

# HOME BASED WORK POLICY

Policy number	67	Version	2
Approved by EMC	16 November 2017	Scheduled review date	November 2017

## 1. Purpose

The purpose of this document is to outline policy and procedures for staff home based offices. The policy and associated procedures assist staff and their line manager to set in place explicit and accountable working from home arrangements.

## 2. Scope

The policy applies to all staff of NIODA (administrative, teaching, consulting and research staff) who regularly carry out components of their duties from home as per employment agreements.

## 3. Policy Statement

NIODA is committed to policies and procedures that support agility and flexibility in the workplace and working arrangements with staff that are 'fit-for-purpose'.

NIODA recognises that enabling a staff member to regularly work from home may assist the staff member to balance their work, health issues and/or family or other responsibilities. In this early phase of NIODA's development as an institution, carefully monitored and supported working from home arrangements are also part of practical and cost-effective infrastructure design for all NIODA work, with the exclusion of teaching and meeting arrangements.

\*Note: Master of Leadership and Management (Organisation Dynamics) is offered in part-time mode only. Its projected student cohort will be busy full-time management and consulting professionals. It is our experience of this student demographic that they tend to use email and phone as a preferred means of accessing teaching and/or administrative support outside of class times. On the occasions when students and teachers believe face-to-face meetings to be preferential, rooms will be able to be booked at CAE for the agreed meeting time.

NIODA is committed to growing the institute and its infrastructure. NIODA plans to have office premises and a dedicated full venue in the future. Thus from then administrative and management staff will work out of a NIODA office.

## 4. Definitions

**Home Based Work** (HBW) is work performed at a staff member's residential address, for an agreed number of hours on a specific day or days, for an agreed period of time.

**Home Based Work Site** (the site) is an area designated in a staff member's private dwelling which has been agreed by NIODA and the staff member for use by the staff member to perform home based work.

**Line manager** means the person who the staff member reports to.

**Equipment** means computer, modem, telephone, fax or other electronic or related office equipment required for the conduct of HBW.

**Home Based Work Agreement** (the Agreement) is a written agreement signed by the staff member and the appropriate line manager. (Appendix A).

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**Site Inspection** is an inspection of the Home Office carried out by the line manager appointed by the Institute to ensure the Home Office meets OHS standards.

**Self Assessment Checklist** is a checklist completed by the staff member confirming that their Home Office meets occupational health and safety requirements and identifies any possible risks associated with the Home Office. (Appendix B).

These documents must be satisfactorily completed before the Home Office is considered suitable for the proposed Working from Home Agreement.

## 5. Principles

- Home based work (HBW) will be negotiated with staff at the time of employment with reference to this policy. Key considerations will be suitability of the work for this arrangement, operational requirements, security, cost-effectiveness and the ability of the staff member to work independently and with minimal face-to-face supervision.
- A written and signed agreement will be entered into. (Appendix A)
- HBW will be a regular arrangement for the immediate future.
- Working from home is not an entitlement.
- Working from home will not affect conditions of employment.
- The HBW arrangement will be reviewed every six months by the staff member's line manager.
- Staff members who work from home will be required to spend part of their working hours in face-to-face meetings at CAE or other CBD offices. Actual hours to be worked at CAE or other CBD offices will be agreed between the staff member and their line manager and should take into account the requirements of the job.
- Staff members must be able to work effectively at home having regard to any dependent care responsibilities of the staff member.

## 6. Communication

Good communication is an essential part of any successful home based work arrangement. The line manager will ensure that the staff member knows and understands the expectations and required standard of work. These expectations should be clearly documented and regularly assessed throughout the life of the agreement. It is important for a staff member and the line manager to meet at regular intervals (at least fortnightly). This allows both the manager and the staff member to provide regular feedback and to discuss and evaluate the arrangement. Scheduling meetings at a mutually convenient time and location is a way of ensuring the staff member keeps in contact with changes and developments in the workplace and to address any isolation issues.

## 7. Work Conditions

A staff member who has a home based work arrangement must have the same professional development opportunities as all other staff members and they must attend nominated training. The line manager must ensure that conditions of work, including the safety and health provisions, are equivalent to those in the office and meet all OH & S standards.

## 8. Performance

Work carried out by the staff member at the site will be taken into account when the work performance of the staff member is under review. The line manager and staff member will establish and implement an agreed procedure, appropriate to the work, by which the performance of the staff member at the site can be monitored through the existing Work Role Review and Quality Assurance policies and procedures.

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## 9. Safety and Health Requirements

The home based work site requires a designated area that is deemed to be an acceptable workspace. A Self-Assessment Checklist must be completed by the staff member and sent to the line manager. Should any concerns be raised, an assessment may be required (which may include a health and safety and risk assessment of the home based site). Ongoing failure to comply with safety and health requirements may result in the agreement being terminated, and for 2017/18 given alternative office premises will be unavailable, will affect employment with NIODA.

The staff member must have a clear delineation of when they are working or not working and maintain appropriate records (i.e. timesheets).

Staff members must be properly inducted and aware of the relevant NIODA safety policies and procedures, including reporting of injuries.

## 10. Insurance

A staff member who is working from a home based worksite under an approved Home Based Work Agreement will be covered by NIODA's WorkCover insurance if performing NIODA work in accordance with the Agreement in his/her Home Based Work Site.

The staff member agrees to notify his/her household insurer (if required) of HBW arrangements and provide the name of the insurer to NIODA.

The staff member indemnifies NIODA against all loss or damage to the staff member's property and all claims by third parties in respect of personal injury and property damage except to the extent caused by the negligent act, error or omission of NIODA.

NIODA is not responsible for third parties who visit the site and who are not NIODA staff.

## 11. Equipment

The CEO or line manager and staff member will list equipment to be used by the staff member in the course of carrying out work at the site. This list will specify who owns the equipment and will be documented in the Agreement. Equipment owned by NIODA for use by the staff member at the site will be used solely by NIODA staff or other approved users as specified in home based work agreements. A staff member has a duty of care for the asset on personal issue.

NIODA is responsible for the provision and maintenance of all equipment needed at the site. Staff members will allow reasonable access to replace, service or repair the equipment.

If the staff member's own equipment is to be used at the site, the percentage of costs of maintenance, repair and insurance of the equipment to be borne by NIODA will be agreed between NIODA and the staff member. The manner in which consumables will be supplied (e.g. toner, paper, etc) will also be agreed. These arrangements are to be documented in the Agreement. Costs (including work related phone costs) will be charged to NIODA.

## 12. Access to the home based work site

It is recognised that access to the site will be necessary on occasions to deal with work related matters. The staff member will be given 24 hours notice. The consent of the staff member is required before access can be obtained; however, unreasonable denial may constitute grounds for terminating the Agreement.

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## 13. Security

Prior to approving an application to work from home, the line manager will need to be satisfied that appropriate measures are in place to protect NIODA information and assets.

The staff member is to be familiar with the policies and procedures for handling and classifying documents and this will be part of the staff members' initial induction and training.

Any work related information remains the property of NIODA and cannot be divulged to persons who do not have a strict "need to know". Further detail is available in NIODA's Privacy Policy ([insert url](#)).

Work related information is to be adequately secured according to the records management and security policy at all times when not the subject of work activities. Family and visitors to the site are not to have access to any such information whether in hard copy or through office based network means.

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## APPENDIX A: HOME BASED WORK AGREEMENT

### Staff Member Declaration

- I agree to abide by the principles contained in the Home Based Work (HBW) Policy and Procedures.
- I acknowledge that failure to comply with the provisions of the Home Based Work Policy and Procedures may result in termination of the Agreement.
- I have read the policies on Records Management and Security and Confidentiality and I understand my security and confidentiality obligations.
- I acknowledge that I am prohibited to contracting out my Home Based Work to a third party and from doing other paid work during the agreed hours of NIODA work.
- I acknowledge that it is my responsibility to assess the personal implications of commencing HBW with respect to taxation, domestic insurance and any lease or mortgage arrangement.
- I agree to notify my line manager if any details change or about to change.
- Should I experience any difficulty with undertaking my duties at the HBW site, I agree to contact my line manager immediately to discuss the issues of concern.
- I acknowledge that I will give reasonable access to the HBW site to my line manager or a designated NIODA representative or maintenance technician for the purposes of security and OH&S site assessment or for the repair and maintenance of NIODA equipment or for the purpose of an agreed meeting with my line manager or another staff member.

Staff Member Signature.....Date.....

Name in Full.....

Position.....

Period of Home Based Work From .....to .....

Approved by .....

CEO Signature .....Date.....

# HOME BASED WORK POLICY

## Staff Member's Name, Location and Contact Details

Name: \_\_\_\_\_

Street Address of HBW Site: \_\_\_\_\_

Room/location where work is to be performed: \_\_\_\_\_

Home-based telephone number: \_\_\_\_\_ Fax No: \_\_\_\_\_

Office-based telephone number: \_\_\_\_\_ Fax No: \_\_\_\_\_

Internet e-mail: \_\_\_\_\_

Alternative Contact (e.g. in case of emergency, failure to contact staff member at home etc)

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Relationship to staff member: \_\_\_\_\_

## Work Schedule – Home Based Work Site

Days	Hours

## Duties to be Performed At Home Based Work Site

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# HOME BASED WORK POLICY

## NIODA Property Loaned in Relation to this Agreement

Equipment/Asset	Description/Detail	Date

## Staff Owned Property in Relation to this Agreement

Equipment	Description/Detail	Date started	Date ended	% costs to be met by NIODA

## Security Assessment

A self assessment checklist of the HBW site has been completed and discussed with the CEO. It is attached.

Staff Member Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Appendix B: Self Assessment Checklist for Home Based Work Site

Description		Comments
Designated work area		
The floor of the work area is level and there is limited use of mats/or rugs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the work area tidy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are waste materials regularly disposed of	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Situated away from activities of household members?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Environmental conditions		
Lighting is adequate for the tasks being performed. Easy to see and comfortable on the eyes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Glare and reflection can be controlled	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ventilation and room temperature can be controlled, regardless of season	<input type="checkbox"/> Yes <input type="checkbox"/> No	
There is no excessive noise affecting the work area	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the noise level in the room adversely affected by location/levels of equipment noise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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Walkways are clear of clutter and trip hazards, such as trailing electrical cords	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The work area is segregated from other hazards in the home, for example, hot cooking surfaces in the kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Non smoking environment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Emergency Exit</b>		
Path to the exit is reasonably direct	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Path to the exit is sufficiently wide and free of obstructions or trip hazards to allow unimpeded passages	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Safety Equipment Checklist</b>		
The work area contains a first aid kit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The work area contains a fire extinguisher able to be used to extinguish minor fires	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A smoke detector is installed in/near the work area and is properly maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Security</b>		
Security is sufficient to prevent unauthorised entry	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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A communications procedure has been established to ensure regular contact between staff member and CEO or delegate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The work area can be secured	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Electrical		
Power outlets are not overloaded with double adapters and power boards	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Earth leakage circuit protection is in place for work related equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical cords are safely stowed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Connectors, plugs and outlet sockets are in safe working order	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical equipment is free from any obvious external damage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Workstation Set Up & Work Surface		
There is adequate leg space under the workstation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A footrest is available if needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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From the seated position, the most frequently used items are within easy reach	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cables are stowed away	<input type="checkbox"/> Yes <input type="checkbox"/> No	
There are no sharp contact points on the workstation or other equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Chair</b>		
The seat height, seat tilt, angle and back rest are all adjustable	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The chair has a stable base (preferably five star)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The chair moves freely	<input type="checkbox"/> Yes <input type="checkbox"/> No	
There is adequate lumbar support	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The chair's padding is adequate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Keyboard &amp; Mouse</b>		
Keyboard to user distance allows user to relax shoulder with elbows close to the body	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Keyboard position is flat	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mouse is placed directly next to the keyboard	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mouse is at same level as the keyboard	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Monitor</b>		
Monitor is positioned to avoid glare, i.e. perpendicular to window or other strong light source	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a document stand required, due to regularly referring to documents whilst typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Physical demands of tasks</b>		
Safe posture is adopted	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any lifting, pushing or carrying task is well within physical capacity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you experience any discomfort (i.e. shoulders, neck pain/discomfort) If yes Please list	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you be expected to carry out any work with hazardous substances	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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If yes, have you agreed with your manager on the provision of any personal protective equipment you may need	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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## Work Practices

From the seated position the telephone is within easy reach, and either a hand is used to hold the telephone receiver or a headset is worn (i.e. no cradling of the receiver between shoulder and ear)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Long periods of continuous activity are broken by performing other tasks, changing position, standing up and stretching	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Repetitive actions are not continued for long periods without appropriate breaks. Breaks should be taken after every 30 mins of keyboarding, including standing at least once per hour	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Other Factors

Telephone or other communication devices are readily available to allow effective communication in an emergency situation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency contact numbers and details are known	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A process is in place for the prompt reporting of incidents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you know the procedure for reporting any accidents or work related illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Individual Factors

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<p>The staff member's fitness and health is suitable to the tasks to be undertaken</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Do you have a medical condition, disability or health concerns that may impact your computer workstation setup</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Any special needs to ensure health and safety have been advised to the authorised person</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Work Supplied Equipment</p>		
<p>List any work supplied equipment being used from home</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Other information</p>		