

# Work-From-Home Pack



Chamber of Commerce  
and Industry WA

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We've gathered together some of the most frequently downloaded information sheets and checklists from the COVID-19 website in one place. If you have suggestions or feedback please reach out to [editor@cciwa.com](mailto:editor@cciwa.com).



# Managing Staff Working Remotely



Managing teams working remotely can present some challenges for organisations, particularly where this mode of working is not commonplace for the workforce. For a smooth transition to remote working, consider the following steps.

## Preparing for and managing remote working teams

### 1. Systems and Equipment

- Undertake a full audit of your team's current equipment needs and understand what is essential for staff to effectively and efficiently do their work. Make sure this equipment will be accessible to the team for remote working.
- Ensure all equipment to be taken off-site is registered with your Assets/IT team so distribution can be monitored.
- Complete trial runs of remote working for teams in advance to test systems and assess internet speed so staff are comfortable with using these and any issues can be addressed ahead of time.



### 2. Work Health and Safety

- Ensure all staff complete an *OHS Working From Home Checklist\** that confirms the working environment is safe and fit for purpose.
- Have staff undertake an ergonomic assessment of their remote working space and ensure any necessary equipment is provided (like comfortable office chairs, sit-stand desks).
- Check-in with staff on a daily basis. Extended periods of remote working can impact on employee mental health and wellbeing. Remaining connected and ensuring there is regular communication and clear instruction on work tasks will help support and promote employee mental health and wellbeing.



### 3. Contractual Considerations

- Are modifications to the role and the job spec required?
- Do working hours need to change?
- Does the basis of employment need to be amended?



Some roles are not fully equipped to allow for remote working. Where an organisation has no choice but to move to remote working, some roles may need to be modified. This might include reallocation of some tasks, a change in basis of employment (i.e. full time to part time) or flex in working hours/days of working. It may also require redeployment. Staff must be consulted where a significant change in a role or contractual terms are required.

## 4. Motivation & Productivity



Keeping staff on track and motivated can be challenging with remote working. So how do you achieve this?

- Good communication is king.
  - Set clear objectives from the outset. Clearly communicate strategic priorities, expected output, timing for completion and quality level.
  - Be clear on how you plan to keep connected with individuals and the team (i.e. daily check-ins, one-on-ones, or weekly planning sessions).
  - Remind staff of relevant policies regarding electronic and other company equipment, and what to do if they are unwell and can't work.
  - Check in with your team regularly and provide feedback on team progress.
  - Address any issues/concerns early before they escalate.
  - Be mindful of communication mode. People can misinterpret messaging in electronic communication, important interactions should be reserved for video conferencing. Adapt your style and language to the individual.
- Trust in your staff.
  - Provide staff with the autonomy to get the work done without constantly keeping tabs.
  - A quick daily check in should be sufficient provided clear instruction has been provided and staff understand what they need to achieve.
- Hold weekly planning sessions.
  - These keep staff informed of progress and developments.
  - Teams remain on track and don't lose sight of overall strategic objectives.
  - Use the sessions to allocate projects, disseminate task and identify roadblocks for collective support.
  - Use as a forum to keep people connected and engaged.

Finally, it is important to review your arrangements on a regular basis to ensure they are working effectively. Some of what you learn may provide opportunities for your business going forward. Don't be afraid to make changes as the situation develops.

*\*\*An OHS Working From Home Checklist can be downloaded from [www.covid19.cciwa.com](http://www.covid19.cciwa.com)*

# How to Work Well From Home



Working from home has its perks — like avoiding commutes and working in a familiar space. But keeping on track and making sure you're maintaining a healthy work-life balance means putting in boundaries. Some key considerations can help.

## Set up a work-dedicated space

Make sure your working space has:

- comfortable seating;
- good lighting;
- is set up ergonomically;
- is free from distraction; and
- ideally is separate to the rest of your living space so you can disconnect at the end of the working day.



## Touch base regularly

Check in daily with your co-workers and manager to prevent isolation and help you stay connected. You may need to schedule a video/call conference each day.



## Work to a plan

To limit the temptation to do non-work-related activities:

- map out your day, including start and finish times, scheduled breaks and a list of critical tasks;
- prioritise tasks and tick them off as you go;
- have set time(s) during the day where you switch off emails to focus on jobs that require no distraction; and
- work your day around your most productive periods. If, for instance, that's mornings then schedule tasks accordingly by tackling those requiring most focus first up.



## Maintain routine

Routine can help you stay on track.

- Start and finish work at a set time each day.
- Dress for the working day. Don't stay in your pyjamas as this can be demotivating.
- Keep it interesting. Try working outdoors or somewhere with a view.



Working from home can be isolating, so check in with how you're feeling and don't be afraid to reach out for support from colleagues, managers and friends.

# Working from Home Procedure

## Scope

This procedure is applicable to all \_\_\_\_\_ employees who work from home on a long term or ongoing basis. It may also apply to contractors in very specific circumstances.

## Working from Home

There may be situations where a manager gives an employee permission to carry out their work away from a \_\_\_\_\_ office.

Working from home may present hazards and potential risks over which \_\_\_\_\_ has no control.

In such circumstances the employee has a responsibility to ensure that hazards are identified, reported and controlled so that working from home is safe.

## The Work Environment at Home

It is expected that employees act reasonably when assessing the suitability of home offices or other areas for undertaking work activities.

Employees should have a designated work area separate from private living areas to work from home. The employee must supply their own ergonomic chair and a desk in the designated area.

## Permission to Work from Home

Employees are able to apply to work from home by requesting permission from their work area manager.

On receipt of a request, the manager will assess. Where requests are approved, written confirmation of the manager's approval and other associated documents should be issued to Human Resources for recording and storage.

The employee will be provided with a *Working from Home Checklist* that must be completed as part of the approval process. During the approval process a request may be made for the employee to provide further information to assist in the safety assessment.

Employees may also be required to complete an *Ergonomic Assessment Self-Check*.

The \_\_\_\_\_ team may assist the work area manager in conducting the safety assessment.

Following the full assessment, the employee's manager will discuss the decision with the employee.

If \_\_\_\_\_ considers the home-work set-up is not suitable, then the employee will not be able to work from home. In general, \_\_\_\_\_ will not provide equipment to improve the home workplace. Some exemptions may apply in exceptional circumstances.

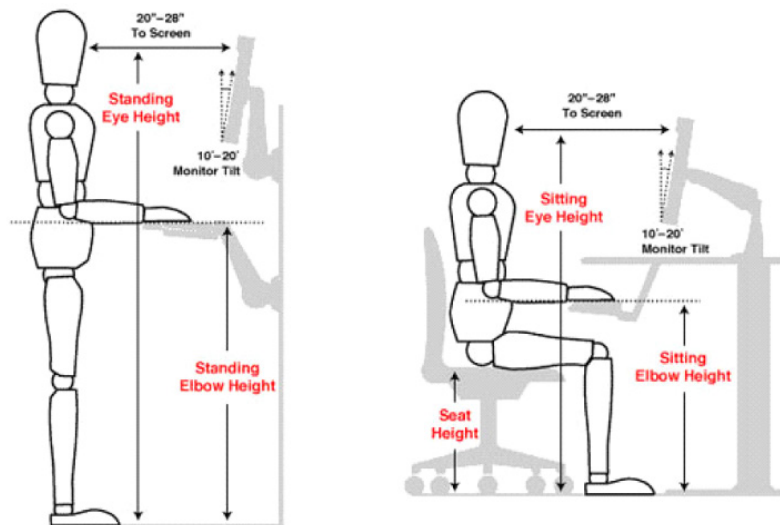
## Hazard Identification and Incident Reporting

In the event that permission is granted to an employee to work from home he/she will be required to report all hazards and incidents in accordance with the Hazard Identification and Incident Reporting Procedure contained in this document.

## Relevant Policies/Procedures/Forms

- *Working from Home Checklist*
- *Ergonomic Assessment Self-Check*

# Ergonomic Assessment Self-Check



**TIP: change your position every 30 minutes (sitting, standing, walking, stretching)**

Question	Yes	No
1. Is your chair raised or lowered (or desk raised/lowered) until there's about 1-3cm between your thighs and the underside of the desk?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are your shoulders relaxed (not up near your ears!)? Are your elbows close to your waist with your hands at the same height as your elbows or lower than your elbows (when typing/operating mouse)? If not, you may need to raise/ lower your chair.	<input type="checkbox"/>	<input type="checkbox"/>
3. Are your feet flat on the floor or supported on a height adjustable footstool?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is your bottom as far back in the chair as you can go?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the chair backrest raised or lowered to give you good lumbar support and close to a vertical position? Slightly reclined is ok.	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the monitor about an arm's length away from you, with the top of screen just below your eye level? This does not apply if you use multifocal glasses.	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the mouse right next to your keyboard so you don't have to straighten your arm to reach it? Your elbow should be bent.	<input type="checkbox"/>	<input type="checkbox"/>
8. Are your documents placed (preferably on an adjustable document holder) between the monitor and the keyboard?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you and the keyboard, monitor and documents all lined up in a row?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are your frequently used items (i.e. keyboard, mouse, pen, paper, telephone) close to you to prevent overreaching?	<input type="checkbox"/>	<input type="checkbox"/>

- If **YES** to all the questions – you are good to go!
- If **NO** to ANY of the questions – please contact

Disclaimer: The content found on this checklist does not constitute legal advice and should not be relied upon as such. Whilst every effort has been made to ensure that the information contained is free from error and/or omissions, no responsibility can be accepted by CCIWA, its employees or any other person involved in the preparation of this checklist for any claim (including without limitation, any liability arising from fault, negligence or negligent misstatement) for any direct or indirect loss or damage arising from any use or reliance on this information, or otherwise in connection with it.

# IT Equipment Checkout Form

Employee Name

Business Unit

Employee #

Manager Name

1. This form is required for staff who wish to take their equipment temporarily home or to an alternative location.
2. Any staff member that wishes to take their work equipment home or to an alternative location will be responsible for its care and security.
3. Please submit all completed forms to \_\_\_\_\_

Item	Laptops (Asset No.) or Other Items (Serial No.)	Date taken	Signed (Employee)	Signed (Manager)	Date returned	Signed (Employee)	Signed (Manager)

## Acknowledgement and acceptance of responsibility

In checking out these items from \_\_\_\_\_ premises, I agree:

- To take the items directly home from \_\_\_\_\_ premises and return them directly from home.
- To take all reasonable care and responsibility for the items while they are in my possession.
- That I am liable for any loss or damage caused to such items as a result of negligence or intent to damage on my part.
- That I may be required to cover the cost of replacing such items in the afore-mentioned circumstance at my own expense.
- I will use the items in accordance with relevant \_\_\_\_\_ policies and procedures.

Signature

Date



# Hazard Identification and Incident Reporting Procedure

## Purpose and Scope

\_\_\_\_\_ recognises the value of a comprehensive hazard reporting and incident notification process to ensure that, where possible, remedial action can be taken to prevent or reduce the risk of an incident. The purpose of this Procedure is to outline the hazard and incident reporting process.

This Procedure applies to all \_\_\_\_\_ work areas, activities and staff in the workplace.

## Definitions

The following definitions relate to this Procedure:

	Definition of Term
<b>Hazard</b>	<p>Situation that represents a potential for:</p> <ul style="list-style-type: none"><li>• physical or mental injury or ill health,</li><li>• damage to property,</li><li>• discharge of potential pollutants into the environment, or some combination of the three.</li></ul> <p>Hazards may be:</p> <ul style="list-style-type: none"><li>• Physical – e.g. electricity, temperature, sharp objects, spills on floor, forklift</li><li>• Chemical – e.g. cleaning chemicals, fumes, dusts, paints, fuel</li><li>• Biological – e.g. blood and bodily fluids, insect stings, animal bites, mould</li><li>• Ergonomic – e.g. repetitive movements, manual handling, workplace design</li><li>• Psychosocial – e.g. high work demands, bullying, aggression, shift work.</li></ul>
<b>Incident</b>	<p>Any unplanned uncontrolled event that causes or has the potential to cause physical or mental injury or illness to people; damage to plant, equipment or the environment; or loss. An incident is categorised by its outcome or potential for an outcome.</p>
<b>Injury</b>	<p>Work related occurrences for which first aid or medical treatment was administered.</p> <p><b>LTI</b> (Lost Time Injury) – a permanent disability or time loss of one complete shift or day, a permanent disability, or a fatality.</p> <p><b>MTI</b> (Medical Treatment Injury) – injury requiring treatment by physician or other medical personnel under standing orders of a physician. E.g. prescription medication, physiotherapy or chiropractic treatment, stitches, positive x-ray diagnosis of fractures, admission to hospital.</p> <p><b>FA</b> (First Aid injury) – injury requiring one time first aid treatment and subsequent observation. E.g. application of antiseptics, application of elastic bandages, irrigation of eye, removal of foreign body with tweezers, use of non-prescription medication, application of ointments for abrasions.</p>
<b>Near Miss</b>	<p>An incident that had the potential to result in injury, damage/loss, and/or an adverse effect on the environment.</p>

## Hazard Reporting

A \_\_\_\_\_ hazard report is initiated by the person directly involved, who cannot immediately correct the hazard.

The hazard reporter must:

- make the area safe and/or rectify the hazard if possible
- report the hazard to their manager

- complete a *Hazard Identification Report Form*
- if further remedial action is required, discuss this with the manager.

The manager must:

- make arrangements to address the hazard report as appropriate;
- forward the hazard report details to the \_\_\_\_\_
- determine in consultation with the \_\_\_\_\_ if any further action is required;
- if further action is required, may allocate a person responsible for taking that action;
- feedback any actions to the originator.

## Incident Reporting

The originator of the incident report must:

- initiate immediate actions to care for any injured person and/or make the area safe;
- notify the manager;
- initiate the incident report (in consultation with the manager as required) by completing an *Incident and Investigation Report Form*

The manager must:

- ensure the welfare of personnel involved in the incident;
- secure the site if required;
- initiate an investigation if the incident is serious;
- identify corrective actions;
- provide feedback to the originator.

The \_\_\_\_\_ shall:

- if in agreement with the incident report and actions taken, acknowledge agreement with the manager;
- if changes are required, follow up with the manager.

The \_\_\_\_\_ shall:

- record the hazard on a hazard identification register
- notify the regulator of any reportable injuries (see Annexure A of this document)
- monitor progress to close out actions

## Lessons Learnt

In many instances, the lessons learnt from an incident have value for other \_\_\_\_\_ departments. This information can be conveyed via a Safety Alert (see Annexure B of this document). Anyone who believes the lessons learnt from an incident would be of value to a wider audience may initiate a Safety Alert.

## Process for Raising an Alert:

Using the Safety Alert Form

1. Summarise the incident/hazard. Include photographs where appropriate to assist with summarising. The aim of the Alert is to get the information across as succinctly as possible by keeping it to one page.
2. Forward the completed form to the \_\_\_\_\_ who will initiate the approval process.
3. A Safety Alert must be approved by the \_\_\_\_\_ prior to being distributed.

The Safety Alert will be issued by the \_\_\_\_\_ team.

## Relevant Policies/Procedures/Forms

- *Hazard Identification Report Form*
- *Incident and Investigation Report Form*

# Annexure A – Statutory Reporting to WorkSafe

WorkSafe WA must be notified about certain injuries or diseases and any workplace fatality as soon as practicable within the timelines specified in the regulations.

The following is a list of all injuries and diseases which must be notified to WorkSafe WA:

- a fracture of the skull, spine or pelvis;
- a fracture of a bone in the arm or leg but not including a fracture to the wrist, hand, ankle or foot;
- any amputation;
- loss of sight; or
- any injury which renders the employee unable to return work within the within 10 days after the injury occurred; or
- an infectious disease contracted during work as a result of exposure to human blood products, body secretions, excretions or other material which may be a source of infection:
  - Tuberculosis;
  - Viral hepatitis;
  - Legionnaire's disease; or
  - HIV.
- an occupational disease contracted during work as a result of handling or having contact with an animal, an animal product:
  - Q fever;
  - Anthrax;
  - Leptospiroses; and
  - Brucellosis.
- Death of any person at the workplace.

The Administration Manager will notify WorkSafe WA where there is a prescribed injury or disease and will determine the most appropriate contact method to use in accordance with the requirements of the legislation.

Notification may occur by contacting WorkSafe WA on 1800 678 198 or by completing the online form at:

<https://wise.commerce.wa.gov.au/wise-noi/>

# Hazard Identification Report Form

The Following section is to be filled out by the person identifying the hazard.

Then submitted by email to \_\_\_\_\_

If the matter is urgent, please phone \_\_\_\_\_

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Floor and room number or area**

**Hazard** (Please attach any extra evidence i.e. sketch or photo to email)

\_\_\_\_\_  
\_\_\_\_\_  
**Have accidents been caused by this hazard?**

☐ **Yes**    ☐ **No**    ☐ **Do not know**

If yes, please provide brief detail and fill out the Incident and Investigation Report Form.

\_\_\_\_\_  
\_\_\_\_\_  
**Any corrective actions recommended/taken?**

\_\_\_\_\_  
**Any other comments:**

\_\_\_\_\_  
**Signature**

**Date**

**Time**

\_\_\_\_\_  
Disclaimer: The content found on this form does not constitute legal advice and should not be relied upon as such. Whilst every effort has been made to ensure that the information contained is free from error and/or omissions, no responsibility can be accepted by CCIWA, its employees or any other person involved in the preparation of this form for any claim (including without limitation, any liability arising from fault, negligence or negligent misstatement) for any direct or indirect loss or damage arising from any use or reliance on this information, or otherwise in connection with it.

# Working From Home Checklist

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**Employee Name**

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**Job Title**

---

**Line Manager**

---

**Business Unit**

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**Address where you will be working from**

---

**Phone number where you will be working from**

---

**Days and hours, you will be working from home**

---

## Safety Rules ☐

I understand that it is a condition of the \_\_\_\_\_ agreeing to me working from home, that I must:

- ☐ Maintain my home work areas to ensure the housekeeping and safety standards outlined in this document are maintained at all times.
- ☐ Fix and report any problems immediately.
- ☐ Follow \_\_\_\_\_ policies and procedures as I would when working in the office, at all times while working from home.

**Signature**

**Date**

---

To enable \_\_\_\_\_ to assess your application to work from home you must complete the below checklist prior to working from home, and then on a 3-monthly basis from the time you commence working from home until such arrangement ends. Send this completed form to your Manager.

## Work Area Photographs

To help us assess your application to work from home you are required to submit photographs of your home work area(s), work station and any equipment you will use for work purposes. Please submit them to your Manager with this form.

## Work Area Checklist ☐

### Paths and Parking Areas

- ☐ adequate and suitable lighting
- ☐ there are no obstructions in the parking area or on footpaths
- ☐ there are no unsafe uneven walking surfaces



**Building Entrances/Exits**

- ☐ there are no slippery areas where water collects
- ☐ mats provided to collect rain water are suited to the task
- ☐ entry and exit doors open and close safely

**Toilets**

- ☐ tiled areas are not slippery when wet
- ☐ water does not collect on the floor

**Internal Stairways and Corridors**

- ☐ stairs are not difficult to distinguish
- ☐ stairs are not slippery
- ☐ handrails are not loose, or inadequate for safely using the stairs
- ☐ grease, oil or obstacles are not present on the stairs
- ☐ corridors and walkways are clear of obstacles and not used for storage of items

**Storage Areas**

- ☐ storage is suitable or adequate for the type and number of items to be stored
- ☐ access to stored items is safe and not difficult to reach
- ☐ containers of hazardous substances are kept in a secure area
- ☐ areas around work equipment are kept clear and are not slippery

**Kitchen**

- ☐ spills are cleaned up promptly and with appropriate equipment
- ☐ floors are not wet
- ☐ bins are kept clean and emptied regularly

**Home Offices**

- ☐ computer and phone cables do not trail over the floor
- ☐ storage is adequate and suitable for the type and number of items to be stored
- ☐ seating and desk areas are suitable for the task
- ☐ items are stored neatly and in easy reach
- ☐ areas around equipment are clean and tidy
- ☐ floor coverings and carpets are not worn or damaged

**Workshop (where applicable)**

- ☐ tools and equipment are neatly stored and packed away after use
- ☐ plant and equipment are kept in good condition
- ☐ tools, plant and equipment are cleaned and tidied after use
- ☐ cords, hoses and leads do not trail over the floor
- ☐ floors are kept clean and there are clear walk areas without obstacles

**Working Hours**

- ☐ I understand I must work only those hours I am authorised to work, and record hours worked from home (send recordings to Manager on a weekly basis).
- ☐ I understand that when I am working at home work hours must be dedicated to work activities and that any breaks taken for domestic activities are not considered "work time".
- ☐ I understand I must not work more than normal shift hours without authorisation from the Manager.
- ☐ I understand that if I feel fatigued and unable to work safely I must report this immediately to my Manager.

## Hazard Identification and Risk Management

- ☐ I understand that hazards in my home work area must be identified and controlled as quickly as possible.
- ☐ I will undertake a daily pre-start inspection of my work area to ensure it is safe.
- ☐ I understand that hazards associated with equipment or items provided by \_\_\_\_\_ must be reported to my Manager immediately.
- ☐ I understand I must not use any items or equipment which are faulty or damaged and will not attempt to repair items unless I am authorised to do so by my Manager.
- ☐ I understand I must submit a "working from home safety checklist" every 3 months for the duration of the period I am working from home.
- ☐ I understand that, if I experience any accidents, injuries, pain or other symptoms when working from home I must report these to my Manager as soon as possible using the \_\_\_\_\_ Hazard and Incident Report Form.

## Emergency Response

- ☐ There is an appropriate first aid kit in the home work area.
- ☐ There is a suitable fire extinguisher in the home work area.
- ☐ I understand I must notify my Manager by SMS or email when I commence and finish working each day.
- ☐ There is a ready means of communication to seek assistance in the event of an emergency.

## Signature

Signature

Date

- ☐ Photographs attached
- ☐ Action plan for any items not ticked:

## Manager's Assessment

Safety Checklist is satisfactory: ☐ Yes ☐ No

Date

Comments