



## Health and Safety Policy

### 1 SUMMARY

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This practice recognises its obligations under the Health and Safety at Work Act 2015 to take all reasonably practicable steps to provide a safe environment for workers and visitors at Doctors on Riccarton. This includes:

- Ensuring that all workers are aware of the policies laid out in this document
- Providing a safe working environment for workers and visitors
- Providing appropriate facilities for workers to maintain their safety and health
- Ensuring that all equipment and instruments are safe to be used
- Minimising exposure of workers to hazards in the work place
- Working with contractors to ensure any introduced hazards are well managed
- Developing procedures for dealing with emergencies that might arise in the workplace
- Ensuring all officers of the business are actively involved in the workplace health and safety acting in the best interests of the PCBU

### 2 POLICY STATEMENT

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#### 2.1 Purpose

This policy outlines the Health and Safety protocols that will be followed by this practice. The policy should be read in conjunction with the policies on Infection Control, Incident Management, Emergency Management and guidelines supporting new worker orientation.

#### 2.2 Background

Providing and maintaining good workplace health and safety is regarded as an investment in good business. Workers and visitors have the right to expect that the environment at Doctors on Riccarton will be safe. Good workplace health and safety aids business achievement through better productivity and better worker engagement.

The Health and Safety at Work Act 2015, and supporting regulations provide the current basis for these health and safety policies and procedures.

#### 2.3 Scope

This policy applies to all people legally on the premises of Doctors on Riccarton including those not directly employed by the practice for example, mental health professionals, laboratory personnel, physiotherapist, contractors etc.

#### 2.4 Responsibilities

Workplace safety at this practice is the primary responsibility of the PCBU. The Officers of this medical practice are accountable to ensure all health and safety requirements are met and will be supported by the Health and Safety Co-ordinator who will manage compliance with the Health & Safety at Work Act 2015 by ensuring that the practice, its workers and other parties such as contractors comply with this policy.

Every worker has a duty to ensure their own safety and the safety of others. This means taking action to prevent harm to themselves or any other person. All workers are responsible for ensuring this policy is followed.

The designated Health & Safety Co-ordinator for Doctors on Riccarton is The Practice Manager and the Nurse Co-ordinator.

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## 2.5 Definitions & Abbreviations

Accident	an event that causes any person to be harmed, or in different circumstances, might have caused any person to be harmed
Contractor	means a person engaged (other than as an employee) by the general practice to do any work for gain or reward.
Hazard	an activity, arrangement, occurrence, process, behaviour, situation or substance that is an actual or potential source of harm.
HSWA	Health and Safety at Work Act 2015
Notifiable Event	is any of the following that arise from work: <ul style="list-style-type: none"> <li>▪ a death</li> <li>▪ a notifiable illness or injury or</li> <li>▪ a notifiable incident.</li> </ul> (See the appendix or WorkSafe NZ website for a full description)
Officer	anyone in a senior leadership position or with significant influence on the management of a PCBU is an officer. There can be more than one officer.
PCBU	a PCBU is a 'person conducting a business or undertaking'. The PCBU may be a specific person, or the organisation. It may be a sole trader. In most cases, the PCBU is an organisation (in our context, the practice).
Workplace	means a place (whether or not within or forming part of a building, structure, or vehicle) where any person is to work or is working for gain or reward. This will generally be the general practice but may include the home of a patient when home visits take place.
Worksafe NZ	the group formally known as OSH at the Department of Labour

For an expanded list of definitions refer to Appendix 1.

## 2.6 Related Policies

- Infection Control Policy
- Incident and Adverse Event Management Policy
- Emergency Management Policy
- Radiation Safety Plan
- Guidelines for new staff orientation

## 3 POLICY DETAIL AND PROCEDURES

Doctors on Riccarton is committed to providing and maintaining a safe and healthy workplace for all workers, and to supporting workers to achieve this.

Doctors on Riccarton will take responsibility for health and safety procedures. At the same time, workers need to be aware of their responsibilities and comply with the business' health and safety policy.

Each worker is encouraged to play a vital and responsible role in maintaining a safe and healthy workplace through:

- Being involved in the workplace health and safety system.
- Complying with correct operational procedures.
- Wearing protective clothing and equipment as and when required.
- Reporting any pain or discomfort as soon as possible.
- Ensuring all accidents, incidents, illnesses, near misses and hazards are reported.
- Helping new workers and visitors understand the safety procedures and why they exist.
- Telling your manager/reporting immediately of any health and safety concerns.
- Keeping the work place tidy to minimise the risk of any trips and falls.

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## 3.1 Identification of Hazards and Risks

The process of identifying hazards will be done in a systematic fashion. A survey of the premises and medical centre activity will be carried out annually using the Audit Checklist - see Appendix 2.

All hazards that are identified will be assessed for risk (see Appendix 3) and will be recorded in the Hazard Risk Register maintained by the Health & Safety Co-ordinator. This will be kept up to date, with any new hazards to be added to the list as they are identified.

Each hazard will be risk assessed against the attached template and given a risk rating

Once identified each hazard is to be assessed to determine the level of significant of the Hazard – that is, whether the hazard is likely to lead to an accident or notifiable event. If it is assessed as being a significant hazard then one of the following two options will be used to manage it.

- **Elimination** of hazard (best option)
- **Minimising** the risk posed by hazard (e.g. wearing protective equipment when taking nasopharyngeal swab)

If the nature of the hazard is minor and easily rectified then this will be annotated on the schedule and appropriate action taken.

The Risk Register will be reviewed yearly to determine if the hazards still exists and whether the level of significance has changed.

## 3.2 Hazardous Materials and Substances

A list of hazardous materials, chemicals and substances used in this medical centre will be maintained. Workers who use these materials/substances will be made aware of the risks, and will know how to handle them safely and what treatment may be required in the event of exposure. (Appendix 4 contains a list of substances commonly found in a medical centre).

Warning signs will be displayed at the storage site of hazardous chemicals.

The phone number for the National Poisons Centre in Dunedin is (03) 477 0509, to be used if there are any concerns about inappropriate exposure to hazardous materials.

## 3.3 Accidents and near misses

All accidents and near misses are to be recorded in Incident Register which is maintained by the H & S co-ordinator. All accidents and near misses will be investigated by the practice's H & S co-ordinator and reviewed by the officers within 10 working days of the accident or near miss.

## 3.4 Notifiable events

When a notifiable event occurs as a result of a workplace accident the H & S Co-ordinator will immediately report the notifiable event to Worksafe New Zealand on 0800 030 040 (available 24/7). Notifiable events are defined in the appendix to this policy.

Notifiable events will also be recorded in the practice's Incident register and because of the seriousness of the event will be reported to the practice's PHO (Pegasus Health).

## 3.5 First Aid Supplies

A basic first aid kit is kept on site in case an accident occurs when no clinical workers are available to assist. See appendix 5. All workers are made aware of the location of the first aid kit.

## 3.6 Signs

Signs are provided when necessary to remind people of hazards, safety requirements and escape routes. They will be clear and visible at all times.

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## 3.7 Contractors

Contractors will be made aware of any hazards that exist on the premises by the H & S Co-ordinator or, when not available, their delegate. All contractors will be assessed and inducted into the business and will be required to complete a Contractors Agreement (see Appendix 6).

## 3.8 Employee Training

All new workers are required to read this Health and Safety policy together with appendices and to then sign an acknowledgement to confirm this – See Appendix 7. The orientation process will include instruction on emergency exits, fire alarms and assembly points, fire extinguishers (their positions and how to use them), safety equipment, first aid kit, and the use and location of protective clothing and equipment. Familiarity with the Hazard Risk Register and procedural requirements for recording accidents and incidents will also form part of the new worker training.

All training shall be documented including on the job training.

## 3.9 Stress

The Health and Safety at Work Act 2015 (HSWA) covers the condition of stress as an impact on health and safety in the work place. There are numerous factors that can lead to this problem, many of which may stem from conditions outside the working environment.

When a worker considers that they are suffering from stress they have a responsibility to immediately report their concern to their manager.

It is Doctors on Riccarton's responsibility to take appropriate steps to mitigate the risk which may include insisting that the worker take leave or undertake other appropriate measures.

## 3.10 Smoke-Free Workplace

Doctors on Riccarton acknowledges its obligations under the Smoke-free Environments Act 1990. We will take all reasonably practicable steps to ensure that smoking does not take place within the practice environment. The Smoke-free Environments Act 1990 sets out the process for making a complaint if there is a breach of this policy.

## 3.11 Workplace Harassment and Bullying

Doctors on Riccarton will not tolerate harassment or bullying. All complaints of harassment or bullying will be taken seriously, investigated and dealt with according to Worksafe guidelines. Harassment can be any form of attention which is not invited or enjoyed, and which persists to the point of making the person subject to it annoyed, uncomfortable or upset. It can be sexual or racial in nature.

WorkSafe NZ guidelines define workplace bullying as "repeated and unreasonable behaviour directed towards a worker or a group of workers that creates a risk to health and safety." To be classified as bullying, behaviour must meet all three criteria: it must be unreasonable, repeated, and a risk to health and safety. One-off incidents, low level workplace conflict, and reasonable management actions are not considered bullying.

## 3.12 Cell Phone Use when Driving

All workers, who are driving whilst acting for the medical centre, will use a hands-free kit for placing or receiving phone calls on a mobile phone. If none is available then calls will not be answered. Reading or replying to text messages is also forbidden while driving.

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## 4 REFERENCES

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- Health and Safety at Work Act 2015 (HSWA)
- Health and Safety Regulations 2016
- Ministry of Business, Innovation and Employment
- Worksafe New Zealand

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### APPENDIX 1 – Definition of Terms

1. Worksafe New Zealand states that a step is practicable if it is possible or capable of being done. Whether a step is reasonable takes into account

- The nature and severity of injury or harm that might occur;
- The degree of risk or probability that injury or harm will occur
- How much is known about the hazard and ways of eliminating, isolating or minimising the hazard; and
- The availability of costs and safeguards

The degree of risk and severity of potential injury or harm must be balanced against the cost and feasibility of the safeguard. The cost of providing a safeguard has to be measured against the consequences of failing to do so. It is not simply a question of whether a medical centre can afford to provide these safeguards: where there is a risk of serious or frequent injury or harm, then the greater cost to provide these safeguards might be reasonable.

2. The practice's Health & Safety Co-ordinator can be a doctor, nurse, manager, administrator or receptionist. There is an overlap with Infection Control policies so a nurse may be better suited to this task.

3. Worksafe New Zealand defines that a '**notifiable event**' is any of the following events that arise from work:

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

Only serious events are intended to be notified. These trigger requirements to preserve the site, notify the regulator and keep records.

The notifiable incident, illness, injury or death must arise out of the conduct of the business or undertaking. It could be due to the condition of the work site, the way the work activity is organised, or the way equipment or substances are used.

Notifiable events may occur inside or outside the actual work site.

Deaths, injuries or illness that are unrelated to work are not notifiable events eg:

- a diabetic worker slipping into a coma at work
- a worker being injured driving to work in his or her private car when the driving is not done as part of their work
- injuries to patients or rest home residents that are triggered by a medical reason (eg injuries from a fall caused by a stroke)
- a worker fainting from a non-work related cause.

A **notifiable injury or illness**, in relation to a person, means—

(a) any of the following injuries or illnesses that require the person to have immediate treatment (other than first aid):

- (i) the amputation of any part of his or her body;
- (ii) a serious head injury;
- (iii) a serious eye injury;
- (iv) a serious burn;
- (v) the separation of his or her skin from an underlying tissue (such as degloving or scalping);
- (vi) a spinal injury;
- (vii) the loss of a bodily function;

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- (viii) serious lacerations;
- (b) an injury or illness that requires, or would usually require, the person to be admitted to a hospital for immediate treatment;
- (c) an injury or illness that requires, or would usually require, the person to have medical treatment within 48 hours of exposure to a substance;
- (d) any serious infection (including occupational zoonoses) to which the carrying out of work is a significant contributing factor, including any infection that is attributable to carrying out work:
  - (i) with micro-organisms; or
  - (ii) that involves providing treatment or care to a person; or
  - (iii) that involves contact with human blood or bodily substances; or
  - (iv) that involves handling or contact with animals, animal hides, animal skins, animal wool or hair, animal carcasses, or animal waste products; or
  - (v) that involves handling or contact with fish or marine mammals:
- (e) any other injury or illness declared by regulations to be a notifiable injury or illness for the purposes of this section.

A **notifiable incident** is where someone's health or safety is seriously endangered or threatened. This is generally an unplanned or uncontrolled incident in relation to a workplace that exposes the health and safety of workers or others to a serious risk arising from immediate or imminent exposure to:

- a substance escaping, spilling, or leaking
- an implosion, explosion or fire
- gas or steam escaping
- a pressurised substance escaping
- electric shock (from anything that could cause a lethal shock, for example it would not include shocks due to static electricity, from extra low voltage equipment or from defibrillators used for medical reasons)
- the fall or release from height of any plant, substance, or thing
- damage to or collapse, overturning, failing or malfunctioning of any plant that is required to be authorised for use under regulations
- the collapse or partial collapse of a structure
- the collapse or failure of an excavation or any shoring supporting an excavation
- the inrush of water, mud, or gas in workings in an underground excavation or tunnel
- the interruption of the main system of ventilation in an underground excavation or tunnel
- a collision between two vessels, a vessel capsize, or the inrush of water into a vessel
- any other incident declared in regulation to be a notifiable incident, for example those listed in:
  - regulation 6 of the Health and Safety At Work (Asbestos) Regulations 2016
  - Schedule 5 of the Health and Safety At Work (Mining Operations and Quarrying Operations) Regulations 2016
  - regulation 33 of the Health and Safety At Work (Major Hazard Facilities) Regulations 2016
  - regulation 70 of the Health and Safety at Work (Petroleum Exploration and Extraction) Regulations 2016.

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

Definitions of **notifiable illness or injury** and **notifiable incident** will follow Worksafe NZ standards - <http://www.business.govt.nz/worksafe/information-guidance/all-guidance-items/hswa-fact-sheets/what-events-need-to-be-notified>

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## 4. Common types of hazards

These notes can be used to help identify and assess hazards that might occur in a workplace (source = Worksafe New Zealand).

### **Chemical hazards**

Chemicals can affect the skin by contact or the body either through the digestive system or through the lungs if air is contaminated with chemicals, vapour, mist or dust. There can be an acute (immediate) effect, or a chronic (medium to long-term) effect from the accumulation of chemicals or substances in or on the body.

### **Noise hazards**

Excessive noise can disrupt concentration, interfere with communication, and result in loss of hearing. High impact noises are particularly damaging. Noise can also mask out signals, affecting communication or danger warnings.

### **Radiation hazards**

Equipment such as the X-ray machine, radioactive gauging devices or the radioactive trace element used in analytical chemistry produce ionising radiation. Non-ionising radiation covers infrared radiation (heat-producing processes), lasers, ultraviolet radiation (welding, sunlight), and microwaves (high-frequency welders, freeze drying).

### **Electrical hazards**

These include the risk of injury from all forms of electrical energy.

### **Lighting hazards**

Inadequate lighting levels are a potential safety hazard. A common problem area is the reaction time needed for the eyes to adjust from a brightly lit to a darker environment — such as a forklift driver coming indoors from bright sunlight. Temporary lighting is often inadequate.

### **Vibration hazards**

This includes whole-body vibration — for example, truck drivers, people standing on vibrating platforms, and operators of mobile equipment — and also more localised vibration effects from such equipment as hand tools, chainsaws, and pneumatic hammers.

### **Temperature hazards**

Extremes of cold or heat can cause problems such as tiredness, vulnerability to infections or reduced capacity to work.

### **Biological hazards**

These include insects, bacteria, fungi, plants, worms, animals and viruses. For example, poultry workers exposed to bird feathers and droppings to which they are allergic can contract a medical condition. Brucellosis is a well known problem in New Zealand associated with people handling meat and meat products infected with brucella. Hepatitis and the AIDS virus are other biological hazards.

### **Ergonomic hazards**

Ergonomics (the 'fit' between people and their work) covers risk of injury from manual handling procedures, incorrectly designed desks or workstations, audio and visual alarms, and colour coding control mechanisms.

### **Physical hazards**

These include a wide range of injury risks— as diverse as being caught in or by machinery, buried in trenches or hurt by collapsing machinery. This category also includes the hazards from working in confined spaces, being hit by flying objects, caught in explosions, falling from heights and tripping on obstacles.

### **Other hazards**

Include stress, fatigue, the effects of shift work, and even assaults from other people.

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## Appendix 2 Occupational Health and Safety Audit Checklist

Carried out by: Marina Chin Last review on: 25-01-25

### Premises and Housekeeping

	Item	Comment (things to pay special attention to)	✓ if met, ✗ if action required (add comment)
1.1	Building and floors – clean and in good state of repair	No loose carpets, joins, trip hazards, steps, hand rails, slippery surfaces, sharp edges, overhead obstacles.	✓
1.2	Good lighting; either natural or artificial	Particularly in key work areas for safe working.	✓
1.3	Adequate ventilation; natural or artificial		✓
1.4	Occupational hygiene facilities	Sinks, hot and cold water in clinical rooms and areas, alcohol hand rub, staff rooms, toilet facilities for patients and staff.	✓
1.5	Housekeeping and layout	Adequate aisles, escape routes, workspace. Ability to supply privacy needs of patient.	✓
1.6	Good stacking and storage facilities	Shelving is safe and containers secure. Sterile/clean material stored appropriately. Medication and restricted medicines in adequate storage.	✓
1.7	Area outside of premises is clean, tidy and free of hazards	Check surfaces, paths, gates for tripping hazards.	✓
1.8	Rubbish removal adequate	Volume of rubbish should not be excessive.	✓
1.9	Removal and disposal of medically related items	Sharps containers (check not overfilled), biological waste, rubbish bins secure.	✓

### Mechanical, Electrical and Personal Safeguarding

2.1	Handling and storage of compressed gases and liquid nitrogen	Large cylinders should be chained, have trolley available for moving, safe pouring decanting procedures for liquid nitrogen.	✓
2.2	Pressure vessels/autoclave test records		✓
2.3	Portable electric equipment register in use and equipment tagged	Electrical certification up to date.	Electrical Testing By Meditest

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2.4	Ergonomic factors	Computer stations for doctors, nurses and receptionists. Check for excessive lifting, stretching, reaching or repetitive tasks.	✓
2.5	Head, eye, hand, face protection	Protective goggles. Masks, aprons, gloves.	✓
2.6	Notices, pictograms and signs	Fire exit, no entry, fire extinguishers, toilet signs, notice to alert of hazards where present.	✓

## Fire Protection and Prevention

3.1	Correct number and types of apparatus	In accordance with fire regulations	✓
3.2	Fire extinguishers clearly marked, valid date and accessible	Check inspection tag. Automatic Annual Review in October	Aug 2023 ✓
3.3	Functioning alarm system	When was it last tested?	09-01-24 ✓
3.4	Emergency planning in place and drill carried out	Fire drill records	Last Fire Drill 20-12-23 ✓
3.5	Fire co-ordinator/warden appointed and aware of role	Last reviewed – 09-01-2024	✓
3.6	Ensure no obstruction of emergency exits	Last reviewed – 09-01-2024	✓

## Accident Recording and Investigation

4.1	Incident and event register in use	Inspect to verify.	✓
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## Contractors

5.1	All contractors have signed the practice's Contractor H & S Agreement prior to undertaking work	Standard agreement should be in place for all contractors	✓
5.2	All contractors have been advised of the any hazards that exist in the Practice		✓
5.3	Contractors have provided the practice with details of any hazards the contractor is introducing to the worksite as a result of the activity that the contractor is carrying out (and this is updated whenever any new hazards are introduced).		✓



## HAZARDOUS SUBSTANCES INVENTORY

D.O.R INVENTORY PIN= **F84CFO**. Enter this into the Hazardous Substances Calculator to add or edit substances we have at D.O.R.

<https://www.hazardoussubstances.govt.nz/workbook>

DATE: 30/11/2023. Hard copy filed in office 503 (Lynnes) in red Health and safety folder

Name of product and UN number (4 digit no.)	Approval number (HSR Section 15) and group standard name (if applicable)	Hazard classification (UN class and packing group)	Current SDS available (may not be if over 5 years old)	Specific storage and segregation requirements Section 7 and or 10 of SDS	Container size	Open or closed container	Gas, liquid or solid	Location (eg Flammable goods cabinet, storage room)	Maximum likely amount	Safety for staff
1) Aesculap UN1950		Flammable 5F	Out of date 22/05/18	Keep away from heat	300ml	Closed	Aerosol	Cupboard under sink in steriliser room	600ml	Wear gloves
2) No ants barrier spray UN3082	HSR101157	6.5A, 6.5B, 9.1A, 9.4B B Harmful to human organs if ingested or prolonged or repeated exposure	Out of date 19/06/18			Closed	Liquid			Wear gloves and mask. Wash hands after using
3) Cutan foam hand cleaner (ethanol)	528/2012	Flammable 720	Replace 09/26	Keep away from heat	400ml	Closed	Foam	In all rooms and front desk	Many bottles. 2 in each consult room	Eye irritation. Do not touch eyes when used. Empty containers must go into hazardous waste
4) Soluprep/ Riotane. Chlorhexadine 0.5%and alcohol 70%			Out of date 25/10/19		500ml	closed	liquid	In cupboard above laundry sink	several	Don't use on child under 2 mths
5) Sodium hypochlorite 1791 Bleach/chlorine/janola	HSR004692	8.2C, 8.3A, 9.1BCorrosive	Review 02/25	Store away from Hydrogen peroxide, 20 - 60% aqueous solution, Nitrous oxide, Oxygen Cylinder, Silver nitrite	1000ml	closed	liquid	Cupboard under sink in steriliser room. In cupboard above laundry sink	1000ml	Wear gloves, mask and goggles



6) Oxygen Gas code 180	HSR001029	Oxidising agent. Gas under pressure 5.1.2A	Review Aug 26	Incompatible with: Mortein Powergard All in One Insect Killer Acetic acid >80% aqueous solution Acetone Bleach - Sodium hypochlorite, >5 - 25% in a non hazardous diluent Citric acid Cutan-1-Propanol Hydrogen peroxide, 20 - 60% aqueous solution Isopropanol Methanol t-Butanol, >20 - 54% in a non hazardous diluent	Size A	Closed	Gas	In emergency cupboard, triage room and East wing behind KC's desk	4 on site	Sit in o2 cradle or lye on the ground. Do not stand vertically. May explode if heated
7) Formalin Pottles 10%. With under 4% formaldehyde and under 1% methyl alcohol	HSR001583	Serious toxicity, Health hazard, Corrosive 4.0	Replace Dec 24	Heat sensitive	10 ml	Closed	liquid	In cupboard under bench in surgery room	1 litre	Wear gloves and mask. Wash off with water immediately if contact with skin. If ingested call poisons centre immediately
8) Microshield hand gel with Ethanol UN 1170	HSR?	Flammable. Health hazard or hazard to ozone layer 3	Replace 9/25	Incompatible with: Mortein Powergard All in One Insect Killer Oxygen Cylinder Silver nitrite Hydrogen peroxide, 20 - 60% aqueous solution	500ml	Closed	Gel	In various hand hygiene stations	500ml to 1 litre	Don't touch eyes after use. Wash immediately with fresh water
9) Silver nitrate stix 1910	HSR006137	Flammable, Corrosive and Hazard to environment 5.1.1B, 6.4A	Out of date 06/2022	Incompatible with: Mortein Powergard All in One Insect Killer Acetic acid >80% aqueous solution Acetone Bleach - Sodium hypochlorite, >5 - 25% in a non hazardous diluent Citric acid Isopropanol Methanol Microshield hand gel with Ethanol Hydrogen peroxide, 20 - 60%	Sticks with tiny bit on head	Closed	Solid	Drawer in steriliser room	2 bottles	Keep container closed when not in use away from light. Keep dry



				aqueous solution Cutan-1-Propanol						
10) Springflow Descaler & Cleaner for Distiller	HSR002526	Corrosive 6.1D, 8.2C, 8.3A, 9.1C, 9.3C	Out of date 6/22	Incompatible with: Oxygen Cylinder Silver nitrite Hydrogen peroxide, 20 - 60% aqueous solution	300ml	Closed	solid	Cupboard under sink in Steriliser room	1 bottle	Harmful if swallowed, skin burns and eye damage. Wear gloves, mask and eye protection
11) Clean shine DOR Cleaners substance.	HSR002530	6.1D 6.3A, 6.9A 9.3C	14/03/19.	nil	5 litres	Closed	Liquid	In cleaner's cupboard under sink in laundry		Harmful if swallowed, skin burns and eye damage.
12) All Kleen DOR Cleaners substance.	HSR002530	6.1E 6.3A, 6.4A, 9.1D	21/10/21	nil	5 litres	Closed	Liquid	In cleaner's cupboard under sink in laundry	10 litre	Harmful if swallowed, skin burns and eye damage.
13) Challenge Fresh and Clean DOR Cleaners substance.	HSR002530	6.1E, 6.3A, 6.4A, 6.5A, 6.5B, 6.9B, 9.1C	31/08/21	nil	5 litres	Closed	Liquid	In cleaner's cupboard under sink in laundry	10 litre	Harmful if swallowed, skin burns and eye damage.
14) Splash Alpine DOR Cleaners substance. Unable to find numbers on SDS so can't add to hazard calculator			Sept 2016 out of date	nil	5 litres	Closed	Liquid	In cleaner's cupboard under sink in laundry	10 litre	Harmful if swallowed, skin burns and eye damage.
15) CRC 808 silicone	HSR002515	Flammable, Could be toxic to environment. Moderate Hazard 2.1.2A, 6.3A, 6/9B, 9.1B	05/07/23	Incompatible with: Acetic acid >80% aqueous solution Acene Cutan-1-Propanol Hydrogen peroxide, 20 - 60% aqueous solution Isopropanol Methanol Oxygen Cylinder Silver nitrite Microshield hand gel with Ethanol	500ml	closed	Aerosol	IN cupboard above laundry sink	1000ml	Keep away from heat



16) Betadine	nil	3077	Revision date 11/22 Out of Date	Nil	500ml	Closed	Liquid	In different clinical rooms. Mostly surgery room	Several bottles in practice	Don't use in eye's
17) Isopropyl alcohol	HSR001180	Flammable 3.1B, 6.1E, 6.3B, 6.4A	TO BE REVISED 11/06/24	Incompatible with: Mortein Powergard All in One Insect Killer crc silicone 808 aerosol Hydrogen peroxide, 20 - 60% aqueous solution Oxygen Cylinder Silver nitrite	250 to 500ml	Closed	Liquid or in gel	In clinical rooms	Many around practice	Keep away from heat

- HSNO IS Hazardous Substances and New Organisms Act 1996. HSNO classifications (eg 3.1A - flammable liquids, 6.1E acute toxicity)
- Need **either** its HSNO classifications (eg 3.1A - flammable liquids, 6.1E acute toxicity) - **or** hazard statements from the Globally Harmonised System (GHS) (eg extremely flammable liquid and vapour, causes mild skin irritation), which are likely to be more meaningful to workers – precautions for using the substance:
- UN number is found on Safety Data Sheet (SDS)
- PCBU Person or business (us)
- GHS= Classification codes include information about the safe way to store, use and dispose of chemicals. We use the Globally Harmonised System (GHS 7) hazard classification system in New Zealand.
- **The hazard class.** This refers to the nature of the hazard the substance poses.
- **The hazard category.** This refers to the severity of the hazard within a hazard class. The lower the category number, the more severe the hazard.
- **Approval number You can usually find approval numbers on the safety data sheet (SDS) in Section 15:**
- Any substance on the Inventory needs to be listed on our Hazard risk register as well
- Household cleaners/ everyday consumer products: Do not need to be entered into the inventory if used in ways consistent with household use.
- Sphyg mercury is considered a manufactured article and is excluded from regulation
- Liquid nitrogen is used for treatment and therefore not classed as a hazardous substance
- Formalin pots are diluted to strength and do not require certified training



A safety data sheet—or [SDS](#)—is a document prepared by chemical manufacturers for any chemical which presents a hazard to health and safety. A safety data sheet includes information about each chemical, covering the physical and environmental hazards, precautions for safe handling, storage, and transportation of the chemical, and more.

There are 16 sections in a safety data sheet. Section 1 identifies the chemical on the [SDS](#) as well as its intended use. It also provides the essential contact information of the supplier.

- Section 2 outlines the hazards of the chemical and appropriate warning information.
- Section 3 identifies the ingredient(s) of the chemical product identified on the SDS, including impurities and stabilizing additives.
- Section 4 of the safety data sheet describes the initial treatment protocol for untrained responders to incidents of chemical exposure.
- Section 5 provides recommendations for fighting a fire caused by the chemical.
- Section 6 details the appropriate response to chemical spills, leaks, or releases, including containment, and cleanup to prevent or minimize exposure to people, property, or the environment.
- Section 7 of the safety data sheet provides guidance on the safe handling practices and conditions for safe storage of chemicals.
- Section 8 list chemical exposure limits, engineering controls, and personal protective measures that can be used to minimize worker exposure.
- Section 9 identifies physical and chemical properties associated with the product.
- Section 10 describes the reactivity hazards of the chemical and chemical stability information. This section is broken into three parts: reactivity, chemical stability, and other.
- Section 11 identifies toxicological and health effects info, if applicable
- Section 12 explains the environmental impact of a chemical(s) if released to the environment.
- Section 13 covers proper disposal, recycling or reclamation of the chemical(s) or its container, and safe handling practices.
- Section 14 explains classification information for shipping and transporting of hazardous chemical(s) by road, air, rail, or sea.
- Section 15 of the safety data sheet identifies the safety, health, and environmental regulations specific to the product.
- Section 16 tells you when the SDS was originally prepared or the last known revision date. This section of the SDS may also state where changes have been made to the previous version.

Keep in mind that some Safety data sheets may be 15 pages or more! Depending on the complexity of the chemical or substances therein, each section may have multiple descriptive fields with additional detail, providing different levels of information.





A hazard classification comes in two parts:

1. **The hazard class.** This refers to the nature of the hazard the substance poses.
2. **The hazard category.** This refers to the severity of the hazard within a hazard class. The lower the category number, the more severe the hazard.

For example: Acute oral toxicity Category 1:

- acute oral toxicity is the **hazard class**
- Category 1 is the **hazard category**.
- A substance with this hazard classification is more toxic than a substance with the hazard classification acute oral toxicity Category 4.

The hazardous properties of a substance are classified to determine how the risks can be managed. There are eight key hazard classes:

- Class 1: explosives
- Class 2: flammable gases
- Class 3: flammable liquids
- Class 4: flammable solids
- Class 5: oxidising substances
- Class 6: substances toxic to people
- Class 8: corrosive substances
- Class 9: substances toxic to the environment
- (Class 7 is missing as it covers radioactive materials which are regulated under the Radiation Safety Act 2016.)

<https://www.epa.govt.nz/industry-areas/hazardous-substances/rules-for-hazardous-substances/hazardous-substances-classification-codes/#:~:text=You%20will%20find%20hazard%20classifications,classification%20system%20in%20New%20Zealand.>

Approvals, hazard classifications and controls

[https://www.hazardoussubstances.govt.nz/media/1062/wsnz\\_2268\\_working\\_safety\\_with\\_haz\\_sub\\_v25-1\\_fa\\_lr\\_section\\_20.pdf](https://www.hazardoussubstances.govt.nz/media/1062/wsnz_2268_working_safety_with_haz_sub_v25-1_fa_lr_section_20.pdf)

Abbreviations TERM DEFINITION

GHS Globally Harmonised System

HSNO Hazardous Substances and New Organisms Act 1996

PCBU Person conducting a business or undertaking

PPE Personal protective equipment

SCBA Self-contained breathing apparatus

SDS Safety data sheet



**RISK REGISTER**

Date: 28/11/23. Lynne Doubleday For review annually: Next due 28/11/24

Location: In Office cupboard room 503 (Lynne’s office). In red Health and Safety folder.

- Household cleaners/ everyday consumer products: Do not need to be entered into the inventory if used in ways consistent with household use.
- Sphyg mercury is considered a manufactured article and is excluded from regulation
- Liquid nitrogen is used for treatment and therefore not classed as a hazardous substance
- Formalin pots are diluted to strength and do not require certified training
- List all actual and potential hazards
- Must contain everything that has the potential to cause harm eg injury from physical environment,
- Injury from equipment or substance, Mental Health such as burn out or stress, Robbery or aggressive behaviour/ dangerous people
- OOROC= Out of reach of children

<b>Risk identified</b>	<b>Potential Harm</b>	<b>Significant Risk Yes/No</b>	<b>Eliminate</b>	<b>Isolate</b>	<b>Minimise</b>	<b>Risk controls</b>	<b>Training or information required</b>	<b>Date of last risk controls Check</b>
1) Liquid Nitrogen 1977	Non-hazardous but may cause cryogenic burns	Yes. If prolonged contact	Read label before use	Keep Ooroc	Store in well-ventilated area in vacuum flask in steriliser room on metal bench.	Inert gas. Attached by bungee cord to wall in staff only area.	Wear cold insulating gloves, face shield and eye protection when using. Do not rub affected area	11/23
2) Cigarette smoke	Lung damage	Yes	DOR has a no smoking policy			DOR has a no smoking policy		11/23
3) Plaster saw Noise	Hearing damage	Yes			All staff and patients to wear supplied ear muffs while using	All staff and patients to wear supplied ear muffs while using or if in the same room. These are kept with saw in the steriliser room.	All staff and patients to wear supplied ear muffs while using	11/23
4) Wet floors	Injury from fall	Yes	Clean up any spillage immediately	Use wet floor signage	Clean up any spillage immediately	Use wet floor signage	Staff trained on how to clean a spill and where the spill bucket is kept.	11/23

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							(In cupboard above laundry sink. Restock immediately if used.	
5) Mental health	Decreased ability to work as expected and enjoyment of job	Yes			Support. If staff member not performing well discuss with manager who will then talk to person to find out if and what help/support may be needed.	Be aware of others needs and be kind		11/23
6) Repeat stress injury	Decline in work ability	Yes	Provide ergonomic work station e.g. high/low chair, exercises etc		Ask for an assessment so that risk can be minimised if your work station is causing harm	Provide ergonomic work station e.g. high/low chair, wrist support, exercises, ear muffs etc	Ensure all staff feel comfortable asking for what they need and that they know who to ask.	11/23
7) Risk of violence/ verbal abuse	Feeling afraid to experiencing physical harm	Yes	Call the police		The practice has a code. If a clinician calls you to ask for a cup of tea that is code for call the police. All available staff to go to front desk if patient abusive to support other staff by their presence. If have a weapon and demand drugs give them to the person.	Physical barrier at front desk. Emergency call button on computer. All desks situated so that staff member is nearest the door	All staff to train in how to manage difficult patients	11/23
8) Working late or early and only person in building	Potential for someone to walk in needing emergency help/ do harm	Yes	Ensure all doors are locked if there is one staff member present. Lock doors gates at night		Ensure all doors are locked if there is one staff member present. Lock doors gates at night	Ensure all doors are locked if there is one staff member present. Lock doors gates at night		11/23
9) Emergency	Delay in essential	Yes	Nothing is to obstruct the		Ensure the staff corridor is clear of unnecessary	Nothing is to obstruct the emergency	Reminder at staff meeting and move	11/23

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equipment difficult to access	emergency care		emergency cupboard door		clutter	cupboard door	anything you see that is obstructing the door	
10) Fire	Risk to life	Yes			Evacuate as soon as the alarm sounds or investigate unusual smells.	Sprinkler system installed	6 mthly evacuation drills and training for all new staff	11/23
11) Infection from unwell patients, staff	Risk to life for immunocompromised and those with other comorbidities	Yes	We wish	Physically isolate from others where possible	Wear appropriate PPE as per D.O.R infection control policy	Staff to stay home when unwell or wear mask while at work and work in isolated area		11/23
12) Cleaning Solutions	Skin/eye irritation. (See hazard risk if using solution that has a hazard rating)	Yes	Replace toxic chemicals with non-toxic substitutes if possible. Use good ventilation	Keep Ooroc	Replace toxic chemicals with non-toxic substitutes if possible. Use good ventilation	Wear appropriate PPE. Never mix with other cleaning solutions. Keep containers upright. Keep out of sunlight,	Notify Nurse team leader if you develop an allergy/rash and we will order a substitute product	11/23
13) Aerosols	Aesculap	Yes	Replace with non- aerosol if a problem	Keep Ooroc.	Do not puncture Keep away from sunlight. Keep containers upright. Use in well- ventilated areas.	Do not puncture Keep away from sunlight. Keep containers upright. Use in well -ventilated areas.	Do not puncture Keep away from sunlight. Keep containers upright. Use in well- ventilated areas.	
14) Poor lifting technique	Back injury	Yes			Identify tasks that require lifting and ask for assistance. Use stepping stools and adjustable beds	Refer to Work safe publication, Code of Practice for Manual Handling	Refer to Work safe publication, Code of Practice for Manual Handling	
15) Xray equipment	Excess radiation	Yes			According to Radiation Safety Plan	According to Radiation Safety Plan	According to Radiation Safety Plan	12/06/23



## Appendix 4 – Commonly Used Hazardous Materials

- Aesculap
- Alcohols; Isopropranolol. ethanol
- Bleaching agents, Janola.
- Chlorhexadine.
- CRC
- Cutan foam hand sanitiser
- Formalin
- Iodine / Betadine
- Liquid nitrogen
- Microshield
- No Ants barrier spray
- Oxygen
- Silver nitrate
- Soluprep/Riotan
- Springflow descaler and cleaner.
- Paraffin liquid

### Doctors on Riccarton cleaners' substances

- Clean and Shine
- All Kleen
- Challenge Fresh
- Splash Alpine

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## Appendix 5 – Contents of First Aid Kit

Packed by: Lynne Doubleday. Checked. 24/01/24

Description
Aspirin tablets - 2
Crepe Bandage
Dressing - large
Dressing - small
Face mask
Gloves – disposable (2 pairs)
Mouth shield
Scissors

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## Appendix 6 – Engagement of Contractors

### CONTRACTORS TO Doctors on Riccarton

#### ACKNOWLEDGMENT OF RESPONSIBILITIES FOR HEALTH & SAFETY:

1. The contractor shall take all reasonable precautions in the provision of the services to ensure the contractor and its employees and/or subcontractors' safety and the safety of staff, patients and other visitors to the Doctors on Riccarton.
2. The contractor agrees to comply with the Health & Safety policies and procedures of Doctors on Riccarton and acknowledges it has been advised of the relevant workplace hazards already existent at the medical centre.
3. The contractor will make clear to the Health & Safety co-ordinator (or their deputy) at Doctors on Riccarton all hazards and risks introduced to the workplace as a result of the work to be carried out and will take all reasonably practicable steps to minimise or eliminate those risks. This includes placing appropriate signage, advising the practice manager of any risk or hazard to employees, patients or other visitors to the practice,
4. The contractor and its employees and/or subcontractors have the requisite skills, knowledge, and experience to carry out the required task(s) safely, including relevant qualifications and current registrations necessary to undertake the task.
5. The contractor is fully conversant and complies with:
  - The Health and Safety at Work Act 2015 and other relevant legislation or regulations.
  - National Standards or Codes of Practice.
6. The contractor accepts responsibility for the supervision of its personnel to ensure that they strictly adhere to all applicable safety requirements.
7. The contractor has appointed one of its personnel as its safety advisor, and that person is responsible for coordinating all applicable health and safety matters.
8. The contractor has adequate insurance cover to indemnify the practice for any damage or loss caused by the contractor, or any penalties the practice may incur as a consequence of the contractor, his employee or sub-contractor failing to meet the expected Health and Safety standards for the task involved.

#### PRIVACY AND CONFIDENTIALITY:

1. **The contractor and its staff and/or subcontractors agree not to use or disclose to anyone any confidential information which they may come across in the course of this contract, or which belongs to or concerns the medical centre, its business, employees or patients or other people with whom it has relationships. For the purposes of this acknowledgement, “confidential information” means any information, which is not known to the public generally and includes patient notes, health information and personal information.**
2. **These confidentiality provisions will continue to apply after termination of the contract.**

#### SIGNED FOR AND ON BEHALF OF THE CONTRACTOR

Name: (please print) .....

Company Name: .....

Contact Ph No. .... Date: .....

Signature: .....

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## APPENDIX 7 - Health & Safety Acknowledgement

### Health & Safety Acknowledgement

Staff working at this medical centre will be exposed to health and safety issues and have a responsibility toward their own safety and the safety of other people around them.

I, \_\_\_\_\_, have read and understand the provisions of Doctors on Riccarton Health and Safety Policy and understand that whilst working here I have and responsibilities towards my own safety and the safety of others around me.

I am familiar with the practice's Hazard and Risk Register which identifies health and safety risks affecting Doctors on Riccarton.

I acknowledge that I have a duty of care as a worker (or Officer) to take all practicable steps to ensure:

- **my own safety** at work; and
- That no action or inaction by myself while at work causes harm to any **other person**.

When suitable protective clothing or equipment is provided by the employer, I agree to use it.

I have been made aware of the requirements of the Health & Safety at Work Act 2015 as it relates to my employment at this practice.

I know that I need to report all incidents (including accidents and near misses / good catches) to the practice's health and Safety co-ordinator so that they can be recorded in the practice's Incident Register for review and follow up action.

.....  
Name

.....  
Signature

.....  
Position

.....  
Date

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