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HEALTH AND SAFETY POLICY

Revision history

Version Number	*Changes made*	*Person responsible*	*Date updated*
2	10/03/2026	*Trish Dixon*	*10/03/2026*

Communication strategy

Manager/staff	*Type of communication*	*Person responsible*	*Frequency*
Manager	*Management of workplace Health and safety performance 2.1. Added Catastrophic Heat Days Page 4*	*Manager*	*In Heat wave days when instructed by ICC*

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1.0 Health & Safety policy

Mount Beauty Neighbourhood Centre Inc. (MBNCI) is committed to providing and maintaining a safe and healthy workplace for all organisational members (including employees and volunteers, contractors, and volunteers) as well as clients, visitors, and members of the public. Hazards and risks to health and safety will be eliminated or minimised, as far as is reasonably practicable. 'Health' is defined in the model Work Health and safety Act as both physical and psychological health.

Part 3 of the Occupational Health and safety Act 2004 (OHS Act) places general occupational health and safety (OHS) duties on employers, the self-employed, employees and volunteers, designers, manufacturers, suppliers and other duty holders.

These general OHS duties require a duty holder to protect health and safety, so far as is reasonably practicable.

The responsibility for managing health and safety ultimately rests with the person in control of the business or undertaking the business (PCBU) which includes the MBNCI management and board members.

Organisational members (including employees and volunteers, contractors, and volunteers) as well as clients, visitors, and members of the public also have important responsibilities for health and safety in the workplace.

MBNCI is committed to complying with the Work Health and safety Act 2011, the Work Health and safety Regulation 2011, codes of practice and other safety guidance material.

MBNCI Management and the Board will:

- Ensure the business complies with all legislation relating to health and safety.
- Eliminate or minimise all workplace hazards and risks as far as is reasonably practicable.
- Provide information, instruction, and training to enable all employees and volunteers to work safely.
- Supervise employees and volunteers to ensure work activities are performed safely.
- Consult with and involve employees and volunteers on matters relating to health, safety, and wellbeing.
- Provide appropriate safety equipment and personal protective equipment.
- Provide a suitable injury management and return to work program.

Organisational members (including employees and volunteers, contractors, and volunteers) as well as clients, visitors and members of the public will:

- Take reasonable care for their own health and safety.
- Follow safe work procedures, instructions, and rules.
- Participate in safety training as required.
- Report health and safety hazards to MBNCI Management.
- Report all accidents, injuries, and incidents to MBNCI Management.
- Use safety equipment and personal protective equipment as instructed.

MBNCI's goal is to provide a safe and healthy work environment that is free from workplace injury and illness. This will only be achieved through the participation, co-operation, and commitment of everyone in the workplace.

This Occupational Health and safety Policy and Procedures Manual provides specific requirements for dealing with the management of health and safety at MBNCI. Its intention is for the MBNCI to not only control the OHS risks/hazards but also to verify its compliance with legislation.

2.0 Responsibility and Commitment

MBNCI Management and the Board recognises its "Duty of Care" to provide a healthy and safe workplace for all employees and volunteers, volunteers, students, and visitors to the MBNCI.
MBNCI Management and the Board also recognises that it needs to demonstrate its commitment to, and its systematic management of, workplace health and safety.

MBNCI management must lead the way to gain the commitment of employees and volunteers at all levels to develop a dynamic organisational safety culture and to implement and maintain the MBNCI occupational health and safety programs which includes ensuring:

- Awareness of the MBNCI Health and safety Policy through public display and inductions.
- Health and safety Responsibilities and Accountabilities of all MBNCI employees and volunteers are communicated and understood.
- Management of health and safety performance and communication and consultation on occupational health and safety issues.

Responsibility

The Centre Manager (Duty Holder) is ultimately responsible for health and safety of the MBNCI and its associated activities. This responsibility is delegated through the MBNCI Health and safety Group (HSG*)* which consists of a Board member, Centre Management / Supervisor and Volunteer representative.

The Centre Manager is responsible for the effective implementation of the Health and safety Management System (HSMS) and to take action to provide and maintain safe and healthy working conditions for all employees and volunteers and take an active role in the review and continued improvement of health and safety practices at the MBNCI workplaces.

It is the responsibility of the Centre Manager / Supervisor to ensure that all staff are provided with the required training to safely perform their tasks. It is also the Centre Manager / Supervisor responsibility to ensure that the relevant MBNCI Incident and Hazard Report Forms are filled out by staff and volunteers when required, and incidents are investigated and followed up within the specified time frames.

All MBNCI employees and volunteers are required to work in a manner that is safe and will not jeopardise their health and safety or the health and safety of other employees and volunteers, volunteers, students, visitors, and contractors.

To meet this responsibility, MBNCI employees and volunteers will need to follow all lawful and reasonable instructions given by the Centre Manager or Supervisor. This will include attendance at training sessions, following safe work practices and processes, and wearing personal protective equipment where it is determined such equipment is required. Employees and volunteers should also maintain a level of health and fitness necessary to undertake the tasks of their position.

Employees and volunteers are required to report immediately accidents/incidents, hazards or personal injury/illness that may affect their ability to perform their work safely or affect the health of others.

Accountability

While ultimate accountability for health and safety rests with the Centre Manager, all MBNCI employees and volunteers are accountable for their actions within their areas of responsibility.

In general terms, the level of accountability is commensurate with the level of authority. However, it must be remembered that while responsibility may be delegated, accountability cannot.

2.1 Management of Health and Safety Performance

The management of health and safety is the responsibility of all MBNCI employees and volunteers. Hence accountability for performance must be within the scope of an employee's or volunteer's responsibility.

The Centre Manager will therefore ensure that responsibility and accountability for health and safety within the MBNCI is communicated to all employees and volunteers in their induction or orientation.

Individual performance assessments should include health and safety management. Health and safety performance should include measurement in terms of program implementation; review of systems of work and improvements made to processes and the workplace in general.

Catastrophic Heat Days

Staff and volunteers are permitted to take leave, or work from home, on days over 40C, especially when they coincide with days declared by Vic Emergency as Catastrophic Fire Days.

According to the CFA, if a fire was to start during catastrophic conditions

- It will be uncontrollable, unpredictable and fast moving
- Fire services will find it difficult to put out
- There is a high likelihood that lives and properties in the path of the fire will be lost.
- Homes cannot withstand fires in these conditions. You may not be able to leave, and help may not be available.
- Leave high risk bushfire areas the night before a Catastrophic fire danger day or early in the morning of a Catastrophic fire danger day - do not wait and see.

Any staff member or volunteer who feels that conditions are unsafe should contact the MBNCI manager who may advise them to go to a Relief Centre. If MBNCI becomes compromised and told to close and leave by the Incident Control Centre, MBNCI is obliged to follow those orders.

Management Meetings

Effective communication and consultation on health and safety and other issues can be achieved by providing opportunities for employees and volunteers to have input into their management. To provide opportunities for discussion of issues the Centre Manager will ensure health and safety is placed on the agenda of any management meeting. The Minutes of the meetings should show all issues raised and any action taken. These Minutes must be kept for a minimum of two years, as they may be required for safety and quality audit purposes or for investigation of hazards or incidents.

All employees and volunteers should be encouraged to raise and discuss issues at meetings. The relevant action may be to place the issue on the agenda of the Health and Safety Committee meeting for appropriate action.

Health and Safety Consultation

The Centre Manager will ensure that a health and safety consultation framework is in place in line with the requirements of the Workplace Health and Safety Act. The MBNCI's health and safety consultation framework is made up of the MBNCI Health and safety Group (HSG).

Planning

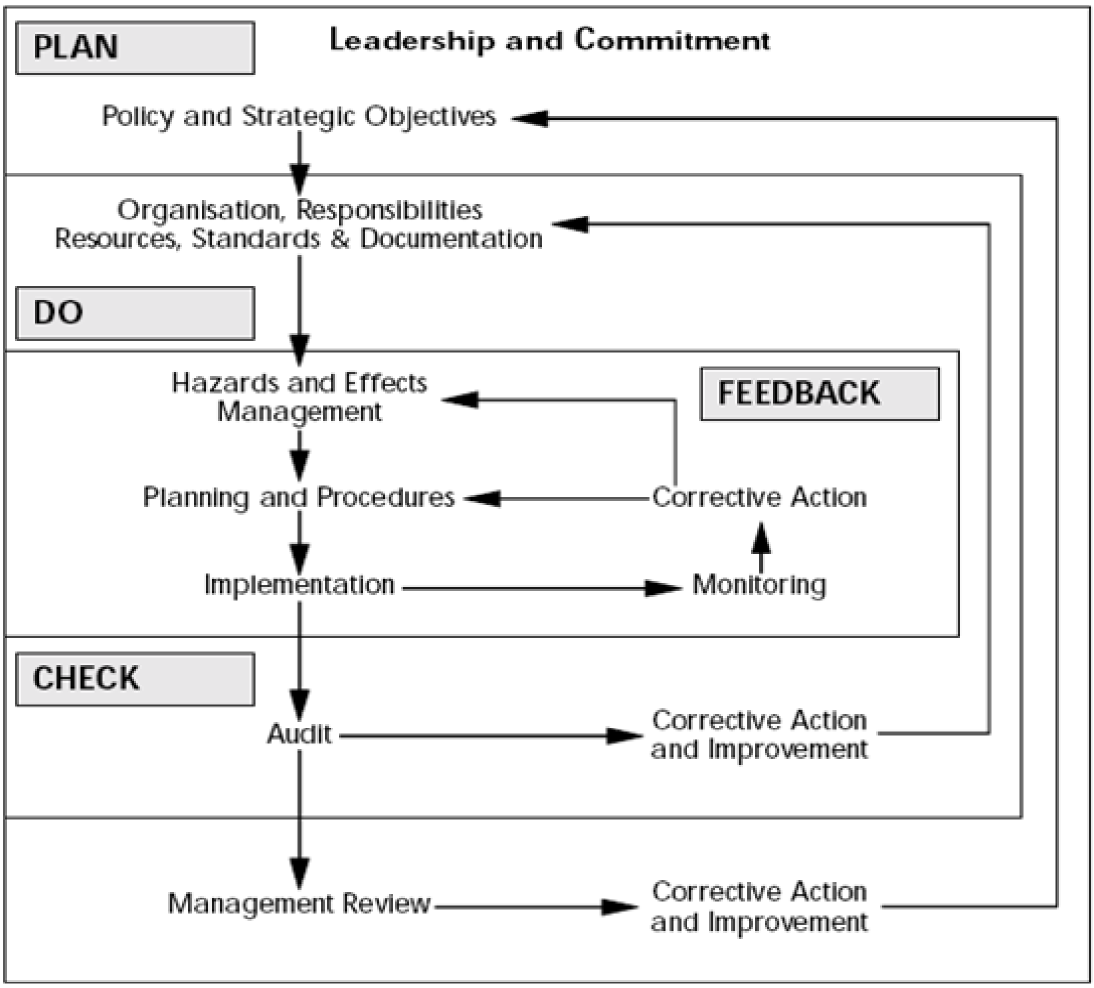
Planning is an essential element for any HSMS and projects the direction and schedule for OHS management and review. The MBNCI adopts a *Plan, Do, Check* approach for the implementation requirements of the HSMS, which is responsive also to reports from the HSG, incident and hazard reporting and inspections and audits.

The HSMS effectiveness review forms part of the MBNCI Strategic Plan.

The MBNCI 's Health and Safety Group with the Centre Manager will provide a plan to ensure that suitably competent personnel identify, assess, control and review health and safety hazards associated with the risk of the operations performed by the MBNCI.

The plan will include a review of health and safety data to identify and prioritise action required for:

- Processes/operations with high risk
- A process for regular workplace self-inspections
- Monthly inspections of the workplace by the Centre Manager and a member of the HSG
- Priority health and safety action plans including emergency evacuation drills for the current year
- Determining training requirements for employees and volunteers



A generic Safety Management System (Patrick Hudson Safety Management and Safety Culture The Long, Hard and Winding Road Paper to The First National Conference on Occupational Health and safety Management Systems, July 2000):

Workplace Self Inspection

MBNCI will be required to undertake a monthly self-inspection program. Checklists will be used by the Centre Manager or their delegate to undertake a walkthrough inspection of the workplace. Suitable competent staff will undertake the inspection, noting any potentially hazardous or unsafe conditions or processes and propose action that will be taken. The plan will include prioritisation of these hazards, based on sound risk management principles (refer 6.0 Management of Workplace Health and Safety Risks).

Completed self-inspection checklists will be provided to the HSG to assist in developing the annual Health and Safety action plan and follow-up action where necessary. Copies of all self-inspection checklists and reports shall be kept for audit purposes. Records that demonstrate hazards or unsafe conditions have been rectified must also be kept.

The HSG through the Centre Manager will be provided with the proposed action plans for comment and inclusion in the MBNCI Health and Safety elements of the annual Strategic Plan.

Audits of MBNCI Workplaces

MBNCI engage with the following organisations in relation to onsite audits. The purpose of the audits is to (a) check implementation of the HSMS and that each element is being correctly managed, and (b) that MBNCI workplaces meet the specified criteria of the respective user organisations.

Requirements and processes relating to health and safety that have been adopted by the MBNCI will also be audited to ensure their implementation and maintenance. Audit reports will be provided to the MBNCI Health and Safety Group.

RECORD OF AUDITS	DUE DATE	COMPLETED	BY WHOM
Alpine Shire Building Compliance	**TBC**		
Electrical Test and tag		**DECEMBER 2023**	**Jims Test and Tag**
Corrections Department	**TBC**		**Centre Manager**
Financial Audit	**September 2024**	**August 2024**	**Belmores Chartered Accountants by Leesa Bevan**
Department of Families, Fairness & Housing	**Annual**		**Centre Manager**

Services Australia	**Annual Contract -June 2023** **Audits - 6mthly**	**20/06/2023**	**Centre Manager**
Security Cameras	**Monthly**		**Manager & Staff**

3. 0 Training and Competency

The MBNCI recognises that all employees and volunteers require training in the tasks that they are required to perform, the risks associated with these tasks, in the safe systems of work that have been adopted and their responsibilities for Duty of Care.

This element includes the:

- MBNCI workplace induction process.
- Development of skills and competencies.
- Staff training needs analysis.
- Evaluation of training programs.
- Maintenance of training records.

Inductions

The MBNCI has an induction system where before new employees and volunteers commence work, they are required to be inducted. The Centre Manager or Supervisor have a responsibility to make new employees and volunteers aware of issues such as specific work requirements, hazards, mandatory requirements (for instance the wearing of PPE), the health and safety consultation framework, other safe systems of work and emergency procedures. Where specific skills are required to perform a task safely the employee or volunteer is booked into the relevant mandatory training courses.

⇒ Refer **Induction Form Template** in Appendix.

Verification of Competencies

Many tasks will require specific skills and competencies to be safely completed. These tasks must be identified by managers and supervisors and the relevant skills and competencies recorded. All staff required to undertake these tasks must have their ability to complete the tasks safely assessed by a competent person before permission is given to undertake them.

Training Needs Analysis

A training needs analysis should be conducted to identify health and safety and specific training required by individual employees and volunteers and by groups of employees and volunteers. The purpose of this analysis is to ensure that staff can meet acceptable and safe performance levels. Identified training may be reactive and follow the identification of weaknesses or barriers that prevent the achievement of set targets or objectives. It may be determined through a needs analysis that individual, or groups of employees and volunteers require training to handle planned changes in the workplace.

A training needs analysis may include formal or informal discussions with employees and volunteers, observation of employees and volunteers at work, and analysis of critical incidents, the MBNCI risk register, accidents, or breakdowns.

Individual and group training should be evaluated to ensure that the training meets employee / volunteers needs and that the training also meets the goals and objectives set by the MBNCI.

Maintenance of Training Records

The Centre Manager / Supervisor will keep records of all training organised and conducted for employees and volunteers. These records should include induction training, task specific training, staff development training, training needs analysis, and all evaluations of training.

These records may be required when auditing the MBNCI HSMS or for investigation of incidents /injuries.

5.0 Emergency Management Plan

Purpose of the Emergency Management Plan

1. **Prevention:** measures to identify risks and eliminate or reduce the incidence or severity of emergencies.
2. **Preparedness:** measures to ensure that communities are capable of coping with the effects of emergencies.
3. **Response:** measures taken during and immediately after emergencies to ensure the effects are minimised and appropriate responses are initiated.
4. **Recovery:** measures that support resumption of 'business as usual' as soon as possible after an incident has occurred, including a review of the effectiveness of the responses to adjust processes as necessary to improve emergency management.

The MBNCI has developed an Emergency Management Plan which includes generic processes for potential risks such as fire, bomb threat, flood, bushfire, and medical emergencies for all structures used by its employees and volunteers, volunteers, students, and visitors. These processes must be implemented for each workplace and regular drills and a review of processes must be carried out.

In a major emergency or incident, the MBNCI has a structured group of people (Incident Management Group) which takes command in the declaration of an emergency in a building, area or work or study pending the arrival of the fire brigade or other emergency service.

The role of this group includes:

- Drafting implementation and continual review of the MBNCI Emergency Management Plan.
- Develop and implement procedures for conduct of emergency evacuation exercises and review the effectiveness of the exercises effective and timely control of response operations.
- Assessment of emergencies for priority response action.

Managers are to ensure there are emergency plans for each building/area and these plans will include:

- Contact details of emergency services
- Contact details of internal emergency response personnel (Chief Warden, First Aid Officers etc)
- Role of internal emergency response staff
- Evacuation procedures

Post-emergency processes will include:

- Action after cessation of the emergency

- Restoration of the site where necessary
- Peer support and debriefing processes
- Post emergency reporting; and review and revision of the emergency plan

Building emergency plans will include provision of training of staff in the processes to be followed. The MBNCI will develop and regularly review evacuation processes for all buildings.

Emergency Contact List

Contact	Phone number / Website
	DIAL TRIPLE ZERO 000 FOR Fire/Police/Ambulance **Police assistance (non-emergency Number) 131444**
	For latest Emergency Warnings and Advice https://www.emv.vic.gov.au
	https://www.ses.vic.gov.au Bright Unit: 03 5755 1790
	Victorian Poisons Information Centre Call **131 126** https://www.austin.org.au/poisons In an emergency, call triple zero (000). Do not call the VPIC in emergency situations where the person has collapsed, stopped breathing, is having a fit or has had an anaphylactic shock.
Mount Beauty Police	03 5754 4244
Mount Beauty Medical Centre	03 5754 3400
Mount Beauty Hospital	03 575 3500
MBNCI First aid Officer/Warden	Trish 0429 170 365 Glenda 0438117307 Walailuck 0412150703
COVID-19 Information	1 800 675 398 https://www.dhhs.vic.gov.au/coronavirus
Neighbourhood Houses Victoria	03 9602 1228

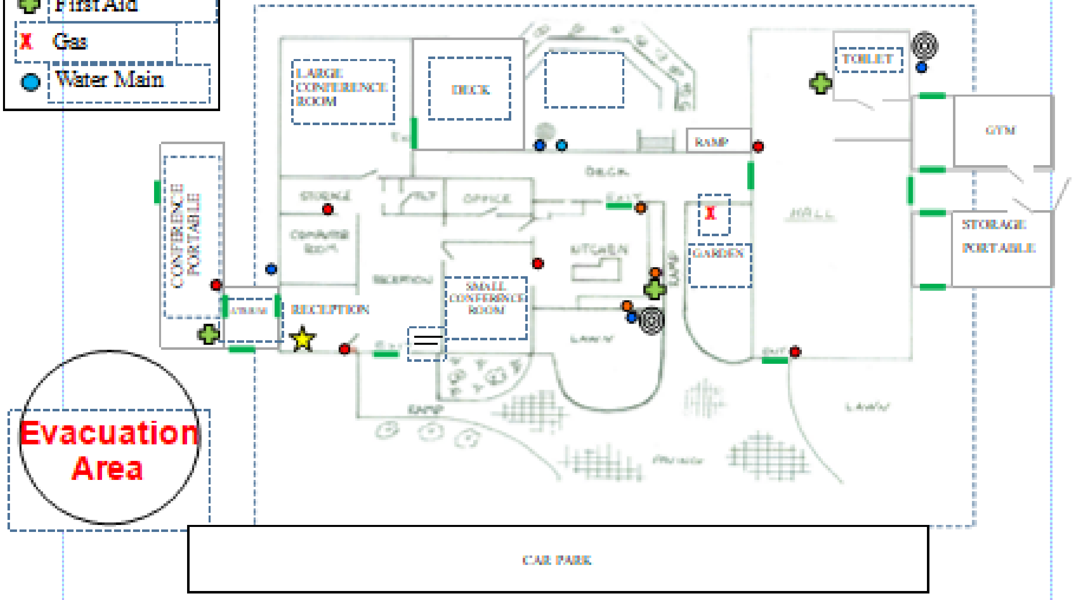
Emergency Evacuation Point

●	Fire
●	Fire Blanket
◎	Hose
●	Outdoor Tap
☆	You Are Here
—	Exit
✚	First Aid
X	Gas
●	Water Main

000

Emergency services – triple zero Fire/police/ambulance

First aid officer/Warden Trish Dixon & Penny Goebel



- Each day, the volunteer of the day will be responsible for checking all rooms in the Centre if the fire alarm is activated and phone **000** to alert the authorities.
- In the event of a fire all present must proceed in an orderly manner to the evacuation area between the Centre and the TAFE building (see diagram). Gathering here will allow the fire brigade uninterrupted access to the building.
- Everyone leaving the building through exits at the front of the Centre will walk along side the parking area log fencing on the marked path to the evacuation area, those exiting from the rear of the building must ensure they keep a reasonable distance from the building and move in a group to the evacuation area as there is no marked path.

Mt Beauty Neighbourhood Centre Inc.
1 Tennis Court Avenue, Mount Beauty, 3699, VIC, Australia

Version 5 2019

5.1 Incident Management Team (IMT) Responsibilities

The incident management team consists of the Centre Manager / Supervisor and members of the Health and safety Group. Their responsibilities include:

Pre-Emergency

- ✓ Maintain current contact details of IMT members.
- ✓ Identify resources required.
- ✓ Ensure personnel with special needs list and staff trained in first aid list are up to date.
- ✓ Conduct regular exercises/drills.
- ✓ Ensure our emergency response and recovery procedures are kept up to date.
- ✓ Ensure staff on the IMT are aware of their responsibilities.

During Emergency

1) Attend the emergency control point.
2) Ascertain the nature and scope of the emergency.
3) Ensure that the emergency services have been notified.
4) Ensure the appropriate response has been actioned.
5) Convene our IMT as required.
6) Initiate evacuation of affected areas/lock-down/lock-out/shelter-in-place as required.
7) Brief the incoming emergency services and respond to their requests.

Post- Emergency

1) When the incident is rendered safe or the emergency services return control, notify the IMT members to have personnel return to normal operations.
2) Organise debrief with the IMT and, where appropriate, with any attending emergency service.
3) Ensure recovery activities are considered and implemented as required.
4) Collect and evaluate information relating to the emergency.
5) Complete the Post Emergency Record.
6) Compile report of the actions taken during the emergency for the debrief.
7) Report serious incidents to the relevant authority.

5.2 Emergency Evacuation Procedures

General Emergency (Fire, Gas leak, Spill, Flooding etc)

1) Sound ALARM with 3 x horn blasts from the horn at the front desk
2) Call 000 for emergency services and seek and follow advice.
3) The Chief Warden (Centre Manager/ Supervisor) or assigned person in their absence will determine which of the facility's pre-identified on-site evacuation points to use.
4) The Chief Warden will:
5) evacuate all personnel out of the main building to your onsite evacuation point.
6) take attendance list, staff attendance list, Emergency and First Aid Kit
7) Once at the assembly point, check all personnel are accounted for.
8) Ensure communications with emergency services is maintained and follow their directions.
9) Confirm with emergency service personnel that it is safe to return to normal operations.
10) Maintain a record of actions/decisions undertaken and times.

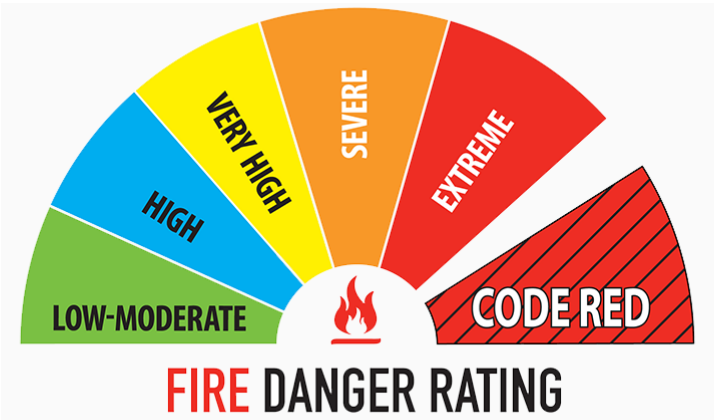
Bushfire

During the specified Fire Danger Ratings, the IMT will activate the following procedures:

High to Severe: Ensure the Fire Ready Plan has been communicated and understood by all personnel onsite.

Extreme: Only essential personnel approved by the IMT to remain onsite.

Code Red: Fire Ready Plan to be enacted by the IMT



Lock-down procedure

When an **external and immediate danger** is identified, and it is determined that personnel within the facility need to **be secured inside the building for their own safety** the **Chief Warden on-site** will take charge and activate the Incident Management Team if necessary.

1) **Call 000** for emergency services and seek and follow advice.
2) Initiate the lock-down and provide instructions to staff, for example, close internal doors and windows, remain in room, sit below window level, or move into corridors.
3) Check that all external doors (and windows if appropriate) are locked.
4) If available, allocate staff to be posted at locked doors to allow personnel to enter if locked out.
5) Divert returning personnel from the facility if required.
6) Ensure a telephone line is kept free.
7) Keep main entrance as the only entry point. It must be constantly monitored, and non authorised people denied access.
8) Ensure communications with emergency services is maintained and follow their directions.
9) Confirm with emergency service personnel that it is safe to return to normal operations.
10) Maintain a record of actions/decisions undertaken and times.

Lock-out procedure

When an **internal immediate danger** is identified, and it is determined that certain or all personnel are **to be evacuated from buildings for their safety** the **Chief Warden on-site** will take charge and activate the Incident Management Team if necessary.

1) **Call 000** for emergency services and seek and follow advice.
2) Announce lock-out with instructions about what is required. Instructions may include nominating staff to: Lock doors to prevent entry, check the premises for anyone left inside, obtain First Aid Kit.
3) Determine which of the facility's pre-identified on-site evacuation points is most appropriate to use.
4) Assemble personnel at the designated on-site or off-site evacuation point/s.
5) Check that all personnel are accounted for.
6) Where appropriate, confirm with emergency services personnel that it is safe to return to normal operations.

⇒ Refer **Emergency Evacuation Checklist** in Appendix.

6.0 Management of Workplace Health and Safety Risks

The MBNCI will identify a process to facilitate the identification of all hazards that may affect the health and safety of employees and volunteers in its workplaces. The risk assessment process will identify the level of risk and provide guidance to managers and supervisors for determination of the level of risk and any controls that are required.

6.1 Hazard Identification

The identification of hazards in the workplace involves consideration of the situations, events or circumstances that may cause injury, illness, or damage to property. Identification includes the type of injury, illness, or damage possible, the way in which work is organised and managed, and the tools and equipment being used.

The tools used in the process of hazard identification include:

- Ensuring all staff are aware of their health and safety responsibilities, including reporting and recording processes
- Consultation by managers and supervisors with employees and volunteers who undertake the tasks
- Regular inspection of the work environment
- Investigation of accident/incident records to highlight potential sources of harm
- Specialist advice from a HSE professional in respect of task analysis, formal and informal hazard analysis, and advice relating to management of health and safety issues
- Appropriate health and safety training
- Regular auditing, inspection, reporting and review of the system by the HSG and Centre Manager
- Job Safety Environment Analysis (JSEA)

6.2 Risk Matrix, Consequence and Likelihood Tables

When a hazard has been identified the risk associated with the hazard must be determined.

The objective process for identifying the level of risk associated with a hazard is to assess the:

1) **Likelihood** of an occurrence.
2) **Consequence**, the severity of the outcome.

Risk Matrix assessments should be completed by the Centre Manager and the HSG.

Risk Matrix Chart

		Likelihood				
		1	2	3	4	5
Consequence		Rare The event may occur in exceptional circumstances	Unlikely The event could occur sometimes	Moderate The event should occur sometimes	Likely The event will probably occur in most circumstances	Almost Certain The event is expected to occur most circumstances
1	**Insignificant** No injuries or health issues	LOW	LOW	LOW	LOW	MODERATE
2	**Minor** First aid treatment	LOW	LOW	MODERATE	MODERATE	HIGH
3	**Moderate** Medical treatment, potential LTI	LOW	MODERATE	HIGH	HIGH	CRITICAL
4	**Major** Permanent disability or disease	LOW	MODERATE	HIGH	CRITICAL	CATASTROPHIC
5	**Extreme** Death	MODERATE	HIGH	CRITICAL	CATASTROPHIC	CATASTROPHIC

Risk rating:

Low risk: Acceptable risk and no further action required as long as the risk has been minimised as far as possible. Risk needs to be reviewed periodically.

Moderate risk: Tolerable with further action required to minimise risk. Risk needs to be reviewed periodically.

High risk: Tolerable with further action required to minimise risk. Risk needs to be reviewed continuously.

Critical risk: Unacceptable risk and further action required immediately to minimise risk.

Catastrophic: Unacceptable risk and urgent action required to minimise risk.

Risk Rating for this incident

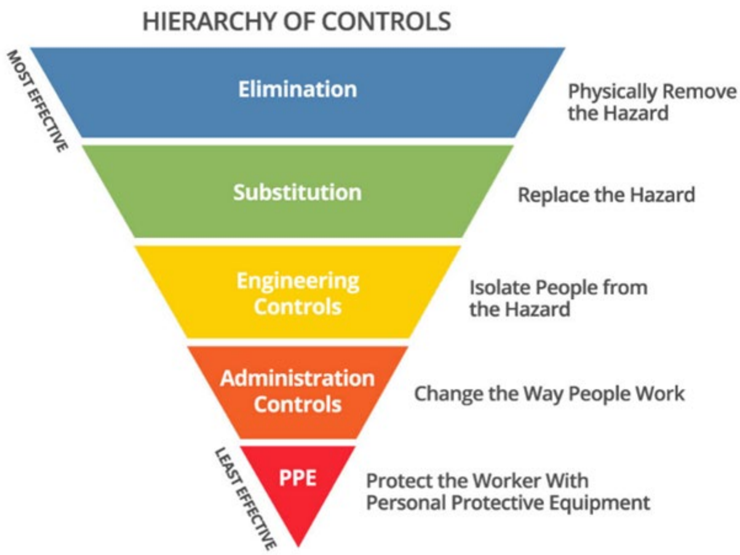
☐ LOW RISK	☐ MODERATE RISK	☐ HIGH RISK	☐ CRITICAL RISK	☐ CATASTROPHIC
Acceptable with periodic review	Tolerable with periodic review	Tolerable with continuous review	Intolerable	Intolerable

6.3 Hierarchy of Controls

In managing risks to health and safety, the duty holder must: (a) eliminate risks to health and safety so far as is reasonably practicable; and (b) if it is not reasonably practicable to eliminate risks to health and safety, minimise those risks so far as is reasonably practicable.

Duty Holder. A duty holder refers to any person who owes a work health and safety duty under the WHS Act including a person conducting a business or undertaking (PCBU), designer, manufacturer, importer, supplier, installer of products or plant used at work (upstream duty holders), an officer and workers.

Glossary | Safe Work Australia
www.safeworkaustralia.gov.au/glossary



In accordance with the Hierarchy of Control measures the duty holder must minimise risks, so far as is reasonably practicable, by doing 1 or more of the following:

If it is not reasonably practicable for a duty holder to **Eliminate** risks to health and safety, the duty holder, in minimising risks to health and safety, must implement risk control measures in accordance with the Hierarchy of Control measures as detailed below:

Substitute (wholly or partly) the hazard giving rise to the risk with something that gives rise to a lesser risk

Isolate the hazard from any person exposed to it

Implement engineering controls

If a risk then remains, the duty holder must minimise the remaining risk, so far as is reasonably practicable, by implementing **administrative** controls.

If a risk then remains, the duty holder must minimise the remaining risk, so far as is reasonably practicable, by ensuring the provision and use of suitable **personal protective equipment**.

A combination of the controls may be used to minimise risks, so far as is reasonably practicable, if a single control is not sufficient for the purpose.

Maintenance of control measures

A duty holder who implements a control measure to eliminate or minimise risks to health and safety must ensure that the control measure is, and is maintained so that it remains, effective, including by ensuring that the control measure is and remains:

a) fit for purpose; and
b) suitable for the nature and duration of the work; and
c) installed, set up and used correctly.

Review of control measures

A duty holder must review, and as necessary revise control measures implemented to maintain, so far as is reasonably practicable, a work environment that is without risks to health or safety.

The duty holder must review and as necessary revise a control measure when:

a) the control measure does not control the risk it was implemented to control so far as is reasonably practicable.
b) before a change at the workplace that is likely to give rise to a new or different risk to health or safety that the measure may not effectively control.

6.4 Job Safety and Environment Analysis (JSEA)

A Job safety and environment analysis (JSEA) will be undertaken as a minimum on medium to high-risk tasks performed at the MBNCI that could impact health, safety, and the environment. The purpose of the JSA is to ensure the employee undertaking the tasks can do so with the minimum of risk to health, safety, and the environment.

Each JSA will be undertaken using risk management principles and all findings will be documented along with the procedure and kept for reference by new employees and volunteers, supervisors, volunteers etc., and for audit purposes.

1) Identify tasks, activities, work processes and practices for assessment
2) Identify Hazards
3) Assess and prioritise risks
4) Monitor and review

⇒ Refer **Job Safety and Environment Analysis (JSEA) Template** in Appendix.

7.0 Legal Requirements: Reporting and Recording

Well-developed reporting and recording processes assist in the identification of hazards and the control of associated risks. These processes also assist the MBNCI to meet its legislative responsibilities in relation to the reporting of certain accidents and incidents.

This element includes the:

- Recording of accidents, incidents that may have caused serious injury and workplace hazards that individual employees and volunteers, either by their own actions or the actions of their supervisor, were not able to control.
- Recording of all hazard identification, risk assessments and control
- Implementation, their review, and any improvements made.
- Recording of all health and safety related training and information provided. These training records will include employee training in safe working processes, use and maintenance of personal protective equipment, emergency evacuation, use of fire extinguishers etc.

7.1 Incident and Hazard Reporting

The MBNCI will ensure that accident and incident reporting and recording processes are put into place. These processes will:

- Require all employees and volunteers to report incidents and workplace related illness on a standard report form available in hard copy at MBNCI Reception and on the Health and safety Share Point.
- Request all employees and volunteers to report incidents or near misses on a hazard report form.
- Ensure all workplace accidents / incidents are reported to and investigated by the Centre Manager and HSG.
- Ensure that the MBNCI can meet all legislative reporting requirements.

7.2 Criteria for notifiable incidents

Under the Occupational Health and safety Act 2004 (OHS Act), employers and self-employed persons must notify WorkSafe immediately after becoming aware an incident has occurred. Failure to report an incident to WorkSafe is an offence and may result in prosecution.
https://www.worksafe.vic.gov.au/report-incident-criteria-notifiable-incidents

If you are unsure, contact WorkSafe on 13 23 60.

⇒ Refer **Incident Report Form Template** in Appendix.
⇒ Refer **Hazard Identification and Risk Control Form Template** in Appendix.
⇒ Refer **Hazard Substances Register Template** in Appendix.

7.3 Records of Training, Information, Risk Assessment, Inspections and Audits

The MBNCI will ensure that all training provided is recorded. The MBNCI will ensure that records of hazard identification, risk assessment and control are kept. These records will include inspection documents, checklists used, audit documentation and reports and are in the Health and Safety SharePoint folder.

8.0 Workplace Injury Rehabilitation and Compensation

To meet the requirements of the Workplace Health and Safety Act in respect of employees and volunteers' compensation and rehabilitation, wherever possible MBNCI's focus is to return employees and volunteers who have suffered an injury or illness at work back to their original job as soon as possible**.**

The Workplace Injury Rehabilitation and Compensation Act 2013 (WIRC Act) covers: insurance; employees and volunteers compensation; claims; rehabilitation; return to work; dispute resolution.

8.1 Employees and volunteers' Compensation

All employees and volunteers who suffer a workplace related injury or illness are entitled to make a claim for employees and volunteers' compensation. The MBNCI will ensure that all employees and volunteers who make a claim will have that claim processed and determined as quickly as possible ensuring that the claimant is not disadvantaged by unnecessary delays. To this end the MBNCI will provide all necessary reports and information regarding claims to its insurance company so that all available evidence can be assessed when the claim is determined.

The MBNCI's insurance process places the responsibility for determination of claims, claims management and authorisation of salary, medical expenses, and rehabilitation in the control of the insurance company.

Rehabilitation

The MBNCI will, as one of its major objectives, endeavour to secure the effective rehabilitation of any employee who has suffered an injury or illness that is work related. To achieve this objective, managers, supervisors, and all employees and volunteers are required to ensure successful workplace rehabilitation by co-operating in every way possible in an employee's return to work. Where necessary a rehabilitation provider will be appointed to assist in the employee's return to work program and to liaise with, and coordinate, all interested parties.

Alternative Work Program

Where it is not possible to return an employee, who has suffered an injury or illness at work back to their original job in their original workplace, the MBNCI will endeavour to ensure that the employee is provided with alternative work that is meaningful or with opportunities to obtain meaningful work through necessary retraining.

9.0 Purchasing and Supply of Goods

The MBNCI are required to ensure that the purchase of goods and services supplied to MBNCI comply with relevant regulations, standards, and codes of practice.

Purchase of Goods

The MBNCI will provide a process to ensure that all goods purchased for use on MBNCI premises and for use by MBNCI staff, students and visitors are safe when correctly used and do not present a risk to health. The process will require those purchasing goods to ensure that they meet the MBNCI's specifications in respect of use, maintenance, labelling, training, etc.

On pick up or delivery, all goods must be checked to ensure they meet the MBNCI's requirements before they are accepted.

Purchasing of Services

Processes will be provided by the MBNCI that will ensure specifications for the supply of services will be prepared prior to the development of tender documentation. Tender documentation will in turn require potential suppliers of services to meet these specifications and will require minimum health and safety practices by the successful tender.

The purchase of services will be addressed in the processes for the management of contractors.

10.0 Management of Contractors

To ensure that all services provided to the MBNCI comply with the MBNCI's health and safety management requirements, relevant regulations, standards, and codes of practice, the MBNCI will provide a process to manage contractors and their work.

This process will include:

- A contractor Health and Safety Management System (HSMS) for the management of contracts.
- Contract classification; and Contractor non-compliance

Contractor Health and Safety Management System

The MBNCI will provide a contractor HSMS that will identify the health and safety requirements of the contractor. These requirements will include specific performance outcomes and will ensure that tenders have adequate health and safety management programs in place.

Management of Contractors

All contracts will be monitored. The level of monitoring of contracts will depend on the complexity of the tasks being undertaken, the size of the contract, the level of risk associated with the work being undertaken and the level of the contractor’s interaction with other parties such as MBNCI employees and volunteers and volunteers, students, etc.

Contract Classification

The MBNCI understands that small contractors may not have written processes or undertake a formal risk assessment program. Small contracts may not require formal documentation. However, some documented indication of conformation with health and safety requirements will be necessary.

Contractors undertaking larger contracts will be required to provide evidence of the health and safety management system they have in place as well as a formal risk assessment of the work to be undertaken to complete the contract.

Contractor Non-compliance

The MBNCI will retain the right to suspend or terminate a contract of works where breaches of Workplace Health and safety Regulations, agreed standards, etc, are noted by the MBNCI. This clause will be written into all MBNCI contracts and will be rigorously enforced.

11.0 Review and Improvement

Implementation of the HSMS must also be reviewed to ensure that health and safety is being correctly managed at all levels. The MBNCI Health and safety Group (HSG) and Centre Manager will carry out a monthly review of the system and its effectiveness. **The following review checklist is intended to support the review process.**

Score each question from 0-5, then use the scale below to check how well your Safety Management System is performing	**0**	**1**	**2**	**3**	**4**	**5**
	(0=Poor			5=Excellent)		
1. We have a formal HEALTH AND SAFETY policy that sets clear responsibilities, goals and objectives for all persons including the Centre Manager, employees and volunteers, and volunteers.						
2. We have provided adequate resources to successfully implement our health and safety plan.						
3. We have reviewed our legal obligations for health and safety and checked that we comply with them.						
4. Our employees and volunteers are consulted about health and safety and involved in identifying and resolving health and safety issues.						
5. Our organisation has identified all workplace hazards through a consultative process and has reduced the risk associated with these hazards to an acceptable level.						
6. All our employees and volunteers, including supervisors and managers, are trained in the health and safety requirements relevant to their position.						
7. We have an induction process that ensures the health and safety of new employees and volunteers and volunteers.						
8. We have developed documented work procedures for all hazardous tasks, and we monitor and enforce compliance with them.						
9. We have identified possible emergency situations that may occur and have trained our employees and volunteers in the procedures to effectively respond to them.						
10. We have appropriate first aid resources (trained first aiders, kits etc.) that meet the needs of our organization.						
11. We record any injuries and incidents and investigate the causes to prevent recurrence.						
12. We conduct regular inspections of our workplace to identify hazards and to check that our hazard control measures are working.						
13. We specify our health and safety requirements before purchasing goods or using the services of contractors and verify that these requirements are met.						
14. We have a health and safety policy manual, which is accessible on Share Point and forms part of the induction process.						
15. We maintain current Material Safety Data Sheets for all the chemicals we use, and we make them available in the workplace						
16. The materials we use are stored safely to minimise manual handling and to prevent spills or undesirable chemical reactions.						
17. We maintain our plant and equipment according to a schedule and we keep maintenance records.						
18. We regularly review our organisation's occupational health and safety management system and take action to address areas that need improvement.						
19. We have a process to collect, file and retain our health and safety records.						
20. We have a program in place to provide workplace-based rehabilitation for injured employees and volunteers.						
TOTAL SCORE						

0	20	40	60	80	100
Poor		*Improving*		*Towards managing safety*	

12.0 Templates and Forms (Appendix)

12.1 Site Induction Form

Mount Beauty Neighbourhood Centre	**SITE INDUCTION FORM**
Name:	**Position** **(or company if a contractor):**
Inducted By:	
Workplace/Site Location:	**Date:**

Induction Topic	**N/A**	**YES**
Emergency procedures, including identity of wardens and evacuation assembly point		
Location of emergency equipment (fire extinguishers etc)		
Identity of First Aid Officers		
Location of First Aid equipment and AED		
Hazard ID, MSDS and Risk Control Register reviewed and understood		
Hazard and incident reporting procedures explained		
Safe work procedures relevant to the person's job issued, explained, and assessed		
Personal protective equipment issued, and instruction given in use and maintenance		
Physical site tour conducted, and introductions made to other staff		
Health and Safety Policy and consultation process explained		
Injury management procedures explained		
Security / site access arrangements clarified		
Workplace policies issued and explained		
Other:		

Confirm with existing Induction Form

12.2 Hazard Identification and Risk Control Form

Mount Beauty Neighbourhood Centre **HAZARD IDENTIFICATION and RISK CONTROL FORM**
SECTION 1 – Person reporting the hazard

Name:

Basis of employment: ❑ Full time ❑ Casual ❑ Volunteer ❑ Student ❑ Contractor ❑ Visitor

Date reported:		Time reported:	am/pm
Initially reported to:			
Supervisor name:			

SECTION 2 – Description of the Hazard	
1. Hazard Location (attach drawing if specific details required)	
2. Hazard Description	
3. What Risk Controls are required to be implemented?	
4. Describe Risk Controls implemented and how they have eliminated or reduced risk of harm or damage	

Has the Hazard been closed out? ❑ No (Go to Item 5) ❑ Yes *(Item 4. details completed above)*

If NO, complete Item 5 below:

5. What corrective actions are required?	

12.3 Hazardous Substances Register

<table>
<tr><td colspan="3">Mount Beauty Neighbourhood Centre HAZARDOUS SUBSTANCE REGISTER
Only required for chemicals that are listed as Hazardous Substances.
You will need the Material Safety Data Sheet (MSDS) to complete the risk assessment.</td></tr>
<tr><td colspan="3">Name of substance or mixture:</td></tr>
<tr><td colspan="3">Name of person/s conducting risk assessment:</td></tr>
<tr><td>Workplace/Site Location:</td><td>Date:</td><td>Review Date:</td></tr>
<tr><td>How is the substance used?
(Describe the process. If the chemical is used for several different processes a risk assessment may be needed for each task. Also consider decanting, storage, and disposal)</td><td colspan="2"></td></tr>
<tr><td>How are people exposed to the substance? (Tick all routes of entry)</td><td colspan="2">❑ Skin ❑ Eyes
❑ Inhalation ❑ Ingestion</td></tr>
<tr><td>How much of the substance are employees and volunteers exposed to during the task?</td><td colspan="2">(e.g., Litres, millilitres, grams etc)</td></tr>
<tr><td>For how long are employees and volunteers exposed to the substance? How often is the chemical used?</td><td colspan="2">(e.g. Hours per day and days per week)</td></tr>
<tr><td>Briefly, what are the health effects of exposure to this substance?</td><td colspan="2">(Refer to the MSDS and consider for all routes of entry ticked above)</td></tr>
<tr><td>What engineering control measures are recommended by the MSDS?</td><td colspan="2">(e.g., Extraction ventilation, dilution, ventilation)</td></tr>
<tr><td>What engineering controls are currently used to control exposure to the substance?</td><td colspan="2"></td></tr>
<tr><td>If engineering controls are used, are they maintained and checked for effectiveness?</td><td colspan="2">(Provide details)</td></tr>
<tr><td>What Personal Protective Equipment (PPE) is recommended by the MSDS?</td><td colspan="2">(Consider for all routes of entry ticked above)</td></tr>
<tr><td>What PPE is currently used?</td><td colspan="2">(Provide details)</td></tr>
<tr><td>Are any other control measures recommended by the MSDS?</td><td colspan="2">(e.g., Procedures, rotation of people, using substance after hours to minimise how many people are exposed)</td></tr>
</table>

12.5 Incident Report Form

Mount Beauty Neighbourhood Centre	**INCIDENT REPORT FORM**
SECTION 1 – Personal details of injured party / or person involved in the incident	

Surname: ______ Date of birth: ___ / ___ / ___

Given name/s: ______ ❑ Male ❑ Female

Residential address: ______

Phone (private): ______ Phone (work): ______

Job title: ______ Department: ______

Basis of employment: ❑ Full time ❑ Part time ❑ Casual ❑ Visitor ❑ Work exp

❑ Other (specify): ______

SECTION 2 – Incident details

Incident date: ___ / ___ / ___ Incident time: ______ am/pm

Date reported: ___ / ___ / ___ Time reported: ______ am/pm

Initially reported to: ______

Supervisor name: ______

Incident type: ❑ Injury ❑ Illness ❑ Damage ❑ Security/Theft ❑ Environment ❑ Near Miss

(tick more than one if applicable) ❑ Other (please specify): ______

Did work cease? ❑ No ❑ Yes (complete details marked * in box below)

**Date ceased:* ___ / ___ / ___ **Time ceased:* ______ *am/pm*

**Date returned:* ___ / ___ / ___ **Time* ______ *am/pm*

SECTION 3 – Description of incident	
In which part of the workplace did the incident occur? (attach drawing if specific details required)	
What was the person doing at the time?	
What is understood to have caused the incident?	
What were the results / impact of the incident?	

SECTION 4 – Injury or illness details

Level of treatment: ❑ None ❑ First Aid ❑ Doctor ❑ Hospital

❑ Other (specify):

Result: ❑ Returned to work (normal duties) ❑ Returned to work (alternate duties) ❑ Unfit for work (went home)

Description of first aid treatment given:	
Treatment given by:	
Details if sent to doctor or hospital (Sent by/ Receiving Doctor / Hospital)	

Were there any witnesses to the incident? ❑ No ❑ Yes *(complete details marked * below)*

Witness name:

Phone (private): **Phone (bus.):*

Completed by: ❑ Injured party ❑ Supervisor ❑ First Aid Officer

Name: Signature: Date:

12.6 Job Safety and Environment Analysis (JSEA)

Mount Beauty Neighbourhood Centre		**JOB SAFETY ENVIRONMENT ANALYSIS**	
TASK LOCATION:			**DATE:**
Describe the ACTIVITY / TASK:			
STEPS REQUIRED TO PERORM THE TASK		RISK CONTROLS TO BE IMPLEMENTED FOR EACH STEP	CONFIRMATION RISK CONTROLS ARE IN PLACE AND VERIFIED
1			
2			
3			
4			

I understand & will adhere to the steps, hazards & risk controls as described in this JSEA. I understand that performing steps out of sequence may pose hazards that have not been evaluated, nor authorized. I will contact my supervisor prior to continuing work if the scope of work changes or new hazards are introduced.
I understand I have the authority and responsibility to stop work I believe to be unsafe.

Names (please print) Signature Date

I have reviewed the steps, hazards & controls described in this JSEA with all employees and volunteers listed above and authorize them to perform the work. Employees and volunteers are qualified (i.e., licensed, or certified, as appropriate, & in full compliance with training requirements) to safely perform this activity.

Supervisor Signature Date

12.7 Emergency Management Checklist

This **Emergency Management Checklist** applies to all staff, students, visitors, contractors, and volunteers at the MBNCI. The MBNCI is committed to the following key Emergency Management actions:

Mount Beauty Neighbourhood Centre	**EMERGENCY MANAGEMENT CHECKLIST**		
Action	**When**	**Action Officer**	**Initial / Date**
Ensure staff members and volunteers understand the policies and procedures relating to emergency management.			
Ensure staff members and volunteers are aware of standard response to natural disasters, emergencies and critical incidents that are outlined in this Emergency Management Plan.			
Ensure staff members and volunteers are aware of the location of the emergency alarm horn, first aid kit and AED locations, and identity of first aid officers.			
Ensure frequent rehearsals and regular testing of all emergency management/evacuation procedures and, ensure that these rehearsals are documented.			
Ensure emergency equipment throughout the MBNCI is tested including the AED			
Ensure the Emergency Management Plan is current and relevant to Covid Health Guidelines			
Identify and engage with local services, support agencies and organisations who can provide assistance or support during or following an emergency event occurring.			
Ensure that this Emergency Management Plan and all associated supporting documents are stored in a location that is readily accessible by staff during an emergency or critical incident.			
Develop and ensure that staff and volunteer welfare is monitored and maintained through appropriate debriefing and access to support following an emergency event occurring.			