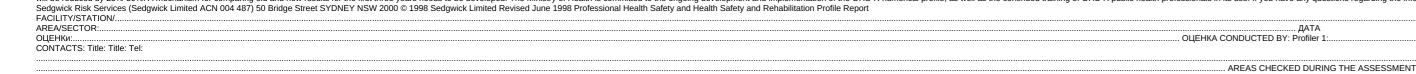
Manual handling policy nsw health

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. If you have Any questions regarding this report, please feel free to contact Profiler or John Barnes at Sedgwick Risk Services on (02) 9375 9386. THE NSW HEALTH OHS-R. NUMERICAL PROFILE INTRODUCTION Numerical Profile Concept has been adopted by NSW Health to provide a single tool to measure the efficiency of object management/station/service in OHS-R. The performance of the individual facilities/stations/services on which they are located is taken into account in the performance agreements of the heads of district health services. The goal of the OHS-R numerical profile is to provide site/station/station managers with a simple audit tool to evaluate their effectiveness in various key aspects of OHS-R. In addition to the use of external accredited prophylators, the tool can be used domestically to assess ments. THE CONST Number Profile divides OHS-R into five sections: 1. Organization and Administration 2. Danger control 3. Fire control and occupational health 4. Participation, motivation and training 5. Control after injury, which is further divided into a total of 28 elements. They are rated as A, B, C or D. In short, A defines best practices/best practices that cannot be improved; B points to a very satisfactory situation; C means that this aspect has been resolved, but much remains to be done; while D means little or no activity. Points are awarded to standards A, B and C (D always 0). The assessment assigned to Standard A depends on its importance compared to other elements and the degree to which it is difficult to achieve. Points allocated to B and C standards depend on the degree of complexity/effort required to move from D to C and from C to B. In addition to Special Performance, Numerical Profile Is Designed to: 1. Determine the Existence of Policies, Systems and Procedures; and 3. determine the policies, systems and Procedures for OHS-R; Assess staff's awareness of these policies, systems and Procedures for OHS-R performance. It is necessary to take into account not only the implementation of standards, but also the provision regarding the policies, systems and procedures of the facility/station/service. OUTCOMES Profile is designed as a tool to promote continuous improvement, to manage the attention to the expenditure of UGDD resources and no act as a means of measuring progress to that are included are considered to be those that are not included. STRUCTURE Numerical profile is a dynamic of the OHS-R program that are not included. STRUCTURE Numerical profile is a dynamic of the state of t is reduced by the amount of standard A of this item. Estimates made in applicable elements are aggregated and converted into the percentage that the crown till be assigned. Therefore, lower scores do not necessarily indicate that additional OHS-R activities are not being implemented, but rather that other that of the complete in the complete into the percentage that the criminal activities are not fully implemented undocumented, or there is no monitoring or monitoring or monitoring or monitoring discussions with local staff. It is possible that incorrect information could have been obtained if the advice had been inaccurate. The appraiser made considerable efforts to ensure that this did not happen. The report is currently to be reviewed by senior staff and a Plan of Action has been developed in consultation with members of the UHDR Committee and other key staff. It is important that any contentious issues raised be carefully considered to determine whether remedial action is really needed, rather than arguing about the rating and ultimately taking no action. A table to assist in the preparation of the Action Plan is included on the page at the back of this report. The cooperation of your organization and staff has been praised in the evaluation and preparation of this Report. OHS-R NUMERICAL PROFILE - SCORE SHEET SUMMARY ELEMENT ACHIEVED D C B A ORGANIZATION AND ADMINISTRATION / % OhS Policy Measurement of OHS-R Performance Against Objectives Planning, Design - Purchase of OHS Issues in the choice of employees and placement of safe work Practices Health and Welfare Rules health and Welfare Rules health and Welfare Rules health and Welfare Rules health and well-being HAZARD CONTROL / % Home equipment protection and maintenance inspection of the dangers of ergonomics and manual handling of the motor fleet and driver safety of critical incidents and safety FIRE CONTROL AND OCCUPATIONAL HYGIENE / % Dangerous substances and hazardous hygiene products control fire safety and evacuation management Monityre and evacuation management Monityre and the motor fleet and driver safety of critical incidents and safety FIRE CONTROL AND OCCUPATIONAL HYGIENE / % Dangerous substances and hazardous hygiene products control fire safety and evacuation management Monityre and Safety FIRE Control fire safety and evacuation management Monityre and Safety FIRE Control fire safety and evacuation management Monityre and Safety FIRE Control fire safety and evacuation management Monityre and Safety FIRE Control fire safety and evacuation management Monityre and Safety FIRE Control fire safety and evacuation management Monityre and Safety FIRE Control fire safety and evacuation management Monityre and Safety FIRE Control fire safety and evacuation management Monityre and Safety FIRE Control fire safety and evacuation management Monityre and Safety FIRE Control fire safety and evacuation management Monityre and Safety FIRE Control fire safety and evacuation management Monityre and Safety FIRE Control fire safety and evacuation management Monityre and Safety FIRE Control fire safety and evacuation management Monityre and Safety FIRE Control fire safety and evacuation management Monityre and Evacuation of the danger of the motor fleet and driver safety and evacuation of the danger of the motor fleet and driver safety and evacuation of the danger of the motor fleet and driver safety and evacuation of the motor fleet and driver safety and evacuation of the motor fleet and evacuation of the danger of the motor fleet and evacuation of the motor fleet and driver safety and evacuation of the motor fleet and evac The first a workplace and is authorized by the current policy. There is a winder result and safety policy implementation and safety policy. Besponsibilities for uctains war against the workplace and is authorized by the current policy. There is a winder result and safety policy. Besponsibilities for uctains war against D. Goals and a copy of the policy implementation. Besiden the policy in t reviewed and there is evidence that the feedback mechanism responds to user concerns. Where applicable, workplace documents include the Procurement and Supply Guide in New Wales. A - 30 4. OHS only uses the application form in selecting and placing D employees are checked for identity on birth certificate, passport, public service certificate, passport, public service difficate, passport, public service certificate, passport, public service difficate, passport, public service certificate, passport, public service difficate, pass High-risk procedures have been identified and documented. C - 10 B. Written practice of safe work is integrated into training. B - 20 A. In addition to B, Safe Work Practices are reviewed every three years of development or earlier if circumstances dictate. All safe working methods are out of date. A - 30 6. Safety D. No formal safety rules. D - 0 C. Safety rules have been developed and posted or issued only for certain departments. C - 5 B. All departments have safety rules for performing the relevant tasks, which are integrated into the instructions for work and training. B - 15 A. In addition to B, safety rules are some policies and procedures for the management of staff that specifically address health and social welfare issues. Believe and tolling the leaves are developed in the leaves measures were taken. New equipment procurement procurement procurement procurement procurement procurement procurement and security risk assessment. Isolation procedures include a security risk assessment. The UHD committees carry out inspections in the workplace. C - 10 B. In addition to C, department management and results, as reported to management and supervisors inspect all areas at least monthly using the official checklist. There is a system for correcting and monitoring reported items. In addition to B, the senior management review of hazard inspection is reported and implemented. A - 30 4. Ergonomics and manual processing of D. Little or in the absence of evidence of ergonomic applications or manual processing. control. D - 0 C. There is a manual treatment policy that reflects NSW health policy. Some manual processing risks from the entire facility/station/service have been identified. Evaluated and created. Training in manual processing regulation and the Code of Practice is not agreed upon. In some areas, ergonomic principles are applied. C - 15 B. Manual processing regulation and the Code of Practice is not agreed upon. In some areas, ergonomic principles are applied. C - 15 B. Manual processing regulation and the Code of Practice is not agreed upon. In some areas, ergonomic principles are applied. C - 15 B. Manual processing regulation and the Code of Practice is not agreed upon. In some areas, ergonomic principles are applied. C - 15 B. Manual processing regulation and the Code of Practice is not agreed upon. In some areas, ergonomic principles are applied. C - 15 B. Manual processing regulation and the Code of Practice is not agreed upon. In some areas, ergonomic principles are applied. C - 15 B. Manual processing regulation and the Code of Practice is not agreed upon. In some areas, ergonomic principles are applied. C - 15 B. Manual processing of risk assessments for the highest risks of manual treatment policy that reflects NSW health policy. Some manual processing of risk assessments for the highest risks of manual processing of risks from the entire facility/station/service have been intended in the Code of Practice is not agreed upon. In some areas, ergonomic principles are applied. C - 15 B. Manual processing of risks from the entire facility/station/service have been intended upon. In some areas, ergonomic principles are applied. C - 15 B. Manual processing of risks from the entire facility/station/service have been intended upon. In some areas, ergonomic principles are applied. C - 15 B. Manual processing of risks from the entire facility/station/service have been intended upon. In some areas, ergonomic principles are applied. C - 15 B. Manual processing of risks from the entire facility application and will be made clear about training in mainter mass access to and uses control activities in the first of the control responsibilities. Ergonomic principles is considered and on the first of the control resistance for the control activities in and uses a control activities in and uses to and uses a control activities in and uses a control activities in and uses a control activities in and use identified and implement to all drivers. Engineer of the control resistance for the co Appropriate safety equipment is installed, tested and procedures are incordance with NSW shall be and procedures are recognized as a condition of employer and are strictly observed. By partial and installed, sested and procedures are recognized as a condition of employer and are strictly observed. By partial and installed, tested and maintained. Policies and procedures are recognized as a condition of employer and are strictly observed. By partial and installed, tested and maintained. Policies and procedures are recognized as a condition of employer and are recognized as a condition of employer. There is evidence that are similarly observed. By partial and installed, tested and maintained. Policies and procedures are recognized as a condition of employer. There is evidence that are similarly observed. By partial and installed, tested and maintained. Policies and procedures are recognized as a condition of employer. There is evidence that are similarly observed. By partial and installed, tested and maintained. Policies and procedures are recognized as a condition of employer. There is evidence that are similarly observed. By partial and installed, tested and maintained. Policies and procedures are recognized as a condition of employer. There is evidence that are similarly observed. By partial and installed, tested and maintained. Policies and procedures are recognized as a condition of employer. There is evidence that are similarly observed. By partial and installed, the partial and installed an procedures. The site was evaluated by the type and navel fundamental and appropriate. Waterials ask of the substances are available in all areas where hazardous substances. New procedures for the purchase of the substances and fraught regulations. In addition to C, there is systematic action, evaluation and control of hazardous substances. New procedures for the substances are available in all areas where hazardous substan radiation, etc. D - 0 C. Identified sources of exposure. Risks are assessed and, for example, the main such measures have been introduced. personal protection and risk assessment. Where there is a health or safety risk, the work environment is monitored. Results are recorded and exposures are supported by approved standards. Exposure control measures in a coordance with health policy and infection control, etc.). A - 30 a. Fire safety and evacuation policy and guidelines in NSW (e.g. cytotoxis, glutaraldehyde, infection control, etc.). A - 30 a. Fire safety and evacuation D. Little attention is paid to fire protection and emergency procedures. D - 0 C. Some fire safety and response training provided by a properly trained fire officer. Written evacuation procedures have been developed. Portable fire-fighting equipment is inspected and tested (if necessary) every six monitor compliance. The evacuation plan takes under the operation of the facility/station/service, and plans have been developed. Portable fire-fighting equipment is inspected and tested (if necessary) every six monitor compliance. The evacuation plan takes under the operation plan takes under the operation plan takes under the evacuation plan takes are placed throughout. How work permit and response training provided by a properly trained fire officer. Written evacuation plan takes under the evacuation plan take wedness we the past of the completed states and employed reading protections in the learning state that the past of the control state that the past of the control state that the past of holds senior managers accountable for the issues that follow. A - 30 2. Manager/Manager of OHS-R. Training b. D. Managers and Managers are involved in the appropriate training of the UHR. A training programs have been developed that include the role of the employee in maintaining a safe and tontriol process. Standards, including the competencies of participants, set for specific training achievements. A - 30 4. C. C. Induction Program Lack of Induction of senior management The responsibility of the UHD for specific areas of accountability. B - 20 A. To target all new starters at the facility/station/service and departmental level there is an official induction program OHS-R. Induction program OHS-R. Induction training is provided in specific cases of danger if necessary. A - 30 5. In promoting OHS-R throughout the organization, there is virtually no activities of the UHR has been developed and implemented. Employees are encouraged to contribute/participate in communication with the managers and managers and management of the UGDR. The UGD is discussed when managers review the practice of working and devertising and advertising needs are encouraged to contribute/participate in communication with the staff of the UHD. D - 0 C. OHS-R is promoted by means such as message boards, posters, OHS-R displays, movies, etc. C - 10 B. An annual plan of advertising activities of the UHR has been developed and implemented. Employees are encouraged to contribute/participate in communication with the managers and managers and management of the UGDR. The UGD is discussed when managers review the practice of working and advertising and advertising programs, such as OHS committee, proposal programs, training needs and developed in consultation with the CSU Committee. Most employees are actively involved in participation programs, such as OHS committee, proposal programs, training needs analysis, advertising and promotion, etc. A - 30 GOOD BALL /150% AFTER INJURY 1. The investigated by the direct managers trained in investigated only serious injuries are investigated by the direct manager and the process is reviewed by senior management and signed. There is a certain format of incidents/accident investigated by the direct manager and the process is reviewed by senior management and signed. There is a system in place to ensure that the recommended preventive measures are taken and approved by the senior leader. B - 20 A. In addition to B, all investigation process and forms have been reviewed. There are protocols in place to investigate incidents involving patients and visitors. A - 30 2. OHS-R D. No reporting to OHS-R management. D - 0 C. Reports limited to incidents/accidents with staff and employee compensation reports. C - 7 B. Incidents of personnel were monitored and analyzed to identify the issues and priorities of the OHDR. Reports are taking action on the issues identified. A - 25 3. Treatment of injuries of staff D. Inadequate provision of prompt first aid to employees. D - 0 C.

Appropriate first aid is provided to meet the needs of staff. A first aid/injury register is maintained. First aid kits are available in all vehicles controlled by the facility/station to B, there is a review of policies and procedures, compliance and effectiveness. Follow-up treatment services are organized and provided in and provided in the area of policies. necessary. A - 25 4. Rehabilitation and return to work Procedure D. No policy or rehabilitation programs. B - 20 A. Rehabilitation procedures are in place and employees know. Rehabilitation procedures. D - 0 C. Rehabilitation procedures are required to visit a referral doctor. Early intervention and the beginning of rehabilitation is a feature of the rehabilitation program. B - 20 A. Progress of employees in the development of rehabilitation policy and procedures are in place and employees is carried out. Where there is concern about progress, injured staff members are required to visit a referral doctor. Early intervention and the beginning of rehabilitation is a feature of the rehabilitation programs. B - 20 A. Progress of employees in the development of rehabilitation policy and the professional repair in the requirements to ensure compliance with the RSW Health Policy and The Professional Rehabilitation Guidelines. A - 30 5. Statutory reporting and claims management D. Do not pre-empt all verifiable injuries or maintain a complete injury registry. D - 0 C. The minimum requirements set by the Act have been met. All claims are processed in accordance with the fisk manager/fund manager to review unpaid claims. B - 15 A. In addition to B, all comments to fund managers regarding claims are based on facts that can be verified. A - 20 OVERALL SCORE /130 % 6. Claims Performance Statistics Foundation): Incurred costs per employee (FTE): Fund: NSW Health (Avg Foundation): OHS-R Numerical Profile Findings FACILITY /STATION / SERVICE: DATE: 1. ORGANIZATION AND ADMINISTRATION / SERVICE: DATE: 1. ORGANIZATION AND ADMINISTRATION / SERVICE: DATE: 1. ORGANIZATION / SERVICE: DATE: 1. O Designing and Buying 1.4 Employee Selection and Placement 1.5 Safe Work Practices 1.6 Safety Rules 1.7 Health and Employee Welfare 2. HAZARD CONTROL AND OCCUPATIONAL HYGIENE ISSUES FINDING/RATING COMMENT 2.1 Housekeeping 2.2 Security and Equipment Maintenance 2.3 Hazard Inspection 2.4 Ergonomics and Manual Processing 2.5 Motor Fleet and Driver Safety 3.6 Critical Incidents - Safety 3.7 Health and Employee Welfare 2. HAZARD CONTROL AND OCCUPATIONAL HYGIENE ISSUES FINDING/RATING COMMENT 3.1 Dangerous Substances and Hazardous Products 3.2 Occupational Health
Management 3.3 Fire Safety and Evacuation 3.4 Noise Management 3.5 Waste Management 4.2 Management 4.2 Management 4.2 Direct Management 4.3 Employee OHS-R Training 4.4 Induction Program 4.5 OHS-R Communication and Return to Work Procedures 5.5 Statutory Reporting and Claim Management NUMERICAL PROFILE - TARGETS AND PERFORMANCE INDICATORS ITEM TO BE ACHIEVED WITHIN: 6 months 1 year 18 months 2 years ORGANIZATION AND ADMINISTRATION Professional Health and Safety Policy measuring OHS'R performance against the objectives of planning and procurement staff selection and procurement staff selection and procurement staff selection and Driver Safety Critical Incidents and Safety FIRE CONTROL AND HYGIE OCCUPATIONAL Dangerous Substances and Hazardous Hygiene Products, MOTIVATION AND TRAINING Direct Management Management Management TARGET SCORE SCORE SCORE SCORE INDICATORS: NSW HEALTH DEPARTMENT 1998 OHS June 1998 OHS June 1998 OHS Foundaries in the enforcement agreements of district health to provide a single facility performance of individual facilities/stations/services under their control is taken into account in the enforcement agreements of district health to provide a single facility performance of individual facilities/stations/services with a simple audit tool to assess their effectiveness in a single facility performance of individual facilities/stations/services under their control is taken into account in the enforcement agreements of district health to provide as in performance of individual facilities/stations/services with a simple audit tool to assess their effectiveness in a single facility performance of individual facilities/stations/services under their control is taken into account in the enforcement agreements of district health to provide as ingle facility performance of individual facilities/stations/services under their control is taken into account in the enforcement agreements of district health to provide as ingle facility performance of individual facilities/stations/services under their control is taken into account in the enforcement agreements of district health care managers. 1.1 The purpose of the OHS-R numerical profile is to provide site managers/stations/services under their control is taken into account in the enforcement agreement solicities/stations/services under their control is taken into account in the enforcement agreements of district health care managers. 1.1 The purpose of the OHS-R numerical profile is to provide site managers/stations/services under their control is taken into account in the enforcement agreement solicities/stations/services under their control is taken into account in the enforcement agreement solicities/stations/services under their control is taken into account in the enforcement agreement solicities/stations/services under their control is taken into account in the enforcement agreement solicities/stations/services practices/best practices that cannot be improved; B points to a very satisfactory situation; C means that this aspect has been resolved, but much remains to be done; while D means little or no activity. Points are awarded to standards A, B and C depend on the degree of complexity/effort required to move from C to B. In addition to assessing specific metrics, the numerical profile is designed to: 1. determine the existence of policies, systems and procedures for OHS-R; Assess staff's awareness of these policies, systems and procedures for the facility/station/service. 1.3 Results Profile provides: a simple, comprehensive OHS-R performance indicator; Feedback to manage the attention to the expenditure of UGDD resources and to act as a means of measuring progress towards agreed goals. They should be based on object/station/service management (and taken into account when evaluating element 1.2 of the OHS-R performance measurement against targets). 1.4 The area is obviously impractical to evaluate every activity that has OHS-R CONNotations, but those that are included are considered to be those that need to be considered to be those that need to be considered to be those that need to be considered in order to fulfill employers' duty of care obligations, comply with the law, and demonstrate due diligence in the management of OHS'R. 1.5 Interpreting the results of the Prophylants have been instructed by NSW Health to determine classification on a rigid but fair basis. This is ensure a consistent approach to all over the Department. Accordingly, where it is said that the criteria for achieving Class B are not absolutely achieved, a C assessment will be assigned. There is no passing sign. In many cases, the differences between actual scores and higher scores will include a minimum amount of work to formalize existing activities. The information used in the UGDR's numerical profile was obtained in discussions with local staff. It is possible that incorrect information used in the UGDR's numerical profile was obtained in discussions with local staff. It is possible that incorrect information used in the UGDR's numerical profile was obtained in discussions with local staff. It is possible that incorrect information used in the use of the UHPC Committee and other key staff. It is important that any contentious issues raised be scrutinized to determine whether remedial action for the OHS-R numerical profile have been developed. They are given in detail below. To obtain accreditation for the OHS-R numerical profile, the following is required: attend day one training in Sydney (technical session) to attend the day two exercise session in Sydney (conduct guided profile) individually to conduct a profile (own or other area) to attend the day's third review on other area (the day one training in other area) to attend the day's third review on other area (the day one training in other area (the day one train another health service/district sector (e.g. NSW Ambulance Service) or in their own area, accompanied by an escort Profile required to maintain accreditation. However, the results of the second (individually conducted) training profiles an annual profile sompleted as part of the training profile requirement verified if this is so presented. Annex A provides a list of all the profiles currently accredited. 3.0 Changes in the numerical profile of OHS-R muse review was completed in June 1998. Here are some things to look at, and you should be reviewing the following changes. 3.1 One version of the OHS-R digital profile Previous numerical profile Previous numerical profile tool to be used to assess all NSW Health Service, Administration, Sydney Home Care Service, Community Health Service and Blood Bank have been replaced by one numerical profile tool to be used to assess all NSW Health Activities and Promotion and Purchase 1.7 - Health and Wellbeing Employees Previous items on the data sheets on material safety and hazardous goods were combined in form: 3.1 Dangerous Substances and Dangerous Goods Previous Items on OH'S Advertising and Promotion and OH'S Communications a measure OHS-R performance. Refer information and state of the standard standard state of the standard state of responsible for the facility. In some cases, the district health service may require an independent assessment of support services, if so, it is a peroge of the District Health Service. 3.9 Start date in 1998, the OHS-R numerical profile will be used at all sites/stations, etc. from July 1, 1998. 4.0 The scoring system is now required in two sections. They are outlined below: the 4.1 percent OHS-R numerical profile will be used at all sites/stations, etc. from July 1, 1998. 4.0 The scoring system is now required in two sections. They are outlined below: the 4.1 percent OHS-R numerical profile will be used at all sites/stations, etc. from July 1, 1998. 4.0 The scoring system is now required in two sections. They are outlined below: the 4.1 percent OHS-R numerical profile will be used at all sites/stations, etc. from July 1, 1998. 4.0 The scoring system is now required in two sections. They are outlined below: the 4.1 percent OHS-R numerical profile will be used at all sites/stations, etc. from July 1, 1998. 4.0 The scoring system is now required in two sections. They are outlined below: the 4.1 percent OHS-R numerical profile will be used at all sites/stations, etc. from July 1, 1998. 4.0 The scoring system is now required in two sections. If the item is deducted from the total. For example in two sections. They are outlined below: the 4.1 percent OHS-R numerical profile will be used at all sites/stations, etc. from July 1, 1998. 4.0 The scoring system is now required in two sections. If the item is default sections, etc. from July 1, 1998. 4.0 The scoring system is now required in two sections. If the item is default sections, etc. from July 1, 1998. 4.0 The scoring system is now required in two sections. If the item is default sections is not support sections and support section sections is not support sections. If the item is default sections is not support sections and support section sections is not support sections. If the item is default sections is not support section section section section section sect 100 - 71.4% 4.2 Performance Indicators Additional Performance Indicators Additional Performance Indicators must now be received and presented in section 6 of the OHS-R Numerical Profile Report and in the summary of the previous fiscal year; and the costs incurred on claims per employee (FTE) as of June 30 of the previous fiscal year; and the costs incurred on claims per employee (FTE) at least as of June 30 of the previous fiscal year; and the costs incurred on claims per employee (FTE) at least as of June 30 of the previous fiscal year; and the costs incurred on claims per employee (FTE) at least as of June 30 of the previous fiscal year; and the costs incurred on claims per employee (FTE) at least as of June 30 of the previous fiscal year; and the costs incurred on claims per employee (FTE) at least as of June 30 of the previous fiscal year; and the costs incurred on claims per employee (FTE) at least as of June 30 of the previous fiscal year; and the costs incurred on claims per employee (FTE) at least as of June 30 of the previous fiscal year; and the costs incurred on claims per employee (FTE) at least as of June 30 of the previous fiscal year; and the costs incurred on claims per employee (FTE) at least as of June 30 of the previous fiscal year; and the costs incurred on claims per employee (FTE) at least as of June 30 of the previous fiscal year; and the costs incurred on claims per employee (FTE) at least as of June 30 of the previous fiscal year; and the costs incurred on claims per employee (FTE) at least as of June 30 of the previous fiscal year; and the costs incurred on claims per employee (FTE) at least as of June 30 of the previous fiscal year; and the costs incurred on claims per employee (FTE) at least as of June 30 of the previous fiscal year; and the costs incurred on claims per employee (FTE) at least as of June 30 of the previous fiscal year; and the costs incurred on claims per employee (FTE) at least as of June 30 of the previous fiscal year; and the costs incurred on claims per employee the profile of the UGD, as of 30 June 1998, the number of claims per 100 staff members and the costs incurred to obtain information to the number of claims per 100 may not be received per employee for the number of claims per 100 may not be available, and the numbers become available, allowing you to complete the profile; or ii. secondly, they can hold a profile on the costs of a solid profile in the costs of a the page. Link to the cover of the OHS-R numerical profile page and comments above on how to score according to Section 4. Also, refer to Annex B for an approximate summary. Link to ohS-R numerical profile page and comments above on how to score according to Section 4. Also, refer to Annex B for an approximate summary of the score sheet. The standard achieved for each item must be highlighted (e.g. bold or shaded). Link to page 1.0 of the OHS-R numerical profile page and comments above on how to score according to Section 4. Also, refer to Annex B for an approximate summary. Link to ohS-R numerical profile page and comments above on how to score according to Section 4. Also, refer to Annex B for an approximate summary of the Section 4. Also, refer to Annex B for an approximate summary. Link to ohS-R numerical profile page and comments above on how to score according to Section 4. Also, refer to Annex B for an approximate summary of the OHS-R numerical profile page and comments above on how to score according to Section 4. Also, refer to Annex B for an approximate summary. Link to ohS-R numerical profile page and comments above on how to score according to Section 4. Also, refer to Annex B for an approximate summary. Link to ohS-R numerical profile page and comments above on how to score according to Section 4. Also, refer to Annex B for an approximate summary. Link to ohS-R numerical profile page and comments above on how to score according to Section 4. Also, refer to Annex B for an approximate summary. Link to ohS-R numerical profile page and comments above on how to score according to Section 4. Also, refer to Annex B for an approximate summary. Link to ohS-R numerical profile page and comments above on how to score according to Section 4. Also, refer to Annex B for an approximate summary. Link to ohS-R numerical profile page and comments above on how to score according to Section 4. Also, refer to Annex B for an approximate summary. Link to ohS-R numerical profile page and comments above on how to score acc should be made when can be made to account of that element. Link to pages 19-24 from the OHS-R report on the next standard. For facilities (e.g. hospitals), NSW Ambulance Service, Blood Bank, Correctional Service and New Children's Hospital (Westmead), on the cover, Page 1 and pages (Assessment Sheet to ment standard. For facilities (e.g. hospitals), NSW Ambulance Service, Blood Bank, Correctional Service and New Children's Hospital (Westmead), on the cover, Page 1 and pages (Pages 19-24 from the OHS-R report on the next standard. For facilities (e.g. hospitals), NSW Ambulance Service, Blood Bank, Correctional Service and New Children's Hospital (Westmead), on the cover, Page 1 and page 5 (Assessment Should be sent to Sedgwick Limited PO Box H176 Australia Square SYDNEY NSW 2000 or by email: john\_barnes@sedgwick.com.au Number of profile reports relating to the administration or community health services. 5.0 What do you need profiled? NSW Health requires profile to be held as follows: Services (i.e., Hospitals) Annual Ambulance Station 120 in 1998/99 Blood Bank Annual Correctional Health Services 25% sites in 1998/99 (target for 1998/99) (Administration (e.g. District Office) under the AHS Refer Attachment A project for a list of profiles currently accredited Front for 1998/99 (target for 1998/99) (Administration (e.g. District OHS-R numerical profiles accredited to the OHS-R numerical profiles currently accredited for the OHS-R numerical profiles currently accredited for the OHS-R numerical profiles currently accredited for the OHS-R numerical profiles currently accredited Front for 1998/99 (target for 1998/99) (target for Treatment Coordinator, Health Officers, Royal Prince Alfred Hospital, Missenden Road, Camperdown NSW 2050 Tel: (02) 4320-2227 Accredited Profilers - Hunter AHS Mr. Don Bush, OHS Coordinator, Service, Gosford Hospital, PO Box 361, GOSFORD NSW 2250 Tel: (02) 4320-2227 Accredited Profilers - Hunter AHS Mr. Don Bush, OHS Coordinator, Service Central Coast Health Service, Gosford Hospital, PO Box 361, GOSFORD NSW 2250 Tel: (02) 4320-2227 Accredited Profilers - Hunter AHS Mr. Michael Roche, Safety Officer, Hunter Area Fletcher Health, James Hospital, PO PO PO 833, NEWCASTLE NSW 2300 Tel: (02) 4924-6522 Ms Rathy Williams, Rehabilitation Coordinator, Risk Management Group, Hunter District Health, Longworth Ave, WALLSEND NSW 2287 Tel: (02) 4924-6000 Fax: (02) 4924-6001 Mr John Anderson, OHS - Firefighter, Royal Newcastle Hospital, Hunter District Health Service, PO Box 664J, NEWCASTLE NSW 2300 Tel: (02) 4924-6510 Fax: (02) 4924-6510 Fax: (02) 4924-6510 Fax: (02) 4924-6510 Fax: (02) 4924-3166 Accredited Profile - Illawarra Health Officer, Hunter District Health, John Hunter District Health, John Hunter District Health Service, Closed Bag 8828, South Coast Post Centre, WOLLONGONG NSW 2510 Tel: (02) 4227-3172 Ms Annagement, Illawarra District Health, Locked Bag 8828, SOUTH COAST CENTRE NSW 2510 Tel: (02) 4227-3172 Accredited Profile - North Sydney AHS Ms Belinda Collier, District Risk Management, Illawarra District Risk Management, Ill Human Resources, North Sydney Area Health, Horrsby Hospital, Palmerston Road, HORNSBY NSW 2077 Tel: (02) 9926-8542 Fax: (02) 9926-7955 Ms. Debbie McHugh, CNC Professional Health, Royal North Shore Hospital, North Sydney District Health, Pacific Highway, ST LEONARDS NSW 2065 Tel: (02) 9926-8542 Fax: (02) 9 Sydney Complex, Ave, Setland NSW 2017 Теl: (02) 9382-8163 Mr Robert Bradley, Acting Hr Manager, Sutherland Hospital, 430 Kingsway, CARINGBAH NSW 2017 Теl: (02) 9342-8163 Mr Robert Bradley, Acting Hr Manager, Sutherland Hospital, 430 Kingsway, CARINGBAH NSW 2017 Теl: (02) 9342-8163 Mr Robert Bradley, Acting Hr Manager, Sutherland Hospital, 430 Kingsway, CARINGBAH NSW 2017 Теl: (02) 9342-8163 Mr Robert Bradley, Acting Hr Manager, Sutherland Hospital, 430 Kingsway, CARINGBAH NSW 2017 Теl: (02) 9342-8163 Mr Robert Bradley, Acting Hr Manager, Sutherland Hospital, 430 Kingsway, CARINGBAH NSW 2017 Теl: (02) 9342-8163 Mr Robert Bradley, Acting Hr Manager, Sutherland Hospital, 430 Kingsway, CARINGBAH NSW 2017 Теl: (02) 9342-8163 Mr Robert Bradley, Acting Hr Manager, Sutherland Hospital, 430 Kingsway, CARINGBAH NSW 2017 Теl: (02) 9342-8163 Mr Robert Bradley, Acting Hr Manager, Sutherland Hospital, 430 Kingsway, CARINGBAH NSW 2017 Теl: (02) 9342-8163 Mr Robert Bradley, Acting Hr Manager, Sutherland Hospital, 430 Kingsway, CARINGBAH NSW 2017 Теl: (02) 9342-8163 Mr Robert Bradley, Acting Hr Manager, Sutherland Hospital, 430 Kingsway, CARINGBAH NSW 2017 Теl: (02) 9342-8163 Mr Robert Bradley, Acting Hr Manager, Sutherland Hospital, 430 Kingsway, CARINGBAH NSW 2017 Теl: (02) 9342-8163 Mr Robert Bradley, Acting Hr Manager, Sutherland Hospital, 430 Kingsway, CARINGBAH NSW 2017 Теl: (02) 9342-8163 Mr Robert Bradley, Acting Hr Manager, Sutherland Hospital, 430 Kingsway, CARINGBAH NSW 2017 Tel: (02) 9342-8163 Mr Robert Bradley, Acting Hr Manager, Sutherland Hospital, 430 Kingsway, CARINGBAH NSW 2017 Tel: (02) 9342-8163 Mr Robert Bradley, Acting Hr Manager, A части Сиднея Площадь здравоохранения, С / - Безопасность и травматизм Центр управления, Королевский Саут-Сидней комплекс, Джойнтон-авеню, ЗЕТЛАНД NSW 2017 Tel: (02) 9828-5701 Fax: (02) Health, Bankstown/Lidcombe Health, Locked Bag 600, BANKSTOWN NSW 2200 Tel: (02) 9722-8570 Ms. Lin Young, Rehabilitation Coordinator, South West Sydney Health Service, Employment Service, Liverpool Hospital, PO Box 103, LIVERPOOL NSW 2170 Tel: (02) 4724-2618 Ms Andrea Williams, DON/Manager, Wentworth Area Health Service, Employment Service, Liverpool Hospital, PO Box 63, PENRITH NSW 2751 Tel: (02) 4724-3175 Fax: (02) 9828-6343 Fax: (02) 9828-6343 Fax: (02) 9828-6343 Fax: (02) 9828-6343 Fax: (02) 4724-2170 Fax: (02) 4724-2 Sydney Area Health, 13 New Street, North PARRAMATTA NSW 2151 Tel: (02) 9840-4189 Fax: (02) 9840-4189 Fax: (02) 9840-4189 Fax: (02) 6962-837 132 Fax: (02) 6962-837 132 Fax: (02) 6903-7155 NSW 2650 Tel: (02) 6023-7138 Fax: (02) 6023-7138 Fax: (02) 6023-7152 Mr. M O'Donnell, Industrial Relations Manager, Greater Murray District Health, Locked Mail 10, WAGGA WAGGA NSW 2650 Tel: (02) 6023-7135 Fax: (02) 6023-7135 Fax: (02) 6023-7135 Fax: (02) 6023-7135 Fax: (02) 6023-7133 Fax: (02) 6023-7135 Fax: (02) 6023-7138 Fax: (02) 6023-7139 Fax: (03) 6023-7139 Fax: (03) 6023-7139 Fax: (04) 6023-7139 Fax: (05) 6023-7139 Fax: (07) 6023-7139 Fax: (08) 8087-619 Fax: (08) 80 Service, PO Box 739, DUBBO NSW 2830 Tel.: (02) 6885-8666 Fax: (02) (02) 6552-4066 Mr. Ken Hinchcliffe, Manager - Service Services, Gloucester Soldiers Memorial Hospital, PO Box 33, GLOUCESTER NSW 2422 Tel: (02) 6558-1307 Fax: (02) 65 6862-2-0) 6010 Fax: (02) 6862-6007 Ms Guy Gibson, Occupational Therapist, Mid Western Area Health Service, Bloomfield Hospital, Forest Road, ORANGE NSW 2804 Tel: (02) 6344-2015- Daniel Walsh, Professional Therapist, Mid Western Area Health Service, 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Hospital, PO Box 449, Tel: (02) 6621-7088 Mr. David Gray, OHS Coordinator, Lismore Base Hospital, PO Box 449, Tel: (02) 6621-7088 Mr. David Gray, OHS Coordinator, Lismore Base Hospital, PO Box 249, NARRABRI NSW 2480 Tel: (02) 6621-7088 Mr. David Gray, OHS Coordinator, Lismore Base Hospital, PO Box 449, Tel: (02) 6621-7088 Mr. David Gray, OHS Coordinator, Lismore Base Hospital, PO Box 449, Tel: (02) 6621-7088 Mr. David Gray, OHS Coordinator, Lismore Base Hospital, PO Box 449, Tel: (02) 6621-7088 Mr. David Gray, OHS Coordinator, Lismore Base Hospital, PO Box 449, Tel: (02) 6621-7088 Mr. David Gray, OHS Coordinator, Lismore Base Hospital, PO Box 449, Tel: (02) 6621-7088 Mr. David Gray, OHS Coordinator, Lismore Base Hospital, PO Box 449, Tel: (02) 6621-7088 Mr. David Gray, OHS Coordinator, Lismore Base Hospital, PO Box 449, Tel: (02) 6621-7088 Mr. David Gray, OHS Coordinator, Lismore Base Hospital, PO Box 449, Tel: (02) 6621-7088 Mr. David Gray, OHS Coordinator, Lismore Base Hospital, PO 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Superintendent, 103 John Mr Robert Sams, Officer, Ambulance Headquarters, Ambulance Service, Balmain Road, ROSELLE NSW 2039 Tel: (02) 9320-7673 Fax: (02) 9320-7673 Fax: (02) 9320-7676 Fax: (02) 9320-7673 Fax: (02) 9320-7780 Fax: (0 HURSTVILLE NSW 2250 Tel: (02) 9580-3106 Fax: ( (02) 6622-1606 Mr Shane Paul, Station Officer, Walcha Station, NSW Ambulance Service, Rusky Station, 05 Currambene Street, Husky Station, 05 Currambene Street, COFFS HARBOUR NSW 2450 Tel: (02) 6652-3333 Fax: (02) 6652-3333 Fax: (02) 6652-3333 Fax: (02) 6652-3947 Mr Tim Collins, station officer, NSW Ambulance Service, Kunbarator, Station, 05 Currambene Street, Description, 05 Currambene S г-н Уоррен Дилкс, сотрудник скорой помощи, служба скорой помощи штата Новый Джерси, Станции, Служба скорой помощи штата Новый, Бэнкстаун станции, Служба скорой помощи, Станции, Служба скорой помощи, Станции, Служба скорой помощи, Станции, Служба скорой помощи штата Новый Джерси, Станции, Служба скорой помощи штата Новый Джерси, Станции, Служба скорой помощи, Станции, Служба скорой помощи, Станции, Служба скорой помощи штата Новый Джерси, Станции, Служба скорой помощи итата Новый Джерси, Станции, Служба скорой помощи итата Новый, Схорой Помощи штата Новый, Схорой Помощи итата Новый, Схорой Помощи и итата Новый и итата Bank, 4 George Street, PARRAMATTA NSW 2150 Tel: (02) 9840-5533 Ms Catirn Stathers, OH's Coordinator, Australian Red Cross Blood Service, PO Box 150, MATRAVILLE NSW 2036 Tel. (02) 9840-5533 Ms Catirn Stathers, OH's Coordinator, Australian Red Cross Blood Service, PO Box 150, MATRAVILLE NSW 2036 Tel. (02) 9229-4404 Fax: (02) 9229-4404 Fax: (02) 9229-4404 Fax: (02) 9229-4404 Fax: (02) 9229-4407 Fax: (02) 9229-4407 Fax: (02) 9229-4407 Fax: (02) 9840-5533 Ms Catirn Stathers, OH's Coordinator, Australian Red Cross Blood Service, 153 Clarence Street, SYDNEY NSW 153 NSW 153 Tel: (02) 9840-5533 Ms Catirn Stathers, OH's Coordinator, Australian Red Cross Blood Service, 153 Clarence Street, SYDNEY NSW 153 NSW 153 Tel: (02) 9840-5533 Ms Catirn Stathers, OH's Coordinator, Australian Red Cross Blood Service, 153 Clarence Street, SYDNEY NSW 153 NSW 153 Tel: (02) 9840-5533 Ms Catirn Stathers, OH's Coordinator, Australian Red Cross Blood Service, 153 Clarence Street, SYDNEY NSW 153 NSW 153 Tel: (02) 9840-5533 Ms Catirn Stathers, OH's Coordinator, Australian Red Cross Blood Service, 153 Clarence Street, SYDNEY NSW 153 NSW 153 Tel: (02) 9840-5533 Ms Catirn Stathers, OH's Coordinator, Australian Red Cross Blood Service, 153 Clarence Street, SYDNEY NSW 153 NSW 153 Tel: (02) 9840-5533 Ms Catirn Stathers, OH's Coordinator, Australian Red Cross Blood Service, 153 Clarence Street, SYDNEY NSW 153 NSW 1 CONTROL 95/190 50% Home Equipment Safety and Risk Inspection ergonomics and Hazardous Products Hygiene Management Participation Manager / Head of OHS-R Training Officer OHS'R Office Information System Personnel Treatment of Injuries Rehabilitation and Return to TOTAL SCORE 472/800 59% CLAIMS PERFORMANCE STATISTICS Fund 5.3 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs per employee (FTE) Fund \$484 NSW Health (FUND AVG) 3.3 Incurred costs The system for ensuring the adoption of recommended preventive measures are monitored to the end by the stated date. The appropriate number of managers and managers and managers and managers are monitored to the end by the stated date. The appropriate number of managers and man that includes all procedures related to treatment, reporting, rehabilitation procedures of the hospital has developed a rehabilitation procedures to support it. Rehabilitation procedures to support it. Rehabilitation procedures to support it. Rehabilitation procedures of the hospital has developed a rehabilitation procedures to support it. Rehabilitation procedures of the hospital has developed a rehabilitation procedures to support it. Rehabilitation procedures of the hospital has developed a rehabilitation procedures to support it. Rehabilitation procedures of the hospital has developed a rehabilitation procedures to support it. Rehabilitation procedures of the hospital has developed a rehabilitation procedures to support it. Rehabilitation procedures to support TMF are regularly held and dubious claims are notified for further investigation. Nil. DEPARTMENT OF HEALTH HANDLING HAN numerical profile should currently be carried out by accredited only numerical profiler/s. Department of Health, NSW HEALTH LIFE FINAL Guide to Treatment of Health, NSW HEALT and indirect costs. In addition to the high cost of sample included labour replacement, and administrative costs. Social and intangible costs may be incurred by a health care provider and an employee. As for the health care provider and an employee. As for the health care standards and financial and organizational intensical intensical provider and an employee. As for the health care provider and an employee. As for the health care standards and financial and organizational intensical intensical provider and an employee. As for the health care provider and an employee. As for the health care provider and an employee. As for the health care standards and financial and organizational intensical intensical provider and an employee. As for the health care provider a uniform measure of manual care efficiency for health scritical profile processing? Manual numerical profile processing, like the OHS-R numerical profile, consists of a number of elements. Each element addresses different issues related to improving manual processing proformance documentation and design 3. Risk Identification 4. Risk assessment 5. Control measures 6. Training 7. Score 8. Performance documentation and design 3. Risk Identification 4. Risk assessment 5. Control measures 6. Training 7. Score 8. Performance documentation and advice are also key components of both the Manual Treatment Regulations and the Department's policies and should be incorporated into all aspects of the manual processing programme. As such, they were included in elements 1 to 7 contain four (4) performance standards (bad - D, fair - C, good - B and excellent - A). Each standard is awarded multiple points based on the weighing awarded to the ltem that displays the standard. Element 8 is discussed in detail on page 6. The introduction of manual processing claims per employees and the cost of manual processing claims per employees and the cost of manual processing of numerical profile Manual treatment with numerical profile will be carried out only by accredited numerical profiles and Guidelines for the Prevention of Incidents of Manual Treatment (NOHSC:2005(1990); National Code of Practice for the Prevention of Incidents of Manual Treatment and Safety (Manual Processing). Circular 97/35, Policies and Guidelines for the Prevention of Incidents of Manual Treatment and Safety (Manual Processing). content of the NSW Public Health Guidelines and Indicative Data Guidelines. As with the OHS-R numerical profile, it is desirable that two people carry out a manual profile, one of which is from another district health service. Principles assist profilers in determining an assessment for a particular item and should be used by the Prophylate. Action 1 Planning Contact Medical Institution and advise attendance Set the route and agree on the dates and times of gathering relevant information. Get appropriate contact names Explain the purpose of the Guide To Handling Numerical Profile, for example, that they are being checked for the 97/35 circular. Action 2 Meeting with Management Discuss Manual Numerical Profile Processing 3 Commence Profile Talk to representatives of all levels and programs View policies Recording good and poor performance Identifiable Procedures Record Notes, Using the findings from the Guide To Processing Numerical Profile Action 4 Mid-Profile Action 4 Mid-Profile Review Check if the everall idea of the final result of Action 5 Full Profile Ask additional questions of other staff/Collect executives To support the Evaluation Of Action 6 Office Debrief Explain that you want to pass each item and get their approval for evaluation to strengthen the goals of manual numerical profile processing process To give an overall performance impression conclude an estimate when both parties reach the report includes: completing all details regarding the date of the profile, location, key contacts, etc. Completed Manual processing claims per employee. Check page 3 of an attached copy of the numerical profile summary. Refer to pages 4 - 7 attached copy of the numerical profile of manual processing claims per employee. Check page 8 of an attached copy of the manual numerical profile. The standard achieved for elements 1-7 highlighted, for example, bold, shaded, etc. Refer to pages 4 - 7 attached copy of the manual numerical profile of manual processing. Completed Manual processing claims per employee. Check page 8 of an attached copy of the manual numerical profile. The table of conclusions must be completed. This page documents the output of Elements 1 - 7 and provides guidance from the manual numerical profile details; and page 3, Summary of the accompanying copy of the manual processing of numerical profile details; and page 3, Summary of the numerical profile of manual processing of numerical profile details; and page 3, Summary of the numerical profile of manual processing of numerical profile of numerical profile of numerical profile of numerical profile of numerical pro account sheet. Excerpt should be directed at: John Barnes Sedgwick Limited PO Box H176 Australia Square SYDNEY NSW 2000 Phone (02) 9375 9386 Facsimile (02) 9375 9386 Facsimile (02) 9232 2892 How to dislodge Manual Processing Numerical profile sleements 1 - 7 Rules, that are used in determining the valuation in each OHS-R numerical profile also apply to the definition of a manual identification score. The rules are result (i.e. A, B, C, D) the medical institution must meet all the criteria of each standard, otherwise a lower assessment is appointed. The prophylants must start with the 'D' standard and work up to the 'A' standard for each element is determined. Please note that these guidelines are only indicators of what should be considered when classifying a particular To complete the profile, you need to determine the standard for items 1-7, 1-7, Claims performance statistics must be completed for Element 8. The maximum score an object can get on 1-7 items is 100 or 100%. For example, the profiler may have rated the object on elements 1-7 and Overall Score (C 7 Grade) should be included in the summary of the bill. Element 8 - Performance statistics claims, the following performance indicators to be obtained for a profiled health speed on the previous fiscal year; and the counting sheet summary. The GIO/Treasury Managed Fund provides these indicators and are available from the region's risk manager. In order to ensure a consistent approach, the above figures should be based on available from the last full fiscal year as of 30 June of the number of manual processing claims for employees and the cost of manual processing claims per 100 employees and the cost of manual processing claims per employees and the cost of manual processing claims per employees and the cost of manual processing claims per employees and the cost of manual processing claims per employees and the numbers become available from the giorist, they can hold a profile in July or August and then wait until the numbers become available, allowing the profile to be completed or, secondly, they can hold the profile as soon as the numbers become available, that is after August. Where the profile may be held more than once in the financial year in a medical institution, the results of Element 8 will remain the same for this fiscal year. To assist health care providers in setting targets, planning and monitoring efficiencies, manual numerical profiles must an empty copy of the form of targets and performance indicators with your report to senior management. This car be used by the management of health facilities for and control performance. SAMPLE ONLY HEALTH CARE FACILITY HANDLING NUMERICAL PROFILE - TARGETS AND PERFORMANCE (out of 10) 3 3 7 10 10 15 RISK ASSESSMENT (out of 10) 3 3 10 10 15 CONTROL MEASURES (out of 15) 5 5 10 1 0 10 LEARNING TOTAL SCORE (as) ELEMENT NO. As of 30/06/ The number of manual processing Claims per Employee (FTE) of the NSW Health Foundation (Fund Average) MANUAL HANDLING TAKE PROFILE Standard reached and evaluation element 1. Policy and Program D. No manual processing Claims per Employee (FTE) Health Fund Average) MANUAL HANDLING TAKE PROFILE Standard reached and evaluation element 1. Policy and Program D. No manual processing Claims per Employees (FTE) of the NSW Health Fund Average) MANUAL HANDLING TAKE PROFILE Standard reached and evaluation element 1. Policy and Program D. No manual processing Claims per Employees (FTE) Health Fund Average) MANUAL HANDLING TAKE PROFILE Standard reached and evaluation element 1. Policy and Program D. No manual processing Claims per Employees (FTE) Health Fund Average) MANUAL HANDLING TAKE PROFILE Standard reached and evaluation element 1. Policy and Program D. No manual processing Claims per Employees (FTE) of the NSW Health Fund Average) MANUAL HANDLING TAKE PROFILE Standard reached and evaluation element 1. Policy and Program D. No manual processing Claims per Employees (FTE) of the NSW Health Fund Average) MANUAL HANDLING TAKE PROFILE Standard reached and evaluation element 1. Policy and Program D. No manual processing Claims per Employees (FTE) of the NSW Health Fund Average) MANUAL HANDLING TAKE PROFILE Standard reached and evaluation element 1. Policy and Program D. No manual processing Claims per Employees (FTE) of the NSW Health Fund Average) MANUAL HANDLING TAKE PROFILE Standard reached and evaluation element 1. Policy and program D. No manual processing Claims per Employees (FTE) of the NSW Health Fund Average) MANUAL HANDLING TAKE PROFILE Standard reached and evaluation element 1. Policy and evaluation to the NSW Health Fund Average) MANUAL HANDLING TAKE PROFILE Standard reached and evaluation element 1. Policy and evaluation to the NSW Health Fund Average MANUAL HANDLING TAKE PROFILE Standard reached and evaluation to the NSW Health Fund Average MANUAL HANDLING TA of ongoing relevance and and there is clear evidence and and there is clear evidence of leadership commitment. A - 10 2 . Planning and design D.D. or neglects manual processing in procedures, including manual processing considerations, were developed in consultation on procedures are used for buying, designing jobs and work/task. Appointed staff members are trained in these procedures. T B. In addition to C, procedures are used for buying, designing jobs and work/task design. B - 15 A. In addition to B, procedures are regularly reviewed and manual processing tisks are developed where possible. A - 20 3. Risk identified and prioritized and prioritized for evaluation. B - 10 A. All manual processing tasks have been identified and documented. The risk associated with these tasks. C - 3 B. Most manual processing tasks have been identified and prioritized. There is a system of constant risk identification. A - 16 4. Risk Assessment to l/checklist is used. C - 3 B. Managers and trained personnel systematically evaluate the priority list of manual processing tasks. D - 0 C. Some official manual assessment tool/checklist is used. C - 3 B. Managers and trained personnel systematically evaluate the priority list of manual tasks in consultation with the staff performing this task. The ratings are documented. B - 10 A. In addition to B, all manual processing tasks identified as risk-containing are evaluated. There is an ongoing reassessment process. A - 15 S. Control D. Minimum evidence of manual processing trisks of manual treatment were monitored in consultation with the staff. Written plans are under way, including interim and long-term measures for currently uncontrollable risks, including control plans. On consultation on the house of the program of prevention on the program of prevention on the program of prevention of manual records and solid program of prevention of manual records and solid program of prevention of manual records and solid program of prevention of prevention of prevention of prevention of program of prevention of pr training, the use of equipment, and the extent and effectiveness of consultations. C - 3 B. Performance indicators and baseline data were determined in accordance with policy objectives and objectives ... As of 30/06/ Number of manual claims for 100 employees (FTE) health PERFORMANCE INDICATORS FORM TO BE ACHIEVED WITHIN: 1 year 2 year Number of manual processing claims per employee (FTE) NSW HEALTH DEPARTMENT - MANUAL HANDLING NUMERICAL PROFILE - ELEMENT STANDARDS INDICATIVE AND EVIDENCE GUIDELINES - December 1997 No manual processing policy or application. 0 K. A written policy of manual processing. Where volunteers apply In politics. The policy of manual processing of the indication of the indication of the indication of the indication. the content of the review. Look for evidence of advisory processes used to develop a manual processing program is distributed to all health care workers, volunteers and contractors and is understood. Look for evidence of the advisory processes used to develop a manual processing program is distributed to all health care workers, volunteers and contractors and is understood. 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Evidence of commitment to governance and accountability. For example, Incorporating manual processing accounts into job design, repair and job design, repair and job design procedures/tasks. O C. Written procedures of consultation with staff ner procedures and staff representatives. Written procedures include consideration of legal requirements, Australian standards, ergonomic design principles and DoH policies. So far, the preparation of the register is sighted. 7 B. In addition to B, procedures are used to purchase, design jobs and work/design tasks. Look for evidence that manually tailored data is taken into account when designing new and modified jobs (e.g. notes to planning meetings, job evaluation/tasks, staffing). 15 A. In addition to B, procedures are regularly reviewed The risks of manual processing are developed where possible. Evidence that manually tailored data is taken into account when designing new and modified jobs (e.g. notes to planning meetings, job evaluation register and specifications. Procedures are regularly reviewed The risks of manual processing are developed where possible. Evidence that manually tailored data is taken into account when designing new and modified jobs (e.g. notes to planning meetings, job evaluation register and specifications. Procedures are regularly reviewed The risks of manual processing are developed where possible. Evidence that manually tailored data is taken into account when designing new and modified jobs (e.g. notes to planning meetings, product samples, equipment evaluation register and specifications. Procedures are regularly reviewed The risks of manual processing are developed where possible. Evidence that manually tailored data is taken into account when designing new and modified jobs (e.g. notes to planning meetings, product samples, equipment evaluation. Procedures are regularly reviewed The risks of manual processing are developed where possible. Evidence that manually reviewed The risks of manual processing are developed where possible. Evidence that manually reviewed The risks of manual processing are developed where possible. Evidence that manually reviewed The risks of manual processing are developed where possible. Evidence that manually reviewed The risks of manual processing are developed where possible. Evidence that manually reviewed The risks of manual processing are developed where possible evidence that manually reviewed The risks of manual processing are and reports of injuries and hazard reports. Evidence of consultations with staff (e.g. meeting minutes) indicates that some tasks (e.g. monitoring reports) have been identified and documented. The risks associated with the tasks have been identification documentation in all health care functions (e.g. hotel services, maintenance, administration, care and treatment of patients/clients). Evidence of consultations with staff (e.g. meeting minutes) indicates that some tasks (e.g. monitoring reports) have been identified and documented with the tasks have been identified and documentation in all health care functions (e.g. hotel services, maintenance, administration, care and treatment of patients/clients). Evidence of consultations with staff (e.g. meeting minutes) indicates that some tasks have been identified and documentation in all health care functions (e.g. hotel services, maintenance, administration, care and treatment of patients/clients). Evidence of consultations with staff (e.g. meeting minutes) indicates that some tasks (e.g. monitoring reports) have been identified and documented. The risks associated with the tasks have been identified and documentation in all health care functions (e.g. hotel services, maintenance, administration, care and treatment of patients/clients). Evidence of consultations with staff (e.g. meeting indicates that some tasks (e.g. monitoring reports) have been identified and documented. The risks associated with tasks have been identified and documented. B. Most manual processing tasks have been identified and documented. The risks associated with tasks have been identified and documented. B. Most manual processing tasks have been identified and documented. The risks associated with tasks have been identified and documented. B. Most manual processing tasks have been identified and documented in the tasks have been identified and documented. B. Most manual processing tasks have been identified and documented. B. Most manual processing tasks have been identified and documented. B. Oh's inspections and/or audit reports, accident/incident records, employee compensation statistics and tasks observations (e.g., task observations femiliar tasks, are conducted in accordance with the policies and guidelines of the Ministry of Health. Some official assessment to manual assessment to man consultation with staff performing work. 10 A. In addition to B, all manual processing tasks that are updated and maintained. 15 ELEMENT NAME: Controlled risk assessment for all identified manual processing tasks that are updated and maintained are not on the higher risks associated with manual processing tasks that are updated and maintained. 15 ELEMENT NAME: Controlled risk assessment for all identified manual processing tasks that are updated and maintained. 15 ELEMENT NAME: Controlled risk assessment for all identified manual processing tasks that are updated and maintained. 15 ELEMENT NAME: Controlled risk assessment for all identified manual processing tasks that are updated and maintained. 15 ELEMENT NAME: Controlled risk assessment for all identified manual processing tasks that are updated and maintained. 15 ELEMENT NAME: Controlled risk assessment for all identified manual processing tasks that are updated and maintained. 15 ELEMENT NAME: Controlled risk assessment for all identified manual processing tasks that are updated and maintained. 15 ELEMENT NAME: Controlled risk assessment for all identified manual processing tasks that are updated and maintained. 15 ELEMENT NAME: Controlled risk assessment for all identified manual processing tasks that are updated and maintained. 15 ELEMENT NAME: Controlled risk assessment for all identified manual processing tasks that are updated and maintained. 15 ELEMENT NAME: Controlled risk assessment for all identified manual processing tasks that are updated and maintained. 15 ELEMENT NAME: Controlled risk assessment process. 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Schedulistics all identified risk factors all identified risk factors and identified risk factors. Schedulistics and identified risk factors all identified risk factors. Schedulistics and identified risk factors are under way, including interim and long-term measures for currently uncontrol plans that show short-term and long-term measures for currently uncontrol plans that show short-term and long-term measures for currently uncontrol plans that show short-term and long-term measures and deadlines. A program of preventive use of the sight. A review of evidence that shows short-term and long-term measures for currently uncontrol plans that shows short-term and long-term measures for currently uncontrol plans that shows short-term and long-term measures for currently uncontrol plans that shows short-term and long-term measures are under way, including interim and long-term measures are under way, including onto the significant and the long-term measures are under way. Including onto the significant and the long-term measures are under way, including interim and long-term measures are under way, including interim and long-term measures are under way, including interim and long-term measures are under way, including onto the long-term measures are under way, including interim and long-term measures are under way, including interim and long-term measures are under way, including interim and long-term mea recent accidents, investigative reports) have been evaluated and have a monitoring plan in place. A common plans of some manual processing takes on management plan. dates on Learning Skills (e.g., Training Module Review) 10 A. The training program is ongoing and includes all applicable educational elements from the Policies and Guidelines of the Ministry of Health. Evidence reviewed, evaluated and updated at intervals. Training media report) 15 ELEMENT NO: 7 NAME ELEMENT NO: 7 NAME ELEMENT OF THE INDICATIVE STANDARDS ASSESSMENT OF THE Under the training media reviewed, evaluated and updated at intervals. Training media reviewe being used (e.g. staff surveys, availability and usage indicators, review of incident/accident reports). Performance targets, for example. The policy and baseline data were collected and compared. The policy and program are reviewed annually. Evidence of performance indicators, senior staff commitment indicators, for example. Several to discuss the policy and the manual program. A review of evidence that such as baseline data and current performance) was mapped and matched. Assessment recommendations as a result of the evaluation processing claims per employee, the number of manual processing claims per employees, in relation to both medical facilities. Specific benchmarking indicators, performance

indicators and benchmarking tools have been developed. Targeted documentation indicating that employees are evaluated on the basis of compliance and participation in manual processing procedures and statistics to assist the Risk Manager/OH's in managing the claim prevention and management program. With regard to manual measurement of treatment efficiency, there are two indicators for the health care facility: the number of manual processing claims per employee (FTE) as of 30 June of the previous fiscal year, and the cost of manually processing claims per employees (FTE) as of 30 June of the previous fiscal year, and the cost of manually processing claims per employee (FTE) as of 30 June of the previous fiscal year, and the cost of manually processing claims per employee (FTE) as of 30 June of the previous fiscal year, and the cost of manually processing claims per employee (FTE) as of 30 June of the previous fiscal year. In addition, the above two indicators are available for the NSW public health system. The GIO/Treasury Managed Fund Compensation Claims Systems of the previous fiscal year. In addition, the above two indicators are available for the NSW public health system in total (i.e. the average for the fund). This will allow a separate health institution to compare its performance with the entire NSW health system. The GIO/Treasury Managed Fund Compensation Claims Systems of the fund of the previous fiscal year. In addition, the above two indicators are available for the NSW public health system.

.. The Nsw Health Foundation (Fund Average) at 30/6 / The cost of manual processing claims per employee (FTE) fund a year.

2.1 OCCUPATIONAL HEALTH, SAFETY and REHABILITATION NUMERICAL PROFILE (98/90) A series of feedback sessions with accredited profile of the Department of Occupational Health, Safety and Rehabilitation (OHS-R). The profile is attached. This information provides specific guidance to those responsible for UGD in health facilities, specific guidance on the profile is attached. This information provides specific guidance to those responsible for UGD in health facilities, specific guidance on the profile is attached. This information provides specific guidance to those responsible for UGD in health facilities, specific guidance on the profile is attached. This information provides specific guidance to those responsible for UGD in health facilities, specific guidance on the introduction of numerical profile, frequency of assessments and training, and accreditation requirements. Specific guidance to those responsible for UGS-R, but it is estimated that the points will be reduced by 25%-50%. A mechanism for comparing old and new results for the first three years needs to be developed. The Ministry of Health is committed to the ongoing development and implementation of the OHS-R numerical profile, as well as the continued training of OHS-R public health professionals in its use. If you have any questions regarding the information attached, please contact Ms. Kathy Springall, Human Resources Policy Unit on (02) 9391 9850. Occupational Health Safety and Rehabilitation Digital Profile Report for the Foundation: % M Date: %

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. (WHERE APPROPRIATE) PRINCIPAL FACILITY

. HEALTH Foundation NSW Health (Fund Average) at 30/6 / BACK TO TABLE CONTENT BACK TO MAIN TABLE OF CONTENTS

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indicators and are available from the region's risk manager. To ensure a consistent approach, the above figures should be based on available data for the last full year. That is, if you spend a manual hand-processing number of claims on 100 employees (FTE) Foundation a year...