



## Diocese of Waikato and Taranaki

### Health and Safety Management Guidelines

Motion 10 passed at General Synod/Te Hinota Whanui 2016 clearly states the commitment of the Anglican Church in Aotearoa, New Zealand and Polynesia to the safety and security of all peoples.

*Christian Communities should be places where all people feel welcomed, respected and safe. In such communities every human being has infinite worth and unique value as a child of God, irrespective of origin, ethnicity, sex/gender, sexual orientation, age, belief, social or economic status, contribution to society or present psychological, physical or spiritual state.*

As part of this commitment, the Diocese of Waikato and Taranaki believes that effective Health and Safety management is essential to a successful church; ethically, morally, spiritually, legally and financially. Through an active commitment to the generous care of our workers and Church people, ensuring they are healthy and safe, and consequently achieving legislative compliance, we will continuously look for opportunities to improve our performance and systems.

Health and Safety is a high priority for Management Resourcing Subcommittee, as delegated by Standing Committee. It must also be a high priority for all Diocesan regions, parishes and ministry units.

#### **Understanding the Health and Safety at Work Act 2015 (HSW Act)**

WorkSafe provide the 'gold standard' in guidance on managing health and safety in the workplace. They are the government regulator; the trainer, guide and enforcer of the legislation, so their advice has to have the highest emphasis. Their introduction to the HSW Act can be found at:

<http://www.business.govt.nz/worksafe/information-guidance/legal-framework/introduction-to-the-hsw-act-2015/introduction-to-the-hsw-act-2015.pdf>

In addition, a booklet prepared by the Diocese of Nelson that you may find useful is attached to this guideline.

#### Key Concepts of the HSW Act

*Person Conducting a Business or Undertaking (PCBU):*

A PCBU is a 'person conducting a business or undertaking'. While a PCBU may be an individual person or an organisation, in most cases the PCBU will be an organisation (for



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example, a business entity such as a company). An individual, such as a sole trader, can also be a PCBU.

While the terms 'business' and 'undertaking' are not defined in HSW Act, the usual meanings of these terms are:

- 'business': an activity carried out with the intention of making a profit or gain
- 'undertaking': an activity that is non-commercial in nature (eg certain activities of a local authority).

See more at: <http://www.business.govt.nz/worksafe/hswa/mythbusting/business>

PCBU duties may overlap with those of another PCBU. This may be the case in a shared workplace (e.g. where two or more organisations use the same hall, even if it is not at the same time), or where more than one PCBU and its workers control and influence the activities on a site. It is likely to be the case, for example, with the Diocese and a ministry unit, or a region and a ministry unit, in some situations.

#### *Officer:*

An officer is a person who holds a senior leadership position in the business, and has the ability to significantly influence the management of a business or undertaking. A business can have more than one officer. See more at:

<http://www.business.govt.nz/worksafe/hswa/working-smarter/understanding-hswa/officers-and-the-duty-of-due-diligence/who-is-an-officer>

#### *Reasonably Practicable:*

This key measure can be described as what is or was reasonably able to be done to ensure health and safety, taking into account and weighing up all reasonable matters.

WorkSafe guidance states:

*There is no such thing as zero risk. The person conducting a business or undertaking (PCBU) is not expected to guarantee the safety of their workers and others from work activities. Instead, PCBUs are held to a 'reasonably practicable' standard.*

*It is a judgement call you, as the PCBU, must make. It involves weighing a risk against the resources (time and cost) needed to manage it.*

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

*Just because something is possible to do, doesn't mean it is reasonably practicable under the circumstances.*

See their full fact sheet here: <http://www.business.govt.nz/worksafe/information-guidance/all-guidance-items/hswa-fact-sheets/reasonably-practicable/reasonably-practicable.pdf>





*Risk:*

The change in language from hazards to risks is deliberate. The intention is to move thinking, and health and safety management activity, from identifying a hazard to considering the chance that someone might be harmed if exposed to a hazard.

*Control and Influence:*

This is the principle that responsibility lies with those who have control and influence over the activities of a PCBU.

*Evidence:*

There is a strong emphasis on keeping good records of Health and Safety management activities. In the absence of the evidence that records provide, the regulator would be obliged to assume that the work/training/discussion did not occur.

**So Who is Responsible?**

The HSW Act is clear that health and safety is everyone's responsibility.

There is a new duty on those in senior governance roles and those who can significantly influence the PCBUs management; officers. These people must do what is within their ability to influence and control when seeking to manage risks.

As a new Act, it has not been tested in the New Zealand Courts yet. However, reliable sources such as WorkSafe and the Employers and Manufacturers Association point to the concept of control and influence as key to identifying responsible individuals. As such, vestry members, council members, board members, trustees and senior managers (including deans, vicars and priests-in-charge) are all likely to be included and must take reasonable steps.

While this active duty is owed by all officers, some, including volunteers (such as unpaid council or vestry members), can't be penalised for breach of their duties as an officer. This should not be seen as a reason to lessen the commitment of ministry units to doing everything reasonable to provide safe places for their people to undertake activities.

**Key Obligations**

The Diocesan policy passed by Standing Committee is attached to this management guideline. The thirteen commitments expressed in the policy (and reproduced below) ensure the appropriate care of our people and compliance with the legislation. This policy and the commitments noted within it apply to all parishes and ministry units, regardless of PCBU status, as looking to the wellbeing of others is a core tenant of Christian ministry.

Thirteen commitments of the Diocese in all its locations.

1. Systematically identify and control risks to health and safety in our workplace by taking all reasonably practicable steps to eliminate or minimise those risks in order to prevent injury or damage (using a robust risk assessment process).
2. Keep up to date and comply with all laws and regulations applicable to our work place and activities.
3. Develop and implement emergency and evacuation procedures.





4. Regularly review (at least annually) our safety management system and practices to ensure they are effective.
5. Include health and safety as a regular agenda item at all governance, management and staff meetings in order to identify health and safety improvements.
6. Ensure relevant health and safety information is provided to all workers, volunteers and clergy.
7. Ensure all workers, volunteers and clergy are fit for the task and receive the training and/or supervision they need to perform their work safely.
8. Notify a manager, warden or superior of current or impending health and safety issues or suggestions on how to improve health and safety.
9. Accurately report and record all workplace incidents and injuries and take all practicable steps to prevent them from recurring.
10. Actively involve workers in health and safety matters.
11. Take personal responsibility for a safe work environment.
12. Review this policy every two years.
13. Make appropriate resources available to achieve the conditions of this policy.

Given the imperative that records are kept to provide evidence that these obligations are being met, and that fact of overlapping duties between PCBUs, all vestries will be required to assure the Diocese that these commitments are being met using the annual reporting exercise held at the time of your AGMs. The 2017 forms will be updated accordingly.

### **Risk and Risk Assessments**

As part of managing the health and safety of your ministry unit you must control risks. To do this you need to think about what might cause harm to people and decide whether you are taking reasonable steps to prevent that harm. This is known as risk assessment and it is something you are required by law to carry out.

A risk assessment is not about creating huge amounts of paperwork, but rather about identifying sensible measures to control the risks in your workplace. You are probably already taking steps to protect your people, but a risk assessment will help you decide whether you have covered all you need to.

Think about how accidents and ill health could happen and concentrate on real risks – those that are most likely and will cause the most harm.

### Hazards vs Risks

The difference between a hazard and a risk has caused some confusion. In essence:

A *hazard* is something that can injure/harm you, make you sick or kill you.

A *risk* is a chance that exposure to a hazard will lead to a negative consequence.

An illustrative example might be the sea. The sea is a hazard but does not become a risk unless you go swimming in it, and a risk assessment is the means by which you work out how to make swimming in the sea as safe as possible. Another example might be a ladder.





A ladder is a hazard but only becomes a risk when used and a risk assessment will define procedures for the safe use of a ladder.

### Risk Assessment

Assessing risks in the workplace, including quantifying likelihood and impact, and fully considering measures to eliminate or mitigate those risks is crucial. Keeping a record of this work (a risk register) is equally crucial. The new legislation does not require actual exposure to occur to trigger a regulator response. The fact that a risk exists is sufficient to cause the processes of the HSW Act to be followed.

A method for assessing risks is not prescribed in the HSW Act but it is clear that any assessment process should involve workers and users as much as possible.

The Health and Safety Executive in the United Kingdom, where risk assessment has been a core tenet of the safety legislation for some years, suggests a five step process:

1. Identify the hazards – think about what could go wrong.
2. Identify the persons and groups that may be harmed.
3. Evaluate the risks and decide on precautions – think about the likelihood of the negative event happening and the impact if it does, then think about what you are doing or going to do to reduce either the chance of the event occurring or the impact if it does. Keep it proportionate.
4. Record the findings and implement them.
5. Monitor and review.

These steps are expanded in the attached: Five Steps to a Risk Assessment. Please *make sure you keep a register of risks (step 4)*.

It is best for the risk assessment process to be conducted by the person closest to the activity or workplace being assessed. Part of the purpose of the risk assessment is for the people in control to understand the risks for themselves and the processes to manage those risks. An assessment undertaken at a central office and then copied to other sites less likely to be effective.

### Possible Risks for Councils and Vestries to Consider

The InterChurch Bureau has identified several risks that may apply to churches and church activities (<http://www.icbnz.org/hs-resources.html>) and WorkSafe has produced a toolbox, including templates, that vestries might use (<http://www.business.govt.nz/worksafe/tools-resources>).

In particular, councils and vestries might consider:

- Lone working – including both workers being alone in church places, and church workers going into homes/onto farms, and any other places on their own.
- Driving
- Slips trips and falls
- Working Bees
- Fatigue
- Stress





- Bullying and harassment
- Manual handling
- Work at height
- Home group safety
- RSI - workstation setup
- Specific activities-based – e.g. group activities swimming, walking etc.
- Building related risks – repair, electrical, layout, use/access, storage of gardening or cleaning chemicals.

### **Emergency and Evacuation plan**

A priority for any business is to prevent accidents and incidents from occurring. However, when things do go wrong, good emergency management can limit the damage that can happen. All workplaces are required to have procedures in place to effectively manage emergencies that could happen at work. WorkSafe has produced a set of simple forms that can be used to assist in the preparation of an emergency plan. These can be found at <http://www.business.govt.nz/worksafe/information-guidance/all-guidance-items/emergency-procedures>.

The Ministry of Civil Defence also has resources that may be useful. These can be found at: <http://www.civildefence.govt.nz>.

### First aid

WorkSafe has produced a good practice guide for first aid in workplaces. It can be found at: <http://www.business.govt.nz/worksafe/information-guidance/all-guidance-items/first-aid-for-workplaces-a-good-practice-guide/first-aid-2009.pdf>.

### **Contractors**

Engaging a contractor to undertake work does not remove health and safety responsibilities from the ministry unit/vestry. Rather this is an example of overlapping PCBU duties. It is important to use reputable service providers and pay attention to their practices and work. Examples of how a vestry might discharge its duties are:

- Request a copy of the contractors risk assessment for this specific piece of work (so not a generic assessment, but one tailored to the site).
- Ensure someone is responsible for periodically observing the contractor in their work to ensure they are following the processes outlined in their own risk assessment.
- Most importantly, if there are any concerns it is vital that these are raised with the contractor immediately.
- Inform the contractor of any specific risks which they should be aware of while on site, and ask them whether their work will create any risks which other people on site should be aware of.

If a volunteer is undertaking maintenance for a ministry unit, it is the responsibility of vestry to ensure that a risk assessment is undertaken for that activity and that the volunteer is safe in their work.





## Accident Reporting

All accidents and incidents, e.g. events involving injury, fire, impersonal incidents (non-injury events involving only property damage) and near misses, must be reported promptly to the Diocesan Office. This must be done via email notification and should include details about:

- When and where the incident occurred
- Who was involved
- A description of what happened and any assistance that may have been administered – such as, first aid, emergency services
- Any investigation undertaken by the ministry unit
- Actions taken to ensure it does not happen again

Near misses are incidents that did not result in injury, illness, or damage but that had the potential to do so. Recognising and reporting these incidents can provide opportunities to learn lessons that prevent future injury or damage. Everyone should be actively encouraged to report near misses without fear of blame.

## Notifiable Events

The health and safety regulator must be notified when certain work-related events (notifiable events) occur. Only serious events are intended to be notified and these trigger requirements to preserve the site, notify the regulator and keep records.

A notifiable event is any of the following events that arise from work:

- a death
- a notifiable illness or injury or
- a notifiable incident.

These are expanded in the attached: Notifiable Events. WorkSafe guidance can be found at: <http://www.business.govt.nz/worksafe/information-guidance/all-guidance-items/hswa-fact-sheets/what-events-need-to-be-notified>

## If a Serious Incident Occurs

Following any serious incident that involves injury to lay workers, clergy, volunteers and visitors, or others who access and use our premises, including contractors, or any other dangerous occurrence:

- arrange for first aid assistance, or the emergency services if necessary
- immediately notify the Regional Council (if you have one) and Diocesan Office
- do not disturb the scene of the incident except to deal with continuing risk to people or property in case of investigation by WorkSafe
- as soon as possible, complete an Accident/Incident Report

Notifiable events can be distressing for all involved. After an incident or accident you should contact the Registrar-Manager on 027 525 5841 as soon as possible. All notifications to WorkSafe will be made by the Registrar-Manager unless she is unavailable, in which case you should contact the archdeacon for your parish or the Bishop's Office. The Registrar-Manager can also provide other aid and advice as appropriate.



# **The Health and Safety at Work Act**

**Anglican Diocese of Nelson – September 2015**





## Introduction

The new Health and Safety at Work Act will come into effect in April 2016. The following summarises the Act and looks at how it might impact on the work of churches. For further information, please see the fact sheets published on its website by the Ministry of Business, Innovation and Employment. The Worksafe website also contains very useful practical guidance.

The new Act widens the scope of those responsible for health and safety, widens the scope of those for whom they are responsible and increases the penalties for those who don't comply.

Although it's early days yet, and application of the new law to the Church is still unclear, it is important that parishes know about the law and have systems in place to eliminate or minimise the risk of harm or injury.

## Who has the primary duty to ensure health and safety?

The primary responsibility for health and safety now rests on a 'person conducting a business or undertaking' (PCBU). This is wider than the old law which mainly referred to employers and employees.

- A 'person' can be a natural person or an organisation (including incorporated societies, charitable trusts and unincorporated bodies, such as churches).
- A 'business' generally refers to a profit-making activity, but an 'undertaking' doesn't need to be profit-making or commercial in nature.

You are **not** a PCBU if you are simply a worker or officer of the business or undertaking.

You are **not** a PCBU if you are a voluntary association, so long as the association is for a community purpose and none of the volunteers have employees. Expressed in the positive, you **are** a PCBU if you are a voluntary association formed for a community purpose (eg, parish church) and you have at least one employee.

Once you are classed as a PCBU, you have legal obligations to all those covered by the Act, not just your employees.

### Some examples

A parish that employs staff (eg. a part-time office assistant) is a PCBU.

A church run op shop that employs staff is a PCBU.

A church run pre-school or after-school programme that employs staff is a PCBU

### What are the obligations of a PCBU?

- **Workers:** PCBUs must ensure, as far as reasonably practicable, the health and safety of all workers it employs or engages, influences or directs. This includes employees, contractors, subcontractors, trainees and volunteer workers. Volunteer workers are people who regularly work for the PCBU with its knowledge and consent on an on-going basis and are integral to its operation.
- **Others:** PCBUs must also ensure that the health and safety of others is not put at risk from their work. This includes members of the congregation, visitors, casual volunteers and those involved in fund raising. It likely also includes those receiving ministry from the church.

### Volunteers

Treat volunteers as seriously as any other worker in respect of health and safety matters. Make sure they have access to information on health and safety procedures, all necessary safety equipment and proper supervision.

### **Those receiving ministry**

The health and safety of those receiving ministry is already covered by the SafeHere programme operating in the Diocese. If SafeHere procedures are followed, then we are likely to be doing all that is required by the new law to ensure those we minister to are not put at risk.

Risks to health and safety must be eliminated or, where this is not reasonably practicable, minimised. The likelihood of the risk occurring and the degree of harm that might result are relevant to what is 'reasonably practicable'. So too is the cost of eliminating or minimising the risk, but cost is to be considered mainly in the context of whether it is 'grossly disproportionate' to the risk.

Specifically, PCBUs must:

- provide and maintain a work environment, plant and systems of work that are without risks to health and safety
- ensure the safe use, handling and storage of plant, structures and substances
- provide adequate facilities for the welfare of workers and ensure access to those facilities
- provide information, training, instruction or supervision to protect workers and others from risks to their health and safety
- monitor the health of workers and workplace conditions to prevent illness or injury.

### **Examples**

To provide a safe environment, things such as faulty electrical work should be repaired; make sure there is no risk of tripping from carpets or cables; children's play areas should be free from hazards such as broken glass.

Equipment such as lawn mowers should be regularly maintained.

Equipment such as ladders must be used safely.

Volunteer workers should be given proper information, supervision and equipment to ensure their safety, the same as any other worker.

Those involved in ministry must receive the training and supervision needed to ensure both their safety and that of those ministered to. Get behind the SafeHere programme - make sure all those who need training, get training.

Check regularly to make sure that buildings and activities are safe, using appropriate risk assessment forms. Clarify whose job it is to deal with any risks found.

### **What happens when more than one PCBU owes duties?**

Sometimes several PCBUs will owe health and safety obligations in respect of the same activity or people. This doesn't mean they all must necessarily duplicate their efforts. Rather, PCBUs must consult, co-operate, and co-ordinate activities to meet their shared responsibilities.

#### **Example**

A youth worker employed by a church is taking a group of young people to a camp. The camp is run by a separate charitable trust. Both the church and the trust are PCBUs. Both have a positive duty to consult with each other about the health and safety policies /procedures at the camp to ensure they are adequate and any risks eliminated or minimised.

## **Workers and others have duties too**

Workers, including voluntary workers, also have health and safety duties while at work, as do visitors and others – it's all about taking your share of responsibility for what you can control.

Specifically, workers and others must:

- take reasonable care of their own health and safety
- take reasonable care that what they do, or don't do, doesn't negatively affect the health and safety of others
- comply so far as reasonably able with instructions that enable the PCBU to comply with the law
- co-operate with any reasonable health or safety policy or procedure.

## **New duties for officers**

Reinforcing that health and safety is everyone's responsibility, the Act places a new duty on those in senior governance roles and who can significantly influence the PCBUs management, to actively engage in health and safety matters. Such officers must do what is within their ability to influence and control when seeking to manage risks.

Vestry members, board members, trustees and senior managers are all potentially included and must take reasonable steps to:

- know and keep up to date with health and safety matters
- understand the organisation's operation and its associated hazards and risks
- ensure there are appropriate resources and processes to eliminate or minimise those risks
- ensure there are appropriate processes for receiving information about incidents, hazards and risks, and for responding to that information
- ensure there are processes for complying with any duty and that these are implemented
- check that resources and processes are in place and being used.

While this active duty is owed by *all* officers, some, including volunteers (such as unpaid Vestry members), can't be penalised for breach of their duties as an officer.

Vestry members, board members, trustees and senior managers now all have obligations as officers. As such, they must act with "due diligence" to ensure that health and safety matters are taken seriously. 'Health and Safety' should ideally be a standard agenda item at meetings.

### **Duty to engage with workers**

An important principle of the law is that workers have a say on matters affecting their health and safety and are involved in decision making. PCBUs must therefore engage with their workers and have effective worker participation practices that allow workers ongoing involvement in improving health and safety.

The Act doesn't require a particular participation practice - different practices will suit different workplaces. The important thing is that workers are involved in an effective and ongoing way.

Depending on what suits best, a PCBU might choose to have a health and safety representative or a health and safety committee. Or it might have neither and rely on more informal practices, such as regular toolbox talks, having health and safety as a regular agenda item at team meetings, or some other way of allowing staff to raise health and safety concerns. Informal practices like this may well be enough for smaller or low-risk undertakings.

If health and safety representatives and/or health and safety committees are chosen, the Act sets out how they must work and the PCBU's obligations to provide support. A health and safety representative now has considerably extended powers and functions, including the power to stop unsafe work. If a PCBU has fewer than 20 employees (as will be the case with most parishes) and its work is low risk, it can choose not to have a health and safety

representative or committee, as long as it has some other effective means of worker participation.

Workers must have effective, ongoing involvement in health and safety decisions.

Recognising the practical difficulties this may cause for voluntary associations, the Act makes an exception to the need for worker engagement and participation in decision making in the case of volunteers.

## **Enforcement and penalties**

The Act provides a range of new compliance and enforcement tools (such as improvement notices, prohibition notices and infringement notices) as well as for the prosecution of those who don't comply.

Fines and penalties are tiered to distinguish between individuals and corporations with different categories of offence based on conduct and outcome of the breach. Fine and penalty levels are significantly higher than before.

One important change is that exposure to the risk of harm is sufficient for an offence – no actual harm is needed.

## **Worksafe must be notified of serious events**

PCBUs must notify Worksafe NZ “by the fastest means possible” after any serious harm or accident.

## **Insurance**

Insuring against fines is unlawful and such insurance policies have no effect.



## **A safety checklist**

To help you comply with health and safety law, please check the following:

- 1. Have you carried out a health and safety risk assessment of all buildings and activities, and is this updated regularly?**
- 2. Have you put in place measures to eliminate or minimise risks?**
- 3. Have you developed procedures for dealing with emergencies?**
- 4. Are workers informed about risks associated with their work, how to avoid them and about emergency procedures?**
- 5. Do workers have sufficient experience to work safely, or are they supervised by an experienced person?**
- 6. Is equipment regularly maintained and do workers have adequate training on its use?**
- 7. Are you keeping a record of accidents and injuries and reviewing it regularly to make sure they don't happen again?**
- 8. Is health and safety a regular agenda item at all staff and vestry meetings?**
- 9. Are serious accidents reported to Worksafe and the Diocesan Executive Secretary?**
- 10. Are you following SafeHere requirements and procedures?**



## **Diocese of Waikato and Taranaki**

### **Health and Safety Policy**

As a Diocese we will follow the best standards of practice in all our locations, including all parishes and ministry units, in relation to the health and safety of our lay workers, clergy, volunteers and visitors, and others who access and use our premises. It is our Christian obligation to care for all the peoples we encounter and tend to their wellbeing.

As a Diocese we will follow the principles set out in the SafeHere programme to ensure safe ministry.

In particular we will:

1. Systematically identify and control risks to health and safety in our workplace by taking all reasonably practicable steps to eliminate or minimise those risks in order to prevent injury or damage.
2. Keep up to date and comply with all laws and regulations applicable to our work place and activities.
3. Develop and implement emergency and evacuation procedures.
4. Regularly review (at least annually) our safety management system and practices to ensure they are effective.
5. Include health and safety as a regular agenda item at all governance, management and staff meetings in order to identify health and safety improvements.
6. Ensure relevant health and safety information is provided to all workers, volunteers and clergy.
7. Ensure all workers, volunteers and clergy are fit for the task and receive the training and/or supervision they need to perform their work safely.
8. Notify a manager, warden or superior of current or impending health and safety issues or suggestions on how to improve health and safety.
9. Accurately report and record all workplace incidents and injuries and take all practicable steps to prevent them from recurring.
10. Actively involve workers in health and safety matters.
11. Take personal responsibility for a safe work environment.
12. Review this policy every two years.
13. Make appropriate resources available to achieve the conditions of this policy.

**Approved by Standing Committee 20 June 2016**



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## **Diocese of Waikato and Taranaki**

### **Five Steps to a Risk Assessment**

These steps are borrowed from the UK based Health and Safety Executive. Risk assessment has been a fundamental premise of the UK legislation for some time so the principles are sound for the new New Zealand context. The descriptions need to be adapted to a ministry unit context.

#### **Five Steps to a Risk Assessment**

##### **Step 1 – identify the hazards**

The aim is to identify and record all the possible dangers that could foreseeably cause harm to people in the workplace. Hazards may be identified by observation, using various sources of information such as legislation, published guidance, trade publications, industry codes of practice, manufacturers or suppliers information (e.g. Material Safety Data Sheets), accident records, or drawing on previous experience.

All aspects of the work must be considered, not just the obvious. For example, a raised paving stone on a path presents an obvious trip hazard, while the shedding of wet, slippery leaves from an adjacent tree may be overlooked if the assessor considers only summer conditions. In workshops the use of a band saw presents a hazard in terms of the cutting blade but there are also hazards associated with the release of dust in the atmosphere (explosion, inhalation of a hazardous substance). Similarly the use of a lathe will have particular machine hazards, but there may be other hazards associated with the use of cutting oils (skin contact with a hazardous substance).

Non-routine aspects of the activity must also be considered e.g. during maintenance and repair.

##### **Step 2 - identify the persons or groups who may be harmed and how**

The risk assessment should consider everyone who might be affected by the work. This will include the workers themselves, colleagues not directly involved with the work, Diocesan personnel, external contractors (e.g. cleaning or catering contractors, maintenance engineers), visitors and volunteers. The risks may not be the same for each group and the assessment should consider the different ways that the work might affect them.

Consideration must also be given to vulnerable individuals (e.g. those with certain medical conditions) or groups (e.g. young or inexperienced workers who may lack maturity and expertise) and expectant or new mothers (e.g. who may need to refrain from manual handling or chemical use). However, other groups should not be overlooked e.g. persons with disabilities (ability to hear alarms, see / read warning notices, difficulties with access / egress) and overseas workers (differing safety culture, nuances of language and comprehension).

##### **Step 3 – evaluate the risks and decide on precautions**

Once the hazards have been identified the assessor must decide if they are serious i.e. whether they pose a risk. The most common way of evaluating risk is to rate it as high, medium or low according to the potential outcomes. For example:



- i. potential severity of the harm (e.g. severe, moderate, insignificant)
- ii. likelihood that the harm will arise (e.g. very likely, possible, unlikely)
- iii. numbers of people likely to be affected (e.g. many, some, very few)

Some assessors find it useful to construct a matrix to determine the risk and to award points to the most severe/significant outcomes. This allows the risks to be ranked, remedial action prioritised, and suitable control measures targeted at the most serious problems. Although useful in some situations, the scoring system should be used cautiously since the awarding of points is somewhat arbitrary and potentially serious problems may be overlooked simply because they have not scored highly enough.

It should be emphasised that there is no single way of determining the degree of risk presented by various hazards and that for most general assessments a sound knowledge of the situation, tasks or activities and objective, informed judgement will be adequate.

The assessment should acknowledge any existing measures that control risk. These may have been introduced for other operational reasons but they may, nevertheless, mitigate problems. The assessment should also consider the impact of existing control measures suddenly becoming unavailable e.g. power loss to an external light, or loss of supply in a water cooled system.

#### Preventative and protective measures

In deciding what additional control measures are to be applied priority should be given to those that protect the whole workforce, by avoiding the risk completely or combating risks at source.

The control hierarchy should be:

- i. eliminate the hazard and remove the risk (e.g. use different equipment, fix faulty machinery, replace worn stair carpet)
- ii. substitute the hazard for something less 'risky' (e.g. use safer materials)
- iii. isolate the hazard from people (redesign equipment e.g. use guards on cutting machines, segregate the work)
- iv. introduce administrative measures (e.g. change the way that the job is done, change practices, introduce protocols, involve workers to ensure they understand what they need to do and provide them with information, instruction and training)
- v. use personal protective equipment.

In practice control measures are likely to be a combination of these.

#### **Step 4 – Record the findings and implement them**

The significant findings of the risk assessment should be committed to writing. The aim is not to generate additional paperwork but to ensure that appropriate safety measures, identified during the assessment process, are integrated into existing procedures and routine work patterns. It is perfectly acceptable to incorporate the risk assessment, and relevant control measures, into other established documentation. There is no format specified in law and assessors should use one that most conveniently serves their purposes but which clearly communicates the relevant safety information to those affected by the work or activity. Importantly the assessment should be used in any training delivery, and be readily available for reference in the area to which the work relates. Assessments may be stored in hard copy or electronic format, providing the latter is readily retrievable.





The assessment must be suitable and sufficient. What this means is that the level of detail in the assessment should be proportionate to the risks identified. Enough will probably have been done when it can be clearly demonstrated that:

- i. adequate checks were made and that all groups affected by the work or activity have been properly considered
- ii. significant risks have been identified and appropriate action taken to eliminate or reduce them
- iii. reasonable precautions were put in place
- iv. appropriate information, instruction, and training has been given to those directly involved with the work
- v. residual risks were low.

The risk assessment will be worthless if the identified actions are not followed through. Priority should be given to higher risk situations or activities and it may be necessary to introduce interim risk reduction measures while permanent solutions are sought. An appropriate time frame for full implementation should be decided, along with named individuals to see that the actions are carried through. In some very high-risk situations it may be necessary to cease activity completely until appropriate controls can be introduced.

#### **Step 5 – Monitoring and review**

When control measures have been established and actions (step 4) implemented, the work must be kept under review to ensure they are working properly. Useful information can be gathered from workers themselves, or by monitoring accident statistics. If further improvements can be made to reduce the risk further then action should be taken, with named persons responsible for implementation, so that there is a continual process of improvement and refinement.

Workplaces seldom stay the same and new hazards may be introduced. If the assessment is no longer valid or significant changes have been introduced the assessment must be revised to incorporate relevant additional control measures. The risk assessment should not be seen as a static document but one that evolves as workplace activities evolve.

Risk assessments must be reviewed if information comes to light about the adverse health effects of a particular hazard, so that the control measures can be modified, where necessary. Similarly control measures should be adapted and refined to take advantage of technological advances or improvements.





## Diocese of Waikato and Taranaki

### Notifiable Illnesses, Injuries and Incidents

These definitions and examples are taken from the WorkSafe website:

<http://www.business.govt.nz/worksafe/information-guidance/all-guidance-items/hswa-fact-sheets/what-events-need-to-be-notified>

#### What is a notifiable illness or injury?

These are specified serious work-related illnesses or injuries.

All injuries or illnesses which require a person to be admitted to hospital for immediate treatment are notifiable.

The other types of injuries and illnesses that also require notification are set out in the following table (Table 1).

Table 1: Notifiable injuries and illnesses<sup>[1]</sup>

TRIGGER	EXAMPLES
An injury or illness that requires (or would usually require) the person to be admitted to hospital for immediate treatment	‘Admitted to a hospital’ means being admitted to hospital as an in-patient for any length of time – it doesn’t include being taken to the hospital for out-patient treatment by a hospital’s A&E department, or for corrective surgery at a later time, such as straightening a broken nose.
The amputation of any part of the body that requires immediate treatment (other than first aid)	Amputation of: <ul style="list-style-type: none"><li>▪ a limb (eg an arm or leg)</li><li>▪ other parts of the body (eg hand, foot, finger, toe, nose, ear).</li></ul>
A serious head injury that requires immediate treatment (other than first aid)	<ul style="list-style-type: none"><li>▪ fractured skull</li><li>▪ a head injury that results in losing consciousness</li><li>▪ blood clot or bleeding in the brain</li><li>▪ damage to the skull that may affect organ or facial function</li><li>▪ a head injury that results in temporary or permanent memory loss.</li></ul>



<p>A serious eye injury that requires immediate treatment (other than first aid)</p>	<ul style="list-style-type: none"> <li>▪ injury that results in, or is likely to result in, the loss of an eye or vision (total or partial)</li> <li>▪ injury caused by an object entering the eye (eg metal fragment, wood chip)</li> <li>▪ contact with any substance that could cause serious eye damage.</li> </ul> <p>Does not include:</p> <ul style="list-style-type: none"> <li>▪ exposure to a substance or object that only causes discomfort to the eye.</li> </ul>
<p>A serious burn that requires immediate treatment (other than first aid)</p>	<p>A burn that needs intensive or critical care such as a compression garment or skin graft.</p> <p>Does not include:</p> <ul style="list-style-type: none"> <li>▪ a burn treatable by washing the wound and applying a dressing.</li> </ul>
<p>A spinal injury that requires immediate treatment (other than first aid)</p>	<ul style="list-style-type: none"> <li>▪ injury to the cervical, thoracic, lumbar or sacral vertebrae, including discs and spinal cord.</li> </ul> <p>Does not include:</p> <ul style="list-style-type: none"> <li>▪ back strain or bruising.</li> </ul>
<p>Loss of a bodily function that requires immediate treatment (other than first aid) (eg through electric shock or acute reaction to a substance used at work)</p>	<p>Loss of:</p> <ul style="list-style-type: none"> <li>▪ consciousness (includes fainting due to a work-related cause eg from exposure to a harmful substance or heat)</li> <li>▪ speech</li> <li>▪ movement of a limb (eg long bone fractures)</li> <li>▪ function of an internal organ</li> <li>▪ senses (eg smell, touch, taste, sight or hearing).</li> </ul> <p>Does not include:</p> <ul style="list-style-type: none"> <li>▪ fainting not due to a work-related cause</li> <li>▪ a sprain, strain or fracture that does not require hospitalisation (except for skull and spinal fractures).</li> </ul>
<p>Serious lacerations that require immediate treatment (other than first aid)</p>	<ul style="list-style-type: none"> <li>▪ serious deep cuts that cause muscle, tendon, nerve or blood vessel damage, or permanent impairment</li> </ul>





	<ul style="list-style-type: none"> <li>▪ tears to flesh or tissue – this may include stitching or other treatment to prevent loss of blood or bodily function and/or the wound getting infected. Does not include:             <ul style="list-style-type: none"> <li>▪ superficial cuts treatable by cleaning the wound and applying a dressing</li> <li>▪ lacerations that only require a few stitches from a GP’s office</li> <li>▪ minor tears to flesh or tissue.</li> </ul> </li> </ul>
<p>Skin separating from an underlying tissue (degloving or scalping) that requires immediate treatment (other than first aid)</p>	<ul style="list-style-type: none"> <li>▪ skin separating from underlying tissue where the tendons, bones, or muscles are exposed.</li> </ul>
<p>Contracting a serious infection (including occupational zoonoses) to which the carrying out of work is a significant contributing factor including any infection due to carrying out work:</p> <ul style="list-style-type: none"> <li>▪ with micro-organisms</li> <li>▪ that involves providing treatment or care to a person</li> <li>▪ that involves contact with human blood or bodily substances</li> <li>▪ that involves handling or contact with animals, their hides, skins, wool or hair, animal carcasses or waste products or</li> <li>▪ that involves handling or contact with fish or marine mammals.</li> </ul>	<ul style="list-style-type: none"> <li>▪ diseases caught from animals (eg leptospirosis) or</li> <li>▪ <i>E. coli</i> infections</li> <li>▪ Legionnaire’s Disease caught from working with soil, compost or potting mix.</li> </ul>
<p>An injury or illness that requires (or would usually require) medical treatment within 48 hours of exposure to a substance (a natural</p>	<p>Burns from skin exposure or inhalation of toxic chemicals that require medical treatment.</p>







or artificial substance in any form  
eg solid, liquid, gas or vapour)

An illness or injury declared in regulations to be a notifiable injury or illness

Any illness or injury listed in Schedule 5 of the Health and Safety At Work (Mining Operations and Quarrying Operations) Regulations 2016.

In this table:

- 'Medical treatment' is considered to be treatment by a registered medical practitioner (eg a doctor).
- 'Immediate treatment' is urgent treatment, and includes treatment by a registered medical practitioner, registered nurse or paramedic.
- If immediate treatment is not readily available (eg because the injury happened at a remote site), the notification must still be made.

### What is a notifiable incident?

A notifiable incident is an unplanned or uncontrolled incident in relation to a workplace that exposes the health and safety of workers or others to a serious risk arising from immediate or imminent exposure to:

- a substance escaping, spilling, or leaking
- an implosion, explosion or fire
- gas or steam escaping
- a pressurised substance escaping
- electric shock (from anything that could cause a lethal shock, for example it would not include shocks due to static electricity, from extra low voltage equipment or from defibrillators used for medical reasons)
- the fall or release from height of any plant, substance, or thing
- damage to or collapse, overturning, failing or malfunctioning of any plant that is required to be authorised for use under regulations
- the collapse or partial collapse of a structure
- the collapse or failure of an excavation or any shoring supporting an excavation
- the inrush of water, mud, or gas in workings in an underground excavation or tunnel
- the interruption of the main system of ventilation in an underground excavation or tunnel
- a collision between two vessels, a vessel capsize, or the inrush of water into a vessel
- any other incident declared in regulation to be a notifiable incident, for example those listed in:
  - regulation 6 of the Health and Safety At Work (Asbestos) Regulations 2016
  - Schedule 5 of the Health and Safety At Work (Mining Operations and Quarrying Operations) Regulations 2016
  - regulation 33 of the Health and Safety At Work (Major Hazard Facilities) Regulations 2016





- regulation 70 of the Health and Safety at Work (Petroleum Exploration and Extraction) Regulations 2016.

Notifiable incidents do not include controlled activities that form part of the business or undertaking (eg the controlled release of water from a dam).

A notifiable incident is where someone's health or safety is seriously endangered or threatened.

People may be put at serious risk even if they were some distance from the incident (eg from a gas leak).

A notifiable incident also covers the incidents specified above which may have only resulted in minor (non-notifiable) injuries but had the potential to cause serious injury, illness or death.

