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Accredited Employers Programme

Audit guidelines

Guidelines to understanding the audit standards for the
Accredited Employers Programme

These guidelines are not a separate level of verification; rather they provide an additional level of explanation around the audit requirements and should be read together with the audit standards. These guidelines provide a number of suggestions about how Accredited Employers may meet the requirements of the audit standards; however, they are not definitive and there may be other options for meeting the audit requirements depending on the individual Accredited Employer and their management structure.

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Complying with the Safety Management Practices Audit Standards set out in this document should not be relied on to satisfy compliance with legal and other obligations of the employer. It is the responsibility of the individual employer to be satisfied that these legal and other obligations are met.

Note: there are other specific duties required of the employer, and/or a Person Conducting a Business or Undertaking (PCBU)*, under the terms of the Health and Safety at Work Act 2015 (HSWA) that are not part of this programme's requirements.

* Please refer to the definitions on pages 68 to 77 if you require further clarification.

Guidelines to what?

These guidelines will help employers understand ACC's requirements of the audit standards for the Accredited Employers Programme (AEP). The guidelines provide further clarification and information for employers who are seeking to understand ACC's audit standards and how these generic standards might be applied in specific workplaces.

They may also be useful to other people who are interested in workplace safety and injury management such as auditors, health and safety consultants, and Third Party Administrators (TPAs)*.

How can the guidelines help?

The ACC audit standards are generic standards so that there is a benchmark that can be applied to all participating employers. Because of this, the standards are open to some interpretation when applied to specific workplaces.

These guidelines will help you to understand what ACC is looking for in each requirement and interpret what that means for your own workplace.

Important note

Under the Accredited Employers Programme Accreditation Agreement (The Agreement), responsibility for all injury management ultimately rests with contracted Accredited Employers. While a number of employers may choose to use the services of a TPA to assist them in the delivery of injury management services, TPAs are filling this role on behalf of the Accredited Employer. The level of involvement of TPAs will vary according to individual subcontracting arrangements with each Accredited Employer. Who actually undertakes each step, and the type and frequency of communication, will be

determined between each Accredited Employer and TPA.

What do the audit standards comprise?

The audit standards are divided into three main parts:

- Elements one to nine that cover safety management practices, including a workplace observation
- Elements 10 to 17 covering injury management, including claims administration and rehabilitation
- Elements 18 to 20 include focus group interviews with management and employees and selected case studies to confirm safe systems in action.

Levels of achievement

The ACC audit standards refer to three levels that an employer can achieve within the programme. These levels are:

Primary – Programme entry level requirement

Secondary – Consolidation of good practice

Tertiary – Continuous improvement good practice framework.

The tertiary level can only be achieved when an employer has a clear history of established systems, procedures and processes which function actively in the workplace. As a guide, most of the requirements should have been functioning over no less than a 12-month period.

What do they look like?

The numbering used in these guidelines refers directly to the numbering of the elements and the verifications in the audit standards for the AEP. Guideline information has been separated under primary, secondary or tertiary headings for each of the elements, so numbering may not always be sequential. Where it may appear that some requirements from the audit standards are missing, they have been addressed further on in the same element, under either the secondary or tertiary subheading.

An explanation of terms

Terms accompanied by an asterisk (*) are explained in full in the Definitions on page 68.

Where do I go for more information?

For more information about the AEP phone your Business Customer Solutions Partner, email aepqueries@acc.co.nz or visit www.acc.co.nz/for-business/choosing-the-best-cover-option/accredited-employers-programme/

Safety management practices requirements

Employers will have established occupational health and safety systems functioning actively in the workplace, covering the following elements, and meeting all the specific primary requirements, before seeking entry to the AEP.

Elements

There are nine elements in the safety management portion of the audit standards. Each element has varying numbers of primary, secondary and tertiary verifications that need to be met. These elements cover essential sections in preventing or managing workplace injuries under the programme, and provide a framework for building successful and sustainable injury prevention and injury management practices.

The nine elements are:

1. Employer commitment to safety management practices
2. Planning, review and evaluation
3. Hazard identification, risk assessment and management
4. Information, training and supervision
5. Incident and injury reporting, recording and investigation
6. Employee participation in health and safety management
7. Emergency planning and readiness
8. Ensuring the health and safety of employees and others in the workplace
9. Workplace observation.

ELEMENT 1

Employer commitment to safety management practices

(AS/NZS 4801:2001 Sections 4.2, 4.4 and 4.6)

Objective

The employer is able to demonstrate an active, consultative commitment to all areas of work health and safety management.

Introduction

Employer commitment to health and safety is the foundation on which effective safety management practices are built. When employers involve their employees* and lead by example, they will usually create a safer working environment than employers who dictate changes to employees and rely on systems that are either not implemented or integrated into day-to-day workplace* practices.

Involving key people to develop, implement and monitor health and safety management processes and systems is one way to demonstrate commitment to health and safety. Key people in the workplace may include line managers, supervisors, team leaders*, union representatives and employees who are interested, and involved in, any aspect of workplace health and safety.

Commitment may also be reflected through the availability of resources and through managers who are familiar with good practice health and safety standards. A health and safety policy that has a profile in the workplace together with relevant and recent health and safety information that is readily available can also give some indication of an employer's commitment.

Consideration of both management and employee perspectives on health and safety promotes a workplace culture of joint participation and accountability. Employees should be provided with ongoing opportunities to help develop, implement

and monitor health and safety in the workplace. A sense of 'partnership' between management and employees will provide a balance that is likely to instill a greater level of commitment to sustainable health and safety improvements.

Primary requirements

1.1.1

The employer needs to provide a policy or statement that they acknowledge and accept their responsibility for meeting health and safety standards in the workplace.

1.1.2

The employer needs to provide a statement that they will comply with the legislation, standards, Codes of Practice (COP)* and safe operating procedures (SOPs)* that apply to their business, such as standards for food hygiene, marine safety and hazardous substances handling.

1.1.3

The employer needs to state the individual responsibilities for health and safety in their workplace. These may include the responsibilities of a Person Conducting a Business or Undertaking (PCBU)*, officers*, people in charge of others*, and workers*.

1.1.4

The employer needs to demonstrate their commitment to ensuring that all workplace events (injuries, illnesses, incidents and near misses) are reported and recorded accurately.

This requirement is key to an employer's ability to assess their workplace health and safety performance accurately.

* Please refer to the definitions on pages 68 to 77 if you require further clarification.

1.1.5

The employer needs to state their commitment to consulting their employees, other nominated employee representatives and unions in managing workplace health and safety.

1.1.6

The employer needs to provide evidence* that senior management* representatives are involved in reviewing the workplace health and safety policy document/s or statement/s. This may be as simple as confirming that the policy/s or statement/s is still relevant.

Evidence of the review can be verified through, for example, meeting minutes and a re-dated and re-signed document/s.

1.1.7

The employer needs to demonstrate that the health and safety policy/s or statement/s is signed or authorised and dated by a senior management representative or officer (where applicable) who has overall responsibility for health and safety in the workplace.

Electronic signatures and/or authorisations are acceptable.

1.2.1

The employer needs to demonstrate that health and safety responsibilities are an integral part of each senior management role – as detailed, for example, in health and safety documents (e.g. a health and safety manual) or individual position descriptions.

Secondary requirements

1.1.8

The employer needs to state their commitment to continuous improvement in health and safety in the workplace.

1.2.2

The employer needs to demonstrate that “people in charge of others”* in their workplace have specific health and safety responsibilities relevant to their roles.

For example, a team manager may be responsible for investigating injury incidents, and a line manager for supporting injured employees* early and safe return to work.

Tertiary requirements

1.2.3

The employer needs to provide evidence that people in charge of others (including senior management) have had performance reviews against their specific health and safety responsibilities.

This evidence could include, for example, completed performance reviews with specific reference to health and safety responsibilities.

Note:

it is not necessary for the employer to provide the full performance review.

1.3.1

The employer needs to provide evidence that employee excellence and/or innovation in workplace health and safety is recognised. This recognition should be specific and purposeful (i.e. having a direct link to health and safety performance, innovation, etc).

The evidence could include, for example, recognition in a staff newsletter, rewards for innovative ideas, acknowledgement in meeting minutes, a notice, memo or bulletin, articles in company newsletters, and certificates or vouchers.

ELEMENT 2

Planning, reviewing and evaluation

(AS/NZS 4801:2001 Sections 4.3, 4.4 and 4.5)

Objective

The employer is able to demonstrate a systematic approach to occupational health and safety that includes a focus on continuous improvement. This involves setting objectives, developing plans and programmes to achieve objectives, regular review of progress, and evaluation of outcomes.

Introduction

Effective planning, review and evaluation will assist employers to establish a sustainable framework to develop, maintain and promote a safer working environment. The setting and monitoring of health and safety objectives that are ‘SMART*’, together with a planning framework to monitor and complete those objectives, helps to ensure that continuous improvement opportunities are identified and, where appropriate, implemented.

A well-established health and safety planning cycle that includes employee participation will help employers to ensure their health and safety management system remains current and relevant.

Primary requirements

2.2.1

The employer should have a procedure/s* for reviewing the health and safety management system in their workplace. This procedure/s may include:

- establishing the purpose and frequency of reviews
- identifying who needs to be involved (e.g. senior managers and employee or union representatives)
- defining the review’s scope and process

- evaluating recent performance information, and any new information that may affect the health and safety management system.

2.3.1

The employer needs to provide evidence that appropriate and “SMART” health and safety objectives (or targets) have been developed and documented in an action and/or management plan – and that completed items are removed and new ones added to ensure that each year’s plan remains relevant.

The objectives and action/management plan may detail:

- the allocation of responsibilities and resources
- the outcome measurement method
- the timeframe for completion
- accountability to ensure that objectives are met.

The employer should ensure an appropriate number of objectives; having too many introduces the risk that not all will be achievable, and the desired outcomes may not result.

2.3.2

The employer needs to have an established procedure/s for reviewing and updating their health and safety objectives. This procedure/s should include:

- how the review will be conducted
- the review timeframe
- the people to be involved in the review (e.g. management and employees or employee or union representatives)
- the process for setting and updating objectives.

* Please refer to the definitions on pages 68 to 77 if you require further clarification.

2.4.1

The employer needs to have a procedure/s for undertaking annual self-assessments* against the AEP audit standards that includes the involvement of “union and other nominated employee representatives”* and possibly other employee health and safety representative/s (HSR)*.

The self-assessment procedure/s may consider:

- the sites to be assessed in detail
- the participants (e.g. management, union and/or other nominated employee representatives)
- the process for undertaking the self-assessment
- a review of the findings
- responsibilities for any necessary amendments
- reporting and information dissemination
- how the self-assessment findings will be managed and any issues addressed.

Some of the elements in the audit standards can be addressed from a central point in the company. However, each work site should at least consider its responsibilities in relation to the audit standard elements of:

- hazard identification, risk assessment and management
- information, training and supervision
- incident, injury and illness reporting, recording and investigation
- employee participation in health and safety management
- emergency planning and readiness.

The other elements may also need to be self-assessed at each worksite, depending on the workplace functions and responsibilities.

2.4.2

The employer needs to provide evidence that a self-assessment has been undertaken with management and union or other nominated worker representatives every 12 months.

This can be verified through, for example, a completed AEP audit (safety management and injury management) using the audit tool, action plans, meeting minutes and signed declarations.

Secondary requirements

2.1.1

The employer needs to demonstrate how they identify and keep up to date with relevant health and safety information. The procedure may include:

- regularly checking relevant websites (e.g. WorkSafe, Ministry of Health)
- undertaking internal or external audits*
- employing internal or external health and safety specialists to respond to new or significant changes in requirements
- obtaining information from professional bodies
- attending seminars and briefings
- subscribing to relevant publications.

This requirement includes providing information on:

- how checks are scheduled
- those responsible for ensuring that checks and reviews are completed.

2.1.2

The employer needs to demonstrate that they have a procedure/s for ensuring and measuring their compliance with relevant health and safety legislation, standards, CoP, etc. This may include:

- undertaking regular informal checks
- conducting internal or external audits
- employing internal or external health and safety specialists to respond to new or significant changes in requirements
- specific timeframes for review.

2.1.3

The employer needs to provide evidence that they have reviewed their health- and safety-related

information and, where appropriate, updated, amended or replaced it.

This can be verified through, for example, meeting minutes, certification renewals, completed audits or assessments, and updates to policies or procedures in response to legislative or other changes.

2.3.3

The employer needs to provide evidence that their health and safety objectives have been reviewed, updated or reset in accordance with the procedure/s.

This can be verified through, for example, meeting minutes and evidence that the objectives were updated or reset following the review.

2.5.1

The employer needs to demonstrate that a designated employee is responsible for controlling workplace health- and safety-related documentation and information, and how this material is:

- created, reviewed, revised and approved for use
- made available for use at relevant locations
- recalled and disposed of when it becomes obsolete
- archived or retained for other reasons.

The person responsible may be for example, the manager or health and safety representative in a small organisation, and several people or managed centrally in a large, multi-site organisation.

2.5.2

The employer needs to provide evidence that health and safety information in use (e.g. manuals, safety instructions and safety data sheets [SDS*]) is current and up to date.

Tertiary requirements

2.2.2

The employer needs to provide evidence that they have reviewed the effectiveness of their health and safety management system within the previous 12

months. This review can be verified through, for example, review reports and meeting minutes.

2.2.3

The employer needs to have an established review procedure/s for relevant areas of health and safety management after:

- a notifiable event* (death, notifiable injury or illness or notifiable incident)
- any changes in work practices or systems (e.g. changes to business operations, the introduction of new machinery, or the way processes* are carried out)
- any changes in materials used (to assess changes needed in health monitoring).

The procedure/s may consider:

- the event/s or changes that would trigger a structured review
- the main contributory factors to the event/s
- whether current policies and procedures are sufficient to prevent or minimise a recurrence
- whether current employee information or training is adequate to prevent a recurrence.

2.3.4

Involving key people in the workplace in setting and reviewing health and safety objectives promotes a strong management and employee commitment to achieving those objectives.

The employer needs to provide evidence of this practice in their workplace, such as through meeting minutes and quarterly review information.

* Please refer to the definitions on pages 68 to 77 if you require further clarification.

ELEMENT 3

Hazard identification, risk assessment and management

(AS/NZS 4801:2001 Sections 4.3, 4.4 and 4.5)

Objective

The employer has implemented a method to systematically identify, assess and manage the actual and potential work hazards and risks over which the employer has authority or influence.

Introduction

Effective management of workplace* hazards and risks is central to creating a safer and healthier working environment, and can be achieved through:

- a systematic approach
- informed advice
- an understanding of the workplace and its hazards and risks
- joint accountability between the employer and employees
- consultation*, co-operation, co-ordination and communication with other PCBU's
- ongoing review and evaluation
- measured outcomes.

A systematic approach to manage workplace hazards and risks will assist to reduce the number and severity of workplace injuries and illnesses. It is important to look beyond the obvious hazards and risks and to identify and manage hazards or risks such as job design, work organisation and issues facing employees who work alone or off-site.

Primary requirements

3.1.1

The types of general and special hazards and/or risks that could be encountered in the workplace include

chemical, physical, biological, psychological and ergonomic.

The employer is to have a procedure for identifying these hazards and/or risks. This could include, for example:

- analysing work tasks, occupations and the work environment
- gathering accident and incident data
- gathering feedback from employees
- reviewing Safety Data Sheets (SDS)*.

3.1.2

The introduction to the workplace of new or modified equipment, material, services or work practices or processes can potentially lead to unidentified and unmanaged hazards and risks.

The employer needs to have a procedure/s for identifying, considering and managing the hazards or risk potential of these changes before they are introduced.

This procedure/s may include:

- the person/s to be consulted about planned changes and the information that may be needed
- the design and implementation of changes
- the impacts of changes on health and safety
- any training needed to minimise the potential for harm*
- reviews and evaluations of hazard management and/or risk assessment systems
- a formal sign-off that the procedure/s has been completed before changes are implemented.

3.1.3

The employer needs to provide evidence that they have a register (or similar) of the actual and potential

hazards and risks to employees working both on and off site. The register needs to be current and accessible to employees throughout the workplace.

3.2.1

The employer needs to have an established procedure/s for:

- identifying workers' jobs or tasks that might cause harm
- considering people's potential exposure to those hazards
- deciding how they will eliminate or minimise the risks associated with exposure to the hazards. This "risk treatment"* could include, for example:
 - avoiding the risk (stopping the activity or eliminating the hazard)
 - applying controls to minimise the risk
 - accepting the risk (with existing controls or no controls).

Note:

A fourth option is to transfer the risk to a third party, but the employer will still be responsible for the safe completion of the activity. Expert advice should be sought before making a transfer decision.

The procedure/s may include:

- how the risks associated with identified hazards are evaluated
- who needs to be involved
- how the control hierarchy is applied
- the resources available to determine the most appropriate control/s
- how findings are recorded
- how and when the hazards and associated risks are reviewed and updated
- a consideration of initial* and residual* risks.

The employer may consider, as part of the procedure/s:

- can the hazard be eliminated or removed?
- if not, can the risk be reduced so that harm is unlikely?
- is there a less risky option?
- are there different and safer substance/s or materials (e.g. glycerol acetate as an alternative to phthalate plasticisers in coatings)?
- is there a technological alternative (e.g. deep freezing instead of formaldehyde for preserving biological samples)?
- is it possible to prevent or restrict exposure to the hazard/s?
- will work reorganisation reduce exposure to the hazard/s?
- are additional resources required (e.g. SDSs)?
- are training and procedures required?
- is safety equipment required (e.g. eye wash stations, spill kits)?
- is personal protective equipment (PPE)* required?

3.2.2

The employer needs to provide evidence that completed risk assessments have considered the risk of harm and the potential consequences.

The evidence could include, for example, a report on a risk assessment covering:

- the extent of the exposure, e.g.:
 - the amount (intermittent or constant)
 - the frequency
- the potential harm as a result of the exposure, e.g.:
 - minor injuries that require first aid
 - moderate injuries that require medical treatment
 - more serious incidents requiring notifiable event reporting
 - catastrophic events that may result in multiple fatalities
- the personal and business consequences resulting from the harm.

* Please refer to the definitions on pages 68 to 77 if you require further clarification.

3.2.3

The employer should have appropriate controls for identified hazards where there is a risk of serious injury, illness or death.

If the employer has elected to manage all risks identified as serious, they should demonstrate that appropriate controls have been implemented for each hazard or risk.

3.3.1

The employer should have a procedure/s for developing controls for hazards and/or risks in the workplace.

The procedure/s may consider:

- the personnel and skill levels required to develop and implement controls
- ways to determine the most appropriate controls, considering the available expert information and resources
- the review process and frequency for the controls.

3.3.2

The employer needs to have a procedure/s for accessing specialist advice where required – such as when employees do not have the knowledge or competency to identify, monitor or manage specific hazards (e.g. hazardous substances, noise levels or set up of workstations) effectively.

The procedure/s may include information on:

- internal specialist advice available, and any gaps in knowledge or experience
- the rationale and criteria when considering an external specialist
- external specialists' specialty areas, qualifications, experience with the employer's industry type, and recent health and safety successes
- approved external specialists' contact details.
- an on-site, internal contact person who is responsible for co-ordinating the use of external specialists.

3.3.4

The employer needs to provide evidence that hazard and risk controls developed are based on appropriate internal or external specialist advice or documentation.

For example, if the workplace is a noisy environment the employer may refer to the Approved Code of Practice for Management of Noise in the Workplace 2002 and:

- arrange for detailed noise surveys by a qualified and competent person
- replace equipment with quieter models where practicable
- install sound enclosures where practicable
- provide appropriate hearing protection, training and monitoring
- have a medium- to long-term plan for further sound enclosures, and/or buying quieter equipment.

A similar approach might be used to manage other hazards and risks in the workplace environments, (e.g. temperatures, lighting, ventilation or similar).

3.3.5

The employer needs to demonstrate that risk controls have been developed and implemented for hazards with health and safety risks. They may, for example, be documented in hazard/risk registers, Safe Work Method Statements (SWMS)*, SOPs or Job Safety Analyses (JSAs)*.

Note:

The auditor will use the workplace observation to verify that the controls specified during the risk assessment have been implemented.

3.3.6

The employer needs to demonstrate that they have a formal system for issuing, renewing and maintaining safety equipment identified as risk controls.

The system may consider:

- the equipment required by each person
- the dates on which equipment is issued
- equipment servicing requirements or replacement timeframes
- how equipment is stored (e.g. breathing apparatus stored in sealed containers when not in use).

Note:

Safety equipment includes, but is not limited to, PPE.

3.3.7

The employer needs to provide evidence that hazard and risk controls have been communicated to “relevant people”, such as employees, contractors*, volunteers*, visitors and other PCBUs and their workers.

The evidence may include:

- a list of who has been informed (e.g. a visitor control system)
- induction or training records
- meeting minutes (e.g. from health and safety committee, toolbox or tailgate meetings)
- operating procedures (e.g. SWMSs, SOPs and JSAs)
- signage (e.g. hazard boards).

3.5.1

Whether or not health monitoring* is required, procedures help to ensure that the need for future health monitoring is not overlooked – for example, when new hazards are identified and need to be managed, or exposure/s occurs during a notifiable event.

The employer needs to have an established procedure for identifying:

- tasks that may require routine health monitoring

- when additional testing may be needed, such as after a notifiable event to identify: any immediate or long-term health-related issues for the affected employee/s; or whether employee-related impairment may have contributed to the event
- when exit testing* is needed. This helps to identify changes that may have occurred as a result of workplace exposure (e.g. hearing loss)
- testing frequency
- how testing is to be undertaken
- the key responsibilities of those involved

This information should then be fed into the hazard or risk management system.

As an example, the Approved Code of Practice for Management of Noise in the Workplace 2002 includes:

Employers are expected to:

- carry out preliminary noise surveys to identify possible noise hazards
- arrange for detailed noise surveys to be carried out to assess noise hazards to determine if the noise levels are a risk to workers’ health
- arrange for hearing tests (audiometry) to be carried out on all employees who work in an area with hazardous noise. This must be done by a “competent” person when an employee starts work, and at intervals of no longer than 12 months thereafter.

Similar principles can be applied to health monitoring for other physical, chemical and biological hazards, and expert advice should be considered before any decision to undertake health monitoring.

3.5.2

Where the employer has identified that health monitoring is required, they need to have a procedure/s for undertaking initial baseline testing.

The procedure/s should explain:

- the tasks that trigger a requirement for a baseline test

- any ongoing monitoring required
- how monitoring will be undertaken
- the monitoring frequency
- how to obtain an employee's informed consent
- how to protect the confidentiality of results and each employee's privacy
- how those conducting tests will notify the employer of the results
- how test results are given to employees
- how summarised test results are given to the employee representative/s
- how results are fed into the hazard and risk management system
- how health monitoring records are stored, used and disposed of and how long they are retained
- how employees can access their health monitoring information.

Secondary requirements

3.3.3

The employer needs to confirm that employees with responsibility for developing risk controls have access to relevant information (written or electronic). This information may include:

- relevant legislation (regulations)
- safe work instruments (SWIs)*
- codes of practice (CoPs)*
- standards
- good practice guidelines (e.g. WorkSafe or industry based)
- SDS.

The employer should also provide evidence that reference information is accessible to others who need it. For example, an SDS must be available to a person handling the relevant substance within 10 minutes, and some employees may need information on SOPs, SWMSs and job safety analyses (JSAs).

Note:

Although it is not a legislative requirement, it is best practice for SDSs to be revised every five years. An SDS must be updated if there is new information available on the substance, including its hazardous properties and any relevant health and safety information.

www.worksafe.govt.nz/worksafe/information-guidance/all-guidance-items/hsno/hsno-guidance-pages/safety-data-sheets

3.4.1

The employer needs to provide evidence of a formal system for reviewing their risk controls.

The system may include a review schedule prioritised by risk, so that hazards/risks with a high harm potential are reviewed more often than those with low harm potential. A comprehensive review should consider accidents and incidents.

The evidence could include, for example, review timetables, meeting minutes and updated hazard/risk registers.

Note:

A desktop review of a hazard/risk register that confirms existing controls will not meet this requirement if, for example, research or other information shows that a hazard is considered to be more harmful, or if there are new or updated engineering controls available to minimise the risk.

3.4.2

The employer needs to demonstrate that all controlled hazards are regularly reviewed through a system that allocates responsibilities for monitoring and sign-off.

3.5.5

The employer needs to demonstrate that they have a procedure/s for managing sub-optimal test results.

The procedure/s may include:

- the referral process to a medical professional
- how medical advice or recommendations are considered as part of the treatment and/or rehabilitation that may be offered to affected employees
- how affected employees will be supported, including options for future employment such as internal redeployment (if required).

3.5.6

The employer needs to have a procedure/s for feeding sub-optimal results into the hazard or risk management system.

For example, lung function tests showing a change in lung capacity may indicate that personal protective breathing equipment, and/or the use of that equipment, needs to be reviewed. This information should be investigated and fed into the hazard or risk management system to determine if a failure of controls contributed to the sub-optimal result.

Note:

It is important that testing providers supply the employer with details of sub-optimal results so that existing controls can be improved. However, consideration needs to be given to how individual privacy will be maintained (or informed consent to release information is obtained) so that testing providers provide relevant information to the employer.

3.5.7

If the employer considers that pre-employment screening is appropriate, they need to have a procedure/s for this that relates directly to the identified hazards.

Pre-employment screening may be appropriate to:

- identify if a potential employee is predisposed to developing a work-related injury or illness as a result of exposure to a particular task/s

- allow the employer to consider whether modifying the task or providing aids that would minimise the health-related risks for the potential employee
- allow the potential employee to make an informed decision about their suitability for the role.

For example, pre-employment lung function tests may be necessary for a potential employee whose role may expose them to the risk of inhalation of airborne contaminants.

Pre-employment health screening includes health surveys, self-assessments, alcohol/drug testing and role-specific fitness or medical checks.

The procedure/s may include:

- detailing the hazards or risks associated with a task (e.g. exposure to solvents for a spray-painter)
- identifying appropriate health status measures (e.g. lung function tests or sensitivity to specific substances)
- completing the required testing
- reviewing the results before an offer of employment
- considering the reasonable modifications to equipment, materials or the work environment that will be required if the individual is employed.

Note:

The pre-employment screening process should be clearly explained to potential employees, as should the hazards or risks associated with the role they are applying for.

Tertiary requirements

3.1.4

The employer needs to provide evidence that they consult all relevant or affected people about changes being introduced to the workplace.

This evidence may include:

- a record of people who were consulted
- meeting minutes or other correspondence
- project documentation
- trials of equipment
- hazard and operability (HAZOP)* studies.

3.2.4

The employer needs to provide evidence that health and safety issues and risk assessment/s have been considered as part of any design and pre-purchase decisions, and before any changes/modifications are implemented.

This evidence could include, for example, design documentation, purchasing specifications, change management reviews, completed risk assessments and health and safety sign-offs.

3.5.3

Health monitoring assessments should take place at appropriate intervals, such as:

- initial and annual lung function tests for employees working with isocyanates
- annual hearing tests for those working in noisy environments
- five-yearly environmental noise assessments.

Where the employer has identified that health monitoring is required, they need to provide evidence of completed assessments. The evidence does not need to be details of individual assessments; it could, for example, be anonymised reports from test providers.

Note:

Employee confidentiality must be maintained when individual exposures are reported.

3.5.4

The employer needs to provide evidence that employees subject to health monitoring have been given their test results.

This evidence may be provided as summarised results (e.g. the number of people tested and an overview of the results) or as individual results where individuals cannot be identified.

Note:

The auditor may also choose to verify this through employee focus groups.

3.5.8

The employer needs to provide evidence that, where applicable, pre-employment health screening tests have been completed. The evidence does not need to be details of individual assessments; it could, for example, be reports from test providers.

ELEMENT 4

Information, training and supervision

(AS/NZS 4801:2001 Section 4.4)

Objective

The employer will ensure all employees are informed of their own responsibilities and the responsibilities of all other relevant parties for health and safety when working. The employer will ensure that employees have specific knowledge, skills and the appropriate information, training and supervision with respect to the hazards and risks to which they are exposed.

Introduction

Relevant and current processes to inform, train and supervise employees will help to ensure that employees are equipped to undertake their roles and tasks in a way that maintains their health and minimises the potential for injury to themselves and their colleagues. This will assist the employer to meet legislative responsibilities, and will also encourage informed, joint involvement in health and safety issues and clearly demonstrate the employer's commitment.

Primary requirements

4.1.1

The employer needs to provide evidence that health and safety induction training is provided for all new employees and employees transferring to a new work environment, role or task.

The induction content should be determined by each employee's exposure to particular hazards and/or risks. For example:

- every new employee should, before they start work, be given the necessary safety training and

information on emergency procedures relevant to their work area

- an employee may be able to start work safely under supervision while waiting for a group training session that is part of a regular cycle of health and safety information.

4.1.2

The employer needs to demonstrate that staff health and safety inductions take place and cover the relevant requirements in the audit standards. This can be demonstrated with, for example, induction training records signed by employee and trainer.

4.2.1

The employer needs to provide evidence that, as well as providing training and information on general health and safety requirements, they have identified the training required for specific roles, tasks or work areas. This evidence could include, for example, a training needs analysis that identifies the need for training in chemical handling or using specialised equipment.

4.3.1

The employer needs to provide evidence that employees undertaking tasks that require specific training have completed that training. This could include, for example:

- evidence of competency training for confined space entry, licences for heavy vehicle driving, and certificates and authorisation to operate forklifts
- evidence that training delivery has been adjusted to meet the needs of employees who are not fluent in the common language or workplace jargon, have low literacy levels or have impaired hearing or vision.

4.3.2

The employer needs to provide evidence that employees required to use role-specific PPE and clothing have been trained to use, maintain, store and replace them. The evidence could include, for example, training in:

- the use and storage of respirators
- the maintenance and pre-use checks of safety harnesses
- relevant emergency procedures associated with the use of PPE (e.g. for those using safety harnesses when working at height).

4.3.3

The employer needs to provide evidence that employees required to use task-specific safety equipment have been trained to use and maintain it. The evidence could include, for example, training in:

- the use and storage of tripods for confined space entry
- the care and use of rescue boats
- the calibration, use and storage of gas monitoring equipment
- the care and use of communications equipment.

Where appropriate, training should include emergency response procedures.

4.4.1

The employer needs to demonstrate that anyone involved in leading hazard identification and/or risk management in the workplace has the specific knowledge and/or experience to undertake this role, so that hazards are identified and risks assessed appropriately.

This may be verified through, for example, training records and confirmation of previous experience.

4.5.1

If the employer has internal trainers, the employer needs to provide documented evidence of the selection criteria. These may include each trainer's:

- qualifications, expertise and experience
- knowledge of the workplace and its associated hazards and risks
- location (if multi-site or a large site)
- availability (i.e. can the trainer be "released" from their duties to train?).

4.5.2

Where the employer has external trainers, they need to provide documented evidence of the selection criteria. These may include each trainer's:

- ability to meet the employer's particular training needs (e.g. the professional skills that are required)
- qualifications, expertise and experience
- industry knowledge
- location, accessibility and cost.

4.6.1

The employer needs to demonstrate that only appropriately qualified/experienced people supervise employees/workers undergoing on-the-job training. The selection criteria for the supervisors may include:

- the skills and competencies required to supervise particular tasks
- how experience and skills will be assessed
- who should carry out assessments.

4.7.1

The employer needs to provide evidence that they have identified the training needs of all employees with designated health and safety roles and/or responsibilities.

The identified training needs may cover topics such as:

- injury prevention
- hazard identification and risk assessment

- incident investigation
- injury management
- the duties and responsibilities of health and safety representatives.

Training may be a combination of in-house and external courses, based on the employer's needs.

4.9.1

The employer needs to demonstrate that they keep training records (or similar) for people with specific roles in emergency situations.

Secondary requirements

4.3.4

The employer should demonstrate that they have, and have assigned management responsibility for, a reminder or bring-up system to identify staff who need to maintain licences, qualifications, certificates and/or specific training.

Reminders from external organisations (e.g. first aid providers, driver training) may form part of the employer's bring-up system.

4.5.3

The employer needs to provide confirmation of the skills, experience and/or qualifications of any trainers. This may include, for example, copies of certificates, qualifications or licences, or statements/records of experience.

4.6.2

The employer needs to provide evidence that employees are supervised while undergoing on-the-job training to ensure that they are not harmed or cause harm to anyone else.

This evidence may include, for example, training records signed by both the supervisor/s and the trainee/s.

4.9.2

The employer needs to provide evidence that designated employees have received (internal

or external) refresher emergency training in the previous 12 months.

This evidence may be, for example, certificates, records of attendance or meeting minutes.

Tertiary requirements

4.3.5

The employer needs to provide evidence that employees have demonstrated:

- that they understand the hazards and risks of their work
- their competence in using any controls that have been implemented to minimise the risks (e.g. the correct use of machine guarding systems).

This may be demonstrated through training records, assessments and individual verifications.

4.4.2

The employer needs to provide evidence that people involved in leading hazard identification and/or risk management have received specific training, or increased their experience, within the previous 24 months.

This evidence can include:

- training records
- certificates
- records of attendance at seminars and workshops
- records of participation in reviews of hazard and risk management systems or processes, and hazard and risk studies (e.g. HAZOPs, Bowtie analysis).

4.7.2

The employer needs to provide evidence that employees and their representatives with health and safety roles and/or responsibilities have received training or refresher courses relevant to those roles.

This evidence can be, for example, training records, certificates and meeting minutes. Training may be on the job, as well as in-house and external courses.

4.8.1

The employer needs to provide evidence that all leaders are kept up to date with health and safety information, and any changes in legislation, applicable to their workplace and individual management positions.

This evidence can be, for example, records of attendance at health- and safety-related conferences or seminars, and involvement in specific health and safety training or updates, within the previous 24 months.

4.9.3

The employer needs to provide evidence that designated employees have received specific emergency training for situations outlined in the employer's emergency plan/s. This training is of a more specific nature than for a general emergency response (see Element 7.1.1).

The training could cover, for example:

- hazardous substance spills in the manufacturing industry
- responses to unwelcome visitors in residential and childcare facilities
- medical emergencies on remote farms
- rescues from heights or confined spaces in the construction industry
- responses to motor vehicle accidents for truck drivers
- responses to aggressive customers for retail or general office employees.

It can be verified through, for example, internal and external training records and records of training exercises.

ELEMENT 5

Incident and injury reporting, recording and investigation

(AS/NZS 4801:2001 Sections 4.4 and 4.5)

Objective

The employer has effective reporting, recording and investigation systems to ensure work-related incidents, injuries and illnesses are reported and recorded, and the appropriate investigation and corrective actions are taken. This includes all “near miss” or “near hit” events that might have harmed any employee during the course of their work.

Introduction

Systems to report and record events such as:

- incidents
- injuries
- near miss or near hit
- early reports of gradual process injuries or discomfort
- sub-optimal results from occupation “health monitoring”

are essential to understand workplace risks, and for the successful prevention and management of harm. Employers need to carry out an investigation following a reported event.

Investigating events enable employers to take corrective action to prevent similar events in the future. Investigating near miss, or near hit, events provides employers with an opportunity to assess the frequency and likely impact of these events so that preventive measures can be implemented before anyone is harmed.

Primary requirements

5.1.1

The employer needs to have a procedure/s for recording and notifying workplace injuries, illnesses and incidents that considers:

- how the employer defines “incident”, “illness” and “injury” for internal reports for both notifiable and non-notifiable events.

Note:

Non-injury incidents are also known as near-miss or near-hit events.

- the definition/s of a “notifiable event” (i.e. a death or a notifiable illness, injury or incident that occurs as a result of work)
- responsibilities (e.g. for immediate response, scene management)
- reporting lines to ensure that notification occurs (including a back-up person or position in case of leave or absence)
- internal and external reporting timeframes for regulators and any other relevant parties
- reporting method/s
- the requirements of 5.1.2 (report forms) and 5.1.3 (notification of the regulator).

The employer should:

- consult the WorkSafe website (or another regulatory agency* if relevant) for information on the events that are required to be notified
- report all notifiable events to WorkSafe NZ (or another regulatory agency, if relevant) as soon as possible.

* Please refer to the definitions on pages 68 to 77 if you require further clarification.

A notifiable event is a:

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

Note:

Sub-optimal results from health monitoring may also be considered a notifiable injury or illness. Advice should be sought from WorkSafe NZ, or other regulatory agency, to determine if notification is required.

5.1.2

The employer needs to ensure that:

- workplace injury, illness and incident report forms (employer specific or for the relevant regulatory agency) are readily available throughout the workplace
- all employees know how to access the forms and (where appropriate) how to complete them.

Where harm has or could have occurred (i.e. near miss/ near hit), the employer needs to provide examples of completed report forms. Injury forms may also be known as “accident” forms, and incident forms may be known as “near miss” or “near hit” forms.

5.1.3

Where a “notifiable event” has occurred, the employer needs to provide documented evidence that WorkSafe (or another regulatory agency if relevant) was notified.

Records of notifiable events must be kept for at least five years (HSWA Section 57).

5.2.1

The employer must have a procedure/s for explaining how incidents will be investigated.

The procedure/s may include:

- how to determine the incidents that require investigation

- the purpose of an investigation (e.g. determination of root causes)
- designated investigators and other relevant roles
- the experience and/or qualifications required for people leading investigations
- how investigations will be undertaken, by whom, when and within what timeframes
- the role of the injured person, witnesses and any other people relevant to an investigation
- the evidence needed for an investigation
- how to access further information or specialist knowledge if required
- the links from the investigation process to hazard and risk management
- how investigation results are reported to senior management and employees.

5.2.2

Where incidents and injuries have been reported, the employer needs to provide evidence that investigations have been conducted and completed.

It is good practice for investigations to identify the contributing hazards/risks and root causes. There are a number of tools and techniques to help employers do this (e.g. 5 Whys, Fishbone, Bowtie).

Note:

“Not applicable” can only be used where there have been no reported and/or recorded events.

5.3.1

The employer needs to have a procedure/s for explaining how corrective actions are identified, managed and implemented. It may cover:

- the responsibilities for identifying and implementing corrective actions
- determining the best response based on the significance of any health and safety failure
- the expertise and resources required

- the immediate, temporary and permanent controls to be applied or modified
- the timeframes for developing and implementing corrective actions
- how the corrective actions will be communicated to relevant parties
- requirements for the approval of corrective actions and sign-off on completion.

5.3.2

The employer needs to demonstrate that any hazard- or risk-related issues identified during an investigation are fed into hazard and/or risk management processes to ensure that controls are reviewed and required changes are implemented and monitored.

Secondary requirements

5.3.3

The employer needs to provide evidence that affected employees and/or other relevant parties are made aware of any corrective actions. This can be verified through, for example, health and safety alerts, memos, reports and notices.

5.4.1

Through reviewing collated incident data, an employer can gain an understanding of the injury potential in all work areas, identify trends and prioritise injury prevention initiatives and resources.

The employer needs to have a procedure/s for collating and reviewing this data. It may identify:

- the frequency of reviews
- the managers and employees who should be involved in the process
- the information that should be collated (e.g. causation, injury type, body part, day of week, time of day, hours since starting work)
- how the information should be presented or displayed (e.g. by worksite, injury type)
- the criteria for follow-up after the data review

- the responsibilities for any follow-up action/s
- the reporting requirements for senior management.

5.5.1

Employers need to have a procedure to support early intervention* strategies following a report of pain, discomfort or injury. The procedure should include:

- responsibilities of the employer
- responsibilities of management
- responsibilities of the reporting employee (the employee with the pain, discomfort or injury) and, where applicable, responsibilities of employee health and safety representatives and/or union representatives
- the injured employee's rights to union or other nominated employee representation
- how alternative duties* are identified and used.

5.5.2

The employer needs to provide evidence of management of the early reports of pain, discomfort or injury.

This may be verified by completed assessments and/or investigations of the reports and action plans to assist the employee, change of work practices and modification of work equipment.

5.5.3

Employers need to provide evidence employees are informed of the procedures to report discomfort, pain and injury e.g. annual notifications, memos, posters, or similar regular employee communications).

Tertiary requirements

5.3.4

The employer needs to provide evidence that corrective action has been taken as the result of an investigation. The evidence may include:

- procedural changes
- changes in materials used

* Please refer to the definitions on pages 68 to 77 if you require further clarification.

- amendments of risk controls
- further injury prevention measures
- decommissioning of old equipment
- purchases of new equipment
- additional training or information.

5.3.5

The employer needs to demonstrate that senior management are involved in the results of investigations of notifiable or other significant events.

In some cases senior management representatives lead or take part in investigations. Where this is not usual practice, the investigation results (and proposed corrective actions) should be reported to, and agreed by, senior management.

5.4.2

The employer needs to conduct annual reviews of their incident and injury data to:

- identify trends
- provide information to managers and employees that can be used in injury prevention initiatives.

This can be verified through, for example, meeting minutes and communications with management and employees.

5.4.3

The employer needs to provide evidence that the results of data analysis have been communicated to managers and employees. This could include management meeting minutes/reports, staff communications, team briefings and health and safety meeting minutes.

In some circumstances it may also be appropriate to share this data with other PCBU's.

5.4.4

The employer needs to provide evidence of proactive initiatives that seek to minimise hazard and risk factors and/or improve employee health and safety.

Proactive initiatives may include:

- seasonal variation management (e.g. through work hardening programmes for shearers, driver training in winter, fatigue management related to daylight saving changes, and education for workers to manage sleep deprivation)
- employee pre-start exercise programmes
- hazard and risk controls that exceed regulatory minimums
- health and wellness programmes based on employee demographics
- in-house promotion of national programmes (e.g. Road Safety Week where some employees drive company vehicles).

Note:

Placing posters on walls is unlikely to be considered proactive. The expectation is that employees are engaged in the activity.

5.4.5

Where trend analysis has identified the need or opportunity for (new or reactive) injury prevention initiatives, the employer needs to provide evidence that appropriate initiatives have been implemented.

For example, analysis results could indicate the need for:

- a change in work systems (e.g. layout or design)
- an update or change in processes
- additional training or workshops (e.g. in manual handling)
- new or updated equipment
- replacement of materials with less hazardous properties.

ELEMENT 6

Employee participation in health and safety management

(AS/NZS 4801:2001 Section 4.4)

Objective

The employer will ensure that their employees have on-going opportunities to participate and be represented in the development, implementation and evaluation of safe and healthy workplace practices.

Introduction

Health and safety works best when there is input from, and accountability between:

- management
- employees and their representatives
- other businesses or undertakings, key people or interest groups in the workplace.

There needs to be a recognised framework for communication of health and safety interests. Whatever the framework looks like, it should include management, employees and/or their representatives, and other PCBU's. It should provide communication channels so that relevant information is available to the whole workplace. Employers must provide opportunities to share feedback with employees about workplace safety practices, health and safety information and initiatives, and any concerns.

Where an employer has many work areas and multiple sites, feedback must be managed in such a way that there are opportunities for employee participation throughout the business. A multi-tier structure, e.g. local, regional and national health and safety meetings may be appropriate.

Primary requirements

6.1.1

The employer needs to have a procedure/s that explains how employees are involved in developing, monitoring and reviewing health and safety issues.

The procedure/s may include:

- how to determine who will be involved – the election, selection or endorsement processes
- responsibilities
- methods to encourage employee participation
- term in the position and timeframes for election or selection
- types of engagement between management and employees (e.g. formal health and safety, toolbox, tailgate or start-up meetings) and their frequency
- an agreed process for raising or escalating issues of concern
- how information will be communicated to other employees.

The procedure/s should accommodate situations where there are more nominations received than the number of representative positions available (e.g. formal elections). Alternatively, volunteers may be sought or existing representatives endorsed.

6.1.2

If formal elections are not held, the employer needs to be able to demonstrate that the representatives have been endorsed by employees in the work areas they represent. For example, in a workplace of 40 employees:

- three people volunteer to be on the health and safety committee and the manager asks a further three to take part

- the employer posts a list of the six “nominated” employee representatives on the staff noticeboard and the intranet, and invites comments and feedback within a two-week period. The notice states that if no comments or feedback are received by the end of the two weeks, this will be taken to mean that the “nominated” representatives have been endorsed
- at the end of the two weeks, no comments or feedback have been received and the employer posts a memo on the noticeboard and intranet, stating that the six nominees are now official employee representatives.

6.2.1

The employer needs to provide evidence that health and safety forums occur at least quarterly. This can be verified through, for example, meeting minutes.

Secondary requirements

6.2.2

The employer needs to provide evidence of ongoing opportunities for management and employee representatives to be involved in injury prevention and (where applicable) injury management.

This evidence could include, for example, planning documentation or meeting minutes.

Tertiary requirements

6.1.3

The employer needs to provide evidence that there has been at least annual consultation with employees and union/s or other nominated employee representatives, on the development, monitoring and review of the health and safety policy/s, processes and performance.

This can be demonstrated through, for example, meeting minutes.

ELEMENT 7

Emergency planning and readiness

(AS/NZS 4801:2001 Section 4.4)

Objective

The employer has emergency plans in place to prepare and respond to potential emergency situations that may occur within any part of the employer's operation.

Introduction

Effective and reliable emergency planning and responsiveness will ensure the employer is able to provide the best possible protection for all those in the workplace in the event of an emergency. Employee involvement in emergency planning, training, testing and review is an important part of protecting both people and assets, and provides assurance that information from all areas of an organisation is considered in ongoing planning and continuous improvement.

Primary requirements

7.1.1

The employer needs to provide evidence that they have identified and considered the types of emergency situation that may be relevant to their particular workplace/s.

The evidence could include a consideration of:

- chemicals handled by the business
- the activities of neighbouring organisations (e.g. ammonia leak from a neighbouring processing plant)
- earthquakes
- how to respond to a situation where an employee becomes seriously injured while working alone, in a confined space, or working at height.

Note:

An evacuation of the workplace may not always be the most appropriate response for dealing with an emergency, so an evacuation plan alone will not meet this requirement. For example, containment of the situation, rather than evacuation, may be the most appropriate response.

7.1.2

The employer needs to provide evidence that they have considered emergency services' requirements. The evidence may include:

- site access protocols
- communication requirements
- evacuation procedures* or evacuation schemes*
- Hazardous Substances and New Organisms (HSNO)* emergency plans.

Note:

- if a fire evacuation scheme is required, the employer will need to have the fire evacuation scheme approved by the New Zealand Fire Service
- an employer with a large amount of hazardous substances may need to have a written emergency response plan (refer to the HSNO Act and regulations) that covers all the potential emergencies and is practised with staff. It may also be necessary to send a copy of the plan to the local New Zealand Fire Service area manager.

* Please refer to the definitions on pages 68 to 77 if you require further clarification.

7.2.1

The employer needs to provide evidence that employees and other relevant parties have received information on, and training and instruction in, emergency responses. This evidence could include:

- signed induction records
- other training information
- signage in the workplace/worksite.

7.2.2

The employer needs to provide evidence that employees know and recognise emergency responders* and other designated employees.

This evidence could include:

- an up-to-date list of emergency responders or designated employees (photos optional) that is readily available or visible in the workplace
- visual indicators that identify emergency responders or designated employees, such as workstation signs, badges, hats, uniforms or armbands.

7.3.1

The employer needs to provide evidence of emergency evacuation drills of no greater than six months apart, such as through drill records and meeting minutes.

Where the employer has shifts they need to provide evidence that all shifts have been part of the drills; this is to ensure all employees are aware of evacuation procedures. An example is the April drill covered day shift the October drill covered night shift.

Note:

If the employer occupies only one part of a building or site, and evacuation drills are not undertaken by the building or site owner at least six monthly, the employer needs to instigate evacuation drills to cover their own employees, regardless of the size of the company or who has control of the building or site.

7.5.1

The employer needs to provide evidence that they have assessed the number and availability of first aiders, and the type and quantity of first aid equipment.

This evidence may include a consideration of:

- work locations, sites, or areas, and mutual aid or support from neighbouring businesses or undertakings
- the injury potential for tasks undertaken at work locations, sites or areas (e.g. minor cuts or abrasions vs more serious wounds, lacerations, burns, etc.)
- work hours, including regular overtime or seasonal variations
- shift patterns
- back-up cover for first aiders during absences.

7.5.2

The employer needs to provide evidence that, having identified the requirements:

- first aid kits and any specialised items required for those kits have been purchased, installed or distributed
- first aiders are in place and have been trained. Training includes, where relevant, the use of any specialised first aid equipment appropriate to the area (e.g. an automated external defibrillator)
- stocktake and refill processes have been established and implemented.

Note:

- the number of trained first aiders needed will depend on the hazards and risks in the workplace, the number and location of employees and the distance of the workplace from medical services
- the contents of first aid kits must take account of the circumstances, hazards and risks of the workplace.

Secondary requirements

7.4.1

The employer needs to provide evidence of a review undertaken after the activation of emergency response procedures (including drills). The review should include feedback from the designated employees, emergency responders and, where appropriate, other people.

This requirement may be demonstrated by, for example, meeting minutes.

7.4.2

The employer needs to provide evidence that, where areas for improvement were identified after an emergency response, the relevant procedure/s and plans were updated.

7.6.1

The employer needs to provide evidence that they have assessed the need for emergency equipment for identified emergencies. Items considered could include, for example:

- a rescue tripod for confined space entry
- spill kits
- fire extinguishers
- civil defence cabinets.

Tertiary requirements

7.3.2

The employer needs to provide evidence that the documented emergency response plan has been tested at least every 24 months, to ensure that employees remain aware of how to react in emergencies that do not necessarily require evacuation.

The employer should consider their own experience and where similar emergencies have occurred, either in their location or in their industry. The emergency scenarios should be relevant to the employer's business, for example:

- rescue at heights or from confined spaces in the construction industry
- medical emergencies on remote farms
- hazardous substance spills in the manufacturing industry
- responses to unwelcome visitors in residential and childcare facilities
- armed robberies in the retail sector
- testing emergency responses for remote/isolated worker/s.

7.6.2

The employer needs to provide evidence that, having identified the required equipment:

- it has been purchased, installed or distributed
- schedules to check the equipment is still in place, and current, have been established and implemented.

ELEMENT 8

Ensuring the health and safety of employees and others in the workplace.

(AS/NZS 4801:2001 Section 4.4)

Objective

The employer can demonstrate, so far as is reasonably practicable*, that work being undertaken does not pose a health and safety risk to workers or other people. The same obligations apply to workplaces under the control of the employer.

Introduction

Almost all workplaces will have some interaction with workers who are not employees (e.g. contractors and service providers). This may vary from intermittent and/or limited interaction, e.g. couriers or one-off maintenance contractors, to regular interaction, e.g. cleaning contractors.

The key questions an employer should consider in determining whether other workers need health and safety induction and management are:

1. What is the nature of the interaction other workers (e.g. contractors) have with employees and other people (e.g. visitors and volunteers)?
2. Does anything that other workers do, or not do, have the potential to harm themselves, employees or other people?
3. What monitoring of on-site work is required that is appropriate to the risk, size and scale of the work being undertaken?

Primary requirements

8.1.1

The employer needs to demonstrate that a procedure/s is in place that shows how they consult, co-operate and co-ordinate with other PCBU/s

on health and safety activities where there are overlapping health and safety duties*.

The procedure/s may consider:

- how to determine who will be involved
- the relevant responsibilities
- meeting frequency
- consultation methods
- reporting requirements
- communicating agreed responsibilities and actions
- steps to be taken in situations such as an emergency or a notifiable event.

8.2.1

The employer needs to demonstrate that they have a procedure/s for inducting other PCBU's workers and other people.

The induction procedure/s may cover:

- who will undertake inductions
- who will be inducted and when
- the levels of induction required, taking into account:
 - areas to which the people will have access
 - the nature of the work being undertaken
 - hazards and risks already present in the workplace
 - hazards and risks introduced as a result of the work activity
 - the amount of contact with employees or other people
- the content of the induction.

For example:

- a one-off maintenance contractor may receive a brief induction and be accompanied throughout their time on-site
- a maintenance contractor who visits the workplace weekly may be managed through specific health and safety contract requirements, a more comprehensive induction, and regular or ad-hoc monitoring by the employer.

8.2.2

The employer needs to demonstrate that a designated employee/s is responsible for inducting and managing other workers.

This will help to ensure that the induction process is co-ordinated and consistent, and may be documented in, for example, a job description or health and safety procedures.

8.2.3

The employer needs to provide evidence that relevant information has been exchanged during inductions of other workers, and that induction records have been signed off by those workers (and, where appropriate, their employer/s).

The exchange of relevant information may include:

- confirmation of competency, e.g. trade certification or safety passport
- plans for work to be carried out
- SWMSs
- JSAs
- SOPs.

Induction records should include any hazard/risks (and their relevant controls) that were present or introduced to the worksite.

Where other workers are not used, this element may be marked as “not applicable”.

8.6.1

The employer should have a procedure/s for monitoring and reviewing other PCBU/s, even when no PCBU/s undertake work on their behalf.

The procedure/s should describe how the employer will assess a PCBU’s practices and processes against agreed health and safety responsibilities. The procedure/s may include, for example:

- the purpose and frequency of monitoring and reviews
- the person responsible for monitoring and reviewing the PCBU
- anyone else who needs to be involved (e.g. senior managers or employee representatives)
- what monitoring and review will cover and how they will be undertaken
- a consideration of recent performance information (e.g. event reports and investigations, or safety observations)
- reporting requirements (e.g. to senior management or feedback to the PCBU being monitored).

Secondary requirements

8.1.2

The employer needs to provide evidence that, where there are overlapping health and safety duties, other PCBU/s have been consulted and communicated with. The evidence may include:

- contracts (detailing health and safety responsibilities)
- hazard reviews
- minutes of planning/scoping discussions
- minutes of, for example, start-up, toolbox, milestone/review and close-out meetings.

Note:

“Where applicable” applies whenever the employer undertakes work with another PCBU. “Not applicable” can only be applied when the employer has no overlapping health and safety duties with other PCBU/s (or their workers).

8.3.1

The employer should have documented selection criteria for PCBUs, even when no PCBUs are used to undertake work on their behalf.

The selection criteria may cover, for example, a PCBU's:

- experience in the industry
- certification or conformance with a recognised standard/s
- processes for identifying hazards/assessing risks
- processes for incident reporting and investigation
- history of serious harm and/or notifiable event reporting
- demonstration of staff training, capabilities and competence
- emergency plans
- references/testimonials.

8.4.1

The employer needs to provide evidence that any PCBUs they engage to undertake work are given clear information on their health and safety responsibilities and expectations.

The evidence may include, for example:

- formal contracts
- memoranda of understanding
- work/purchase orders
- agreed risk controls
- work standards
- performance measures.

8.6.2

The employer needs to provide evidence that they monitor other PCBUs' health and safety performance. For example, they may verify that a PCBU is conforming with agreed risk controls, work standards or performance measures.

The evidence can include, for example:

- meeting minutes
- site-inspection reports

- completed checklists
- documented feedback from employees.

8.6.3

Where a PCBU has reported incidents, harm or potential hazards or risks, the employer needs to provide evidence that the information has been fed into their hazard and risk management system.

This can be demonstrated through, for example:

- updated hazard or risk registers
- incident and injury reports and investigations
- input into start-up and toolbox meetings
- site hazard identification or risk assessments
- close-out meetings on completion of work
- safety alerts
- revised or updated JSAs.

Tertiary requirements

8.3.2

The employer needs to provide evidence that any PCBUs have been assessed against their selection criteria.

The evidence could include, for example, completed assessment forms or assessments of:

- records of staff training/certification
- emergency plans
- SWMSs, JSAs, SOPs and site-specific safety plans (SSSPs)*.

The evidence should confirm that the employer has verified that the PCBU or their workers (including any sub-contractors) have current and appropriate qualifications for any required work. For example, the employer may require a PCBU to supply a signed declaration that they and their workers:

- have current and appropriate qualifications to undertake the agreed work
- will work according to the workplace health and safety guidelines.

8.5.1

The employer needs to provide evidence that, when they are working with or alongside other PCBU's (e.g. at a shared worksite), all parties have clear information on, and understand and act according to, their health and safety responsibilities. These could include, for example, responsibilities to:

- reduce the risk of harm from any work undertaken
- manage hazards and risks
- respond effectively to emergencies
- report incidents and harm
- abide by all health and safety requirements.

The evidence may include:

- formal contracts
- memoranda of understanding
- operating procedures
- SSSPs or similar
- meeting minutes (e.g. from daily start-up and toolbox meetings)
- internal audits.

8.6.4

The employer needs to provide evidence that annual and/or post-contract evaluations include reviews of the PCBU/s' health and safety performance, in order to identify areas for improvement. The information reviewed may include incident and injury data reported by the PCBU/s and health and safety monitoring reports.

The evidence may include, for example, annual and/or exit interviews and completed checklists of health and safety performance.

ELEMENT 9

Workplace observation to confirm systems in action

Objective

There are a number of systems-related requirements that need to be observed at each audited site. This will provide some indication of how the documented systems work in practice. (NB: This is NOT a detailed site inspection and should not be relied on to satisfy legal compliance with other health and safety obligations.)

Primary requirements

9.1.1

The employer needs to demonstrate that they record hazards, risk assessments and risk controls through, for example:

- a hazard register or hazard board
- a risk register
- SWMSs or SOPs
- SSSPs
- permits-to-work.

Note:

The auditor may also comment on any hazards that have not been identified that could give rise to reasonably foreseeable risks to health and safety.

9.1.2

The employer needs to provide evidence that they have implemented controls for at least the five hazards and risks selected by the auditor. Other hazards and risks may also be observed.

9.1.3

The employer needs to demonstrate that safety information is available and current, for example:

- SDS must be available to a person handling a substance within 10 minutes, and be current, i.e. less than five years old
- health and safety noticeboards
- posters, hazard boards and other signage
- SWMS or SOP
- SSSP.

9.1.4

The employer needs to demonstrate that event reporting forms for injuries, illnesses and incidents are readily available. These may be in any appropriate format e.g. hard copy, electronic.

9.1.5

The employer needs to demonstrate that, if required, employees, other workers and site visitors have access to PPE such as:

- high-visibility clothing
- safety boots
- safety glasses
- hearing protection
- hard hats.

9.1.6

The employer needs to demonstrate that any PPE used is appropriate for the work and the worksite. It could include, for example:

- hearing protection in a noisy environment
- high-visibility clothing where vehicles are in use.

9.1.7

The employer needs to demonstrate that restricted work areas are clearly identified with, for example:

- signage
- painted lines
- barriers or cones
- restricted access/entry.

9.1.8

The employer needs to demonstrate that they have appropriate escorting and sign-in/out processes, for example:

- upon arrival/departure
- for restricted areas of work.

9.1.9

The employer needs to demonstrate that emergency evacuation procedure information is readily available, for example, signs and posters.

9.1.10

The employer needs to demonstrate that emergency exits, routes and assembly points are clearly identified and unobstructed. Evidence of this could include, for example:

- easy-to-identify emergency exits
- emergency pathway lighting
- unobstructed internal and external exit points
- ensuring that emergency exits are not locked, barred or blocked, to prevent any of a building's occupants leaving the building.

9.1.11

The employer needs to demonstrate that emergency equipment is clearly identified, unobstructed, well maintained and (where applicable) has current certification. This applies to, for example:

- fire extinguishers
- fire blankets
- fire hose reels
- sprinkler systems
- automatic smoke-stop doors.

9.1.12

The employer needs to demonstrate that first aid equipment and facilities are adequate, available and maintained. This could include providing, for example:

- first aid kits appropriate for the risks of all work areas
- eye wash stations/safety showers.

Note:

The employer should refer to WorkSafe's first aid equipment requirements for guidance.

Injury management practices requirements

The employer will:

- Demonstrate clearly an established, systematic approach to claims administration and case management.
- This means from the time of injury, the employer will provide seamless support to enable an injured employee to either remain at work safely, return to work early, or achieve maximum independence.
- Ensure there is regular monitoring and review of injury management to determine whether the audit standards are being met and maintained and to encourage continuous improvement towards better practice.

An integrated injury management system will provide feedback into robust injury prevention initiatives and should be able to demonstrate a reduction in the human and economic impact of workplace injuries.

The injury management standard covers two main areas:

- Claims management and administration.
- Case management and rehabilitation*.

Satisfactory conformance with all primary level questions in the injury management section is required for an employer to achieve AEP accreditation.

This standard can be achieved either solely by the employer or in conjunction with a provider of third party claims and rehabilitation services.

An Accredited Employer may subcontract (with the prior agreement of ACC) any part of either the claims administration or rehabilitation management.

If a third party is subcontracted to the employer, their participation in the audit process will be noted and

the employer will receive confirmation from ACC of the approval of the use of the selected TPA.

If a TPA is used, it remains the final responsibility of the employer according to The Agreement to ensure that the AEP standards are met and maintained.

Elements

There are 11 elements in the injury management portion of the audit standards. These follow on from elements one to nine in the safety management practices section. Each element has varying numbers of primary, secondary and tertiary verifications that need to be met. These elements cover essential sections in managing workplace injuries under the programme, and provide a framework for building successful and sustainable injury management practices.

The eleven elements are:

10. Cover decisions
11. Entitlements
12. File management
13. Administration and reporting
14. Disputes management
15. Development of rehabilitation policies, procedures and responsibilities
16. Assessment, planning and implementation of rehabilitation
17. Rehabilitation outcomes, return to work and follow-up procedures
18. File reviews and case studies, confirmation of safe systems and injury management in action

19. Case study interviews
20. Focus group interviews, confirmation of safe systems and injury management in action.

No additional guidance has been provided for elements 18–20.

What if I have more questions?

You are welcome to contact your Business Customer Solutions Partner or email us at **aepqueries@acc.co.nz** if you need any further information.

ELEMENT 10

Cover decisions

Objective

The employer will demonstrate a procedure/s for making workplace injury cover decisions that complies with the legislation and includes review rights.

Introduction

Employers are required to have processes and procedures in place to make robust cover decisions according to The Act. Access to appropriately qualified and experienced staff with the expertise to make workplace injury cover decisions will ensure that the statutory rights and entitlements of injured employees are protected and provided for. This will enable employers to be assured that they are managing their responsibilities in accordance with The Act, The Framework and the AEP audit standards.

Primary requirements

10.1.1

The employer needs to have a documented procedure that details how they (or the subcontracted TPA) lodge work injury claims. This procedure may refer to the steps involved in claim lodgement such as:

- the form on which claims can be lodged
- the mandatory information required on an Injury Claim Form (ACC45) to enable a claim to be lodged (for example, the injured person's name, date of birth, description of accident, injury diagnosis)
- the electronic lodgement of ACC45s (where applicable) and how these are processed
- the timeframes for an employee to lodge a claim

- how a claim is registered
- responsibility for claim lodgement (for example, the Accredited Employer or a TPA)
- the computer system or method of lodgement that is used
- timeframes for each part of the procedure
- who does what in the process (for example, the person or position responsible for each step of the process).

For employers using a TPA, the procedure should also detail how an ACC45 received directly by the employer will be forwarded to the TPA for lodgement. Timeframes for forwarding ACC45s to the TPA should also be included.

Note:

The date of claims lodgement is the date a completed ACC45 is received by the Accredited Employer (or has been received by ACC). The date of lodgement refers to the beginning of the period for the purposes of determining cover. Because there are strict timeframes for making cover decisions, it is important that an accurate record of the date an ACC45 is received is maintained and can be demonstrated if required.

As an Accredited Employer is often aware of an injury well before an ACC45 is received, the date of injury notification* is the date the employer (or TPA) first becomes aware of an injury to an employee. For example, this may be through receipt of incident or injury reports or verbal notification from the employee.

10.2.1

The employer needs to have a procedure to determine whether a claim meets the criteria to

be accepted as a work-related personal injury (in accordance with Sections 28 and/or 30 of The Act). This may be in the form of a checklist (or similar) that considers factors such as:

- was the injury suffered while the person was at any place for the purpose of employment?
- was the injury suffered during a meal break or rest at the employee's place of employment?
- was the injury suffered while travelling to, from or between places of employment?
- the activities the person was engaged in at the time of the injury.

Where an Accredited Employer uses a TPA to assist in making cover decisions, the procedures should verify how feedback from the employer (such as injury reports or verbal feedback from the manager) is considered in the final decision-making process.

It is important that the procedure also refers to the timeframes for making cover decisions on work injury claims (refer to Sections 56 and 57 of The Act). If a cover decision is not made within the legislative timeframes, a decision is deemed to be accepted.

Note:

The ACC scheme is a no-fault scheme, which means a work injury claim cannot be declined solely on the basis of an employee:

- not reporting the injury to the employer
- acting in contravention of any Act, regulations or workplace instructions
- skylarking, or acting illegally or negligently.

10.2.2

The employer needs to provide evidence that all cover decisions on work injury claims are issued to the injured employees in writing, and in accordance with the legislated timeframes and Section 64 of The Act. Each cover decision letter should include:

- the reason(s) for the decision

- the employee's right to a review of the decision, including the time available to do so, and when applications can be made outside that timeframe

Legislated timeframes for issuing a cover decision must be met.

The claim file should clearly demonstrate the rationale and evidence on which the decision was based.

Note:

It is essential that the cover decision letter clearly identifies and names the Accredited Employer as the decision-maker, even where the letter is issued by a TPA on the employer's behalf.

10.2.3

The employer needs to provide evidence that they make cover decisions on work injury claims in a timely manner and in accordance with Sections 54-58 of The Act. This includes providing evidence (where applicable) that, when a decision on a claim cannot be made within the legislative timeframe, the timeframe is extended and the injured employee is informed of the extension and the reason for it (e.g. a specialist opinion is required).

The decision to extend a timeframe must be made within four months of the claim lodgement, or nine months for complicated claims.

If an extension's time limit is exceeded, the claimant is to be regarded as having a deemed decision and advised that:

- the time limit has expired without a decision being made
- as a result, they have deemed cover
- the decision date is the date on which the time limit expires (see Section 58 (2) (c) of The Act).

The claim file should clearly demonstrate the need for any extension/s.

10.3.1

The employer needs to provide evidence that cover decisions confirming the acceptance of a claim are issued to an injured person in writing, that review rights have been included and that legislative timeframes are met. Cover decision letters may include (for example):

- the claim number
- the injured employee's name
- the claim has been accepted for cover
- the injury that has been accepted for cover
- review rights
- information on entitlements
- attached information about The Code.

Note:

It is essential that the cover decision letter clearly identifies and names the Accredited Employer as the decision-maker, even where the letter may be issued by a TPA on the employer's behalf.

10.3.2

The employer needs to provide evidence that cover decisions confirming the declinature of a claim are issued to an injured person in writing, that review rights have been included and that legislative timeframes are met. Cover decision letters may include (for example):

- the claim number
- the injured employee's name
- the claim has been declined for cover
- the injury has been declined for cover
- reasons for claim declinature
- review rights
- attached information about The Code.

10.3.3

The employer needs to provide evidence that employees are contacted to discuss unfavourable

cover decisions prior to written notification of the decision being sent. This contact can either be in person or over the telephone. Evidence can be in the form of running sheets*, file notes, the letter declining the claim (which refers to the previous conversation with the employee) or similar.

The aim of this contact between the case manager* and the employee is to ensure the employee clearly understands why the claim does not meet the requirements for cover under The Act and to discuss any other support that may be available. Providing this contact may minimise an application for review due to any employee misunderstanding or lack of information.

10.4.1

The employer needs to demonstrate that only people with knowledge of the current ACC legislation are able to make the final decision on workplace injury cover decisions. While feedback from line managers or supervisors will be considered in the decision-making process, cover must be accepted or declined by someone who has knowledge of the ACC legislation. Whoever undertakes this role must have at least 12 months' experience in making workplace injury cover decisions and in the managing of claims.

Verification that the person making cover decisions has the appropriate level of experience can be obtained by viewing curricula vitae or lists specifying the experience and qualifications of the individual.

Note:

While ACC may provide additional support and training from time to time, this training is to enhance or refresh current knowledge and experience of people who already have the requisite background knowledge and expertise.

10.4.2

The employer needs to provide evidence that they have reviewed cover decisions (other than

on medical-fees-only*claims) for accuracy and compliance with legislation.

This evidence may include, for example, checks for:

- the accuracy of cover decisions, including updated cover decisions after additional/updated diagnoses
- the timeframes for issuing decisions (that they are within legislative timeframes)
- claimants being appropriately informed of decisions
- cover decisions and supporting rationale/evidence being appropriately documented.

10.4.3

The employer needs to have a documented procedure for reviewing their cover decision making procedures.

They need to ensure that they have evidence of this process where there is a material change to the legislation, regulations or personnel. This evidence may include, for example, staff communications and minutes of meetings.

10.5.1

The employer needs to provide evidence that information on the claims lodgement process is accessible to all employees. This can be demonstrated through the use of brochures, publications, posters in the workplace, an Intranet site, etc. If an Intranet site is used, it is important that other forms of communication are also provided where all employees do not have ready access to a computer.

10.5.2

The employer needs to provide evidence that information on claims lodgement is provided annually to all employees. This can be verified by information brochures, letters to all staff, or intranet information, and should be dated to confirm the annual provision of information.

Note:

The Agreement requires that Accredited Employers provide information on claims lodgement to all employees within one month of commencement in the AEP, and within five days of a new employee starting work for an Accredited Employer, and annually to all employees thereafter. This is in addition to the information that is provided to individual employees when claims are lodged.

10.5.3

The employer needs to provide evidence that they promote awareness of The Code and inform employees of how they can access it.

As a minimum, claimants should be informed of ways to access The Code with their initial cover decisions, as well as at other appropriate times, such as if they receive unfavourable cover decisions and when developing their rehabilitation plans*.

10.5.4

Employees need to be provided with something that identifies them as working for an Accredited Employer. This identification will be used by the injured employee when seeking medical treatment for a work injury, and may be in the form of identification cards which include the employer's contact details or letters of introduction to the treating practitioner.

(Employee identification cards for Accredited Employers are available free of charge from ACC by ordering by email aepqueries@acc.co.nz)

10.6.1

The employer needs to demonstrate understanding of how claims will be transferred to either ACC or another employer. The Accredited Employers team will provide information on how Accredited Employers are required to transfer claims to ACC. If no claims have been transferred, verification of this

* Please refer to the definitions on pages 68 to 77 if you require further clarification.

requirement may be through viewing copies of ACC's directives or other similar information.

Note:

Refer to element 12.4 for a process to transfer claims to ACC at the end of the claims management period.

ELEMENT 11

Entitlements

Objective

The employer has developed a process for ensuring entitlements are assessed in an accurate and timely manner and claimants are notified of decisions in compliance with the legislation.

Introduction

An injured person may be eligible for a range of social, vocational and medical entitlements as a result of a work-related injury. When cover for a work-related personal injury has been established, employers are required to provide entitlements to their injured employees at a level that is at least equivalent to that specified in The Act.

Some employers may elect to provide more than the statutory entitlement to their injured employees (for example, medical surcharges, 100% weekly compensation payments); however, this is at the discretion of the individual Accredited Employer. In situations where an employer chooses to pay more than the statutory entitlement, the injured employee must be advised of this the first time a payment is made and each time the level of payment changes. It is not sufficient for this information to be provided annually to all employees.

Primary requirements

11.1.1

To ensure that all injured employees are aware of entitlements and The Code following a work-related injury, the employer needs to have a notification procedure in place. This may include:

- fact sheets (or similar) being sent with all cover decision letters

- sources of information available throughout the workplace (for example, posters and brochures)
- entitlement information included in a written form at induction of new employees.

The employer should also consider any special needs that may be specific to the workplace (for example, information available in different languages and/or forms).

11.1.2

The employer needs to demonstrate that information on entitlements is accessible to all employees. This can be demonstrated through the use of brochures, publications, posters in the workplace, an Intranet site, etc. If an Intranet site is used, it is important that other forms of communication are also provided where all employees do not have ready access to a computer.

11.1.3

The employer needs to demonstrate that each employee is informed about entitlements that may be applicable when a work injury is accepted for cover. This can be verified by file notes or running sheets (or similar) which confirm that information brochures or fact sheets have been sent with all cover decision letters.

11.2.1

The employer needs to demonstrate that they have a triage-type procedure for assessing claims when they are first lodged, using information provided with the Injury Claim Form (ACC45), known flags and/or findings from the initial contact. This will enable immediate actions to be prioritised, and decisions made on the levels of case management required e.g. if a needs assessment is required.

The process needs to be systematic and replicable (using, for example, a checklist or assessment tool).

Note:

The procedure should not be part of the cover decision process, but undertaken as soon as a claim is received.

11.3.1

The employer needs to provide evidence that workplace injury reports have been forwarded to the injury management advisor* within **three working days** of receipt of the report. This evidence may be a copy of the injury report (date-stamped on receipt), an automatic notification via an electronic reporting system or an email.

11.3.2

The employer needs to provide evidence that needs assessments have been completed by the injury management advisor within **two working days** of receipt of the injury notification. The evidence will be a completed needs assessment and held on the claim file.

Notes:

Early contact and needs assessments are important in ensuring that injured employees received timely and appropriate treatment and rehabilitation services that help them return to work.

Actual files demonstrating contact within the two working-day time frame are required for verification in renewal audits.

11.4.1

The employer needs to have a procedure for assessing an injured employee's eligibility to entitlements following a work-related injury.

This procedure could include, for example, using a needs assessment sheet that considers:

- all entitlements that may be relevant, including compensation, treatment and needs at home and at work
- the criteria that need to be met for the injured employee to be eligible for each entitlement
- requirements specified by The Act
- the timeframes for making entitlement decisions
- the person(s) delegated to accept or decline requests for entitlements.

11.4.2

The employer needs to demonstrate that all entitlement decisions are confirmed in writing to the injured employee. Entitlement decision letters should include:

- the claim number
- the injured employee's name
- the entitlement that has been accepted or declined
- if an entitlement is declined, the reasons for this (which should be clear to the employee)
- review rights, even when the application for entitlement has been accepted.

11.4.3

The employer needs to provide evidence that, where they choose to pay an injured employee more than the statutory 80% weekly compensation entitlement, that employee is advised of the following, both at the time of the first payment advice and each time the entitlement changes:

- the 80% weekly compensation entitlement (the statutory entitlement)
- the amount the employer has chosen to pay (e.g. 100%)
- the fact that ACC will pay only the statutory entitlement if the claim is returned to ACC for ongoing management.

11.4.4

The employer needs to provide evidence that employees are contacted to discuss unfavourable

entitlement decisions prior to written notification of the decision being sent. This contact can either be in person or over the telephone. Evidence can be in the form of running sheets, file notes, the letter declining the entitlement (which refers to the previous conversation with the employee) or similar.

The aim of this contact between the case manager and the employee is to ensure that the employee clearly understands why the entitlement has been declined and to discuss any other support that may be available. Providing this contact may minimise the risk of an application for review due to any employee misunderstanding or lack of information.

11.4.5

The employer needs to have a procedure that details how they confirm the accuracy of assessed entitlements. This procedure may include:

- checking entitlement payments against invoices and approval letters to claimants
- checking that weekly compensation calculations are in line with Date of First Incapacity (DOFI), short- and long-term earnings, abatement and indexation.

11.4.6

The employer needs to provide evidence that they have completed assessments of entitlements by scheduled file reviews and completed spot checks.

11.5.1

The employer is required to have a procedure detailing how weekly compensation entitlements are calculated that is consistent with The Act.

This procedure should consider:

- how to determine eligibility
- exchange of earnings details between the Accredited Employer's payroll and the TPA (where applicable)
- how to calculate entitlement
- how to establish the periods for which compensation is payable

- the information needed to verify incapacity
- how to include payments made from any secondary employment
- reference to relevant sections of The Act.

11.5.2

When an employee returns to work in a reduced capacity (and/or continues to receive taxable income from a secondary source), weekly compensation and abated calculations need to be made. Employers are required to have a procedure or computer system detailing how to calculate abatement that should include:

- what abatement is
- when it should be applied
- how it is calculated
- what information needs to be collected
- reference to relevant sections of The Act
- the process for advising the injured employee.

Copies of abatement calculations need to be maintained on file, with a copy forwarded to the injured employee (this can be confirmed by the running sheet).

11.5.3

The employer needs to provide evidence that, where they have paid weekly compensation to an injured employee, the employee's claim file includes a record of their earnings, medical certificates and calculation sheets. This information may be found in the entitlement decision letter to the claimant.

11.5.4

The employer needs to provide evidence that calculation sheets are maintained on all files where an employee has entitlement to weekly compensation or abated weekly compensation. The calculation sheet on the file should be a copy, with the original sent to the injured employee (this can be confirmed by the running sheet). Information on the calculation sheet should include:

- the earnings figures used to calculate entitlement

- the amount being paid
- the period of entitlement being paid
- review rights
- responsibilities of the injured employee.

11.5.5

The employer must provide evidence that indexation increases have been completed. This could be evidenced by completed indexation forms on claim files that show the claim was eligible for the adjustment and the relevant dates involved in the calculation.

11.5.6

The employer must provide evidence that their payroll staff receive training within the previous 24 months in assessing and paying weekly compensation. This training (which could be an e-learning package) needs to be relevant to the employer's/TPA's system and cover:

- gathering earnings details (including secondary earnings)
- first week compensation payments
- short- and long-term compensation
- abatement
- indexation.

Secondary requirements

11.3.3

The employer needs to provide evidence that workplace injury reports have been forwarded to the injury management advisor* within **two working days** of receipt of the injury. This evidence may be a copy of an injury report (date-stamped on receipt), an automatic notification via an electronic reporting system or an email.

Notes:

Early contact and needs assessments are important in ensuring that injured employees received timely and appropriate treatment and rehabilitation services that help them return to work.

Actual files demonstrating contact within the two working-day time frame are required for verification in renewal audits.

ELEMENT 12

File management

Objective

Policies and procedures are in place to ensure that all files are managed and administered in a way that complies with the legislation. (Templates or samples will only be accepted for new Accredited Employer applications or situations where there have been no claims.)

Introduction

The management of injuries in the workplace provides opportunities for the full advantages of supported early return to work to be realised, such as early contact, early assessment of needs and early access to appropriate entitlements and support.

It is internationally recognised that injury management is most effective when resources are targeted appropriately. A claims assessment involves the case manager using professional judgement to determine both the relative risk that an injured person will not return to work without rehabilitation support and the degree and focus of rehabilitation support required for a return to work or independence to occur. A claims assessment recognises that injury severity may not be the main reason a claim exceeds its expected duration and/or cost. Rather, psychosocial risk factors* may have the biggest influence on how long it takes for an injured person to return to work or independence.

Claims assessment is not a one-off task; in many cases it will be an ongoing process throughout the life of the claim. For example, the initial needs assessment, the direct consultation rehabilitation planning process, and the ongoing regular review of progress all provide opportunities to assess the timeframes and likelihood of a successful return to

full pre-injury independence. Understanding the importance of ongoing claims assessment, and having the necessary background knowledge and skills, will enable the case manager and the employer to anticipate any barriers to progress and to address them accordingly.

Direct consultation is essential in managing the rehabilitation of high-risk claimants or those with complex needs. However, it is equally important to monitor low-risk claims in this way, to ensure that any potential risks are identified and managed appropriately if they occur.

Primary requirements

12.1.1

The employer needs to have a procedure detailing the information to be included on a claim file. For example, files must contain:

- an ACC45 (Injury Claim Form)
- cover decision letter.

On-going claims may include (where relevant):

- an application for entitlement
- signed consent form
- medical certificates (for any incapacity greater than seven days)
- treatment provider reports and invoices
- rehabilitation plans
- running sheets and case notes
- closure forms.

The procedure should confirm that the employer will manage and administer information on work-related claim files* in accordance with The Act for example, a statement confirming that information on file will

* Please refer to the definitions on pages 68 to 77 if you require further clarification.

be held securely, will be maintained confidentially, and will only relate to the injured employee and not include details of any other person).

For employers using a TPA, the complete file (with all of the original documentation) may be held at the premises of the TPA. It is important that any other claim information (such as copies of workplace assessment reports) kept in the workplace (with the occupational health nurse, for example) is maintained according to the above procedures.

Note:

All files remain the property of ACC and should therefore be readily accessible, complete and able to be transferred to ACC at any time (refer to Clause 9.12 of the Agreement for more information).

12.1.2

The Health Information Privacy Code 2020 sets out 13 Health Information Privacy Rules that cover the collection, handling and release of personal health information by health agencies. This code applies to all agencies providing health or disability services and to ACC and Accredited Employers within their responsibilities concerning the management of injuries.

The employer needs to have a procedure that refers to the applicable Privacy Acts and Health Information Privacy Codes in relation to the collection, storage and release of personal information. This may be in the form of a statement that confirms:

- how injury-related information is collected (for example, all requests for information are accompanied by an employee consent form)
- maintaining information in a locked or secure area
- ensuring that only people with the appropriate authority have access to files
- ensuring that files only contain information relating to the injured employee.

12.1.3

The AEP requires open, consultative rehabilitation management. Employers are required to gather and analyse a wide range of information when managing work-related injury claims. This may include personal information about the injured person, personal information about their family, health-related information, injury details and earnings information. Ensuring that an injured employee understands and consents to the collection and release of information relating to a claim is part of good rehabilitation practice in order to protect both the employer and employee.

The employer's effective management of this information is an essential component of the rehabilitation process and employers are required to comply with the applicable Privacy Acts and Health Information Privacy Codes.

A current consent form should be present on every active file where there is a need to collect or release information about the injured employee. This can be verified by provision of written information about consent forms when additional information is required. This information should include:

- the reason for collecting information
- the intended recipients of the information
- the claimant's right to respond to any information supplied
- privacy principles (for example, how the information will be stored, who will have access to the information)
- a contact person for any concerns or questions.

Note:

Good practice rehabilitation promotes discussion with the injured employee each time before any information is collected or released so that the injured employee is fully informed of what information is being sought or released. This may be verified by running sheets (or similar) to confirm discussions.

12.1.4

The employer needs to provide evidence that:

- all claim files (other than those for medical-fees-only claims) have current consent forms – including files for claims where cover is still under investigation
- consent is re-obtained from injured employees at least every 12 months.

The standard consent form must include:

- the claimant's name and claim number
- contact details for the claimant
- the purpose of collecting the information
- the intended recipients of the information
- the claimant's right to respond to any information supplied
- a statement authorising the collection and release of information relevant to the claim
- a claimant declaration that the information provided is correct
- the claimant's signature
- the date on which the consent is signed
- privacy information (for example, how the information will be stored, who will have access to the information)
- a contact person for any concerns or questions
- reference to the applicable Privacy Acts and Health Information Privacy Codes.

Notes:

Good-practice rehabilitation includes informing injured employees before any of their information is collected or released. These discussions can be confirmed with the use of running sheets (or similar).

Consent given on an ACC45 (Injury Claim Form) as part of a medical consultation is not sufficient if the employer needs to collect or release further information. An employer's confirmation of informed consent provides an assurance that both employer and employee rights are protected.

12.2.1

The employer needs to provide evidence the injured employee's claim information is stored in a secure area and that only approved personnel have access to it. A list of people with authority to access injury-related information should be available.

For employers who use a TPA, the auditor will need to verify that any other claims-related information (e.g. copies of medical reports) held in the workplace by the employer is collected and stored securely and accessed only by authorised people.

12.2.2

The employer needs to provide evidence that individual claim files are held separately from employment-related information. This can be verified at the worksite by assessing what claim information is held, and by whom and how.

12.2.3

The employer needs to provide evidence that all claim information is collated into one master file once a claim is closed. In those instances where the employer may hold some information, e.g. return to work notes, evidence of direct consultation that the injury management advisor and/or TPA does not they need to be amalgamated into one master once the claim is closed.

Notes:

Even when some file information (for example, the rehabilitation plan) is held separately from the main file (which may be held by the TPA), the main file should always have copies of all documents so that it remains complete. A complete file will include (for example) the medical certificate, the cover decision letter, entitlement decision letters, a running sheet with all contacts made, the consent form, the signed rehabilitation plan and any notes and email updates.

For new Accredited Employers, a statement in a procedural manual (or similar) will verify this. Actual files are required for verification in renewal audits.

12.2.4

While work injury claims are managed by the Accredited Employer, the claims are the property of ACC and are being managed on behalf of ACC. Therefore, there should always be one file for each entitlement claim, complete to the current date, and readily accessible to ACC if there was a need to uplift a file at any time (with reasonable notice).

12.3.1

Evidence is required that running sheets are maintained on files that are more than medical-fees-only claims. This can be verified by viewing a number of actual files. In situations where electronic running sheets are maintained, copies of running sheets should be printed out and included on files at key intervals (for example, before meetings, prior to audit, at claim closure).

12.4.1

All claims forwarded by an employer to ACC for ongoing management need to include a completed ACC413 (Transfer Summary) which includes details of the rehabilitation provided and a brief history of the claim. It is a requirement that the ACC413 is signed off by a senior person within the company.

It is essential that an Accredited Employer notifies an injured employee, ACC and any other relevant party prior to a claim being transferred. The employer is required to have a transfer procedure which includes:

- the reasons for file transfer
- when the transfer will occur
- when compensation or entitlement payments from the employer will be transferred to ACC
- contact details of the person making the transfer
- contact details of ACC
- confirmation of notification
- the parties to be notified of the transfer.

All claims being transferred by an Accredited Employer to ACC should be reviewed and signed off by the employer in order to confirm the accuracy of payments and rehabilitation. This can be verified by a checklist (or similar) completed by the employer and signed off by a senior person within the company who verifies the correctness of the information.

Note:

Because the employer is ultimately responsible for future liabilities and the quality of information on the file, it is not appropriate for the final sign-off of the ACC413 to be completed by a third party.

The employer needs to demonstrate that the procedure for transferring claims to ACC is consistent with ACC Operational Directives (refer to Learning. acc.co.nz). This can be verified by a statement (or similar) which confirms use of the ACC guidelines.

12.5.1

The employer needs to provide evidence that individual claim files contain only details of those specific employees, and that claim file checks are (as a minimum) undertaken at the following milestones:

- claim handbacks to ACC
- on referrals to specialists

- when the injured employees request their file information
- reviews
- when files are being released externally e.g. to an advocate.

12.5.2

The employer needs to demonstrate that they have documented procedures for managing and reporting to ACC any identified privacy breaches. These procedures may be summarised in flowchart form and should be in line with ACC's operational directives.

The procedures should cover:

- how identified privacy breaches are reported to ACC monthly
- how the information is recorded (e.g. on a spreadsheet)
- the person responsible for managing and reporting identified privacy breaches, including the interface (where applicable) between the employer and TPA.

12.5.3

Where there has been a privacy breach/es, the employer needs to provide evidence that the breach/es was reported to ACC's Compliance Advisor in line with the ACC guidelines on privacy breach reporting. This may be by email.

ELEMENT 13

Administration and reporting

Objective

The employer has a computer reporting system that holds appropriate data and allows timely and accurate reporting to ACC as required by the Agreement.

Introduction

ACC is required to maintain injury-related data for New Zealand in order to understand the injury profiles and to target effective injury prevention and injury management initiatives. This includes all work injuries, non-work injuries, motor vehicle injuries and injuries that occur to non-earners.

Employers who are accredited under the AEP are responsible for recording their own workplace injury data, which then needs to be transferred to ACC each month to ensure that ACC maintains a complete national injury profile.

Primary requirements

13.1.1

The employer is responsible for supplying data to ACC each month on all work injury claims that have occurred, consistent with the AEP technical specification. To enable an employer to meet this requirement, a program (computer reporting system) is required with a backup facility to ensure that a full copy of injury management records will exist if the employer's computer system fails. This can be verified by provision of information about how the computer systems are backed up to preserve information and how often this occurs.

It is important that an employer has technical support to assist with their program or system,

should any problems occur. The employer needs to demonstrate the support available for the ongoing maintenance of the data system being used. This can be verified by a statement (or similar) verifying the support available.

The employer is required to have a user guide or manual that includes (at least):

- details of the data specification required by ACC
- the entry format
- reporting timeframes
- contact details for people managing data internally or externally.

Note:

These details must be available for review at audit.

13.1.2

The employer needs a procedure that includes how reports will be submitted to ACC. Data needs to be transferred to ACC in a specified format that captures all the information of an injury according to ACC's technical specification. The employer is required to have a computer program formatted to the ACC data specification and business rules.

Note:

ACC no longer requires employers to provide evidence that these reports have been validated.

13.1.3

The position within the company responsible for managing and submitting the monthly data to ACC must be defined (either through job descriptions,

procedural documents or similar). An alternative contact point within the company is also required for managing and submitting the data when the nominated person is away or on leave. Both individuals must have the ability to maintain, update and transfer the data.

Note:

Even when these functions are undertaken entirely by a TPA, the employer retains overall responsibility for the timely and accurate provision of data to ACC.

13.1.4

The employer's system for reporting data required by ACC needs to include how the data is checked for accuracy.

13.1.5

The employer needs to provide evidence of reports submitted to ACC have been submitted. The employer needs to provide evidence the data submitted has been checked for accuracy and timeliness.

13.2.1

The employer needs to provide evidence that all computer files or programs used to maintain injury information are secure and that only designated people have access to information. This may be confirmed by procedure, guideline information or a statement.

The employer may also maintain a list of people with access to injury claim data.

The employer needs to confirm that computer system security is consistent with the applicable Privacy Acts and Health Information Privacy Codes relating to the storage of personal information. Verification may include sighting of specific statements or signed declarations to this effect.

The employer needs to confirm that there is a current digital certificate held by either the employer

or the TPA (on behalf of the employer) in order to enable the secure electronic transfer of Accredited Employer data to ACC. This can be verified by written confirmation from the individual that the digital certificate is issued to and the period for which it is valid.

Note:

This requirement must be confirmed within one month of program entry to allow the employer to transfer data by the fifth working day of the month.

13.3.1

A procedure is required to identify triggers which, in combination, may suggest fraudulent activity associated with a work-related injury claim. Triggers may include:

- repeated difficulty contacting the injured person
- significant claims history
- other conditions that may impact on recovery
- inappropriate emphasis on entitlement or blame for an injury
- use of a number of different treatment providers
- physical characteristics (for example, an individual dressing in a way that may indicate they are working).

This may also include identification of treatment provider behaviour suggestive of possible fraudulent behaviour (for example, provider invoices being submitted to both the Accredited Employer and ACC for payment).

Note:

The process should be documented in line with ACC's operational guidelines.

13.3.2

The employer needs to provide evidence that an investigation or fraud-related event will not impact

on an injured employee's rehabilitation. This may be confirmed by a statement or evidence that verifies that:

- all rehabilitation will continue according to an agreed rehabilitation plan during an investigation
- the person carrying out the fraud investigation is not the person responsible for managing the claim.

Any fraud investigations must be carried out under the advice of ACC.

The employer needs to confirm that they will contact ACC promptly for expert advice regarding any concerns about work injury fraud. This may be verified by actual examples or a statement that includes:

- the type of situations in which ACC would be contacted
- responsibility for this function
- the person within ACC who would be contacted
- the information that may need to be passed on
- the timeframes involved.

13.4.1

The employer is required to advise the Accredited Employer team of any work-related claims that are 'fatal claims, serious injury claims, or claims of a sensitive, complex or prolonged nature'* as soon as possible. This provides ACC with an opportunity to manage risk where possible, and to provide any technical assistance to the Accredited Employer where necessary. In some cases this may involve discussing the possible transfer of the claim to ACC for ongoing management.

The employer is also required to advise ACC of any changes in their injury management operations or key personnel prior to the change occurring (for example, if an employer is thinking about a change of TPA, or if key health and safety people change roles or leave the company). The employer needs a liaison and notification procedure to inform ACC if any of the above situations occur. This can be verified

by standard letters or a process (or similar) that includes:

- situations when ACC should be notified
- responsibility for liaison with the Accredited Employer Team
- the notification process
- timeframes involved.

Where examples exist, evidence of ACC notification should be provided e.g. email/letter.

ELEMENT 14

Complaint and review management

Objective

The employer has evidence that procedures have been implemented to manage complaints* and reviews* arising out of injury management that comply with the legislation and the requirements of The Agreement.

Introduction

Conformance to the complaint and review management requirements confirms an employer's ability to anticipate and manage any complaints arising from injury management decisions. In addition, good practice injury management encourages employers to develop processes to deal with any complaints or concerns in the early stages. Even when a formal application for review has been received and is managed according to the required time frames, employers should still explore any informal options for resolution with the injured employee.

In a number of situations, injured employees may request a formal review of an injury management decision because they do not understand the decision, or because the decision does not seem reasonable to them. However, the likelihood of formal reviews will be reduced by discussing the reason for a declined decision with an injured employee, increasing their level of understanding and providing an opportunity for two-way communication. Complaints management processes are required to cover formal reviews and any concerns that may arise between an injured employee and their Accredited Employer.

Guidelines:

14.1.1

The employer needs to have a documented procedure detailing how complaints related to injury management decisions and services will be managed. The procedure may include:

- how employees can raise a complaint
- how complaints are managed
- timeframes to respond to the complaint
- how the complaint is escalated, if not resolved.

There are a number of steps that may be utilised in complaint management. For consistency of application, the following should be considered:

- an injured employee may discuss a **complaint** with someone of their choosing e.g. manager/ case manager.

If the matter is not resolved at this point, then:

- the injured employee has the option of **complaint resolution** via the employer's Complaints Manager*.

If not resolved, then:

- the injured employee is given options of escalating the complaint.

14.1.2

The employer needs to provide evidence of complaints raised by injured employees. This could be in the form of a register, or something similar.

14.1.3

It is good practice and cost-effective for an employer's complaints management procedure to include opportunities for informal resolution of

* Please refer to the definitions on pages 68 to 77 if you require further clarification.

complaints between the injured employee and the Accredited Employer, prior to a formal disputes hearing. The employer needs to have a procedure which details how complaint resolutions will be managed. This may include the employer making contact with the injured employee to:

- discuss what the complaint is about
- confirm the injured employees understanding of what is meant to be occurring
- provide opportunities for mediation or discussion with union and/or other support people, such as external mediation services.

If the employer has received a complaint(s), they need to provide evidence of their informal resolution* process e.g. appointment confirmations, email communications, and file notes.

14.1.4

If there has been a “work injury disagreement” within their organisation, the employer needs to provide evidence of their internal dispute management procedure. This should include consideration of all relevant information and may be presented as a list of documents referenced or an outcome letter detailing the information that was considered.

14.1.5

Where there have been complaints, the employer needs to provide evidence that they have been processed as described in their procedures.

Note:

Templates are only accepted for new Accredited Employer applications or situations where there have been no complaints. Actual evidence is required for renewal audits.

14.2.1

The employer needs to have a documented procedure for formal reviews that:

- includes a reference to The Code

- articulates a commitment to compliance with legislation and The Agreement
- describes how review applications can be lodged
- outlines how review applications are processed, and the timeframes
- describes the communication process once the review hearing is concluded, including payment of costs
- key steps in preparation for review (for example, referring the matter to review, arranging file copies to relevant parties)
- procedure with either of the two approved independent review and dispute resolution providers
- process for a review hearing.

14.2.2

Where there have been formal reviews lodged by injured employees the employer needs to provide evidence these have been processed as required by The Act and described in their procedures.

14.2.3

If relevant, the employer needs to provide evidence that their formal review procedure is completed in line with the documented procedure.

This evidence may be:

- an acknowledgement of the receipt of a review application, and
- a record of the administrative review of the decision, and
- a record of the communication of the outcome of the decision
- if relevant, a submission of the review application and claim file to either of the two approved independent review and dispute resolution providers.

14.3.1

The employer needs to provide evidence that information on their dispute management process (including details of the internal complaints manager) is

available to all employees. This evidence could include induction information, staff brochures, information displayed on noticeboards, and the employer's intranet.

14.3.2

The employer needs to provide evidence that the dispute management process (including details of the internal complaints manager) has been advised to injured employees. This evidence could include reference to the dispute management process in claim cover letters.

14.4.1

The employer is required to appoint a person (either internally or externally) who is responsible for managing any disputes arising out of the management of work-related injuries. The name and contact details of the complaints and disputes manager must be known and accessible to all employees (irrespective of their geographic location). In order to provide a new opportunity to review the decision made, it is essential that the complaints and disputes manager is not the original decision-maker.

14.5.1

The employer needs to have a procedure for considering complaints and disputes and reviewing outcomes, with the aim of identifying opportunities for improvement. The procedure must be undertaken at least every 12 months and be structured to maintain claimant confidentiality. It may consider:

- the types of decision being raised/reviewed to identify any patterns
- complaint/review decisions e.g. whether decisions are upheld or overturned.

14.5.2

The employer needs to have evidence that organisation-specific evaluations take place at least every 12 months. This evidence could be:

- meeting minutes
- evidence of post-evaluation updates to procedures
- individual checklists used after the complaint and review.

ELEMENT 15

Development of rehabilitation policies, procedures and responsibilities

Objective

The employer has documented policies and procedures that promote a supportive workplace environment, so that workplace-based rehabilitation following an injury becomes the usual course of action wherever possible.

Introduction

Good practice rehabilitation promotes the establishment of rehabilitation policies, procedures and responsibilities in consultation with key people in the workplace. By developing a workplace culture where early return to work following injury is accepted as the usual course of action, where employers have positive working relationships with employees and where there is open consultation, safe and sustainable return to work for injured employees is more likely to be achieved.

It is essential that rehabilitation is managed by a person with the appropriate level of training and rehabilitation experience, including a detailed working knowledge of The Act and its specific requirements, and recognition of when further technical or legislative support is required. Understanding or experience in the medical model of rehabilitation management on its own is not sufficient to meet the requirements of the audit standards; the case manager's rehabilitation experience must be specific to The Act. While employers and other on-site staff should be involved in the rehabilitation process, the actual management of injured employees must be undertaken by an appropriately qualified and trained case manager.

Primary requirements

15.1.1

The employer needs to have a rehabilitation policy (in either hard copy or electronic form) that identifies the rehabilitation commitment of the employer. The policy must be developed in consultation with, or endorsed by, union and other nominated employee representatives.

The employer needs to confirm that information on the rehabilitation policy, procedures and responsibilities is available to employees at induction and is widely accessible to all employees through staff handbooks and on intranet sites (or similar).

The employer needs to provide evidence that the rehabilitation policy includes the opportunity for injured employees to have support from a representative of their choosing throughout the rehabilitation process. Often this will be the union or other nominated employee representative.

15.2.1

The employer needs to have a procedure to manage the recovery of an injured employee or following the early identification of a gradual process injury. This procedure should consider:

- responsibilities of the employer
- responsibilities of the injured employee
- medical information or certification that may be required
- the process for identifying safe alternative duties
- support that will be provided within the workplace
- responsibilities for coordinating the process

- monitoring and support responsibilities.

The responsibility for union and other nominated employee representatives to provide support in the rehabilitation process needs to be documented. The responsibilities may include:

- contributing to the development of policies to support rehabilitation
- being involved in return to work and rehabilitation planning at the request of an injured employee
- identifying alternative duties
- monitoring and support of return to work.

15.2.2

The employer needs to ensure that a senior manager is specifically responsible for the overall resourcing of workplace rehabilitation. This may include the coordination of rehabilitation management staff or the management of financial resources or both, and can be verified by viewing job descriptions or a statement to this effect.

15.3.1

The rehabilitation policy needs to confirm the employer's commitment to provide rehabilitation opportunities to employees who have sustained non-work injuries. This does not mean that an employer is responsible for the cost of an employee's non-work injury, but rather that rehabilitation opportunities are offered to employees who sustain non-work injuries. This may include access to preferred providers, supporting return to work plans or access to alternative duties.

15.3.2

The employer needs to have a procedure to manage the recovery of any employee who has sustained a non-work injury.

This procedure should consider:

- responsibilities of the employer
- responsibilities of the injured employee
- medical information or certification that may be required

- the process for identifying safe alternative duties
- support that will be provided within the workplace
- responsibilities for coordinating the process
- monitoring and support responsibilities.

The responsibility for union and other nominated employee representatives to provide support in the rehabilitation process needs to be documented.

The responsibilities may include:

- contributing to the development of policies to support rehabilitation
- being involved in return to work and rehabilitation planning at the request of an injured employee
- identifying alternative duties.

15.3.3

The employer needs to demonstrate that their documented procedures for supporting employees with non-work injuries specifically include the roles and responsibilities of all parties, such as the employer, line managers, employees, ACC/TPA, colleagues and support people.

15.3.4

The employer needs to provide evidence that they have been involved in supporting the rehabilitation or return to work of employees who have sustained non-work injuries. This can be verified by rehabilitation plans or case conference notes (or similar).

Note:

This requirement is only applicable where employees have sustained non-work injuries and have required rehabilitation support from the employer.

15.4.1

The employer needs to provide evidence that the person responsible for the overall management of

workplace rehabilitation is appropriately qualified and experienced. Case managers are required to:

- have 24 months' workplace rehabilitation experience; or
- have a tertiary qualification in rehabilitation (or equivalent) and 12 months' workplace rehabilitation experience; or
- be working under the direct close supervision of someone who meets the above requirements.

In some instances where the case manager does not have the required experience or qualifications, the employer may still meet the requirements when the case manager is under the direct close supervision of somebody who does meet the requirements (for example, a team leader working for a TPA who provides detailed quality review of the work undertaken by a less experienced case manager).

Another example may be a human resources manager experienced and qualified in rehabilitation, who provides close supervision and quality review of the on-site case manager.

Note:

While ACC may provide additional support and training from time to time, this training is to enhance or refresh current knowledge and experience of people who already have the requisite background knowledge and expertise.

Understanding or experience in the medical model of rehabilitation management on its own is not sufficient to meet these requirements.

15.4.2

In the event that the usual case manager is away or on leave, the employer must have access to another case manager so that continuous case management services can be provided. This person may be located within the workplace or through a TPA, and must be someone who is able to meet the requirements of 15.4.1.

Note:

Cover for leave and absence must also be considered for an employer who undertakes aspects of the injury management process internally (for example, undertaking needs assessments, weekly direct consultation for monitoring of rehabilitation).

15.5.1

The employer is required to confirm that information is available for line managers, union and other nominated employee representatives actively involved in supporting rehabilitation management. This information should include the return to work process and the roles and responsibilities of management and representatives.

15.5.2

The employer needs to provide evidence of rehabilitation-related training for managers, union and other nominated employee representatives who are actively involved in supporting safe and early return to work. This training should include information on maintaining injured employees' safety in the workplace and/or for supporting the safe and early return to work of injured employees. Training should be delivered within 12 months of the employer's entry into the AEP and can be verified by handouts, training agendas or attendance sheets (or similar).

Tertiary requirements

15.5.3

In order for line managers and nominated employee representatives to be effectively involved in the rehabilitation process, the employer needs to provide evidence that they have received rehabilitation training or specific information in the previous 24 months. This can be verified by training agendas or attendance registers (or similar).

ELEMENT 16

Assessment, planning and implementation of rehabilitation

Objective

The employer has active procedures in place for ensuring that timely and complete rehabilitation is provided in an open, consultative manner, and in line with agreed policies (process documents accepted for new Accredited Employer applications).

Introduction

Rehabilitation plans should be developed in an open, consultative environment involving the employer, case manager, injured employee and union or other support person (on request of the injured employee). Part of the development of a rehabilitation plan should include discussion of an injured person's responsibilities and the need for their active participation in the rehabilitation process. These responsibilities, and those of others involved in the rehabilitation process, should be included in the individual rehabilitation plan. In addition, the agreed rehabilitation plan should include:

- the identification of an agreed "SMART" goal that is specific to the individual injured employee and tailored to their needs
- steps towards reaching the goal
- time frames for monitoring
- costs
- responsibilities.

Accredited Employers are required to provide entitlements to their injured employees at a level that is at least equivalent to that specified in The Act. This includes the rights of injured employees to have a reviewable rehabilitation plan.

Good practice rehabilitation promotes the development of rehabilitation plans in direct

consultation* with all relevant parties. These meetings provide an opportunity for people with knowledge of the workplace and the injured employee to agree on a rehabilitation path to achieve independence for the injured person. These meetings also encourage informed decision-making and joint accountability for outcomes.

Direct consultation allows for the assessment of any non-verbal communication, which may indicate the way a person is coping, managing or cooperating with their rehabilitation, which may not be picked up over the phone or at a distance. This model of rehabilitation enhances the partnership philosophy that is the foundation of the AEP.

Primary requirements

16.1.1

The employer needs to provide evidence that:

- action plans are individualised
- action plans are developed within 14 days of injury notification
- action plans are reviewed and updated at least every 14 days until cover is established.

Note:

No gap between an action plan and rehabilitation plan – if a rehabilitation plan is established in the first instance, then an action plan is not required.

16.2.1

The employer needs to have policies and processes to ensure that a rehabilitation plan is developed within 21 days of cover acceptance. The rehabilitation

plan needs to include goals, actions to be taken, responsibility for actions, timeframes and costs. The procedure should also consider:

- the content of rehabilitation plans (for example, responsibilities, signatures, monitoring requirements)
- timeframes for developing the plan
- the parties involved in the development of a rehabilitation plan
- medical, social and vocational information that needs to be considered (for example, from the treatment provider, employer, injured employee)
- the identification of a “SMART” goal/s.

The rationale for developing a rehabilitation plan should also be considered in the procedure to ensure that employees are aware of when and why rehabilitation plans are developed.

Note:

It is considered cost-effective and good practice to develop a formal, reviewable rehabilitation plan as soon as possible following a cover decision being made or additional information being collected.

The development of rehabilitation plans needs to include the consultation and involvement of the case manager, injured employee, line manager and (on the request of the injured employee) union representative or other support person. Other key influences that may be involved in an injured employee’s rehabilitation can include the employee’s general practitioner, company doctor, occupational therapist or other medical professional, and any other party relevant to the person’s recovery.

Note:

Rehabilitation plans should:

- meet legislative requirements (including review rights)
- be established as soon as possible
- include input from the injured person and other relevant providers and supporters
- be kept up to date
- include (at least) the agreed goal, actions to be taken, responsibilities for actions, expected timeframes and costs.

16.2.2

In order to realise the advantages of early intervention, active rehabilitation management should begin as soon as possible after an initial needs assessment, irrespective of whether the injury has been accepted for cover or not.

This process should include consultation with the injured employee, and will incorporate information from relevant providers (for example, the general practitioner or physiotherapist) as it becomes available.

Where a rehabilitation need has been identified, the ideal is for an agreed, reviewable rehabilitation plan to be discussed, developed and implemented as soon as possible. However, there are some instances when this is not possible, usually because there is insufficient information to establish a plan.

In such situations, an action plan may be written as a temporary plan of what a case manager, employer and injured person need to do to support rehabilitation. The action plan should be developed with the injured person (even if a cover decision has not been made) while additional information is being collected, and may include (for example):

- the employer arranging for a workstation assessment

- agreement that the employee will come into work each day for normal hours, but will only undertake the identified transitional duties*
- the injured employee attending physiotherapy each day for two weeks, paid for by the employer
- arranging an appointment with the occupational specialist that will be paid for by the employer.

Accredited Employers have the discretion to implement rehabilitation support for employees at any time. However, entitlements under The Act will only be applicable if the claim is accepted for cover. The early discretionary rehabilitation support available through the employer, and the need to wait for claim acceptance for entitlements under The Act, should be discussed and clarified with the injured employee from the earliest contact.

Notes:

Actual examples are required for renewal audits.

No gap between an action plan and rehabilitation plan.

16.3.1

The employer needs to provide evidence that rehabilitation plans are monitored throughout the rehabilitation process in order to identify and address any potential barriers at an early stage and to ensure that the most appropriate support is provided to achieve the agreed goal. The responsibilities, and the frequency for monitoring progress, should be discussed at the direct consultation meetings and are to be documented as part of the rehabilitation plan.

16.3.4

The employer needs to provide evidence that rehabilitation plans are regularly updated to reflect key milestones, interventions, emerging support needs and circumstances.

Secondary requirements

16.2.3

The employer needs to provide evidence of rehabilitation plans specific to individual employees, and show that these plans were developed in direct consultation with those employees within 14 days of their cover decisions. This evidence may be available in claimant files.

16.3.2

The employer needs to provide evidence that, at least monthly, all open and active claims are consultatively reviewed against the relevant rehabilitation plans. An example is to review a rehabilitation plan and the planned rehabilitation objectives and ask, “Have the objectives been achieved?” and, “How are we tracking and are there/what are the barriers?”.

The employer also needs to provide evidence that they meet with the TPA or case managers and go through the claims monthly.

16.3.3

The employer needs to provide evidence that:

- rehabilitation progress is monitored weekly through direct consultation
- the results are documented in the claim files
- the weekly monitoring takes place for the duration of rehabilitation
- face-to-face interaction is accepted as the best possible form of direct consultation, as it provides opportunities for conversations.

Tertiary requirements

16.1.2

The employer needs to provide evidence that:

- action plans are individualised
- action plans are developed within seven days of injury notification
- action plans are reviewed and updated at least every 14 days until cover is established

- once cover is accepted, rehabilitation plans are developed within 14 days.

Note:

No gap between an action plan and rehabilitation plan – if a rehabilitation plan is established in the first instance, then an action plan is not required.

16.4.1

The employer needs to provide evidence that, as part of the provision of workplace accommodations, the work environment is assessed for hazards and risks that may affect injured employees. Examples may include worksite assessments, hazard inspections and task analysis.

ELEMENT 17

Rehabilitation outcomes, return to work and follow-up procedures

Objective

The employer has consultative processes that support safe, early and sustainable return to work of injured employees or maintenance at work where early intervention support is identified (process documents accepted for new employer applications).

Introduction

Accredited Employers are required to provide rehabilitation support in order to enable injured employees to remain at work safely, to return to work early, and/or to achieve maximum independence. Regular monitoring and review of injured employees, and injury management generally, is required in order to determine that goals are being met and to encourage continuous improvement.

A rehabilitation plan is required to be developed with an injured person if they are unable to undertake their usual job tasks or usual hours of work, or if they require rehabilitation support. For example, an employee who remains in the workplace undertaking normal duties may still require assistance (such as ongoing treatment, worksite reviews), and a rehabilitation plan needs to be developed, monitored and reviewed to achieve an early and safe return to work or independence.

Primary requirements

17.1.1

The employer needs to demonstrate that they establish rehabilitation and return-to-work objectives for their organisation as part of their commitment to continuous improvement. These

objectives may be included in a health and safety plan, or be separate, and they should be SMART (Specific, Measurable, Achievable, Realistic or Relevant and Time-bound). Topics could include:

- utilization of employees who are incapacitated but fit to carry out alternative duties
- reporting and early intervention timeframes
- satisfaction with injury management by those involved in the process
- measuring effectiveness of preferred rehabilitation suppliers.

17.2.1

Good practice rehabilitation includes the early and ongoing assessment of the rehabilitation needs of an injured employee. The sooner injured employees have access to appropriate rehabilitation, the more likely it is that they will make an early and safe return to work, or be able to remain in the workplace with the appropriate support.

The employer needs to have a procedure to carry out consultative reviews of rehabilitation plans that have continued beyond the agreed completion date or where there is non-progressive rehabilitation. This review may involve a peer (or other qualified and experienced person), an employer, a medical advisor or even the injured person reviewing a claim and the rehabilitation plan, and determining why the original rehabilitation goal was not met, what worked well during rehabilitation, and what can be done differently to enable a realigned goal to be achieved.

From this review, the rehabilitation goal and plan should be updated.

17.2.2

The employer needs to provide evidence of review of rehabilitation plans that have gone beyond the agreed initial outcome or where there is non-progressive rehabilitation.

The review is to consider how the outcome date was calculated, what barriers were there, e.g. cancellation of specialist appointment, delay in surgery, and what are the future rehabilitation options.

17.3.1

The employer needs to have a procedure that details vocational rehabilitation options in order to consider when an injured employee is unable to return to their pre-injury employment. This process may consider:

- relevant legislative requirements
- comprehensive medical and vocational assessment/s
- determination of vocational rehabilitation goals
- training support
- cost-effectiveness
- the timeframes involved
- other assessments that may be required
- implementation and support needs
- vocational independence as described under The Act.

17.3.2

The employer needs to provide evidence that, where it is not reasonably practicable to return a claimant to their pre-injury role, the following hierarchy of options is considered:

- same employer, different employment
- same employment, different employer
- different employer, different employment using existing experience, education and training
- new employment obtained using as many pre-injury skills as possible.

Where applicable, vocational rehabilitation options should follow this hierarchy.

17.3.3

The employer needs to provide examples of referrals and reports from:

- Initial Occupational Assessment (IOA)
- Initial Medical Assessment (IMA)
- Vocational Initial Occupational Assessment (VIOA)
- Vocational Initial Medical Assessment (VIMA)

and evidence that rehabilitation plans are updated to reflect the findings of these assessments.

17.4.1

The employer needs to provide evidence from referrals to medical providers that appropriate information is gathered and provided to the providers to facilitate their assessments (e.g. worksite assessments).

17.4.2

The employer needs to provide evidence from referrals to medical providers that appropriate information is gathered and provided to the providers to facilitate their assessments (e.g. medical specialist assessments).

Secondary requirements

17.2.3

The employer needs to provide evidence that initiation of relevant vocational and medical assessments have occurred e.g. case reviews that plan referral to vocational and medical assessors, completed referrals.

Note:

Actual examples are required for verification in renewal audits (where applicable).

Tertiary requirements

17.1.2

The employer needs to provide evidence that rehabilitation and return-to-work objectives are reviewed consultatively at least annually, and updated when applicable. This evidence may be in the form of meeting minutes and updated objectives (after consultation with key parties such as unions, management and employee representatives, TPA and selected providers, e.g. occupational therapists).

Definitions

Please note:

The definitions used for the purposes of these audit standards may differ in some respects from similar definitions used in other contexts.

Action Plan

An action plan is a plan of what the case manager, the employer and the injured employee need to do when a rehabilitation need has been identified. An action plan is not a reviewable entitlement.

Alternative duties

Duties that allow an injured employee to stay at work, or return to work. They include modified work tasks or a modified work environment, and reduced or restricted hours.

Alternative duties are usually different from pre-injury duties.

Approved Code of Practice (ACoP)

Approved code of practice means a code of practice approved by the Minister under Section 222 of the Health and Safety at Work Act 2015. This means that if an employer in an industry or using a process to which an approved code applies can show compliance with that code in all matters it covers, a Court may consider this to be compliance with the provisions of the Act to which the code relates.

Audit

A systematic, independent review to verify compliance with specific audit criteria.

Case manager

For the purposes of this document, the case manager is an appropriately qualified and experienced person (refer to elements 10.4 and 15.4) with knowledge of The Act who has designated responsibility to coordinate the rehabilitation of injured employees. The case manager may be employed by the Accredited Employer or externally with a TPA and may be based at the workplace or off-site.

Claim files

Claim files contain all of the relevant information to the management of a claim. Files may be held in hard copy or electronic form.

Code of Practice (CoP)

A statement of preferred work practices or arrangements for the purpose of ensuring the health and safety of persons to whom the code applies and persons who may be affected by the activities covered by that code.

As well as ACoPs CoP are also produced by trade associations and other industry bodies.

Complaints

Complaints could be either a concern or an issue raised by the injured employee that can be resolved informally before escalating to more formal mediation and/or formal review.

Concerns raised by an injured employee could include:

- case manager not returning calls

- home help not turning up or not completing the time allocated
- treatment providers cancelling appointments at the last moment
- transport to/from work and/or appointments not arriving.

Complaints raised by an injured employee that can be discussed to provide rationale why a certain decision has been made e.g. why X number of hours have been approved for home help and why some tasks are not included.

Complaints manager

The designated person in the company responsible for management of complaints. This role is separate to the decision maker, injury management advisor (case manager, case coordinator) and is not involved in management of the claim.

Compliance

In general, compliance means conforming to a rule, such as a specification, policy, standard or law. Regulatory compliance describes the goal that organisations aspire to achieve in their efforts to ensure that they are aware of and take steps to comply with relevant laws, policies and regulations.

Conformance

How well something, such as a product or system, meets a specified standard and may refer more specifically to: Conformance testing, testing to determine whether a product or system meets some specified standard.

Consultation

Sharing of information and opinions on a particular issue or series of issues, between two or more interested parties. The outcome of consultation may not necessarily be agreement.

Contractor

An organisation or individual providing services to the employer who is paid, but not an employee of the employer.

NB: See below for HSWA definition for ‘worker’

Direct consultation

The interaction between a case manager and a claimant (i.e. not through an intermediary forum such as email). Acceptable forms of direct consultation are face-to-face case meetings (the optimal form), electronic face-to-face meetings such as video chats/skype calls, and phone calls – with clear file notes to record the discussions or negotiations. Emails may describe what was discussed in a direct consultation, but on their own do not meet the evidential requirement.

Duty of care

A PCBU must ensure, so far as is reasonably practicable, the health and safety of workers or that other people are not put at risk from work carried out as part of the conduct of the business or undertaking.

(Refer to HSWA for the full definition)

Early intervention

Promotes contact with an employee at the earliest possible opportunity to support them to stay at work, or, if the employee is off work due to injury or a workplace illness, to return to work as soon as possible.

Prior to a claim being lodged for an injury, early intervention is about identifying and responding to warning signs and reports of accidents and incidents in the workplace that may result in employee ill health or injury.

Following an injury early intervention allows for early assessment of rehabilitation needs, this in

turn means any required treatments can start at the earliest opportunity to maximise the chances of treatment success.

Emergency responders

Fire or floor wardens, first aiders, or similar.

Employee

An individual directly employed by the employer (PCBU) and who the employer (PCBU) pays the workplace levies for.

Evacuation Procedure

An evacuation procedure is a plan that describes how occupants will escape to a place of safety if there is a fire (or suspected fire). An evacuation procedure is required for all buildings. An evacuation procedure does not require Fire Service approval. The requirements for evacuation procedures are set out in Part 1 of the Fire Safety and Evacuation of Buildings Regulations 2006.

Evacuation Scheme

An evacuation scheme describes the measures that have been put in place to enable safe and timely evacuation if there is a fire (or suspected fire). Buildings that must have approved evacuations schemes are referred to as ‘relevant buildings’, and are listed in section 21A of the Fire Service Act 1975. The owner/s of a building that requires an evacuation scheme must submit the evacuation scheme to the Fire Service for approval. The requirements for evacuation schemes are set out in Part 2 of the Fire Safety and Evacuation of Buildings Regulations 2006.

Evidence

Clear documentation (electronic or hard copy, and includes photographs or other media) to show the

written procedures (or processes) are occurring in the workplace.

Evidence is not verbal discussion.

Exit testing

Testing of a particular attribute of an employee’s health before their employment ceases, for example a final audiometric (hearing) test.

Fatal claims, serious injury claims or claims of a sensitive, complex or prolonged nature

A fatal claim is one which the injured person has died (either immediately or subsequently) as a direct result of injuries for which they have cover under The Act.

A claim that is serious, prolonged or complex in nature refers to any claim for which entitlements are likely to be payable for more than 12 months, or one that involves tetraplegia, paraplegia, incomplete spinal cord injury or brain injury where full recovery is not anticipated, or any injury, or combination of injuries, that render it unlikely that a return to work will be achieved.

A sensitive claim is one which involves factors of a sensitive personal nature relating to the claimant or the circumstances giving rise to the claim.

Harm

Illness, injury, or both, and includes physical or mental harm caused by work-related stress.

Hazard

Anything that can cause harm.

Specifically, a hazard may mean —

- an activity, arrangement, circumstance, event, occurrence, phenomenon, process, situation,

or substance (whether arising or caused within or outside a place of work) that is an actual or potential cause or source of harm; and

- includes a person's behaviour where that behaviour has the potential to cause death, injury, or illness to a person (whether or not that behaviour results from physical or mental fatigue, drugs, alcohol, traumatic shock, or another temporary condition that affects a person's behaviour).

Hazardous Substances and New Organisms Act 1996 (HSNO)

Hazardous Substances and New Organisms Act 1996 – purpose is to protect the environment, and the health and safety of people and communities, by preventing or managing the adverse effects of hazardous substances and new organisms.

HAZOP

A hazard and operability study (HAZOP) is a structured and systematic examination of a complex planned or existing process or operation in order to identify and evaluate problems that may represent risks to personnel or equipment. The intention of performing a HAZOP is to review the design to pick up design and engineering issues that may otherwise not have been found.

Health and safety assessment

An assessment carried out by management and union or other worker-nominated representatives, working together to assess relevant areas of workplace performance against the programme audit standards.

From this assessment the representative group should be able to gain a clear understanding of the performance of health and safety in all areas of the workplace and determine whether they are currently meeting the standards required in the AEP audit.

Health and safety representatives (HSR)

An HSR is a worker who has been elected by the members of their work group to represent them in health and safety matters.

HSRs are elected by a work group, which is a defined group of workers who work for the PCBU. The work group can be the whole workplace or it can be workers grouped by work areas, occupations, work sites or other arrangements. How a work group or work groups are organised will depend on what is effective for the PCBU and the workers, given the structure of the business or undertaking.

Reference WorkSafe – www.worksafe.govt.nz/worksafe/hswa/working-together/representation/health-and-safety-representatives-hsrs

Health and safety plans

Documented plans to address specific health and safety topics, issues or identified gaps from health and safety audits, assessments or surveys.

The health and safety plan should follow the SMART guideline:

- **Specific**
- **Measurable**
- **Achievable**
- **Realistic**
- **Time-bound**

Specific – clear and direct – for example, company ABC will undertake joint hazard identification and assessment of risks with employee representatives in all departments every three months.

Measurable – it should be easy to confirm whether the objective has been achieved. In the above example – is there a record of three-monthly hazard identification 'walk-arounds' and meetings?

Achievable – objectives that can be met within the timeframe available. Targets such as 'we will reduce our work injuries by 50% within six months' may not

be achievable if most people don't understand the basics of hazard identification and risk assessment.

Realistic or relevant – this is tied in closely with whether something is achievable. For example, an objective to 'become a leader in workplace health and safety management in New Zealand' may be commendable but would be almost impossible to measure. Employees may become discouraged when targets are perceived as unrealistic. Objectives should also be relevant to the type and size of the business and build on recent health and safety performance.

Time-bound – objectives should be specific and realistic enough to be able to be achieved within a defined timeframe (usually twelve months or less). If you have multi-year targets, it may be a good idea to break these down into smaller annual or monthly targets so that progress can be tracked and acknowledged.

Informal resolution

A process by which the case manager (or other suitably qualified and trained person) meets with the injured employee to see if the issue in question can be resolved through explanation and discussion without the need to proceed through the more formal review process.

Initial treatment

For the purposes of this audit "initial treatment" relates to either an initial general practitioner consultation or six treatment provider visits or less (eg. physiotherapy treatments, chiropractor treatments).

Injured employee

A person who has suffered personal injury and has an accepted claim under The Act.

Injury notification

Injury notification refers to the date the employer (or TPA) first becomes aware of an injury to an employee. This may be a completed injury report, incident report or receipt of an ACC45 or an ACC18.

While an employee may verbally inform the employer of their injury a completed report is required. In some instances, due to the nature of the injury, the report may be completed by another person e.g. team leader, health and safety representative, colleague.

Injury management advisor

An appropriately qualified and experienced person with knowledge of The Act who has designated responsibility to coordinate the rehabilitation of injured employees e.g. Case Manager, Case Co-ordinator.

Job Safety Analysis (JSA)

An orderly way of breaking a job into logical steps and identifying the hazards, assessing the hazard and putting in place controls for the hazard. Note that this is also referred to as a Task Analysis (or TA) on some worksites.

Medical-fees-only claims

Medical-fees-only claims are defined in the context of the AEP as injuries which only require initial medical support and/or less than six provider treatments (for example, physiotherapy) and where no time off work or rehabilitation support is required.

Needs assessment

The initial needs assessment is carried out with an injured employee to discuss the entitlements that may be needed resulting from a personal injury. The needs assessment should include consideration of the range of entitlements for which a person

may be eligible (eg. medical treatment, weekly compensation, social rehabilitation, payment of prescription costs, transport to treatment). More detailed and ongoing needs assessments will be included as part of a rehabilitation plan as required.

Notifiable event

Notifiable event means any of the following events that arise from work:

- a) the death of a person; or
- b) a notifiable injury or illness; or
- c) a notifiable incident.

Reference HSWA

Occupational health monitoring

Health monitoring, in relation to an individual, means monitoring of the individual to identify any changes in his or her health status because of exposure to certain health hazards. The purpose of health monitoring is to identify early signs of harm to their health arising from work or any changes on an ongoing basis. Occupational health monitoring requires informed consent.

Officer/s

Includes any other person occupying a position in relation to the business or undertaking that allows the person to exercise significant influence over the management of the business or undertaking (for example, a chief executive). It includes for example:

- a) a company – any person occupying the position of a director of the company by whatever name called
- b) a partnership (other than a limited partnership) – any partner
- c) a limited partnership – any general partner.

A business or undertaking can have more than one officer.

Every officer has a duty – it is not a joint duty. Officers have a duty because they make decisions about policy and investment that can affect workers' health and safety.

Overlapping health and safety duties

This arises when more than one PCBU has health and safety duties in relation to the same matter. For example, there may be a number of different businesses working together or alongside each other on a single or adjacent worksites, and through contracting or supply chains.

People in charge of others

E.g. manager, team leader, supervisor, foreperson, zIC (or similar).

Person Conducting a Business or Undertaking (PCBU)

Despite its name, a PCBU will usually be a business entity, such as a company, rather than an individual person. A person will be a PCBU if they are a sole trader or a self-employed person.

Examples include:

- A retail or service business
- A wholesale business
- A manufacturing business
- An import or export business
- An owner-driver of their own courier business
- A fast food franchisor and the operator of the fast food outlet (the franchisee)
- A self-employed person operating their own business (e.g. contractor, consultant, tradesperson)
- A government department or crown agency
- A local or regional council
- A school
- A partnership
- A not-for-profit organisation employing paid staff.

Personal Protective Equipment (PPE)

Anything used or worn by a person to minimise risks to their health and safety. PPE also includes air-supplied respiratory equipment.

Plant

Includes machinery, vehicles, vessels, aircraft, equipment (including PPE), appliances, containers, implements and tools. Plant also includes any part of these, or anything fitted to these.

Procedure

A process or series of steps that is clearly documented in either hard copy text format, electronic text format, or a series of hard copy or electronic flowcharts, diagrams, picture-form representations or similar, or any combination of these.

Process

A series of steps which may or may not be documented to verify who does what, when and how in order to achieve a desired result or outcome.

Psychosocial risk factors

Psychosocial risk factors (or yellow flags) associated with long-term disability may prevent or delay a person returning to work following an injury. Refer to the *New Zealand Acute Low Back Pain Guide* for more information.

Reasonably practicable

For the purposes of managing risk, “so far as is reasonably practicable” is a balance between what is possible (the highest level of protection) and what is achievable (reasonable in the circumstances).

Refer S22, HSWA for full definition

Regulatory agency

Regulatory agencies are WorkSafe, the CAA, the New Zealand Police, the New Zealand Transport Agency, Maritime New Zealand, the EPA, a local authority, the New Zealand Fire Service, a medical officer of health, the Ministry of Health, ACC, the Ministry of Business, Innovation and Employment, or a prescribed agency.

Rehabilitation

A process of active change and support with the goal of restoring the injured employee’s health, independence and participation, and comprises treatment, social rehabilitation and vocational rehabilitation. (Refer to The Act for further information).

Rehabilitation plan

The rehabilitation plan is the key tool for achieving rehabilitation outcomes. It is a signed agreement involving the injured employee and all relevant parties (eg. case manager, line manager, treatment provider and, where requested, union and/or other nominated employee representative). The development of a rehabilitation plan includes consideration of treatment, vocational and social needs, according to the legislative framework and it will define the goal of the rehabilitation plan, actions to be taken, responsibilities for the actions required, timeframes and costs of rehabilitation.

Return to work duties

This term is used to encompass all of the various terms used to describe the tasks an injured employee will undertake when a return to their pre-injury role is not appropriate. Other terms may include alternative, transitional, modified, light duties etc.

Review

Refer to Part 5 Dispute Resolution, Reviews, Sections 133–148 of The Act.

Risk

Risk can be described as the likelihood certain consequences (death, injury, or illness) will occur when a person is exposed to a hazard.

Risks arise from people being exposed to a hazard (a source of harm).

This definition is limited to risks in regard to health and safety.

Risk assessment (of a workplace injury)

A risk assessment is an assessment of a workplace injury that involves an appropriately qualified and/or experienced person who determines the relative risk of a particular claim and the likelihood that the claimant will return to pre-injury work or independence. It will include consideration of the degree and focus of rehabilitation support required for an outcome to be achieved.

Risk – Initial

The risk before (new) controls have been implemented.

Risk – Residual

The risk remaining after (updated or improved) controls have been implemented.

Risk treatment

Options for risk treatment:

- Accept the risk (with existing controls or no controls)

- Avoid the risk (stop activity)
- Apply controls to minimise the risk.

Note:

A fourth option is to transfer the risk, but the employer will still retain responsibility for the safe completion of the activity, and expert advice should be obtained before a decision is made to transfer risk to a third party.

Running sheet

A running sheet provides a “quick reference” to anyone who is reviewing the claim and may provide confirmation or evidence of many of the audit requirements. The running sheet briefly details what has been occurring on the claim and may include:

- contact details of the injured person
- injury description
- a brief summary of contact with the injured employee and any other stakeholders (for example telephone conversations, decisions issued, case conferences)
- the dates of each contact or action.

Safe Operating Procedures (SOPs)

Documented, often step-by-step, processes by which employees can perform each task or aspect of the operation.

(May also be known as Standard Operation Procedures, or similar).

Safe Work Instruments (SWI)

Safe work instruments set out technical rules in relation to matters covered by the Regulations.

Safe Work Method Statements (SWMS)

A step-by-step description of how to do a task, job or activity safely.

Safety Data Sheet (SDS)

Designed to protect the health and safety of people in the workplace by providing information on the hazards of substances and how they should be safely used, stored, transported and disposed of. SDS also describe emergency procedures, such as what to do in the event of a spill or fire.

(Previously known as MSDS)

Self-assessment

An internal assessment carried out by management, union and other nominated employee representatives working together to assess relevant areas of workplace performance against the programme audit standards. From this assessment the representative group should be able to determine whether they are able to meet and maintain the standards required in an independent AEP audit and gain a clear understanding of the performance of health and safety in all areas of the workplace.

Senior management

The management level within a business or organisation that reports directly to the most senior manager (e.g. CEO or board), and has the authority to make resources available for health and safety management. This description may also include the next tier of managers in a large multi-site organisation.

Site Specific Safety Plan (SSSP)

The SSSP is an agreement between businesses working on a specific site that determines how health and safety will be managed.

Team Leader

Team leaders are employees who have responsibilities for others in the workplace. Examples may include: managers, supervisors, leading heads, lead, head etc.

Third Party Administrator (TPA)

For the purposes of this document, third party administrator refers to any third party subcontracted by an Accredited Employer to assist them to meet their performance obligations. Under The Agreement overall responsibility and the contractual relationship remain between ACC and the contracted Accredited Employer.

Transitional duties

For the purposes of this document, transitional duties refers to the undertaking of duties by an injured employee that are different in either the type or the hours from those the person would undertake if they were not injured. Transitional duties may also be referred to as modified or alternative duties.

Union and other nominated employee representative

Where there are union members present on a site, under the AEP it is mandatory for union representatives to be provided with ongoing opportunities to be actively involved in workplace health and safety management.

The term “other nominated employee representative” can refer to any non-union employee elected or endorsed by employees to represent

employee interests. A non-union representative should not be a person selected by management to undertake this role unless employees also endorse the person in the role.

Vocational rehabilitation

Vocational rehabilitation is the support provided to an employee to enable them to keep working or return to work, and to undertake duties that are appropriate given the injury and skills.

Vocational rehabilitation may include:

- Transitional, alternative or modified duties
- Worksite assessments.

Volunteer

A person who is acting on a voluntary basis (whether or not the person receives out-of-pocket expenses).

Workers

The HSWA defines workers as an individual who carries out work in any capacity for a PCBU, including work as—

- an employee; or
- a contractor or subcontractor; or
- an employee of a contractor or subcontractor; or
- an employee of a labour hire company who has been assigned to work in the business or undertaking; or
- an outworker (including a homeworker); or
- an apprentice or a trainee; or
- a person gaining work experience or undertaking a work trial; or
- a volunteer worker; or
- a person of a prescribed class.

NB: Refer to HSWA S19 for full meaning of worker. Refer to definition of ‘contractor’ above

Workplace

A place where work is being carried out, or is customarily carried out, for a business or undertaking. Includes any place where a worker goes, or is likely to be, while at work.

A “place” can also include:

- a vehicle, vessel, aircraft, ship, or other mobile structure; and
- any waters and any installation on land, on the bed of any waters, or floating on any waters.



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