

# WORK HEALTH AND SAFETY POLICY

for community environmental groups

**INTRODUCTION** At XYZ Community Group, we believe that our people are our primary asset. Therefore, we commit our energy and attention to protect employees, volunteers, contractors and any other people involved with our organisation, including project partners, clients and the public.

XYZ Community Group promotes a strong safety culture that effectively prevents accidents, we commit to perform systematic identification of hazards and to manage them with appropriate risk assessments and subsequent actions to minimise danger.

**PURPOSE** This policy is designed to ensure that all employees, members, volunteers, contractors, and visitors observe and comply with Work Health and Safety (WHS) regulations and guidelines to provide and maintain a working environment that is safe and without risks to health and to ensure that our activities do not place the wider community at risk of injury or illness.

**POLICY** WHS shall be a mandatory consideration in the following situations:

- In the primary place of employment;
- While in transit to XYZ Community Group activities or events;
- In the field, on sites or venues where XYZ Community Group's projects, activities or events are held;
- Where there are identified potential or actual hazards; and
- When attending to maintenance or repair tasks.

It is the responsibility of the employee to cooperate and comply with all WHS regulations, policies and procedures in the workplace and out in the field.

In the primary place of employment, the following matters shall be identified and documented:

- Current practice in respect of job roles and routine tasks.
- Actual and potential hazards.
- Actions to minimise or eliminate hazards.
- Setting targets to ensure continued improvement aimed at elimination or work-related injury and illness.
- Training requirements of staff in WHS.

XYZ Community Group will consider the following areas in the workplace:

- Physical environment
- Ergonomics and layout of work stations
- Housekeeping
- Stress in the workplace
- Security
- Manual handling
- Movement and safety
- Evacuation procedure
- Current Health Orders

Prior risk assessment must be undertaken of the group's projects activities and events to manage any identified risks.

A Responsible Person, insert name, shall be appointed to maintain the WHS system.

All travel on official business must receive prior approval from the appropriate immediate supervisor.

All employees and volunteers in the field must have their mobile phones switched on at all times or have registered their activities and expected return times with their supervisor.

All hazardous materials must be appropriately stored and checked in terms of expiry dates and leakage. Safety Data Sheets (SDS) must be obtained for all chemicals being used as part of XYZ Community Group activities. All substances identified as dangerous (including items that may be caustic or carcinogenic) should not be handled directly.

All storage and use of chemicals shall be in accordance with the SDS and substances shall be stored in their original containers with the label intact at all times.

All plant, equipment and substances must be used in accordance with safe operating procedures from the manufacturers / suppliers. Any defective plant, equipment and substances should be removed from use and reported immediately to the Responsible Person.

All accidents / incidents must be reported to the Responsible Person and the Chairperson within 24 hours of the event occurring. An Incident Report form shall be used (Appendix A). The insurer and WorkCover QLD must be notified of incidents involving fatality, serious injuries or illness, or involving a dangerous incident.

The Committee [insert relevant sub Committee] shall receive all accident / incident reports and review the WHS system on a regular basis.

**LEADERSHIP** XYZ Community Group staff and committee – at all levels – are accountable for managing workplace health and safety with strong leadership and credibility.

At the same time, XYZ Community Group believes that staff involvement is indispensable to establish and maintain safety and health in the workplace.

As such, staff are empowered to:

- Challenge any unsafe acts they see or perceive;
- Put a task on hold if they judge that safety is not adequate, until a competent person takes appropriate risk control measures.

- Become actively involved in programs to improve health and safety performance in the workplace.

**DUTY HOLDERS** XYZ Community Group acknowledges that, under the *Work Health and Safety Act 2011* (<https://www.legislation.gov.au/C2011A00137/latest/text>) Duty Holders are those who have a duty under the law to manage risks to health and safety, which are non-transferable. Duty Holders include the following:

1. **Persons Conducting Business or Undertaking (PCBU)** – the principal duty holder, which includes volunteer committees / boards with paid staff.
2. **Workers** – including contractors, labour hire, employees, volunteers and trainees.
3. **Officers** – those persons responsible for making all or a substantial part of the decisions that affect the health and safety of the business.
4. **Other** – visitors to our office and sanctioned events (including family members).

Communication between all Duty Holders is paramount to resolving health and safety issues. Responsibilities of the Duty Holder are included in Appendix B.

**RESPONSIBILITIES** It shall be the responsibility of the Committee person to ensure that these requirements of this policy are complied with. These policy and procedures shall be reviewed every year by the Committee.

**AUTHORISATION:**

This version was approved on: Click here to enter a date.  
 This version takes effect on: Click here to enter a date.  
 Authorised by: Insert name  
 Chairperson: Insert name  
 Chairperson signature:

DISCLAIMER: The information contained in this publication is based on knowledge and understanding at the time of January 2024. However, because of advances in knowledge, users are reminded of the need to ensure that information upon which they rely is up to date and to check currency of the information with the appropriate officer of QWaLC or the user’s independent advisor.

Landcare in a Box: was an initiative in 2016 of the National Landcare Network, resourced by Landcare NSW and originally funded by NSW DPI.



# APPENDIX A:

## RECORD OF HEALTH OR SAFETY ISSUE

Owners and supervisors are required to use this or similar templates to keep a record of any identified health or safety issues reported by your workers or their elected health and safety representatives. This will help to maintain and improve safety in your workplace by identifying hazards, risks, faulty equipment, unsafe practices etc. If you wish to notify of an incident that occurred under the *Workplace Health and Safety Act 2011* contact WHSQ on 1300 362 128 or visit [www.worksafe.qld.gov.au](http://www.worksafe.qld.gov.au)

### Who should use this form?

- workers
- health and safety representatives (HSRs), if you have them, are entitled to inspect their area of representation and to report, orally or in writing, to the Persons Conducting Business or Undertaking (PCBU) any issue that in their opinion affects or may affect workplace health and safety
- a health and safety committee member, if you have one
- other people may also use this form to report a work health and safety issue

**Business name:** XYZ Community Group

<b>1. Who reported the health or safety issue?</b>	
Time: _____:_____ am/pm	Date: ____/____/____

<b>2. Who was the health and safety issue reported to?</b>	
Time: _____:_____ am/pm	Date: ____/____/____

<b>3. What is the health or safety issue? Location of hazard/risk?</b>

<b>4. What is its priority?</b> Assess the priority of the health or safety issue by identifying its most likely impact/consequence on workers and the chance of it actually happening.	
Date for remedial action to fix issue:	
<b>4b. What has been done to rectify the health or safety issue?</b>	
Signed: _____	Date: ____/____/____

**5. What further action needs to be taken?** (eg. Training, item creating hazard to be removed, manual task changed in a way that it no longer requires lifting, noise assessment, review of safe work procedures, training, etc).

List	Responsibility	Date for completion

## REGISTER OF INJURIES / ILLNESS

Employers are required to keep a register of injuries that is readily accessible in the workplace. The person conducting a business or undertaking must keep a record of each notifiable incident for at least five (5) years from the date notified to WHSQ.

### Requirements of injury and illness registration

- Employers must keep a **Register of Injuries** at each workplace for workers to record any workplace injury or illness.
- The register of injuries may be kept in electronic form only if the employer provides education, training and facilities to ensure that workers are able to access the register.
- An injured worker (or someone acting on their behalf) must notify the employer in writing, or verbally, of any work-related injury or illness as soon as possible after an injury has happened.
- Employers need to provide written confirmation to the injured worker that they received notification of the injury or illness.
- Employers need to provide a signed and dated copy of this entry to the injured or ill worker.

**Business name:** XYZ Community Group

**Industry:** Environment + Conservation

**Nature of business:** hosting educational events, implementing on-farm projects and hosting community meetings.

### Injured / ill worker's details

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

### Injury or illness details

Date of injury/illness:		Time of injury/illness:		am/pm
Nature of injury/illness:				

Bodily location of injury/illness (for illnesses include symptoms):

Location at time of injury:

How was the injury/illness sustained (cause of injury /illness):

Was any plant, equipment, substance or thing involved in the injury/ illness? If yes, please provide details:

### Witnesses

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

Name:		Contact:	
Name:		Contact:	
Name:		Contact:	
Name:		Contact:	
Name:		Contact:	

### Follow up

Has the injury been reported to the worker's supervisor? Yes or No:

Was any treatment provided? Yes or No. If yes, please provide details:

Did the injured worker return to work following the injury/illness? If yes, please provide details:

### Details of person making this entry

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

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

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

### Employer confirmation

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

Hereby confirm receipt of this notification.

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

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

If you are responsible under the Work Health and Safety (WHS) laws for workers other than employees, for example contractors, you may not be required under workers compensation laws to record injuries in your register of injuries. However you may find it helpful to do so. If you wish to include details of all injuries in the one place you should add space in the template to indicate whether or not the person is an employee for workers compensation purposes.

### Additional resources

The [Workers' Compensation and Rehabilitation Act 2003](#) (PDF, 1.99 MB) (the Act) and associated [Workers' Compensation and Rehabilitation Regulation 2014](#) (PDF, 865 KB) (the Regulation) provide a framework for managing workers' compensation and rehabilitation in Queensland.

### Further Information

To help identify any risks, hazards, systems or procedures that contributed to the injury/illness and to recommend corrective action to prevent similar incidents, please fill out the "Incident and near miss investigation form (Appendix C)" – see template on following page. If you wish to notify of an incident that occurred under the *Work Health and Safety Act 2011* contact WHSQ on 1300 362 128 or visit [www.worksafe.qld.gov.au](http://www.worksafe.qld.gov.au).

# APPENDIX B:

## DUTY HOLDER RESPONSIBILITIES

Under the *Work Health and Safety Act 2011*, Duty Holders are those individuals who legally have a duty to manage risks to health and safety in the workplace. This duty is not transferable.

In managing risks to health and safety, a Duty Holder must identify reasonably foreseeable hazards that could give rise to risks to health and safety. In managing these risks, the Duty Holder must eliminate risks to health and safety so far as is reasonably practicable. If not reasonably practicable to eliminate these risks, the Duty Holder must minimise these risks so far as is reasonably practicable.

The below table identifies the array of Duty Holders in each Landcare Network and delineates their responsibilities under the *Work Health and Safety Act 2011*.

Position	Accountability Obligations for Work Health and Safety
<p><b>Person Conducting Business Undertaking (PCBU)</b> (Landcare Networks and Landcare Groups employing staff.)</p>	<ul style="list-style-type: none"> <li>▪ Ensure safe systems of work and a safe work environment with appropriate review processes in place.</li> <li>▪ Provide adequate workplace facilities and suitable accommodation.</li> <li>▪ Ensure there are systems for the safe use of plant and equipment.</li> <li>▪ Ensure there are processes for the prompt notification, recording of workplace incidents and management of injuries.</li> <li>▪ Ensure all Duty Holders involved in the Landcare Network has adequate information, training, instruction and supervision for all tasks.</li> <li>▪ The provision of effective systems for monitoring the health of workers and workplace conditions.</li> </ul>
<p><b>Officers</b> (Landcare Chairs, board members, committee members and Managers)</p>	<ul style="list-style-type: none"> <li>▪ Demonstrate effective health and safety leadership.</li> <li>▪ Provide all necessary resources to enable effective management of Work Health and Safety.</li> <li>▪ Establish a mechanism for health and safety issues to be tabled and discussed and reviewed at an executive level on a regular basis.</li> <li>▪ Establish and review your organisation’s health and safety risk registers.</li> <li>▪ Investigate health and safety matters brought to the attention of the committee.</li> <li>▪ Develop, promote and maintain the organisation’s work health and safety management system and associated documents.</li> <li>▪ Undertake audits, workplace inspections and risk assessments as requested.</li> <li>▪ Review reported incidents and collate and prepare health and safety reports for distribution.</li> <li>▪ Provide advice on how to reduce workplace illness, injury and disease.</li> <li>▪ Manage injured workers and optimise return to work outcomes.</li> </ul>
<p><b>Workers</b> (Managers and Executive Officers)</p>	<ul style="list-style-type: none"> <li>▪ Demonstrate effective health and safety leadership.</li> <li>▪ Ensure health and safety system compliance for all tasks undertaken.</li> <li>▪ Review incidents and provide the necessary resources, to control the identified hazards.</li> <li>▪ Provide staff with the necessary safe equipment to perform tasks in a safe manner.</li> <li>▪ Monitor achievement against determined health and safety targets.</li> <li>▪ Manage poor safety behaviour that places workers at risk.</li> <li>▪ Communicate health and safety concerns to the committee.</li> <li>▪ Accompany a WorkCover inspector as an observer.</li> </ul>



<p><b>Workers</b> (Landcare Staff)</p>	<ul style="list-style-type: none"> <li>▪ Demonstrate effective health and safety leadership.</li> <li>▪ Ensure that employees, contractors, volunteers, students and visitors have relevant information, instruction and training in risk management.</li> <li>▪ Ensure all tasks undertaken have the appropriate works permits and/or risk assessments performed.</li> <li>▪ Coordinate site safety inspections and assessment of risks in the workplace.</li> <li>▪ Report any incidents including near misses and injuries and notify the committee / manager as soon as practicable – (see forms attached in Appendix C.)</li> <li>▪ Ensure scheduled inspections and checks occur on plant, equipment and premises.</li> <li>▪ Attend health and safety training as required.</li> <li>▪ Know where to find necessary health and safety information.</li> <li>▪ Use correct tools for the job and follow safe work procedures and inspect tools and equipment prior to use to ensure they are safe.</li> </ul>
<p><b>Workers</b> (Contractors, volunteers, visitors and students.)</p>	<ul style="list-style-type: none"> <li>▪ Take all care for the health and safety of themselves and others while on Landcare sites.</li> <li>▪ Cooperate with Landcare organisations and staff with regard to work health and safety matters and requests.</li> <li>▪ Adhere to relevant health and safety policies, procedures and protocols.</li> <li>▪ Report hazards and incidents to the relevant Landcare staff member.</li> <li>▪ Participate in health and safety consultation as requested.</li> </ul>
<p><b>First aid officers</b></p>	<ul style="list-style-type: none"> <li>▪ Provide first aid assistance to workers.</li> <li>▪ Maintain current first aid qualifications.</li> <li>▪ Check and maintain first aid kits as replenish stocks as required.</li> <li>▪ Maintain records of treatment provided and audits of first aid kits.</li> <li>▪ Where applicable complete the “Defibrillator annual audit”.</li> </ul>
<p><b>Fire wardens</b> (if no designated fire warden, then Office Manager)</p>	<ul style="list-style-type: none"> <li>▪ Provide guidance during an emergency evacuation.</li> <li>▪ Record and maintain documentation of fire alarm checks.</li> <li>▪ Facilitate and record debriefing meetings following an evacuation.</li> <li>▪ Maintain signage and floor plans identifying floor wardens, evacuation routes and evacuation assembly points.</li> </ul>

## Incident/Near miss investigation form

The reason for investigating an incident or near miss is to determine: the cause or causes of the incident; to identify any risks, hazards, systems or procedures that contributed to the incident; and to recommend corrective action to prevent similar incidents.

Incidents should be investigated by people knowledgeable about the type of work involved at the time of the incident. Relevant workers should also be involved in the investigation.

An incident /near miss investigation report should answer the WHO, WHERE, WHEN, WHAT, WHY and HOW questions with regard to an incident.

<b>Details of the incident/near miss:</b>	<b>Date of incident:</b>	<b>Time of incident:</b>
Short description of incident / near miss:		
Area where incident / near miss occurred:		

<b>Details of the incident/near miss investigation</b>	
Name of injured person (if relevant):	Injury sustained(if relevant):
Name of person who reported incident:	Date of report:
Name of person completing this form:	
Telephone number:	Date report completed:

<b>Witness details</b>		
Name/s	Job title (if relevant)	Contact number
Name of person/s conducting investigation	Job title (if relevant)	Contact number

<b>Immediate causes / Contributing Causes that may have been a factor to the accident/incident</b>	
What preventative action could have been taken? Why was this action not taken?	
How much experience did the employee have in the task/s that was being performed when the accident / incident occurred? What training has been provided?	
<b>What is the chance of the accident / incident occurring again?</b>	

**Full description of events.**

**Who was involved:**      **Worker**      **Student**      **Visitor**      **Contractor**

*Briefly describe what happened including the sequence of events, investigate scene of incident or near miss; conditions present at time of incident; what was involved, what activity (if any) was taking place prior and at time of incident. What hazards was the worker exposed to? What hazards may have contributed to the incident occurring? (Attach photos if available)*

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**INVESTIGATION RECOMMENDATIONS** Outline recommended corrective action/s (i.e. solution/s) to prevent the recurrence of the incident **eg. new equipment, re-engineer, re-design work area, re-design work practices, review training standards, etc**

Investigators Recommendation	Person to Action	Completion date

**IMPLEMENTATION DETAILS**

Date implemented	Action taken	Responsible person	Review Date


**Investigators Name:**

**Date:**

**Attachments: e.g. photos, instructions, Safe Work Procedures, etc.**