**Community / Non-DHB Attachment - Health and Safety Induction Checklist**

*Please forward a completed copy of this document to the DHB RMO Support Unit as evidence that the RMO has received a Health and Safety induction to the workplace as part of their orientation with the Provider.*

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| **Community/Non-DHB Provider:** |  |
| **Employee Name:**  |  |
| **Start date of Attachment:**  |  |

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| **All Workers to Complete** | **Initial**  |
| **Section 1: First Aid** | Knows where the first aid supplies are kept |   |
| **Section 2: Hazard Management** | Has been shown the local hazards & controls for each hazard have been discussed |   |
| Knows the location and requirements for Personal Protective Equipment |   |
| Knows how to report a hazard |   |
| **Section 3: H&S Information and Incident Reporting** | Has been shown the location of the H&S noticeboard and information |   |
| Has received the H&S handbook and / or associated policies and procedures |   |
| Knows the reporting procedure for H&S incidents (worker accidents and near misses discussed) |   |
| Is able to identify the Health and Safety Representatives and understands their role |   |
| **Section 4: Blood and Body Fluid Accidents** | Knows the reporting procedure for BBFA |   |
| **Section 5: Emergency Management** | Knows the location of fire exits, fire assembly areas and fire equipment (e.g. extinguishers) |   |
| Knows the location of Fire Action Notices and aware of content |   |
| **Section 6: Orientation** | Has completed a workplace familiarisation and walk around (including work area, hazards, emergency exits, amenities, kitchen and other facilities) |   |
| **Section 7: Personal Safety** | Is able to identify potential weapons and hazardous items in the clinical area e.g. cutlery, chairs etc |    |
| Is aware of personal items (scarves, earrings, jewellery, footwear, stethoscopes) that may be hazardous and the appropriate precautions to take |  |
| **Section 8:****COVID-19** | Is aware of any COVID-19 testing requirements and protocols (in line with MoH Guidelines) |  |

**RMO to complete:**

By signing this document I confirm that I have completed a Health and Safety induction as part of my orientation and that I will comply with the Community Provider’s Health and Safety requirements as detailed in their policies, procedures and regulations.

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| **Name** | **Signature** | **Date** |
|  |  |  |

**Supervisor / Manager at Community/Non-DHB Provider providing H&S induction:**

|  |  |  |
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| **Name** | **Signature** | **Date** |
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