

HEALTH & SAFETY

MANGAPAPA MEDICAL CENTRE



PINNACLE
H e a l t h f o r L i f e

**HEALTH & SAFETY MANUAL
TABLE OF CONTENTS**

- 1) Occupational Health and Safety Policy
- 2) Safety Officer Responsibilities
- 3) Smokefree Policy & Complaints Policy
- 4) Standard Precautions
- 5) Waste Management Procedure
- 6) Stress Management
- 7) Site Map
- 8) Emergency Procedures
 - Fire
 - Flooding
 - Earthquake
 - Mercury Spill
 - Robbery
 - Needlestick Injury
- 9) Near Miss and Accident Report Form
- 10) Hazard Identification Forms
- 11) Personnel Checklists
 - Orientation: Health and Safety Checklist
 - Staff Health Record
- 12) Contractors

OCCUPATIONAL HEALTH & SAFETY POLICY

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

Signed: _____**Date:**

SAFETY OFFICER RESPONSIBILITIES

- 1) To advise on medical centre policies and procedures pertinent to health and safety.
- 2) To answer questions, receive complaints and suggestions about health and safety matters.
- 3) To investigate accidents and incidents and initiate changes where appropriate.
- 4) To organize and attend regular practice health and safety meetings and maintain health and safety records.
- 5) To coordinate hazard identification, risk assessment and hazard management.
- 6) To liaise with the Practice Manager to help ensure all staff are trained in health and safety: in particular that all are aware of the hazards and emergency procedures.
- 7) To liaise with contractors re: health and safety requirements.
- 8) To maintain a good knowledge of health and safety legislation and requirements. Attendance at appropriate courses, by arrangement with employer, will be encouraged.

Signed: _____ **Date:** _____

Print Name: _____
Safety Officer (Name)

Signed: _____ **Date:** _____

Print Name: _____
Employer



**Pinnacle Network Smokefree Policy –
MANGAPAPA MEDICAL CENTRE**

Intent of the Smoke-free Environments Act 1990:

The purpose of the Act is to prevent, so far as reasonably practicable, the detrimental effects of smoking on the health of any person who does not smoke or who does not wish to smoke, inside any workplace or certain public areas.

Best Practice Statement:

To provide a healthy smoke free environment for all staff and customers who enter the workplace, which complies in full with the Smoke-free Environment Amendment Act 1990.

Policy Details:

Mangapapa Medical Centre is a totally smoke free workplace. Smoking is not permitted on the premises, nor in any vehicle owned or operated by the practice, at anytime. All staff, contractors and visitors are expected to abide by the requirement of the Smokefree Policy.

Implementation:

All staff applying for positions at Mangapapa Medical Centre, relieving staff and contractors will be informed of the policy on smoking.

Appropriate signs, which clearly indicate the non-smoking status of the premises, will be in place.

The policy on smoking will always be clearly displayed and all staff will be made aware of the policy contents.

The policy will be reviewed annually, in consultation with employees.

Complaints Procedure:

Any person that believes that this policy has been contravened may complain to the manager or to the Director General of Health. Complaints to the manager will be managed as specified in the Mangapapa Medical Centre Smokefree Policy Complaints Procedure with complainants receiving a reply within 20 days. A full copy of the complaints procedure is available on request.

Signature:.....

Date:.....

<p align="center">Pinnacle Network Smokefree Policy Complaints Procedure MANGAPAPA MEDICAL CENTRE</p>

Best Practice Statement:

Where an employee believes that a person has contravened the non-smoking policy, he or she may complain to his or her supervisor or manager or to the Director-General of Health specifying the particulars of the complaint. Every effort will be made to resolve any complaint received by Mangapapa Medical Centre promptly and in full compliance with all legislative requirements.

Procedure:

Where a complaint is received the employer will,

1. Within 20 working days after the receipt of the complaint, investigate the complaint and if it appears that a contravention has occurred, attempt to resolve the complaint.
2. Where the contravention is on the part of the employer, the employer shall settle the cause of the complaint, or give an assurance that satisfies the complainant that there will be no repetition of the cause of the complaint.
3. Where the contravention is on the part of the employee, the employer will seek an assurance from the employee that satisfies the employer that there will be no repetition of the cause of the complaint.
4. The employee's representative appointed under the Smoke-free Environments Act is entitled to be present at any meeting called by the employer to resolve the complaint and avoid any further cause for complaint.
5. Where the employer cannot resolve the complaint by agreement, the employer will refer the complaint in writing to the Director-General of Health.

STANDARD PRECAUTIONS**Best Practice Statement:**

Practices will ensure that every effort is made to promote the health and safety of patients, practitioners and other practice employees when handling body fluids and contaminated clinical items.

Definitions:

Standard Precautions are barrier precautions that health practitioners take when handling body fluids and contaminated items, to minimise the risk of cross infection or adverse consequences to themselves, patients and practice employees. The key components of Standard Precautions include:

- Hand Hygiene
- Use of latex gloves
- Eye / Face protection
- Wearing of plastic aprons / gowns
- Management of sharps
- Safe management of pathology specimens

Procedures:**1. Hand Hygiene**

Hand hygiene includes the practice of handwashing and the use of alcohol hand gel or rub. Hands should be cleansed promptly between patient contact or handling of items used between patients. An effective handwash should take 15-30 seconds with extra time allowed for thorough drying. The following further considerations relating to hand hygiene are:

- Liquid soap dispensed from a wall dispenser is the preferred handwashing agent
- Specific antibacterial cleansers will be available in treatment rooms
- Regular use of a barrier moisturising cream will protect skin from cracks
- Alcohol gel or rub is effective if hands are not visibly soiled. Rub hands together for 15 seconds following gel application and allow to dry thoroughly
- When washing hands, remove finger jewellery and lather the hands to wrist level.
- Rinse hands thoroughly before drying
- Turn tap off using paper towel and discard
- Use paper towel to pat hands (and especially in between fingers) dry
- Hands will be checked regularly for cuts / cracked skin etc and any open wounds covered with a clean plaster. Latex gloves will be worn on top for performing procedures.

2. Use of latex gloves

Non-sterile disposable latex gloves will be worn when practitioners or other practice staff come into contact with body fluids, non-intact skin or mucous membranes, or when exposed to contaminated items. Gloves will be used in conjunction with Hand Hygiene procedures.

Further considerations relating to the use of latex gloves are as follows:

- Gloves should be powder free
- Clean gloves will be applied immediately before touching non intact skin or mucous membranes
- Gloves will be changed between procedures or treatments on the same patient
- After use, gloves will be removed promptly and before touching non contaminated items and surfaces
- Soiled gloves will be disposed of as per the practice's disposal of clinical waste policy
- Latex gloves are single use items and must therefore not be washed and reused

3. Eye / Face protection

If splash back from contaminated body fluids is likely, a face mask with eye shield, or a full face shield with visor must be worn. Procedures requiring eye / face protection include decontaminating clinical instruments and invasive surgical procedures.

Disposable paper face masks are satisfactory. Care should be taken to ensure the mask covers the nose and mouth, does not gape at the sides and is changed as soon as it becomes moist.

Plastic eye protectors and visors will be decontaminated after use and stored dry. They will be replaced when they become scratched or murky.

4. Wearing of plastic aprons / gowns

Plastic aprons or gowns will be worn during procedures where body fluids or contaminated material may splash clothing or skin. Gowns and aprons will be of the fluid repellent type and disposed of immediately after use as per the practice's waste management policy.

5. Management of sharps

The risk of injury from needles and other sharps can be minimised by ensuring the following considerations are made:

- Used needles and other sharps will be disposed of promptly as per the practice's waste management policy
- Sharps containers will not be overfilled
- Recapping needles with both hands and removing used needles from syringes by hand will be avoided
- All appropriate staff will undergo training in the safe handling of sharps and will be offered Hepatitis B vaccination
- In the event of a needlestick injury taking place, practitioners will follow the correct procedure detailed in the practice's needlestick injury policy.

6. Safe Handling of Pathology Specimens

After collection, place blood and body substances in the appropriate specimen container, as specified by the testing laboratory.

After sealing securely, the container is then placed in a leak-proof- bag or container.

To avoid contamination of pathology slips keep them separate from the clinical specimens by placing them in the separate pouch in the Medlab specimen plastic bags.

Do not use the staff room refrigerator – where food is stored – for the storage of contaminated material including clinical specimens.

Documentation

Any incidents or accidents relating to any of the standard precautions in this document will be documented as per the practice's harm reduction policy.

References:

New Zealand Private Hospitals Association (2003). *Infection Control Handbook* NZPHA: Wellington

QIP Quality in Practice (2004). *Occupational Health and Safety Requirements*
QIP Pty Ltd: Queensland, Australia www.agpal.com.au

Signature:.....

Date:.....

WASTE MANAGEMENT PROCEDURE**Best Practice Statement:**

The practice will ensure all healthcare waste is managed safely through to final disposal. The purpose of this procedure is to ensure all waste generated is managed in a manner consistent with NZS4304:202 *Management of Healthcare Waste*. Practices should also be aware of and comply with any local body requirements relating to waste disposal in their area, and take all reasonable steps to minimise waste generation.

Definitions:

Healthcare waste: waste generated by healthcare services.

General waste: any waste deemed disposable without controls, either at landfill or to the sewer.

Hazardous waste: a component of the waste stream exhibiting characteristics posing a threat or risk to public health, safety or the environment.

Sharps: objects or devices having sharp points, protuberances or cutting edges, capable of causing a penetrating injury to humans, or puncturing containers.

Controlled waste: healthcare waste that is recognizable as coming from a healthcare facility which:

- May be contaminated or soiled with potentially infectious human or animal body fluids which shall not be expressible under compaction; or
- Is not infectious but may be considered culturally or aesthetically offensive.

Infectious waste: substances known to contain, or reasonably expected to contain, pathogens. Infectious waste includes, but is not limited to, the following:

- Discarded laboratory specimens, cultures, and materials that have been in contact with them;
- Sharps other than those categorized as radioactive or cytotoxic;
- Receptacles containing body fluids;
- Waste containing expressible body fluids;
- Waste from isolation rooms.

Sharps: objects or devices having sharp points or protuberances or cutting edges, capable of causing a penetrating injury to humans, or puncturing containers.

Procedure:

1. Waste will be segregated according to its category at the time and source of generation:

General waste is to be placed in general garbage bins, which are lined with appropriate bags (*Black plastic Rubbish Bags*). When full, bags are to be sealed, and placed in the rubbish bin area in the storeroom where they are not accessible to unauthorized persons. The local rubbish contractor collects these weekly.

Controlled and infectious waste (excluding sharps) is to be placed in an appropriate plastic bag (*Yellow Biohazard Bag*) and securely closed. Plastic bags are then to be placed in the designated contaminated waste receptacles. Bags are to be filled to no more than 2/3 of their capacity and then secured with a closure device that does not have sharp protuberances (such as staples). Bags are to be stored in the Storeroom, not accessible to unauthorized persons and collected weekly or as needed by the hazardous waste contractor.

Sharps are to be placed in rigid yellow containers provided. These containers must be sealed when 3/4 full and placed in the designated area in the sluice room to be exchanged for empty containers weekly or as needed by the hazardous waste contractor. For further details see Sharps Procedure.

Pharmaceutical waste is to be placed in the basket in the treatment room for return to the pharmacy.

2. At all times when handling controlled waste, staff must wear protective barriers and follow standard precautions.
3. On commencement of employment all staff will be familiarised with this procedure, including any documentation required to be completed as part of it. They will also be offered immunisation against Hepatitis B.
4. Any accidents or incidents involving waste must be documented as per the practice's harm reduction policy and promptly reported to the Safety Officer.

References:

Standards New Zealand: New Zealand Standard NZS 4304: 2002 Management of Waste

Signature:.....

Date:.....

STRESS MANAGEMENT**Best Practice Statement:**

Managing stress in the workplace is acknowledged as an important part of creating and maintaining a safe and healthy workplace. Minimising the negative impact of stress is best achieved by management and staff working together to identify stressors and develop strategies to control these. There must be awareness of the stresses affecting both management and staff.

Definitions:

Stress: Workplace stress is the result of interaction between a person and their work environment. For the person it is the awareness of not being able to cope with the demands of their work environment, with an associated negative emotional response.

Stressors: These are events or circumstances that lead to someone feeling that physical or psychological demands are about to exceed his or her ability to cope. Stressors can:

- Be inherent in the job because of factors that make that occupation what it is.
- Arise because of the way the job is organized. This may include physical factors (excess heat, noise, cold etc.) as well as physiological factors that affect the body's balance (Such as shift work, inadequate recuperative time etc.).
- Arise out of excessive work demands such as unrealistic deadlines, paperwork which has no clinical worth, and excessive compliances especially those which lack any passion or commitment by the staff or management. .
- Arise out of personal factors such as health status, relationships, and ability to cope with difficult situations.

Source: OSH 2003: Healthy Work: Managing Stress in the Workplace www.workinfo.govt.nz

Policy:

Please see "Healthy Work Place Policy". The following measures will be taken to manage workplace stress. These measures are not intended to be exhaustive and additional measures will be developed as and when required:

1. *All staff will be thoroughly orientated to their position and be provided with ongoing training opportunities to meet their needs and enhance their job satisfaction.*
2. *Every effort will be made to maintain the physical work environment in a functional and comfortable state.*
3. *No staff member, including management, will be expected to work unreasonable hours or meet excessive work demands except in case of emergency such as a natural disaster or epidemic. The Practice Manager will monitor work hours and demands; practice staff will advise the Practice Manager if they are working hours or being expected to meet responsibilities which they are finding excessive.*

4. *All practice team members will be encouraged to take scheduled breaks and leave.*
5. *Regular staff meetings will be held. All staff will be given opportunity to raise items for discussion.*
6. *Workplace bullying will not be tolerated. Staff are encouraged to bring any concerns in this regard to the attention of the Practice manager at the earliest opportunity.*
7. *It is recognised that from time to time practice members may experience difficult personal circumstances. When these occur, they are encouraged to approach the Practice Manager to discuss the possibility of alternative work arrangements to meet their specific needs.*
8. *Attention will be given to reduction of stress when considering the Strategic plan and the goals of the Medical Centre. This will influence the choices of activities in which the Centre participates.*

References:

OSH 2003: Healthy Work: Managing Stress in the Workplace www.workinfo.govt.nz

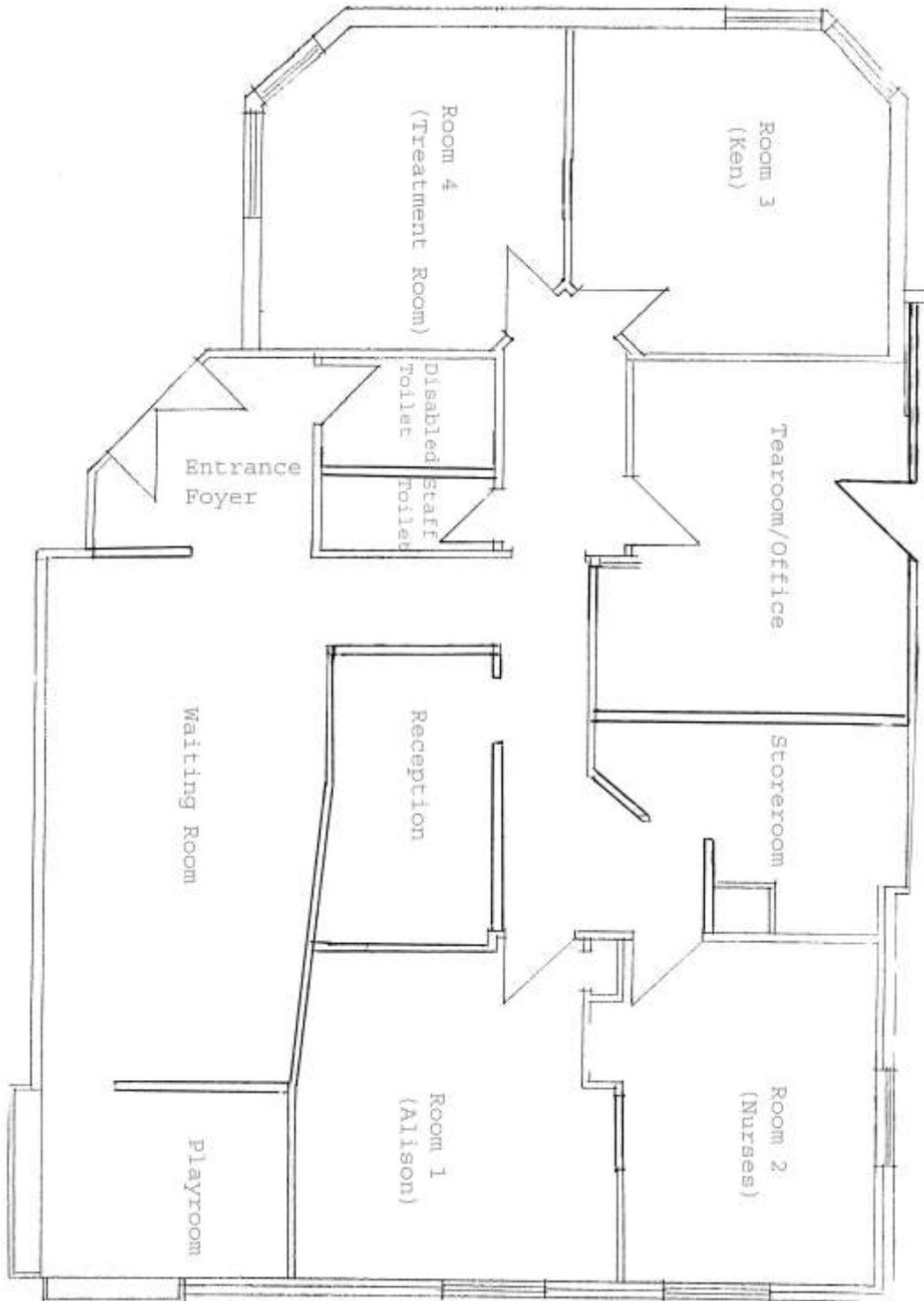
OSH 1998: Stress and Fatigue. Their impact on health and safety.

Signature:.....

Date:.....

MANGAPAPA MEDICAL CENTRE

SITE MAP





MANGAPAPA MEDICAL CENTRE

EMERGENCY PROCEDURE FIRE EVACUATION

Best Practice Statement:

To reduce the risk of injury and the effects of a fire by ensuring a prompt, safe and orderly evacuation of the building in accordance with the Fire Safety and Evacuation of Buildings Regulations 1992.

Definitions:

Fire Warden: staff member designated to coordinate the safe evacuation of the building and pass on information to the Fire Service.

Procedure:

If you discover a fire:

1. Raise the alarm immediately by operating the nearest fire alarm or warning the occupants of the building of the fire.
2. Ensure the Fire Service is called by phoning **111**. This may be done using the telephone in neighbouring premises, a cell phone outside or, if safe to do so, from within the building. **Clearly state the name & address of the building and nature of the emergency (fire, bells ringing etc).**
3. Leave lights on. Leave immediately by the **nearest** safe exit route. Move quickly but **do not run**.
4. Report to the designated assembly point: **FOOTPATH IN FRONT OF THE PHARMACY**
5. Stay outside the building until the “all-clear” is given.

If you hear the alarm or are warned of a fire:

1. Follow the instructions of the Fire Warden.
2. Leave by the nearest safe exit route move quickly but **do not run**.
3. Assist any persons with disabilities
4. Report to the designated assembly point **FOOTPATH IN FRONT OF THE PHARMACY**
5. Stay outside the building until the “all-clear” is given.

Fire Warden duties. When you here the fire alarm or are warned of a fire:

1. Begin the evacuation of the building, all staff and visitors are to assemble at the designated assembly point: **FOOTPATH IN FRONT OF THE PHARMACY**
2. Ensure that the fire service has been called using the ‘111’ system
3. Ensure that all of building is evacuated. Check toilets, locker rooms etc
4. Ensure that all smoke/fire control doors are closed on the route of escape are closed

5. Note the location of any person remaining in the building and the reason they are not evacuating. Only those persons who are either unable to evacuate (e.g. disabled or injured) or those persons involved in firefighting or assisting in the evacuation may remain. Appoint a suitable person to assist disabled persons as necessary.
6. Report to the front entry (adjacent to the Fire Alarm Panel if installed) and pass on any information to the Fire Service on their arrival.

Only if conditions permit and it is safe to do so, should any attempt be made to extinguish the fire. Persons remaining in the building to extinguish the fire must have their location reported to the Fire Service on their arrival.

Regular checks of the means of escape are to be carried out daily to ensure that:

- (a) They are kept clear of all obstacles at all times.
- (b) Exit doors are not locked, barred, or blocked so as to prevent occupants from leaving the building at any time.
- (c) Smoke control and fire stop doors are to be kept closed and not wedged open. Use of “hold open devices” that comply with the Building Code is permitted.
- (d) Stairways and passageways which are designed for means of escape from fire are not to be used as places for storage or places where refuse is allowed to accumulate.
- (e) Flammable liquids or materials shall not be stored near or within any part of the building used as a means of escape from fire.

Any fault affecting the means of escape must be rectified immediately or reported to the building owner for action.

Signature:.....

Date:.....

MANGAPAPA MEDICAL CENTRE

EMERGENCY PROCEDURE FLOODING

- 1) Assess situation. Make self safe e.g. establish best exit option(s), hold onto flotation device (if practicable and available)
- 2) Help others who need it e.g. disabled patient, disabled staff member.
 - advise on safest exit option.
 - Advise to remain in safe area until further advised.

If tsunami is the emergency, more inland to higher ground (remember roads may be congested) and advise others to do likewise. Elevate or remove valuables and hazardous chemicals (if practicable)

- 3) Help professional emergency services, as they direct (decline if asked to perform an hazardous emergency procedure for which you have not been trained). Advise professional emergency services if you think something within Mangapapa Medical Centre may become hazardous.
Record events, help professional emergency services establish record of events
Inform relevant parties e.g. OSH (if serious harm), plumber and landlord.

EMERGENCY PROCEDURE EARTHQUAKE

- 1) Assess situation. Make self safe.
Take cover (door jamb, under reception desk, under examination couch, under desk)
- 2) Help others needing help.
Advise to remain in safe area
- 3) Contact emergency services (if considered necessary) – if possible.

EMERGENCY PROCEDURE MERCURY SPILL

Do not touch spilt mercury e.g. from dropped thermometer with bare hands. Pick up with a paper scoop or cardboard.

If porous substance involved consider removing this from surgery or obtaining specialist cleaning services.

Ventilation is important – mercury will vaporise at room temp producing a poisonous gas. Vapour detectors are available.

Store waste Mercury in an air tight container covered with a suitable liquid - to prevent release of mercury vapour.

Contact OSH to ascertain appropriate waste disposal operators. Do not dispose of in normal rubbish collection.

Consider whether mercury exposure of worker or employee has occurred. If so, arrange appropriate (probably an occupational physician) management and followup. Consider contacting National Poisons Centre.

EMERGENCY PROCEDURE ROBBERY

1) OBEY EXACTLY THE DEMANDS OF THE ROBBER(S).

Try to remain calm and attempt to calm the offenders (or others) if this occurring. Observe the alleged offenders. If security company phone calls give incorrect code (known as “unset under duress”).

2) When able to (assuming offender has departed) check others are alright. Assist where

necessary. Secure both entrances and call the Police on 111 (9 to obtain an outside

line). Don't touch anything the offender(s) touched, or left behind.

Ask all witnesses to remain until the Police arrive.

3 Write down an Offender Description and suggest any others do similar.

Liaise with the emergency services as appropriate.

Inform management (if not involved), and landlord (if property damage occurred)

Remember- Calm, Obey, Observe, Preserve.

**NEEDLESTICK, SHARPS AND BODY FLUID INJURY/CONTACT
PROCEDURE FOR ASSESSMENT AND FOLLOW UP****Best Practice Statement:**

Following any needlestick, sharps or body fluid injury / contact, the correct procedure will be followed, thereby minimizing the risk of cross-infection from patient to staff.

Definitions:

For the purpose of this document, the following terms apply:

The **injured** person is the person who has received the needlestick / sharps/body fluid injury/contact.

The **source** is the person from whom the blood/body fluid came.

Procedure:

Immediately following any needlestick, sharps or body fluid injury / contact the following steps will be taken:

1. The site must be rinsed with fresh tap water for at least 5 minutes, expressing any puncture wound simultaneously. The injury site should then be disinfected with a skin disinfectant e.g. iodine and sealed with a clean elastoplast that completely covers the area of injury.
2. Complete incident form in the injury book found in the safe, and also ACC forms.
3. Carry out:
 - Risk assessment
 - Immune status assessment
 - Appropriate blood sampling (depending on the level of risk decided, some or all of the following tests may be appropriate)

From the source: HIV antibody test, Hepatitis B surface antigen test, Hepatitis C antibody test.

From the injured: HIV antibody test, Hepatitis B surface antigen and surface antibody tests (if unvaccinated), Hepatitis B antibody test only (if vaccinated), and Hepatitis C antibody test.

- Follow up & vaccination prn (e.g. Hepatitis B Immunoglobulin (HBIG), HIV prophylaxis). Seek advice from physician with special knowledge of HIV, as prophylaxis may be complex.
- The needlestick and sharps risk assessment tool is to be used in all instances of needlestick/blood/body fluid injury/contact. (see attached)

Other points to consider:

- Be aware that the staff member may be distressed about such an incident. Provide a safe environment and an opportunity to express concerns, have questions answered etc.
- If blood samples are taken ensure a recall is logged on to the computer for review and follow up.
- Ensure all documentation is completed and signed

References

New Zealand Private Hospitals Association 2003: Infection Control Handbook. 2nd Edition.

Signature.....**Date**

**Needlestick, Sharps and Body Fluid Injury/Contact
Risk Assessment Tool**

Name: _____ DOB: _____
Date: _____ Designation: _____
Time: _____ Contact phone no: _____
Task/Duty being performed at time of exposure:
.....

Hepatitis B Status

- a) Has completed Hepatitis B Immunisation Yes No
If NO please clarify (e.g. never immunised)
.....
b) Blood tests indicate immunity to Hepatitis B Yes No

Tetanus

Date of last vaccination.....

Skin integrity and personal protection

Intact healthy skin is an excellent barrier to any infection, broken skin is a risk.
Mucous membranes are slightly less effective than skin.

Condition of skin where contact occurred e.g. intact, broken, abraded
Please state.....

Personal protective clothing worn at the time of the incident.....

Injury

- Superficial Penetrating Other
Hollow bore needle Solid needle Other
Size..... Site.....

Nature of Needles/Sharps

Hollow bore needles are more likely to transfer infection. The deeper the penetration and the greater the amount transferred, the greater the risk.

Nature of fluid

Please state.....

Inoculation Splash/contact Amount.....

Procedure

(Some procedures carry a greater risk of transferring infection)

Cannulation Venepuncture Human bite
Intramuscular injection Subcutaneous injection
Clean needle/sharp

Source

Known history of

HBV HCV Injecting drug user Blood transfusions

When?.....

Haemodialysis HIV

*Blood transfusions have been screened for HIV since 1985 and for HCV since 1992

Risk assessment

Significant Low No risk

Notes:.....
.....
.....

Samples

Laboratory samples taken:

From source:.....

From injured:.....

Recall entered on computer for follow up

Treatment arranged: e.g. Hepatitis B Immunoglobulin (HBIG)

.....

.....

Signature.....Date

Print Name.....



MANGAPAPA MEDICAL CENTRE

NEAR MISS & ACCIDENT REPORT

Time and date of incident: _____

Location of incident: _____

Any one injured? (Personal data of injured person) YES/NO

Name(s): _____ Date of birth: _____ Sex (M/F) _____

Non-employee? _____

Occupation/job title of injured person: _____

Period of employment of injured person: _____
(i.e. 1st week, 1st month, <6 months, <1 year, <5 years, >5 years)

Nature of injury: _____
(i.e. Fatality, Fracture, Strain, Head injury, Bruising or crushing, Burns)

Treatment of injury: _____
(Nil, First-aid, Doctor (not hospitalised), Hospitalised)

Shift: _____
(Day, Afternoon, Night)

Hours worked since arrival at work: _____

Mechanism of incident: Where and how did the incident happen?
(i.e. Fall, trip, hitting objects with part of the body)

Agency of incident:
(i.e. Machinery or fixed plant, tools or appliances, Chemical or ingredients)

Has an investigation been carried out?
(Who carried this out, describe findings)

Was a **significant** hazard involved?

What subsequent steps have been taken?:
(to rectify identified faults, minimise recurrences)

Planned review of changes:
(who will review, when?)

This report completed by:

Signature: _____ **Date:** _____

Print Name and position: _____

Mangapapa Medical Centre Hazard Identification

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



MANGAPAPA MEDICAL CENTRE

ORIENTATION SAFETY & HEALTH CHECKLIST

Name: _____

Position: _____

TOPIC	YES/NO	COMMENT
Has appropriate qualifications for position/ key tasks/work process		
Relevant Qualifications		
Has been introduced to health and safety manual		
Has been introduced to hazard management system		
Has been shown how to report any new hazards		
Has been shown how to report accidents/incidents		
Has read emergency procedures and been shown emergency exits and alarms.		
Has familiarised with Standard Precautions.		
Consents to Hepatitis B vaccination if deemed appropriate		

Signed: _____

Date: _____

Staff Member: _____

Date: _____



MANGAPAPA MEDICAL CENTRE

STAFF HEALTH RECORD

Name: _____ Position: _____

Hepatitis B: serology contact (needlestick) Yes?

Tuberculosis: Mantoux/BCG symptom/contact No?

Tetanus: booster 10yr No

Rubella: pregnancy care? Nil No

Influenza: had recently? Annual No

?HIV: appropriate? contact (needlestick) Yes?



MANGAPAPA MEDICAL CENTRE

CONTRACTORS HEALTH & SAFETY REQUIREMENTS

Letter of Understanding

The contractor complies with The Health and Safety in Employment Act 1992 and subsequent amendments, and other relevant legislation.

The contractor demonstrates an effective safety policy.

Both parties will communicate regarding hazards associated with the medical centre.

Mangapapa Medical Centre will indicate any significant identified hazards and expects the contractor to identify and control associated work hazards.

Emergency procedures for Mangapapa Medical Centre will be discussed with the contractor.

The contractor is responsible for its personnel and aiding with keeping the medical centre an accident free site.

Signed: _____

Signed: _____

Print Name: _____
(For Mangapapa Medical Centre)

Print Name: _____
(Contractor)

Date: _____

Date: _____