
- Do not allow anyone into the premises without the permission of the Police and do not respond to any enquiries from the media.

Remember- Calm, Obey, Observe, Preserve.

EARTHQUAKE

When an earthquake starts

- Stay calm and take cover under a desk; or
- Brace yourself in a doorway (hold on to the door to prevent it slamming into you); or
- Crouch behind a solid structure - (eg wall).
- If the furniture you are under moves, move with it.
- Stay away from glass doors and windows, tall shelves, light fittings or objects that might topple.
- If travelling in a lift, stop and get out at next floor.
- Do not leave the building or try to leave the area you are in.
- If outdoors, take cover in a doorway or other safe place away from falling debris and electrical hazards.

After an earthquake

- Stay calm, stay together - account for everyone in your work area and on your part of the floor.
- Persons in charge take control and coordinate actions in your area:
- Assess all persons for injury check for hazards, fire, gas, or chemical leaks move people away from windows and outside walls leave doors to rooms open, pull curtains across broken windows
- Turn off and unplug all unnecessary electrical equipment.
- Do not evacuate unless the building has sustained major structural damage.
- Put signs up identifying dangerous areas.
- Do not use lifts - put signs in the lift lobby.
- Conserve water.
- Do not use toilet, make other arrangements that do not involve relying on the sewerage system.
- If communications systems have failed, try to pass notes to rescue personnel.
- Listen carefully to any announcements over loudhailers.

IF AN EVACUATION IS NECESSARY

- Proceed carefully, expect to find exit routes blocked or damaged.
- Never use lifts.
- When outside stay well away from buildings and power lines.
- Stay together in your work or floor group to assist with record keeping.
- If it is safe to do so, go to your designated assembly point.
- Remember that there are almost always aftershocks following a major earthquake - sometimes quite significant. They can go on for weeks or even months. Be prepared for them to happen.

BOMB THREAT

Treat all bomb threats seriously. Investigation may reveal a hoax, but until certain there is no risk, act with extreme caution.

Telephone Threats

- Keep calm. You cannot think clearly if you panic.
- If possible, attract attention of another person, and have that person contact the Police.
- Delay the caller, the more the caller talks, the more chance there is of obtaining useful information.
- Ask questions.
- If caller hesitates for more than a few moments ask another question.

When caller hangs up

- Do not hang up.
- Evacuate premises if there is only a short time until stated explosion time.

Suspicious object found

- Leave the object alone. DO NOT interfere with it in any way.
- DO NOT cover it with water or put water on it.
- Inform Police.
- Open all doors and windows to minimise blast damage. Have fire extinguishers ready.
- Evacuate the premises.

Evacuation

When directed to leave the building:

- Act quickly and quietly.
- Take personal belongings which are handy in work areas but do not go to other parts of the building to collect them.
- Assemble at a safe place nearby and check that all employees are present.
- Prevent any persons, other than the authorities dealing with the emergency, from entering the building.

SECTION 6: ACCIDENT REPORTING AND RECORDING

The reporting and investigation of accidents is one effective method to help prevent a recurrence, and to determine if hazards have been identified and/or controls are effective. The Practice acknowledges the requirements to record any accidents that may have occurred in the workplace.

ACTION FOLLOWING ACCIDENTS NOT CAUSING SERIOUS HARM:

It is important to note that you must record accidents and incidents where any degree of harm has occurred or could have occurred and was a near miss. You must file these and review regularly.

ACTIONS FOLLOWING ACCIDENTS CAUSING SERIOUS HARM:

Make sure anyone injured receives medical attention.

Do not interfere with the accident scene without the permission of an OSH inspector, unless it is necessary to;

- Save someone's life or protect them from harm
- Ensure that the public can access an essential service; or
- Prevent serious damage to property or serious loss of property.

Notify Chief Executive of the Department of Occupational Safety and Health (OSH) as soon as possible. Send written notice of the accident or incident that caused serious harm (in the form set out below) to nearest OSH office within 7 days.

Complete your own investigation and take steps to eliminate, isolate or minimise identified significant hazards

Record in the same accident form **any** events that have harmed or had the potential to harm employees or other people in the place of work.

Both the following forms are available electronically on the NZ Department of Labour website.

SERIOUS HARM IS DEFINED AS:

1. Any of the following conditions that amounts to or results in permanent loss of body function, or temporary severe loss of body function: respiratory disease, noise induced hearing loss, neurological disease, cancer, dermatological disease, musculoskeletal disease, illness caused by exposure to infected material, decompression sickness, poisoning, vision impairment, chemical or hot metal burn of eye, penetration wound of the eye, bone fracture, laceration, crushing.
2. Amputation of a body part.
3. Burns requiring referral to a specialist registered medical practitioner or specialist outpatient clinic.
4. Loss of consciousness from lack of oxygen
5. Loss of consciousness, or acute illness requiring treatment by a registered medical practitioner, from absorption, inhalation or ingestion of any substance.

6. Any harm that causes the person harmed to be hospitalized for a period of 48 hours or more commencing with 7 days of the harm's occurrence.

Any incidents of harm must be reported to _____ immediately. Once appropriate management of any injury has taken place complete the appropriate form below and file and complete the accident register.

Investigations of accidents and incidents will be carried out by _____

The following details are required;

- The date and time of the accident or serious harm
- The nature of the occurrence
- The cause of the occurrence
- Any investigation carried out
- Any significant hazard
- If a person has been injured
 - The person's name, address, date of birth and sex
 - Whether the person was employee, self-employed person
 - If employee – their job title, length of employment and length of time between arrival at work and the incident.
 - If self employed – their job title, length of employment and length of time between arrival at work and the incident.
 - The treatment given
 - The part(s) of the person's body that was harmed
- The name and position of the of the person recording the details in the accident register

The accident register can be found _____

NOTIFICATION OF CIRCUMSTANCES OF ACCIDENT, INCIDENT

PARTICULARS OF ACCIDENT

Date of accident	Time	Location	Date reported
MTWTFSS			

THE INJURED PERSON

Name		Address		
Age	Phone number			
Date of accident		Length of employment — at plant		on job
TYPE OF INJURY:	<input type="checkbox"/> Bruising	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Other (specify)	Injured part of body
<input type="checkbox"/> Strain/sprain	<input type="checkbox"/> Scratch/abrasion	<input type="checkbox"/> Internal		
<input type="checkbox"/> Fracture	<input type="checkbox"/> Amputation	<input type="checkbox"/> Foreign body	Remarks	
<input type="checkbox"/> Laceration/cut	<input type="checkbox"/> Burn scald	<input type="checkbox"/> Chemical reaction		

DAMAGED PROPERTY

Property/ material damaged	Nature of damage

	Object/substance inflicting damage

THE ACCIDENT

Description

Describe what happened (space overleaf for diagram — essential for all vehicle accidents)

Analysis

What were the causes of the accident?

HOW BAD COULD IT HAVE BEEN? <input type="checkbox"/> Very serious <input type="checkbox"/> Serious <input type="checkbox"/> Minor	WHAT IS THE CHANCE OF IT HAPPENING AGAIN? <input type="checkbox"/> Minor <input type="checkbox"/> Occasional <input type="checkbox"/> Rare																		
Prevention																			
What action has or will be taken to prevent a recurrence? Tick items already actioned Use space overleaf if required	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																		

TREATMENT AND INVESTIGATION OF ACCIDENT			
Type of treatment given	Name of person giving first aid	Doctor/Hospital	
Accident investigated by	Date	OSH advised YES / NO	Date

ACCIDENT INVESTIGATION FORM

Name of organisation:

Branch/department:

PARTICULARS OF ACCIDENT

Date of accident	Time	Location	Date reported
MTWTFSS			

THE INJURED PERSON

Name		Address		
Age	Phone number			
Date of accident		Length of employment — at plant		on job
TYPE OF INJURY:	<input type="checkbox"/> Bruising	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Other (specify)	Injured part of body
<input type="checkbox"/> Strain/sprain	<input type="checkbox"/> Scratch/abrasion	<input type="checkbox"/> Internal		
<input type="checkbox"/> Fracture	<input type="checkbox"/> Amputation	<input type="checkbox"/> Foreign body	Remarks	
<input type="checkbox"/> Laceration/cut	<input type="checkbox"/> Burn scald	<input type="checkbox"/> Chemical reaction		

DAMAGED PROPERTY

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THE ACCIDENT

Description

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Analysis

What were the causes of the accident?

HOW BAD COULD IT HAVE BEEN? <input type="checkbox"/> Very serious <input type="checkbox"/> Serious <input type="checkbox"/> Minor		WHAT IS THE CHANCE OF IT HAPPENING AGAIN? <input type="checkbox"/> Minor <input type="checkbox"/> Occasional <input type="checkbox"/> Rare		
Prevention				
What action has or will be taken to prevent a recurrence? actioned		Tick items already	By whom	When
Use space overleaf if required				

TREATMENT AND INVESTIGATION OF ACCIDENT

Type of treatment given	Name of person giving first aid	Doctor/Hospital	
Accident investigated by	Date	OSH advised YES / NO	Date

SECTION 7: TRAINING AND EDUCATION

The Health and Safety in Employment Act requires the employer to undertake training and education of employees to ensure that they can undertake their work safely for both themselves and for others involved in their work, eg patients.

It is well recognised that time invested in staff to further their education is never wasted, and it is an essential part of practice, in order to encourage efficiency, loyalty and the best possible care for patients.

IN-HOUSE TRAINING

Provided either by the doctor or other employees in the practice. It can be tailored to a particular practice needs and should cover rules and procedures operating in the practice, for example - emergency procedures, cross infection control procedures, hazardous substances. Such training should be provided to all employees at the commencement of employment and regularly updated.

Training should be presented in such a manner that it is clearly understood by all staff.

Include measures to identify and protect the employee from identified hazards in a medical practice, e.g. use of personal protection equipment. Also measures for the protection of patients of the practice.

Design a programme or use one that has been already set up for use within a practice.

If your practice has 30 or more employees it is a requirement that you have a dedicated Health and Safety officer. This person should receive training appropriate to the responsibility of this role.

There are numerous courses available from outside agencies. Your employer will need to approve any courses that you attend.

For more training information search the internet for OSH training or go to:

- www.allaboutpeople.co.nz
- www.safeandwell.co.nz
- www.ngtc.co.nz
- www.safetynaction.co.nz

TRAINING RECORDS

Training records are required to prove compliance with the Health and Safety Act.

Include the following in training records.

- Dates of the training session.
- Contents or a summary of the session.
- The name and qualification of the person conducting the course.
- The names of those attending the course.

STAFF TRAINING RECORD

NAME	COURSE TOPIC	DATE ATTENDED

SECTION 8: CONTRACTORS AND SUBCONTRACTORS

POLICY STATEMENT

The Health and Safety in Employment Act 1992 places an obligation on persons or organisations hiring contractors to take all practicable steps to ensure that no employee of a contractor or subcontractor, or if an individual, no contractor or subcontractor, is harmed while doing work that the contractor was engaged to do.

The Practice accepts that it has an overriding duty of care to contractors and subcontractors to ensure their safety whilst they are performing work for our organisation. This duty exists alongside the contractor's duty to ensure their own safety, and that of others affected by their actions.

MANAGER'S RESPONSIBILITIES

Any manager responsible for engaging a contractor on behalf of the practice is to ensure that:

1. The contractor has the requisite skills, knowledge, and experience to carry out the required task(s) safely, including, for example, relevant qualifications and current registrations;
2. The contractor is aware of their responsibility to comply with:
 - New Zealand legislation and relevant bylaws
 - National standards or codes of practice
 - The practice's health and safety rules and procedures;
3. The contractor accepts responsibility for the supervision of its personnel to ensure that they strictly adhere to all applicable safety requirements;
4. The contractor has appointed one of its personnel as its safety advisor;
5. The contractor's delegated representative has responsibility for coordinating all applicable health and safety matters;
6. All employees of the contractor and/or subcontractor report to a designated point on arriving at the site, and before leaving the site;
7. The contractor is shown exactly the work required to be carried out;
8. The contractor is informed of any on-site hazards likely to be encountered and is aware of the practice's emergency procedures;
9. The contractor is informed of any relevant on-site health and safety rules and procedures;
10. The contractor has adequate insurance cover to indemnify the practice for any damage caused by the contractor;
11. Ensure contractor has signified their agreement to comply with the policies and procedures by completing the acknowledgement. This document should be appended to the contract for services.

It is also a requirement that subcontractors sign a confidentiality agreement that remains in force once their work is completed.

CONTRACTOR'S ACKNOWLEDGEMENT OF HEALTH AND SAFETY OBLIGATIONS

The Principal (the person or organisation engaging the contractor)

Name &Address:

The Contractor (person or organisation being engaged to perform services)

Name &Address:

Description of Service (to be performed by the Contractor):

The Contractor hereby acknowledges that:

1. They understand their obligations to themselves, their subcontractors and their employees under the Health and Safety in Employment Act 1992, and confirm their intention to comply at all times while working on this contract.
2. They recognise that the Principal can be responsible for only advising the nature of, and methods of controlling, hazards specific to the Principal 's business or worksite and that the Contractor shall apply best industry practice to ensure the safety of all involved at all times.
3. The Principal has advised the Contractor of the emergency procedures, location of emergency equipment, location and use of safety equipment, basic safety rules, hazards and hazard controls, go and no-go areas and access and authorisation requirements relevant to the service being performed.
4. The Contractor shall ensure that all their subcontractors and employees are informed of the same and that no person shall be permitted to work on the contract without being so informed.
5. The Contractor has a Health and Safety management system in place, which ensures their compliance with the Health and Safety in Employment Act 1992 in connection with this contract.
6. The Contractor agrees to make available for inspection on demand by the Principal any documentation related to Health and Safety in connection with this contract.
7. The Principal has the right to monitor the Contractor 's activities and carry out a safety audit from time to time during the progress of the contract.
8. The Principal has the right to suspend work at the Contractor 's expense where the Principal is not satisfied that all practicable steps are being taken to ensure the Health and Safety of employees and others in connection with the contract.
9. The Contractor will advise the Principal immediately of any accidents, including those in which serious harm is caused or a significant hazard is involved, and meet the requirements of the Health and Safety in Employment Act 1992 in reporting serious harm accidents to the Department of Labour (OSH).
10. The Contractor will advise the Principal immediately of any new hazard created during the contract and will take all practicable steps to avoid harm being caused to any person as a result of such hazards.
11. Before beginning work on the contract, the Contractor will carry out a systematic identification of hazards likely to be encountered and will develop controls for all those identified as being significant hazards.

Signed for and on behalf of the Contractor	Signed for and on behalf of Practice (Name)
Full name:	Full name:
Signature:	Signature:
Date:	Date:

APPENDIX 1 - REFERENCE MATERIAL AND RESOURCES

MATERIAL SAFETY DATA SHEETS

WWW.BOC-GASES.COM/PRODUCTS_AND_SERVICES/SAFETY_DATA_SHEETS.ASP

Ministry of Health

National Radiation Laboratory for further information. (Codes of Safe Practice)

www.nrl.moh.govt.nz/regulatory/regulatorypublications.asp

NZ Standards

8142-2000 Facilitates consistently safe, quality health and disability service delivery by identifying principles designed to reduce the rate of infections in the health and disability sector. It is applicable to all health and disability service providers.

4814.2006 Office-based health care facilities - Reprocessing of reusable medical and surgical instruments.

Occupational Safety and Health and Infection Control in General Practice, Practice Resource Module, Goodfellow Unit, Auckland University, November 1999.

The Accident Compensation Corporation (ACC) administers New Zealand's accident compensation scheme, which provides personal injury cover for all New Zealand citizens, residents and temporary visitors to New Zealand. In return people do not have the right to sue for personal injury, other than for exemplary damages. www.acc.co.nz

PUBLICATIONS FOR SMALL BUSINESS

This is a series of booklets to show small businesses and self employed how to manage health and safety and common hazards.

How to manage health and safety in a small business

How to identify hazards in your workplace How to set up and support workplace Health and Safety

How to implement safer workplace practices

The New Zealand Department of Labour provides best practice information and guidance to assist New Zealand businesses with health and safety in the workplace. The Department of Labour also inspects workplaces to check on safety and health arrangements, investigates accidents at work, and makes sure employers and employees comply with health and safety legislation. Also responsible for regulating the storage and use of hazardous substances, explosives and dangerous goods, and for the safety of amusement devices.

www.osh.dol.govt.nz

www.dol.govt.nz

USEFUL WEBSITES

A Guide to the Health and Safety Employment Act 1992

www.osh.govt.nz/order/catalogue/pdf/hseguide-2ed.pdf

Visual Display Units in the Place of Work - Checklists for the Use of
www.osh.dol.govt.nz/order/catalogue/315.shtml

Training Employees - A Brief Guide to www.osh.dol.govt.nz/order/catalogue/104.shtml

Bright Ideas for Promoting Safety and Health in Your Place of Work - The A to Z Book
www.osh.dol.govt.nz/order/catalogue/333.shtml

Working Safely with Hazardous Substances (MOSHH) - Advice for employees

www.osh.dol.govt.nz/order/catalogue/114.shtml

Healthcare Industry - Guidelines for the Provision of Facilities and General Safety in
www.osh.dol.govt.nz/order/catalogue/284.shtml

Occupational Safety and Health Service (OSH) Safeguard magazine www.safeguard.co.nz

New Zealand Environmental and Occupational Health Research Centre
osms.otago.ac.nz/courses/hazards.html

Australian and New Zealand Society of Occupational Medicine www.anzsom.org.au

Standards New Zealand www.standards.co.nz

Working Well www.workingwell.co.nz

Healthy Practice www.healthypractice.co.nz

The [National Poisons Centre](#) in Dunedin has New Zealand's largest MSDS database with information on more than 100,000 substances. Contact the Centre on 0800 764 766 or (03) 474 7000 or poisons@otago.ac.nz for more information. See also www.toxinz.com.

Legislation

Introduction to the Health and Safety in Employment Act
www.osh.dol.govt.nz/law/quickguide/index.shtml

APPENDIX 2 - HAZARD IDENTIFICATION FORM

Hazard identification

Hazard	Significant		Practicable to eliminate		Practicable to isolate		All practicable steps to minimise		Controls required (including existing)	Person responsible	Date to be completed by	Completed (date/initials)
	Yes	No	Yes	No	Yes	No	Yes	No				