EMPLOYEE HANDBOOK | *PUKAPUKA KAIMAHI*

Health and Safety Policy | *Kaupapa Here Hauora me te Haumaru*

111 Seaview Road, New Brighton, Christchurch

03 388 1001

Glossary | *Kupu Whakamārama*

Term	Definition
Child	A person who is • under the age of 18 years, and • who is not married or in a civil union.
Duty holder	A person on whom a duty has been imposed by this Policy, and/or in terms of the Health and Safety at Work Act 2015
Eliminate	Removing the sources of harm so far as is reasonably practicable.
Emergency	A serious, unexpected, sudden and often dangerous event or occurrence that requires urgent action.
Employee	A person who has agreed to be employed to work for some form of payment under a contract of service.
Gradual Process Injury (GPI)	A collective term for a range of conditions (including injury) developing over a period of time, related to a work task or the work environment, and characterised by discomfort or persistent pain in muscles, tendons, and other soft tissues.
Hazard	Anything, including a person's behaviour, that has the potential to cause harm, death, injury, or illness to a person.
Health	Physical and psychological health.
Isolate	Separating people from a hazard and/or preventing people being exposed to risk
Lost time accidents	Work-related personal injuries that result in more than a day off work, i.e. the staff member is unable to resume work the day after a personal injury has occurred.
Minimise	Reducing risk to an acceptable level by reducing how serious the potential harm is if it occurs or reducing the chances of it occurring.
Notifiable incident	An unplanned or uncontrolled incident at a workplace exposing a person to a serious risk to their health or safety
Notifiable illness	An illness that requires a person to have treatment other than first aid immediately or within 48 hours or would usually require the person to be admitted to a hospital for immediate treatment, or any serious infection to which the carrying out of work is a significant contributing factor, or any illness declared by regulations to be notifiable.
Notifiable injury	An injury that requires a person to have immediate treatment other than first aid or would usually require the person to be admitted to a hospital for immediate treatment, or within a period of 48 hours.
Officer	A person in a position to exercise significant influence over the management of the Trust, but not one who merely advises or makes

	recommendations to an officer, including Trustees and executive managers.
Parents	Parents, guardians or caregivers who are legally responsible for and have responsibility for caring for a child.
Person Conducting a Business or Undertaking (PCBU)	A person conducting a business or undertaking, whether alone or with others, and whether or not for profit or gain. A person who is employed or engaged solely as a worker or an officer in a business or undertaking is not a PCBU.
Programme Coordinator	The person employed for managing a single programme
Reasonably practicable	Approach or solution that provides the highest protection by considering what is possible and practical in a specific situation.
Recruitment Manager	Any employee responsible for recruiting a new staff member to fill a vacancy.
Risk	The possibility that harm (death, injury or illness) might occur as a result of exposure to a hazard.
Risk management	Identifying, assessing and controlling risk through elimination, minimization, or isolation.
Smoking	Includes the use of a tobacco product, smokeless tobacco product, toy tobacco product, herbal smoking product, or vaping product as defined in the Smokefree Environments and Regulated Products Act 1990.
Staff	All people employed or engaged in both paid positions and as volunteers, including contractors, but excluding short-term, project-based contractors.
Stakeholders	External individuals, groups, organisations, staff members or other bodies with a stake or interest in the area or field where interventions and assistance are directed
The Trust or YAT	Youth Alive Trust
Treatment provider	A registered medical practitioner if time off work is required or a registered health professional such as a physiotherapist, chiropractor, etc. if time off work is not necessary
Trust Manager	The senior executive responsible for the Trust
Working alone	Situations where staff in the course of their duties work alone in the community, organising events, in the homes of individuals, or in their own home, or may be the only staff member present in an office or other establishment maintained by the Trust or by one of its partner agencies.
Workplace	A place where work is carried out for the Trust, including any place where a staff member goes, or is likely to be, while at work, including a vehicle.
Work-related personal injury	A personal injury that the staff member suffers as set out in the Injury Prevention, Rehabilitation, and Compensation Act, including personal

	injury caused by a work-related gradual process, disease, or infection
WorkSafe	The government agency that is the workplace health and safety regulator

Contents

Health and Safety Policy
Kaupapa Here Hauora me te Haumaru

1. Purpose

In line with its core values of Safety, Holistic Support and Leadership, Youth Alive Trust is committed to ensuring the health and safety of staff, programme participants and service users, and visitors to its buildings, facilities and programmes.

The purpose of this policy is to set out Youth Alive Trust's approach and intentions, and to give guidance around practices to ensure the health and safety of staff, programme participants and service users, and visitors.

2. Roles and Responsibilities

- All duty holders have a responsibility, as far as is reasonably practicable, to eliminate or minimise risks to health and safety.
- A duty given to one person cannot be transferred to another person.
- A person may have more than one duty if they belong to more than one class of duty holder.
- When more than one person has the same duty for the same matter, at the same time, each of them must fulfill that duty in good faith, to the best of their ability.

2.1. PCBU

- Youth Alive Trust and its Trustees are the PCBU.
- The Trustees will appoint a Health and Safety Officer from time to time, with delegated responsibility to give effect to this policy and report back to the Trustees.
- In so far as is reasonably practicable, the Trust will:
    - ensure the health and safety of staff while at work.
    - ensure other persons are not put at risk from work carried out by the Trust.
    - provide and maintain a safe work environment where health and safety risks are eliminated or minimised, with adequate facilities for the welfare of staff while at work.
    - provide the necessary information, training, instruction, and/or supervision to protect all persons from risks to their health and safety while at work, visiting Trust facilities, or attending Trust programmes.
    - monitor work conditions to prevent injury or illness.
    - consult, cooperate with, and coordinate activities with other PCBUs based in the same buildings.

- engage with staff on health and safety matters and provide reasonable opportunities for staff to participate effectively in improving workplace health and safety.

2.2. Health and Safety Officer

The Health and Safety Officer is responsible for exercising due diligence to ensure the Trust complies with its duties and obligations. Due diligence includes taking reasonably practicable steps to:

- have an up-to-date knowledge of health and safety matters.
- understand the nature of the work of the Trust and associated hazards and risks.
- ensure the Trust has and uses appropriate resources and processes to comply with its health and safety duties and obligations.
- ensure staff gets and considers information on incidents, hazards, and risks, and responds in a timely fashion.
- consult, cooperate and coordinate with other PCBUs based in the same buildings, to ensure health and safety duties are met, so far as reasonably practicable.
- facilitate an annual review of the Trust's health and safety systems.
- report back to the Board of Trustees.

2.3. Evacuation Wardens

- Evacuation wardens are nominated staff who assist with the evacuation of the workplace in case of emergencies.
- The Chief Warden is the appropriately trained person in charge of evacuating a building in case of an emergency.
- A warden is the appropriately trained person in charge of evacuating part of a building in case of an emergency.
- During programmes, activities and events, the coordinator will be the warden responsible for the part of the building their programme, activity or event is using.
- Staff need to know who the wardens are.
- The Chief Warden must:
  - ensure the evacuation procedures are up to date.
  - be available in the building.
  - know of anyone who may need assistance to evacuate and where they are likely to be in the building.
  - when the alarm sounds:
    - put on an orange high-visibility vest, get the appropriate equipment, and proceed to the reporting point.

- call Fire and Emergency New Zealand (111) when at the reporting point.
- remain at the reporting point to receive warden reports, and record details of these reports, including the whereabouts of individuals needing assistance to evacuate.
- point out new assembly area if the designated area is unsafe for any reason.
- assign wardens to monitor entrances and the assembly area.
- report to Fire and Emergency New Zealand once they arrive:
  - whether all areas have been reported as clear, and if not, which areas; and
  - the whereabouts of anyone needing assistance remaining in the building.
- communicate with wardens when to let people back in, once Fire and Emergency New Zealand gives the all-clear.

- Wardens must:
  - know the area they are responsible for and the emergency procedures for the building.
  - appoint deputy wardens to act in their absence, in consultation with the Chief Warden.
  - appoint an assistant if there is anyone in their area that may need assistance during an evacuation and inform the Chief Warden.
  - check fire safety equipment is accessible and exit routes are clear.
  - when the alarm sounds:
    - put on a yellow high-visibility vest and get the appropriate equipment.
    - direct occupants to the nearest available, safe exit.
    - make sure people do not take any large items or food and/or drinks with them.
    - check all rooms and enclosed areas to ensure that everyone has left, by starting from the furthest point and working back to the exit.
    - not enter a room or enclosed space if there are signs of fire or smoke.
    - leave lights on and close doors once they have checked a room or enclosed space.
    - leave through the nearest safe exit when the assigned area is clear.
    - report to the Chief Warden at the reporting point the area as:
      - clear if everyone has evacuated, or
      - occupied if anyone needing assistance remains inside in a safe place and give detail of their whereabouts.
    - remain available to help with other duties including monitoring entrances and assembly areas.
- Assistants must:
  - know the building evacuation procedure.

- know the mobile numbers of the warden and person needing assistance assigned to them, where appropriate.
- assist each person(s) assigned to them by a warden needing assistance, to evacuate if possible or stay in a safe place close to an emergency exit.
- report to the Warden if everyone under their care is safe and if they have been evacuated.

2.4. Staff

While at work, Trust staff must as far as reasonably practicable:

- take care of their own health and safety.
- take care that what they do, or fail to do, does not adversely affect the health and safety of others.
- comply with any reasonable policy or procedure of the Trust, and any reasonable instruction of a manager or officer relating to health and safety.
- take care when doing their job and avoid cutting corners around safety rules to make their job easier or faster.
- participate in relevant health and safety training.
- raise health and safety concerns with their manager.
- report hazards and risks, and work with the Health and Safety Officer and/or Health and Safety representatives to identify ways to stop these things from causing harm to themselves or to others.
- report incidents and accidents.

3. Workplace Representation, Consultation and Coordination

- The Trust will engage with employees if they are, or are likely to be, directly affected by a work health and safety matter.
- As far as is reasonably practicable, the Health and Safety Officer will communicate relevant health and safety information in a timely manner to all employees, and employees will be given a reasonable opportunity to express their views, raise issues, and contribute to decision-making.
- Engagement with employees is:
  - Sharing relevant information in a timely manner.
  - Providing a reasonable opportunity for employees to express their views and raise safety issues in relation to the matter, thereby contributing to the decision-making process.
  - Consideration by the Trust of employees' views.
  - Advising employees of the outcome of the engagement.
- Engagement is required when:
  - Identifying hazards and assessing health and safety risks.

- Making decisions about strategies to eliminate or minimise those risks.
- Considering whether facilities are adequate for staff welfare.
- Proposing changes that may affect staff health and safety.
- Providing health and safety information and training.

- If employees have a specific health and safety concern, they should discuss that with their Health and Safety Representative.
- The Programme Coordinator will brief the programme staff team on any relevant health and safety issues before the start of a programme.
- When hosting a meeting of gathering with groups of visitors to Trust facilities, the facilitator will brief them on health and safety expectations before the start of the meeting.

3.1. Health and Safety Representatives

- The Trust will initiate the election of health and safety representatives from time to time, to represent the members of a work group.
- They will:
  - Represent the staff in the work group in health and safety matters.
  - Investigate complaints from staff.
  - Monitor the health and safety measures taken by the Trust.
  - Inquire into anything that appears to be a risk to the health and safety of staff.
  - Make recommendations relating to workplace health and safety.
- In carrying out their duties, the representative may:
  - Enter and inspect any area of the workplace to perform their duties.
  - Request the Trust for access to information needed to carry out their duties.
  - Accompany an inspector who has entered the workplace.
  - Consult WorkSafe or an inspector about a health and safety issue.
  - Issue a provisional improvement notice.
- The Trust must:
  - Provide adequate training to enable representatives to fulfil their duties.
  - Consult and confer with representatives on health and safety matters.
  - Allow representatives reasonable time to fulfil their duties.
  - Provide information and assistance to enable representatives to fulfil their duties.

3.2. Health and Safety Committee

- The Health and Safety committee is constituted of the Health and Safety Officer and the Health and Safety Representatives.
- Any employee is welcome to attend a Health and Safety Committee meeting, the date and time of which will be communicated to all employees.
- The committee will meet on a regular basis as required, but at least once every three months, and at any other reasonable time on the request of one of the committee members.
- The Health and Safety Committee will meet to discuss:
  - concerns, hazards, and risks.
  - areas that need review, familiarising, or improvement.
  - current issues, or something of particular interest to staff.
  - accidents and incidents.
- An extraordinary meeting will be held in the event of an incident classified as major or catastrophic.
- Meetings must be recorded in minutes and reported to the Board.
- The Health and Safety Committee is responsible for:
  - Initiating, developing, and carrying out measures to ensure staff health and safety at work.
  - Assisting in the development of standards, rules, policies, or procedures relating to health and safety in the workplace.
  - Regularly reviewing known hazards, and their elimination or mitigation strategies.
  - Ensuring all employees receive training relevant to the Health and Safety risks of their role.
  - Making recommendations relating to work Health and Safety.
  - Providing leadership and direction in matters of health and safety.

4. Spheres of Health and Safety

4.1. Psychological Health

- The Trust recognises that:
  - work-related stress is a health and safety risk which must be eliminated or controlled.
  - every role has an inherent level of stress associated therewith.
  - individuals respond to hazards in different ways and that individual differences such as age, existing disabilities, injuries or illnesses as well as life experiences may make some staff more susceptible to harm from exposure to the same hazard.

- there may be more than one aspect of the working environment or workplace that is contributing to the psychological health of workers and the risk of psychological injuries.

- In recognising its duty of care, the Trust will:
  - Endeavour to provide a working environment and management processes that do not cause employees' undue stress.
  - Take action to identify and manage stress situations.
  - Ensure employees have adequate training to fulfil the duties of their role.
  - Provide access to pastoral care and regular external supervision for employees.
  - Deal with employment relations issues according to the Employment Policy, and as far as is reasonable do so in a clear, transparent, and supportive way.
- Workplace hazards that may result in psychological health risks and psychological injuries include anything in the overall design or management of work and/or the workplace that increases the risk of work-related stress, and results in a physical, psychological or emotional reaction.

4.1.1. Identifying Psychological Health Risks

- Psychological hazards may be identified by:
  - having conversations with staff.
  - inspecting the workplace to see how work is carried out.
  - identifying how staff interact with each other during work activities.
  - reviewing relevant information and records including incident reports, ACC claims, grievance records, absenteeism, and staff turnover data.
  - using surveys to gather information from staff, supervisors, and managers.
  - ensuring regular feedback from isolated employees such as those working from home is taken into consideration.
- To clearly identify the risk of psychological injuries to staff, the Trust will ensure that hazards associated with the job, task and role are identified, particularly where:
  - work requires sustained high physical, psychological and or emotional effort, including:
    - long work hours.
    - shift work and related fatigue.
    - excessive workloads.
    - emotionally distressing work or episodes.
    - exposure to traumatic events.
    - exposure to extremes in the work environment such as prolonged exposure to physical and environmental workplace hazards.

- work requires only low levels of physical, psychological, or emotional effort, including repetitive and/or monotonous tasks.
- employees have a low level of control over the work being undertaken and are not involved in decisions that may impact upon them.
- work is performed in an area of the workplace that may have minimal support from supervisors and co-workers such as remote or isolated workers.
- staff may not have received sufficient training, information, and instruction to undertake the work required safely and correctly.
- there may be known or potential poor relationships or conflict between management and staff or between co-workers, including:
    - the identification of workplace bullying
    - aggression
    - harassment, including sexual harassment
    - discrimination
    - other unreasonable behaviour by co-workers, supervisors or programme participants, service users and/or their whānau
- there may be a perceived lack of fairness by employees in addressing organisational issues and resource allocation or where performance issues have been inappropriately or poorly managed.
- the role being undertaken by employees is not clearly defined, involves frequent changes or conflicts in expectations, procedures, or performance standards.
- the workplace is undergoing structural or organisational change whether initiated by the Trust or by demands or restrictions placed upon it that are beyond the control of the Trust.

4.1.2. Assessing Psychological Health Risks

- As part of its risk management approach, the Trust will ensure that any work-related hazards that could impact upon an employee's psychological health are assessed to determine the seriousness thereof.
- Priority should be given to areas where risks to the psychological health of workers have already been identified.
- The Trust should use the most suitable assessment methodology, considering the nature of the risk and staff views of any known or potential work-related psychological health hazards.
- The following factors should be considered when assessing these risks:
    - the social and physical environment, such as the individual or group of staff's:
        - role within the Trust.
        - opportunities for career development and their overall position within the Trust.
        - conflicting home and work demand.

- overall working environment, including:
    - physical and environmental conditions
    - temperature
    - office design
    - lighting
    - noise
    - condition of plant and machinery used at work
    - the presence of workplace hazards
- the way that work and systems of work are organised, such as:
    - the complexity, content and demands of the work required.
    - the workload expectations and pace of work.
    - work schedules and working hours.
    - work procedures.
    - the extent of participation and control that workers have over the work.
- the way that work is managed, including:
    - the level and quality of supervision provided to workers.
    - the level of information, instruction and training provided to staff and whether it is sufficient to enable them to do their work safely and correctly and allows them to meet the Trust's expectations.
    - the level of resources allocated to undertake the work.
- interpersonal relationships, particularly where there may be poor existing relationships resulting from:
    - breakdowns in relations between management and/or supervisors and staff.
    - breakdowns in relationships between staff.
- organisational or structural change within the Trust, including restructures or work restrictions placed upon the Trust over which it has little or no control.
- the introduction of new or additional resources or processes that may change the way work is undertaken.

4.1.3. Controlling Psychological Health Risks

The Trust recognises that the management of work-related psychological health issues and the psychological health and safety of workers starts with a clear and open commitment from the Trust. To this end YAT will ensure as far as is reasonably practicable that:

- Any work-related factor that may impact upon the psychological health of staff is identified, recognised, assessed, and managed.
- The work expectations of staff are clearly identifiable, including through use of job descriptions, relevant

policies and procedures.

- All staff are provided with an appropriate induction that includes information related to the Trust's commitment to their psychological health and their responsibilities related to helping to ensure a healthy and safe workplace.
- All staff have sufficient training, instructions, resources, and equipment to do their work safely.
- The skills and experience of staff are appropriately utilised by the Trust, and staff are not routinely underutilised or used in areas of work where they have not been deemed competent.
- All managers and supervisors are provided with sufficient training in the identification, prevention and management of psychological health risks and in good management practices.
- All managers and supervisors understand the policies and procedures in place, including those relating to the taking of reasonable management action, to eliminate or minimise the risks of work-related psychological health risks and psychological injuries to staff.
- There is adequate and appropriate supervision of staff and there is a mechanism for consultation between managers, supervisors, and staff in relation to psychological health risks in the workplace.
- All managers and supervisors understand the Trust's operations, including the hazards to the psychological health of staff and the overall health and safety of staff.
- All staff understand the applicable organisational operations that may impact upon their psychological well-being and the processes and procedures in place to eliminate, minimise and report any psychological health risks.
- The physical work environment is safe with appropriate and adequate resources and equipment for staff to perform their jobs properly and safely.
- The systems of work are safe when properly followed and they consider the establishment of realistic deadlines, access to adequate breaks and leave, and include fair and equitable work scheduling and rostering.
- There are appropriate resources and processes in place to eliminate or manage psychological health risks and the risk of work-related psychological injuries.
- The resources and processes designed to eliminate or manage psychological health risks and the risks of work-related psychological injuries are effectively and efficiently implemented, managed, and utilised.
- There are appropriate processes for receiving, monitoring, and reviewing information on incidents, hazards and risks related to the psychological health of staff.
- Any reports or information related to potential work-related psychological health issues are responded to in a timely way.
- Investigations in relation to psychological health issues will be completed in a timely manner, and (if substantiated) appropriate action will be taken promptly to prevent re-occurrence.
- It acquires up to date knowledge of work-related psychological health matters, the risks to the psychological health of workers and general health and safety matters.
- A process is in place to verify that resources and processes are provided and used to manage work-related risks to the psychological health of staff.

- There are sufficient resources in place to assist staff with non-workplace related psychological health issues and their overall psychological health, including the provision of confidential counselling for affected staff, whether work related or not.
- Staff receive adequate and appropriate feedback on work performance and due recognition is given for positive performance.
- It can offer a safe and effective return to work to any staff who may be returning to work following psychological health issues or may have sustained a psychological injury.
- Regular monitoring and review of the effectiveness of measures in place to eliminate or reduce psychological health hazards and the risks of workers sustaining a psychological injury.

4.1.4. Management of Psychological Health Risks

- The Trust will manage workplace stress through:
  - Prevention:
    - Allowing staff to participate in collaborative decision-making.
    - Allowing staff to exercise as much autonomy and control as is practical.
    - Providing training to enable work to be done most effectively.
    - Providing accurate, fair, and prompt feedback on performance.
    - Considering job design, position descriptions, and performance targets with the aim of reducing unnecessary stressors.
    - Consulting with employees to identify stressors in the workplace.
    - Promoting activities that make the workplace healthier, more stimulating, and more fun.
    - Matching people to jobs by considering their individual skills, capabilities, and needs.
  - Early intervention:
    - Acting immediately if a staff member seems overly stressed.
    - Exploring whether their stress is in any way job related, discuss ways of alleviating it in the short-term initially, and then focussing on the sources of stress to consider long-term solutions.
    - Short-term solutions could include sharing tasks amongst other employees, taking leave, or adopting flexible or reduced hours.
    - Long-term solutions should aim to eliminate or minimise the cause of work-related stress where possible.
- All employees are responsible for:
  - Managing their time and realistically prioritising tasks.
  - Taking regular, necessary breaks during the day.
  - Taking their annual leave.

- Taking leave accrued as time in lieu as soon as practicable.
- Not working excessively long hours.
- Discussing with their manager the issues that are causing them stress, along with any suggested solutions.
- Seeking advice and help from their external supervisor, colleagues and/or their manager.

4.1.5. Staff Responsibilities

- The Trust recognises that the management of work-related psychological health issues and the psychological health and safety of staff starts with a clear and open commitment from the Trust.
- However, the overall success of our risk management strategies is also dependent upon staff understanding their responsibilities in relation to helping to minimise the risks to their own psychological health and the psychological well-being of others at work.
- To this end, staff are responsible for ensuring that they:
  - have received an appropriate induction.
  - understand the Trust's commitment to the overall psychological health of staff and the policies and procedures developed to help identify, assess and control risks to psychological health in the workplace.
  - understand their role at work, ensure that it has been clearly identified and it is clearly within the scope of their skills, knowledge, and experience.
  - have received sufficient training, instructions, tools and equipment to do their work safely.
  - actively participate in the consultation mechanisms or opportunities designed to help ensure their health and safety at work, including those targeted at the overall psychological health of staff.
  - understand the applicable organisational operations that may impact upon their psychological well-being, including those beyond the control of the Trust, and the processes and procedures in place to eliminate, minimise and report any psychological health risks.
  - comply with all systems of work and procedures that are designed to help ensure their health and safety and the health and safety of others at work, including those specifically designed to eliminate or minimise psychological health risks.
  - utilise the applicable reporting procedure to report any work-related hazard to their own psychological health or the psychological wellbeing of others at work as soon as it becomes evident, include any incidence of bullying or harassment (as outlined in the Trust's Employment Policy) affecting themselves or another member of staff.
  - receive adequate, appropriate and timely feedback on work performance.
- In minimising the psychological health risks to others in the workplace, staff must not act or behave in a manner that could be considered bullying or harassment. Such behaviour creates a risk to health and safety and, whether intentional or not, will not be tolerated by the Trust.

4.2. Illnesses

- When an employee is feeling sick, they are encouraged to remain at home and either work remotely or apply for sick leave, to improve their health and prevent the spread of illness.
- If a staff member becomes aware of any infection or illness they may have contracted, which may be transmitted to other people in the workplace, they should inform their line manager as soon as practicable so that a suitable risk assessment can be done. All disclosures must be handled in line with the YAT Privacy Policy.
- The Trust will cover the cost of one flu vaccination each year for any employee who requests one.

4.2.1. Assessing Infection Transmission Hazards

- The Trust has an obligation to ensure that staff and visitors to the workplace are not exposed to any infections, as far as is reasonably practicable.
- Given the nature of the Trust's work, it is safe to assume that any infection brought into the workplace may pose a risk of injury to people at the workplace. When approaching a task or duty, consideration must be given to the potential pathological agents involved, the transmission paths of the agents and who may potentially be at risk. The overall risk can then be analysed and assessed based on:
  - what aspects of the task or procedure facilitates transmission of infection?
  - what existing controls are in place?
  - what is the likelihood of transmission?
  - what are the likely consequences of transmission?
  - what factors will increase or decrease the risk of transmission?

4.2.2. Controlling Infection Transmission Hazards

- The Trust will ensure, as far as reasonably practicable, that the risks associated with infections in the workplace are controlled.
- Infectious agents can be spread in a variety of ways, including:
  - breathing in airborne pathogens released by coughing and sneezing.
  - touching contaminated objects or eating contaminated food.
  - skin-to-skin contact.
  - contact with body fluids, including saliva, urine, faeces, or blood.
- The process of controlling exposure to infection transmission risks will be determined in consultation with all employees required to carry out a task and will include:
  - the development of infection control principles.

- the development of administrative requirements designed to minimise the risk of infection transmission.
- the development of effective work practices and procedures.
- the implementation of an immunisation program.
- ensuring that all staff required to undertake a task that may potentially expose them to infection through their work have enough training, skills, knowledge, level of competence and education and/or qualifications to undertake the task.
- a regular review of our policies and procedures.

- If exposure to infections within the workplace have been assessed as a risk, consistent with national and international requirements, the Trust will adopt the following three-level approach to infection control precautions:
  - **Level 1:** General infection control procedures for the prevention or minimisation of transmission for all persons at a workplace.
  - **Level 2:** Standard infection control procedures for persons who may come into contact with blood and/or bodily fluids such as first aid persons.
  - **Level 3:** Transmission-based precautions providing a high level of protection to all persons at the workplace following identification of a positive transmission, with Level 1 and Level 2 controls in place.

4.2.2.1. Level 1 Controls

The first level relates to general procedures designed to eliminate or minimise the risk of infection transmission, involving good personal and environmental hygiene, including:

- regular hand hygiene such as handwashing and/or using alcohol-based hand sanitiser.
- drying wet hands with a single use paper towel and/or air dryer.
- routine environmental cleaning and disinfection, including high contact points such as door handles, and high traffic areas.
- promoting respiratory hygiene and cough etiquette, such as covering the nose and mouth with the crook of the elbow or a tissue when coughing or sneezing and disposing of tissue in a closed bin.
- appropriately treating and covering cuts or open wounds with a waterproof dressing.
- providing appropriate waste bins to dispose of contaminated tissues and other dirty items.
- using PPE such as gloves when undertaking cleaning and disinfection procedures, and facemasks.

4.2.2.2. Level 2 Controls

- Standard precautions will be applied to all persons at the workplace regardless of their diagnosis or presumed infection status wherever there is potential contact with body fluids, non-intact skin or mucous membranes, including eyes.
- Standard precautions will involve the use of safe work practices and protective barriers, including:
  - hand hygiene

- routine environmental cleaning
- managing spills
- waste management
- decontamination of equipment
- appropriate use of gloves, face masks and protective clothing
- appropriate device handling
- appropriate handling of any laundry items and/or protective clothing
- incorporation of respiratory hygiene and cough etiquette

4.2.2.3. Level 3 Controls

- Transmission-based precautions will be used when standard precautions alone may be insufficient to prevent transmission of infection.
- The Trust will initiate transmission-based precautions where people are known or suspected to be infected with infectious pathogens.
- Transmission-based precautions include:
  - isolating the infected person.
  - using type P2 or N95 face masks in the case of a potential Coronavirus exposure.
  - maintaining a separation distance of at least one and a half metres.
  - using protective gloves and eyewear.
  - initiating deep cleaning protocols.
- Transmission-based precautions must be tailored to the infectious agent involved and the mode of transmission.
- To minimise the exposure time of other people in the workplace, people identified as at risk of transmitting droplets or airborne diseases should be attended to immediately to prevent transmission.

4.2.3. Sick Children

- In the interests of the health of all staff and children participating in a programme, children diagnosed with an infectious illness will not be permitted to attend a programme, activity, or service they have been registered to participate in.
- If a child who is obviously unwell arrives with a parent, the parent should be advised that their child will not be allowed to participate while unwell.
- If a child becomes unwell while on programme, the coordinator should:
  - Not give any medication unless a medical consent form has been completed by the parent, but may administer Panadol where appropriate, after getting verbal approval from the parent.

- Contact the parent or emergency contacts and advise them the child needs to go home.
- Keep the child as comfortable as possible, and away from other children.
- Not leave the child alone or out of sight of the group.
- Consult with the Programmes Manager whether they should consult the General Practitioner nearest to the venue if the parent and/or emergency contacts cannot be reached, and it seems necessary to seek medical attention.
- Contact the General Practitioner nearest to the venue immediately if the child's condition worsens or if staff are concerned for their well-being.
- Record details of the illness, all action taken, and any first aid administered in an Incident Report.

4.2.3.1. Medication

- Parents must authorise the Programme Coordinator in writing if they wish them to administer medication to children, by completing a Medical Consent form.
- Medication must be administered by the Programme Coordinator, or another authorised senior staff member, recording the time and dosage on the Medical Consent form.
- All medication should be clearly labelled and stored in a secure place out of reach of children.
- When picking up their child from the programme, the parent must sign the medical consent form to acknowledge that medication has been administered correctly.

4.3. Injuries

- A safe and healthy work environment is fostered when everyone works together, sharing the responsibility for work-related personal injury prevention and management.
- Employees must record incidents, accidents and GPI type conditions using the relevant internet application, when they are involved, and an Incident/Accident report form involving anyone else.
- An employee injured at work who needs medical treatment must provide the Human Resource Manager with a copy of the completed ACC forms, and, if time off work is required, must provide a medical certificate.
- The Recruitment Manager will check information provided as part of the application process to ensure that prospective staff members have stated that they are physically and medically fit to perform the duties of the position for which they have applied before their appointment is finalised.

4.3.1. Injuries Involving Children

- The First Aid Officer or any other suitably qualified staff member should apply first aid in the event of injuries caused by minor accidents, such as minor cuts and grazes.
- If serious injury occurs i.e.: unconsciousness, suspected broken limbs or serious cuts, the Programme Coordinator should:

- Not allow any food or drink unless necessary.
- Assign at least one person to stay with the child to reassure them and if necessary, apply first aid.
- Contact the child's parent and the nearest General Practitioner, unless advised by the parent not to.
- Make the child as comfortable as possible.
- Record details of the injury/accident and any first aid administered in an Incident report.

4.3.2. Gradual Process Injuries

- These injuries are caused by the gradual onset of a condition that is related to a work task or the environment a person works in, such as:
  - Tendonitis or a diagnosed condition related to occupational overuse syndrome; or
  - Noise-induced hearing loss.
- Gradual process injuries must be diagnosed by a registered medical practitioner.
- The diagnosis must say the injury is related to your work and meets the legislative injury criteria.
- As these types of injuries can worsen over time, the sooner a staff member seeks medical attention the better.
- GPI type conditions may become 'serious harm' and must be reported to WorkSafe if the following conditions are met:
  - The person is suffering from pain which is significantly more than discomfort and considers it work related.
  - The person is unable to carry out, or is directed not to carry out, normal duties for a period of more than seven calendar days, irrespective of whether they take sick leave.
  - The person has voluntarily obtained, or been directed to obtain, medical help for the condition.
  - A diagnosis of a GPI type condition that is or could be work related is made by a medical practitioner.

5. Hazards

- The Trust will regularly assess, record, and review hazards, including any potential or actual source of harm whether it's a process, the location, a situation, equipment, or a person's behaviour, that could give rise to reasonably foreseeable risks to health and safety.
- To this end, Youth Alive Trust will:
  - systematically identify hazards at work.
  - regularly review the Incident and Accident Register to determine the hazards that cause harm.
  - involve staff in identifying hazards.
  - reassess the workplace when there are new hazards or processes.

5.1. Individual Responsibilities

- The Health and Safety Officer is responsible for:
  - Conducting regular health and safety inspections.
  - Maintaining the Hazard Register, including identification and risk analysis.
  - Working with staff to control identified hazards.
  - Eliminating hazards, and if it is not reasonably practicable to eliminate, minimising those hazards as far as reasonably practicable.
- The Programme Coordinator will complete a safety assessment in all spaces they plan to use for running a programme, before running the programme, with reference to the Hazard Register, including checking:
  - Emergency exits; and
  - Additional on-site hazards if any, and what precautions should be taken to minimise or eliminate those risks.
- All staff are responsible for:
  - Implementing hazard management procedures in their work area.
  - Behaving in a manner that does not create a hazard to themselves or any other person.
  - Taking all practicable steps to ensure identified hazards are eliminated, or minimised.
  - Reporting a new hazard and/or risks to their Health and Safety representative.
  - Informing other staff of any hazards and/or risks to health and safety which are known to be associated with the work they perform and the steps to be taken to control any such hazard and/or risk.

5.2. Hazard Register

- It is the responsibility of all staff to report hazards and risks to the Health and Safety Officer.
- If a new hazard is considered significant or cannot be eliminated immediately, it must be added to the Hazard Register.
- Hazard management needs to be completed systematically, for all areas and processes:
  - at regular quarterly intervals.
  - when an accident, injury, or a near miss occurs, including an assessment to ensure listed hazards and their control measures are adequate.
  - when a new process or equipment is introduced.
  - when a new hazard is observed or reported.
- The Hazard Register will:
  - Assess the risk to people of all identified hazards; and

- Assess the likelihood of injury or harm, and the severity of potential harm posed by a hazard; and
- If it is not reasonably practicable to eliminate the risks, suggest a hierarchy of administrative control measures to minimise the risks associated with the hazard; and
- Include the date of last review and when the next one is due.

5.3. Controlling Hazards

The Trust will:

- Take all reasonably practicable steps to eliminate hazards.
- Minimise the risk associated with hazards that cannot be eliminated.
- Action one or more of the following steps, considering what will be most appropriate and effective, considering the nature of the risk:
  - substituting in whole or part the hazard with a safer alternative.
  - isolating the hazard to prevent any person encountering it.
  - implementing engineering controls where appropriate.
  - implementing administrative controls where engineering controls cannot eliminate all risk.
  - providing personal protective equipment where risk remains, when reasonably practicable.
- When deciding what is reasonably practicable, the Trust will consider:
  - The likelihood of the risk occurring and how severe the potential harm is.
  - What it knows, or ought reasonably to know, about the hazard or risk and the ways of eliminating or minimising the risk.
  - What is the availability of the control measures, and how suitable are they for the specific risk, including assessing new risks introduced by control measures.
  - The cost of the control measures and are the costs grossly disproportionate to the risk.
- The Trust will do more to control risk which may result in death, serious injury and/or a long term or irreversible health conditions - the greater the potential harm, the greater the action required.
- Where risks have unacceptable outcomes, even where they have a low likelihood of occurring, the Trust will consider credible worst-case scenarios.

5.3.1. Smoking

- As part of Youth Alive Trust's role in promoting health and wellbeing to communities in the east of Christchurch, the Trust has a responsibility to encourage and support staff, children and users of its programmes and services to be smoke free.
- The Trust will ensure that the workplace is smoke free, including not permitting smoking:

- inside and around the Trust's buildings, vehicles, and offices, including any buildings leased by or used by the Trust for its purposes.
- in external areas immediately surrounding any sites used or controlled by the Trust, including boundary fences, gardens, and entrances to sites.

- It is the responsibility of all staff to inform anyone who is found to be smoking in the workplace that Youth Alive Trust is smokefree.
- Youth Alive Trust prohibits smoking as a behavioural tool, including building rapport with service users and de-escalating or managing critical incidents.
- Staff are prohibited from smoking when working with service users, including within the service user's home and when undertaking community activities.
- Staff who wish to smoke offsite should not be identifiable as Youth Alive Trust staff by their clothing and/or name tags.
- Smokefree signs should always be clearly visible in buildings and spaces under the control of the Trust and used for its purposes.
- Individuals, who believe, on reasonable grounds, that there has been a failure to comply with the purpose of the policy, should forward their complaint, in writing, to the Health and Safety Officer, who will respond to the complaint within seven working days after receipt.
- Staff supporting children and/or their whānau in their own homes and the community, must endeavour to minimise their own risk to secondhand tobacco smoke.
- Any breach of this policy on smoking will be considered misconduct and will be dealt with in accordance with YAT's Employment Policy.

5.3.2. Manual Handling

- Lifting, carrying, pushing, or pulling heavy loads can put staff at risk of serious injury, especially when:
  - A load is too heavy, is difficult to grasp, and/or is too large.
  - The physical effort is too strenuous.
  - They are required to bend and twist when handling heavy loads.
- The Health Safety Officer is responsible for:
  - Identifying the manual handling tasks that are likely to be a risk to health and safety.
  - re-assessing the risks on a regular basis.
  - taking steps to control those risks.
  - providing information and training for staff about the hazards they are exposed to or that they may create, and what controls are in place.
  - reviewing the effects of controls.
- Staff are responsible for:

- Taking all reasonable and necessary precautions for their own health and safety (and that of others) when carrying out manual handling tasks.
- Being familiar with current accepted best practice for manual handling, including use of equipment.

5.3.3. Food

Staff are responsible for:

- Washing and drying hands thoroughly before touching food, or handling meat and dairy products.
- Changing disposable gloves in between handling different food categories, when using them.
- Tying up long hair or wearing hats/hair nets worn whilst preparing or serving food.
- Ensuring only clean utensils are used for preparation.
- Cleaning food preparation surfaces thoroughly with a clean cloth and food-safe detergent before use.
- Being aware of any special food handling requirements, e.g. different boards, plates and utensils for cooked and raw meats.
- Providing fresh, hygienically stored, and prepared food, safe for human consumption.
- Serving food on clean dishes with clean utensils.
- Ensuring food is covered and stored safely and correctly.
- When leaving hot food for a period before serving, making sure it is kept at a temperature of 60˚C.

5.3.4. Sun Safety

- Exposure to ultraviolet radiation from the sun causes sunburn, skin damage and increases the risk of skin cancer.
- This policy must be followed whenever the ultraviolet index levels reach 3 or above, which normally is between September and April, especially between 10:00 and 16:00.
- Programme coordinators must consider the availability of shade when planning outdoor activities.
- Staff and children attending Trust programmes should, when doing outdoor activities, wear:
  - hats that protect their face, neck and ears, i.e. legionnaire, broad-brimmed or bucket hats.
  - loose fitting clothing that covers as much skin as possible - tops with elbow length sleeves, and if possible, collars, and knee length or longer style shorts and skirts.
  - UV filtered sunglasses where possible.
- YAT will make sunscreen available to staff and children attending Trust programmes.
- Staff must ensure children have applied sunscreen to exposed skin:
  - at least 15 minutes before going outside.
  - every two hours when outside.

- after they have been swimming.

5.3.5. Working Alone

- Where the conditions of service or its associated tasks require staff to work alone, both the individual staff member and managers have a duty to assess and reduce the risks which working alone presents.
- This policy involves all staff involved in:
  - Mentoring
  - Tutoring
  - Home visits or meeting children and/or their parents, or whānau off-site
  - Events in the community
  - Activities or events outside of normal working hours that require them working on their own
  - Other work like these

5.3.5.1. Assessment of Risk

- In developing a safety plan, the following issues should be considered, as appropriate in the circumstances:
  - Environment including location, security, and access.
  - Context, including nature of the task, and any special circumstances.
  - Individuals concerned, including indicators of potential or actual risk.
  - History, including any previous incidents in similar situations.
  - Any other special circumstances.
- Where there is any reasonable doubt about the safety of a lone worker in each situation, consideration should be given to sending a second worker or making other arrangements to complete the task.
- While resource implications cannot be ignored, safety must be the prime concern.

5.3.5.2. Working Alone in Trust Buildings

- Staff are responsible for ensuring that all appropriate steps are taken to control access to the building.
- Staff must ensure they:
  - Are familiar with the exits, emergency exits and alarms.
  - Have access to a telephone or other appropriate communication device.
  - Have access to first aid equipment.
- If there is any indication that a building has been broken into, a staff member must not enter alone, but should call for backup.

5.3.5.3. Personal Safety When Doing Home Visits

- Staff should take all reasonable precautions to ensure their own safety, as they would in any other circumstances.
- Staff must not assume that having a mobile phone and a backup plan is a sufficient safeguard; the priority is to plan for a reduction of risk.
- Where practicable, staff must inform their line manager or other identified person when they will be doing a home visit, giving accurate details of their location, and follow an agreed plan to inform that person when the home visit is completed. This includes occasions when a staff member expects to go home following a visit rather than returning to their base.
- Staff such as Mana Ake kaimahi, who may do a pre-planned programme of visits, must inform their line manager if they deviate from the programme.
- If a member of staff does not report in as expected, an agreed plan should be put into operation, initially to check the situation and then to respond as appropriate.
- Staff are responsible for:
    - Ensuring they have a mobile phone.
    - Checking that it is charged and in good working order.
    - Ensuring they have sufficient credit remaining with the relevant provider.
- Personal alarms may be provided on request.
- Staff are responsible for planning how they should respond to individual service users or situations that present a known risk and should regularly review and discuss this with the Health and Safety Representative.
- Staff must consider special circumstances, including the:
    - most recent events and the person's response
    - any indications of alcohol or substance use
    - presence of a dog
    - any other factors specific to the situation
- The safety plan must include consideration of communication, checking-in, and fallback arrangements.

5.3.5.4. Staff Working at Home

- Staff working from their own homes should take every reasonable precaution to ensure that their address and telephone number remain confidential.
- There should be regular contact with their line manager or other designated person if working at home for extended periods, and an appropriate reporting system should be used if making visits from home.

6. Accidents and Incidents

- In the event of an accident staff must:
  - Assess the situation:
    - Ensure the physical safety of the victim; and
    - Ensure the safety of others.
  - Assess the nature and seriousness of injuries.
  - If appropriate, administer first aid.
  - Contact the emergency services immediately if a serious injury has occurred.
  - Complete an Incident Report.
- Where a child attending a programme is injured, and the injury cannot be treated with basic first aid, contact the parents as soon as possible.
- Where a staff member is seriously injured, the emergency services should be called, and their emergency contact notified.
- In case of serious incidents, the Board of Trustees must be notified as soon as practicable, but at least within 24 hours.
- If a notifiable incident has occurred, the responsible person must:
  - Make sure the site is not disturbed, other than taking actions to make the site safe or enable treatment to the injured, until authorised by an inspector.
  - Notify WorkSafe as soon as possible, but at least within 24-hours.
- Carry out an incident investigation to:
  - determine what happened.
  - work out what can be done to prevent this happening again.
  - make appropriate changes.

6.1. Incident and Accident Reporting and Investigation

- The Trust will have a system to record and investigate incidents and accidents.
- All incidents and accidents must be recorded:
  - In the appropriate health and safety application for employees, interns, and long-term contractors.
  - On an Incident or Accident report form for programme attendees and volunteer staff. Reports must be signed by the person completing the report and a parent of a programme attendees under the age of 18 involved in the incident.
- Whenever there is a work-related accident or incident, the staff member must:

- Inform the Health and Safety Officer or Representative.
- Complete an accident or incident report as soon as possible.
- If medical treatment is required and/or there is lost time, the staff member must, in addition to reporting the accident, seek treatment from a registered medical practitioner of their choice and complete the required ACC forms.
- Provide copies of any completed ACC forms, and a medical certificate if lost time is involved, to the Human Resources Manager as soon as possible.

- The Health and Safety Officer will carry out an investigation into the incident.
- The purpose of the investigation procedure is to determine actual causes of an accident or incident, and to put in place controls to minimise the chances of a recurrence.
- After the investigation has been completed it may be decided that reassessment of risks and further hazard management is necessary.
- Further discussions of incidents and/or accidents will from time to time take place at Trust staff meetings.

6.2. Notifiable Incidents

- In the event of 'serious harm' or a significant hazard the Health and Safety Officer must be advised immediately to enable them to:
  - Report the event to WorkSafe.
  - Ensure receipt of all relevant information (incident report, ACC forms, and medical certificates as applicable).
  - Initiate and carry out an investigation within 12 working hours of the event concerned.
  - Ensure any hazard that is identified as the cause of the event is eliminated, isolated, or minimised.
  - Ensure all corrective actions that have been identified are carried out within the specified timeframes.
  - Review the investigation report to ensure that the correct actions have been carried out as indicated and to check, if applicable, that significant hazards have been controlled.
- Serious harm accidents must be reported, in writing, and on the prescribed form, to WorkSafe, within seven days of the event.
- YAT will keep a record of all notifiable incidents.

7. Offsite Safety Management

- When going on offsite excursions during Trust programmes, the coordinator must complete a safety management plan for each activity they will do and the place they will visit.
- The Programmes Manager must sign the safety management plan in advance.

- The Programme Coordinator must brief the programme team on the safety management strategies before the start of the programme and assign specific tasks to specific team members to help minimise risk.
- Every member of the programme team must sign the Safety Management Plan to confirm they have read and understood the plan.
- Safety Management Plans must be kept on record.
- The Safety Management Plan should include the following information:
    - Specific hazard that may be encountered during the activity.
    - Specific medical needs individual children may have.
    - The name(s) of the designated First Aid Officer(s).
    - The name of the Evacuation Warden.

8. First Aid

The Trust has a responsibility to take 'all practicable steps' in providing effective first aid arrangements. To this end YAT will ensure:

- There are adequate first aid supplies and equipment accessible for all staff in the workplace.
- First aid equipment is kept up to date by a designated employee.
- There are always at least one member of staff who holds a current first aid certificate on site during hours of operation.

9. Emergencies

- Youth Alive Trust recognises the need to be prepared for emergency situations that may be encountered while at work. To this end, the Trust will ensure that:
    - Buildings and facilities it uses comply with fire safety standards.
    - Signs for communicating information intended to facilitate evacuation is available and clearly visible.
    - Emergency exits are always clear of obstruction.
    - Evacuation wardens are appointed and trained in their responsibilities.
    - Regular evacuation drills are done, including:
        - Once every school term for the OSCAR after school programme; and
        - at the beginning of every holiday programme week.
- The Trust will work with the building owner to ensure the regular checking of:
    - Fire alarms and emergency warning systems.
    - Automatic doors.

- Emergency lighting systems.
- Mechanical ventilation systems.
- Fire extinguishers.
- Final exits and other exit doors.

- In the event of an emergency, staff should follow the procedures set out in appendices 5 – 10.

9.1. Responsibilities

- The Health and Safety Officer or Health and Safety Representatives in their absence, is responsible for:
  - Acting as the head warden for the Trust.
  - Ensuring all staff receive emergency preparedness training.
  - Maintaining a register of those staff who may require special assistance in the case of an emergency requiring evacuation.
  - Ensuring all staff are accounted for after an evacuation and notifying the relevant attending emergency services.
- All staff are responsible for:
  - Maintaining familiarity with emergency responses and following procedures.
  - Advising the Health and Safety Officer of any special assistance that may be required in case of an emergency requiring evacuation, e.g. in case of hearing and/or physical disability.
  - Ensuring their own safety if working in the building after hours or alone, by utilising available security measures.

10. Training

YAT staff will receive relevant health and safety training and must regularly participate in discussions, exercises and drills to further advance their professional development.

11. Breaches of duties

When a duty holder is in breach of their health and safety duties, they will face sanctions depending on the severity of the breach. This includes:

Offense	Employment sanctions	Regulatory sanctions
Reckless conduct which exposes another person to a risk of death, serious injury, or	Gross misconduct, with summary dismissal	**Staff**: up to 5 years in prison or a fine of up to $300,000, or both

serious illness		**Officer**: up to 5 years in prison or a fine of up to $600,000, or both
Failure to comply with a health and safety duty exposing a person to a risk of death, serious illness or serious injury	Gross misconduct, with the potential to be summarily dismissed	**Staff**: fine of up to $150,000
		Officer: fine of up to $300,000
Fails to comply with a health and safety duty	Misconduct or gross misconduct, depending on the severity of the situation	**Staff**: fine of up to $50,000
		Officer: fine of up to $100,000

The Trust will follow its normal investigation procedures as specified in the Employment Policy.

12. Review

This policy shall be reviewed every three years or more frequently if required, to ensure it remains relevant, responsive, and reflective of best practice.

13. Document Information

Document Name	Youth Alive Trust Health and Safety Policy
Version number	2
Review date	July 2027
Reviewed by	David du Preez
Approval date	28 August 2024
Next review date	August 2027

Version History

Version	Author	Remarks	Approved
1	Unknown		2018
2	David du Preez	Revised and updated policy	28 August 2024

Appendix 1 | Hazard Management Procedure

Step 1: Identify Hazards

- Use inspections, audits, walk-through surveys, and checklists to determine hazards:

Working Environment	Human Factors	Tasks
• Area used and its physical condition • Workplace layout • Location of material or equipment, and distances moved • Types of equipment used • Energy hazards • Hazards which could cause injury • Characteristics of materials and equipment • Hazards which could cause illness • Psycho-social environment • Trust environment	• Knowledge and training • Skills and experience • Health, disabilities, and fitness • Age and body size • Motivation • Risk perception and value systems • Protective clothing, equipment, and footwear • Leisure interests	• Task analysis • Working postures and positions • Actions and movements • Duration and frequency of tasks • Loads and forces involved • Intensity • Speed and/or accuracy • Originality • Work organisation

- Analyse any incidents, accidents, and near misses reported.

Step 2: Risk Analysis

- Risk analysis is the process of estimating the magnitude of the risk posed by a hazard, and deciding what actions to take.
- The likelihood of a risk accruing will be analysed according to the following scale:

Score	Scale	Frequency
1	Rare	May occur only in exceptional circumstances, e.g. less than 5% chance of occurring
2	Unlikely	Could occur at some time, e.g. 5-29% chance of occurring

3	Possible	Should occur at some time, e.g. 30-59% chance of occurring
4	Likely	Will occur in most circumstances, e.g. 60-79% chance of occurring
5	Almost certain	Will occur in most circumstances, e.g. 80% + chance of occurring

- The impact of the incident or accident will be analysed using to the following scale:

Score	Scale	Severity of Incident, Accident or Illness
1	Insignificant	Negligible injury or illness
2	Minor	Minor injury or illness requiring minor first aid and/or less than 1 week's recovery
3	Moderate	Injury or illness requiring advanced first aid and/or medical visit e.g. general practitioner or hospital visit, and 1 – 6 weeks recovery
4	Major	Injury or illness requiring advanced first aid and emergency medical assistance, e.g. hospitalisation, and/or more than 6 weeks recovery
5	Catastrophic	Injury or illness requiring immediate emergency medical assistance potentially resulting in permanent or long-term disabling effects or death. Hospitalisation likely to be for more than six weeks

- Compile a risk assessment category for each hazard using the following chart:

Likelihood	Impact				
	Insignificant	Minor	Moderate	Major	Catastrophic
Rare	L	L	M	H	H
Unlikely	L	L	M	H	C
Possible	L	M	H	C	C
Likely	M	H	H	C	C
Almost certain	H	H	C	C	C

Legend:

L	Low risk; manage by routine procedures
M	Moderate risk: management responsibility must be defined

H	High risk: management attention is needed
C	Critical risk: immediate action required

- The risk assessment category is entered into the Risk Score beside the hazard on the Hazard register.

Appendix 2 | Annual Review

Health and Safety System	Policy Components	Review Date
Employer Commitment to Health and Safety	• Outline of Health and Safety Programme (objectives) • Employer commitment, including employer and employee responsibilities • Volunteer staff • Health and Safety Committee and Representatives • Acknowledgment of and cross-reference to relevant legislation • Quality assurance systems supporting health and safety	
Hazard Identification and Management	• Hazard identification process and risk analysis • Managing hazards • Stress at work • Occupational overuse syndrome (OOS) prevention • Manual handling guidelines • Smokefree workplace • Forms for hazard identification and analysis	
Incident Reporting and Management	• Definitions of accident and serious harm • Procedures for investigating and recording accidents • Making claims • Rehabilitation – employer commitment to vocational rehabilitation programmes and early return to work • Forms for recording accidents and investigations	
Emergency Planning and Readiness	• First Aid • Disaster management (fire, earthquake, and flood) • Management of an unwanted visitor, bomb threat, etc.	
Employee Information, Training, and Supervision	• Induction process and training • Employee responsibilities • Ongoing training and staff development • Cross-reference to employer commitment	

Employee Involvement	• Employee participation • Cross-reference to Health and Safety Committees and Representatives	
Contractors and Visitors	• Definitions • Processes to ensure safety while on-site • Responsibilities	
Event Management	• Health and Safety off-site • Responsibilities and functional relationships with other stakeholders • Checklists managing risk – event management	
Excursion Management	• Health and Safety off-site • Responsibilities and functional relationships with other stakeholders • Checklists managing risk – event management	

Appendix 3 | Safe Workplace Audit Checklist

Questions	Response	Follow-up required (when and whom)?
Who is your Health and Safety Representative?		
Has this person had recent training in health and safety? Specify what and when.		
Do you have a Visitors Book or other mechanism for monitoring and ensuring visitor safety?		
Do you have a Contractors Book or other mechanism for monitoring and ensuring contractor and staff safety?		
Do you provide information to visitors and contractors of hazards and emergency procedures? How is this done?		
Do you obtain information from contractors about hazards they may be bringing on-site?		
Do you have a qualified first aid person? When does their First Aid Certificate expire?		
Do you have first aid supplies? Are these current and complete?		
Have you identified hazards?		
Do you have a Hazards Register? Is this regularly updated?		
Have you had any expert assistance to identify or mitigate hazards?		
Have you had any incidents and accidents?		
Have incidents and accidents been recorded?		
What action has been taken because of incidents and accidents?		
Have you had regular Health and Safety Meetings? If yes, how often?		
Are there minutes of these meetings, including who attended and action plans where applicable?		

Have you circulated any material relating to health and safety in staff newsletters or emails over the past year?		
Have you any staff who are union members?		
Have staff been informed that they can have a representative or union representative assist them in relation to the health and safety matters?		
Have staff participated in the review of any policies or procedures relating to health and safety?		
Do you set yearly objectives for health and safety?		
Do you have a management plan of how these objectives will be achieved?		
Have you undertaken a review of objectives to monitor progress toward achievement?		
Do you have copies of health and safety inspections of equipment, e.g. of fire extinguishers/fire drills, etc.?		
Do you have a Fire Warden? If yes, has this person had Fire Warden training?		
Do you have reference material available to staff and health and safety matters in addition to any policies and procedures?		
Is there an orientation or induction process for new staff that includes health and safety?		
Are health and safety responsibilities assigned to Managers or the Health and Safety Representative written into the Position Description of those people?		
Are health and safety responsibilities included in the performance review of staff?		

Appendix 4 | Workstation Assessment Checklist

After three months of employment, each new employee's workstation should be assessed according to the following checklist and adjustments made as required.

	Working Conditions The workstation should be designed or arranged so it allows the employee's…	Y	N
A	Head and neck to be about upright (not bent down/back).		
B	Head, neck, and trunk to face forward (not twisted).		
C	Trunk to be about perpendicular to floor (not leaning forward/backward).		
D	Shoulders and upper arms to be about perpendicular to floor (not stretched forward) and relaxed (not elevated).		
E	Upper arms and elbows to be close to body (not extended outward).		
F	Forearms, wrists, and hands to be straight and parallel to floor (not pointing up/down).		
G	Wrists and hands to be straight (not bent up/down or sideways toward little finger).		
H	Thighs to be about parallel to floor and lower legs to be about perpendicular to floor.		
I	Feet to rest flat on floor or be supported by a stable footrest.		
J	Visual Display Unit (VDU) tasks to be organised in a way that allows the employee to vary VDU tasks with other work activities or to take micro-pauses while at workstation.		
	Seating The chair…	Y	N
1	Backrest provides support for employee's lower back (lumbar area).		
2	Seat width and depth accommodate specific employee (seat pan not too big/small).		
3	Seat front does not press against the back of the employee's knees and lower legs (seat pan not too long).		
4	Seat has cushioning and is rounded/has 'waterfall' front (no sharp edge).		
5	Armrests support both forearms while employee performs VDU tasks and do not interfere with movement.		
	Keyboard/Mouse The keyboard/input device is designed or arranged for doing VDU tasks so that…	Y	N
6	Keyboard/input device platform(s) is stable and large enough to hold keyboard and input device.		
7	Input device (mouse or trackball) is located right next to keyboard so it can be operated without reaching.		
8	Mouse is easy to activate and shape/size fits hand of specific employee (not too big/small).		

9	Wrists and hands do not rest on sharp or hard edge.		
Monitor The monitor is designed or arranged for VDU tasks so that…		Y	N
10	Top line of screen is at or below eye level, so employee is able to read it without bending head or neck down/back (for employees with bifocals/trifocals, see next item).		
11	Employee with bifocals/trifocals can read screen without bending head or neck backward.		
12	Monitor distance; allows employee to read screen without leaning head, neck, or trunk forward/ backward.		
13	Monitor position is directly in front of employee, so employee does not have to twist head or neck.		
14	No glare, e.g. from windows or lights is present on the screen which might cause employee to assume an awkward posture to read screen.		
Work Area The work area is designed or arranged for doing VDU tasks so that…		Y	N
15	Thighs have clearance space between chair and VDU table/keyboard platform (thighs not trapped).		
16	Legs and feet have clearance space under workstation, so employee is able to get close enough to keyboard/input device.		
Accessories		Y	N
17	Document holder, if provided, is stable and large enough to hold documents that are used.		
18	Document holder, if provided, is placed at about the same height and distance as monitor screen so there is little head movement when employee looks from document to screen.		
19	Wrist rest, if provided, is padded and free of sharp and square edges.		
20	Wrist rest, if provided, allows employee to keep forearms, wrists, and hands straight and parallel to ground when using keyboard/input device.		
21	Telephone can be used with head upright (not bent) and shoulders relaxed (not elevated) if employee does VDU tasks at the same time, i.e. using headset.		
General		Y	N
22	Workstation and equipment have sufficient adjustability so that the employee can be in a safe working posture and to make occasional changes in posture while performing VDU tasks		
23	VDU workstation, equipment, and accessories are maintained in serviceable condition and function properly.		
Comments			

Passing Score = ‘YES’ answer on all ‘working postures’ items (A-J) and no more than two ‘NO’ answers on remainder of checklist (1-23).

Appendix 5 | Emergencies: Fire

	Response actions (as appropriate)
Discovery of a fire	☐ If safe to do so, extinguish the fire with appropriate fire extinguishers
	☐ Activate the fire alarm
	☐ Call 111
On hearing the alarm	☐ Chief Evacuation Warden take their gear and proceed to the reporting point
	☐ Evacuation Wardens should instruct staff and visitors to proceed to the designated assembly point
	☐ Ensure visitors with disabilities are assisted by an assistant warden to evacuate or remain in place if they are unable to evacuate.
	☐ Evacuation Warden will check all areas they are responsible for, if it is safe in doing so
	☐ If the Evacuation Warden's area is clear, report the 'all clear' to the Chief Evacuation Warden
	☐ Assembly point coordinators must do a rollcall at the assembly point, and ensure everyone remain at the assembly point until clearance to leave is given
Returning to the building(s)	Do not return to the building(s) until given the all-clear by the Chief Fire Warden and/or the Fire Service
Ongoing operations following a fire	The continuing operation of the Trust will be determined by the nature of the event and the availability of resources such as buildings and staff

Appendix 6 | Emergencies: Earthquake

	Response actions (as appropriate)
During an earthquake	☐ If indoors: • Drop, take cover under a desk or table, and hold onto the legs until the shaking stops • Everyone to adopt the 'turtle' position • Keep away from shelves containing heavy objects and other large items of furniture • Keep away from windows • Stay indoors until the shaking stops and it's safe to go outside
	☐ If outside: • Keep away from buildings and power lines
When the shaking stops	☐ Ensure your personal safety first
	☐ Check those around you and offer help if necessary
	☐ If anyone requires medical assistance, call 111 and/or administer first aid
	☐ Evacuate if required
	☐ Assist visitors and children to move away from dangerous areas
	☐ Be aware of the possible risk of Tsunami
	☐ Listen to the radio for instructions from Civil Defence
	☐ Turn off the any gas if it may be leaking and switch off electrical equipment
Ongoing operations following the earthquake	☐ The continuing operation of the Trust will be determined by the nature of the event and the availability of resources such as buildings and staff

Appendix 7 | Emergencies: Tsunami

- Any tsunami risk is normally from:
  - an earthquake in South America, in which case there will be 12-14 hours warning to undertake an evacuation, or
  - a localised earthquake that shakes longer than 1 minute or was difficult to stand up in, in which case the evacuation plan must be put in place immediately.
- Youth Alive Trust is noted in the CCC plan as a Coast Evacuation Risk location (Sector 5).
- If an evacuation is called by the CCC and Police staff must take immediate action. The tsunami siren will sound, and Police will door knock on buildings and put their civil defence scheme into place.

	Response actions (as appropriate)
When a Tsunami threatens	☐ Listen to your radio or TV for advice and information
	☐ Don't wait to be told to evacuate if a strong earthquake occurs if: • you cannot stand up in, and/or • if it shakes longer that one minute • Remember: "If its long and strong – be gone"
	Tsunami evacuation arrangements: ☐ Staff and visitors should move to the assembly point ☐ Evacuation warden check that all areas are clear, and report to the Chief Evacuation Warden ☐ Assembly point coordinators do a roll call ☐ When instructed to by the Chief Evacuation Warden, evacuate to City East Church, 118 Shortland Street, Aranui ☐ Notify parents of children onsite

Appendix 8 | Emergencies: Bomb Threat

- Do not hang up when a caller makes a bomb threat – keep calm.
- Encourage a dialogue with the caller as information they may share can help assess the situation and help the police with their investigation.
- Allow the caller to talk, ask the following questions when an opportunity arises.
- Avoid being confrontational.

Questions	Answers
When is the bomb going to explode?	
Where is the bomb?	
What does the bomb look like?	
What kind of bomb is it?	
What is the explosive type and quantity?	
Why did you place the bomb?	
What is your name?	
Where are you?	
What is your address?	
Exact wording of the threat:	
The Caller	
Sex:	☐ Male ☐ Female
Estimated age:	
Any speech impediment (specify):	
Accent (specify):	
Voice- loud – soft etc:	
Speech – fast – slow etc:	

Manner, calm emotional etc:	
Did you recognise the voice?	☐Yes ☐No
If so who do you think it was?	
Was the caller familiar with the area?	☐Yes ☐No

Threat Language			
☐ Well spoken ☐ Incoherent	☐ Irrational ☐ Taped	☐ Message read by caller ☐ Abusive	☐ Other: _____

Any background noises?			
☐ Street noise ☐ House noise	☐ Aircraft ☐ Voices	☐ Music ☐ Machinery	☐ Vehicle ☐ Other: _____

Call taken			
Date: __/___/____	Time:	Length of call:	Number called:

Appendix 9 | Emergencies: Violent Intruder

	Response actions (as appropriate)
Shots are heard or a violent intruder is seen on the premises	☐ Call 111 • Identify yourself and where you are, including the street address • Details of situation • Details of any casualties • Description of weapons, number of shots etc. • Description and location and identity of offender if known • Identify the 'target' of aggression if known
	☐ If safe, move to predetermined safe position to await Police arrival
	☐ Alert Trust Manager, Programmes Manager, staff and visitors (avoid using the fire alarm) Our alert system: Verbal communication, cell phone communication
	☐ Move everyone out of hallways and into rooms
	☐ Lock and/or barricade, or cover, if possible, doors/windows
	☐ Keep quiet and do not leave the room unless it is safe to do so
	☐ Should the event occur while visitors and children are outside: instruct them to move to nearest secure room, or to a safe-predetermined, assembly area (which may include an off-site area)
	☐ Once police arrive, liaise with them to secure the crime scene(s)
Following the incident	☐ Trust Manager only to liaise with the media
	☐ Consider whether to temporarily close, or continue operating
	☐ Continue to monitor the wellbeing of students and staff

Appendix 10 | Emergencies: Trespasser

Trespassing is where a person enters the building and either:

- Does not have permission to be there, or
- Their behaviour is such that it is unsafe for them to be there

Incident type	Response actions (as appropriate)
Become aware that there is a trespasser on the property	☐ Notify Trust Manager or other staff member of the description, location, and behaviour of the trespasser
	☐ Assess the nature of the trespasser: benign or aggressive (if aggressive – follow the violent intruder process)
	☐ Ensure any rooms being used are kept secure
	☐ Greet the trespasser, advise them who you are, and ask them why they are there; whenever possible, ensure that you are not alone
	☐ If the reason for the visit appears legitimate, take the person to the reception desk
	☐ If the reason for the visit is not legitimate, ask them to leave the premises
	☐ If the person leaves when requested, they are no longer considered a trespasser
If the trespasser refuses to leave when requested	☐ Explain that you will need to call the police
	☐ If the trespasser still refuses to leave, ask another staff member to call the police
	☐ If it is safe, stay with the trespasser until the police arrive
	☐ If the trespasser gives any indication of violence walk away (if possible, keep the trespasser under observation from a safe distance until police arrive)
	☐ When police arrive update them on the situation
Follow-up actions	☐ Ensure the incident is documented and filed (including providing a report to police)
	☐ Assess if the procedure worked correctly or needs to be amended