

# Workplace Health and Safety Policy

## Rationale

IBRS recognises its responsibility to provide a safe and healthy work environment as far as is practicable for all its workers and workplace visitors. This commitment extends to ensuring that the organisation's operations do not place the local community at risk of injury, illness or property damage.

## Scope

This policy is applicable to all workers of IBRS and to its operations and functions, including situations requiring workers to work off site.

The term 'worker' includes any person who works as an:

- employee
- trainee
- volunteer
- outworker
- apprentice
- work experience student
- contractor or sub-contractor
- employees of a contractor or sub-contractor
- employee of a labour hire company

## Procedure

Management will be responsible for:

- undertaking regular inspections of the workplace/s
- consulting with workers about work health and safety (WHS) hazards and risks
- having a way of identifying and managing health and safety risks
- having a sound knowledge of the Company's risk management system, which may require obtaining appropriate advice
- actively participating in how the Company conducts its WHS risk management processes
- understanding the WHS regulatory requirements for hazards and risks that impact on the organisation's operations.

A worker must:

- take reasonable care for their own health and safety
- take reasonable care for the health and safety of others
- comply with any reasonable instruction by the Company Officers

- cooperate with any reasonable policies and procedures of the Company
- report any injuries or workplace hazards immediately
- cooperate with and partner supervisors in the implementation of safety initiatives
- use equipment provided for health, safety and welfare in a manner consistent with the intended purpose.

## Consultation

IBRS will consult with its workers, in accordance with the requirements of relevant WH&S legislation, so as to enable workers to contribute to the making of decisions affecting their health and safety at work. Health and Safety Representatives (HSRs) play an important role in representing the health and safety interests of workers in a work group. The role of an HSR is to facilitate the flow of information about health and safety between IBRS and the workers in their work group.

They represent workers on health and safety matters through ongoing consultation and cooperation between workers of a work group and “persons conducting a business or undertaking” (PCBU). (IBRS)

An HSR would:

- represent workers in a work group on WHS matters
- monitor WHS actions taken by the Company
- investigate WHS complaints from workers of the work group
- look into anything that might be a risk to the WHS of the workers they represent.

An HSR, who has completed approved HSR training, can exercise additional powers:

- to direct unsafe work to stop when they have a reasonable concern that carrying out the work would expose a worker to a serious risk
- to issue a 'Provisional Improvement Notice' (PIN) when they reasonably believe there is a contravention of the Work Health and Safety Act 2011 (WHS Act).

An HSR will be nominated by the work group or by ballot if there is more than one nominee.

## Workplace Health & Safety Committee

IBRS will establish a health and safety committee within two months after being requested to do so by:

- a HSR, or
- five or more workers at the workplace.

The functions of the health and safety committee are:

- to facilitate co-operation between the Company and workers in instigating, developing and carrying out measures designed to ensure the health and safety of workers
- to assist in developing standards, rules and procedures relative to health and safety
- such other functions prescribed by the regulations or agreed between the Company and the committee.

### **Hazard and Risk Identification**

Workers should report any hazards or risks in their work environment to their manager or to their HSR or a representative of the WH&S Committee as soon as possible after identifying the risk.

The following steps will then occur:

1. whether the hazard or risk can be isolated
2. the number and location of workers affected by the risk or hazard
3. whether temporary measures can be implemented and are appropriate
4. the time that may elapse before the hazard is permanently corrected
5. who to assign responsibility for overseeing and performing the removal of the hazard.

As soon as possible after the resolution of the matter, where deemed necessary, details of the matter and its manner of resolution:

- will be brought to the attention of all workers, and
- may be forwarded by the parties to any relevant organisation of the workers or employer

Where an worker or group of workers are exposed to a serious or unavoidable danger, management may direct that they cease work. During any period of cessation of workers' standard work for health and safety reasons, workers may be assigned suitable alternative duties.

### **Reporting incidents or accidents**

Any worker involved in, or who witnesses an incident or accident causing damage to property and/or injury to persons must complete an Incident/Accident Report Form, available from the office manager. (Attachment A)

### **First Aid**

All Accidents and injuries should be reported to your manager.

## **Workers' Compensation**

All IBRS workers are covered by the relevant State workers' compensation legislation. Each incident of injury and illness is assessed by the insurer to determine entitlement to workers' compensation.

Workers' compensation is available a work related injury/illness is sustained. If you are injured at work or develop a work related illness, you must report the injury or illness to your manager as soon as possible, even if at the time of the injury or illness you do not think you need medical attention. You will be asked to complete a form recording the illness/accident. The support manager will assist you to manage any claim for compensation or medical bills that may arise from the illness/accident and any subsequent rehabilitation.

If you are absent from work due to an approved work related illness or accident, you will continue to be paid by IBRS in conjunction with the insurer and you will not use your sick leave.

Annual leave and long service leave will continue to accrue in accordance with State legislation, during any period of absence while you are receiving workers' compensation.

## **Occupational Rehabilitation**

IBRS will assist workers to remain at work, or return to work, if injured or ill as a result of their work. In support of this the company will:

- ensure you commence an occupational rehabilitation program as soon as possible after the illness/injury
- provide appropriate return-to-work responsibilities, where practicable, as an integral part of the rehabilitation process
- consult with you to ensure rehabilitation programs are effective
- ensure participation in rehabilitation programs will not, in itself, prejudice you
- maintain confidentiality of your information during any rehabilitation program

## **Non-Smoking Work Environment**

Smoking is not permitted at any time in IBRS offices or sites. Workers who may wish to smoke are encouraged to smoke in outside areas only during designated breaks.

## Attachment A: Accident/Incident Form

### Injured / ill worker's details

First name:		Last name:		Date of birth:	
Position:		Department/team:			
Volunteers/ Contractor /Employee		Worker's address:			
Manager/supervisor's name:					

#### Information in relation to Work Health and Safety Laws

If you are responsible under the Work Health and Safety (WHS) laws for workers other than employees, for example contractors, you may not be required under workers compensation laws to record injuries in your register of injuries. However it may be helpful to do so.

### Injury or illness details

Date of injury/illness:		Time of injury/illness:		am/pm
Nature of injury/illness:				
Bodily location of injury/illness (for illnesses include symptoms):				
Location at time of injury:				
How was the injury/illness sustained (cause of injury /illness):				
Was any plant, equipment, substance or thing involved in the injury/ illness? If yes, please provide details:				

### Witnesses

Were there any witnesses to the injury/illness? Yes or No. If yes, please list name and contact number for each witness:		
Name:		Contact:

Name:		Contact:	
Name:		Contact:	

### Follow up

Has the injury been reported to the worker's supervisor? Yes or No:	
Was any treatment provided? Yes or No. If yes, please provide details:	
Did the injured worker return to work following the injury/illness? If yes, please provide details:	

### Details of person making this entry

First name:		Last name:	
Position:		Department/team:	
Signature:		Date:	
If you are not the injured worker, did you witness the injury/illness? Yes or No			

### TO BE COMPLETED BY MANAGER/SUPERVISOR OF INJURED / ILL WORKER

Has an investigation been conducted into the incident? If yes, by whom?	
What controls have been implemented to ensure the incident doesn't happen again:	

### Employer confirmation

I, \_\_\_\_\_ (print name), of \_\_\_\_\_  
 \_\_\_\_\_ (insert IBRS),  
 \_\_\_\_\_



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Hereby confirm receipt of this notification.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_