



31 March 2021



Reference: OIA-2020/21-0346

Dear 

Official Information Act request relating to health and safety documents

I refer to your request made under the Official Information Act 1982 (the Act), received on 3 February 2021 by the National Emergency Management Agency (NEMA), a departmental agency hosted by the Department of the Prime Minister and Cabinet (DPMC). You requested:

“RNZ requests your agency provide in full, and in fully cut-and-pastable and searchable format, the following:

- *Copies of the following that applied pre the Dec 2019 Whakaari eruption AND that applied after the eruption (or that apply currently):*
 - o *Health and safety*
 - *plans*
 - *safe work systems*
 - *risk assessments*
 - *policies*
 - *procedures*
 - *required equipment*
 - *in each case, in place to protect and safeguard your staff and/or other people (“bystanders” as characterised in Worksafe language) engaged in any way in any volcanic zone*
 - o *If these vary between volcanic zones, pls provide the various copies*
- *AND detail what worker engagement the agency undertook re the above plus*
 - o *Provide documented evidence of this engagement...*

I note the time limits for responding to your request were extended under section 15A of the Act by 20 working days, to allow for further consultation to be undertaken. Following this, I am now in a position to respond.

For background, it may be helpful for me to begin by noting the role of NEMA (formerly the Ministry of Civil Defence & Emergency Management) within the Civil Defence Emergency Management (CDEM) sector. NEMA’s role is to work across central government and with local government, communities, iwi, and business to create an emergency management system that is ready and able to provide an effective and integrated response to, and recovery from, emergencies, as defined in the CDEM Act (available online at: <http://www.legislation.govt.nz/act/public/2002/0033/latest/DLM149789.html?src=gs>).

Further information about the sector, the role of NEMA within it, and the role of others involved (for example, emergency services with first-responder duties), can be found online at: <https://www.civildefence.govt.nz/assets/guide-to-the-national-cdem-plan/Guide-to-the-National-CDEM-Plan-2015.pdf>

Please find enclosed copies of the following documents:

- Health and Safety Policy (dated 15 August 2017),
- Health and Safety Policy (dated 28 October 2020),
- Health and Safety Framework (in use at time of Whakaari/White Island eruption in December 2019 and current),
- Health and Safety Manual (dated 24 August 2016),
- Health and Safety Manual (current),
- DPMC – Risk Action Plan: Health and Safety Risk Register – All Areas tab (dated 15 October 2018), and
- Health & Safety Critical Risks (February 2021).

In considering these documents, I would note that neither DPMC nor NEMA have staff employed in roles as first responders, and that our staff are not deployed to work in active volcanic zones where there is an increased risk of volcanic activity. We do not therefore have policies specific to personnel engaged in work in volcanic zones.

You have the right to ask the Ombudsman to investigate and review my decision under section 28(3) of the Act.

This response will be published on DPMC's website during the regular publication cycle. Typically, information is released monthly, or as otherwise determined. Your personal information including name and contact details will be removed for publication.

Yours sincerely



Carolyn Schwalger
Chief Executive, National Emergency Management Agency



Health and Safety Policy

Policy details

Version	1.0	Contact	Sharyn Foote, Corporate Health and Safety Advisor
Status	Draft <input type="checkbox"/> Final <input checked="" type="checkbox"/>	Approved by	Andrew Kibblewhite, Chief Executive
Date for review	1/08/2020	i-Manage	4063656

Name	Role	Signature	Date
Andrew Kibblewhite	Chief Executive		15/08/2017

Objective

To ensure that all of DPMC's officers and workers (and any other person in a DPMC workplace) are in a healthy, safe and supportive environment.

Principles

The Department of the Prime Minister and Cabinet (DPMC) is committed to managing health, safety and wellbeing in the work place in a proactive and participatory way. DPMC commits to:

1. Continuous improvement in health, safety and wellbeing, ensuring it is reflected in our day-to-day operations.
2. Operating a risk-based approach to health, safety and wellbeing ensuring that where risks are identified and cannot be eliminated, they are controlled to as low as reasonably practicable.
3. Involving employees in health, safety and wellbeing activities as they are critical to successful health, safety and wellbeing management.
4. Ensuring that all employees are knowledgeable, confident and competent to achieve their health and safety responsibilities.
5. Ensuring all employees accurately report, record and respond to all risks, accidents or incidents they are involved in, in a timely manner.

Applies to

This policy applies to everyone in DPMC, including seconded, contracted and temporary staff (together referred to in this policy as 'employees'), regardless of position or seniority.

Responsibilities

Role	Responsibilities
Executive Leadership Team	Lead and champion health, safety and wellbeing throughout the Department.
Managers	Promote health, safety and wellbeing amongst their teams, and lead by example by actively creating and maintaining a safe and healthy workplace.
Health and Safety Committee	Represent and be an advocate for all employees on health, safety and wellbeing.
All Employees	Take reasonable care that their actions do not adversely affect the health, safety and wellbeing of themselves or others. Notify risks and issues, and report incidents and accidents accurately and in a timely manner. Comply with this policy and any reasonable instructions of DPMC

Related policies, guidance and information

This Policy should be read in conjunction with other DPMC documents and Legislation including (but not limited to):

- DPMC Health and Safety Framework
- DPMC Health and Safety Manual
- DPMC Health and Safety Risk Register
- Health and Safety Induction
- Kainga – Health and Safety Portal
- Health and Safety at Work Act 2016
- Health and Safety Regulations, Standards and Codes of Practice
- DPMC Wellbeing Policy



Health and Safety Policy

Version	1.0	Contact	Chris Gianos, Principal Advisor Risk
Status	Draft <input type="checkbox"/> Final <input checked="" type="checkbox"/>	Approved by	Brook Barrington, Chief Executive
Date for review	1/08/2023	iManage	4334993.1

Name	Role	Signature	Date
Brook Barrington	Chief Executive		28/10/2020

Objective

To ensure that all of DPMC and NEMA's officers and workers (and any other person in a DPMC or NEMA workplace) are in a healthy, safe and supportive environment.

Principles

The Department of the Prime Minister and Cabinet (DPMC) is committed to managing health, safety and wellbeing in the workplace in a proactive and participatory way. DPMC is committed to:

1. Continuous improvement in health, safety and wellbeing, ensuring it is reflected in our day-to-day operations.
2. Operating a risk-based approach to health, safety and wellbeing ensuring that where risks are identified and cannot be eliminated, they are controlled and minimised as much as is reasonably practicable.
3. Involving employees in health, safety and wellbeing activities as they are critical to successful health, safety and wellbeing management.
4. Ensuring that all employees are knowledgeable, confident and competent to achieve their health and safety responsibilities.
5. Ensuring all employees accurately report, record and respond to all risks, accidents or incidents they are involved in, in a timely manner.

Applies to

This policy applies to everyone in DPMC and the National Emergency Management Agency (NEMA), including seconded, contracted and temporary staff (together referred to in this policy as 'employees'), regardless of position or seniority. It applies to all premises and places where employees legitimately conduct departmental business, and all information, resources and assets that DPMC and NEMA own or are accountable for. This policy also applies to employees of Central Agency Shared Services (CASS) when working on DPMC premises.

Related policies, guidance and information

This Policy should be read in conjunction with other DPMC documents and Legislation including (but not limited to):

- [DPMC Health and Safety Framework](#)
- [DPMC Health and Safety Manual](#)
- [DPMC Health and Safety Risk Register](#)
- [Health and Safety Induction](#)
- [Health and Safety Portal](#)
- [Health and Safety at Work Act 2015](#)
- [Health and Safety at Work \(General Risk and Workplace Management\) Regulations 2016](#)
- [DPMC Wellbeing Policy](#)

Responsibilities

Role	Responsibilities
Executive Leadership Team	Lead and champion health, safety and wellbeing throughout the Department.
Managers	Promote health, safety and wellbeing amongst their teams, and lead by example by actively creating and maintaining a safe and healthy workplace.
Health, Safety and Security Team	Supports DPMC in providing a healthy, safe and secure working environment for all staff, contractors and visitors.
Health and Safety Committee	Enable the business to bring together workers and management in the review and development of health and safety policies and procedures for the workplace. Make recommendations relating to work health and safety
Health and Safety Representatives	Attend Health and Safety Representative training as required Represent workers on health and safety matters Make health and safety recommendations Investigating complaints and risks to worker health and safety Monitoring health and safety measures taken by the Department
All Employees	Take reasonable care that their action or inaction does not adversely affect the health, safety and wellbeing of themselves or others. Notify risks and issues, and report incidents and accidents accurately and in a timely manner. Comply with this policy and any reasonable instructions of DPMC.

Framework

Health and Safety Framework

Purpose

Providing a comprehensive and effective approach to health and safety that complies with the Health and Safety at Work Act 2015, to ensure our staff, contractors, contractor's employees and visitors are in a healthy, safe and supportive environment.

To ensure all DPMC employees (and others in limited circumstances) are receiving appropriate support when suffering from stress or other events that may affect their mental health and wellbeing.

Scope

DPMC has a duty of care for all Officers, Workers and Other Persons, including visitors, volunteers and volunteer workers¹ conducting work at any DPMC controlled workplace, including temporary locations². These duties ensure that everyone is kept safe and free from harm.

Outcomes

- DPMC has a strong health and safety culture that keeps people healthy and safe.
- DPMC's health and safety systems and procedures are comprehensive, integrated, and effective.
- DPMC's health and safety practices are commensurate with identified risk levels and business needs.

Objectives

- Health and safety is an intrinsic part of our culture and is reflected in how we manage our day-to-day operations.
- Comprehensive and effective health and safety work programme that strives for continual improvement and best practice across DPMC.
- Health, safety and wellbeing (including stress) seen as a priority and incorporated into day-to-day activities and decision making processes.
- Employees have the knowledge, confidence, training and tools required to consider and implement health and safety measures and requirements.

Indicators

Safety Culture

- Health and safety is championed by ELT resulting in engagement and participation by employees throughout the Department.

¹ Officer means a person with significant influence over the management of a business or undertaking.

Worker means an individual who carries out work in any capacity for a PCBU including employees, volunteers, contractors, contractor's employees etc.

Volunteer Worker means a volunteer who carries out work in any capacity for a PCBU on an ongoing and regular basis or something that is planned into the future and happens consistently.

² Workplace means a place where work is carried out for a business or undertaking or any place that a worker goes, or is likely to be, while at work.

For full definitions please refer to the Health and Safety at Work Act 2015.

- Regular and accurate reporting of health and safety events including incidents, hazards and risks.
- Participation in health and safety functions such as first aiders, floor wardens and health and safety representatives.

Safety Systems and Procedures

- Management reporting and monitoring of health and safety systems.

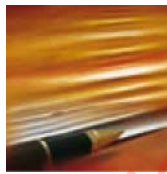
Risk Based Approach

- Health and safety risks are understood across our operating environment, risk registers are in place with risks controlled to as low as reasonably practicable across the Department.
- Consideration is given to localised risks and active measures are taken to keep workers and visitors safe.

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Health and Safety Manual

DEPARTMENT
of the PRIME MINISTER
and CABINET



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1 Health and Safety Policy

Aim:

The Department of the Prime Minister and Cabinet (DPMC) is committed to managing health and safety (H&S) in the work place in a proactive and participative way. This policy – together with the Wellbeing policy and other H&S policies, procedures and activities listed below – comprise DPMC's approach.

Philosophy

We are committed to ensuring our staff, contractors, and stakeholders work in a healthy, safe and supportive environment, and will do all we can so this occurs. We will take all practicable steps to ensure safety by complying with relevant health and safety legislation, standards and codes of practice.

DPMC is committed to a continuous improvement approach to H&S. Annual goals are to be agreed, and progress and improvements monitored by the Executive Leadership Team (ELT) and the H&S Committee.

Employee involvement is a critical part of both DPMC's H&S management system and compliance with the Health and Safety at Work Act 2015 (HSAWA), and is therefore supported by ELT.

We are committed to ensuring all levels of management are appropriately trained, briefed and informed so that they understand their responsibilities for H&S, and manage it effectively.

Health and Safety Policies, Procedures and Activities

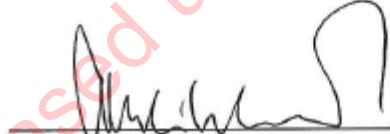
In order to provide a safe working environment, the Office of the Chief Executive, in consultation with H&S Committee, staff and ELT, will co-ordinate H&S policy, procedures and activities about:

- Office and workplace safety, including office inspections
- Risk assessment, understanding and management
- Accurate reporting, recording and investigation of incidents, hazards and risks
- Rehabilitation and return to work
- Emergency procedures
- Staff information, supervision, training and H&S resources
- Staff involvement.

Individual Responsibility

All DPMC employees, secondees, consultants and contractors have H&S responsibilities and commit to:

- Take reasonable care for his or her own health and safety
- Take reasonable care that his or her acts or omissions do not adversely affect the health and safety of others
- Notify management of any risks or potential risks
- Accurately report and record all accidents, incidents they are involved in and do so in a timely manner
- Comply with this policy and any reasonable instruction of DPMC.



Andrew Kibblewhite, Chief Executive

24/8/16
Date

Section 1 Reviewed: August 2016
Signed by CE:
Next Review: August 2018

2 Health and Safety Responsibilities

Introduction

We are committed to ensuring our staff, contractors, and stakeholders work in a healthy, safe and supportive environment. We will take all practicable steps to ensure their safety by complying with relevant health and safety legislation, standards and codes of practice.

DPMC is committed to continuous improvement in health and safety and follows the Plan-Do-Check-Act model.

Manager, Team Leader and Supervisor Responsibilities

Managers, team leaders and supervisors are responsible for:

- Meeting the employer duties described by the HSWA 2015, Health and Safety at Work (General Risk and Workplace Management) Regulations 2016 and Health and Safety at Work (Hazardous Substances) Regulations 2017, in terms of their staff and work areas;
- Ensure, so far as is reasonably practicable the workplace is safe;
- Ensuring health and safety is included in the induction process so that employees are aware of their H&S responsibilities and of key information such as emergency procedures, hazard and incident reporting, risk assessment and injury rehabilitation procedures etc.;
- Ensuring an audit and review of their work area and practices is conducted annually;
- Ensuring the accurate reporting and recording of accidents and incidents, that investigations are conducted in a timely manner and that corrective action plans are developed and implemented;
- Participate and support early return to work for injured employees in consultation with the Director of the appropriate business unit; and
- Ensuring that contractors/consultants are monitored for their health and safety practices whilst on site.

Employee Responsibilities

Every employee is responsible for:

- Taking reasonable care for his or her own health and safety;
- Ensuring that no action or inaction of the employee while at work causes harm to any other person;
- Notifying management, their health and safety representative or the Corporate Health and Safety Advisor of any actual or potential health and safety risks;
- Accurately reporting and recording all accidents or incidents in a timely manner;
- Complying with the Health and Safety Policy, this Manual and any reasonable instruction of DPMC.

Health and Safety Committee

DPMC staff are represented by a Health and Safety Committee comprising of at least one representative from each business unit as well as representation from management.

The ELT health and safety risk owner will oversee the Committee, which meets at least quarterly, to pursue the Department's health and safety objectives. Meeting minutes are taken and stored in iManage and available for all staff to read via Kainga. The Terms of Reference for the Committee (doc# [248163](#)) have been approved by the ELT. DPMC also has a representative on the Parliamentary Services Health and Safety Committee and the Pipitea House Health and Safety Committee.

The health and safety committee performs an information sharing, communication and advice role. Staff may raise concerns with their manager, team leader or supervisor, health and safety representative and/or health & safety advisor. These issues can then be raised at the Committee meeting, or dealt with earlier if an issue is urgent and/or requires immediate attention.

The Committee discusses common health, safety and wellbeing concerns and forwards these to the Security, Privacy and Occupational Health Sub-Committee meeting, ELT or the manager concerned for appropriate action. Committee members are responsible for ensuring new staff are introduced to information on health and safety at DPMC via the health and safety induction process (doc# 3299604) and communicating any changes to procedures or equipment.

Committee members receive formal health and safety representative training and are advised of any new health and safety initiatives, which they then communicate to staff in their work areas. Managers and supervisors also have a responsibility for advising staff of any health and safety initiatives or changes.

Health and Safety Review

Health and safety will be reviewed on a regular basis at the Health and Safety Committee meetings including:

- Document review
- Review of accident and incident data
- Health and safety planning including quarterly review of the health and safety objectives and activity schedule for the current year
- Review of the health and safety risk register

Specialist Advice

When required, and where there is a lack of in-house knowledge, specialist advice will be sought from external parties about health and safety matters.

Training Needs Identification Process

DPMC will ensure all staff are provided with information and trained to allow them to perform their job safely.

Staff Induction

All staff are required to be inducted to DPMC's systems. The health and safety induction should be provided during the first week of employment and includes the following:

- Health and Safety Policy
- Health and Safety Plan
- Health and Safety Committee and Representatives
- Employer and Employee Responsibilities
- Workstation Check
- Emergency Procedures
- Event Reporting
- Managing Injuries or Pain and Discomfort
- Employee Assistance Programme/Health and Wellbeing

Signed induction records are stored in iManage [PMC-HRM-4-2-7].

Ongoing Health and Safety Training

Employee training needs will be formally identified as part of the annual performance assessment in relation to role requirements. Training should be delivered in such a way that understanding can be ascertained i.e. written questionnaires, tests and/or practical demonstrations. A training matrix has been developed for health and safety training, and, along with specific health and safety training records, are kept in iManage [PMC-HRM-4-2-4].

Information

Relevant health and safety information will be available for easy access via Kainga and on health and safety noticeboards. This will include information on risks and hazards such as stress and fatigue management, health and safety legislation, emergency procedures, wellness activities etc. In addition to this, health and safety information will be raised for general discussion at staff meetings.

Staff Accountabilities Matrix

Accountability	All Employees	ELT (collective)	Unit Managers/ Directors	Managers, Team Leaders, Supervisors	Health and safety risk owner		H&S Reps (for each location)
1. Taking all reasonably practicable steps to ensure the safety of employees while at work	Responsible	Accountable	Responsible	Responsible	Facilitate / Participate		Participate
2. Ensuring that DPMC meets its overall responsibilities under the HSWA including comprehensive H&S policies and procedures)		Accountable	Responsible	Delegated responsibility	Facilitate / Participate		Participate
3. Developing business-wide H&S programmes, procedures, policies and systems	Consult	Approve and Accountable	Consult	Consult	Facilitate / Participate		Participate
4. Liaising between staff and management within the requirements of the H&S Committees Internal Procedures					Facilitate / Participate		Responsible
5. Taking reasonable care to ensure the safety of yourself at work and that no action or inaction by you at work causes harm to anyone else	Responsible						
6. Reporting all hazards or unsafe conditions	Responsible						
7. Reporting all accidents and “near misses” (incidents)	Responsible						
8. Ensuring the accurate investigation of all accidents		Inform	Accountable	Delegated responsibility	Inform/Consult Facilitate as required		Participate as required
9. Taking appropriate action on H&S reports from employees		Inform	Accountable Responsible	Delegated responsibility	Inform/Consult Facilitate as required		Participate as required

Accountability	All Employees	ELT (collective)	Unit Managers/ Directors	Managers, Team Leaders, Supervisors	Health and safety risk owner		H&S Reps (for each location)
10. Ensuring that significant hazards are identified and eliminated where practicable, or minimised and employees protected where elimination is not possible (HSWA)		Accountable	Responsible	Responsible	Facilitate		Facilitate
11. Updating the Risk Registers					Accountable		Responsible
12. Collating and reporting H&S data at the organisational level & reporting to ELT					Responsible		
13. Providing access to H&S training and resources		Accountable			Facilitate		Participate
14. Taking appropriate steps to care for own personal physical and mental health and wellbeing including raising concerns with manager/supervisor and accessing assistance through EAP.	Responsible			Facilitate			

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Implications

- Each staff Supervisor/Team Leader is responsible for their staff and work areas in terms of meeting the Employer duties described by the HSWA.
- Each Manager is accountable for their staff and work areas in terms of meeting the Employer duties described by the HSWA.
- Every employee has a responsibility for ensuring their own & others safety at work.
- ELT is accountable for DPMC's health and safety policy and procedures.
- The Health & Safety Risk Owner is responsible for the DPMC's health and safety policy and procedures and must consult interested parties.
- The Health & Safety Risk Owner is responsible for ensuring that DPMC's obligations under the HSWA are being met within the office environments in the different DPMC areas.

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3 Hazard Identification and Risk Management

Introduction

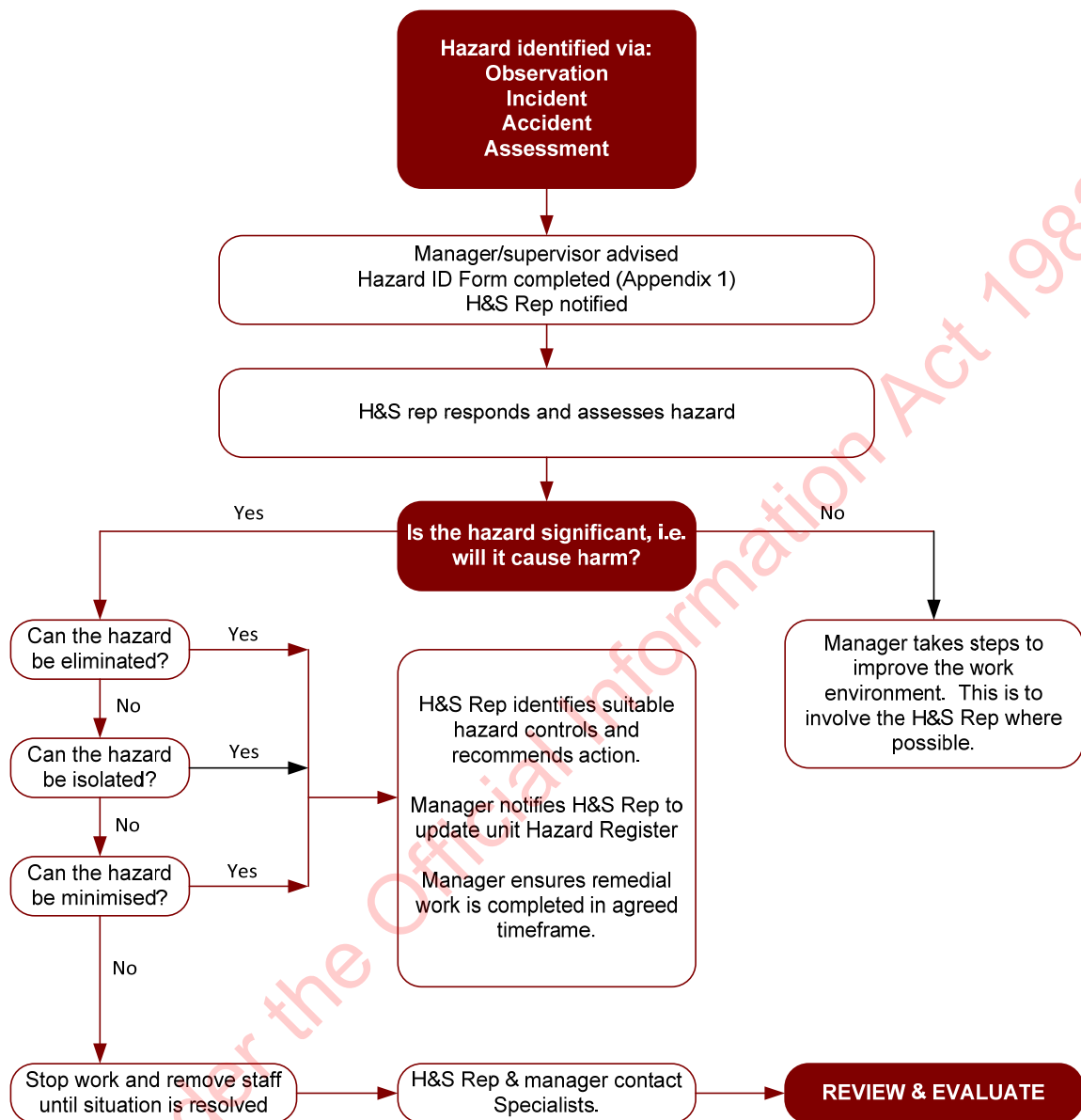
DPMC is committed to providing a safe working environment and recognises that the identification and control of hazards and risks is essential to effectively managing risks in the workplace. Health and safety representatives, managers and staff should work together to identify hazards, assess and control risks wherever possible.

Hazards and risks shall be managed through the following process:

1. Systematically identifying all hazards and risks;
2. Assessing the significance of the risks identified;
3. Control hazards and risks;
4. Monitoring all risks that have not been eliminated, to ensure control measures are effective;
5. Reviewing risks to ensure any changes are recorded and controlled effectively;

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Hazard and Risk Identification



A “hazard” means a situation or thing that has the potential to harm a person. Hazards at work may include many things e.g. noisy machinery, a repetitive job, an angry and abusive person or an infectious disease.

‘Harm’ means death, injury and illness, and includes both physical and psychological harm. Harm can be acute, chronic or catastrophic.

‘Risk’ is the possibility that harm (injury, illness or death) might occur when exposed to a hazard. Risk is a combination of two things:

1. The likelihood of an event occurring where someone is exposed to a hazard
2. The consequence of exposure to the hazard.

DPMC is predominantly an office based environment and therefore most of the risks are common throughout DPMC. A Health and Safety Risk Register has been created identifying risks specific to each area.

Types of risks to consider include:

- **Travel-related risks** arise when an employee is travelling on work business. This includes air travel, travel between offices such as in a taxi or pool vehicle, overseas travel, running errands etc. Travel-related risks do not include your daily commute i.e. travelling to-and-from work.
- **Task-related risks** arise when employees are adversely affected by the nature of the tasks or work they perform, e.g. standing, sitting, lifting equipment, opening heavy doors, bending, twisting, repetitive movements or maintaining a static position for too long.
- **Environmental risks** include lighting/glare, stairwells, electricity, elevators, slippery floor surfaces, tripping hazards, unstable cabinets, noise and chemical hazards such as paints, solvents, detergents, oil etc.
- **Health-related risks** affect the health of the person and can be inflicted by smoking, disease, insects, animals or micro-organisms, such as Legionnaire's disease through water cooled air-conditioning systems, and include things that cause mental stress, e.g. harassment, fatigue, overwork, shift work.
- **Emergency response related risks** include all of those above exacerbated with the inclusion of infrequently performed tasks as well as increased environmental hazards such as foul weather, earthquakes and increased stress of self and others.

Note: Hazards and risks associated with new or modified equipment will also possibly have financial implications. Refer to DPMC Procurement Policy to ensure correct process is followed. All new items are to be assessed on site where possible and control measure set up to suit item and location

Risk Assessment

All identified risks must have a risk assessment undertaken. The risk assessment will look at the consequence and the likelihood of that consequence occurring. The accuracy of assessing a risk will draw on the assessor's knowledge and experience. DPMC has developed a Hazard Assessment Tool to help determine risk and prioritise hazards so that those posing the greatest danger can be controlled first. Four matters are considered:

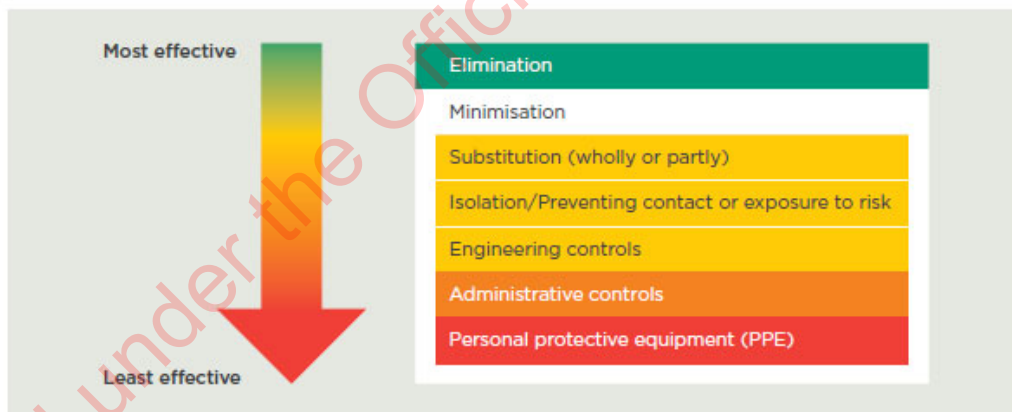
- Is there a chance of injury?
- What could be the extent of the injury?
- How many people could be affected?
- How frequently will people be exposed to the risk?

Refer to Appendix 3 for full details and risk score calculations.

Hierarchy of Control

The Health and Safety at Work Act identifies a preferred hierarchy of control.

The most effective control is to eliminate the risk. If the risk can't be eliminated, we must minimise it so far as reasonably practicable.



An example of a risk common throughout DPMC would be the extensive use of computers resulting in muscle strain (the legal term for this condition is "musculoskeletal disease".) This risk cannot be eliminated otherwise no one would be allowed to use or access computers.

Therefore, we need to consider ways to minimize the risk. For example, we provide adjustable furniture and equipment, set it up correctly to suit the individual's stature, provide information on pain prevention techniques, and we monitor early reporting of discomfort/pain as well as work hours and workload.

Risk Registers

All risks that can't be eliminated shall be recorded in the Health and Safety Risk Register (doc #3949570). If a risk is considered to be significant and the appropriate level of expertise is not available within DPMC, external specialists shall be utilised to determine suitable control measures.

Should a new risk emerge or a method of controlling a risk change, the manager must inform staff and the Health and Safety Committee Representative to update the Health and Safety Risk Register. The Health and Safety Risk Register should be reviewed every quarter or following a significant event to ensure that existing controls remain effective.

Risk Review

The following risk monitoring approach will be undertaken across the Department.

Table 1- Risk Monitoring Approach

	Role with health and safety risks	H&S Advisor
ELT	<ul style="list-style-type: none"> Regular visibility and review of organisational risks via minutes from SPOH 	Oversight and support
SPOH	<ul style="list-style-type: none"> Accept initial organisational risk register Regularly reviews organisational risks Receives report (minutes) from H&S Committee 	
Organisational risk register – only risks spanning multiple DPMC sites, items that can't be treated below medium, items escalated by the H&S Committee or H&S Advisor		
H&S Committee	<ul style="list-style-type: none"> Oversight of all site risk registers and the organisational risk register 	
Site-specific risk registers – Covers off risks specific to each location, posted on local H&S boards.		
H&S Reps	<ul style="list-style-type: none"> Receives, manages and records site-specific risks in local risk register 	

Health and Safety Representatives

Health and safety representatives are responsible for site-specific risks and will monitor those identified risks on a regular basis.

Health and Safety Committee Meetings

The health and safety committee will review the risk register every three months at the health and safety committee meetings.

Security, Privacy and Occupational Health Subcommittee (SPOH)

The SPOH will review business unit specific risks that are identified with a risk rating as medium or above; where identified risks are common throughout the Department they will review all of those risks.

Executive Leadership Team (ELT)

The ELT will regularly review health and safety risks via the minutes from the SPOH meetings.

Annual Review

A review of all units will be coordinated by the Corporate Health and Safety Advisor on an annual basis. The review will record all actual or potential risks, assess the likelihood and consequence of those risks and identify any controls.

At a minimum, the review looks at safety aspects relating to office equipment, noise levels, walkways, partitioning, floor surfaces, and electrical and lighting requirements. The Corporate Health and Safety Advisor, with support from Health and Safety Representatives and their manager, may also request environmental tests such as air quality assessments.

The results of the annual review together with any recommendations will be presented to unit managers, the Health and Safety Committee, the Security, Privacy and Occupational Health Sub-committee and the ELT.

Unit directors are responsible for ensuring all required action is taken within two months of the review. The Corporate Health and Safety Advisor will monitor progress and will submit progress reports to SPOH.

Responsibilities

DPMC is responsible for dealing with risks in the workplace that workers or visitors may be exposed to during the course of their work, regardless of where that work is conducted.

The Corporate Health and Safety Advisor

The Corporate Health and Safety Advisor shall:

1. Coordinate and oversee the annual risk review process;
2. Review the results and provide the Health and Safety Risk Owner and SPOH with a summary of findings
3. Liaise with health and safety representatives and unit managers to assess and address unit hazards,
4. Distribute the updated Health and Safety Risk Register to the Health and Safety Committee and the Health and Safety Risk Owner;
5. Document hazard management initiatives and progress against recommendations

Health and Safety Representatives

Health and Safety Representatives will:

1. Ensure that a risk review of their area is conducted every 3 months;
2. Assess the risks identified in their area;
3. Define and implement control measures;
4. Monitor identified controls;
5. Provide the Corporate Health and Safety Advisor, with a summary of their findings and
6. Ensure that staff are suitably informed about the hazards or risks they may be exposed to (via the induction process, staff meetings, one-on-one meetings, memos or postings on notice boards).

The Health and Safety Risk Owner

The health and safety risk owner, shall:

1. Distribute the Health and Safety Risk Register to unit managers, SPOH and ELT
2. Document hazard management initiatives and progress against recommendations; and
3. Report to SPOH on risks and any audit recommendations. Report should include progress against the work programme to address health and safety issues.

Health and Safety Committee

The Health and Safety Committee will:

1. Familiarise themselves with the types of hazards and control methods across DPMC and within their unit;
2. Implement the control methods in their unit, as required;

3. Participate in the annual reviews of the hazards and/or risks in their unit; and
4. Advise the Corporate Health and Safety Advisor and senior management of any new hazards or potential hazards that are identified outside the audit process.

All Staff

All staff have a responsibility to report risks or potential hazards they encounter, and to control them where they are able to do so without risk of illness or injury either to themselves or others.

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Ergonomic Assessments

Pain caused by repetitive use is possibly the most significant hazard in an office environment. DPMC therefore has a separate prevention policy and procedure for dealing with onset of pain.

An ergonomic self-assessment is undertaken by all staff and secondees using ACC's www.habitatwork.co.nz (on Kainga) when they first commence employment at DPMC. If they subsequently change office or experience any discomfort that may be caused or perpetuated by the work environment, they should perform another assessment.

Following the assessment, a report summarising the findings, together with recommendations, can be printed for filing in iManage.

A full ergonomic assessment by a trained professional will be undertaken on receipt of a report of pain, or as requested by an individuals' manager. The Health and Safety Representative, on advice from the Corporate Health and Safety Advisor and/or the employee's manager must ensure that the appropriate action is taken.

Pain Prevention

The key to preventing pain is early detection.

DPMC is committed to preventing ongoing pain. It will make resources available to support its pain prevention and management programme. The programme includes training for staff and the development of systems for hazard management, early reporting and action, and injury management and monitoring.

The success of this policy depends on management and staff working together to meet the following responsibilities:

DPMC will:

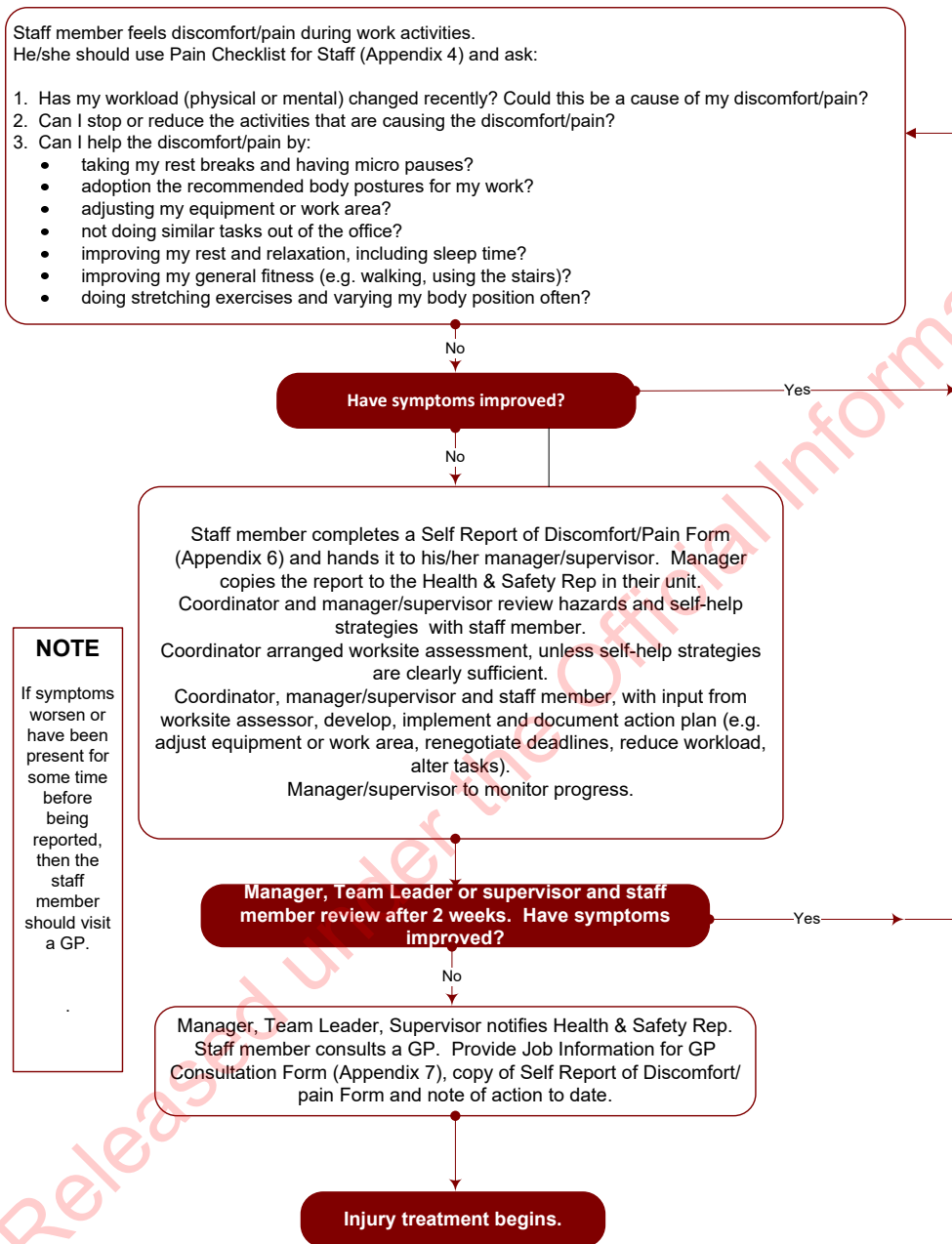
- Ensure that staff are well informed about pain prevention;
- Identify, assess and take all practicable steps to control significant hazards in the workplace associated with the development of pain;
- Give staff the opportunity to be involved in the hazard management process;
- Promote a work climate that supports early reporting of symptoms;
- Act quickly to prevent reported symptoms from getting worse;
- Work with staff who have developed pain to facilitate an early and durable return-to-work outcome;
- Make the www.habitatwork.co.nz programme available to all staff and encourage its use; and

Staff are expected to:

- Accept responsibility for their own health and safety at work;
- Participate in pain prevention training and information programmes as required;
- Adopt safe working practices;
- Assist in hazard identification and management in their work area;
- Take early responsive action and report to their supervisor/manager if they experience any symptoms of work-related discomfort/pain;
- Participate in treatment and rehabilitation plans, if a pain condition is diagnosed; and
- Make full use of the www.habitatwork.co.nz programme particularly in instances of pain or discomfort.

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Early Reporting and Action Flow Chart



Pain Prevention Procedures – ACC HabitatWork programme

Introduction

Workflows should be such that employees are able to perform a variety of tasks throughout the day to avoid repetitive strain related injuries.

Rest breaks and micro pauses are encouraged. Rest breaks away from the computer should occur frequently throughout the course of the working day;

- Morning and afternoon tea breaks;
- Undertaking different tasks that require the use of completely different muscles (note: a change from typing to writing is not a change as it requires the use of similar muscles, and does not give the eyes a chance to change focus and relax);
- Micro pauses may be for up to 10 seconds every three minutes, and provide the employee with an opportunity to completely relax the body before continuing with work.

Objective

Habitatwork is designed by ACC to protect individual computer users from developing or worsening pain related injuries. The software is available on all DPMC computers and instructs the user how to set up their workstation, using their own preferences and how/when to take appropriate breaks and stretching exercises.

Pain Review Checklist

The Pain Review Checklist is a tool that has been developed for all DPMC to use for a full overview of the pain prevention and management programme (see Appendix 8).

4 Emergency Procedures

Introduction

The emergency procedures for DPMC have been developed to assist staff awareness and effectiveness in the event of an emergency occurring.

In a disaster situation, or whenever serious interruptions to critical business functions are likely, DPMC staff are to follow the guidelines set out in the business continuity plan for their unit. These plans have been developed to provide control and flexibility to enable an effective, efficient and structured recovery in the event of disaster.

Business Continuity Plans are stored on the desktop of all DPMC computers.

Emergency Response Procedures

Emergency Response Procedures flip charts have been developed for DPMC locations and include scenarios and what to do in the event of that particular scenario occurring e.g. medical emergency, fire found, fire alarm sounding, storm, earthquake etc.

The flip charts are located throughout the office by health and safety noticeboards, reception areas, emergency exits etc. You can also find them in iManage or on Kainga.

Floor Wardens

Every DPMC location has identified floor wardens to assist staff members when a building evacuation is required.

Floor wardens are identified by warden armbands or vests. You can find out who your floor wardens are by checking the Health and Safety page on Kainga or your Health and Safety Noticeboard.

If you require assistance to evacuate the floor during an evacuation you must notify your floor warden as soon as possible so that they can put relevant precautions in place. This includes:

- All persons requiring assistance to evacuate the building during an evacuation must have an assigned buddy to stay with them and provide appropriate support.
- Making available the use of an evacuation chair.

First Aiders

Every DPMC location has trained first aiders to provide assistance to individuals as and when required.

First aid kits are located at every site and/or floor and within every DPMC vehicle. The contents are checked on a regular basis.

You can find out who your first aiders are by checking the Health and Safety page on Kainga or your Health and Safety Noticeboard.

Grab and Go-Bags

Grab and Go Bags are located under every DPMC workstation and belong to that workstation, not the person who occupies the space. The Bags contain basic emergency supplies such as water, dust masks, a torch etc. to provide staff members with supplies to get home safely. Staff are advised to populate the Bags with additional supplies such as food, sturdy footwear and any medication they may need.

You should check your Bag using the checklist (doc# 3247396) every three months to ensure that the contents have not expired.

Evacuation Chairs

Some DPMC locations (where they are located in a multi-storey building) have Evacuation Chairs. The evacuation chairs allow those requiring assistance to be evacuated during a building evacuation. There are personnel trained in the use of the evacuation chairs.

You can find out who your trained evacuation chair users are by checking the Health and Safety page on Kainga or your Health and Safety Noticeboard.

Automatic External Defibrillators

All DPMC locations have Automatic External Defibrillators (AED's) to provide assistance when someone is experiencing a cardiac arrest.

All first aiders are trained in how to use an AED but they can be operated by anyone.

You can find out where the AED's are located in your building by checking the Health and Safety page on Kainga or your Health and Safety Noticeboard.

Accident/Injury

All accidents must be reported as soon as possible, or within 24 hours, to your site first aider, manager and/or health and safety representative using the Health and Safety Event Report Form (doc# 3800743).

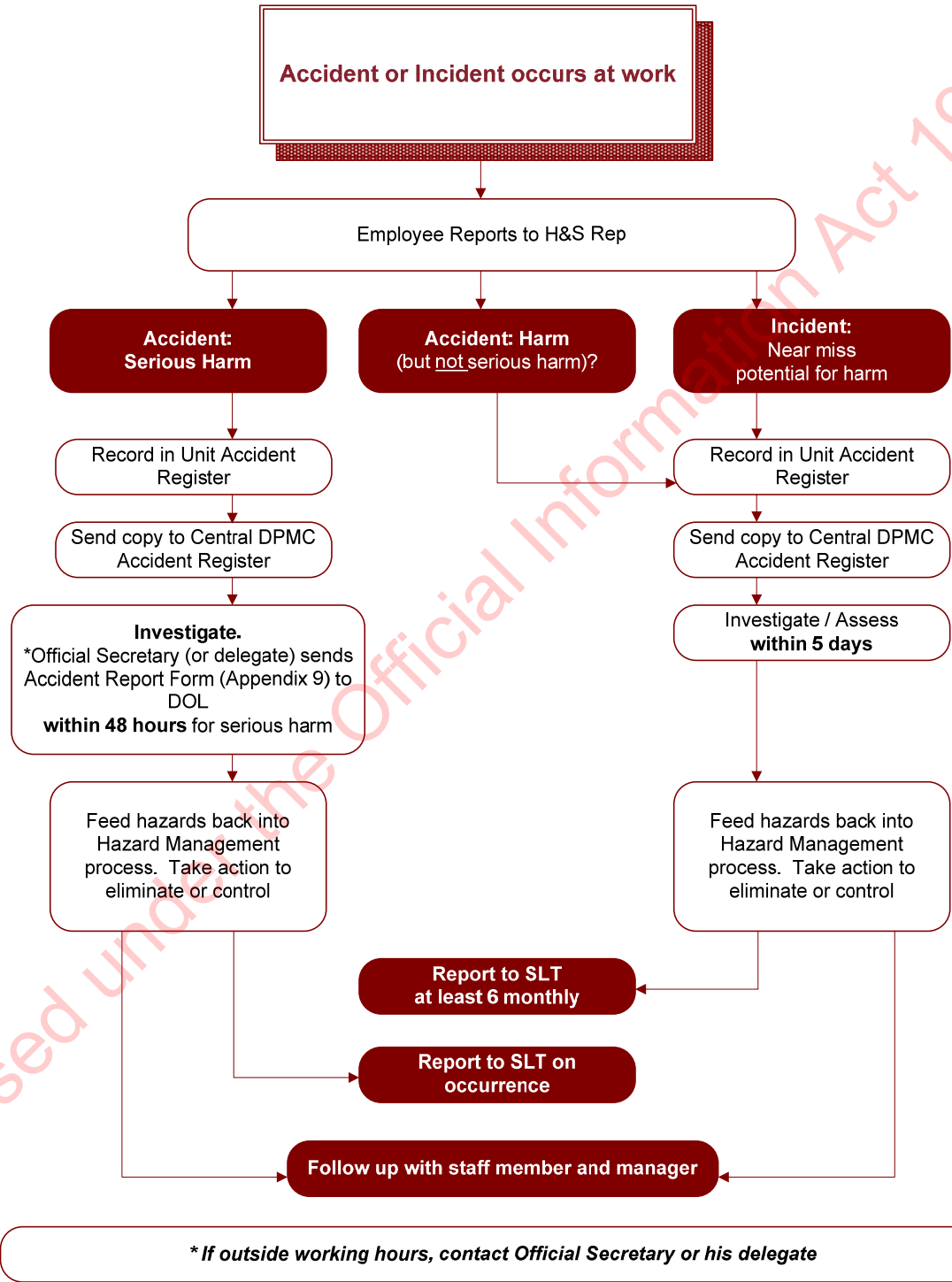
- 1 Always seek immediate first aid treatment following any type of accident.
- 2 Know where the first aid equipment is kept and who to contact.
- 3 In the event of a serious accident:
 - a. Do not alter the scene unless further risks are evident. A full investigation must occur prior to scene clean-up;
 - b. contact a qualified first-aider, giving your name, location and the nature of the injury.
- 4 Remain calm, provide help and wait for assistance to arrive.

If in doubt, seek advice on whether further medical treatment is required.

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5 Accidents

It is assumed that appropriate treatment has already been given to the injured person



Accident Reporting and Recording Procedure

Aim

This procedure document outlines the steps which must be followed in the event of an accident or near miss incident in the workplace. Together with the related health and safety policies this document complies with the HSWA.

Definitions

The HSWA defines “accident” and “incident” as follows:

An event that:

- a) Causes any person to be harmed (an accident); or
- b) In different circumstances, might have caused a person to be harmed (an “incident”).

“Harm” means an illness or injury and includes physical or mental harm caused by work-related stress.

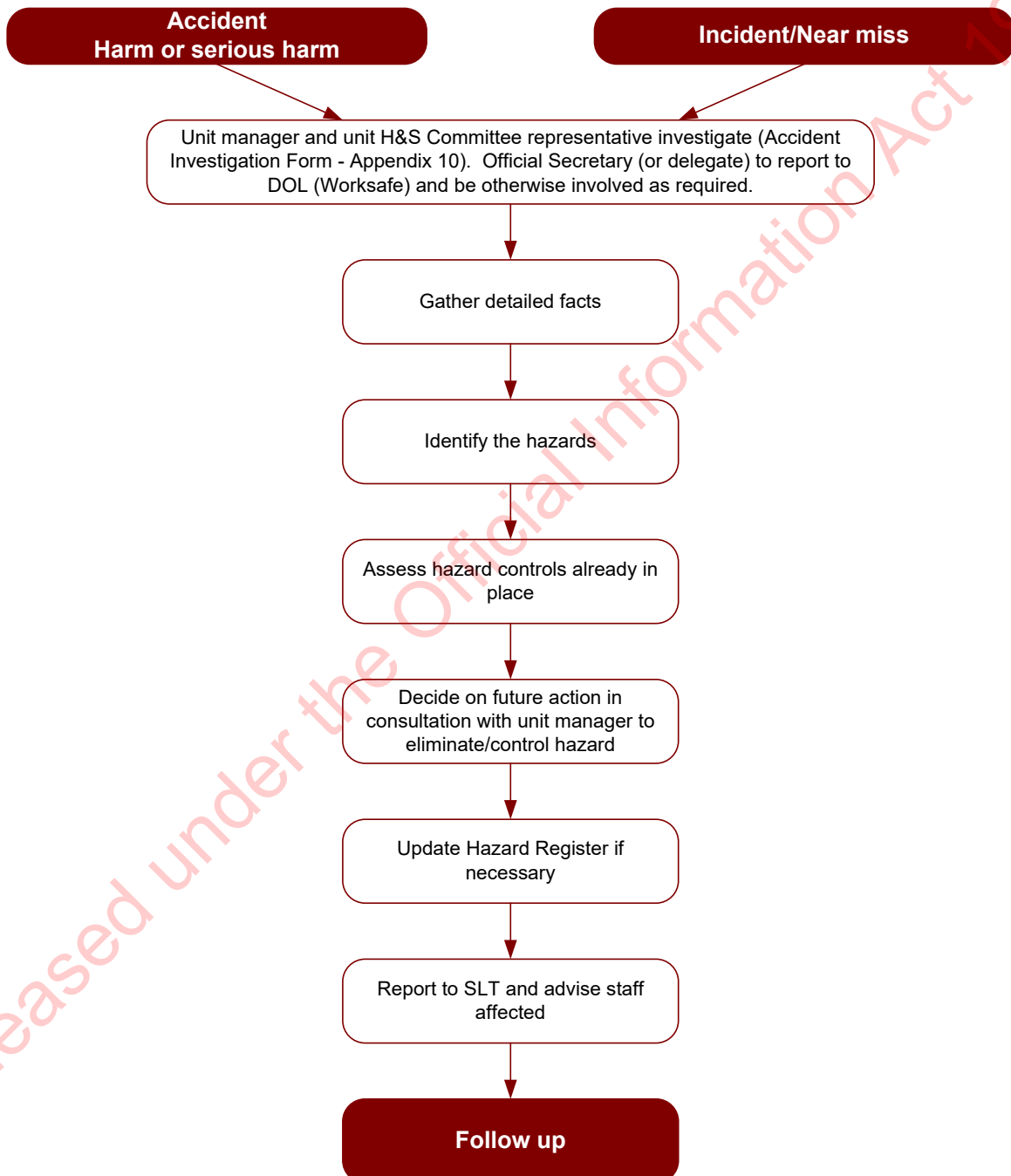
A Notifiable Injury or Illness includes such things as death, severe loss of a bodily function or harm that causes a person to be hospitalised. A full definition can be found in Appendix 2.

Procedure

1. The injured staff member is given the appropriate treatment e.g. first aid.
2. All accidents and incidents must be reported within 24 hours to the unit H&S representative, their Manager or Corporate Health and Safety Advisor.
3. The unit manager and health and safety representative will conduct an onsite assessment or investigation where required. In the event of serious harm, this investigation will be carried out formally (see 5.4 Accident Investigation Procedure) and the unit manager will ensure that all legislative requirements are complied with.
4. Results of any investigation will be reported to the Health and Safety Committee, the Health and Safety Risk Register will be updated if necessary and appropriate action taken to eliminate or minimise the hazard.
5. The Corporate Health and Safety Advisor must be notified if a claim is lodged with ACC.
6. Findings will be reported to ELT on at least a six monthly basis (those accidents resulting in serious harm will be reported on a case by case basis).

Accident Investigation Flow Chart

INTERNAL INVESTIGATION PROCEDURE FOR ACCIDENTS AND INCIDENTS AT WORK
Refer to Staff Accountability Matrix (2.6) for list of persons responsible



Accident Investigation Procedure

Aim

This procedure document outlines the roles and responsibilities of management and staff with respect to the investigation and documentation of all accidents or incidents in the workplace; whether of a serious nature or has the potential to cause serious harm.

The investigation should go beyond the immediate hazard and should result in an explanation of why the accident or incident occurred, to enable preventative actions to be implemented that will address the underlying issues in order to prevent recurrence.

Procedure

- 1 The Corporate Health and Safety Advisor, unit director and/or immediate manager will coordinate an investigation into the incident, in consultation with the unit Health and Safety Representative. The appropriate senior manager will be involved if required.
- 2 Confirm that, if required, Worksafe (and/or other agencies) have been advised by the health and safety risk owner or delegate. Full cooperation will be given to the investigating Worksafe representatives by the risk owner or delegate in consultation with the health and safety representative of the business unit concerned.
- 3 All witnesses should be interviewed and the H&S Event Investigation Form (Appendix 10) should give a detailed account of the events and identify all hazards involved. The use of photos, diagrams and other exhibits may be appropriate.
- 4 If the accident or incident highlights workload issues or management style as contributing factors, all staff members within that unit should be consulted to establish whether the hazard is of wider significance.
- 5 Assess the hazard controls already in place. Consider what needs to be done to eliminate/minimise the hazard or to ensure the controls work in the future or if staff training is adequate. Update the Health and Safety Risk Register if necessary.
- 6 The H&S Event Investigation Form should outline fully what needs to be done to prevent the accident or incident recurring along with key responsibilities and timelines.
- 7 All staff involved should be advised of the findings. Communications with the wider unit/DPMC may be appropriate to help minimise the possibility of recurrence.
- 8 A summarised report should be given to ELT on at least a six monthly basis (all accidents causing serious harm are to be reported to ELT on a case by case basis).

Accident Compensation

If an employee is injured in a work-related accident (in effect, the same as a work-related personal injury as defined in Appendix 2), the provisions of the relevant accident compensation legislation will apply.

The Corporate Health and Safety Advisor must be notified if a claim is lodged with ACC.

When conditions are met, the Accident Compensation Corporation (ACC) will subsidise a treatment provider's normal fee while the employee will need to pay the balance. If the employee needs time off work, and DPMC and ACC accept it is a work-related personal injury, DPMC will pay the first week's salary or wages, and the second and subsequent weeks are paid by ACC at a maximum of 80% of salary or wages. The employee may take sick leave to supplement part of earnings not paid by ACC.

Section 6.2 outlines a range of treatment and earnings support, and for more detailed information on getting help from ACC, refer to its website: <http://www.acc.co.nz>.

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6 Injury Management

Rehabilitation and Return to Work Policy

Philosophy

DPMC is committed to the principles of rehabilitation, that is, wherever possible and practical, employees will be supported in their early return to work following work-related injury or illness. This will be a managed process where management and the employee will work collaboratively with an ACC case manager to identify alternative duties or treatment options to support employees at work.

Manager Responsibilities

Managers and supervisors shall:

1. Be responsible for supporting DPMC's commitment to rehabilitation and early return to work. This may involve participation in rehabilitation planning meetings, monitoring return to work progress and assisting with the identification of transitional duties in-line with the treatment provider's assessment of capacity for work;
2. In the event of a work or non-work-related personal injury that requires time off work, keep in contact with the injured employee to monitor their prognosis and progress;
3. Where necessary, develop a return to work plan – this should involve the employee, Corporate Health and Safety Advisor, and the business unit manager working with the ACC Case Manager (or delegate) to agree a suitable approach. Further information about return to work plans is provided in the rehabilitation and return to work management guidelines;
4. Consult with staff to develop a range of alternative duties that may be utilised for a graduated return to work programme; and
5. Monitor injured employees regularly to ensure there are no difficulties associated with the graduated return to work programme.

Corporate Health and Safety Advisor Responsibilities

1. Assist in the development of return to work plans with the injured persons, their manager and the ACC Case Manager.
2. Liaise with the ACC Case Manager regarding the injured person's injury.
3. Maintain weekly contact with the injured person to monitor their injury and whether they require any assistance from DPMC.
- 4.

The Human Resources team shall, on advice from the Corporate Health and Safety Advisor:

- Act as the mediation point of contact in the event of a dispute; and

- Provide advice to managers and supervisors on rehabilitation and managed return to work programmes.

Employee Responsibilities

Employees shall:

- Ensure that your manager and the Corporate Health and Safety Advisor is informed about any work or non-work-related personal injury that requires time off work;
- Keep your manager and the Corporate Health and Safety Advisor informed weekly about injury prognosis and progress when off work and during the rehabilitation process (e.g. alternative duties/restricted hours);
- Communicate DPMC's commitment to finding suitable alternative duties to the treating Medical Practitioner; and
- Actively participate in the development of a return to work plan and its implementation.

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Rehabilitation and Return to Work Management Guidelines

Aim

These guidelines are intended to provide information for managers, team leaders, supervisors and staff in the process of rehabilitation and return to work programmes following a work-related personal injury or illness. They should be read in conjunction with the rehabilitation and return to work policy.

These guidelines may also be used in the case of a non-work-related personal injury or illness on a case by case basis.

Return to Work

Depending on the nature and extent of the injury sustained, an employee's return to work can be gradual or immediate. In this regard, DPMC, where possible, will provide a flexible approach to return to work. The level of flexibility available will depend on the nature of the position and its duties.

Where an employee's doctor has indicated that alternative duties could be considered, the employee should contact their supervisor or team leader to discuss whether this is possible. Each case will be considered on its merits, based on work available at the time and the employee's skills.

Where alternative duties are possible, DPMC will carefully monitor the work to ensure that the employee's injury is not aggravated by a return to work. This should be documented in the employee's personal file.

Return to Work Plans

In the event of an accepted ACC claim for injury an employee may have a rehabilitation plan developed by an ACC case manager. This will generally be the case when an employee is unable to return to pre-injury tasks for longer than one week. The rehabilitation plan will be developed in consultation with an employer representative – this is usually the manager but the Corporate Health and Safety Advisor will also be involved.

In addition to the rehabilitation plan, DPMC may wish to develop its own return to work plan to provide employees and managers with some specific guidance during the period of time an employee is unable to carry out their normal duties. This plan will be developed by the employee and their manager, and will complement any rehabilitation plan developed by ACC.

When developing a return to work plan, it is important to offer the employee the option of bringing a support person to any rehabilitation planning meetings.

The return to work plan should specify:

1. The injury;
2. The time span for expected recovery (specified by medical practitioner);
3. The tasks unable to be undertaken due to the injury;
4. Any other limitations/factors for consideration;
5. A progressive plan of work to be undertaken (tasks, hours of work, dates etc.);
6. Any rehabilitative exercises or treatment etc. to be undertaken;
7. Any additional resources DPMC will provide; and
8. Timeframes for reviewing the rehabilitation plan and progress etc.

Entitlements

In the case of an accepted ACC claim, ACC will pay entitlements including treatment and travel costs as specified by the Injury Prevention, Rehabilitation, and Accident Compensation Act 2001. There may be surcharge payments that the injured employee will need to pay for some treatments and prescription costs.

Wages/Salary Whilst off Work

If an employee needs time off work, and ACC accepts it is a work-related injury, DPMC will pay the first week's salary or wages, and the second and subsequent weeks while off work will be paid by ACC at a maximum of 80 per cent of salary or wages (in accordance with the Injury Prevention, Rehabilitation, and Compensation Act 2001). Where the employee is returning part-time as part of a rehabilitation programme, the wages or salary will be paid for the hours worked, and the remaining salary paid in accordance with ACC guidelines (abatment). DPMC has an agreement with ACC to pay wages on behalf of ACC and seek reimbursement of such from the ACC account.

The above applies unless staff on collective agreements have differing statements in their agreement.

Supplementing Salary/Wages

Work-related and approved by ACC

Sick leave may be taken to supplement any part of the salary not paid by ACC. For example, where ACC pays 80 per cent of wages (up to the ACC maximum), an employee may take one day sick leave (or annual leave where sick leave entitlement has been exhausted) to make up the other 20 per cent as outlined:

- 80 per cent of a fulltime work week is four days; this is reimbursed (or paid) by ACC from the second and subsequent weeks while off work
- 20 per cent of a fulltime week is one day; this may be taken as sick leave if the employee has available sick leave.
- IRD guidelines state that the 20 per cent top up is taxed at a secondary tax rate.

Standard pro rata arrangements apply for part-time employees of the department.

Non work-related and approved by ACC

Where an employee is unable to work due to a non-work-related injury or illness, and ACC accepts the claim, the employee can take sick leave for the first week off work, if they have any available (or annual leave where sick leave entitlement has been exhausted). From the second and subsequent weeks for the period off work ACC will reimburse or pay 80 per cent of the wages or salary of a fulltime employee and the employee can continue to use their sick leave for the remaining 20 per cent, where available.

Work-related claim declined by ACC

Employees who have had a work-related injury claim declined by ACC are still able to negotiate a gradual return to work as part of a return to work plan. DPMC will consider on a case by case basis facilitating treatment options for declined claims where it is in the employee's and DPMC's interests for an early recovery and return to work outcome.

When the employee's sick leave entitlement expires, the employee can apply to use annual leave and where annual leave entitlement is exhausted the employee can apply for leave without pay. This will not be unreasonably withheld but such leave will not automatically be granted, and an employee may have to consider resigning or medical retirement if they are no longer able to work, or meet the commitments of their employment agreement.

Prognosis Notification

DPMC may also request that the employee attend an independent medical practitioner for a report on a possible return to work date and/or assistance in developing and reviewing progress against a rehabilitation plan. If this is requested, any costs will be met by DPMC.

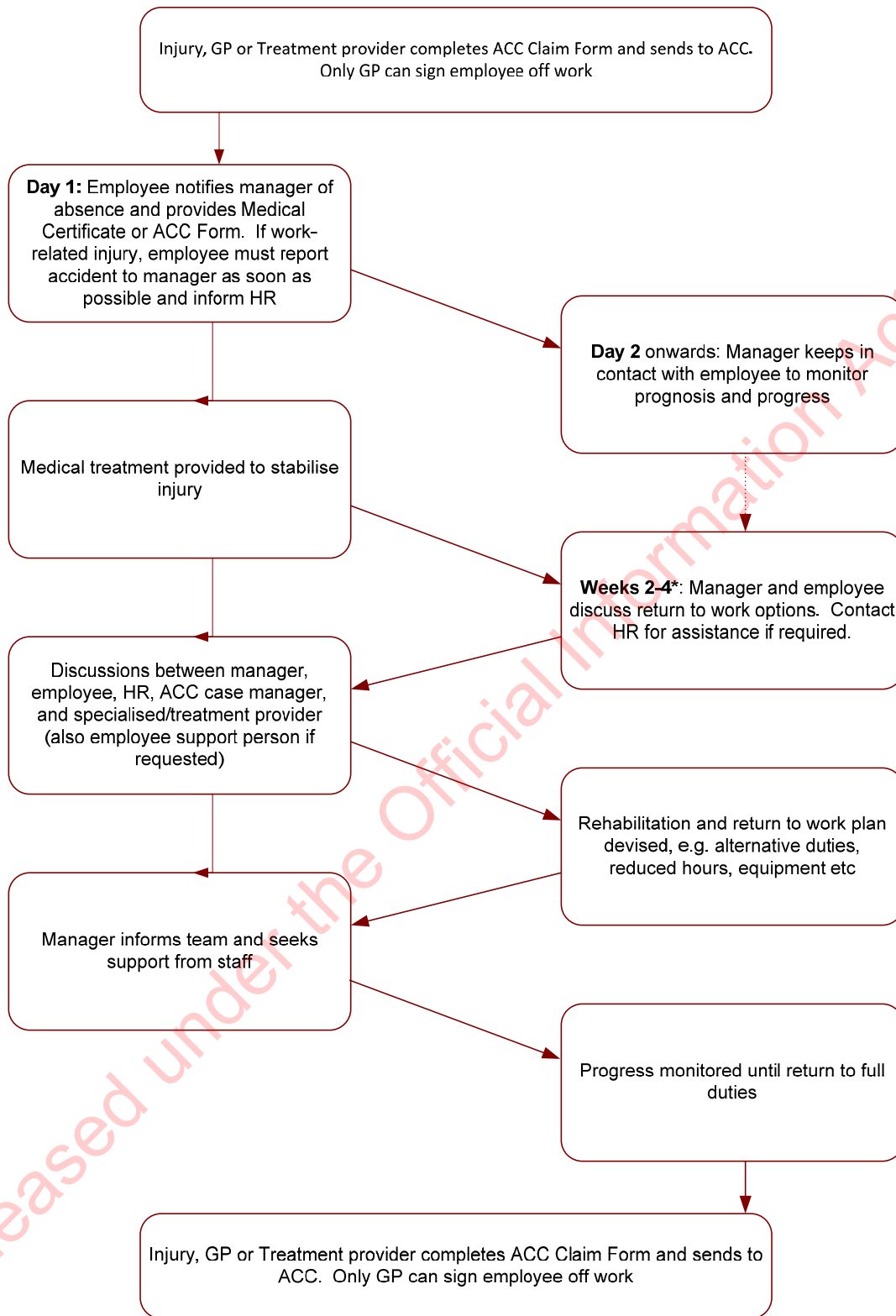
Fitness to return to work

When an employee intends to return to work after an accident, DPMC may request that the employee provide a medical certificate from his or her doctor stating that he or she is fit to return to work.

Termination of Employment

Where an employee is unable to return to work, or unable to specify a return date, or is uncooperative (in terms of committed rehabilitation or communication with DPMC), DPMC may have to consider termination of employment through frustration of contract. Such action is considered to be an action of last resort, and every reasonable effort will be made by DPMC to ensure the employee can return.

Rehabilitation Flow Chart



*Dependent on amount of time off work that is required

7 Staff Health and Wellbeing

Wellness Programme

DPMC shall endeavour to help employees maintain their well-being through a Wellness Programme that includes (but is not limited to):

- Vision care subsidies
- Anti-influenza inoculations
- Assistance to manage workplace stress
- Employee Assistance Programme
- Smoke-free environment
- Workplace assessments
- Qualified first aiders
- General health activities
- Physical activity
- New employee support
- Flexible work hours
- Fatigue and stress management
- Early intervention process for managing pain and discomfort
- Occupational health monitoring
- General workplace health and wellness programmes including physical activities

A Health and Wellbeing Calendar has been developed by the Corporate Health and Safety Advisor. Every quarter a health and wellbeing activity will be chosen from the calendar and promoted throughout the Department.

Employee Assistance Programme – Vitae Services

All DPMC employees have free access to the Central Agencies Shared Services employee assistance provider – Vitae Services.

Vitae Services offer confidential services such as counselling for employees and their immediate family to assist with managing stress, anxiety, mental health and any other issues you may need help with. Every employee is entitled to XX sessions per issue. Managers may increase the number of sessions for their employees at their discretion.

Employees can contact Vitae Services directly by phoning 0508 664 981 or by referral

<http://www.vitae.co.nz/counselling-form/>.

Health Monitoring

DPMC are responsible for monitoring employees at risk for health related issues such as workplace stress, pain and discomfort. The health and safety risk owner, is responsible for the documentation of this process and reporting of updates to management.

Workplace Fatigue and Stress

Fatigue and stress may affect the physical or psychological state of employees and present a risk of unsafe work practices and the significant potential to harm themselves, other employees and the public. There is also an increased risk of property damage and disruption to production. DPMC therefore has a Guideline (Stress and Fatigue Guidelines) relating to

fatigue and stress that clearly outlines employees and management responsibilities in this area.

DPMC Work Life Balance Principles

DPMC can be a demanding place to work. It is a responsive department that provides high quality services and advice, sometimes with limited time frames, to the Prime Minister, other Ministers and the Governor-General. From time to time, it is also required to provide advice and/or services under extenuating circumstances, for example anti-terrorist work, response to natural disasters, and watch-groups. The Executive Leadership Team acknowledges that the work pace of DPMC could place stress on individual employees and secondees, and can also impact on the time staff have available for themselves and/or their families. Work life balance is therefore recognised as an integral part of ensuring DPMC is an effective organisation with a high level of capability.

A list of work life balance initiatives for the department is available below. The purpose of this is to set out the principles upon which employees and managers can consider and develop initiatives and solutions at the departmental, unit and individual staff member levels.

DPMC is committed to providing a work environment where work life balance is valued, encouraged and practiced by managers, employees and secondees alike. The following principles underpin the department's approach to work life balance:

- Information about the department's work life balance policy, flexible working conditions and initiatives is openly available for staff.
- Managers are open to discussing work life balance issues, and will work together with staff to identify initiatives for their unit and/or to tailor solutions for individual staff on an ongoing basis.
- "Flexible working arrangements" is a term used to describe any working pattern adapted to suit your needs while still meeting the department's business needs.
Types of flexible working include:
 - **Flexi-time** – for example, part time work, job sharing, compressed weeks, term-time working
 - **Flexi-place** – for example, working from home
 - **Flexi-career** – for example, extended leave or a sabbatical.
- Work life balance initiatives and solutions must be practical, financially feasible and must take into account operational requirements, the impact on the affected role(s)/unit and the strategic direction of the department.
- Anyone can ask their manager for flexible working arrangements and expect their request to be considered. Such a request, if granted, is likely to result in a change to your remuneration and so this must also be carefully weighed up.
- Work life balance initiatives will be monitored to measure their success and impact on the department.

- DPMC will regularly review its work life balance initiatives so that they remain flexible and relevant to staff and the needs of DPMC.
- Individuals will take responsibility for their own work life balance issues, and managers and supervisors will demonstrate their commitment to work life balance through the implementation of departmental and unit-based work life balance initiatives, by developing and maintaining an environment of work life balance within their unit, and by operating in a manner that is consistent with the principles outlined above.

The DPMC Work Life Balance Philosophy has been developed in consultation with staff, through the DPMC Work Life Balance Group, and also takes into account the public service work life balance principles.

DPMC Work Life Balance Initiatives

- Flexible Working Arrangements
- Staged return from parental leave
- Keeping in contact with staff on parental leave
- Compassionate and domestic leave
- Carrying forward annual leave
- Bereavement and Tangihanga leave
- Time in lieu where approved by Manager
- Family oriented social activities
- Retirement planning and financial planning
- Provision of lap tops to work at home
- Employee Assistance Programme (EAP)
- Group schemes for health and life insurance
- Study assistance
- Health and well-being programmes
- Reimbursement payment

Work Organisation/Flow

As much of the work in DPMC is demand driven, some employees may not have the opportunity to significantly impact on the amount and timing of their workflow. It is therefore important that the quantity of work and the deadlines are monitored by managers to ensure that they are realistic, and are not posing a potential hazard to any employees.

Where there is a particular pattern to peak workloads which may place significant stress on staff, management considers the use of temporary or part-time staff to assist during peak times.

When staff return from a long period of absence they are generally given the opportunity to ease into their work load again. Where a position has tasks which are particularly repetitive, a system of job rotation could be considered.

More information and detail regarding some of the work life balance initiatives can be found in The Manual 2008 ([361643](#)).

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8 Contractors and Visitors

Contractors

All contractors and consultants will be made aware of the:

1. Rules or procedures with which they are required to comply;
2. Hazards that may exist in DPMC in the course of their work;
3. Location of any necessary safety equipment;
4. First aid and emergency procedures; and
5. Details of any relevant activity or staff near where the contractor is working.

In this regard, contractors and consultants have health and safety as a component of their contract, and also undergo an induction. Contract Managers are responsible for ensuring that contractors or consultants are monitored for their health and safety practices whilst on site.

All contractors are required to report and health and safety hazards, incidents or near miss events to their Contract Manager as soon as possible.

For more information on health and safety for contractors, see the following documents:

- H&S Procedures for Contractors (all DPMC excluding Government House, 322675);
- Contractor Code of Conduct (Government House Wellington, 97445); and
- Contractor Code of Conduct (Government House Auckland), 533524

Visitors

Visitors are required to sign in at the designated reception area for the office they are visiting. By signing into the site they agree to adhere to DPMC's health and safety policies and procedures, including what to do in an emergency. Visitors must be escorted at all times unless they have been given a health and safety induction and are made aware of any potential hazards that they may encounter during their visit to DPMC.

Appendices

[Appendix 1 - DPMC Hazard Identification Form](#)

[Appendix 2 - Key Health and Safety Definitions](#)

Appendix 3 - Hazard Assessment Tool

[Appendix 4 - Pain Checklist for Staff](#)

[Appendix 5 - Pain Checklist for Managers and Supervisors](#)

[Appendix 6 - Self Report of Discomfort/Pain Form](#)

[Appendix 7 - Job Information for GP Consultation Form](#)

[Appendix 8 - Pain Review Checklist](#)

[Appendix 9 - H&S Event Report Form](#)

[Appendix 10 - H&S Event Investigation Form](#)

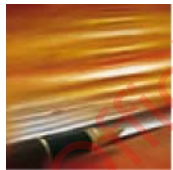
[Appendix 11 - Incoming Mail - Biohazards](#)

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**DEPARTMENT OF THE
PRIME MINISTER AND CABINET**
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

Health and Safety Manual



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1 Health and Safety Policy

Objective

To ensure that all of DPMC and National Emergency Management Agency (NEMA's) officers and workers (and any other person in a DPMC or NEMA workplace) are in a healthy, safe and supportive environment.

Principles

The Department of the Prime Minister and Cabinet (DPMC) is committed to managing health, safety and wellbeing in the workplace in a proactive and participatory way. DPMC is committed to:

1. Continuous improvement in health, safety and wellbeing, ensuring it is reflected in our day-to-day operations.
2. Operating a risk-based approach to health, safety and wellbeing ensuring that where risks are identified and cannot be eliminated, they are controlled and minimised as much as is reasonably practicable.
3. Involving employees in health, safety and wellbeing activities as they are critical to successful health, safety and wellbeing management.
4. Ensuring that all employees are knowledgeable, confident and competent to achieve their health and safety responsibilities.
5. Ensuring all employees accurately report, record and respond to all risks, accidents or incidents they are involved in, in a timely manner.

Applies to

This policy applies to everyone in DPMC and the National Emergency Management Agency (NEMA), including seconded, contracted and temporary staff (together referred to in this policy as 'employees'), regardless of position or seniority. It applies to all premises and places where employees legitimately conduct departmental business, and all information, resources and assets that DPMC and NEMA own or are accountable for. This policy also applies to employees of Central Agency Shared Services (CASS) when working on DPMC premises.

Related policies, guidance and information

This policy should be read in conjunction with DPMCs [Health and safety policies and documents](#)

2 Health and Safety Responsibilities

Introduction

Here at the Department of the Prime Minister and Cabinet (DPMC) we want to make sure that all our staff, and anyone else that is visiting, are in a healthy, safe, secure and supportive environment. We will take all practicable steps to ensure everyone's safety by complying with relevant health and safety legislation, standards and codes of practice.

DPMC is committed to continuous improvement in health and safety and follows the Plan-Do-Check-Act model.

Role	Responsibilities
Executive Leadership Team	Lead and champion health, safety and wellbeing throughout the Department.
Managers	Promote health, safety and wellbeing amongst their teams, and lead by example by actively creating and maintaining a safe and healthy workplace.
Health and Safety Committee	Enable the business to bring together workers and management in the review and development of health and safety policies and procedures for the workplace. Make recommendations relating to health and safety in the workplace.
Health and Safety Representatives	Attend Health and Safety Representative training as required Represent workers on health and safety matters Make health and safety recommendations Investigate complaints and risks to worker health and safety Monitoring health and safety measures taken by the Department
All Employees	Take reasonable care that their action or inaction does not adversely affect the health, safety and wellbeing of themselves or others. Notify risks and issues, and report incidents and accidents accurately and in a timely manner. Comply with this policy and any reasonable instructions of DPMC.

Manager, Team Leader and Supervisor Responsibilities

DPMC has a responsibility to ensure, so far as is reasonably practicable, the health and safety of workers, and that other people are not put at risk by the work that we do.

- Meeting the employer duties described by the HSWA 2015, Health and Safety at Work (General Risk and Workplace Management) Regulations 2016 and Health and Safety at Work (Hazardous Substances) Regulations 2017, in terms of their staff and work areas;
- Ensure, so far as is reasonably practicable the workplace is safe;
- Ensuring health and safety is included in the induction process so that employees are aware of their H&S responsibilities and of key information;
- Ensuring an audit and review of work areas and practices is conducted regularly;
- Ensuring that all accidents, incidents and near missed are accurately recorded and reported, that investigations are conducted in a timely manner and that corrective action plans are developed and implemented;
- Participate and support early return to work for injured employees in consultation with the Director of the appropriate business unit; and
- Ensuring that contractors/consultants are monitored for their health and safety practices whilst on site.

Employee Responsibilities

Every employee is responsible for:

- Taking reasonable care for their own health and safety;
- Ensuring that they do not behave in a way that will cause harm to themselves or others;
- Notifying management, their health and safety representative or the Risk, Health, Safety and Security (RHSS) team of any actual or potential health and safety risks;
- Accurately report and record all accidents or incidents in a timely manner;
- Complying with the Health and Safety Policy, this Manual and any reasonable instruction of DPMC.

Health and Safety Committee

DPMC staff are represented by a Health and Safety Committee (HSC) comprising of at least one representative from each business unit as well as representation from management.

The Executive Leadership Team (ELT) health and safety risk owner will oversee the Committee, which meets every two months, to pursue the Department's health and safety objectives. Meeting minutes are taken and stored in iManage and available for all staff to read via Kainga. The Terms of Reference for the Committee (doc# [248163](#)) have been approved by the ELT. DPMC also has a representative on the Parliamentary Service Health and Safety Committee and the Pipitea House Health and Safety Committee.

The HSC performs an information sharing, communication and advice role. Staff may raise concerns with their manager, team leader or supervisor, health and safety representative and/or senior health & safety advisor. These issues can then be raised at the Committee meeting or managed earlier if an issue is urgent and/or requires immediate attention.

The Committee discusses common health, safety and wellbeing concerns and forwards these to the Security, Privacy and Occupational Health Sub-Committee meeting, ELT or the manager concerned for appropriate action. Committee members are responsible for ensuring new staff are introduced to information on health and safety at DPMC via the health and safety induction process and communicating any changes to procedures or equipment.

Committee members receive formal health and safety representative training and are advised of any new health and safety initiatives, which they then communicate to staff in their work areas. Managers and supervisors also have a responsibility for advising staff of any health and safety initiatives or changes.

Health and Safety Review

Health and safety will be reviewed on a regular basis at the HSC meetings including:

- Relevant health and safety related document review
- Review of accident and incident data
- Health and safety planning including quarterly review of the health and safety objectives and activity schedule for the current year
- Review of the health and safety risk register

Specialist Advice

When required, and where there is a lack of in-house knowledge, specialist advice will be sought from external parties about health and safety matters.

Training Needs Identification Process

DPMC will ensure all staff are provided with information and trained to allow them to perform their job safely.

Staff Induction

All staff are required to be inducted to DPMC's systems. The health and safety induction should be provided during the first two weeks of employment and includes the following:

- Health and Safety policies, guidance and information
- Health and Safety Committee and Representatives
- Management and employees' responsibilities
- Workstation Assessments
- Emergency Procedures

- Event Reporting
- Managing Injuries or Pain and Discomfort
- Health and Wellbeing

Completed induction sessions are recorded in the 'Health and Safety and Security – Training' spreadsheet, any related emails are recorded in iManage [PMC-HRM-4-2-4].

Ongoing Health and Safety Training

Employee training needs will be formally identified as part of the annual performance assessment. Training should be delivered in such a way that understanding can be ascertained i.e. written questionnaires, tests and/or practical demonstrations. Health and safety training, and, along with specific health and safety training records, are kept in iManage [PMC-HRM-4-2-4].

Information

Up to date health and safety information is available via Kainga and on health and safety noticeboards. This includes site specific hazard and risk registers, current health and safety policy, HSR, First Aid and Floor Warden information, emergency procedures and wellness activities etc. In addition to this, health and safety information is raised for general discussion at staff meetings.

Staff Accountabilities Matrix

Accountability	All Employees	ELT (collective)	Unit Managers/Directors	Managers, Team Leaders, Supervisors	Health and safety risk owner		H&S Reps (for each location)
1. Taking all reasonably practicable steps to ensure the safety of employees while at work	Responsible	Accountable	Responsible	Responsible	Facilitate / Participate		Participate
2. Ensuring that DPMC meets its overall responsibilities under the HSWA including comprehensive H&S policies and procedures)		Accountable	Responsible	Delegated responsibility	Facilitate / Participate		Participate
3. Developing business-wide H&S programmes, procedures, policies and systems	Consult	Approve and Accountable	Consult	Consult	Facilitate / Participate		Participate
4. Liaising between staff and management within the requirements of the H&S Committees Internal Procedures					Facilitate / Participate		Responsible
5. Taking reasonable care to ensure the safety of yourself at work and that no action or inaction by you at work causes harm to anyone else	Responsible						
6. Reporting all hazards or unsafe conditions	Responsible						
7. Reporting all accidents and “near misses” (incidents)	Responsible						
8. Ensuring the accurate investigation of all accidents		Inform	Accountable	Delegated responsibility	Inform/Consult Facilitate as required		Participate as required
9. Taking appropriate action on H&S reports from employees		Inform	Accountable Responsible	Delegated responsibility	Inform/Consult Facilitate as required		Participate as required

Accountability	All Employees	ELT (collective)	Unit Managers/ Directors	Managers, Team Leaders, Supervisors	Health and safety risk owner		H&S Reps (for each location)
10. Ensuring that significant hazards are identified and eliminated where practicable, or minimised and employees protected where elimination is not possible (HSWA)		Accountable	Responsible	Responsible	Facilitate		Facilitate
11. Updating the Risk Registers					Accountable		Responsible
12. Collating and reporting H&S data at the organisational level & reporting to ELT					Responsible		
13. Providing access to H&S training and resources		Accountable			Facilitate		Participate
14. Taking appropriate steps to care for own personal physical and mental health and wellbeing including raising concerns with manager/supervisor and accessing assistance through EAP.	Responsible			Facilitate			

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Implications

- Each staff Supervisor/Team Leader is responsible for their staff and work areas in terms of meeting the Employer duties described by the HSWA.
- Each Manager is accountable for their staff and work areas in terms of meeting the Employer duties described by the HSWA.
- Every employee has a responsibility for ensuring their own & others safety at work.
- ELT is accountable for DPMC's health and safety policy and procedures.
- The Health & Safety Risk Owner is responsible for the DPMC's health and safety policy and procedures and must consult interested parties.
- The Health & Safety Risk Owner is responsible for ensuring that DPMC's obligations under the HSWA are being met within the office environments in the different DPMC areas.

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3 Hazard Identification and Risk Management

Introduction

DPMC is committed to providing a safe working environment and recognises that the identification and control of hazards and risks is essential to effectively managing risks in the workplace. Health and safety representatives, managers and staff should work together to identify hazards, assess and control risks wherever possible.

A 'hazard' means a situation or thing that has the potential to cause harm to a person. Hazards at work may include things like; noisy machinery, a repetitive task, an angry and/or abusive person or an infectious disease.

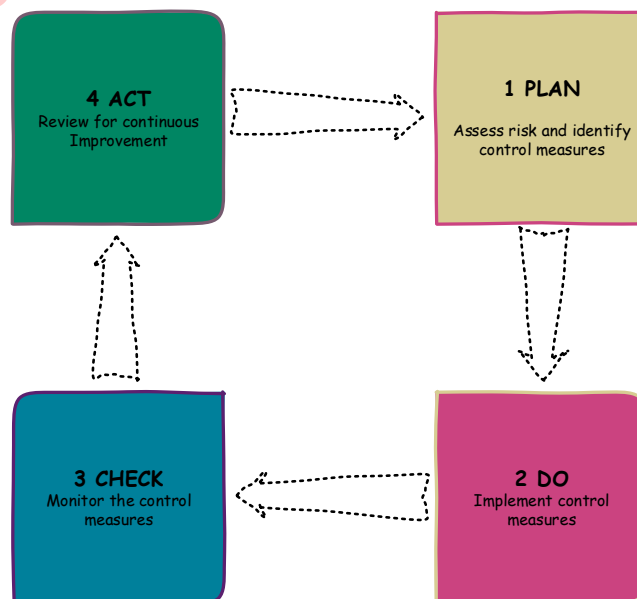
'Harm' means death, injury or illness, and includes both physical and psychological harm. Harm can be classed as minor, acute, chronic or catastrophic.

'Risk' is the possibility that harm might occur when exposed to a hazard. Risk is a combination of two things:

1. The likelihood of an event occurring where someone is exposed to a hazard
2. The consequence of exposure to the hazard

DPMC is largely an office-based environment and most of the risks are common throughout the department.

Following the below four steps will help with managing our work health and safety risks:

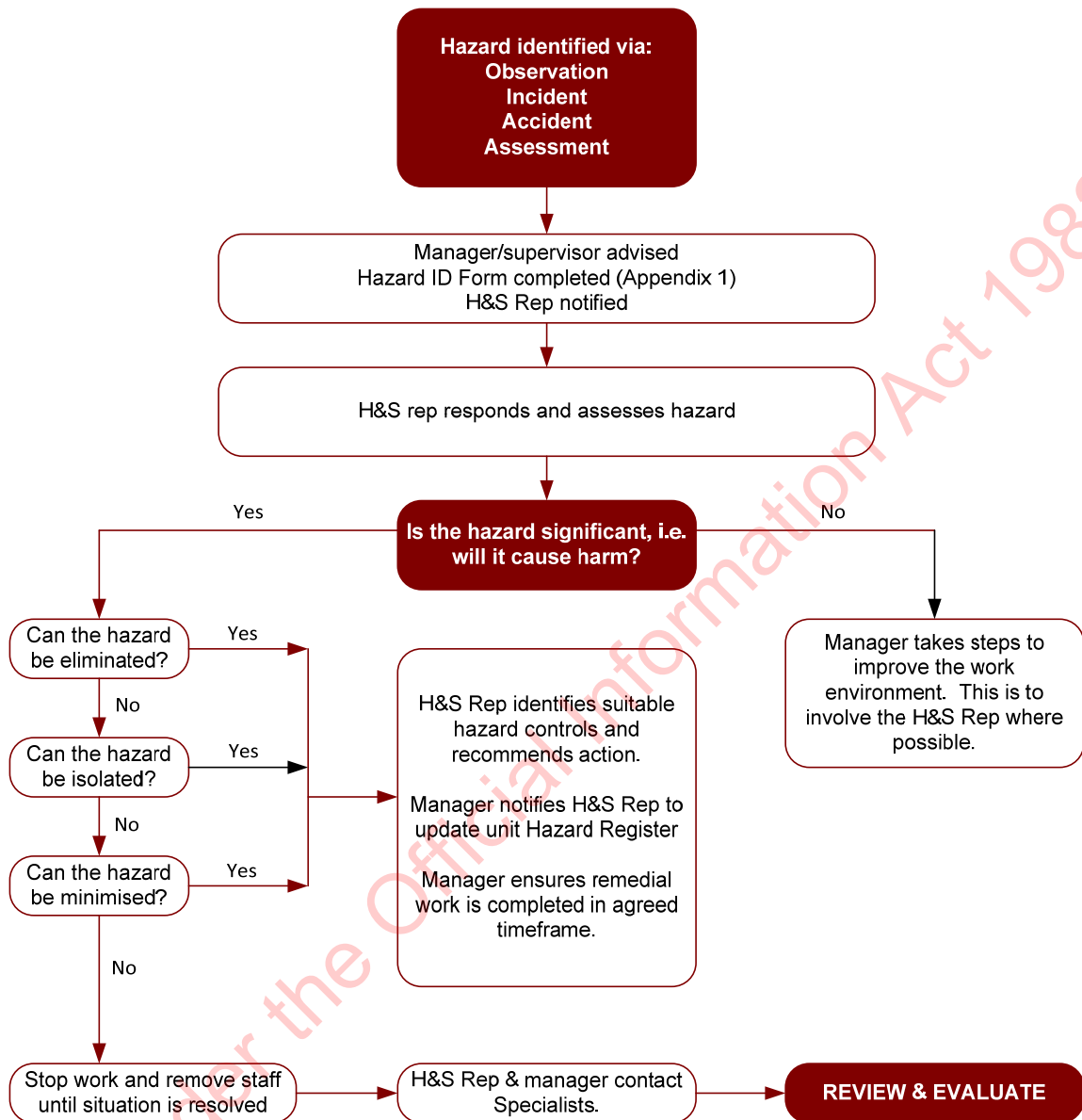


The types of risks that we need to consider include:

- **Travel related risks** – these happen when an employee is travelling for work, including air travel, travel between offices such as taxi's, ride shares or pool vehicles, overseas travel or running errands. Travel related risks do not include daily commutes (traveling to and from work)
- **Task related risks** – arise when employees are adversely affected by the nature of the tasks or work, they perform, e.g. standing, sitting, lifting of equipment, opening heavy doors, bending, twisting, repetitive movements or maintaining a static position for too long.
- **Environmental risk** - includes lighting/glare, stairwells, electricity, elevators, slippery surfaces, trip hazards, unstable cabinets, noise, chemical hazards (paint fumes, cleaning products, solvents, oil, detergents etc)
- **Health- related risks** - affect the health of the person and can be inflicted by physical and psychological factors e.g smoking, disease, insects, animals or microorganisms, high workloads, harassment or fatigue.
- **Emergency response related risks** – include all the above that have been heightened by the inclusion of infrequently performed tasks as well as increased environmental hazards such as bad weather, natural disasters and increased stress on selves as well as others.

Note Hazards and risks associated with new or modified equipment could possibly have financial implications. Always refer to the DPMC Procurement Policy to ensure the correct process is followed. All new equipment on site needs to be assessed where possible and risk control measures set up if necessary.

Appendix: Hazard and Risk Identification



A “hazard” means a situation or thing that has the potential to harm a person. Hazards at work may include many things e.g. noisy machinery, a repetitive job, an angry and abusive person or an infectious disease.

‘Harm’ means death, injury and illness, and includes both physical and psychological harm. Harm can be acute, chronic or catastrophic.

‘Risk’ is the possibility that harm (injury, illness or death) might occur when exposed to a hazard. Risk is a combination of two things:

1. The likelihood of an event occurring where someone is exposed to a hazard
2. The consequence of exposure to the hazard.

Risk Assessment

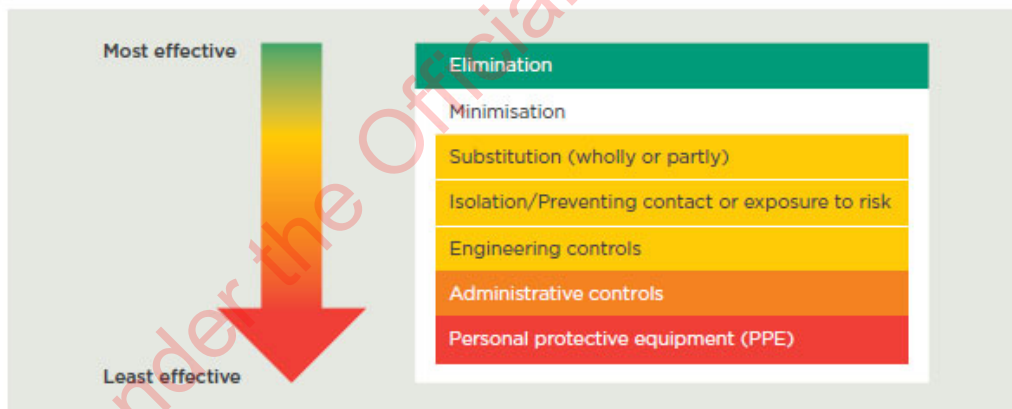
All identified risks must have an associated assessment undertaken. The risk assessment will look at the consequence and the likelihood of that consequence occurring. The accuracy of assessing a risk will draw on the assessor's knowledge and experience. DPMC has developed a Hazard Assessment Tool to help determine risk and prioritise hazards so that those posing the greatest danger can be controlled first. Four matters are considered:

- Is there a chance of injury?
- What could be the extent of the injury?
- How many people could be affected?
- How frequently will people be exposed to the risk?

Hierarchy of Control

The Health and Safety at Work Act identifies a preferred hierarchy of control.

The most effective control is to eliminate the risk. If the risk can't be eliminated, we must minimise it so far as reasonably practicable.



An example of a common risk at DPMC/NEMA would be the extensive use of computers resulting in ongoing pain and discomfort. This risk cannot be eliminated.

For this example, we need to minimise the risk. To do this we provide information on completing ergonomic self-assessments, adjustable furniture and equipment, access to Occupational Therapist assessments, information on pain prevention techniques, and we monitor reports of pain and discomfort, as well as work hours and workload.

Risk Registers

All risks that can't be eliminated will be recorded in either the relevant business units risk register or, if it is a risk that affects the whole department, the DPMC Critical Risk register. If a

risk is considered to be significant and the appropriate level of expertise is not available within DPMC, external specialists shall be utilised to determine suitable control measures.

Should a new risk emerge or a method of controlling a risk change, the manager must inform staff and the HSR to update the Health and Safety Risk Register. The Health and Safety Risk Register should be reviewed every quarter or following a significant event to ensure that existing controls remain effective.

Risk Review

The following risk monitoring approach will be used across the Department.

Table 1- Risk Monitoring Approach

	Role with health and safety risks	H&S Advisor
ELT	<ul style="list-style-type: none"> Regular visibility and review of organisational risks via minutes from SPOH 	Oversight and support
SPOH	<ul style="list-style-type: none"> Accept initial organisational risk register Regularly reviews organisational risks Receives report (minutes) from H&S Committee 	
DPMC Critical Risk register – only risks spanning multiple DPMC sites, items that can't be treated below medium, items escalated by the H&S Committee or H&S Advisor		
H&S Committee	<ul style="list-style-type: none"> Oversight of all site-specific risk registers and the Critical Risk register 	
Site-specific risk registers – Covers off risks specific to each location, posted on local H&S boards.		
HSRs	<ul style="list-style-type: none"> Receives, manages and records site-specific risks in local risk register 	

Health and Safety Representatives

Health and safety representatives are responsible for site-specific risks and will monitor those identified risks on a regular basis.

Health and Safety Committee Meetings

The health and safety committee will review the risk register every three months at the health and safety committee meetings.

Security, Privacy and Occupational Health Subcommittee (SPOH)

The SPOH will review business unit specific risks that are identified with a risk rating as medium or above; where identified risks are common throughout the Department, they will review all of those risks.

Executive Leadership Team (ELT)

The ELT will regularly review health and safety risks via the minutes from the SPOH meetings.

Annual Review

A review of all units will be coordinated by the Senior Health and Safety Advisor on a six-monthly basis. The review will record all actual or potential risks, assess the likelihood and consequence of those risks and identify any controls.

At a minimum, the review looks at the identified site-specific risks. The Senior Health and Safety Advisor, with support from Health and Safety Representatives and their manager, may also request environmental tests such as air quality assessments.

The results of the reviews together with any recommendations will be presented to unit managers, the Health and Safety Committee, the Security, Privacy and Occupational Health Sub-committee and the ELT.

The Senior Health and Safety Advisor will monitor progress and will submit progress reports to SPOH.

Responsibilities

DPMC is responsible for dealing with risks in the workplace that workers or visitors may be exposed to during the course of their work, regardless of where that work is conducted.

The Risk, Health, Safety and Security Team

The Risk, Health, Safety and Security Team will:

1. Coordinate and oversee the risk review process;
2. Review the results and provide the Health and Safety Risk Owner and SPOH with a summary of findings
3. Liaise with health and safety representatives and unit managers to assess and address unit hazards,
4. Distribute the updated Health and Safety Risk Register to the Health and Safety Committee and the Health and Safety Risk Owner;
5. Document hazard management initiatives and progress against recommendations

Health and Safety Representatives

Health and Safety Representatives will:

1. Support the Risk, Health, Safety and Security team with business unit risk reviews;
2. Assess the risks identified in their area;
3. Define and implement control measures;
4. Monitor identified controls;
5. Provide the Risk, Health, Safety and Security Team with a summary of their findings and
6. Ensure that staff are informed of the hazards or risks they may be exposed to (via the induction process, staff meetings, one-on-one meetings, memos or postings on notice boards).

The Health and Safety Risk Owner

The health and safety risk owner, will:

1. Distribute the Health and Safety Risk Registers to the Health and Safety Committee
2. Document hazard management initiatives and progress against recommendations; and
3. Report to SPOH on risks and any audit recommendations. Report should include progress against the work programme to address health and safety issues.

Health and Safety Committee

The Health and Safety Committee will:

1. Familiarise themselves with the types of hazards and control methods across DPMC and within their unit;
2. Implement the control methods in their unit, as required;
3. Participate in the annual reviews of the hazards and/or risks in their unit; and
4. Advise the Risk, Health, Safety and Security team and their manager of any new hazards or potential hazards that are identified outside the audit process.

All Staff

All staff have a responsibility to report risks or potential hazards they encounter, and to control them where they can, without risk of illness or injury either to themselves or others.

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Pain and Discomfort Management and Reporting

Pain Prevention

The key to preventing pain is early detection.

DPMC is committed to preventing ongoing pain. It will make resources available to support its pain prevention and management programme. The programme includes training for staff and the development of systems for hazard management, early reporting and action, and injury management and monitoring.

The success of this policy depends on management and staff working together to meet the following responsibilities:

DPMC will:

- Ensure that staff are well informed about pain prevention;
- Identify, assess and take all practicable steps to control significant hazards in the workplace associated with the development of pain;
- Give staff the opportunity to be involved in the hazard management process;
- Promote a work climate that supports early reporting of symptoms;
- Act quickly to prevent reported symptoms from getting worse;
- Work with staff who have developed pain to facilitate an early and durable return-to-work outcome;
- Make staff aware of the ergonomic self-assessment video that is available and encourage them to use it [Managing Pain and Discomfort - Ergonomic Self-assessment](#)

Staff are expected to:

- Accept responsibility for their own health and safety at work;
- Participate in pain prevention training and information programmes as required;
- Adopt safe working practices;
- Assist in hazard identification and management in their work area;
- Take early responsive action and report to their supervisor/manager if they experience any symptoms of work-related discomfort/pain;
- Participate in treatment and rehabilitation plans, if a pain condition is diagnosed; and
- Use the '[Managing Pain and Discomfort](#)' information on Kainga.

Workflows should be such that employees are able to perform a variety of tasks throughout the day to avoid repetitive strain related injuries.

Rest breaks and micro pauses are encouraged. Rest breaks away from the computer should occur frequently throughout the course of the working day.

Reporting pain and discomfort

An ergonomic self-assessment is completed by all staff and secondees using the [Ergonomic Self-assessment](#) available on Kainga when they first start employment with DPMC or NEMA.

If staff change office or experience and ongoing pain and discomfort that may be caused or increased by their work environment, they should in the first instance complete an ergonomic self-assessment. If after monitoring their situation the staff member is still experiencing pain and discomfort, then an Occupation Therapist will be booked to complete a professional assessment.

The Occupational Therapist will complete a report from the appointment. If they have made recommendations, the Risk, Health, Safety and Security team will provide support to the staff members manager to ensure that the appropriate actions are completed.

See Appendix XXX for the reporting pain and discomfort flow path.

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4 Emergency Procedures

Introduction

The emergency procedures for DPMC and NEMA have been developed to increase staff awareness and effectiveness in the event of an emergency.

In a disaster situation, or whenever serious interruptions to critical business functions are likely, DPMC staff are to follow the guidelines set out in the business continuity plan for their unit. These plans have been developed to provide control and flexibility to enable an effective, efficient and structured recovery in the event of disaster.

Business Continuity Plans are stored on the desktop of all DPMC computers.

Emergency Response Procedures

Emergency Response Procedures flip charts have been developed for DPMC locations and include scenarios and what to do in the event of that particular scenario occurring e.g. medical emergency, fire found, fire alarm sounding, storm, earthquake etc.

The flip charts are located throughout the office by health and safety noticeboards, reception areas, emergency exits etc. You can also find them in iManage or on Kainga.

Floor Wardens

Every DPMC location has identified floor wardens to assist staff members when a building evacuation is required.

Floor wardens are identified by warden armbands or vests. You can find out who your floor wardens are by checking the Health and Safety page on Kainga or your Health and Safety Noticeboard.

If you require assistance to evacuate the floor during an evacuation you must notify your floor warden as soon as possible so that they can put relevant precautions in place. This includes:

- All persons requiring assistance to evacuate the building during an evacuation must have an assigned buddy to stay with them and provide appropriate support.
- Making available the use of an evacuation chair.

First Aiders

Every DPMC location has trained first aiders to provide assistance to individuals as and when required.

First aid kits are located at every site and/or floor and within every DPMC vehicle. The contents are checked on a regular basis.

You can find out who your first aiders are by checking the Health and Safety page on Kainga or your Health and Safety Noticeboard.

Grab and Go-Bags

Grab and Go Bags are located under every DPMC workstation and belong to that workstation, not the person who occupies the space.

The Bags contain basic emergency supplies such as water, dust masks, a torch etc. to provide staff members with supplies to get home safely. Staff are advised to populate the Bags with additional supplies such as food, sturdy footwear and any medication they may need.

You should check your Bag using the checklist (doc# 3247396) every three months to ensure that the contents have not expired.

Evacuation Chairs

Some DPMC locations (where they are located in a multi-storey building) have Evacuation Chairs. The evacuation chairs allow those requiring assistance to be evacuated during a building evacuation. There are personnel trained in the use of the evacuation chairs.

You can find out who your trained evacuation chair users are by checking the Health and Safety page on Kainga or your Health and Safety Noticeboard.

Automatic External Defibrillators

All DPMC locations have Automatic External Defibrillators (AED's) to provide assistance when someone is experiencing a cardiac arrest.

As AED provide verbal instructions for use, staff are not required to complete training to use them. However staff who have a current First Aid certificate will have received a training briefing on AED operation.

You can find out where the AED's are located in your building by checking the Health and Safety page on Kainga or your Health and Safety Noticeboard.

Accident/Injury

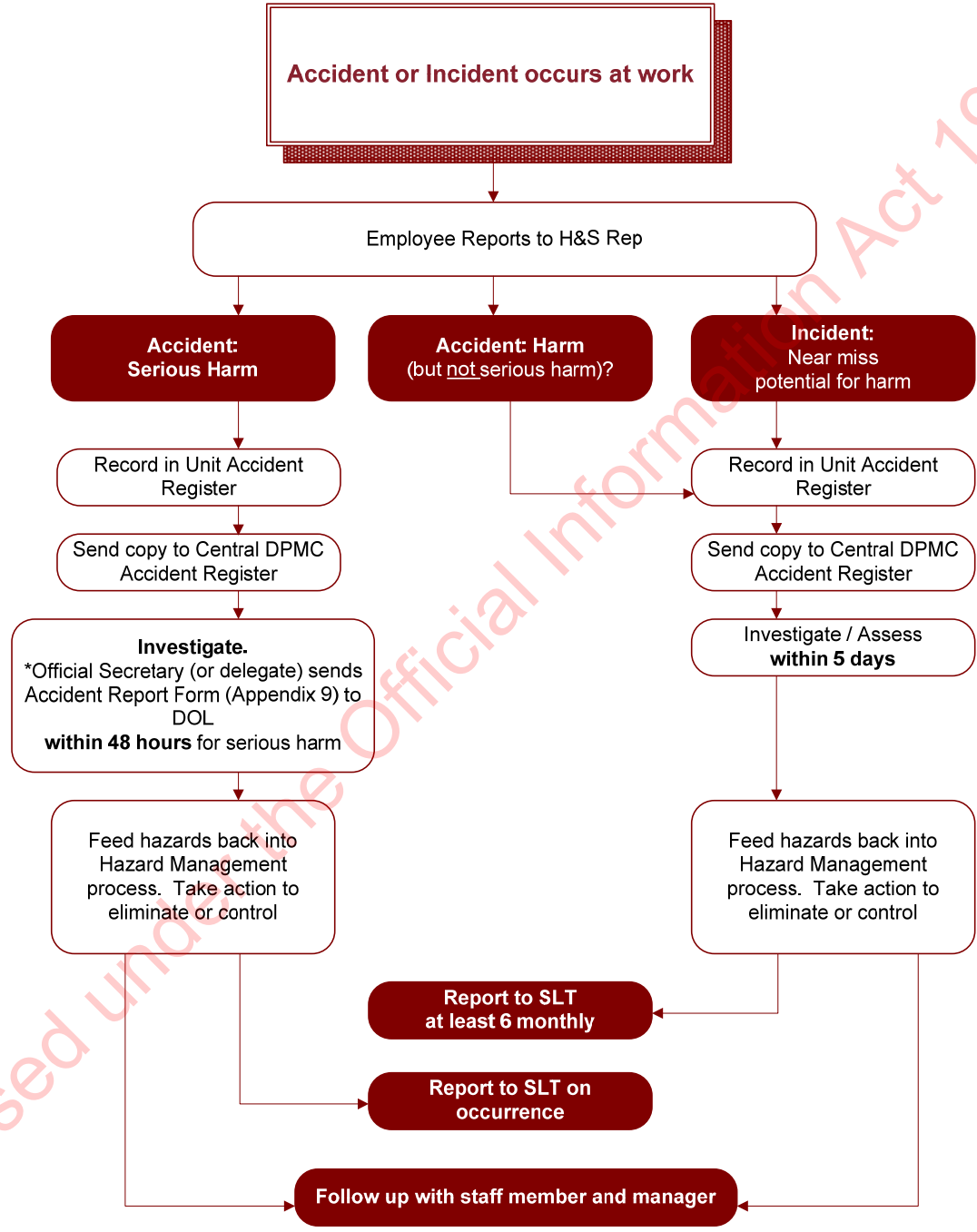
All accidents must be reported as soon as possible, or within 24 hours, to your site first aider, manager and/or health and safety representative using the Health and Safety Event Report Form (doc# 3800743) or the 'Report a Health & Safety, or Security Incident or Risk' button in Kainga,

- 1 Always seek immediate first aid treatment following any type of accident.
- 2 Know where the first aid equipment is kept and who to contact.
- 3 In the event of a serious accident:
 - a. Do not alter the scene unless further risks are evident. A full investigation must occur prior to scene clean-up;
 - b. contact a qualified first-aider, giving your name, location and the nature of the injury.
- 4 Remain calm, provide help and wait for assistance to arrive.

If in doubt, seek advice on whether further medical treatment is required.

5 Accidents

It is assumed that appropriate treatment has already been given to the injured person



** If outside working hours, contact Official Secretary or his delegate*

Accident Reporting and Recording Procedure

Aim

This procedure document outlines the steps which must be followed in the event of an accident or near miss incident in the workplace. Together with the related health and safety policies this document complies with the HSWA.

Definitions

The HSWA defines “accident” and “incident” as follows:

An event that:

- a) Causes any person to be harmed (an accident); or
- b) In different circumstances, might have caused a person to be harmed (an “incident”).

“Harm” means an illness or injury and includes physical or mental harm caused by work-related stress.

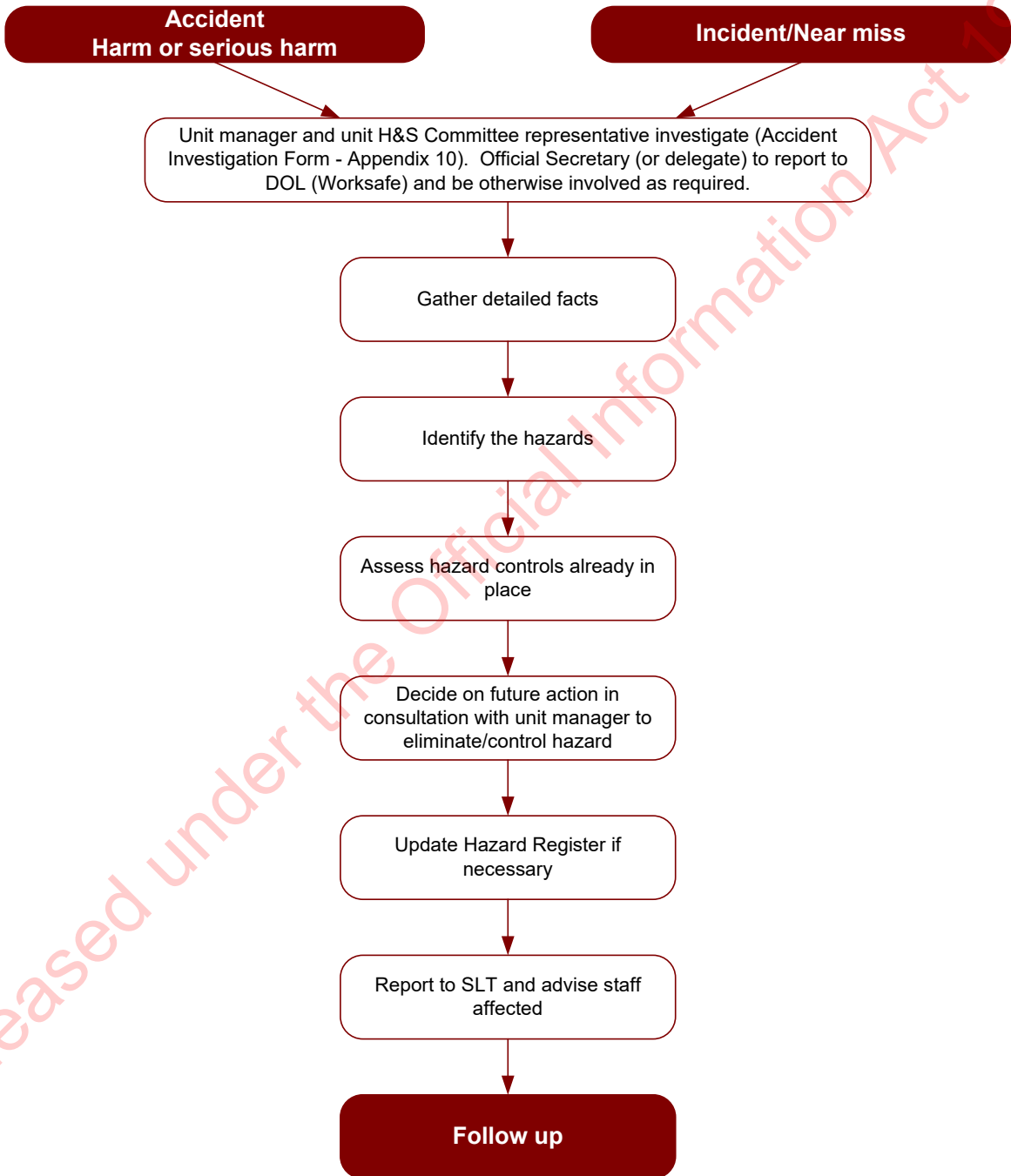
A Notifiable Injury or Illness includes such things as death, severe loss of a bodily function or harm that causes a person to be hospitalised. A full definition can be found in Appendix 2.

Procedure

1. The injured staff member is given the appropriate treatment e.g. first aid.
2. All accidents and incidents must be reported within 24 hours to the unit H&S representative, their Manager or Corporate Health and Safety Advisor.
3. The unit manager and health and safety representative will conduct an onsite assessment or investigation where required. In the event of serious harm, this investigation will be carried out formally (see 5.4 Accident Investigation Procedure) and the unit manager will ensure that all legislative requirements are complied with.
4. Results of any investigation will be reported to the Health and Safety Committee, the Health and Safety Risk Register will be updated if necessary and appropriate action taken to eliminate or minimise the hazard.
5. The Corporate Health and Safety Advisor must be notified if a claim is lodged with ACC.
6. Findings will be reported to ELT on at least a six monthly basis (those accidents resulting in serious harm will be reported on a case by case basis).

Accident Investigation Flow Chart

INTERNAL INVESTIGATION PROCEDURE FOR ACCIDENTS AND INCIDENTS AT WORK
Refer to Staff Accountability Matrix (2.6) for list of persons responsible



Accident Investigation Procedure

The Accident Reporting procedure outlines the roles and responsibilities of management and staff with respect to the investigation and documentation of all accidents or incidents in the workplace.

The investigation should go beyond the immediate hazard and should result in an explanation of why the accident or incident occurred, to enable preventative actions to be implemented that will address the underlying issues in order to prevent recurrence.

Procedure

- 1 The Risk, Health, Safety and Security team will coordinate an investigation into the incident, in consultation with the person who completed the report.
- 2 If required, Worksafe and any other relevant agencies will be advised by the Risk, Health, Safety and Security team or delegate, and full cooperation will be given.
- 3 All witnesses should be interviewed and the H&S Event Investigation Form (Appendix 10) should give a detailed account of the events and identify all hazards involved. The use of photos, diagrams and other exhibits may be appropriate. This should outline fully what needs to be done to prevent the accident or incident occurring again.
- 4 If the accident or incident highlights workload issues or management style as contributing factors, all staff members within that unit should be consulted to establish whether the hazard is of wider significance.
- 5 Assess the hazard controls already in place. Consider what needs to be done to eliminate/minimise the hazard or to ensure the controls work in the future or if staff training is adequate. Update the Health and Safety Risk Register if necessary.
- 6 All staff involved should be advised of the findings. Communications with the wider business unit/DPMC may be appropriate to help minimise the possibility of recurrence.
- 7 A summarised report should be given to ELT on at least a six monthly basis (all accidents causing serious harm are to be reported to ELT on a case by case basis).

Accident Compensation

If an employee is injured in a work-related accident the provisions of the relevant accident compensation legislation will apply.

The Risk, Health, Safety and Security team must be notified if a claim is lodged with ACC.

When conditions are met, the Accident Compensation Corporation (ACC) will subsidise a treatment provider's normal fee while the employee will need to pay the balance. If the employee needs time off work, and DPMC and ACC accept it is a work-related personal injury, DPMC will pay the first week's salary or wages, and the second and subsequent weeks are

paid by ACC at a maximum of 80% of salary or wages. The employee may take sick leave to supplement part of earnings not paid by ACC.

Section 6.2 outlines a range of treatment and earnings support, and for more detailed information on getting help from ACC, refer to its website: <http://www.acc.co.nz>.

Released under the Official Information Act 1982

6 Injury Management

Rehabilitation and Return to Work Policy

Philosophy

DPMC is committed to the principles of rehabilitation, that is, wherever possible and practical, employees will be supported in their early return to work following work-related injury or illness. This will be a managed process where management and the employee will work collaboratively with an ACC case manager to identify alternative duties or treatment options to support employees at work.

Manager Responsibilities

Managers and supervisors shall:

1. Be responsible for supporting DPMC's commitment to rehabilitation and early return to work. This may involve participation in rehabilitation planning meetings, monitoring return to work progress and assisting with the identification of transitional duties in-line with the treatment provider's assessment of capacity for work;
2. In the event of a work or non-work-related personal injury that requires time off work, keep in contact with the injured employee to monitor their prognosis and progress;
3. Where necessary, develop a return to work plan – this should involve the employee, Corporate Health and Safety Advisor, and the business unit manager working with the ACC Case Manager (or delegate) to agree a suitable approach. Further information about return to work plans is provided in the rehabilitation and return to work management guidelines;
4. Consult with staff to develop a range of alternative duties that may be utilised for a graduated return to work programme; and
5. Monitor injured employees regularly to ensure there are no difficulties associated with the graduated return to work programme.

Corporate Health and Safety Advisor Responsibilities

1. Assist in the development of return to work plans with the injured persons, their manager and the ACC Case Manager.
2. Liaise with the ACC Case Manager regarding the injured person's injury.
3. Maintain weekly contact with the injured person to monitor their injury and whether they require any assistance from DPMC.
- 4.

The Human Resources team shall, on advice from the Corporate Health and Safety Advisor:

- Act as the mediation point of contact in the event of a dispute; and

- Provide advice to managers and supervisors on rehabilitation and managed return to work programmes.

Employee Responsibilities

Employees shall:

- Ensure that your manager and the Corporate Health and Safety Advisor is informed about any work or non-work-related personal injury that requires time off work;
- Keep your manager and the Corporate Health and Safety Advisor informed weekly about injury prognosis and progress when off work and during the rehabilitation process (e.g. alternative duties/restricted hours);
- Communicate DPMC's commitment to finding suitable alternative duties to the treating Medical Practitioner; and
- Actively participate in the development of a return to work plan and its implementation.

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Rehabilitation and Return to Work Management Guidelines

Aim

These guidelines are intended to provide information for managers, team leaders, supervisors and staff in the process of rehabilitation and return to work programmes following a work-related personal injury or illness. They should be read in conjunction with the rehabilitation and return to work policy.

These guidelines may also be used in the case of a non-work-related personal injury or illness on a case by case basis.

Return to Work

Depending on the nature and extent of the injury sustained, an employee's return to work can be gradual or immediate. In this regard, DPMC, where possible, will provide a flexible approach to return to work. The level of flexibility available will depend on the nature of the position and its duties.

Where an employee's doctor has indicated that alternative duties could be considered, the employee should contact their supervisor or team leader to discuss whether this is possible. Each case will be considered on its merits, based on work available at the time and the employee's skills.

Where alternative duties are possible, DPMC will carefully monitor the work to ensure that the employee's injury is not aggravated by a return to work. This should be documented in the employee's personal file.

Return to Work Plans

In the event of an accepted ACC claim for injury an employee may have a rehabilitation plan developed by an ACC case manager. This will generally be the case when an employee is unable to return to pre-injury tasks for longer than one week. The rehabilitation plan will be developed in consultation with an employer representative – this is usually the manager but the Corporate Health and Safety Advisor will also be involved.

In addition to the rehabilitation plan, DPMC may wish to develop its own return to work plan to provide employees and managers with some specific guidance during the period of time an employee is unable to carry out their normal duties. This plan will be developed by the employee and their manager, and will complement any rehabilitation plan developed by ACC.

When developing a return to work plan, it is important to offer the employee the option of bringing a support person to any rehabilitation planning meetings.

The return to work plan should specify:

1. The injury;
2. The time span for expected recovery (specified by medical practitioner);
3. The tasks unable to be undertaken due to the injury;
4. Any other limitations/factors for consideration;
5. A progressive plan of work to be undertaken (tasks, hours of work, dates etc.);
6. Any rehabilitative exercises or treatment etc. to be undertaken;
7. Any additional resources DPMC will provide; and
8. Timeframes for reviewing the rehabilitation plan and progress etc.

Entitlements

In the case of an accepted ACC claim, ACC will pay entitlements including treatment and travel costs as specified by the Injury Prevention, Rehabilitation, and Accident Compensation Act 2001. There may be surcharge payments that the injured employee will need to pay for some treatments and prescription costs.

Wages/Salary Whilst off Work

If an employee needs time off work, and ACC accepts it is a work-related injury, DPMC will pay the first week's salary or wages, and the second and subsequent weeks while off work will be paid by ACC at a maximum of 80 per cent of salary or wages (in accordance with the Injury Prevention, Rehabilitation, and Compensation Act 2001). Where the employee is returning part-time as part of a rehabilitation programme, the wages or salary will be paid for the hours worked, and the remaining salary paid in accordance with ACC guidelines (abatment). DPMC has an agreement with ACC to pay wages on behalf of ACC and seek reimbursement of such from the ACC account.

The above applies unless staff on collective agreements have differing statements in their agreement.

Supplementing Salary/Wages

Work-related and approved by ACC

Sick leave may be taken to supplement any part of the salary not paid by ACC. For example, where ACC pays 80 per cent of wages (up to the ACC maximum), an employee may take one day sick leave (or annual leave where sick leave entitlement has been exhausted) to make up the other 20 per cent as outlined:

- 80 per cent of a fulltime work week is four days; this is reimbursed (or paid) by ACC from the second and subsequent weeks while off work
- 20 per cent of a fulltime week is one day; this may be taken as sick leave if the employee has available sick leave.
- IRD guidelines state that the 20 per cent top up is taxed at a secondary tax rate.

Standard pro rata arrangements apply for part-time employees of the department.

Non work-related and approved by ACC

Where an employee is unable to work due to a non-work-related injury or illness, and ACC accepts the claim, the employee can take sick leave for the first week off work, if they have any available (or annual leave where sick leave entitlement has been exhausted). From the second and subsequent weeks for the period off work ACC will reimburse or pay 80 per cent of the wages or salary of a fulltime employee and the employee can continue to use their sick leave for the remaining 20 per cent, where available.

Work-related claim declined by ACC

Employees who have had a work-related injury claim declined by ACC are still able to negotiate a gradual return to work as part of a return to work plan. DPMC will consider on a case by case basis facilitating treatment options for declined claims where it is in the employee's and DPMC's interests for an early recovery and return to work outcome.

When the employee's sick leave entitlement expires, the employee can apply to use annual leave and where annual leave entitlement is exhausted the employee can apply for leave without pay. This will not be unreasonably withheld but such leave will not automatically be granted, and an employee may have to consider resigning or medical retirement if they are no longer able to work, or meet the commitments of their employment agreement.

Prognosis Notification

DPMC may also request that the employee attend an independent medical practitioner for a report on a possible return to work date and/or assistance in developing and reviewing progress against a rehabilitation plan. If this is requested, any costs will be met by DPMC.

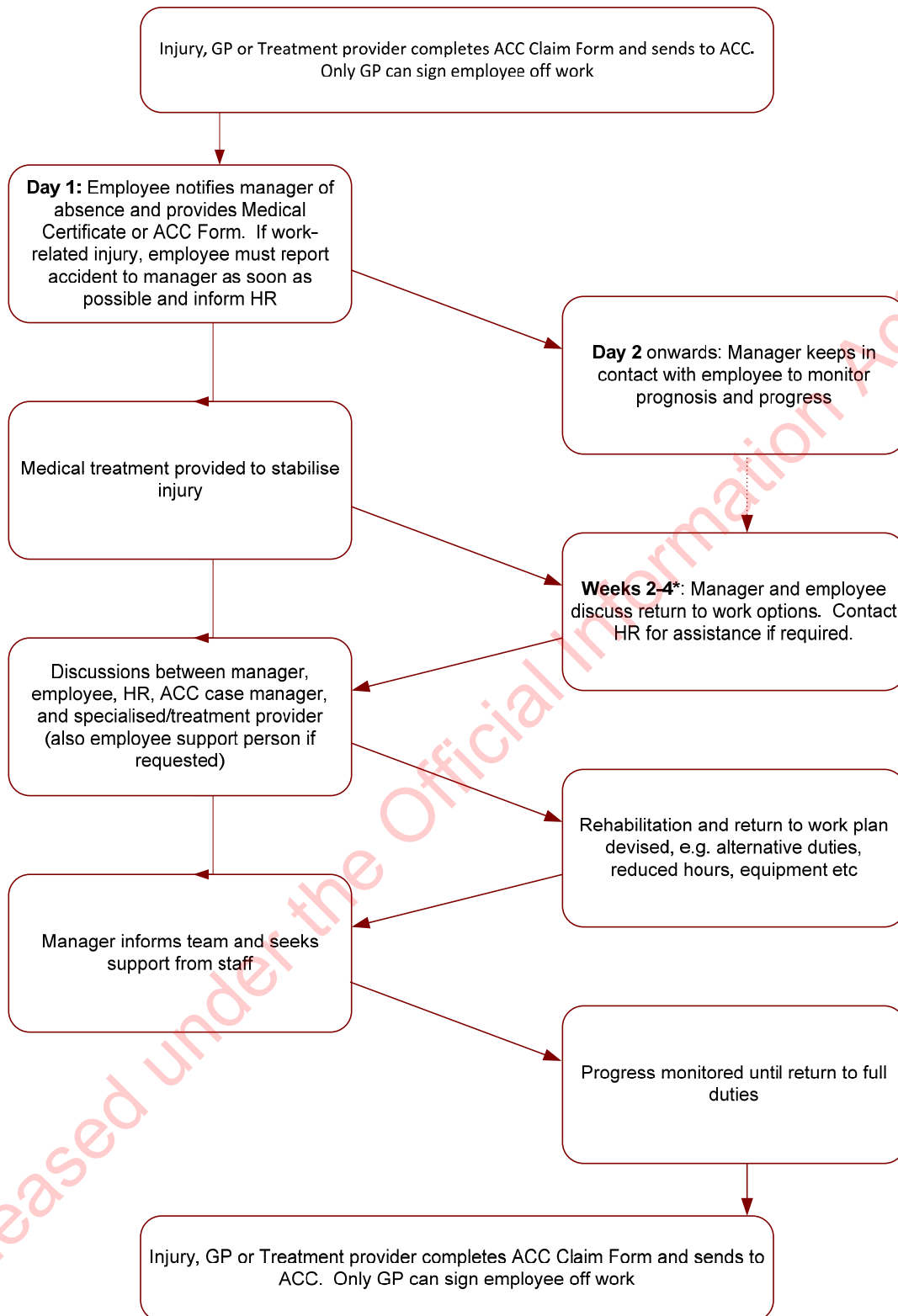
Fitness to return to work

When an employee intends to return to work after an accident, DPMC may request that the employee provide a medical certificate from his or her doctor stating that he or she is fit to return to work.

Termination of Employment

Where an employee is unable to return to work, or unable to specify a return date, or is uncooperative (in terms of committed rehabilitation or communication with DPMC), DPMC may have to consider termination of employment through frustration of contract. Such action is considered to be an action of last resort, and every reasonable effort will be made by DPMC to ensure the employee can return.

Rehabilitation Flow Chart



*Dependent on amount of time off work that is required

7 Staff Health and Wellbeing

Wellness Programme

DPMC shall endeavour to help employees maintain their well-being through a Wellness Programme that includes (but is not limited to):

- Vision care subsidies
- Anti-influenza inoculations
- Assistance to manage workplace stress
- Employee Assistance Programme
- Smoke-free environment
- Workplace assessments
- Qualified first aiders
- General health activities
- Physical activity
- New employee support
- Flexible work hours
- Fatigue and stress management
- Early intervention process for managing pain and discomfort
- Occupational health monitoring
- General workplace health and wellness programmes including physical activities

A Health and Wellbeing Calendar has been developed by the Corporate Health and Safety Advisor. Every quarter a health and wellbeing activity will be chosen from the calendar and promoted throughout the Department.

Employee Assistance Programme – Vitae Services

All DPMC employees have free access to the Central Agencies Shared Services employee assistance provider – Vitae Services.

Vitae Services offer confidential services such as counselling for employees and their immediate family to assist with managing stress, anxiety, mental health and any other issues you may need help with. Every employee is entitled to XX sessions per issue. Managers may increase the number of sessions for their employees at their discretion.

Employees can contact Vitae Services directly by phoning 0508 664 981 or by referral

<http://www.vitae.co.nz/counselling-form/>.

Health Monitoring

DPMC are responsible for monitoring employees at risk for health related issues such as workplace stress, pain and discomfort. The health and safety risk owner, is responsible for the documentation of this process and reporting of updates to management.

Workplace Fatigue and Stress

Fatigue and stress may affect the physical or psychological state of employees and present a risk of unsafe work practices and the significant potential to harm themselves, other employees and the public. There is also an increased risk of property damage and disruption to production. DPMC therefore has a Guideline (Stress and Fatigue Guidelines) relating to

fatigue and stress that clearly outlines employees and management responsibilities in this area.

DPMC Work Life Balance Principles

DPMC can be a demanding place to work. It is a responsive department that provides high quality services and advice, sometimes with limited time frames, to the Prime Minister, other Ministers and the Governor-General. From time to time, it is also required to provide advice and/or services under extenuating circumstances, for example anti-terrorist work, response to natural disasters, and watch-groups. The Executive Leadership Team acknowledges that the work pace of DPMC could place stress on individual employees and secondees, and can also impact on the time staff have available for themselves and/or their families. Work life balance is therefore recognised as an integral part of ensuring DPMC is an effective organisation with a high level of capability.

A list of work life balance initiatives for the department is available below. The purpose of this is to set out the principles upon which employees and managers can consider and develop initiatives and solutions at the departmental, unit and individual staff member levels.

DPMC is committed to providing a work environment where work life balance is valued, encouraged and practiced by managers, employees and secondees alike. The following principles underpin the department's approach to work life balance:

- Information about the department's work life balance policy, flexible working conditions and initiatives is openly available for staff.
- Managers are open to discussing work life balance issues, and will work together with staff to identify initiatives for their unit and/or to tailor solutions for individual staff on an ongoing basis.
- "Flexible working arrangements" is a term used to describe any working pattern adapted to suit your needs while still meeting the department's business needs. Types of flexible working include:
 - **Flexi-time** – for example, part time work, job sharing, compressed weeks, term-time working
 - **Flexi-place** – for example, working from home
 - **Flexi-career** – for example, extended leave or a sabbatical.
- Work life balance initiatives and solutions must be practical, financially feasible and must take into account operational requirements, the impact on the affected role(s)/unit and the strategic direction of the department.
- Anyone can ask their manager for flexible working arrangements and expect their request to be considered. Such a request, if granted, is likely to result in a change to your remuneration and so this must also be carefully weighed up.
- Work life balance initiatives will be monitored to measure their success and impact on the department.

- DPMC will regularly review its work life balance initiatives so that they remain flexible and relevant to staff and the needs of DPMC.
- Individuals will take responsibility for their own work life balance issues, and managers and supervisors will demonstrate their commitment to work life balance through the implementation of departmental and unit-based work life balance initiatives, by developing and maintaining an environment of work life balance within their unit, and by operating in a manner that is consistent with the principles outlined above.

The DPMC Work Life Balance Philosophy has been developed in consultation with staff, through the DPMC Work Life Balance Group, and also takes into account the public service work life balance principles.

DPMC Work Life Balance Initiatives

- Flexible Working Arrangements
- Staged return from parental leave
- Keeping in contact with staff on parental leave
- Compassionate and domestic leave
- Carrying forward annual leave
- Bereavement and Tangihanga leave
- Time in lieu where approved by Manager
- Family oriented social activities
- Retirement planning and financial planning
- Provision of lap tops to work at home
- Employee Assistance Programme (EAP)
- Group schemes for health and life insurance
- Study assistance
- Health and well-being programmes
- Reimbursement payment

Work Organisation/Flow

As much of the work in DPMC is demand driven, some employees may not have the opportunity to significantly impact on the amount and timing of their workflow. It is therefore important that the quantity of work and the deadlines are monitored by managers to ensure that they are realistic, and are not posing a potential hazard to any employees.

Where there is a particular pattern to peak workloads which may place significant stress on staff, management considers the use of temporary or part-time staff to assist during peak times.

When staff return from a long period of absence they are generally given the opportunity to ease into their work load again. Where a position has tasks which are particularly repetitive, a system of job rotation could be considered.

More information and detail regarding some of the work life balance initiatives can be found in The Manual 2008 ([361643](#)).

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8 Contractors and Visitors

Contractors

All contractors and consultants will be made aware of the:

1. Rules or procedures with which they are required to comply;
2. Hazards that may exist in DPMC in the course of their work;
3. Location of any necessary safety equipment;
4. First aid and emergency procedures; and
5. Details of any relevant activity or staff near where the contractor is working.

In this regard, contractors and consultants have health and safety as a component of their contract, and also undergo an induction. Contract Managers are responsible for ensuring that contractors or consultants are monitored for their health and safety practices whilst on site.

All contractors are required to report and health and safety hazards, incidents or near miss events to their Contract Manager as soon as possible.

For more information on health and safety for contractors, see the following documents:

- H&S Procedures for Contractors (all DPMC excluding Government House, 322675);
- Contractor Code of Conduct (Government House Wellington, 97445); and
- Contractor Code of Conduct (Government House Auckland), 533524

Visitors

Visitors are required to sign in at the designated reception area for the office they are visiting. By signing into the site they agree to adhere to DPMC's health and safety policies and procedures, including what to do in an emergency. Visitors must be escorted at all times unless they have been given a health and safety induction and are made aware of any potential hazards that they may encounter during their visit to DPMC.

Appendices

[Appendix 1 - DPMC Hazard Identification Form](#)

[Appendix 2 - Key Health and Safety Definitions](#)

Appendix 3 - Hazard Assessment Tool

[Appendix 4 - Pain Checklist for Staff](#)

[Appendix 5 - Pain Checklist for Managers and Supervisors](#)

[Appendix 6 - Self Report of Discomfort/Pain Form](#)

[Appendix 7 - Job Information for GP Consultation Form](#)

[Appendix 8 - Pain Review Checklist](#)

[Appendix 9 - H&S Event Report Form](#)

[Appendix 10 - H&S Event Investigation Form](#)

[Appendix 11 - Incoming Mail - Biohazards](#)

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DPMC - Risk Action Plan

Assessment name: Health and Safety Risk Register - All Areas

Assessment date: 15-Oct-18

Sort - High Low

KEY:	
Very High	Unacceptable – High priority response required to reduce risk
High	Usually unacceptable – Action required at appropriate level to reduce risk to acceptable level
Medium	May be acceptable – Determine whether further action is required to reduce risk further to acceptable level
Low	Usually acceptable – Continue to monitor
Very low	Acceptable – No action required

Risk map - current level of risk (Number in each cell refers to total number of risks identified at each level)						Risk summary	
Likelihood	Almost Certain					Total number of risks	13
	Likely					Number of 'very high' risks	0
	Possible	1	1	1		Number of 'high' risks	1
	Unlikely		1			Number of 'medium' risks	6
	Rare	3	1		5		
			Minimal	Minor	Moderate	Major	Severe

No.	Description of risk ["Because of / due to, risk of.... resulting in"]	Controls and treatments in place currently [What is in place now that helps to manage the causes(s) and/or consequences of the risk?]	Consequences (currently) (see 'Definitions' tab)	Likelihood (currently) (see 'Definitions' tab)	Level of risk (currently)	Action(s) required and/or in progress	Timeframe for completion	Who is responsible for completing the action?	Target Consequences (after actions)	Target Likelihood (after actions)	Target level of risk (after actions)	Risk Status currently
1	Mental Wellbeing Ensuring that the risks of stress and fatigue, affecting the mental health and wellbeing of workers and other persons are adequately managed.	Promotion of general health and fitness	Major	Possible	High	Process for secure/private reporting around sensitive events to be developed. This includes disclosure, record keeping, reporting, privacy etc. Review after 12 months.	30-Jun-18	Human Resources	Moderate	Unlikely	High	Being Actioned
		Health and wellbeing activities promoted through the Health and Safety Committee, and Culture and Engagement Group				Incorporate stress and fatigue guidelines (including stress and fatigue indicators, and on-call) into the Health and Safety Manual.	30-Jun-18	Corporate H&S Advisor				Being Actioned
		Staff Wellbeing Policy				Schedule refresher course on Mental Wellbeing (at least twice a year) to capture new starters or as a refresher to existing employees.	30-Jun-19	Human Resources				
		Monitor performance and recognise behaviours that may indicate a person is stressed and/or fatigued and deal with it promptly				Review of roster system for those with on-call/duty responsibilities.	TBC	TBC				
		Provision of confidential EAP service available to all employees - Vitae				Fatigue and stress management programme to be developed for those with on-call/duty responsibilities	TBC	TBC				
2	Disaster or Emergency Event Providing a safe and secure work environment and facilities for all workers, visitors and other persons.	Emergency procedures known and location of procedures flip chart given at induction Business continuity plans and arrangements Evacuation drills performed 6 monthly and records kept in iManage First aid kit locations identified and given during induction 6 monthly check of civil defence cabinets 6 monthly checks of first aid supplies Annual check of fire extinguishers Floor wardens, first aiders trained and identified Health and safety inductions for staff, visitors and contractors Individual grab and go bags for every desk Authorised access including swipe card access Visitor sign in procedures and supervision Personal protective equipment where required Business Unit Security Representatives (BUSR's) identified for all units.	Severe	Rare	High				Severe	Rare	High	
3	International Travel (including high risk countries or environments) Protecting staff who are travelling abroad to and unfamiliar or high risk environments to conduct work for DPMC.	Ensure all staff driving DPMC vehicles have appropriate licencing as per destination laws Ensure all staff report any incidents whilst travelling All staff travelling internationally to register travel with MFAT via Safe Travel website prior to departure Safetravel.govt.nz checked prior to travel for destination awareness Vaccinations appropriate to region of travel provided to individuals Insurance for all travel is provided (including to high risk countries) by DPMC Medical check-up following any travel to a high risk country Ensure all staff report any incidents whilst travelling Overseas travel guidelines Travel briefing delivered prior to travel	Severe	Rare	High	Travel kit/first aid kits provided to all employees travelling internationally	Jan-19	Corporate H&S Advisor	Severe	Rare	High	
4	Staff Working in or Deployed to Disaster Zones Protecting staff who are working in or deployed to disaster zones to conduct work for DPMC	Travel briefing delivered prior to travel All staff travelling internationally to register travel with MFAT via Safe Travel website prior to departure Vaccinations appropriate to region of travel provided to individuals Medical kits are issued to staff on deployment Medical check-up on return to New Zealand following any deployment to high risk countries/disaster zones Ensure all staff report any incidents whilst travelling Overseas travel guidelines Insurance for all travel is provided (including deployment to disaster zones) by DPMC insurance provider Use of Get Home Safe application MCDEM Deployment Guidelines REMA Field Handbook REMA Deployment SOP Health surveillance for workers exposed to hazardous materials	Severe	Rare	High				Severe	Rare	High	

5	Domestic Travel	Ensure all staff driving DPMC vehicles have appropriate licencing requirements as per NZ Legislation Ensure all staff report any incidents whilst travelling Travel insurance provided by DPMC Emergency kits including first aid and fire extinguisher provided in all DPMC vehicles	Severe	Rare		Health and safety specific offshore travel guidelines to be incorporated into Travel Policy.	Dec-18	Corporate H&S Advisor	Severe	Rare	
	Protecting staff who are travelling throughout New Zealand, in both low and high risk environments, to conduct work for DPMC.					Ensure all staff driving DPMC vehicles have appropriate licencing requirements as per NZ Legislation	Aug-18	Corporate H&S Advisor			
General Office Risks											
7	Preventable Illness	Promotion and encouragement for staff to use sick leave when unwell Promotional material such as handwashing posters etc. throughout offices Staff training awareness information provided on the intranet & at induction Flu vaccinations offered to all staff during peak flu season All staff have laptops and the option to work from home when feeling unwell Promotion and use of Wellbeing Policy Tissues, hand sanitisers etc. available for use throughout all offices	Moderate	Possible		Pandemic planning to be developed and appropriate supplies purchased.	Dec-18	Corporate H&S Advisor	Moderate	Possible	Being Actioned
	Electric Shock	All electrical equipment has had a portable appliance test (PAT) undertaken and is within date (annual test cycle) Loose cords are tidied by taping together, fixing to floor or underside of desk Wireless equipment is used where possible Staff awareness Regular office inspections	Severe	Rare					Severe	Rare	
	Ergonomic Concerns	Health and safety induction given to all workers Telephone headsets provided for high phone users Workstation self assessment using Habit at Work or formal ergonomic assessment (where required) Ergonomic equipment provided to identified employees Job variation Staff encouraged to take regular breaks away from their desk Early intervention and reporting Work pace break system available to employees who request it Height adjusted desks used where available Wellness Policy	Minor	Possible					Minor	Possible	
	Housekeeping	Keep aisles, under desk space and doorways clear, remove unsafe items. House keeping promotion Staff awareness Signage where required i.e. wet floors Regular office inspections Building facilities to check light fittings are secure following a significant seismic event and/or during routine maintenance checks Filing cabinets over 1m are locked at all times to prevent tipping during an earthquake (including signage) Store heavy or awkward items between shoulder and knee height All cabinets and storage shelving to be affixed to floor or wall if over 1.2m high and/or near desks and walkways. Archiving/document destruction policies – send excess to offsite storage where possible. Maintain tidy storage to enable easy access to items Incident and hazard reporting procedure in place	Moderate	Rare					Moderate	Rare	
	Manual Handling	Use of lifting aids (trolleys etc.) to move large or bulky items Use correct lifting technique (bend knees, straight back, chest up) Avoid lifting heavy/awkward objects unaided Manual handling training where applicable Professional movers for heavy items Assistance provided from stronger staff members (where individual is unable to lift item) Safe manual handling information (Code of Practice and correct lifting procedure) posted on Kainga. Ongoing regular promotion on manual handling including correct lifting techniques, using lifting aids etc.	Minor	Unlikely					Minor	Unlikely	
	Office Equipment	Staff awareness Adequately guarded to ensure no trapping points Ensure security tag/loose clothing/hair etc. is clear of moving parts Quick release lanyards for security tags Induction Regular site inspections Signage warning of dangers above/on shredders	Minimal	Rare					Minimal	Rare	
	Chemical Use and Storage	Appropriate storage and identification for any hazardous substances Safety Data Sheets held for all chemicals on site Hazardous substances registers created and available via iManage and onsite Regular site inspections Hazardous substances limited in the office environment	Minimal	Rare					Minimal	Rare	
	Kitchen Equipment	Signage on zips/urns advising of boiling water Signage reminding workers to stack knives blade down or to lie flat to prevent cuts Staff awareness Trained first aiders Induction	Minimal	Rare					Minimal	Rare	

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Health & Safety risk 1 – Mental wellbeing

Ensuring that the risk of stress and fatigue affecting the mental health of workers and other persons are adequately managed.

Focus area	Current state	Actions underway	By when and whom
Wellbeing	DPMC Wellbeing policy - covers all permanent and fixed term DPMC staff. Wellbeing Reimbursement – extended to include equipment to support staff while working from home. Vision care subsidy Precinct Exercise Facilities	Resilience workshops – offering workshops as required Calendar of events. Implementation of Flexible by Default policy	All DPMC staff SGE June 2021
Employee Assistance Programme	All DPMC staff have access to confidential and professional counselling assistance through Vitae if they need personal and/or work issues that may affect their work performance. (iManage #547151)	BAU	
Employee Liaison Service	All staff have access to the confidential Employee Liaison Service provided through Fairway	BAU	
ELT Reporting & Korero Mai	Monthly health and safety reports are provided to ELT and the H&S Committee. Korero Mai surveys to measure staff engagement and wellbeing.	BAU	

Current approach is adequate

Additional measures are required
and in progress

Additional measures are required

Health & Safety risk 2 – Disaster or emergency event

Providing a safe and secure environment for all workers, visitors and other persons in the event of a disaster or emergency event.

Focus area	Current state	Actions underway	By when and whom
Incident Management & BCP's	<ul style="list-style-type: none"> DPMC Incident Management Plan describes the processes the business will follow to respond to an incident or times of organisational stress. Individual business unit plans supporting the business IMP. Documents how DPMC's most important functions can be recovered/maintained following or during a disruptive event that requires a departmental response. 	<ul style="list-style-type: none"> Annual BCP plan updates (finished by June) Internal Audit of BCP in 2021/22 	SGE & Individual Business Units
Emergency Response Procedures	<ul style="list-style-type: none"> Documented response procedures for staff to follow in the immediate/initial stages post a disruptive event. Emergency response procedures are covered in the staff health and safety inductions. Emergency procedure flipcharts are available in meeting rooms and on staff room notice boards. 	<ul style="list-style-type: none"> Site Specific Security Plans Emergency response procedure and flip chart update 	April 2021
Personal preparedness plan & Grab n Go	<ul style="list-style-type: none"> Grab N Go bag provided for each desk. Staff can add additional supplies to their bags if needed. 	<ul style="list-style-type: none"> Grab and go bags reviewed and updated post TSB move 	March 2021
Debrief processes	<ul style="list-style-type: none"> Consistent with IMP/BCP/IMT – lessons learnt Hot and cold debriefs Covid19 Debrief 	<ul style="list-style-type: none"> Debriefs to be completed as needed post events 	Management

Current approach is adequate

Additional measures are required and in progress

Additional measures are required

Health & Safety Critical Risks

February 2021

Health & Safety risk 3 – International travel

Protecting workers who are travelling abroad to unfamiliar or high risk environments to conduct work.

Focus area	Current state	Actions underway	By when and whom
Approval for travel	<ul style="list-style-type: none"> International travel is not advised at this time 	<ul style="list-style-type: none"> Currently all international travel must be approved by a DPMC ELT member or NEMA SLT. 	
Guidance while travelling	<ul style="list-style-type: none"> NSC holders must report any personal or business travel to the CSO. They may also receive an additional security briefing as well if necessary. www.safetravel.govt.nz official advice for New Zealanders living and travelling overseas. 		
Insurance and travel agent support	<ul style="list-style-type: none"> Travel insurance is provided by AIG Staff must use one of DPMCs travel arrangers to make bookings unless it is an emergency situation Travel is booked through DPMCs preferred travel provider 		

Current approach is adequate

Additional measures are required and in progress

Additional measures are required

Health & Safety risk 4 – Domestic travel (Driving)

Protecting workers who are travelling throughout New Zealand

Focus area	Current state	Actions underway	By when and whom
Driving	Current motor vehicle policy provides a single point of reference for the use of DPMC vehicles. Driver fatigue brochures are available from ACC. NZTA advice available for driver fatigue	Update of motor vehicle policy	SGE May 2021
Cars – Licencing and Insurance	Fleet managers are responsible for all maintenance, registration and licencing of vehicles. The department maintains insurance cover for all vehicles owned, leased or rented by the department anywhere in NZ.		
Authorised travel providers	DPMC has a contracted travel consultant provider under an all-of-government agreement. All travel, and rental vehicle hire must be booked through DPMCs travel provider who has health and safety obligations.		
Insurance process after an event	Any accident, damage or insurance claim involving the vehicle or any other vehicle or party involved must be reported to the appropriate manager as soon as practicable. A claim form must be completed by the driver involved and sent to the Operations Coordinator.		

Current approach is adequate

Additional measures are required and in progress

Additional measures are required

Health & Safety risk 5 – COVID-19 Protecting workers from COVID-19

Protecting workers during the COVID-19 pandemic

Focus area	Current state	Actions underway	By when and whom
Site specific H&S plans	An overall plan of how to protect workers from COVID-19 including: <ul style="list-style-type: none"> • COVID-19 temporary travel policies • DPMC COVID-19 Suspect/Confirmed Case Protocol • Welcome back to the office guidance document • Wellbeing working from home • Wellbeing and resilience • Frequently Asked Questions • Meetings and events policy • MOH Website advice • COVID-19 Event Guide Criteria 		
Incident Management Team (IMT)	<ul style="list-style-type: none"> • Incident Management Team established when needed, includes representatives from each DPMC business unit, to manage and maintain the Departments response to COVID-19, including processes for working through the Alert Level system. 		
Working appropriately to the Alert Levels	<ul style="list-style-type: none"> • DPMC guidance is aligned with official advice. 		

Current approach is adequate

Additional measures are required and in progress

Additional measures are required