

Working with business



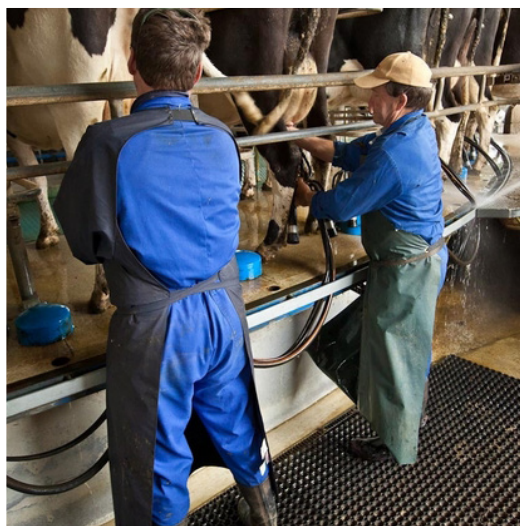
PREVENTION. CARE. RECOVERY.

Te Kaporeihana Āwhina Hunga Whara

Accredited Employers Programme

Audit Standards

Effective from 1 April 2017



What's new?

The Accredited Employers Programme (AEP) audit standards have been updated and are effective from 1 April 2017. They replace the audit standards released by ACC in 1 April 2002.

Please read this book carefully. It has been reviewed and updated to:

- Clarify common areas of misunderstanding or misinterpretation by employers
- Assist with more consistent implementation of the standards
- Incorporate recent legislative changes and developments in best practice
- Remain aligned to the direction of the changes to the health and safety legislation
- Assist in the performance of monitoring claims and rehabilitation management.

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

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

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

Audit Standards for ACC Accredited Employers Programme

The audit standards for the AEP are designed to:

- Help employers to create safer workplaces
- Establish:
 - a minimum acceptable benchmark for health and safety and injury management in the workplace
 - the expectation of continuous improvement of workplace health and safety systems towards successful integration of good practice standards in all areas and activities.

In developing the audit standards, the spirit and intent of relevant legislation was considered (including the Accident Compensation Act 2001 (The Act), and the Health and Safety at Work Act 2015 (HSWA).

The audit standards are aligned to AS/NZS 4801:2001, the joint Australia/New Zealand Standard for Occupational Health and Safety Management Systems.

What do the audit standards do?

Use of the AEP audit standards enables ACC to determine, under the Framework for Accredited Employers Programme 2000 (The Framework) and The Act, an employer's ability to meet either the entry level or the annual continuance requirements of the AEP.

The audit provides a “snapshot” of the ability of the organisation to meet the requirements of the AEP. Therefore, it is the ongoing responsibility of the employer to monitor and evaluate injury prevention and injury management performance in the workplace, to ensure that the minimum entry-level audit standards are at least maintained, and hopefully exceeded. This is in line with the AEP's expectation of continuous improvement in workplace health and safety systems towards successful integration of good practice audit standards in all areas and activities.

The audit standards will be subject to a regular review process to maintain alignment to international good practice health and safety standards, and to ensure they are adapted to the New Zealand legislative and workplace environment.

What do the audit standards comprise?

The audit standards are divided into three main parts:

- Elements one to nine that cover safety management practices including workplace observation

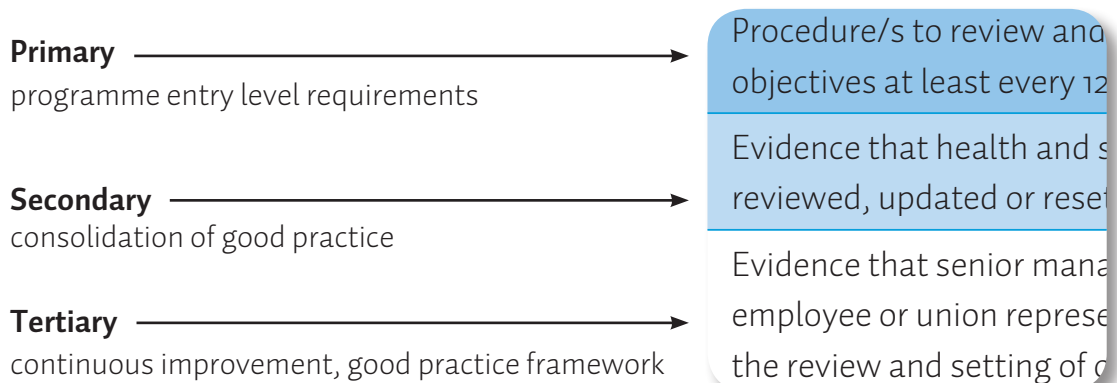
- Elements 10 to 17 covering injury management, including claims administration and rehabilitation
- Elements 18 to 20 include focus group interviews with management and employees and selected case studies to confirm safe systems in action.

What are the three levels of performance?

Within the audit standards there are three measurable levels of performance:

- Primary
- Secondary
- Tertiary

Within the audit standards these different levels of performance are demonstrated by using shading as indicated below.



It is important to note that achieving the audit standards should not be relied on to satisfy compliance with the HSWA, other legislation or other obligations you may have as an employer. To learn more about the HSWA and your obligations, please visit the WorkSafe NZ website www.worksafe.govt.nz/hswa.

What do the levels mean?

To gain entry to the AEP, employers need to meet all the primary level requirements (or demonstrate similar but equivalent verification of the requirements).

These standards must then be maintained in subsequent annual audits to remain in the AEP.

There is an expectation that an employer meeting only the primary entry-level requirements for health and safety and injury management will demonstrate either:

- Further consolidation of these audit standards into all areas of the workplace; or
- Progression through the secondary and tertiary levels in successive annual audits.

Such progress towards raising the level of workplace health and safety would provide evidence of commitment to continuous improvement.

What does the audit involve?

Each prospective Accredited Employer is asked to read the audit standards thoroughly and undertake a self- assessment, to determine whether entry level audit standards can be met, before proceeding to an application and independent audit.

A list of independent occupational health and safety auditors and the locations they cover is available on the ACC website at:

www.acc.co.nz/for-business/small-medium-and-large-business/how-to-pay-less

An audit is made up of the following phases:

1. Viewing all relevant systems and process documents required by the audit standards.
2. Visiting selected site/s to view evidence of health and safety systems in practice, and local site records.
3. Management and employee focus group interviews and case study interviews to confirm safe systems in action.
4. Writing of the audit report according to a set format and forwarding to ACC for a final decision on the audit outcome.

The auditor will be asked by ACC to visit a site (or sites) representative of each main function of the employer's business operations. For example, where business operations are totally office-based, one site only will be visited.

Where the functions of a business include office, factory and retail operations, one of each of these sites will be visited as part of the audit.

It is envisaged the audit will take no longer than two days for a single site employer with only one major business operation. For larger organisations the audit may take longer depending on the size, number and spread of locations and operational variety within the organisation. This duration estimate is a guide only, to give employers some idea of the time that may be required.

The selection of the site or sites to be audited will usually be rotated by ACC in subsequent annual audits to build up a more complete picture of the workplace year by year.

One management focus group interview **for each audit** and one employee focus group **for each site visited** will be undertaken to confirm the understanding of employer and employee responsibilities for workplace health and safety.

Where there are lost time injuries, ACC will also select up to five case studies to be looked at in detail to confirm the management of the injury, the administration of the claim, and the availability and appropriateness of the rehabilitation.

If the employer fails to meet the required audit standards on initial application, a subsequent audit may be requested within three months once the necessary improvements have been made.

The employer can initiate entry to the AEP at any stage throughout the year.

How much does an AEP audit cost?

Initially an employer is required to cover the full cost of the audit needed to gain entry to the AEP or to continue in the AEP each year.

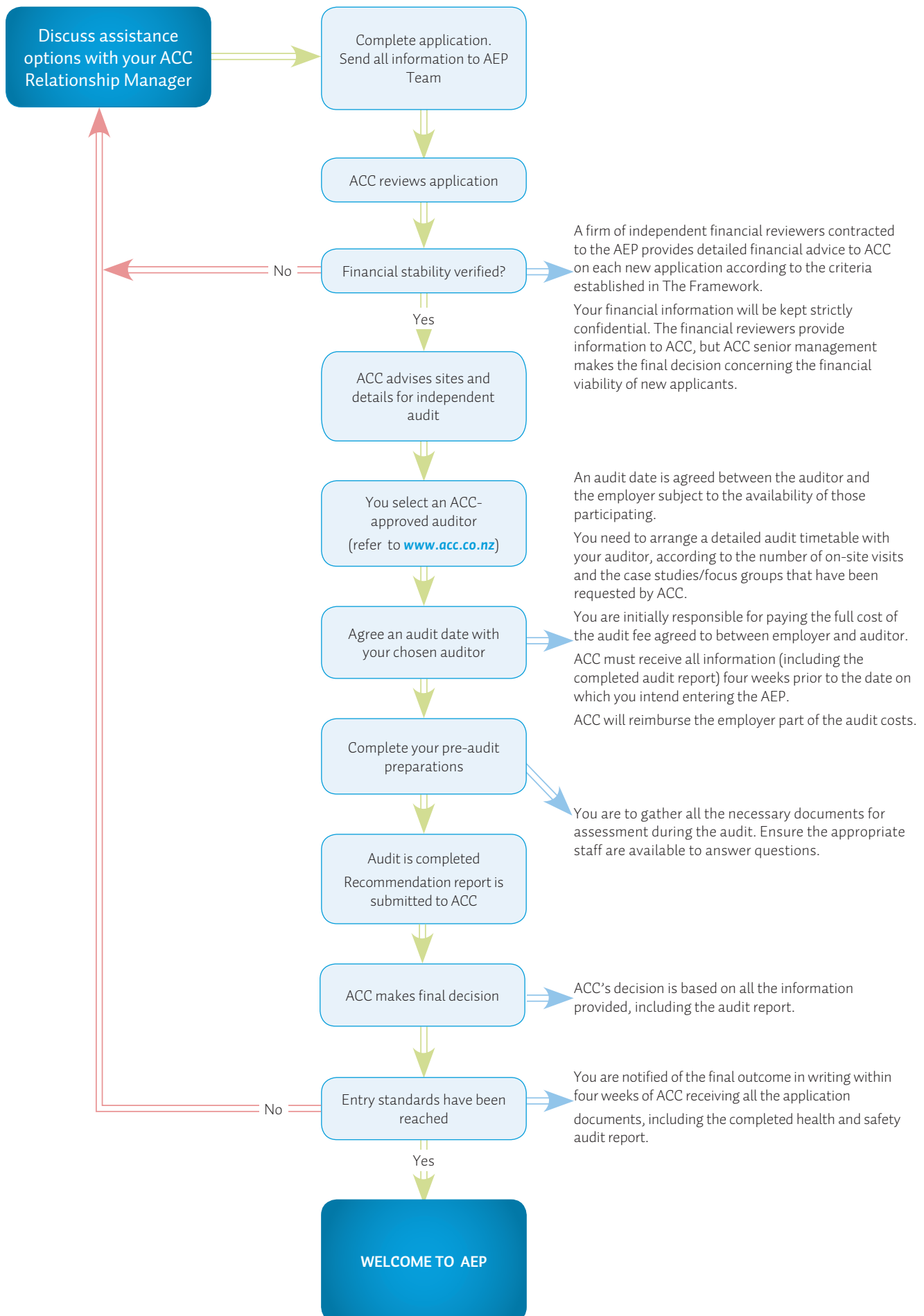
ACC will reimburse the safety management practices component of the audit costs, based on **whichever is the least** of:

- The actual itemised cost of the safety management practices component; or
- 50% of the total cost of the audit; or
- Up to \$540 (plus GST) per day of the audit.
- Up to \$540 of the report writing costs
- Up to 50% of the auditor's total disbursements where these are indicated separately from the audit service fee on the original invoice.

Any audit visits required to view missing information or changes, or to upgrade to a higher discount level will not be reimbursed by ACC.

To receive reimbursement employers will invoice ACC, email a copy of the auditor's invoice to aepqueries@acc.co.nz

What is the process to gain initial entry to the AEP?



What is the process to maintain AEP membership?

Under The Framework, each employer group within the AEP will be required to provide information annually to support their continuance in the AEP for the forthcoming year.

Generally this will include at least updated financial information, details of employee and union participation in the programme, and an updated health and safety audit, **using the AEP audit standards**.

Employers will be notified of the details of the information needed and the dates for submission at least three months prior to the date when this will be required.

The dates for submission of annual continuance information may coincide with the anniversary date of the employer's entry to the AEP.

Safety management practices requirements

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

Elements

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

ELEMENT 1

Employer commitment to safety management practices

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

Objective

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

| Details of requirements | Verified by | Achieved Yes/No |
|---|---|-----------------|
| 1. There is a documented statement or policy that demonstrates an employer's commitment to health and safety. | The policy or statement includes: | |
| | 1. management commitment to health and safety | |
| | 2. a commitment to comply with relevant legislation, safe work instruments* (SWI), codes of practice (CoP)*, standards and safe operating procedures* (SOPs) | |
| | 3. individual responsibilities for work health and safety | |
| | 4. a requirement to accurately report, record and follow up all health and safety events | |
| | 5. a commitment to consult with employees, health and safety representatives* and, where applicable, unions regarding matters relating to work health and safety | |
| | 6. evidence* that senior management* (or officer*, if applicable) have reviewed the policy or statement in the last 24 months | |
| | 7. appropriate signature/authorisation, position and date | |
| 2. There is an understanding of health and safety management in the workplace. | 8. a statement of commitment to continuous improvement in health and safety. | |
| | 1. Specific health and safety responsibilities are designated at the senior management level (this may include PCBU, officers, managers). | |
| | 2. People in charge of others* have position descriptions (or similar) that include specific health and safety responsibilities relevant to their role. | |
| 3. The employer actively supports health and safety. | 3. Evidence that people in charge of others (including senior management) have had performance reviews against their specific health and safety responsibilities. | |
| | 1. Evidence that excellence and/or innovation in health and safety are recognised. | |

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

ELEMENT 2

Planning, review and evaluation

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

Objective

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

| Details of requirements | Verified by | Achieved Yes/No |
|--|--|-----------------|
| 1. The employer is able to demonstrate knowledge of current health and safety information including legislation, regulations, safe work instruments (SWI)*, codes of practice (CoP)*, standards and specialist information relevant to the work that is done. | 1. Procedure/s* that explain how the employer will identify relevant legislation, SWI, CoP, standards, guidelines and other industry information. Timeframes for checking, reviews and responsibilities are included. | |
| | 2. Procedure/s are in place to ensure compliance or conformance with relevant requirements. | |
| | 3. Evidence that the employer has reviewed relevant information within the last 24 months and, where appropriate, made changes. | |
| 2. There is a system in place to ensure the effectiveness of health and safety management for the organisation is reviewed regularly and after a notifiable event*. | 1. Procedure/s that explain how the effectiveness of organisational health and safety management will be reviewed. | |
| | 2. Evidence that the effectiveness of health and safety management has been reviewed in the last 12 months. | |
| | 3. Procedure/s to review health and safety management that occurs after: <ul style="list-style-type: none"> • a notifiable event • changes in work procedures • changes in health and safety policies and procedures. | |
| 3. Health and safety objectives are set that are: <ul style="list-style-type: none"> • appropriate to the size and type of business or undertaking • relevant to each level within the business or undertaking • related to identified hazards* and risks*. | 1. Evidence of health and safety objectives and plans to achieve these. | |
| | 2. Procedure/s to review and update or reset health and safety objectives at least every 12 months. | |
| | 3. Evidence that health and safety objectives have been reviewed, updated or reset in accordance with the procedure. | |
| | 4. Evidence that senior management and employees, or employee or union representatives, have been included in the review and setting of objectives. | |

Continued ...

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

| Details of requirements | Verified by | Achieved Yes/No |
|--|---|--------------------|
| 4. Systems are in place to undertake a self-assessment every 12 months to ensure the AEP audit standards are met and maintained. The assessment involves management, union, and other nominated employee representatives. NB: May be immediately prior to initial audit | 1. Self-assessment procedure/s. | |
| | 2. Evidence of self-assessments conducted in accordance with the procedure/s. | |
| 5. There is a system in place to control health and safety-related documents and information. | 1. A document control system (paper-based or electronic). | |
| | 2. Evidence of current versions of documents in use. | |

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

ELEMENT 3

Hazard identification, risk assessment and management

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

Objective

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

| Details of requirements | Verified by | Achieved Yes/No |
|---|--|-----------------|
| 1. There are procedure/s* to identify and record actual and potential hazards and risks in the workplace. | 1. Procedure/s explain how to identify hazards and risks, and include an understanding of the range of hazards facing employees, wherever they are working. | |
| | 2. Procedure/s to identify hazards and associated risks include any: <ul style="list-style-type: none"> • new projects or contracted works • new material, substances, services or work processes • new, modified or hired equipment • modified practices or processes • changes that may have modified any known hazards or risks. | |
| | 3. Evidence of a register (or similar) that records hazards and/or risks to support the process in action. | |
| | 4. Evidence of consultation* with relevant or affected people about any new or modified equipment, material, services, work practices or processes introduced into the workplace. | |
| 2. There are procedures to assess the risks associated with the identified hazards. | 1. Procedures that explain when and how to assess risk associated with identified hazards. | |
| | 2. Evidence that assessments of risks have been completed. | |
| | 3. The hazard or risk register (or similar) clearly identifies those hazards or risks that could cause serious injury, illness or death to employees (or others). | |
| | 4. Evidence that health and safety issues and assessment/s of risks have been considered as part of the design and pre-purchase decisions, and before any changes/modifications to (where applicable): <ul style="list-style-type: none"> • materials or substances • work practices, processes or services • plant*, buildings, structures or equipment. | |

Continued ...

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

| Details of requirements | Verified by | Achieved Yes/No |
|---|--|--------------------|
| <p>3. Appropriate hazard and/or risk controls have been developed and implemented (based on the hierarchy for risk control in the health and safety at work legislation).</p> | <p>1. Procedure/s for developing controls includes an assessment of whether risks to health and safety can be:</p> <ul style="list-style-type: none"> a. Eliminated and, if elimination is not reasonably practicable*, then: b. Minimised by: <ul style="list-style-type: none"> • substitution • isolation • use of engineering controls • use of administrative controls • use of Personal Protective Equipment (PPE)*. | |
| | <p>2. Procedure/s to support the appropriate use of specialist advice (where applicable).</p> | |
| | <p>3. Reference information is readily accessible to those who need it.</p> | |
| | <p>4. Evidence that the hazard and risk controls developed are based on appropriate advice or information (where applicable).</p> | |
| | <p>5. Details of appropriate risk controls developed for hazards that have health and safety risks.</p> | |
| | <p>6. Where safety equipment, including PPE, has been identified as a risk control, there is evidence of a system in place for its issue, renewal and maintenance.</p> | |
| | <p>7. Evidence that hazard and risk controls have been communicated to relevant people.</p> | |
| <p>4. There is a system in place to review the risk controls of the identified hazards.</p> | <p>1. Evidence that risk controls have been reviewed to ensure controls are working, effective and are still appropriate.</p> | |
| | <p>2. Responsibilities assigned to ensure reviews have been undertaken and signed off.</p> | |

Continued ...

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

| Details of requirements | Verified by | Achieved Yes/No |
|--|--|--------------------|
| 5. Occupational health monitoring* is managed. | 1. Procedures that explain how to determine if health monitoring is needed. (If health monitoring is not required, the employer must provide a documented rationale to show why they reached that conclusion.) | |
| | 2. Where the employer has identified health monitoring is required, procedure/s explain how health monitoring will be conducted, including (if applicable) requirements for baseline monitoring. | |
| | 3. Where the employer has identified health monitoring is required, evidence is available of completed health monitoring assessments (where applicable). | |
| | 4. Evidence that notification of health monitoring results has been provided to employees (only applicable when monitoring undertaken). | |
| | 5. Health monitoring procedure/s explain how sub-optimal test results are managed, including consideration of individual medical and vocational needs. | |
| | 6. Health monitoring procedure/s explain how sub-optimal results are fed back into the hazard or risk management system. | |
| | 7. Procedure/s explain when pre-employment health screening assessments are required (where applicable). (Where pre-employment health screening is not required, the employer must provide a documented rationale to show why they reached that conclusion.) | |
| | 8. Evidence that pre-employment health screening assessments have been completed (where applicable). | |

ELEMENT 4

Information, training and supervision

(AS/NZS 4801:2001 Section 4.4)

Objective

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

| Details of requirements | Verified by | Achieved Yes/No |
|---|---|-----------------|
| 1. There is appropriate health and safety induction training for new employees and employees transferring to a new environment, role or task. | 1. Evidence that health and safety induction includes the following: <ul style="list-style-type: none">• emergency procedures• hazard and incident reporting• how risk assessments are undertaken• work hazards and risks• health and safety responsibilities of employer, employees and, where applicable, any other relevant parties• employee or worker* participation and representation processes• information about health and safety meetings• injury management and return to work processes• use and care of general health and safety equipment, including PPE. | |
| | 2. Signed employee induction training records (or similar individual verification). | |
| 2. There is identification of health and safety training needs in relation to hazards and risks associated with specific roles, tasks or areas of work. | 1. Evidence that training needs for specific roles, tasks, or areas of work have been identified. | |

Continued ...

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

| Details of requirements | Verified by | Achieved Yes/No |
|---|--|-----------------|
| 3. All task-related health and safety information and training is delivered so key messages are clearly understood, taking into account language, literacy and other factors that can affect understanding. | 1. Evidence that task-related training has occurred. | |
| | 2. Evidence that employees issued with role-specific PPE or clothing have been trained on its use and maintenance (where applicable). | |
| | 3. Evidence that employees issued with task-specific safety equipment (in addition to PPE or clothing) have been trained on its use and maintenance (where applicable). | |
| | 4. A “reminder” system (or similar) for recurring training or certification including assignment of responsibilities. | |
| | 5. Evidence that employers have verified that employees/workers understand: <ul style="list-style-type: none"> • role or task-specific hazards related to their work • the risk of harm* • how to use the controls in place for their protection. | |
| 4. There are appropriately trained and/or experienced people leading the identification of hazards and management of risks. | 1. Records of training and/or skills and experience for people leading hazard identification and risk assessments. | |
| | 2. Evidence of ongoing training or increased experience for people leading hazard identification and/or risk assessment that has occurred in the previous 24 months. | |
| 5. There is access to trainers with the relevant skills, experience or qualifications. | 1. Selection criteria for internal trainers specifies their required experience and relevant skills (where applicable – i.e. only where internal trainers are to be used). | |
| | 2. Selection criteria for external trainers specifies their required experience and relevant skills (where applicable – i.e. only where external trainers are to be used). | |
| | 3. Records of trainers’ skills, experience or qualifications. | |
| 6. Employees undergoing on-the-job training are supervised by skilled, experienced and/or qualified staff. | 1. Selection criteria for those supervising employees/workers undergoing on-the-job training are defined and documented. | |
| | 2. Evidence of supervision of employees/workers undergoing on-the-job training (where applicable). | |
| 7. Training is provided to employees (e.g. employee health and safety representatives) involved in health and safety management. | 1. Evidence that training needs have been identified for those employees with designated health and safety roles and/or responsibilities. | |
| | 2. Evidence of health and safety training, or refresher courses, relevant to health and safety roles and/or responsibilities, have been undertaken by employees and/or their representatives within the past 24 months. | |
| 8. Senior management, managers and people in charge of others have an understanding of health and safety management relative to their positions. | 1. Evidence that senior management, managers and people in charge of others have increased or refreshed their health and safety knowledge within the previous 24 months. | |

Continued ...

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

| Details of requirements | Verified by | Achieved Yes/No |
|---|---|--------------------|
| 9. The designated employees or wardens for each work area are trained to respond to emergency situations. | 1. Training records (or similar) for people with specific roles in emergency situations. | |
| | 2. Evidence that refresher emergency training has been undertaken with designated employees within the previous 12 months. | |
| | 3. Evidence that designated employees have completed specific emergency training within the previous 24 months for situations documented in the emergency plan/s (see 7.1.1). | |

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

ELEMENT 5

Incident and injury reporting, recording and investigation

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

Objective

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

| Details of requirements | Verified by | Achieved Yes/No |
|--|--|-----------------|
| 1. A system is in place to record workplace injuries, illnesses and incidents, and notify these to all relevant parties. | 1. Procedure/s that explain when and how to: Record <ul style="list-style-type: none"> all incidents, injuries and illnesses for both notifiable* and non-notifiable events. Notify <ul style="list-style-type: none"> relevant internal parties regulatory agency* (of all notifiable events). | |
| | 2. Workplace injury, illness and incident report forms (or similar) are completed (where applicable). | |
| | 3. Evidence of prompt and appropriate notification to the regulatory agency (where applicable). | |
| 2. A system has been implemented to investigate incidents that harmed, or might have harmed, people in the workplace. | 1. Procedure/s that explain how incidents will be investigated. | |
| | 2. Evidence of completed investigations of reported and/or recorded events (where applicable). | |
| 3. A system is in place to ensure that corrective action is undertaken for any deficiencies identified by the investigation. | 1. Procedure/s that explain how corrective actions are identified, managed and implemented. | |
| | 2. Procedure/s include feedback into hazard and/or risk management. | |
| | 3. Evidence that affected employees are advised of any corrective actions (where applicable). | |
| | 4. Evidence that corrective actions have been implemented (where applicable). | |
| | 5. Evidence that senior management (or similar) have been informed of (and, where appropriate, have approved) any corrective actions in response to notifiable events (where applicable). | |

Continued ...

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

| Details of requirements | Verified by | Achieved Yes/No |
|---|--|--------------------|
| <p>4. All incident, injury and illness data is collated and reviewed to identify trends and provide information to managers and employees that can be used in injury prevention initiatives and/or improved health and safety outcomes.</p> | 1. Procedure/s for the collation of all incident data for analysis and review. | |
| | 2. Evidence of an annual review of collated data to identify trends. | |
| | 3. Evidence that collated data and (where applicable) trend analysis is communicated to managers and employees. | |
| | 4. Evidence of proactive injury prevention activities that are based on workplace hazard/risk factors (other than trend analysis results). | |
| | 5. Evidence of implementation of reactive injury prevention initiatives that are based on results of trend analysis (where applicable). | |
| <p>5. There is a system in place to support early intervention* strategies following reports of pain, discomfort or injury.</p> | <p>1. Early intervention procedures include:</p> <ul style="list-style-type: none"> • responsibilities of employee, union (if applicable), health and safety representatives* and management • opportunities for alternative duties* • responsibilities for monitoring and follow-up • support available and the right to union and other nominated employee representation. | |
| | 2. Evidence of management of early intervention upon receipt of reported pain, discomfort or injury (where applicable). | |
| | 3. Evidence information is readily available to all employees (e.g. notifications, publications, posters or similar staff communications). | |

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

ELEMENT 6

Employee participation in health and safety management

(AS/NZS 4801:2001 Section 4.4)

Objective

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

| Details of requirements | Verified by | Achieved Yes/No |
|---|--|-----------------|
| 1. There is an agreed employee participation system in place that explains how employees, unions, or nominated employee representatives will be involved in the development, monitoring and reviews of workplace health and safety matters. | 1. Procedure/s that explain how employees are involved in the development, monitoring and reviews of health and safety issues. | |
| | 2. Evidence that the participation system: <ul style="list-style-type: none"> • has been agreed to • is communicated to employees at appropriate periods (including initial induction) • information about the system is readily available. | |
| | 3. Evidence of consultative development, monitoring and review of health and safety policies, processes and performance at least every 12 months. | |
| 2. Confirmation of employee participation systems. | 1. Evidence of health and safety forum/s that include the participation of management and employee representatives occur at least quarterly (may be immediately prior to entry for new applications). | |
| | 2. Evidence of ongoing opportunity for joint involvement in injury prevention and (where applicable) injury management initiatives. | |

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

ELEMENT 7

Emergency planning and readiness

(AS/NZS 4801:2001 Section 4.4)

Objective

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

| Details of requirements | Verified by | Achieved Yes/No |
|---|--|-----------------|
| 1. There is a documented emergency plan that identifies potential emergency situations and meets relevant emergency service requirements. | 1. Evidence of identification of the range of potential emergency situations and relevant responses that considers the type and location of the work being done. | |
| | 2. Evidence that emergency service requirements have been considered. | |
| 2. Emergency instructions are readily accessible at all worksites or work areas. | 1. Evidence that emergency instructions are communicated to all employees and other relevant parties. | |
| | 2. Emergency responders* or other designated employees are known to staff. | |
| 3. Emergency procedures are tested at regular intervals – of no greater than six months apart. | 1. Evidence of emergency evacuation drills at intervals of no greater than six months apart and cover all shifts, worksites and employees. | |
| | 2. In addition to 7.3.1, for other emergency scenarios (documented in the employer's emergency plan/s) the employer needs to provide evidence that the documented response to emergencies, with a high likelihood of occurring, have been tested at least every 24 months. Evidence includes consideration of relevant risks, and testing includes relevant shifts, worksites and employees. | |
| 4. Consultative review of emergency response procedures occurs after any practice drills and actual emergency event(s). | 1. Evidence of post-emergency response review. | |
| | 2. Evidence of updated procedures and plans (where applicable). | |
| 5. First aid resources are available. | 1. Evidence that the number and availability of trained first aiders, and the type and quantity of first aid equipment, has been assessed. | |
| | 2. Evidence that the appropriate number of trained first aiders and the type and quantity of first aid equipment, are available for all work emergencies. | |

Continued ...

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

| Details of requirements | Verified by | Achieved Yes/No |
|--------------------------------------|---|--------------------|
| 6. Emergency equipment is available. | 1. Evidence that the need for emergency equipment for identified emergencies has been assessed. | |
| | 2. Evidence that the identified emergency equipment is available. Evidence includes regular equipment serviceability checks at appropriate intervals. | |

ELEMENT 8

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

(AS/NZS 4801:2001 Section 4.4)

Objective

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

| Details of requirements | Verified by | Achieved Yes/No |
|---|---|-----------------|
| 1. A system is in place for the employer to consult other PCBU/s where there are overlapping health and safety duties*. | 1. Procedure/s that outline how the employer (PCBU) will: <ul style="list-style-type: none"> • consult, • co-operate with, and • co-ordinate health and safety activities with other PCBU/s. | |
| | 2. Evidence of PCBU/s consultation and communication (where applicable). | |
| 2. A system is in place to induct another PCBU's workers or other people. | 1. Induction procedure/s that include any site-specific rules, hazards and/or risks and their controls. | |
| | 2. A designated person/s to co-ordinate health and safety induction for other workers. | |
| | 3. Evidence that inductions have included the exchange of relevant information and have been completed and signed off by both parties (where applicable). | |
| 3. Criteria to select PCBU/s (who will undertake work on behalf of the employer), including an assessment of their management of health and safety. | 1. Documented selection criteria. | |
| | 2. Evidence that the competency of the PCBU/s has been assessed against the selection criteria (where applicable). | |
| 4. Where an employer engages other PCBU/s, health and safety responsibilities are agreed. | 1. Evidence that health and safety responsibilities are documented. | |

Continued ...

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

| Details of requirements | Verified by | Achieved Yes/No |
|---|--|--------------------|
| 5. Where there is a shared duty of care* for health and safety, responsibilities for overlapping duties are agreed with other PCBU/s. | 1. Evidence to show the employer and other PCBU/s are working together to protect the health and safety of people in the workplace (where applicable). | |
| 6. Where an employer engages other PCBU/s to undertake work, a system is in place to monitor and review the health and safety performance of the PCBU/s, at intervals appropriate for the duration of the work. | 1. Procedure/s that outline how and when the employer will monitor and review the health and safety performance of the PCBU/s. | |
| | 2. Evidence of monitoring of the other PCBU's health and safety performance (where applicable). | |
| | 3. Evidence of feedback from the other PCBU into hazard identification, risk assessment and event reporting (where applicable). | |
| | 4. Evidence of review of other PCBU/s' health and safety performance every 12 months or when the work is completed, whichever comes sooner (where applicable). | |

ELEMENT 9

Workplace observation to confirm systems in action

Objective

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

| Details of requirements | The auditor will observe the following | Achieved Yes/No |
|---|---|--------------------|
| 1. The auditor is able to observe selected audit standard requirements in practice. | 1. There are hazard or risk registers (or similar) that detail hazards, risk assessments and risk controls. | |
| | 2. Evidence that risk controls have been implemented. | |
| | 3. Safety information is readily available and current. | |
| | 4. Event reporting forms for injuries, illnesses and incidents are readily available. | |
| | 5. PPE is available for employees, other workers and site visitors (if required). | |
| | 6. PPE is consistent with details of hazard and risk controls, is appropriate for the area visited, and is being used. | |
| | 7. Restricted work areas are clearly identified. | |
| | 8. Appropriate escorting and sign-in/out processes are in place. | |
| | 9. Emergency evacuation procedure information is readily available. | |
| | 10. Emergency exits, routes and assembly points are clearly identified and unobstructed. | |
| | 11. Emergency equipment is clearly identified, unobstructed, well maintained and (where applicable) with current certification. | |
| | 12. First aid equipment and facilities are adequate, available and maintained. | |

Primary Level is the highest level of achievement in this element.

Injury management practices requirements

The employer will:

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

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

The injury management standard covers two main areas:

- Claims management and administration
- Case management and rehabilitation.

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

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

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

If a third party is subcontracted to the employer, their participation in the audit process will be noted and the employer will receive confirmation from ACC of the approval of the use of the selected Third Party Administrator (TPA)*.

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

Claims management requirements

The employer is able to demonstrate formal systems for lodging, accepting and processing work injury claims, a process for managing disputes, and an internal procedure to provide monthly reports to ACC.

These systems will cover the following elements:

10. Cover decisions
11. Entitlements
12. File management
13. Administration and reporting
14. Complaint and review management

The Accredited Employer will manage injury claims at a standard that complies with The Act, The Framework and associated regulations, and the conditions of The Agreement.

Case management requirements

The objective of case management is to manage an employee's recovery from injury in such a way that they can be maintained safely at work or return quickly and safely to their pre-injury employment wherever possible.

Where this is not possible the range of rehabilitation options included in The Act should be considered.

An essential component of the case management process is rehabilitation.

The rehabilitation process for injured employees will be managed in a way that includes and respects them, and considers individual needs. The process:

- Requires that the injured employee will have every opportunity to be restored to health and/or independence and to maintain an appropriate quality of life
- Will comprise treatment, social rehabilitation and vocational rehabilitation.

The employer will:

- Demonstrate a commitment to injury management and the infrastructure to support proactive case management and rehabilitation of injured workers
- Manage the rehabilitation process for workplace injuries at a standard that complies with The Act, The Framework and associated regulations, and The Agreement.

The rehabilitation processes in place will cover the following critical elements:

15. Development of rehabilitation policies, procedures and responsibilities
16. Assessment, planning and implementation of rehabilitation
17. Rehabilitation outcomes, return to work and follow-up procedures

Cover decisions

Objective

The employer has evidence that systems have been implemented for making workplace injury cover decisions that comply with the legislation and include review rights.

| Details of requirements | Verified by | Achieved Yes/No |
|---|---|-----------------|
| 1. There are claims lodgement systems in place for workplace injury claims. | 1. A claims lodgement procedure. | |
| 2. There is a system in place for making timely work-related cover decisions that comply with the legislation. | 1. Procedures to determine whether an injury is work-related. | |
| | 2. Evidence that cover decisions comply with the legislation. | |
| | 3. Evidence that any delayed cover decisions meet legislative requirements (where applicable). | |
| 3. Cover decisions are confirmed in writing and include review rights according to the legislation. | 1. Evidence that cover decisions are confirmed in writing and include review rights. | |
| | 2. Evidence that all declined cover decisions are confirmed in writing, state the reasons for declination and include review rights (where applicable). | |
| | 3. Evidence that efforts are made to discuss unfavourable or revoked cover decisions with the employee prior to written notification. | |
| 4. Cover decisions are made by a designated person/s with knowledge of the legislation and more than 12 months' claims management experience. | 1. Evidence that a trained and/or experienced, designated person/s determines cover for work-related injuries according to the legislation. | |
| | 2. Evidence that a selection of cover decisions on claims are reviewed at least annually for accuracy and compliance against legislative requirements (where applicable). | |
| | 3. Procedures for making cover decisions are reviewed when there is a material change to legislation or personnel. | |

Continued ...

| Details of requirements | Verified by | Achieved Yes/No |
|---|---|--------------------|
| 5. All employees are informed of the claims lodgement procedure. | 1. Evidence that information is readily available to all employees (e.g. notifications, publications, posters or similar staff communications). | |
| | 2. Evidence employees are made aware of the claims lodgement procedure annually. | |
| | 3. Evidence employees are made aware of, and have access to, the ACC Code of Claimants' Rights when the cover decision is made. | |
| | 4. Employees can inform service providers of their employer's Accredited Employer Programme status (e.g. identification cards, brochures, or introductory letters). | |
| 6. There is a system in place for the transfer of claims that are not the responsibility of the employer (e.g. non-work related claims or those belonging to another employer received in error). | 1. Transfer procedures meet any guidelines and directives issued by ACC. | |

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

Entitlements

Objective

The employer has evidence that procedures have been implemented for ensuring entitlements are assessed and paid in an accurate and timely manner, and that injured employees are notified of entitlements in compliance with the legislation.

| Details of requirements | Verified by | Achieved Yes/No |
|---|---|-----------------|
| 1. There is a system in place to ensure injured employees are aware of their entitlements and how to apply for them. | 1. Notification procedures. | |
| | 2. Evidence that information on entitlements is easily accessible to all employees (e.g. Intranet, fact sheets, and brochures). | |
| | 3. Evidence that information on entitlements is provided with accepted cover decisions. | |
| 2. There is a system in place to screen new claims to determine priorities for management (e.g. a triage procedure or similar). | 1. Screening procedures (or similar). | |
| 3. There is a system in place to contact injured employees and undertake an initial needs assessment* that is consistent with the screening procedure. <i>(Not applicable for “medical-fees-only” claims.)</i> | 1. Evidence that managers/supervisors forward workplace injury reports to the injury management advisor* within three working days of receipt of injury notification*. | |
| | 2. Evidence that needs assessments are carried out by the injury management advisor within two working days of receipt of the work injury report. | |
| | 3. Evidence that managers/supervisors forward workplace injury reports to the injury management advisor within two working days of receipt of injury notification. | |

Continued ...

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

| Details of requirements | Verified by | Achieved Yes/No |
|--|---|--------------------|
| 4. There is a system in place for accurately assessing eligibility to all entitlements according to the legislation. | 1. Assessment procedure that considers the range of entitlements available. | |
| | 2. Evidence that all entitlement decisions are confirmed in writing and include review rights according to the legislation. | |
| | 3. Evidence of confirmation to advise injured employees where more than the statutory minimum is being paid (where applicable). | |
| | 4. Evidence that attempts are made to contact the injured employee to discuss unfavourable, cancelled or suspended entitlement decisions before they receive written notification. | |
| | 5. Procedures that explain how to confirm the accuracy of assessed entitlements. | |
| | 6. Evidence that assessed entitlements have been confirmed for accuracy at least annually. | |
| 5. There is a system in place to assess entitlement to weekly compensation and abatement according to the legislation. | 1. Procedures to calculate and pay weekly compensation and abatement according to the legislation. | |
| | 2. Evidence that weekly compensation and/or abatement decisions are confirmed in writing and include review rights according to the legislation. | |
| | 3. Evidence that earnings details, medical certificates and calculation sheets are maintained on all files where weekly compensation is paid or considered. | |
| | 4. Evidence that copies of calculation sheets are sent to injured employees. | |
| | 5. Evidence of indexation increases (where applicable). | |
| | 6. Evidence that staff responsible for calculating and paying weekly compensation have participated in training on the assessment and payment of weekly compensation within the previous 24 months. | |

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

File management

Objective

The employer has evidence that procedures have been implemented to ensure work-injury claim files are managed and administered in a way that complies with all appropriate legislation.

| Details of requirements | Verified by | Achieved Yes/No |
|--|---|-----------------|
| 1. There is a system in place to manage the collection and release of information on a claim. | 1. Procedures explain what information is to be contained on a claim file and how files are to be securely stored. | |
| | 2. Procedures include reference to any applicable Privacy Acts and Health Information Privacy Codes and are included in consent forms. | |
| | 3. Evidence of a written explanation to employees who are required to sign a consent form. | |
| | 4. Evidence of signed consent forms to enable information to be collected and/or released. | |
| 2. There is a system in place to manage claim information appropriately and securely. | 1. A secure storage area restricted to designated personnel. | |
| | 2. Evidence that individual claim information is kept separately from other employment-related information (e.g. personnel files). | |
| | 3. Evidence that all claim information is amalgamated upon closure of a claim into one master file. | |
| | 4. Files not requiring transfer at the end of the claims management period are not destroyed, are held securely and are accessible to ACC on request. | |
| 3. Claims contain running sheets* summarising the management of the claim (not applicable for medical-fees-only claims). | 1. Evidence that running sheets are maintained on files (either hard copy or electronic). | |

Continued ...

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

| Details of requirements | Verified by | Achieved Yes/No |
|---|--|--------------------|
| 4. There is a system in place to transfer claims to ACC (e.g. claims handback, reactivated claims). | 1. Procedures explain how to transfer claims and <ul style="list-style-type: none"> • include the requirement for claims to contain a transfer summary and current rehabilitation plan (where applicable); and • include notification to the injured employee, ACC and any other parties actively involved in the management of the claim; and • include a review of payment accuracy and rehabilitation prior to transfer; and • require sign off by a designated senior person; and • conform with any guidelines and directives issued by ACC. | |
| 5. Private information is managed appropriately. | 1. Evidence that checks are undertaken on files to ensure only individual claim related information is held. Checks must be undertaken at handback, referral to a specialist, request from the injured employee, at review or when the file is being released externally. | |
| | 2. There are procedures in place for managing and reporting identified privacy breaches to ACC monthly. | |
| | 3. Evidence to show that privacy breaches are managed in accordance with procedures (where applicable). | |

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

Administration and reporting

Objective

The employer has evidence that an electronic reporting system has been implemented that holds all appropriate data and allows the timely and accurate reporting to ACC as required by The Agreement.

| Details of requirements | Verified by | Achieved Yes/No |
|---|---|-----------------|
| 1. There is an electronic reporting system that contains all data required by ACC that is reported in a timely and accurate manner. | 1. The programme used to record ACC data: <ul style="list-style-type: none"> • is backed up to the employer’s information technology standards • is technically supported (e.g. by employer’s IT department or vendor supplying programme) • has documented procedures which conform to ACC’s data specifications. | |
| | 2. Procedures include the requirement for reports to be submitted within 5 working days of month end and cleared by the third week of each month in a format specified by ACC. | |
| | 3. Reporting responsibilities are defined for leave and sickness. | |
| | 4. Evidence of systems in place to check the accuracy of data. | |
| | 5. Evidence that the accuracy and timeliness of data reported to ACC is monitored and managed according to procedures. | |
| 2. Electronic systems are secure and access is only available to designated personnel. | 1. Evidence that electronic systems: <ul style="list-style-type: none"> • are restricted to designated personnel • have security that meets the requirements of the Privacy Act 1993 (or any applicable Privacy Acts) and Health Information Privacy Codes • have a Digital Certificate for data transmission. | |
| 3. There is a system in place to identify and manage issues of inappropriate claiming or fraud. | 1. Procedures to identify and manage issues of inappropriate claiming or fraud. | |
| | 2. Fraud identification procedures include: <ul style="list-style-type: none"> • prompt contact with ACC to seek advice; and • the requirement for any investigation to be managed independently from the injury management process. | |

Continued ...

| Details of requirements | Verified by | Achieved Yes/No |
|--|--|--------------------|
| <p>4. There is a system in place to liaise with, and notify ACC regarding:</p> <ul style="list-style-type: none"> • Fatal claims, serious injury claims or claims of a sensitive, complex or prolonged nature* • Changes in the employer’s injury management operation or injury management personnel. | <p>1. Evidence that a liaison and notification procedure exists and that there is a designated “single point of contact” responsible for ACC notification and examples (where applicable).</p> | |

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

Complaint and review management

Objective

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

| Details of requirements | Verified by | Achieved Yes/No |
|---|---|-----------------|
| 1. There is a system in place to manage complaints. | 1. Complaints management procedure includes: <ul style="list-style-type: none"> • how complaints are raised • how the complaint will be managed • process and timeframes to carry out the review of the complaint • process for escalation • consideration of The Code. | |
| | 2. Records of complaints (where applicable). | |
| | 3. Evidence that options for informal resolution* are used in the first instance/as early as possible (where applicable). | |
| | 4. Evidence that work injury disagreements include consideration of all relevant information (e.g. medical, employee and employer information). | |
| | 5. Evidence that management of the complaint process is completed in line with the procedure (where applicable). | |
| 2. There is a system in place to manage formal reviews. | 1. Procedure to manage formal reviews includes: <ul style="list-style-type: none"> • consideration of The Code • compliance with legislation and The Agreement • how reviews are raised/requested • how reviews are managed • process and timeframes for processing reviews. | |
| | 2. Records of formal reviews (where applicable). | |
| | 3. Evidence the review procedure is completed in line with the documented procedure (where applicable). | |

Continued ...

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

| Details of requirements | Verified by | Achieved Yes/No |
|---|--|--------------------|
| 3. Employees are aware of the complaints management procedure, The Code and their rights of review and appeal. | 1. Evidence of information provided to employees (e.g. notifications, publications, posters or similar). | |
| | 2. Evidence that employees have been advised of their rights and obligations in relation to the employer and ACC. | |
| 4. There is a designated senior person/s responsible for complaints management. | 1. A designated “complaints manager”* (not the initial decision-maker, case manager or source of the complaint) and their contact details are readily available to all employees (e.g. notifications, publications, posters or similar). | |
| 5. There is a system in place to evaluate the outcomes of complaints and reviews to identify any opportunities for improvement every 12 months. | 1. Evaluation procedure that includes consideration of all relevant information. | |
| | 2. Evidence of evaluations occurring annually or when a decision is overturned (where applicable). | |

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

ELEMENT 15

Development of rehabilitation policies, procedures and responsibilities

Objective

The employer has evidence that policies and procedures have been documented and implemented to promote a supportive workplace environment so that workplace-based rehabilitation following an injury becomes the usual course of action whenever possible.

| Details of requirements | Verified by | Achieved Yes/No |
|---|---|-----------------|
| 1. There is a commitment to timely rehabilitation. | 1. There is a documented commitment to timely rehabilitation that: <ul style="list-style-type: none"> • is current, dated and signed by a senior manager • is widely accessible in the workplace • is included in staff induction • includes the objectives and responsibilities for rehabilitation • was developed in consultation with nominated employee representatives and union (if applicable). | |
| 2. There is an implemented system in place to provide rehabilitation and safe and early return to work (or support to remain at work) following injury. | 1. Rehabilitation procedures include: <ul style="list-style-type: none"> • responsibilities of the employee, union (if applicable), health and safety representatives and management • early return to work expectations • opportunities for return to work duties* • responsibilities for monitoring and follow-up • recognises the employee’s right to support, advice and representation from the employee’s union (if applicable), a health and safety representative or other nominated employee’s representative (e.g. colleague, friend, family). | |
| | 2. Rehabilitation resourcing responsibilities are designated at senior management level. | |

Continued ...

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

| Details of requirements | Verified by | Achieved Yes/No |
|--|---|--------------------|
| 3. There is a system in place to provide rehabilitation opportunities for employees with non-work injuries. | 1. A statement of commitment supporting rehabilitation opportunities for employees with non-work injuries. | |
| | 2. Procedures explain how to support rehabilitation opportunities for employees with non-work injuries. | |
| | 3. Procedures outline the roles and responsibilities for supporting employees with non-work injuries (e.g. management, employees and union and other nominated employee representatives, rehabilitation facilitator). | |
| | 4. Evidence of employer supporting the rehabilitation of employees with non-work injuries (where applicable). | |
| 4. Workplace rehabilitation is managed by a designated and trained or experienced person(s). | 1. The designated ACC AEP case manager has at least: <ul style="list-style-type: none"> • 24 months workplace rehabilitation experience; or • a tertiary qualification in rehabilitation (or equivalent) and 12 months' workplace rehabilitation experience; or • is working under the direct, close supervision of someone who meets the above requirements (e.g. within a subcontracting relationship with a TPA). | |
| | 2. Roles and responsibilities of designated personnel are defined, and covered for leave and sickness. | |
| 5. Designated personnel, line managers, union (if applicable) and health and safety representatives are involved in rehabilitation, and have an understanding of supporting safe and early return to work (or support to remain at work) following injury. | 1. Designated management responsibilities for rehabilitation are assigned at each work site. | |
| | 2. Evidence of training for those with designated rehabilitation responsibilities (or similar awareness programme). | |
| | 3. Evidence of training or refresher sessions (or similar awareness programme) within the previous 24 months. | |

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

Assessment, planning and implementation of rehabilitation

Objective

The employer has evidence that procedures have been implemented that support safe, early and sustainable return to work (or support to remain at work) for injured employees, or maintenance at work where early intervention support is identified. Procedures ensure timely and appropriate rehabilitation is provided in an open, consultative manner and in line with agreed procedures.

| Details of requirements | Verified by | Achieved Yes/No |
|--|---|-----------------|
| 1. Individual action plans are developed following the initial needs assessment to provide the initial rehabilitation direction. | 1. Evidence that action plans* specific to the injured person are developed within 14 days of injury notification and are reviewed and updated every 14 days until the cover decision is made. | |
| | 2. Evidence that action plans specific to the injured person are developed within seven days of injury notification and are reviewed and updated every 14 days until the cover decision is made. | |
| 2. Where the need for rehabilitation is identified, individual rehabilitation plans are developed in consultation with relevant parties and are based on legislative requirements. | 1. Evidence that individual rehabilitation plans* include: <ul style="list-style-type: none"> • goals • actions to be taken • responsibility for actions • timeframes (based on expected recovery timeframes) • agreed outcomes resulting from discussions with employees. | |
| | 2. Evidence that individual rehabilitation plans, specific to the injured person are: <ul style="list-style-type: none"> • developed in direct consultation* with the injured person within a maximum of 21 days of the cover decision • developed in direct consultation with key stakeholders (e.g. line manager and union and health and safety representatives) (where applicable) • consider any relevant workplace* health and safety issues (e.g. the safety of other workers). | |
| | 3. Evidence that rehabilitation plans specific to the injured person are developed in direct consultation within a maximum of 14 days of the cover decision. | |

Continued ...

| Details of requirements | Verified by | Achieved Yes/No |
|--|---|--------------------|
| 3. Rehabilitation plans are monitored, reviewed and updated at agreed timeframes for the duration of rehabilitation, to accurately reflect current rehabilitation interventions. | 1. Evidence that the responsibility for monitoring and timeframes for reviews are specified in the rehabilitation plan. | |
| | 2. Evidence of the employer monitoring rehabilitation progress monthly on active claims. | |
| | 3. Evidence of weekly monitoring by direct consultation with employees rehabilitating in the workplace. | |
| | 4. Evidence that individual rehabilitation plans are updated to reflect the status of rehabilitation, i.e. milestone completion or new rehabilitation requirements. | |
| 4. Return to work is assessed for potential hazards to prevent injury aggravation. | 1. Examples that the work environment where the employee will work has been considered in terms of hazards or risks that may affect them. | |

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

ELEMENT 17

Rehabilitation outcomes, return to work and follow-up procedures

Objective

The employer has evidence of procedures that have been implemented to review claim files and rehabilitation and to consider other options for rehabilitation as appropriate.

| Details of requirements | Verified by | Achieved Yes/No |
|---|---|-----------------|
| 1. Rehabilitation and return to work objectives and goals for the organisation are developed. | 1. Documented objectives/goals and a plan to achieve these. | |
| | 2. Evidence of annual review and update of objectives/goals to ensure they remain relevant, in consultation with key parties. | |
| 2. There is a system in place for the review of rehabilitation plans that continue beyond the agreed initial outcome date or non-progressive rehabilitation. | 1. Procedures for the review of rehabilitation plans that continue beyond the initial outcome date or for non-progressive rehabilitation. | |
| | 2. Evidence of review of on-going rehabilitation cases (e.g. intervention options, medical case review, pain management) that includes: <ul style="list-style-type: none"> • how the outcome date was calculated • barriers to successful outcome • consideration of rehabilitation options. | |
| | 3. Evidence of initiation of relevant vocational and medical assessments (where applicable). | |
| 3. There is a system in place to consider the range of vocational rehabilitation* options, as expressed in the legislation, when a return to work in the pre-injury job is not an option. | 1. Procedures give guidance on the range of vocational rehabilitation options, as expressed in the legislation, when a return to work in the pre-injury job is not an option. | |
| | 2. Evidence of consideration of rehabilitation options. | |
| | 3. Evidence of initiation of relevant initial occupational assessment (IOA) and initial medical assessments (IMA) (where applicable). | |
| 4. Providers support rehabilitation and return to work (e.g. general practitioners, specialists etc.). | 1. Evidence that medical providers are given sufficient information about the workplace to support their assessments. | |
| | 2. Evidence of collated information sent to the medical providers to support their assessments. | |

Focus group interviews and selected case studies

This section verifies that the systems and processes outlined in the employer's health and safety documentation already viewed are widely understood and used in day-to-day practice in the workplace.

By undertaking focus group interviews and selected case study interviews, ACC is seeking to verify characteristics of a positive safety culture among members and prospective members of the AEP.

ACC believes that open communication between varying levels of an organisation, a leadership style that is consultative and co-operative, and appropriate levels of resourcing are indicative of employer commitment to the integrated management of health and safety in the workplace.

Employer requirements

The focus group process:

- There will be at least one management and one employee focus group interview for each audit completed to confirm safe and active systems.
- Where the audit covers more than one site, ACC will request an employee focus group interview for **each site** visited by the auditor.
- The management focus group will be made up of line management representatives, and management involved in health and safety, human resources, case management, and payment of entitlements to employees. The focus group may also include other management positions actively involved in health and safety management and the management of the programme. The number and type of representatives may vary according to each workplace, and the audit sites selected.
- The employee focus groups will be made up of employee representatives from the particular site who are actively involved or interested in workplace health and safety management. This group should include union representatives and other employee health and safety representatives from the site health and safety committee (or similar) and employees who have had recent injuries.
- Informed, signed consent will be sought from all participants before the focus group begins.
- Summary information only will be included in the auditor's report. Individuals will not be specifically identified.

The case study process

Employers will demonstrate a commitment to active health and safety management for injured employees from the time an injury occurs until the individual returns to usual work hours and tasks or achieves maximum independence.

The practical experience of the injured employee and the people involved in supporting the injury management process will endorse the employer's claims that there is strong commitment to providing a safe and supportive environment.

Up to five case studies will be selected by ACC from the employer's claims history for the preceding 12 months. These case studies will be selected from time-loss injuries where there would be an expectation that the employee had received claims and rehabilitation management support from the workplace.

The auditor will:

- Ensure there is informed, signed consent from the participants in each case study
- Review each relevant case file
- Conduct a brief confidential interview with the injured employee and a support person (if requested)
- Conduct separate, brief interviews with each of the following where they have been directly involved in the particular case:
 - the line manager
 - the case manager or rehabilitation co-ordinator
 - the health and safety manager
 - the human resources manager
 - the union representative or other support person
 - a rehabilitation provider.

Summary information only, covering all of the case studies together, will be included in the report. Individual responses will not be specifically identified.

If the information from the focus group interviews or case studies raises concerns or conflicts sharply with other health and safety information submitted during the audit, ACC may request further information. In this event the Accredited Employer Programme team will discuss any additional information requirements with the employer concerned.

The section will cover the following elements:

18. File reviews and case studies; confirmation of injury management procedures in action
19. Case study interviews
20. Focus group interviews; confirmation of safe systems and injury management in action

ELEMENT 18

File reviews and case studies, confirmation of injury management procedures in action

Objective

The employer is able to confirm and validate claims and injury management procedures through the review of all selected files and case studies.

| Details of requirements | Verified by | Achieved Yes/No |
|-------------------------|--|-----------------|
| 1. Cover decisions. | 1. ACC45s. | |
| | 2. Timely cover decisions that comply with legislation. | |
| | 3. Cover decisions include review rights. | |
| 2. Entitlements. | 1. Managers/supervisors forward workplace injury reports to the injury management advisor within three working days of receipt of injury notification. | |
| | 2. Needs assessments are carried out by the injury management advisor within two working days of receipt of the work injury report. | |
| | 3. Managers/supervisors forward workplace injury reports to the injury management advisor within two working days of receipt of injury notification. | |
| | 4. Evidence of referrals based on needs assessments. | |
| | 5. Entitlement decisions are confirmed in writing and include review rights. | |
| | 6. Signed consent forms (ACC45 sufficient for medical-fees-only claims). | |
| | 7. Medical certificates cover all periods of incapacity. Where gaps are identified on claims with continuous incapacity, evidence of approval of entitlements is provided. | |
| | 8. Calculation and abatement sheets are maintained on all files where a request for weekly compensation is received and a copy is sent to the injured employee. | |
| | 9. Written confirmation to advise injured employees in all situations where more than the statutory entitlement is paid (where applicable). | |

Continued ...

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

| Details of requirements | Verified by | Achieved Yes/No |
|--|---|--------------------|
| 3. File management. | 1. Claim files only contain injury-related information. | |
| | 2. Running sheets are held on all files that are more than medical-fees-only costs. | |
| | 3. Files contain all claim activity, weekly compensation calculations and any other information relevant to the management of the claim. | |
| 4. Assessment, planning and implementation of rehabilitation. | 1. Action plans are developed within 14 days of injury notification and that are reviewed and updated every 14 days until the cover decision is made. | |
| | 2. Action plans are developed within seven days of injury notification and that are reviewed and updated every 14 days until the cover decision is made. | |
| | 3. Rehabilitation plans are developed in direct consultation within a maximum of 21 days of the cover decision. | |
| | 4. Rehabilitation plans are developed in direct consultation within a maximum of 14 days of the cover decision. | |
| | 5. The responsibility for monitoring and timeframes for review are specified in the rehabilitation plan. | |
| | 6. Evidence of monthly monitoring and review of rehabilitation progress. | |
| | 7. Evidence of employer involvement in monthly direct consultation monitoring and review of progress for employees unable to return to work. | |
| | 8. Evidence of weekly direct consultation monitoring and review of progress for employees rehabilitating in the workplace. | |
| 5. Rehabilitation outcomes, return to work and follow-up procedures. | 1. Evidence of review of on-going rehabilitation cases. | |
| | 2. Evidence of monthly reviews of on-going rehabilitation cases. | |
| | 3. Evidence of actions taken following review, including scheduled case meetings, consultative review or entitlement updates. | |
| | 4. Evidence that individual rehabilitation plans are updated to reflect the status of rehabilitation, i.e. milestone completion or new rehabilitation requirements. | |

Case study interviews

Objective

The employer is able to confirm and validate safety and injury management procedures in action through interviews with employee/management/case manager/union or other employee support person (where applicable).

| Details of requirements | Verified by | Achieved Yes/No |
|--|---|-----------------|
| 1. The injury was reported and recorded in the accident or injury register (or similar). | 1. Interview with employee and manager or supervisors. | |
| 2. The injury was investigated by designated staff and included input from the injured employee and the manager or supervisor. | 1. Interview employee and manager to confirm involvement. | |
| 3. Hazard management, injury prevention and training issues arising from the injury investigation were reported, action was taken and issues communicated to staff (where applicable). | 1. Interview with employee, manager or supervisor and health and safety manager (or similar). | |
| | 2. Evidence of feedback from the injury investigation into hazard management (where applicable). | |
| 4. The employee was aware of the claims lodgement process or where to find information about the process. | 1. Interview with employee. | |
| | 2. Employee identification card (or similar). | |
| 5. The employee was informed of the cover decision (including review rights) and entitlements (where applicable) were paid in a timely manner. | 1. Interview with employee, manager and injury management advisor (case manager, case coordinator). | |
| 6. Contact between the injured employee and the workplace was maintained throughout the period of incapacity and continued for the time while on alternative duties. | 1. Interview with employee, manager and injury management advisor (case manager, case coordinator). | |

Continued ...

| Details of requirements | Verified by | Achieved Yes/No |
|--|---|--------------------|
| 7. Employee responsibilities to participate in the rehabilitation process were understood. | 1. Interviews with employee, manager and injury management advisor (case manager, case coordinator). | |
| 8. The employee was aware of the complaints management process and how to formally question a decision. | 1. Interview with employee to confirm understanding. | |
| 9. Rehabilitation needs were assessed according to the needs of the injured employee. | 1. Interview with employee, injury management advisor. | |
| 10. The employee was given the opportunity to include a support person throughout the rehabilitation process. | 1. Interviews with employee, manager, injury management advisor and employee representative (as appropriate). | |
| 11. Consultative rehabilitation meeting(s) took place for the duration of incapacity. | 1. Interviews with employee, manager and injury management advisor (case manager, case coordinator). | |
| 12. Selected work within the medical restrictions was discussed, agreed on and documented in a signed rehabilitation plan. | 1. Interviews with employee, manager and injury management advisor (case manager, case coordinator). | |
| 13. Monitoring and review of the rehabilitation plan was agreed on and responsibilities were assigned. | 1. Interviews with employee, manager and injury management advisor (case manager, case coordinator). | |
| 14. Evidence of completed case study interview employee declarations (or n/a if no case studies are requested). | 1. Completed case study interview declarations where case studies are requested. | |
| 15. Confirmation that, where the standard requires it, the rehabilitation plan was negotiated via direct consultation. | 1. Interviews with employee, manager and injury management advisor (case manager, case coordinator). | |

ELEMENT 20

Focus group interviews; confirmation of safe systems and injury management in action

Objective

The employer is able to confirm and validate hazard and risk management systems and subsequent injury management systems through management and employee focus groups.

| Details of requirements | Achieved Yes/No |
|--|-----------------|
| 1. What constitutes a hazard or risk in the workplace. | |
| 2. The process for hazard and risk identification. | |
| 3. The process to assess hazards or risks. | |
| 4. #The hierarchy of controls to manage these hazards and risks. | |
| 5. Event reporting and recording requirements. | |
| 6. Event investigations and designated responsibilities. | |
| 7. Responsibilities for corrective actions. | |
| 8. Involvement and participation of workers in health and safety matters and how union and other nominated employee representatives participate. | |
| 9. Involvement and participation of other workers (e.g. contractors) in health and safety matters (where applicable). | |
| 10. Emergency procedures. | |
| 11. Roles and responsibilities in the AEP. | |
| 12. How to lodge a claim and access rehabilitation support. | |
| 13. #The collection and storage of work and non-work claim information in relation to the Privacy Act 1993 and the Health Information Privacy Code 1994. | |
| 14. The complaints and review processes. | |
| 15. Awareness of entitlements being medical, social and vocational. | |
| 16. #Understanding of the key roles and responsibilities in rehabilitation (e.g. the roles of the case manager, injured employee, team manager and union* and other nominated employee representatives). | |
| 17. #Understanding of rehabilitation and support from management. | |

While these questions may be asked at the management and employee focus groups, primary responsibility for understanding rests with the management focus group.

* Please refer to the definitions on pages 50 to 63 if you require further clarification.

Definitions

Please note:

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

Action Plan

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

Alternative duties

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

Alternative duties are usually different from pre-injury duties.

Approved Code of Practice (ACoP)

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

Audit

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

Case manager

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

Claim files

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

Code of Practice (CoP)

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

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

Complaints

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

Concerns raised by an injured employee could include:

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

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

Complaints manager

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

Compliance

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

Conformance

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

Consultation

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

Contractor

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

NB: See below HSWA definition for 'worker'

Direct consultation

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

Duty of care

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

(Refer to HSWA for the full definition)

Early intervention

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

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

Following an injury early intervention allows for early assessment of rehabilitation needs, this in turn means any required treatments can start at the earliest opportunity to maximise the chances of treatment success.

Emergency responders

Fire or floor wardens, first aiders, or similar.

Employee

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

Evacuation Procedure

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

Evacuation Scheme

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

Evidence

Clear documentation (electronic or hard copy, and includes photographs or other media) to show the written procedures (or processes) are occurring in the workplace.

Evidence is not verbal discussion.

Exit testing

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

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

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

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

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

Harm

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

Hazard

Anything that can cause harm.

Specifically, a hazard may mean —

- an activity, arrangement, circumstance, event, occurrence, phenomenon, process, situation, or substance (whether arising or caused within or outside a place of work) that is an actual or potential cause or source of harm; and
- includes a person's behaviour where that behaviour has the potential to cause death, injury, or illness to a person (whether or not that behaviour results from physical or mental fatigue, drugs, alcohol, traumatic shock, or another temporary condition that affects a person's behaviour).

Hazardous Substances and New Organisms Act 1996 (HSNO)

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

HAZOP

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

Health and safety assessment

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

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

Health and safety representatives (HSR)

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

HSRs are elected by a work group, which is a defined group of workers who work for the PCBU. The work group can be the whole workplace or it can be workers grouped by work areas, occupations, work sites

or other arrangements. How a work group or work groups are organised will depend on what is effective for the PCBU and the workers, given the structure of the business or undertaking.

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

Health and safety plans

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

The health and safety plan should follow the SMART guideline:

- **S**pecific
- **M**easurable
- **A**chievable
- **R**ealistic
- **T**ime-bound

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

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

Achievable – objectives that can be met within the timeframe available. Targets such as ‘we will reduce our work injuries by 50% within six months’ may not be achievable if most people don’t understand the basics of hazard identification and risk assessment.

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

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

Informal resolution

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

Initial treatment

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

Injured employee

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

Injury notification

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

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

Injury management advisor

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

Job Safety Analysis (JSA)

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

Medical-fees-only claims

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

Needs assessment

The initial needs assessment is carried out with an injured employee to discuss the entitlements that may be needed resulting from a personal injury. The needs assessment should include consideration of the range of entitlements for which a person may be eligible (eg. medical treatment, weekly compensation, social rehabilitation, payment of prescription costs, transport to treatment). More detailed and ongoing needs assessments will be included as part of a rehabilitation plan as required.

Notifiable event

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

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

Reference HSWA

Occupational health monitoring

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

Officer/s

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

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

A business or undertaking can have more than one officer.

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

Overlapping health and safety duties

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

People in charge of others

E.g. manager, team leader, supervisor, foreperson, 2IC (or similar).

Person Conducting a Business or Undertaking (PCBU)

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

Examples include:

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

Personal Protective Equipment (PPE)

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

Plant

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

Procedure

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

Process

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

Psychosocial risk factors

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

Reasonably practicable

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

Refer S22, HSWA for full definition

Regulatory agency

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

Rehabilitation

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

Rehabilitation plan

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

Return to work duties

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

Review

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

Risk

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

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

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

Risk assessment (of a workplace injury)

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

Risk – Initial

The risk before (new) controls have been implemented.

Risk – Residual

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

Risk treatment

Options for risk treatment:

- Accept the risk (with existing controls or no controls)
- Avoid the risk (stop activity)
- Apply controls to minimise the risk.

Note:

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

Running sheet

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

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

Safe Operating Procedures (SOPs)

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

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

Safe Work Instruments (SWI)

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

Safe Work Method Statements (SWMS)

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

Safety Data Sheet (SDS)

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

(Previously known as MSDS)

Self-assessment

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

Senior management

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

Site Specific Safety Plan (SSSP)

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

Team Leader

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

Third Party Administrator (TPA)

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

Transitional duties

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

Union and other nominated employee representative

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

The term “other nominated employee representative” can refer to any non-union employee elected or endorsed by employees to represent employee interests. A non-union representative should not be a person selected by management to undertake this role unless employees also endorse the person in the role.

Vocational rehabilitation

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

Vocational rehabilitation may include:

- Transitional, alternative or modified duties
- Worksite assessments.

Volunteer

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

Workers

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

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

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

Workplace

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

A "place" can also include:

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





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