

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Smoke-free Health Service Procedure
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<b>POSITION RESPONSIBLE FOR THE DOCUMENT</b>	Executive Officer Planning, Population Health and Equity
<b>KEY TERMS</b>	Smoke-free, nicotine replacement therapy, designated smoking area, penalty infringement notice, tobacco cessation
<b>SUMMARY</b>	This procedure instructs managers and staff on how to comply with NSW Ministry of Health 'NSW Health Smoke-free Health Care' Policy Directive PD2015_003 meeting SESLHD compliance requirements.

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

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**1. POLICY STATEMENT**

The Executive of South Eastern Sydney Local Health District (SESLHD) recognises its responsibility to provide staff, patients/clients and visitors with a safe and healthy environment and is committed to the implementation of the [NSW Ministry of Health Policy Directive PD2015\\_003 NSW Health Smoke-free Health Care Policy](#).

The purpose of this procedure is to inform SESLHD managers, staff, patients/clients and visitors of the procedural requirements of the above policy directive to ensure SESLHD's compliance to it.

**2. BACKGROUND**

The [NSW Ministry of Health Policy Directive PD2015\\_003 NSW Health Smoke-free Health Care Policy](#) applies to all staff, patients/clients and visitors of all facilities under the control of NSW Health and sets guidelines through:

- Provision of brief intervention to patients/clients including the option of Nicotine Replacement Therapy (NRT), where clinically appropriate, and referral to the NSW Quitline 13 78 48.
- Provision at discharge of at least three days' supply of any NRT product that the patient has been using in hospital.
- Ensuring SESLHD meets its obligations under the *NSW Work Health and Safety Act 2011* and the *Work Health and Safety Regulation 2016* to provide workers, patients/clients and visitors with a safe and healthy workplace.
- Ensuring SESLHD meets its obligations under the *NSW Smoke-free Environment Act 2000*.
- Ensuring SESLHD compliance with Section 39 of the *Health Services Act 1997*.

**2.1 Definitions**

Authorised Inspector	A person appointed under section 14 of the Smoke-free Environment Act 2000 by the Director-General or delegate to perform duties under the Act.
DSA	Designated Smoking Area with an outdoor shelter that is signposted as a DSA.
Electronic cigarettes	Electronic cigarettes, also known as e-cigarettes, electronic nicotine delivery systems (ENDS) or e-cigs, are devices for making mists for inhalation that usually stimulate the act of cigarette smoking. (Therapeutic Goods Administration, 12 March 2013)
NRT	Nicotine Replacement Therapy A range of Therapeutic Goods Administration (TGA) approved medications designed to assist smoking cessation by relieving withdrawal symptoms and reducing craving for nicotine in the initial stages of smoking cessation. (Note: products not approved by TGA are excluded).

Risk	The likelihood that harm will occur.
PIN	Penalty Infringement Notice.
Second-hand smoke	A mixture of exhaled smoke and side stream smoke released from a burning cigarette or other smoking device. Also referred to as Environmental Tobacco Smoke (ETS) (WHO, 2013).
Workers	Employees, students, volunteers and contractors.

**3. RESPONSIBILITIES**

**3.1 Staff will be responsible for:**

- Complying with this Procedure by not smoking on NSW Health property, except within an approved Designated Smoking Area (DSA) where available. Electronic cigarettes are not permitted to be used because these products are not Therapeutic Goods Administration (TGA) approved.
- Maintaining safe work practices related to second-hand smoke exposure, fire prevention and appropriate cigarette use waste disposal.
- Informing their Line Manager or shift supervisor of any matter that will affect the Manager’s or the District/facility’s ability to comply with this Procedure or [NSW Ministry of Health Policy Directive PD2015 003 NSW Health Smoke-free Health Care Policy](#).
- Ensuring that they do not facilitate smoking for non-ambulatory patients.
- Providing routine brief intervention to patients who smoke, including assessment and documentation of clients’ smoking status, referral to NSW Quitline.
- Supporting patients to manage nicotine dependence including provision of NRT, where clinically appropriate.

**3.2 Managers will be responsible and accountable for ensuring**

- All staff, students, volunteers, contractors, patients and visitors are made aware of the requirements of this Procedure and [NSW Ministry of Health Policy Directive PD2015 003 NSW Health Smoke-free Health Care Policy](#).
- Staff have access to NRT to provide to patients.
- Cessation support is available to staff to quit or manage their nicotine dependence, including provision of at least four weeks free NRT per year where clinically appropriate and referral to NSW Quitline.
- Effective consultation between managers and staff in the local implementation of this Procedure and policy.

**3.3 Chief Executive and relevant Directors of SESLHD will be responsible and accountable for ensuring:**

- Effective implementation of the [NSW Ministry of Health Policy Directive PD2015 003 NSW Health Smoke-free Health Care Policy](#) across all facilities and services of SESLHD to achieve a smoke-free health service
- A review of the performance of district smoke-free implementation programs at least annually.

- A system is in place to support staff to quit or manage their nicotine dependence including access to brief intervention, referral to NSW Quitline, and at least four weeks of free NRT per year if clinically appropriate.

**3.4 Visitors will:**

Visitors will only be authorised to smoke in an approved DSA (where available). Clear and appropriate signage in English and relevant community languages indicating the smoke-free status of health facilities will assist with visitor compliance.

**3.5 Authorised Inspectors**

At the time of publication of this Procedure, Authorised Inspectors have not been appointed in SESLHD to issue PINs. This may change in the future, in line with Ministry of Health resources and requirements.

Please **See Appendix 2** for an outline of the responsibilities of an Authorised Inspector and **Appendix 3** for Guidelines for Issuing a PIN.

**3.6 Community Health and Outreach Services Employees:**

SESLHD has a responsibility to ensure that workers who work in the community or visit patient/clients in their homes are not exposed to second-hand smoke. Patient/clients should be provided with standard information about the smoke-free provisions of the Procedure, the health effects of second-hand smoke, and the requirement not to expose the worker to second-hand smoke.

If the patient/client continues to smoke (including electronic cigarettes) in the presence of the worker, the treatment session may cease until the patient/client can comply with the Procedure. Another treatment session may need to be organised to ensure the patient/client's treatment regime is not compromised.

In the instance where patient/clients refuse to comply with the Procedure, the matter should be reported to the manager of the community health or outreach service. The manager should contact the patient/client to discuss the incident and reiterate the requirements of the Procedure, the employer's Work Health & Safety (WH&S) obligations to workers, and the health effects of second-hand smoke. The incident should be documented.

**3.7 Media and Communications Unit:**

In the event that any staff are approached by media or asked to provide any information about the enforcement activity they should decline the invitation and provide the details of the media request to the Media and Communications Manager as soon as possible and by the conclusion of the day's work.

**3.8 Working with Diverse Communities**

In enforcing the *Smoke-free Environment Act 2000*, staff approaching people to direct them to DSA's or Authorised Inspectors issuing Penalty Infringement Notices (PINs) will interact with a broad cross section of the community, including those from Culturally and Linguistically Diverse (CALD) backgrounds. Authorised Inspectors and employees must conduct enforcement activities in a professional and ethical manner and must not

discriminate against members of the public on the basis of their sex, race, ethnic or ethno-religious background, marital status, pregnancy, disability, age, homosexuality or transgender. Communicating in a culturally appropriate way means finding a way to communicate effectively that also respects and accepts cultural differences. Guidance for working with Aboriginal people and communities can be obtained from the Community Services document '[Working with Aboriginal people and Communities: A Practice Resource](#)'

## 4. PROCEDURE

### 4.1 Objectives of the Procedure

The objectives of the Procedure are to:

- Reduce the exposure of staff, patient/clients and visitors to second-hand smoke.
- Establish a system of managerial responsibility and accountability for the management of a smoke-free health service.
- Support reduction in smoking by employees through facilitating quitting and use of NRT.
- Ensure that all staff, patient/clients and visitors are aware of, and adhere to, this Procedure.

### 4.2 Implementation of the SESLHD Smoke-free Health Service Procedure

#### 4.2.1 Designated Smoking Areas (DSA's)

DSA's are located on the following SESLHD healthcare facilities:

- The Randwick Hospitals Campus
- The Sutherland Hospital

For requirements of DSA's see **Appendix 1**.

#### 4.2.2 Elements of Successful Smoke-free Implementation

Successful smoke-free implementation at SESLHD facilities requires an organisational change approach including:

- Providing opportunity and encouragement to staff who seek to quit smoking or reduce their consumption of cigarettes.
- Refer to the [SESLHDPR/494 Nicotine Replacement Therapy \(NRT\) Procedure](#) for strategies to assist patients who smoke to manage their nicotine dependence in hospital, including appropriate screening, assessment, brief intervention and treatment.
- Training for employees on managing nicotine dependent inpatients.
- An appropriate compliance monitoring strategy and review mechanism.
- A comprehensive communication strategy targeting patients, visitors and workers, including information about DSA's (where applicable), possible penalties, signage and accessing support from Quitline.
- Reinforcing the association between non-smoking and good health.
- Keeping premises free of cigarette butts to visually reinforce that this is a non-smoking venue.

#### 4.2.3 Cessation Support and Short Term Nicotine Dependence Management

Implementation of the Procedure may result in some staff and patients wanting to quit smoking. Options to assist these individuals include:

**Support for staff:** Access to four weeks free NRT annually and referral to the NSW Quitline, including permission to make or receive phone calls during work hours.

**Support for patients:** Patients admitted to hospital are to be assessed for nicotine dependence using the [SESLHDPR/494 Nicotine Replacement Therapy \(NRT\) Procedure](#) and provided with NRT, unless contraindicated. Those who smoke are to be offered brief intervention for smoking cessation, including referral to the NSW Quitline.

### 5. DOCUMENTATION

To implement this procedure staff can refer to the [SESLHDPR/494 Nicotine Replacement Therapy \(NRT\) Procedure](#).

#### 5.1 Other Related Policies and Procedures

If you are a supervisor or manager of staff, you have a legal duty to identify and minimise risks to those people which may arise as part of their employment. Managers should be aware of and act in accordance with the requirements of relevant SESLHD and Ministry Policy Directives and Guidelines including:

- [‘SESLHDPR/267 Fraud & Corruption Prevention Strategy’](#)
- [‘NSW Ministry of Health PD2015 001 Preventing and Managing Violence in the NSW Health Workplace - A Zero Tolerance Approach’](#)
- [‘NSW Ministry of Health IB2013 024 Protecting People and Property: NSW Health Policy and Standards’](#)
- [‘NSW Ministry of Health PD2015 043 Risk Management - Enterprise-Wide Risk Management Policy and Framework – NSW Health’](#)
- [‘NSW Ministry of Health PD2017 043 Violence Prevention and Management Training Framework for NSW Health’](#)

NSW Health Standards on investigating, analysing and reviewing incidents and near misses are set out in:

- [‘NSW Ministry of Health PD2014 004 Incident Management Policy’](#)
- [‘NSW Ministry of Health PD2013 006 Injury Management and Return to Work’](#)
- [‘NSW Ministry of Health PD2018 013 Work Health and Safety: Better Practice Procedures’](#)

In addition, managers need to be aware of and act in accordance with the requirements of the following Codes of Practice and legislation:

- WH&S Consultation Cooperation and Coordination
- Managing the Work Environment and Facilities
- First Aid in the Workplace
- How to Manage WH&S Risks

- *Work Health and Safety Act 2011*
- *Work Health and Safety Regulation 2011*

## **5.2 Work Health and Safety (WH&S) – Risk Management**

Risk management involves developing systems to identify and assess risks with the aim of eliminating the risks so far as reasonably practicable. The NSW Health Policy Directive NSW Ministry of Health PD2015\_043 Risk Management - Enterprise-Wide Risk Management Policy and Framework – NSW Health reflects best practice and is consistent with government requirements to implement and maintain a risk management process.

The safety of Authorised Inspectors and the public is paramount when undertaking compliance monitoring and enforcement activities. Authorised Inspectors must comply with all reasonable safety or risk management instruction and must consider his/her own safety, and the safety of colleagues and members of the public around them as part of their duty. If at any time, Authorised Inspectors feel unsafe or believe that others within close proximity are at risk, they will stop the enforcement activities and report the incident to their immediate supervisor/manager.

## **5.3 Recruitment Practices**

Managers need to inform staff of their obligations arising from the Procedure, therefore:

- All advertisements and letters of offer for new staff must refer to the requirement of the SESLHD Smoke Free Health Service Procedure.
- Information regarding Smoke-free Environment, tobacco cessation services, availability of NRT and PINs are given at orientation programs
- The availability of support and resources for smoking cessation should also be brought to the attention of existing staff.

## **5.4 Contract Services**

When SESLHD enters into a contract for the provision of services to a health facility by staff who will not be employees of the LHD, the contract must stipulate the requirements of the SESLHD Smoke-free Health Service Procedure and contracted staff will be expected to comply with the Procedure.

## **5.5 Leasing, Building and Construction Agreements**

Where SESLHD has a contractual arrangement with a leasee or a building and construction agreement, observance of the SESLHD Smoke-free Health Service Procedure must be included in the contract or at the time the contract is renewed. All leasees and contractors are to be provided with a standard statement that all SESLHD health facilities are smoke-free.

## **5.6 Legal and Other Compliance**

SESLHD will comply with the requirements of the legislation and policies listed in Sections 3.1 and 3.2.

**6. AUDIT**

Evaluation of the effectiveness of the smoke-free provisions and review of the SESLHD Smoke-free Health Service Procedure may include:

- Periodic Smoking Observation Studies at facilities.
- Evaluating staff awareness of Smoke-free By-law.
- Monitoring the number of staff utilising free and subsidised NRT services.
- Monitoring number of PINs issued.
- Monitoring the number of complaints from staff, patient/clients and visitors about smoking issues on sites/Networks.
- Monitoring use of DSAs.
- Review of the barriers to effective implementation of this Procedure.
- Review of any disciplinary action taken in relation to this Procedure.
- General smoking enquiries received by District representatives.

**7. REFERENCES****7.1 NSW Legislation**

- *Smoke Free Environment Act 2000*
- *Smoke-free Environment Regulation 2007*
- *Health Services Act 1997*
- *Work Health Safety Act 2011*
- *Work Health Safety Regulation 2011*

**7.2 External references**

- Australian Government Department of Health, Therapeutic Goods Administration (TGA), [‘Electronic Cigarettes’](#)
- [NSW Ministry of Health Publication : Managing Nicotine Dependence: A Guide for NSW Health Staff](#)
- [NSW Ministry of Health PD2015\\_003 NSW Health Smoke-free Health Care Policy](#)
- [NSW Government Smoke-free Environment Amendment Act 2018 No 13](#)

**7.3 Internal references**

[SESLHDPR/494 Nicotine Replacement Therapy \(NRT\) Procedure](#)

**8. REVISION AND APPROVAL HISTORY**

Date	Revision No.	Author and Approval
2000	0	Former IAHS OH&S Smoke Free Policy
Oct 2001	0	The South Eastern Sydney Area Health Service Smoke Free Workplace Policy endorsed by the former SESAHS Area Board September 1999.
Jun 2006	1	Approved by the Area Executive Committee 21 June 2006
Apr 2008	2	Joe Morrissey, Area OHS Officer, Ian McManus Area Senior Project Officer. Minor changes made to comply with SESIH Smoke Free Work Place Exemptions Policy Area PD 152 released 1 March 2008. Approved by Terry Clout, Chief Executive
May 2014	3	Revised by Allison Humphries, Planning & Population Health Re-formatted by District Policy Officer with updated hyperlinks.
June 2014	4	Draft for comments included in document by Allison Humphries
June 2014	4.5	Finalised Draft by Author. Re-formatted by District Policy Officer and re-submitted to District Executive Team (DET) for approval.
July 2014	4.6	References to electronic cigarettes added as discussed in DET. Changes approved by Julie Dixon, Director Planning and Population Health
July 2014	4.6	Approved by DET and by Director of Planning and Population Health.
July 2018	5	The document is reformatted and structured to allow easy reading. Circulated to SESLHD Smoke-free Workplace Steering Committee for endorsement.
August 2018	5	Minor update Endorsed by Executive Sponsor
July 2020	6	Executive Sponsor updated from Director, Planning Population Health and Equity to Director, Population and Community Health. Approved by Executive Sponsor.

**9. APPENDICIES****Appendix 1: Requirements of Designated Smoking Area's (DSAs)**

DSA's must be **clearly signposted** to warn others of their presence and of the risks of second hand smoke. Locations of designated smoking areas must:

- Be located at least 4m away from: access to public building entrances, access routes, walkways, windows and car parks
- Be out of sight of patients and visitors view where possible
- Not be erected in low lying areas where gases can accumulate
- Have appropriate signage, warning of the presence of tobacco smoke and the risks of active and passive smoking and provide the Quitline telephone number where smokers can obtain advice, information and support in ceasing smoking
- Not be erected over underground storage tanks, pipe work or utility easements
- Not be erected where hot work, noise, dust or fumes can be expected
- Be erected so as to provide occupants with adequate protection from sun, wind, rain and excesses of heat and cold
- Be considerate of the safety of persons using the DSA, which may require special consideration such as lighting, security patrols and CCTV
- Have continuously accessible fire-fighting equipment maintained in its vicinity
- Be kept clean, with disposal bins regularly emptied. Safe operating procedures should be followed when emptying disposal bins
- Smoking must not occur in proximity of dangerous goods:
  - ✓ 5 metres for flammable or combustible dangerous goods (Class 2.1, 3, 4, or C1).
  - ✓ 8 metres for volumes of 4000 litres or more of flammable liquid stores
  - ✓ 3 metres for Class 5.1 Oxidizing Agents

Each DSA must comply with the specific provisions of the Smoke-Free Environment Act 2000 (NSW) and the Smoke-Free Environment Regulation 2007. The SESLHD Public Health Unit should be consulted on the planning, design and build of each DSA to ensure compliance with regulations.

**Appendix 2: Authorised Inspectors Responsibilities**

Authorised Inspectors involved in enforcement of smoke-free outdoor areas in healthcare facilities will:

- Be familiar with the legislation so that they can explain delegations of authority when required to do so clearly, assertively and professionally
- Abide by the NSW Attorney General's Caution Guidelines under *the Fines Act 1996*
- Conduct enforcement activities ethically and impartially and act in an ethical manner in accordance with the [NSW Health Code of Conduct PD2015\\_049](#)
- Comply with WH&S requirements and policies, systems of operation and work practices aimed at reducing and eliminating exposure to risk
- Attend and complete any required training for the enforcement activity
- Conduct all enforcement activities in pairs
- Wear the uniform required by SESLHD
- Carry NSW Health authorisation – always produce the authorisation or have it displayed so that it is visible to the other person before exercising a power;
- Stand in a position when talking with the person to avoid exposure to tobacco smoke;
- Take reasonable care for his/her own health and safety;
- Carry a mobile phone to seek assistance if needed. Call 000 in case of an emergency;
- Complete the *Record of Enforcement Activity and submit to Line Manager* at the conclusion of each day
- Report any hazards/incidents to the Ministry as soon as possible after the event in accordance with these Guidelines.

**Appendix 3: Guidelines for Issuing a PIN**

PINs, where possible, should be given out of the earshot of others. This is done to minimise the reaction of the person to being embarrassed in front of others and avoids as much as possible the situation where a crowd could intervene in the conversation. By the time a PIN is issued, the Inspector will have already introduced himself/herself and shown the person his/her authorisation. They will also have asked the person's name and/or asked the person to produce their driver's licence or some document that may display the person's identification details.

Once:

- The person has been moved slightly away from the crowd, if possible
- The person has been identified
- The person's name recorded
- The person has been informed that they are smoking in an area that is smoke-free; and
- The Inspector has decided that in the circumstances a PIN is to be issued; the Inspector may use the following script guideline for the PIN

1. Be polite and professional
2. Keep your voice low and modified at all times
3. Explain that their behaviour constitutes an offence under the *Smoke-free Environment Act 2000*
4. Inform the person that they are to be issued with a PIN
5. Outline the legislation
6. Complete the PIN pad with the correct information in a legible manner. PINs can either be given directly to the person or may be posted to the person after the incident has been recorded
7. Thank them for their co-operation; and
8. Complete a Record of Enforcement Activity

**Appendix 4: Risk and Mitigation Strategies**

SESLHD has identified the following potential risks and hazards and associated controls:

<b>POTENTIAL RISKS</b>	<b>RISK MITIGATION STRATEGIES</b>
<p>Work tasks and how they are performed</p> <ul style="list-style-type: none"> <li>• Issuing PINS and reactions from non-compliant members of the public or staff</li> </ul>	<ul style="list-style-type: none"> <li>• Authorised Inspectors will be trained in de-escalating aggressive behaviours, issuing PINS and mandatory SDRO training and any other relevant policies and procedures</li> </ul>
<p>External factors or other incidents in proximity to location:</p> <ul style="list-style-type: none"> <li>• People under stressful situations due to themselves or a relative with health issues</li> <li>• Weather – slippery surfaces, extreme temperatures</li> </ul>	<ul style="list-style-type: none"> <li>• Authorised Inspectors will be trained in de-escalating aggressive behaviours, issuing PINS and mandatory SDRO training and any other relevant policies and procedures</li> <li>• Authorised Inspectors will be provided with high visibility uniforms, including hats, collared t-shirts and high-visibility vests. Authorised Inspectors will be expected to wear long pants. Wet weather gear is provided. Appropriate non-slip shoes need to be worn</li> </ul>
<p>Community interaction</p> <ul style="list-style-type: none"> <li>• Lack of public awareness of legislation and role of the Authorised Inspector</li> <li>• Individual reaction – e.g. stress, individual’s past experience with health personnel/authority figures and adherence to laws, was not aware of laws</li> <li>• Aggressive/threatening individual/s (actual or fear of)</li> <li>• Approaching groups of smokers who may be aggressive/threatening</li> </ul>	<ul style="list-style-type: none"> <li>• Authorised Inspectors will be trained in de-escalating aggressive behaviours, issuing PINS/warnings and mandatory SDRO training</li> <li>• Authorised Inspectors will work in pairs and carry NSW Health identification to undertake the operation and any other relevant policies/procedures</li> <li>• Authorised Inspectors are provided guidance and a script for issuing warnings/PINs, including to move the person away from the crowd, if possible</li> <li>• De-escalating/threatening behaviour training includes group situations</li> </ul>
<p>In the event an incident does occur</p>	<ul style="list-style-type: none"> <li>• Provision of support for Authorised Inspectors including emergency communication arrangement, protocol to access advice, management and support</li> <li>• Provision of templates to record the enforcement activity</li> <li>• Provision of timely feedback and support to Authorised Inspectors in relation to any investigation or action taken against persons involved in violence or aggression against an Inspector</li> <li>• Provision of debriefs to address operational issues</li> <li>• Counselling is available</li> </ul>
<p>Exposure to second hand smoke</p>	<ul style="list-style-type: none"> <li>• Authorised Inspectors will stand in a position at the site to avoid exposure to</li> </ul>

	second hand smoke
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If at any time during enforcement activities an Authorised Inspector becomes concerned for their safety or the safety of others, or a member of the public becomes aggressive:

- Communicate with other Authorised Inspectors and disengage from the interaction;
- Enforcement activities should be terminated immediately;
- Communicate with supervisor/manager to alert them to the situation;
- Details about the incident should be recorded as soon as practicable and further reports made if needed (e.g. to Police and under WH&S requirements)

SESLHD and Authorised Inspectors both have an obligation to review control measures on an ongoing basis to make sure the measures work as planned. Debriefs will be held on a regular basis to proactively address any issues. The review may consider the following questions:

- Are the control measures working effectively in both their design and operation?
- Have the control measures introduced new problems?
- Have all hazards and controls been identified?
- Have new work methods or equipment made the job safer?
- Are safety procedures being followed?
- Has instruction and training provided to Authorised Inspectors on how to work safely been effective?
- Have Authorised Inspectors been actively involved in identifying hazards and possible control measures?
- Are they openly raising health and safety concerns and reporting problems promptly?
- Is the frequency and severity of health and safety incidents reducing over time?
- If new legislation or new information becomes available, does it indicate current controls may no longer be the most effective?