

  
**<Club Name>**

**Surf Life Saving Club**

**Health and Safety Manual**

**<Date>**

**Table of Contents**

[Document Updates/Controls 2](#_Toc497987776)

[Club Commitment and Policies 3](#_Toc497987777)

[Definitions 4](#_Toc497987777)

[The Health and Safety at Work Act 2015 5](#_Toc497987778)

[Legislative Requirements 6](#_Toc497987779)

[Duty Holders and their Duties 8](#_Toc497987780)

[Our Focus on Safety 11](#_Toc497987781)

[Hazard Management 13](#_Toc497987782)

[Occupational Overuse Syndrome Prevention 21](#_Toc497987783)

[Smoke-free Working Environment 23](#_Toc497987784)

[Stress at work 24](#_Toc497987785)

[Manual Handling 27](#_Toc497987786)

[Incident Management & Reporting 28](#_Toc497987787)

[Rehabilitation Policy 32](#_Toc497987788)

[Emergency Management 35](#_Toc497987789)

[First Aid 40](#_Toc497987790)

[Employee Information, Training and Supervision 41](#_Toc497987791)

[Visitors on Site (including contractors) 43](#_Toc497987792)

[Surf Sport Event Safety 45](#_Toc497987793)

[Surf Patrol Safety 46](#_Toc497987794)

[Appendix 1: Checklist for Review of the Health & Safety Manual 53](#_Toc497987795)

[Appendix 2: Checklist for ACC Safe Workplace Preparation Audit 55](#_Toc497987796)

[Appendix 3: Sample Workstation Assessment Checklist 57](#_Toc497987797)

[Appendix 4: Incident & Accident Reporting Form/Register 61](#_Toc497987798)

[Appendix 5: First Aid Register 61](#_Toc497987799)

[Appendix 6: Hazard Register 63](#_Toc497987800)

[Appendix 7: Task Safety Analysis Sheet 70](#_Toc497987801)

[Appendix 8: Hazard Notification Form 70](#_Toc497987802)

[Appendix 9: Bomb Threat Checklist 71](#_Toc497987803)

[Appendix 10: Workplace Health & Safety Induction Checklist 72](#_Toc497987804)

[Appendix 11: THE CLUB Operating Locations 76](#_Toc497987805)

# Document Updates/Controls

|  |  |  |
| --- | --- | --- |
| **Document Version** | **Updated By** | **Date** |
| Club Name Health & Safety Manual V 4? | Club Name | Date |

<Club Name> commitment and policy

## Purpose

This section lists the objectives of the health and safety manual, provides a brief summary of the health and safety legislation and defines accountabilities.

Objectives

### The <Club Name> health and safety programme aims to:

• promote excellence in health and safety management.

• continually improve current health and safety performance.

• provide a safe and healthy work environment.

• identify and control actual and potential hazards.

• establish and maintain communication on health and safety.

• support staff and volunteer participation in health and safety matters.

• identify needs and provide training on health and safety.

• demonstrate a commitment to the accurate reporting and recording of health and safety matters.

• comply with legal and organisational obligations.

### Objectives will be achieved through:

• club executive and members support and commitment to health and safety.

• implementation of policies and procedures.

• club executive and member education and participation.

• maintaining a quality philosophy.

• regular reviews and evaluations.

• monthly health & safety meetings.

• two-yearly review of this Health and Safety Manual.

# Definitions

**Harm** - means illness, injury or both. The term is only used in the context of harm that is more than trivial, harm that amounts to or results in permanent or temporary severe loss of bodily function”.

**Hazard** - means an activity, arrangement, circumstance, event, occurrence, phenomenon, process, situation or substance (whether arising or caused within or outside a place of work) that is an actual or potential cause or source of harm. In effect a hazard can be interpreted as anything that can cause harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of all these.

**Hazard Identification** - is the process of recognising that a hazard exists and defining its characteristics.

**Hazard Assessment** - is the overall process of determining whether a hazard is significant.

**Notifiable Events** – include: work related **deaths**; **illness** or **injury** sustained by someone, or **incidents** that exposed someone to serious risk. You must inform the club chair or designated club H&S officer of a **notifiable event** as soon as practicable.

|  |  |  |
| --- | --- | --- |
| Name | email | Mobile Phone Number |
|  |  |  |
|  |  |  |

The club chair or their delegate will then notify WorkSafe NZ or Maritime NZ as soon as practicable or alternatively complete one of the following online Notifiable Event Forms <http://forms.worksafe.govt.nz/hazardous-work-notification> <https://www.maritimenz.govt.nz/report-online/default.asp>.

**Notifiable Death** – when a person has been killed as a result of work.

### Notifiable Incident – when a person’s health and safety is seriously threatened or endangered as a result of a work situation, i.e. if someone has been exposed to a serious or immediate risk to their health and safety because of an unplanned or uncontrolled work incident.

### Notifiable Injury or Illness - an injury or illness that requires (or would usually require) the person to be admitted to hospital for immediate treatment.

### ‘Admitted to a hospital’ means being admitted to hospital as an inpatient for any length of time – it doesn’t include being taken to the hospital for out-patient treatment by a hospital’s A&E department, or for corrective surgery at a later time, such as straightening a broken nose.

**Officer –** Individuals appointed to lead and/or manage the whole, or segments of Club Name operations.

**PCBU** – Person/s conducting a business or undertaking.

**Risk -** A probability or threat of damage, injury, liability, loss, or any other negative occurrence that is caused by external or internal vulnerabilities, and that may be avoided through pre-emptive action.

**Workers** – includes employees and volunteers whom carry out work for THE CLUB, which excludes paid contractors.

# The Health and Safety at Work Act 2015

The guiding principle of the Health and Safety at Work Act 2015 (HSWA) is that workers and other persons should be given the highest level of protection against harm to their health, safety, and welfare from work risks, as is reasonably practicable (WorkSafe NZ).

## The Purpose of THE CLUB’s Health and Safety Manual

The purpose of this health and safety manual is to provide information, advice and guidance to THE CLUB workers and volunteers, to ensure the health, safety and welfare of workers and other people affected by the work of Surf Life Saving New Zealand. Where applicable, this manual incorporates THE CLUB policies and procedures relating to the health, safety and wellbeing of workers and other people. The objectives of this manual includes;

1. Protecting workers and other persons against harm to their health, safety and welfare by eliminating or minimising risks arising from work.
2. Providing for fair and effective workplace representation, consultation, co-operation, and resolution of issues.
3. Encouraging workers to take a constructive role in promoting improvements in work health and safety practices and assisting THE CLUB and its workers to achieve a healthier and safer working environment.
4. Promoting the provision of advice, information, education, and training in relation to work health and safety.
5. Securing compliance with the HSWA through effective and appropriate compliance and enforcement measures.
6. Ensuring appropriate scrutiny and review of this health and safety manual including the policies and procedures contained within, as well as the health and safety practices of workers.
7. Providing a framework for continuous improvement of work health and safety standards.

# Legislative Requirements

## Health and Safety at Work Act 2015

The Health and Safety at Work Act 2015 and the Health and Safety at Work Regulations 2016 requires THE CLUB as a PCBU to take all practicable steps to ensure the health, safety and welfare of workers and other persons while at work. This can be achieved by:

1. Providing a safe working environment in all workplaces where THE CLUB is deemed to have ‘control’, which includes beaches.
2. Provide and maintain facilities that protect workers from health and safety risks.
3. Providing and maintaining safe systems of work.
4. Ensuring plant and equipment at all places of work are safe.
5. Ensuring workers are not exposed to unnecessary hazards.
6. Developing emergency procedures for known likely hazardous events.
7. Ensuring that no action or inaction by workers is likely to cause harm to themselves or any other person.

## Other legislation that may apply:

In addition to the Health and Safety at Work Act 2015 and the Health and Safety at Work Regulations 2016, if an incident does occur, the following legislation may also apply:

### Building Act 2004 – provides regulations for the establishment and performance standards of buildings so that people who use buildings can do safely and without endangering their health, safety and wellbeing, which includes the ability to escape from buildings in the event of fire or other emergency.

**Crimes Act 1961** – codifies the types of crimes and provides guidance in the processing of crimes. In extreme cases, serious omission or misconduct may constitute a criminal offense. Committing an unlawful act or omitting to discharge any legal duty, knowing that such an act or omission could endanger the lives, safety or health of any worker or other person may constitute criminal negligence under section 45 of the Crimes Act. In most cases, consent is available as a defence to criminal proceedings due to participants assuming certain risks and hazards when participating in a sport. There have however been cases in New Zealand of event organisers being charged under the crimes Act.

**Civil Liabilities** – occurs where legal action is taken by a private individual as a result of a serious act or omission by another person. For example, a breach of contract or torts (nuisance and negligence). In many situations, the Accident Compensation Act 2001 covers injury caused by negligence. However, there may be situations that are outside the legislation where a civil case can be made if there is a failure to take reasonable care where a duty of care is owed to a person.

**Fire Service Act 1975** – provides jurisdiction to the NZ Fire Service (NZFS) to manage fire and other rescue services.

**Hazardous Substances and New Organisms Act 1996** – provides for the protection of the environment, and the health and safety of people and communities, by preventing or managing the adverse effects of hazardous substances and new organisms.

**Injury Prevention, Rehabilitation, and Compensation Act 2001** – provides for the fair and sustainable management of compensation resulting from personal injury and the incident of injuries in the community and their impact on communities.

**Land Transport Act 1998** – details a range of criminal fines and penalties, including imprisonment, for breach of the Act. This may be applicable where a vehicle is used carelessly of dangerously.

**Resource Management Act 1991** – provides for the sustainable management, development and protection of natural and physical resources in a way or at a rate which enables people and communities to provide for their social, economic well-being and for their health and safety which includes safeguarding the life-supporting capacity of air, water, soil, and the ecosystem.

**Vulnerable Children Act 2014 and Amendment Act 2017** - provides for the protection of children, in part by encouraging those that work with children to be police vetted, and to prevent those that are not suited to working with children from doing so. Police vetting is a likely requirement of those receiving government funding to provide services to children and or their families.

**Other law** – depending on the event location, there may also be requirements under Maritime law and Council bylaws that THE CLUB and its workers are required to comply with. In some locations, a blind eye is turned to IRBs operating in excess of 5 knots within 200m of shore. However, if speed is determined to be a contributing factor in an incident involving an IRB, then there may not be any impunity from prosecution under Maritime law. Similarly there may not be any enforcement of bylaws requiring the wearing of personal floatation devices (PFD) on small craft in surf sport competition. However, if this was found to be a contributing factor in an incident this may not prevent prosecution or liability being placed on organisers who did not enforce the bylaw.

## Who is liable?

THE CLUB as the PCBU and as the organiser of various events/activities, is most at risk of liability as THE CLUB is expected to implement safe procedures at all times to protect workers and other people against harm to their health, safety, and welfare during work including during events/activities which form part of THE CLUB’s work. THE CLUB may be held liable for the acts or omission on people such as volunteers, officials and participants, including their negligence, unless their actions were committed well beyond their normal duties.

Where an incident is caused by an individual, particularly by a reckless act or omission, the individual may become liable, i.e. a volunteer, participant or official not following the safety procedures set out by THE CLUB as the event/activity organiser. Both intent and knowledge would likely be considered when determining liability.

Depending on the circumstances, there is a duty of care owed by one competitor to another. So an incident caused by reckless disregard for the safety of a fellow competitor may result a competitor being held liable. In other types of situations, it may be that local authorities and/or the police hold third party providers, such as security organisations or suppliers liable, though this is normally occurs in conjunction with the event/activity organisers.

# Duty Holders and their Duties

## Purpose

This section identifies the duty holders within THE CLUB and outlines their duties.

## Duty Holders

Under the terms and definitions of the HSWA, THE CLUB is a **PCBU**, which is governed by a Board, the members of which are **Officers** of the PCBU. The OFFICER is the Boards designated representative (**Officer**) and has ultimate responsibility and accountability for the health, safety and welfare of all staff and volunteers (**workers**) as well as competitors and spectators (**other persons**). Under the HSWA PCBUs, Officers, Workers and Other People are all Duty Holders, each has a responsibility for one or more health and safety duties, which may be shared across multiple **officers** and/or **workers**. Duties are not transferable, nor can they be contracted out of, but reasonable arrangements can be entered to ensure duties are met.

Figure 1: Duty holders under the HSWA

### The requirement of “as is reasonably practicable”.

THE CLUB ‘s primary duty of care is to ensure, ‘so far as is reasonably practicable,’ the health and safety of workers, and that other persons are not put at risk by its work. When used in this context, something is reasonably practicable if it is reasonably able to be done to ensure health and safety, having weighed up and considered all relevant matters, including:

1. How likely are any hazards or risks to occur?
2. How severe could the harm that might result from the hazard or risk be?
3. What a person knows or ought to reasonably know about the risk and the ways of eliminating or minimising it, e.g. by removing the source of the risk or using control measures such as isolation or physical controls to minimise it.
4. What measures exist to eliminate or minimise the risk (control measures)?
5. How available and suitable is the control measure(s)?

Lastly weigh up the cost:

1. What is the cost of eliminating or minimising the risk?
2. Is the cost grossly disproportionate to the risk?

## Duties of THE CLUB

In summary, THE CLUB is required to:

1. Provide and maintain a work environment that is without risks to health and safety which may include amongst others;
   1. the physical work environment, including lighting, ventilation, dust, heat and noise
   2. the psychological work environment, including overcrowding, deadlines, work arrangements (e.g. the effects of working extended hours or days) and impairments that affect a person’s behaviour, such as work-related stress and fatigue, and drugs and alcohol.
2. Provide and maintain safe plant and structures.

2.1 Plant may include;

* machinery
* vehicles
* vessels
* equipment (including personal protective equipment)
* appliances
* containers
* implements
* tools
* any component of one of these items or anything fitted or connected to one of these items

2.2 Structures may include;

* buildings
* towers
* frameworks
* underground works

1. Provide and maintain safe systems of work, which is carried out by a person with sufficient knowledge and experience. This involves;

3.1 the systematic examination of a task to identify risks that may arise from carrying it out

3.2 the identification of safe methods including control measures to eliminate or minimise the identified risks

1. Make sure that plant, structures, or substances are safely used, handled and stored.
2. Providing adequate facilities for the welfare of workers while carrying out work.
3. Providing information, training, instruction, or supervision that is necessary to protect all workers and other persons from risks to their health and safety arising from THE CLUB’s work
4. Monitoring the health of workers and the conditions at the workplace for the purpose of preventing injury or illness of workers arising from their work, which may include such things as;

7.1 airborne contaminants such as dusts, fibres, fumes

7.2 chemicals that can make people ill after breathing in, getting on their skin, or eating or drinking them

7.3 biological hazards such as bacteria, viruses or fungi

7.4 physical hazards such as noise, vibrations, UV radiation, heat

7.5 ergonomic hazards such as repetitive motions, eye strain.

1. Provide reasonable opportunities for workers to participate in developing health and safety improvement processes e.g. safety meetings and committees
2. Provide the necessary resources for workers and in particular safety workers to attend health and safety training commensurate with their health and safety responsibilities and duties
3. Keep a register of accidents and near miss incidents and serious harm incidents. Incidents of serious harm are to be notified to WORKSAFE NZ

## Accountability

THE CLUB’s officers and staff are responsible for developing, implementing and improving health and safety systems as an integral part of day-to-day operations.

These responsibilities include:

1. Providing leadership and direction in matters of health and safety.
2. Developing staff commitment to achieving excellent health and safety standards.
3. Establishing, monitoring and achieving overall health and safety goals and objectives.
4. Ensuring that all staff members receive appropriate induction training, and are involved in the improvement of systems and practices where relevant.
5. Conducting regular health and safety inspections.
6. Maintaining up-to-date information on changes to health and safety legislation, regulations, codes of practice and standards.
7. Acting in the capacity of the health and safety representative.
8. Ensuring any changes to the health and safety manual are distributed to staff and the manual is kept up to date and is managed as a controlled document.

# Our Focus on Safety

In support of our commitment to safety we have identified three focus areas around which to structure our safety improvement activities;

### Safe People Safe Systems Safe Operations

## Safe People

Keeping people safe requires us to engage with our workers, that is our staff and our volunteers. The positive actions and behaviours of our workers is what prevents drowning between the flags and is what protects our workers and other people from harm to their health, safety, and welfare from work risks. THE CLUB values the input of its workers and will:

### Seek Employee Consultation

Staff are encouraged to actively participate in all aspects of health and safety. Where changes to health and safety policies are considered, staff will be invited to comment and participate in the consultation process prior to implementation of changes.

This Health and Safety manual will be reviewed at least bi-annually by the permanent staff of THE CLUB, all of whom are expected to contribute to its ongoing development.

### Conduct Regular Health and Safety Meetings

Regular staff health and safety meetings are to be held in conjunction with the regular monthly ‘all staff’ meetings. Extraordinary meetings may be held in the event of a near miss or notifiable incident, which may result in an investigation, following which recommendations will be considered in order to prevent reoccurrence of the same or similar incident.

### Engage with clubs

THE CLUB will engage at least annually with clubs on health and safety matters, seeking club and advisory group input, and by providing annual updates and guidance on health and safety developments, particularly in regards to changes to policy, procedures and practices.

## Safe Systems

### Effective safety systems ensure that our health and safety procedures are targeted, aligned and continually improving. This requires monitoring for compliance as well as critical review for shortfalls or gaps in our policies, procedures and practices. THE CLUB encourages all workers to be open and honest about any known or perceived shortfalls in our health and safety systems so that we can continually improve and develop our systems to prevent harm to all persons.

### A critical part of maintaining effective safety systems is the regular and in some instances daily identification and management of hazards and risks, which is explained in more detail on page 14.

## Safe Operations

### Safe operations is about ensuring that our work is planned, practiced and managed to protect workers and others against harm to their health, safety, and welfare from work hazards and risks, as is reasonably practicable.

### At a club level the POMS provides the required detail on the necessary operational procedures and practices while patrolling, and importantly provides the expected operational foundation as a guide to other THE CLUB operations in the same locations e.g. surf sport activities including training.

## Regulations and Policies that apply to The Club

### The following SLSNZ policies relate to health and safety:

Table 1: Policies that relate to health and safety.

|  |  |
| --- | --- |
| Policy # | Policies relating to Health and Safety |
| SLS001 | Member Injuries |
| SLS002 | IRB Specifications |
| SLS004 | Shark Safety |
| SLS005 | Body Recovery |
| SLS008 | Event Lifeguard Policy |
| SLS009 | Lifeguard Uniform |
| SLS010 | Patrol Operation Manual |
| SLS011 | VLPS - Equipment |
| SLS012 | VLPS - Incident Reports |
| SLS013 | VLPS - Buoyancy Support in IRBs |
| SLS018 | VLPS - Annual Volunteer Surf Lifeguard Refreshers |
| SLS020 | Critical Incident Management Procedures |
| SLS021 | Disaster Survival and Preparedness |
| SLS022 | Tsunami Response |
| SLS023 | Search and Rescue Operations |
| SLS026 | Minimum Equipment for SAR |
| SLS027 | Responding to Incidents in Private Motor Vehicles |
| SLS028 | Sun Smart |
| SLS030 | Use of Rescue Water Craft (RWC) |
| SLS031 | Helmet use in Powered Craft and Lifeguarding around Rocks |

<Club Name> Health & Safety System

The <Club Name> Health & Safety System is made up of the following components:

|  |  |  |
| --- | --- | --- |
| **Ref** | **Component** | **Elements** |
| **1** | An overall **Strategy** for managing Health & Safety | * This Health & Safety Manual, leading to:   + Patrol Operations Manual.   + Event Safety Manual. |
| **2** | **Hazard Management** – proactively preventing incidents | * Hazard Register. * Job Safety Analysis sheet * Hazard Notification form. * Daily Threat Analysis form. |
| **3** | **Incident Management** - recording what has happened to learn from it | * Incident Reports entered into PAM. * Review of H&S and incidents at every Club Committee meeting. |
| **4** | **Giving people the skills they need** | * Surf Lifeguard Award & higher qualifications. * Annual Refresher. * Induction H&S training. * Pre-activity briefings. |

But most importantly these are operating in a ***safety-conscious culture***.

# Hazard Management

## Purpose

## To further improve the method for systematically identifying, assessing and controlling hazards in the workplace as required by the Health and Safety at Work Act 2015.

## Scope

These procedures apply to all THE CLUB work activities.

**Note**: separate Hazard Management procedures apply for surf sport events operated by THE CLUB. Refer to the Competition Safety Manual 2017.

## Responsibilities

### THE CLUB and its officers are responsible for:

1. Ensuring regular health and safety inspections are conducted.
2. Maintaining the Hazard Register (refer Appendix 6A) including identification and risk analysis.
3. Working with staff to control identified hazards.
4. Authorising specialist consultants to be contracted where existing staff competency is not available to identify, eliminate or minimise hazards.

### All workers are responsible for:

1. Implementing hazard management procedures in their work place.
2. Contribute to maintaining the Hazard Register (refer Appendix 6A) including identification and risk analysis.
3. Taking all practicable steps to ensure that hazards identified are eliminated, isolated or controlled.
4. Completing a hazard notification form (refer Appendix 7) if a hazard is identified and providing this to the site Manager or other designated person e.g. Event Safety Officer (who will undertake a full identification and risk analysis and enter details into the hazard register).
5. Informing others (staff, visitors and contractors) of any hazards to health and safety which are known to be associated with the work they perform and the steps to be taken to control any such hazard.
6. Ensuring unsafe acts and unsafe conditions are appropriately addressed.

## Procedure

### Hazard management steps include:

1. **Identification** – describe the hazard and state the location of the hazard.
2. **Risk analysis** – rate the risk.
3. **Control** – recommend & implement the control measure (eliminate, substitute, isolate, operational controls, administrative controls or use of personal protective equipment).

Detail on these steps will be recorded in the Hazard Register (Appendix 6A).

If difficulties are experienced in identifying, eliminating or controlling hazards, the officers will engage outside resources with appropriate experience.

### Hazard management needs to be completed:

1. **Systematically** in line with monitoring requirements as detailed in the specific hazard register. (Specific = club, regional office etc.)
2. **When an accident occurs**; a check is needed to ensure hazards listed and their controls measures are adequate.
3. **When** **a new process**, material or piece of equipment is introduced.
4. **If a new hazard** is observed or reported.

New equipment, processes and materials should be selected based on a pre-purchase safety assessment. This ensures there is continuous improvement in safety and minimises the need for retrospective processes such as adapting equipment to suit surf lifesaving operating conditions.

When new equipment or materials are used, new tasks or processes undertaken, or new personnel are involved for the first time, a “Job Safety Analysis’ sheet (Appendix 6B) can be used as part of the hazard identification process.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HAZARD ASSESMENT FORM** | | | | |
| **Hazard/Task** | **Risk Score**  **(Pre Controls)** | **Controls** | **Risk Score**  **(Post Controls)** | **Monitoring** |
|  |  |  |  |  |
|  |  |  |  |  |

## Steps required to identify hazards and analyse risk

### Step One – Identify the work activity(s) that are to be carried out.

### Step Two – Identify which workers and other people are likely to be affected by the work activity.

### Step Three – Identify the hazards associated with the proposed work activity. Consider environmental factors, the equipment or structures to be used and the capability and competency of those expected to undertake the work.

Hazard identification needs to take place across the whole organization; staff are actively encouraged to address hazards as they arise within their environment. If they cannot address the hazard themselves they need to refer to their line manager.

|  |  |  |  |
| --- | --- | --- | --- |
| Hazard Identification Process | | | |
| 1. | Use inspection, audits, walk-through surveys, checklists and available literature to determine hazards. | | |
| Working Environment  Area used and its physical condition  Workplace layout  Location of material/equipment and distances moved  Types of equipment used  Energy hazards  Hazards which could cause injury  Characteristics of materials, equipment  Hazards which could cause ill health  Psycho-social environment  Organisation environment | Human Factors  Knowledge and training  Skills and experience  Health, disabilities, fitness  Age and body size  Motivation  Risk perception and value systems  Protective clothing, equipment, footwear  Leisure interests | Tasks  Task analysis  Working postures  and positions  Actions and movements  Duration and frequency of tasks  Loads and forces involved  Intensity  Speed/accuracy  Originality  Work organisation |
| 2. | Analyse any ‘near-miss’ (non-injury) accidents that may have been recorded in the incident register or documented in the minutes from health and safety meetings. | | |

As noted above, a Task Safety Analysis sheet (Appendix 6B) can be used for used to assess any new activities, equipment, processes or material.

### Step Four – Risk Analysis

## Undertake a risk analyse using the Risk Assessment table which requires consideration of both the consequences and probability of risk to provide an estimate of the risk magnitude. Refer to Table 2.

Risk analysis is the process of estimating the magnitude of the risk and deciding what actions to take. Risk Magnitude is assessed using the probability and consequence scales below.

### Probability scale:

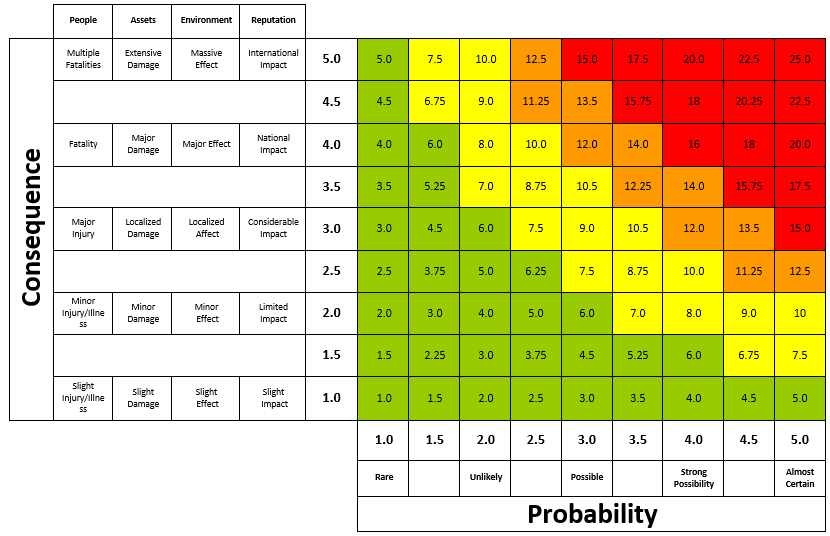
|  |  |  |
| --- | --- | --- |
| Score | Scale | Frequency of accident or illness |
| 1 | Rare | Would only occur in exceptional circumstances. |
| 2 | Unlikely | Incident conceivable at some time, but only remotely possible. |
| 3 | Possible | Could occur at some time, has probably happened in the past. |
| 4 | Likely | Will probably occur in most circumstances, known to have happened in the past. |
| 5 | Almost certain | Expected to occur in most circumstances, regularly occurred in the past. |

### Consequence scale:

|  |  |  |
| --- | --- | --- |
| Score | Scale | Severity of accident or illness |
| 1 | Insignificant Injuries | No real injury or illness resulting – e.g. minor bumps, bruises or abrasions. |
| 2 | Minor Injuries | First aid or minor medical treatment is required – e.g. sprains, strains and cuts. |
| 3 | Significant Injuries | Injury or illness requiring treatment by a qualified medical practitioner such as a GP or A&E, e.g. fractures, dislocations or wounds needing stitches. |
| 4 | Serious Injuries | Life or limb threatening Injury or illness requiring immediate emergency medical assistance (hospitalisation), e.g. multiple trauma in juries with potential for permanent disablement. |
| 5 | Fatality | One or more multiple fatalities are possible. |

A risk assessment category (Critical, High, Moderate or Low) for each hazard is compiled by using the chart on the following page. Hazards with the highest rating are given priority.

### Risk Assessment Matrix:

The risk assessment matrix below is to generally assess hazards.

### Risk Magnitude:

The risk magnitude is entered into the Risk Score column beside the hazard on the Hazard Register form.

|  |
| --- |
| **UNACCEPTABLE (15-25) Risk;** The risk cannot be justified on any grounds. High level control measures **must** be applied immediately. |
| **HIGH (11-14) Risk;** Moderate to high level control measures **must** be applied to reduce the risk as soon as possible. Monitor continuously for changes. |
| **MODERATE (6.5–10) Risk;** Low level control measures should be considered and applied to mitigate, eliminate, prevent or reduce the risk. The level of risk may however be acceptable, provided existing control measures remain in place. Monitor for changes. |
| **LOW (1-6.25) Risk;** which may be acceptable, provided existing control measures remain in place. Monitor for changes. |

### Step Five – Control Measures

### Overview

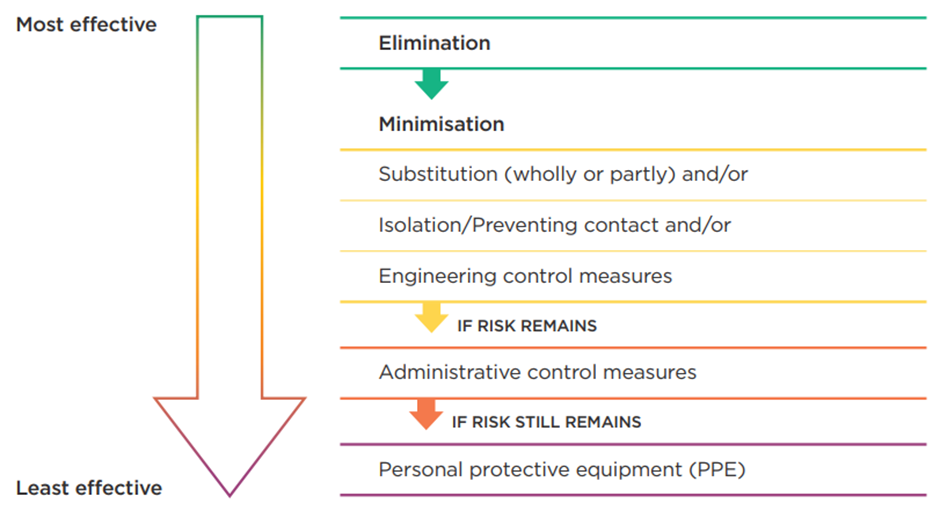
Using the risk magnitude rating, now consider what level or type(s) of control(s) may be applied to negate or reduce the risk(s) to an acceptable level prior to undertaking the proposed work activities.

Hazard control is the process of deciding what to do with the hazard once identified and analysed. There is a prescribed hierarchy of six levels of controls with the goal of either eliminating the risk presented by a hazard totally or reducing the risk to an acceptable level. This process is to be used for all Significant Hazards. The aim is to control the hazard as close to the source as possible. Administrative controls and Personal protective equipment should be considered only as "back-up" control measures. They should not be used as long term controls.

### Hierarchy of Controls

Note that this has expanded from the previous three levels of Eliminate, Isolate and Minimise.

Figure 1: Hierarchy of Controls



1. **ELIMINATION/MINIMISATION**

Remove the source of the danger entirely. For example an old quad bike could be disposed of to take the risk physically away from the club membership.

*If not practical, then……*

1. **SUBSTITUTION**

Substitution involves replacing hazardous equipment or hazardous work practice with a less hazardous one. Using an ATV instead of a quad bike for example.

*If not practical, then……*

1. **ISOLATION**

Isolation involves separating the hazard from persons at risk of being injured by it. An example of this could be installing a hazardous goods store for fuel and chemicals.

*If not practical, then……*

1. **ENGINEERING**

If the hazard cannot be eliminated, substituted or isolated, Engineering Control is the next preferred option. Examples include such things as safety features on the equipment (e.g. key access only or roll bars on quad bikes)

*If not practical, then……*

1. **ADMINISTRATIVE**

Administrative controls include the use of danger signs, work practices that reduce the risk such as restricting use of particular equipment to certain people, regular rest breaks for keyboard operators and reduced exposure to noisy machines (by job rotation), supervision and training. Written procedures accompanied by associated training are also considered to be administrative controls.

*If not practical, then……*

1. **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Personal protective equipment should be considered only when other control measures are not practical, or to increase protection. PPE includes items such as helmets, lifejackets, eye protection, hearing protection, safety footwear, appropriate clothing, and gloves. The provision of PPE must be accompanied by training in its proper use, fitting, cleaning and maintenance.

### Step Six - Monitoring Requirements

## Monitor work activity for compliance to the selected control(s).

If the hazard control uses an approach that minimizes (rather than removes) the risk, then the Health and Safety Act requires monitoring of the workers exposure to the hazard. The criteria for hazard monitoring will be stated in the Hazard Register with a monitoring frequency and person responsible, outlined on the register. The Act also requires a review and audit process take place on a regular basis; this is facilitated by the relevant Officer and/or worker. All hazard controls and registers will be reviewed at least annually.

### Selection of the Hazard Control Strategy

There may be a number of options available to control a hazard. The options may have different costs and time frames. In determining which control method to use, consider:

1. What is the cost of eliminating or minimising the risk?
2. Is the cost grossly disproportionate to the risk?
3. Long and/or short term strategies: - Existing resource constraints may require directing an interim strategy which requires higher initial costs or effort until more appropriate processes or facilities are implemented.

# Occupational Overuse Syndrome Prevention

## Description

Occupational Overuse Syndrome (OOS) is a collective term for a range of conditions (including injury) characterised by discomfort or persistent pain in muscles, tendons and other soft tissues. Every case of OOS has the potential to be classified as a significant hazard because the condition may cause harm. Therefore the risk factors for OOS need to be controlled by eliminating the hazard if at all possible, or else by isolating or minimising the hazard.

## Purpose

To provide systems and procedures for proactively managing the risk factors that may contribute to a range of occupational overuse type conditions.

## Responsibilities

### Officers are responsible for:

1. taking all practical steps to ensure that there is compliance with the OSH Code of Practice (COP) for Visual Display Units. \* 4
2. ensuring all staff at risk attend an OOS awareness training session in their first month of employment and as may be required.
3. encouraging staff to report any work-related pain to an officer as early as possible.
4. ensuring the work environment of any staff who do develop symptoms is monitored and all practicable steps are taken to remedy any deficiencies.
5. facilitating an early return to work for any staff member who has been absent through an OOS-related injury where possible.

### Workers are responsible for:

• reading the OOS awareness information and attending training where required.

• adjusting workstation equipment to maintain a comfortable body position.

• taking breaks away from the workstation and practicing micro-pauses as appropriate.

• reporting early symptoms to the line manager (preferably before visiting a doctor).

• participating in an early return to work programme if applicable.

## Procedures

Pre-employment procedures

Officers will seek to establish if the prospective worker suffers from any gradual process injury that the particular job may aggravate or contribute to, by checking the statement on the application form.

*4 Laptop computers should not be chosen for continuous use at work unless they are plugged into a conventional monitor and/or keyboard.*

### Existing staff

• Individual staff members should adjust their own workstation to maintain a comfortable working position, vary tasks, practice micro-pauses and take other breaks. They must report any problems to the OFFICER, who in turn may request a full workstation assessment from a properly trained Workstation Assessor. The Workstation Assessor will work with the staff member to recommend changes or adjustments, and will provide a brief summary of findings to the employee and OFFICER. (An example of a workstation assessment form is provided in Appendix 3.)

• Early warning symptoms should not be ignored in the hope that the pain will go away. If discomfort during work activities persists for more than a few days the following actions should be taken. By taking these steps individuals will be making important decisions about stopping the symptoms from worsening and developing into a possibly serious and long-term condition.

### Standards

*Approved Code of Practice for the Use of Visual Display Units in the Place of Work; Guidelines to the Selection and Purchase of Workstation Furniture and Equipment.*

## References

*The current Approved Code of Practice for the Use of Visual Display Units in the Place of Work published by the OSH Service of the Department of Labour*

*Guidelines to the Selection and Purchase of Workstation Furniture and Equipment*

*The Accident Reporting and Rehabilitation Policy*

# Smoke-free Working Environment

## Statement

It is a requirement of the Smoke-free Environments Act 1990 that all employers have a written policy on smoking for all areas occupied by workers.

THE CLUB management recognise that the use of tobacco and smoking presents a health hazard that can have serious implications for both the smoker and the non-smoker and that smoking habits may have life-long adverse consequences. THE CLUB supports a safe and healthy environment.

## Purpose

This purpose of the Smoke-free Environments Act 1990 and the Smoke-free Amendment Act 2003 is based on the following principles:

1. Everyone is entitled to a smoke-free environment in all the areas normally used for work.

2. Everyone who does not smoke, or who does not wish to smoke in their place of work, must, as far as is reasonably practicable, be protected from tobacco smoke in their place of work.

3. The implementation of this policy depends on everyone responding courteously to the desire for a smoke-free environment.

## Responsibilities

Officers are responsible for the maintenance of smoke-free signage.

## Procedure

Smoke-free buildings:

Smoking in buildings is prohibited as it endangers the safety of others, creates an unhealthy environment and causes damage to property.

In the event that an worker chooses to smoke, a designated area, such as a sheltered balcony outside of the premises, should be used.

Passive smoking:

Smoking is permitted in outside areas, provided others are protected from smoke drift and passive smoking by the smoker keeping their distance from people, and opening windows and doors within their close proximity.

## Complaints:

Complaints regarding smoking and suggestions or complaints regarding a smoke-free environment should be brought to the attention of an officer.

References - Smoke-free Environments Act 1990 - Smoke-free Amendment Act 2003

# Stress at work

## Statement

THE CLUB recognise the responsibility of the employer to actively reduce and manage stress in the workplace. Stress may arise from both personal and organisational sources.

THE CLUB clearly has a degree of control only over the latter, and these guidelines provide a framework for stress management in the workplace.

## Background information for employees

“Stress arises when a person’s capabilities are overwhelmed by demands” 5

Every day, individuals are confronted with a variety of demands or ‘stressors’. These may arise from either personal sources e.g. ill-health, marital discord, family problems, financial uncertainty, or from institutional sources e.g. work overload or underload, role conflict, lack of control, physical environment. Stressors produce a biochemical response in the body which prepare the body to do what is essential during a stressful situation (in preparation for fight or flight).

The stress response is highly functional and can lead to elevated performance, through constructive and creative responses, increased and well-directed energy, improved morale and motivation, and increased efficiency and effectiveness. Where an individual is exposed to demands that are too intense, frequent or chronic, the stress response can create unhealthy, destructive outcomes, e.g. cardiovascular disease or depression.

There are wide individual differences in the way we each respond to stressors, and therefore the optimum stress load that maximises performance varies by individual and by task. (The Yerkes-Dodson Law refers to the fact that performance increases with increasing stress loads up to an optimum point, and when the stress load becomes too great, performance decreases.)

### Some common signs of stress in individuals are:

• headaches, feeling tired, or having difficulty sleeping.

• worrying a lot, feeling anxious and tense for no explained reason.

• having difficulty concentrating, finding it hard to make decisions.

• lower level of confidence, making mistakes, forgetting things.

• feeling impatient and irritable, drinking more alcohol, smoking more.

### “Stress is inevitable: distress is not” (6)

Organisational stressors can be grouped into four categories:

* Physical – the physical environment in which one works, e.g. temperature, office design, noise, lighting etc.
* Task – the nature of the work itself, the specific activities assigned to the employee, e.g. reception, budget management.
* Role – the expectations that others have of one’s role and its function within the organisation, e.g. conflicting or ambiguous expectations.
* Interpersonal – the social, personal and working relationships that exist.

## Scope

This policy is applicable to all staff.

## Purpose

* To assist all staff to understand the causes of stress, and work together in ways that encourage positive responses to work demands.
* To enable staff to identify indicators or symptoms of stress and to assess the extent to which they or other individuals are responding positively or negatively.
* To encourage managers and staff to seek information and early assistance in managing their own stress in a constructive way.
* To provide information and advice regarding the causes and impact of stress in the work situation, and offer some ways for managing stress positively.
* To have procedures for dealing with negative stress or distress effectively.

## Responsibilities

### Officers are responsible for:

* facilitating training and information for managers in effective management practices and styles, covering the nature of stress, and promoting responsible prevention and rehabilitation attitudes towards it as determined by the OFFICER.
* providing up-to-date and accessible information on stress.
* adjusting the physical environment, the workload, task design, pacing of work and work schedules to alleviate significant stress/distress for an individual, in full consultation with the individual concerned.
* making free specialist counselling available for staff.

### Prevention

• allow staff to participate in collaborative decision-making.

• allow staff to exercise as much autonomy and control as is practical.

• provide training to enable work to be done most effectively.

• provide accurate, fair and prompt feedback on performance

• consider job design, job descriptions and performance targets with the aim of reducing unnecessary stressors.

• consult with employees to identify stressors in the workplace.

• Promote activities that make the workplace healthier, more stimulating and more fun.

• Carefully match people to jobs by considering their individual skills, capabilities and needs.

### Early intervention

• Act immediately if a staff member seems overly stressed.

• Explore whether their stress is in any way job related, discuss ways of alleviating it in the short term initially, and then focus on the sources of stress to consider long-term solutions.

• Short-term solutions could include sharing tasks amongst other staff, taking leave, or adopting flexible or reduced hours.

• Long-term solutions should aim to eliminate or minimise the cause of stress where possible – the preventative strategies outlined above should be used.

### All workers are responsible for (where applicable):

• managing your time and realistically prioritising tasks.

• taking regular, necessary breaks during the day.

• taking your annual leave.

• taking leave accrued as time in lieu as soon as practicable.

• Not working excessively long hours.

• discussing with your manager the issues that are causing you stress, along with any suggested solutions.

• Seeking advice and help from others – talk to partners, friends, colleagues, a professional counsellor or your manager if possible.

### References

*The Health and Safety at Work Act 2015 and Amendments.*

# Manual Handling

## Purpose

To provide a starting point for the identification, assessment, prevention and control of the hazards and risks associated with manual handling in the workplace.

## Scope

The policy is applicable to all employees.

## Responsibilities

### The Officers is responsible for:

• identifying the manual handling tasks that are likely to be a risk to health and safety, in the office workspace, re-assessing the risks on a regular basis, taking steps to control those risks, and reviewing the effects of controls. The code of practice for manual handling provides a method that can be used to analyse such tasks in order to establish the healthiest and safest ways of preventing harm to staff members.

• Providing information and training for staff about the hazards they are exposed to or that they may create and what controls are in place.

### Workers are responsible for:

• Taking all reasonable and necessary precautions for their own health and safety, (and that of others), when carrying out manual handling tasks

• Being familiar with current accepted best practice for manual handling, including use of equipment.

### Definitions

The Code of Practice for Manual Handling published jointly in June 2001 by OSH and ACC defines manual handling as:

“Any activity requiring a person to lift, lower, push, pull, carry, throw, move, restrain,  
hold, or otherwise handle any animate, or inanimate object”.

Sources of further information

Information relating to manual handling can be found in the following:  
Code of Practice for Manual Handling OSH (Department of Labour and ACC)  
Manual Handling Hazard Control Record (Worksheet, OSH and ACC)  
Manual Handling: A Work Book (Department of Labour)  
Helpful Advice on Managing Your Acute Low Back Pain (ACC)  
Active and Working (National Health Committee and ACC)  
Acute Low Back Pain Management (National Health Committee and ACC)

The following websites have further information that can be downloaded free:  
www.osh.dol.govt.nz and/or www.acc.co.nz

# Incident Management & Reporting

## Statement

A safe and healthy work environment is fostered through a partnership where all involved combine their efforts and share the responsibility for work-related personal injury prevention and management. Early reporting is essential to this process and THE CLUB has a specific incident reporting and investigation form that must be used in the event of all work injury accidents, non-injury accidents, other incidents and OOS type conditions.

A staff member injured at work who needs medical treatment must also provide THE CLUB with a copy of the completed ACC forms, and, if time off work is also required, must provide a medical certificate.

## Scope

This policy applies to employees of THE CLUB, including fixed-term, part-time and casual or seasonal staff.

## Purpose

To provide consistent procedures for recording and investigating work-related incidents and accidents and to set out the work-related personal injury claim process.

## Responsibilities

To assist THE CLUB in meeting its aims in the prevention and management of work-related personal injury, there are responsibilities for the employer through line managers working in partnership with employees.

### Officers responsible for:

• preventing accidents and injury by providing a safe and healthy work environment within their areas of operation.

• taking all practicable steps to see that all staff are aware of the accident reporting system, know where to obtain the appropriate form, and report such events when they occur.

• arranging for appropriate first aid and emergency care (or other assistance) where required if an accident does occur.

• ensuring that weekly compensation payments are paid during any period of incapacity.

• acting as the health and safety representative, including liaison with ACC and Worksafe NZ investigation of workplace injury or accident.

### Workers are responsible for:

• observing any established health and safety procedures that relates to the work performed.

• participating in relevant health and safety training, e.g. OOS prevention, manual handling.

• Accurately reporting and documenting all accidents, incidents and observed hazards to the OFFICER.

• obtaining initial medical treatment from a registered treatment provider of his/her choice (this must be a registered medical practitioner if lost time is involved).

• providing a copy of the completed ACC forms and, if lost time is involved, a medical certificate from the registered medical practitioner, to the OFFICER.

• reporting non-work injuries resulting in time off to their Manager as soon as possible.

## Procedures

### Pre-employment injury prevention procedures

The person or agency responsible for recruitment will check information provided as part of the application process to ensure that prospective staff members have stated that they are physically and medically fit to perform the duties of the position for which they have applied before appointment is finalised.

### Record of accident/incidents

The Health and Safety in Employment Act places requirements on employers to record and investigate, near misses, incidents and accidents, the should also be reviewed to see if they reach the threshold for a “Notifiable Incidents”. If they reach the Notifiable Incident threshold the incident must be reported, in writing, and on the prescribed form, to Worksafe NZ (land or water based) or Maritime NZ (IRB or RWC Specific Incidents), as soon as practicable.

The purpose of the investigation procedure is to determine actual causes of an accident/incident and to put in place procedures or controls to minimise the chances of a recurrence.

### Incident reporting

The THE CLUB accident/incident/serious harm form is to be used (Appendix 4) in the first instance, if the incident reaches the ‘Notifiable Incident’ threshold then please follow the Worksafe NZ or Maritime NZ link below:

Worksafe NZ: <http://www.worksafe.govt.nz/worksafe/notifications-forms/notifiable-events/notifiable-incident>

Maritime NZ: <https://www.maritimenz.govt.nz/commercial/safety/accidents-reporting/>

### Notification of work-related accidents/incidents and how to make a claim

Whenever there is a work-related accident, incident or injury the worker must take the following steps:

• Inform an officer as soon as possible after the accident/incident occurs.

• Complete an accident/incident form, and send a copy to the appropriate Officer as soon as practicable.

• If medical treatment is required and/or there is lost time, the worker must, in addition to completing the form above, seek treatment from a treatment provider of their choice. (This must be a registered medical practitioner if lost time is involved.) ACC forms will need to be completed.

• Provide copies of any completed ACC forms (and a medical certificate if lost time is involved) to an Officer as soon as practicable.

In the event of ‘notifiable event’ or a significant hazard an Officer must be advised immediately so that WorkSafe NZ can be advised.

Officers should:

• ensure receipt of all relevant information (incident form, ACC forms, and medical certificates as applicable).

• initiate and carry out an investigation. This must commence within 12 working hours of the event concerned.

• ensure any hazard that is identified as the cause of the event is eliminated, isolated or minimised in accordance with the requirements of the Health and Safety in Employment Act.

• ensure all corrective actions that have been identified are carried out within the specified timeframes.

• the investigation report will be reviewed by an Officer to ensure that the corrective actions have been carried out as indicated and to check, if applicable, that significant hazards have been controlled in accordance with the requirements of the Act.

### When events result in ‘serious harm’, take the following steps:

• Make sure anyone injured or suspected of injury has received medical attention if necessary.

• Do not interfere with the accident scene without the permission of an Inspector from WorkSafe NZ.

• Complete the reporting and investigation procedures and take steps to eliminate, isolate or minimise any identified significant hazards. The injured person must also provide a medical certificate from the treatment provider and forward it to the OFFICER.

• OOS type conditions may become ‘serious harm’ and must be reported to WorkSafe NZ (via the OFFICER) if the following conditions are met:

– The person is suffering from pain which is significantly more than discomfort, and considers it work related.

– The person is unable to carry out, or is directed not to carry out, normal duties for a period of more than seven calendar days, irrespective of whether they take sick leave.

– The person has voluntarily obtained, or been directed to obtain, medical help for the condition.

– A diagnosis of an OOS type condition that is or could be work related is made by a medical practitioner.

### References

*Injury Prevention, Rehabilitation, and Compensation Act 2001*

*Privacy Act 1993*

*Human Rights Act 1993*

*Health and Safety at Work Act 2015 and Amendment*

# Rehabilitation Policy

## Statement

THE CLUB is committed to initiating vocational rehabilitation programmes whenever appropriate for work-related personal injury (all staff) and for non-work personal injury (excludes contracted staff who fall outside the definition of ‘employee’). The aim is to assist optimum recovery, early return to work and resumption of normal lifestyle without undue delay. The benefits of rehabilitation are greatest when the process is begun as soon as possible.

Staff are expected to participate fully in their own rehabilitation programme which will be established through a consultative approach. The injured person is entitled to support, advice and representation from their nominated representative8. Medical information will be obtained with formal consent from the staff member and will be treated confidentially.

## Purpose

Through planned rehabilitation, to manage proactively the early return of staff members to as normal a life as possible, having regard to the consequences of the personal injury.

### Officers are responsible for:

• identifying suitable alternative duties, where possible, to enable an early return to work for the staff member.

• confirming that a rehabilitation plan is established, if appropriate, following a lost time accident.

• monitoring the staff member’s progress towards recovery and the suitability of the alternative duties and/or rehabilitation programme.

• taking steps to see that appropriate levels of confidentiality are maintained consistent with the principles of the Privacy Act 1993.

• reviewing health and safety management after a critical event, or if there is a change in work procedures or health and safety policy.

• acting as the health and safety representative and person responsible for liaison with ACC on behalf of your organisation.

### Workers are responsible for:

• participating in an appropriate rehabilitation programme, including a return to work programme which requires alternative duties or partial hours.

• providing ongoing medical certificates to the OFFICER.

### Rehabilitation Procedure

Early return to Work for full-time and part-time employees

A staff member who has experienced work-related personal injury and who has taken time off to recover will be supported in a return to work as early as possible and in accordance with medical advice. This involves a partnership between the staff member and the OFFICER, medical treatment providers and others as appropriate in the circumstances. At any stage the staff member can choose to be accompanied by a representative or support person. An early return to work may involve a modification of the person’s working environment, alternative duties for a temporary period, and/or changes to the normal hours of work.

### Medical information

The staff member must give a copy of their completed ACC forms, or medical certificate, from the treatment provider (this must be a registered medical practitioner if lost time is involved), to the OFFICER.

The medical certificate will state the staff member’s capacity or incapacity for work and specify a date for review (second visit) by the treatment provider. Selected or restricted activities may also be specified for a certain period of time. If the injured person is off work for more than seven consecutive days they must provide a medical certificate confirming they are ‘fit for work’ to the OFFICER.

### Capacity to work and the provision of alternative duties

The provision of suitable alternative duties is an essential part of rehabilitation. Alternative duties are aimed at providing appropriate and productive work while a staff member rehabilitates to his/her former role. This is a proactive approach to enable a staff member to return to work as quickly as possible and maximise the chances of full recovery.

The OFFICER, in consultation with others as appropriate, will try to identify suitable alternative duties after considering:

• The nature and severity of the illness/injury.

• The medical information provided and the restrictions imposed by treatment providers.

• The previous work undertaken by the staff member.

• The predicted timeframe for rehabilitation (if known).

### Regular Review

The OFFICERS will review the rehabilitation programme in consultation with the staff member at regular intervals (usually every two weeks) involving others as appropriate. Where uncertainty exists about the suitability of duties being performed or where the progress of a staff member is slower than anticipated, the OFFICERS will seek additional professional assistance as appropriate.

### Alternative placement or permanent disablement

Where at any point it becomes clear that a staff member will be unable or is unlikely to return to former duties as a result of work-related personal injury, THE CLUB will explore the possibility of suitable alternatives with the employee.

When an employee’s personal injury is so severe as to prevent him/her returning to their former position and all available options have been fully explored, then termination of employment will be considered in accordance with the relevant employment contract.

## Definitions

• ‘Rehabilitation’ means a process of active change and support with the goal of restoring the staff member’s health, independence and participation to the maximum extent practicable. It comprises treatment, social rehabilitation and vocational rehabilitation.

• ‘Rehabilitation plan’ means an individualised rehabilitation programme to facilitate the early and safe return of the staff member to the same or equivalent duties as those previously performed on a long-term basis.

• ‘Alternative duties’ are early return to work interventions. They may include alternative work, or other forms of action appropriate for the staff member. These duties are a temporary modification of the employee’s work tasks. They must not aggravate the personal injury or delay healing, must be compatible with the business of the organisation, and be subject to regular review. A staff member may be fit for alternative duties from the occurrence of the personal injury, or when improvement has occurred following a period of being unfit for work.

• ‘Serious harm’ means resulting in a condition that amounts to or results in permanent loss of bodily function, or temporary severe loss of bodily function and/or any harm that causes the person to be hospitalised for a period of 48 hours or more.

## References

*Injury Prevention, Rehabilitation, and Compensation Act 2001*

*Privacy Act 1993*

*Human Rights Act 1993*

*Health and Safety at Work Act 2015 and Amendment*

# Emergency Management

## Statement

THE CLUB recognises the need to be prepared for emergency situations that may be encountered while at work.

## Scope

This policy applies to all full-time and part-time THE CLUB permanent employees, seasonal staff and contractors.

## Responsibilities

Officers of THE CLUB controlled workplaces are responsible for:

• acting as the warden for THE CLUB.

• ensuring all staff receive emergency preparedness training.

• maintaining emergency supplies of water and provisions in accordance with civil defence requirements.

• maintaining a register of those staff who may require special assistance in the case of an emergency requiring evacuation.

### Workers are responsible for:

• maintaining familiarity with emergency responses and following procedures.

• advising an Officer of any special assistance that may be required in case of an emergency requiring evacuation (e.g. in case of deafness, physical disability).

• ensuring their own safety if working in the building after hours or alone, by utilising security measures that are available (e.g. doors electronically locked).

## Procedures

### 1. When emergency services are required

• For emergency services dial 111 and ask for the service you require:

FIRE

AMBULANCE

POLICE.

• Stay calm, give your name, details of the emergency, phone number and street address.

• Visitors are the responsibility of the person they have called to see.

### 2. Fire

Ensure you are familiar with the building evacuation scheme or evacuation procedure.

**If you discover a fire:**

• activate the alarm and dial 111.

• Alert people in your area and the nominated warden.

• do not extinguish the fire unless there is no personal danger to you or anyone else.

• If time permits and there is no danger, close all doors and windows.

• evacuate the building following the evacuation procedure or scheme.

• After evacuation meet at the assembly point.

**If the fire alarm sounds:**

• walk quickly to your nearest exit (do not use lifts).

• make sure any visitors leave the building with you.

• do not stop to take personal items with you.

• keep to the left on any stairs.

• meet at the assembly area and report to the nominated warden.

### 3. Earthquake

• Keep calm.

• Move away from windows, equipment and shelves that may fall.

• Take cover under solid furniture such as tables and desks.

• Do not try to evacuate until the shaking has stopped.

• Be prepared for aftershocks.

**When the shaking stops:**

• keep calm and help those who need assistance.

• turn off all electrical sources and gas taps.

• wait for orders from your site warden.

• check for hazards and extinguish any fires if safe to do so.

• evacuate if instructed to do so.

• listen to the radio for civil defence instructions.

**If you need to evacuate or the fire alarm sounds:**

• use evacuation procedures to leave the building.

• keep together.

• follow any warden’s instructions.

• meet at the assembly area.

### 4. Flooding (in building, e.g. sprinklers)

• Shut off the power and water and turn off electrical appliances if there is no personal danger to you  
or anyone else.

• Try to identify the source of the flooding if safe to do so.

• Contact the building manager or most senior THE CLUB manager on site.

• Prepare to evacuate.

### 5. Flood (Natural Disaster)

• Shut off the power and water and turn off electrical appliances if there is no personal danger to you  
or anyone else.

• Move vital records to highest accessible point if safe to do so.

• Notify emergency services.

• Prepare to evacuate.

### 6. Unwanted visitor

If a person is displaying unusual behaviour:

• keep calm, make no sudden movements.

• do what they ask.

• try to memorise as many details about the person as possible.

• notify police as soon as it is safe to do so. Leave the phone line open until police arrive.

### 7. Bomb threat

When a bomb threat is received, or a suspicious object is discovered, it must be treated as genuine until proven otherwise.

Do not touch or move any suspicious object. Treat unusual or suspicious objects as a bomb, as they can be made to resemble almost anything. The Police will determine the action to take with the object.

• Keep calm.

• Keep the person talking – don’t interrupt.

• Let them feel in charge – keep the person on the line, don’t hang up.

• Ask Bomb Threat Checklist questions and record responses (refer Appendix 8).

• Do not operate the manual alarm points or electrical switches, or use a mobile telephone as this may activate  
the device.

• Attract assistance if possible and have this person alert staff and notify Police on 111.

• Evacuate the building if directed to do so by the Police (but do not hang the phone up on the caller).

### Tsunami Threat

### Refer to Club POMs in the interim and a full plan will be completed by Regional Officers by 31 March 2018

# First Aid

## Statement

THE CLUB has a responsibility to take ‘all practicable steps’ in providing effective first aid arrangements.

## Purpose

To ensure safe and consistent care is taken when first aid may be required in the workplace.

## Scope

This policy applies to all THE CLUB employees.

## Responsibilities

### Officer are responsible for:

• ensuring appropriate first aid supplies are provided at THE CLUB offices and in vehicles.

• ensuring that first aid supplies are accessible to staff at the office and in vehicles.

• ensuring there is a designated first aid representative for THE CLUB controlled offices holding an appropriate first aid certificate or other equivalent qualification.

• ensuring a first aid register form and incident and accident register is completed in the event that first aid is rendered (refer Appendix 4 and 5).

## References

The Health and Safety at Work Act 2015 and Amendment.

The Health and Safety in Employment Regulations 1995.

Guidance Notes on Providing First Aid Equipment, Facilities and Training, OSH, Oct 2000.

## Addendum

THE CLUB office first aid supplies:

### Minimum contents for workplace first aid kits

• A manual giving general guidance on first aid.

• 20 individually wrapped sterile adhesive dressings (various sizes), appropriate to the type of work.

• 2 sterile eye pads.

• 2 individually wrapped triangular bandages.

• 6 safety pins.

• 6 medium-sized, individually wrapped sterile un-medicated wound dressings, about 12 cm x 12 cm.

• 2 large sterile individually wrapped un-medicated wound dressings, approximately 18 cm x 18 cm.

• 1 pair of disposable gloves.

• 1 resuscitation mask.

Note: Pain relief should not be included in first aid kits. Special provision for treating allergic reactions should be the responsibility of the person with the allergy.

# Employee Information, Training and Supervision

## Statement

THE CLUB recognises the responsibility of the employer to promote a safe and healthy workplace. Employees need to actively participate in workplace health and safety and require information, training and supervision to support safe workplace practices.

## Purpose

To ensure that employees are provided with adequate information, training and supervision on health and safety matters.

## Scope

This policy applies to all THE CLUB employees.

## Responsibilities

### Officers are responsible for ensuring that all newly appointed staff receive:

• An induction to health and safety in the workplace (refer checklist, Appendix 9)

• A copy of this Health and Safety Manual.

• An opportunity to complete the induction process and gain familiarity with THE CLUB policies and procedures.

• Any additional training that is required as a result of specific work activities or requirements.

• Any protective clothing or equipment required for the position.

• Adequate supervision to ensure a safe workplace including a workstation assessment (refer checklist,  
Appendix 3).

• Opportunities for employees to contribute to health and safety.

• Notification of all health and safety meetings.

• An opportunity to attend ongoing training in relation to health and safety relevant to the organisation and employee responsibilities (for example, health and safety representative training, first aid training).

### Workers are responsible for:

• following instructions of your employer or employer representative (e.g. supervisor).

• completing the induction process including reading the employee Health and Safety Manual, policies and procedures and undertaking paid training as directed.

• reporting hazards.

• using and caring for protective equipment or clothing provided by the employer.

• cooperating with the monitoring of workplace hazards and employees’ health (with permission).

• reporting work-related injuries or ill health.

• Not undertaking work that is unsafe.

• Not interfering with an accident scene.

### References

*The Health and Safety at Work Act 2015 and Amendment*

# Visitors on Site (including contractors)

## Statement

THE CLUB is firmly committed to the provision of a safe and healthy workplace for contractors, sub-contractors and visitors in accordance with its Occupational Health and Safety Policy and with its duties under the Health and Safety at Work Act 2015, and related legislation and regulations. In meeting these requirements THE CLUB seeks to:

• ensure that contractors and subcontractors work in a healthy and safe manner and are not harmed (or do not cause harm to others) while working on {organisation name} premises.

• promote measures to prevent injury and illness by insisting on safe methods, safe equipment, proper materials and safe practices at all times.

• ensure that all visitors are not harmed while on THE CLUB controlled premises.

## Responsibilities

### THE CLUB staff are responsible for:

• ensuring details of any specific hazards that may be relevant to the visitor and/or contract worker are provided to the visitor and/or contractor.

• advising the contractor on miscellaneous matters, such as how to activate the fire alarm, the location of fire extinguishers and first aid assistance, escape possibilities, and where and to whom the contractor should report in case of an emergency situation, or an accident.

• advising visitors of any hazards and evacuation procedures in case of an emergency.

• maintaining a record of visitors and contractors on the premises and providing the contractor or any unescorted visitor with suitable identification/access card. Where THE CLUB operates in a building controlled by another organisation then ensure the policies on visitors and/or contractors that apply to the building are followed.

• ensuring there are strategies for on-site communications for contractors (e.g. site meetings).

• ensuring visitors are escorted by a staff member at all times (unless they have been issued with a visitor ID or access card) to ensure their safety and wellbeing and assist that person if required should the building need to   
be evacuated.

### The contractor is responsible for:

• providing details of any hazards that they will be bringing onto the site or any hazards that may be created as a result of the nature of the work being undertaken, together with how these hazards will be mitigated.

• ensuring the contractor’s employees have received the safety training required for the specific job, including protocols for issuing keys or entry to restricted areas.

• providing and using emergency and personal protective equipment they may require.

### The visitor is responsible for:

• acting on the instruction of THE CLUB staff in the case of an emergency.

• advising of any special assistance that may be required in case of an emergency requiring evacuation.

### References

*The Health and Safety at Work Act 2015*

*The Health and Safety in Employment Regulations 1995*

*The Fire Safety and Evacuation of Buildings Regulations 1992*

*Visitors, and Contractors, Registers*

# Surf Sport Event Safety

## Competition Safety Manual

THE CLUB is firmly committed to operating safe surf sports events. THE CLUB’ Competition Safety Manual details the health and safety requirements of surf sport events.

# Surf Patrol Safety

## Introduction

This section of the manual is intended to be a reference tool for Regional Lifeguards (THE CLUB employees) and Clubs for their patrol activity. However, it is important to recognise that no amount of policies and manuals can replace having a ‘safety culture’ in the clubrooms and on the beach.

## Common Hazards

A number of the most common hazards are covered in this section, with the intention that is information be used in Hazard Registers if and when appropriate.

|  |  |  |
| --- | --- | --- |
| Ref | Risk | Comment/ Mitigation |
|  | Direct Risks |  |
|  | EQUIPMENT |  |
| 1 | ATV/ Quad vehicles on patrol/ in use in beach areas  Unlicensed/ unskilled operators  Impaired operators  Traffic, horses, dogs, people  Environmental hazards  Unsafe vehicles  Incorrect use | Clear policies and processes to manage the risks and enable people to know their limits:  Training/ Licensing – mandatory that all drivers are licensed. Highly recommended that all drivers will also have certificate of training in use of a quad/ ATV.  Drug testing. Ability to be in place to ensure the right to test at any time, especially where due cause.  Helmets/ Safety belts – to be worn as required by law.  Other PPE. Footwear, gloves, eyewear, clothing to be provided as appropriate for operating conditions and users trained and made aware it is available.  Speed – maximum operating speeds to be set for local conditions.  Loading/ no. of passengers – maximums as prescribed in the vehicle operations manual.  Towing – only as per conditions in the vehicle operations manual.  Hazards (dunes, rocks, water crossings). Known hazards to be documented and covered training for all operators.  Maintenance/ checks. WOF or equivalent standard to be maintained at all times. Vehicles to be maintained as per operations manual. Highly recommended there are daily checks before and after use, along with a cleaning schedule.  Access. Vehicles to be secured to prevent unauthorized use.  Additional equipment. Any non-standard accessories or equipment to be installed by qualified operators (e.g. defib units, patient transport).  Disciplinary process – to be in place for anyone not following the policies.  Near miss reporting – to be mandatory. |
| 2 | Water-based equipment  IRB’s  Jet ski’s (RWC)  Rescue boards | Clear policies and processes to manage the risks and enable people to know their limits:  Training/ Qualifications – mandatory that all drivers & crewmen of motorized craft are qualified or if in training under the direct control of a qualified instructor.  Drug testing. Ability to be in place to ensure the right to test at any time, especially where due cause.  Lifejackets/ PFD – mandatory for all drivers & crewmen of motorized craft even if not required by law/ bylaws.  Other PPE. Helmets, eyewear, clothing to be provided as appropriate for operating conditions and users trained and made aware it is available.  Manual Handling. Procedures & training in place to prevent injury while handing craft out of the water.  Speed – maximum operating speeds to be set for local conditions.  Loading/ no. of passengers – maximums as prescribed in the vehicle operations manual.  Hazards (dunes, rocks, water crossings). Known hazards to be documented and covered training for all operators.  Maintenance/ checks. Craft to be maintained as per operations manual. Highly recommended there are daily checks before and after use, along with a cleaning schedule.  Access. Craft to be secured to prevent unauthorized use.  Additional equipment. Any non-standard accessories or equipment to be installed by qualified operators.  Disciplinary process – to be in place for anyone not following the policies.  Safety plans for events, exams & training - sticking to supervisory ratios.  Risk assessments to be completed before craft are taken out - to determine if conditions are safe.  Near miss reporting – to be mandatory. |
| 3 | General Equipment  Trailers  First Aid gear  Mobile towers  Radios | Clear policies and processes to manage the risks and enable people to know their limits:  Training/ qualifications/ experience for equipment and conditions = ability to make good decisions.  Maintenance/ checks – scheduled regularly to ensure equipment always in good condition.  Access. Ensure there is no unauthorized use.  Manual Handling. Procedures & training in place to prevent injury while handing equipment. |
|  | ENVIRONMENTAL |  |
| 4 | General public  Expectations/ pressure to take on un-necessary risks.  Alcohol/ aggression/ abuse. | Clear policies and processes to manage the risks and enable people to know their limits:  Local policy on what to go/ where to go if situations arise, i.e. escalation path. Training for all lifeguards on those procedures.  Emergency contact numbers for Police and other agencies available for all patrols. |
| 5 | Water-based risks  General surf conditions – in training, events and lifeguarding situations. | Clear policies and processes to manage the risks and enable people to know their limits:  Safety plans for events & training - sticking to supervisory ratios.  Risk assessments.  Learning from near misses. |
|  | Rocks/ caves/ blowholes. | Known hazards to be documented and covered in POM and training for all lifeguards.  Risk assessments if operating near these. |
|  | Lack of experience in particular high risk rescue situations (e.g. night rescues, boat & bar vs flagged area) | Training/ qualifications/ experience for equipment and conditions = ability to make good decisions.  No unauthorised use of equipment.  Clear emergency procedures to seek additional help if needed, e.g. callout squad. |
|  | Nearby lagoons, rivers, lakes, tidal areas (not patrolled). | Training/ qualifications/ experience for equipment and conditions = ability to make good decisions.  Known hazards to be documented in POM and covered in training for all lifeguards.  Clear emergency procedures. |
|  | Wildlife (sharks, jelly fish). | Clear emergency procedures documented in POM.  Appropriate PPE. |
|  | Public - craft users (e.g. jet skis, kite surfers) | Separation zones.  Risk assessments. |
| 6 | Out of water environmental risks  Sun | Clear policies and processes to manage the risks and enable people to know their limits:  Reduce exposure via shade canopies/ shelter.  Scheduled breaks/ rotation in the shade.  Use of uniform:  Sun protective clothing.  Hat – ideally bucket rather than cap.  Sunscreen.  Sunglasses.  Information on skin cancer readily available and regular checks encouraged. |
|  | Heat/ Cold temperature extremes | Clear policies and processes to manage the risks and enable people to know their limits:  Appropriate shelter – share of warmth.  Appropriate clothing available – e.g. gloves, beanies, jackets for cold.  Prescribed limits on exposure to extreme temperatures without a break/ rotation plans.  Adjust timing & intensity of activity to suit the conditions.  Suitably skilled first aid personnel available while conditions exist to monitor, advise and if necessary treat people.  Appropriate resources – e.g. heaters, ice packs, cold water |
|  | Beach itself – holes, soft sand, shells | Regular checks of high traffic areas - .e.g. at the start of every day.  Signage for regular risks.  Training for club members to raise awareness.  PPE if appropriate. |
|  | Man- made hazards (e.g. old wooden walkways, broken glass) | Regular checks of high traffic areas - .e.g. at the start of every day.  Signage for regular risks.  Training for club members to raise awareness.  PPE if appropriate. |
|  | Fire. | Fire protection systems to be installed as required for local conditions, including:  Smoke detectors  Fire exits  Fire alarms  Fire extinguishers/ hoses/ sprinklers  Fire proof doors  Fire blankets  Signage  Escape plans and drills.  Regular check programme to ensure everything is working.  Appraisal from local fire brigade.  Regular inspection of electrical systems.  Correct storage of hazardous materials.  Training to all club members in procedures and use of equipment/ fire extinguishers etc.  Housekeeping/ checks on risk areas within the building to minimize flammable material. |
|  | Storms | Emergency procedures (including evacuation plans) in place and communicated to members to deal with high winds, flooding, electrical storms etc.  Building to be of suitable construction and condition to cope with a realistic level of extreme weather. |
|  | Nearby cliffs, dunes, roads/ tracks etc that may be a hazard. | Known hazards to be documented in POM and covered in training for all members.  Access restricted to those with appropriate skills and qualifications. |
|  | OTHER OPERATIONAL |  |
| 7 | Transporting Gear and People  Locally and on longer trips | Training and policies around who can/ can’t do this work on behalf of the club and with what vehicles:  In-house training and qualifications on who load equipment.  Manual handling training for heavy items.  Trailers to be constructed by legitimate manufacturers to proper engineering standards. Trailers to be braked where recommended for the loads being carried.  Trailers to be registered with current WOF.  Vehicles and towbars towing club gear to be correctly rated for the loads being carried.  Club travel policy to determine who is allowed to transport members, in what vehicles, whether background checks/ parental permission are required and any other rules/ constraints (e.g. must have held a full drivers licence for at least 24 months). |
| 8 | Clubhouse hazards  Fuel storage  Chemical storage  Kitchens  Food preparation/ safety  Water quality  Wet areas.  Storage facilities  Maintenance areas  Decks/ stairs/ ramps  Mould  Work done by unqualified people.  Electrical hazards. | Clear policies and processes to manage the risks:  Approved fuel & chemical storage containers/ lockers.  Correct volumes and storage in relation to other items.  Safe storage racks/ areas for gear and tools.  Training/ qualifications/ experience for equipment handling and storage.  Food storage and hygiene procedures.  Water quality standards/ filters if not on mains supply.  Handrails, non-slip mats, winches.  Regular testing for toxic mould.  Signage for risk areas.  Maintenance areas to be restricted to authorized personnel.  Beach access to be such that is safe for moving equipment in and out of storage (e.g. slopes not too steep so trailers can get out of control).  Work on the building only to be done by qualified tradespeople.  Electrical equipment to be in appropriate areas, regularly checked, only serviced by qualified organisations, fitted with appropriate safety features and used with appropriate PPE.  Timetable set for regular checks of clubhouse hazards. |
| 9 | Inappropriate People  Coaching/ Instructor roles.  Other supervisory roles | Clear policies and processes to manage the risks:  Screening  Supervision  Managing complaints & investigations |
| 10 | First Aid incident management  For patients.  For person performing the 1st Aid. | Clear policies and processes to manage the risks:  Training/ qualifications/ experience for equipment and situations = ability to make good decisions. |
| 11 | Quality of lifeguards  = risk to themselves and others.  = | Clear policies and processes to manage the risks and enable people to know their limits, recognising 14 is young for the level of responsibility (St Johns and Fire Service are 18+), so need to compensate for this:  Training/ qualifications/ experience for equipment and conditions = ability to make good decisions.  Appropriate supervision and backup. |

# Appendix 1: Checklist for Review of the Health & Safety Manual

|  |  |  |
| --- | --- | --- |
| **Health & Safety System** | **Policy components** | **Review date** |
| Employer commitment  to health and safety | Outline of Health and safety programme (objectives)  Employer commitment including employer and employee responsibilities  Volunteers  Health and safety committees  Acknowledgment of and cross-reference to relevant legislation  Quality systems that support health and safety such as internal audit |  |
| Hazard identification  and management | Hazard identification process and risk analysis  Managing hazards  Stress at work  Occupational Overuse Syndrome prevention  Manual handling guidelines  Smoke-free workplace  Forms for hazard identification and analysis |  |
| Accident reporting and management | Definitions of accident and serious harm  Procedures for investigating and recording accidents  Making claims  Rehabilitation – employer commitment to vocational rehabilitation programmes and early return to work  Forms for recording accidents and investigations |  |
| Emergency planning and readiness | First Aid  Disaster management (fire, earthquake, flood)  Management of an unwanted visitor, bomb threat |  |
| Employee information, training and supervision | Induction process & training  Employee responsibilities  Ongoing training and staff development  Cross-references to employer commitment |  |
| Employee involvement | Employee participation  Cross reference to health and safety committees |  |
| Contractors and visitors | Definitions  Processes to ensure safety while on-site  Responsibilities |  |
| Event management | Health and safety off-site  Responsibilities and functional relationships with other stakeholders  Checklists managing risk – event management |  |

# Appendix 2: Checklist for ACC Safe Workplace Preparation Audit

Checklist to assist in preparation for the ACC Safe Workplace Audit to be used in conjunction with the Self-Assessment Guide (ACC1663)

|  |  |  |
| --- | --- | --- |
| **Questions** | **Response** | **Follow-up required? (when & who by)** |
| Who is your H&S Representative? |  |  |
| Has this person had recent training in H&S? (specify what and when) |  |  |
| Do you have a visitors’ book or other mechanism for monitoring and ensuring visitor safety? |  |  |
| Do you have a contractors’ book or other mechanism for monitoring & ensuring contractor & staff safety? |  |  |
| Do you provide information to visitors & contractors of hazards & emergency procedures? (How is this done?) |  |  |
| Do you obtain information from contractors about hazards they may be bringing on-site? |  |  |
| Do you have a qualified first aid person? (When does their First Aid Certificate expire?) |  |  |
| Do you have first aid supplies? (Are they current & complete?) |  |  |
| Have you identified hazards? |  |  |
| Do you have a hazards register? (Is this regularly updated?) |  |  |
| Have you had any expert assistance to identify or mitigate hazards? |  |  |
| Have you had any incidents & accidents? |  |  |
| Have incidents & accidents been recorded? |  |  |
| What action has been taken as a result of incidents & accidents? |  |  |
| Have you had regular H&S meetings? (If yes, how often?) |  |  |
| Are there minutes of these meetings including who attended & action plans where applicable? |  |  |
| Have you circulated any material relating to H&S in staff newsletters or emails over the past year? |  |  |
| Have you any staff who are union members? |  |  |
| Have staff been informed that they are able to have a representative or union representative assist them in relation to the H&S matters? |  |  |
| Have staff participated in the review of any policies or procedures relating to H&S? |  |  |
| Do you set yearly objectives for H&S? |  |  |
| Do you have a management plan of how these objectives will be achieved? |  |  |
| Have you undertaken a review of objectives to monitor progress toward achievement? |  |  |
| Do you have copies of H&S inspections of equipment  (e.g. of fire extinguishers) /fire drills etc? |  |  |
| Do you have a fire warden? (If yes, has this person had fire warden training?) |  |  |
| Do you have reference material available to staff and H&S matters in addition to any policies and procedures? |  |  |
| Is there an orientation or induction process for new staff that includes H&S? |  |  |
| Are H&S responsibilities assigned to managers or the H&S Representative written into the job description of those people? |  |  |
| Are H&S responsibilities included in the performance review of staff? |  |  |

# Appendix 3: Sample Workstation Assessment Checklist

After three months each new employee’s workstation should be assessed according to the following checklist and adjustments made as required.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Working Conditions**  The workstation should be designed or arranged so it allows the employee’s… | Y | N |
| **A** | Head and neck to be about upright (not bent down/back) |  |  |
| **B** | Head, neck and trunk to face forward (not twisted) |  |  |
| **C** | Trunk to be about perpendicular to floor (not leaning forward/backward) |  |  |
| **D** | Shoulders and upper arms to be about perpendicular to floor (not stretched forward) and relaxed (not elevated) |  |  |
| **E** | Upper arms and elbows to be close to body (not extended outward) |  |  |
| **F** | Forearms, wrists and hands to be straight and parallel to floor (not pointing up/down) |  |  |
| **G** | Wrists and hands to be straight (not bent up/down or sideways toward little finger) |  |  |
| **H** | Thighs to be about parallel to floor and lower legs to be about perpendicular to floor |  |  |
| **I** | Feet to rest flat on floor or be supported by a stable footrest |  |  |
| **J** | VDU tasks to be organised in a way that allows the employee to vary VDU tasks with other work activities, or to take micro-pauses while at workstation |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Seating** The chair… | Y | N |
| **1** | Backrest provides support for employee’s lower back (lumbar area) |  |  |
| **2** | Seat width and depth accommodate specific employee (seat pan not too big/small) |  |  |
| **3** | Seat front does not press against the back of the employee’s knees and lower legs (seat pan not too long) |  |  |
| **4** | Seat has cushioning and is rounded/has ‘waterfall’ front (no sharp edge) |  |  |
| **5** | Armrests support both forearms while employee performs VDU tasks and do not interfere with movement |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Keyboard / Mouse** The keyboard/input device is designed or arranged for doing VDU tasks so that… | Y | N |
| **6** | Keyboard/input device platform(s) is stable and large enough to hold keyboard and  input device |  |  |
| **7** | Input device (mouse or trackball) is located right next to keyboard so it can be operated without reaching |  |  |
| **8** | Mouse is easy to activate and shape/size fits hand of specific employee (not too big/small) |  |  |
| **9** | Wrists and hands do not rest on sharp or hard edge |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Monitor** The monitor is designed or arranged for VDU tasks so that… | Y | N |
| **10** | Top line of screen is at or below eye level so employee is able to read it without bending head or neck down/back (For employees with bifocals/trifocals, see next item) |  |  |
| **11** | Employee with bifocals/trifocals is able to read screen without bending head or neck backward |  |  |
| **12** | Monitor distance allows employee to read screen without leaning head, neck or trunk forward/ backward |  |  |
| **13** | Monitor position is directly in front of employee so employee does not have to twist head  or neck |  |  |
| **14** | No glare (e.g. from windows, lights) is present on the screen which might cause employee to assume an awkward posture to read screen |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Work Area** The work area is designed or arranged for doing VDU tasks so that… | Y | N |
| **15** | Thighs have clearance space between chair and VDU table/keyboard platform (thighs  not trapped) |  |  |
| **16** | Legs and feet have clearance space under workstation so employee is able to get close enough to keyboard/input device |  |  |

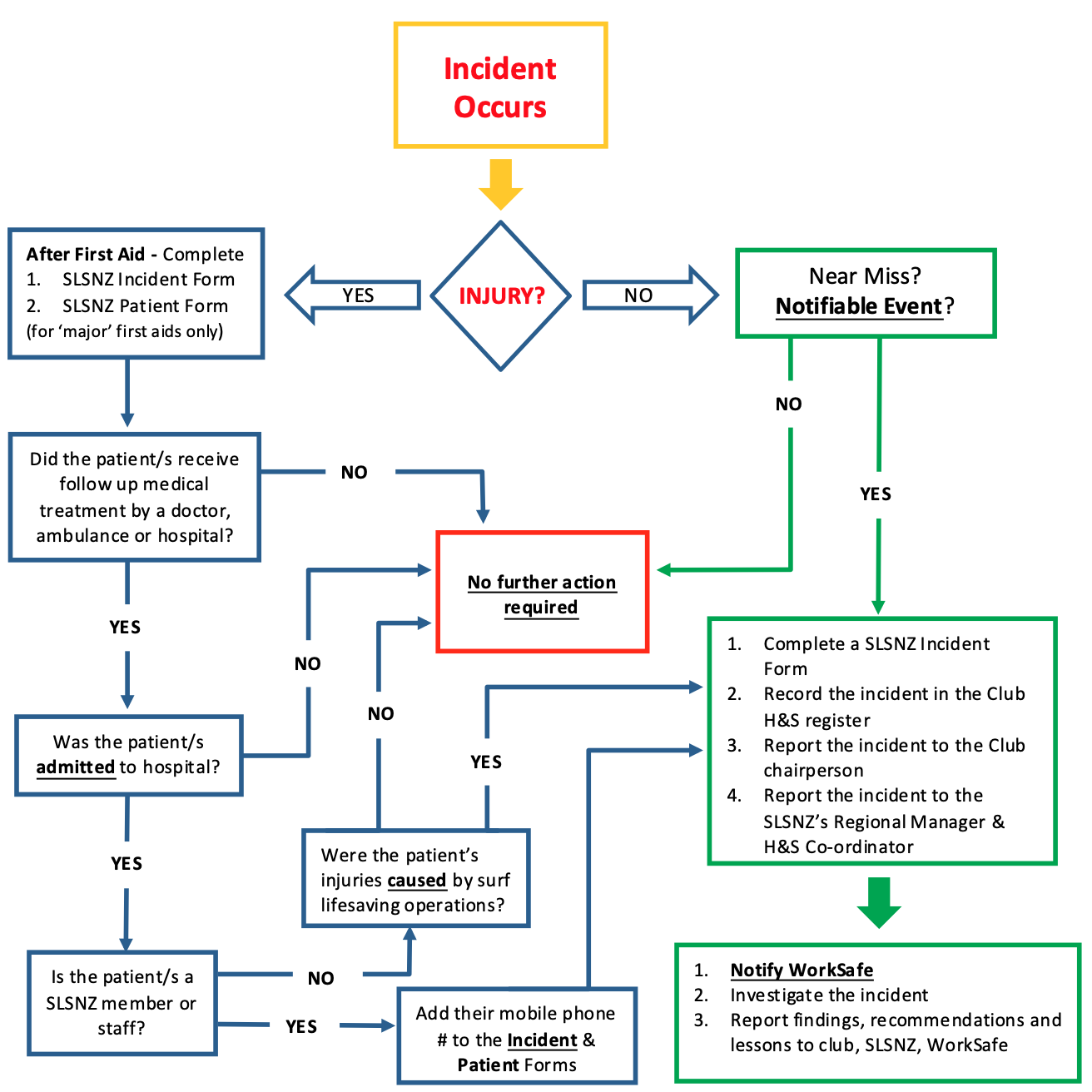
|  |  |  |  |
| --- | --- | --- | --- |
|  | **Accessories** | Y | N |
| **17** | Document holder, if provided, is stable and large enough to hold documents that are used |  |  |
| **18** | Document holder, if provided, is placed at about the same height and distance as monitor screen so there is little head movement when employee looks from document to screen |  |  |
| **19** | Wrist rest, if provided, is padded and free of sharp and square edges |  |  |
| **20** | Wrist rest, if provided, allows employee to keep forearms, wrists and hands straight and parallel to ground when using keyboard/input device |  |  |
| **21** | Telephone can be used with head upright (not bent) and shoulders relaxed (not elevated) if employee does VDU tasks at the same time (i.e. using headset) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **General** | Y | N |
| **22** | Workstation and equipment have sufficient adjustability so that the employee is able to be in a safe working posture and to make occasional changes in posture while performing VDU tasks |  |  |
| **23** | VDU workstation, equipment and accessories are maintained in serviceable condition and function properly |  |  |
|  | Comments |  |  |

Passing Score = ‘YES’ answer on all ‘working postures’ items (A-J) and no more than two ‘NO’ answers on remainder of checklist (1-23)

# Appendix 4: Health & Safety Flow Chart, Incident and Injury Forms

**SLSNZ Incident and Injury Notification Flow Chart**



**Notifiable Events includes:**

* **Notifiable Death** – when a person has been killed as a result of work.

### Notifiable Incident – when a person’s health and safety is seriously threatened or endangered as a result of a work situation, i.e. if someone has been exposed to a serious or immediate risk to their health and safety because of an unplanned or uncontrolled work incident.

### Notifiable Injury - an injury that requires (or would usually require) the person to be admitted to hospital for immediate treatment. ‘Admitted to a hospital’ means being admitted to hospital as an inpatient for any length of time – it does not include just being taken to the hospital for out-patient treatment by a hospital’s A&E department.

### Major First Aid - Any incident where a victim needs a higher level of medical treatment or is handed to another agency e.g. doctor, ambulance, hospital.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SLSNZ Incident Report Form CONFIDENTIAL** | | | | | | | | | | | | | | |  | | |
| Incident & Team Details | | | | | | | | | | | | Police Tasking Information | | | | | |
| Club | | | |  | | | | | | |  | | Tasking event # | |  | | |
| Incident date | | | | / / | | | | | | |  | | Tasking officer # | |  | | |
| Incident location | | | |  | | | | | | |  | | Tasking start time | |  | | |
| GPS or grid ref | | | |  | | | | | | |  | | Tasking finish time | |  | | |
| Incident start time | | | |  | | | | | | |  | | Incident Analysis | | | | |
| Incident finish time | | | |  | | | | | | |  | | Probability of reoccurrence | |  | | |
| Incident level (0-4) | | | |  | | | | | | |  | | Consequence / impact | |  | | |
| Number of patients involved | | | |  | | | | | | |  | | Accident investigated | | Yes No | | |
| SLSNZ workplace incident | | | | Yes No | | | | | | |  | | Action required | | Yes No | | |
| Did this happen during patrol? | | | | Yes No | | | | | | |  | | Patrol occurrence | |  | | |
| Summary of incident *(please enter what happened, when and the response effort below)* | | | | | | | | | | |  | | Patrol team name | |  | | |
|  | | EAP required | | Yes No | | |
|  | | EAP actioned | | Yes No | | |
| Incident Type | | | | | | | | | Mass Rescue & Patient Assist Details | | | | | | | |  |
| Rescue | | |  | | Complete patient report form | | |  | | Name | | | |  | | | *Patient 1* |
| Patient assist | | |  | |  | | |  | | Address | | | |  | | |
| First aid (major) | | |  | | Complete patient report form | | |  | | Age\* | | | |  | | |
| Search | | |  | | Complete patient report form | | |  | | Gender\* | | | |  | | |
| Near miss | | |  | |  | | |  | | Ethnic origin\* | | | |  | | |
| Activities Involved | | | | | | | |  | | Name | | | |  | | | *Patient 2* |
| Swimming | | |  | | Fishing | |  |  | | Address | | | |  | | |
| Surfing / bodyboard | | |  | | Attempt rescue | |  |  | | Age\* | | | |  | | |
| Sail or boat | | |  | | Other | |  |  | | Gender\* | | | |  | | |
| Walking / running | | |  | |  | |  |  | | Ethnic origin\* | | | |  | | |
| Incident Conditions *(at start of incident)* | | | | | | | |  | | Name | | | |  | | | *Patient 3* |
| *See codes* | Weather | | | | | |  |  | | Address | | | |  | | |
| Wave height | | | | | |  |  | | Age\* | | | |  | | |
| Surf conditions | | | | | |  |  | | Gender\* | | | |  | | |
| Wind strength | | | | | |  |  | | Ethnic origin\* | | | |  | | |
| Wind direction | | | | | |  |  | | Name | | | |  | | | *Patient 4* |
| Other: *(rips, holes, equipment...)* | | | | | | | |  | | Address | | | |  | | |
| Resources Used | | | | | | | |  | | Age\* | | | |  | | |
| IRB | | |  | | Radios | |  |  | | Gender\* | | | |  | | |
| Rescue tube | | |  | | RWC | |  |  | | Ethnic origin\* | | | |  | | |
| Rescue board | | |  | | First aid equipment | |  |  | | Name | | | |  | | | *Patient 5* |
| Rescue vehicle | | |  | | No equipment | |  |  | | Address | | | |  | | |
| Other: | | | | | | | |  | | Age\* | | | |  | | |
| Lifeguards / Volunteers Involved | | | | | | | |  | | Gender\* | | | |  | | |
| First name | | Last name | | | | Surf ID number | |  | | Ethnic origin\* | | | |  | | |
|  | |  | | | |  | |  | | \*Must complete for all patients. In all cases the outcome will be ‘patient left in stable condition’. If their condition is not stable you must complete a patient report form.  Name & address are optional but must add suburb. | | | | | | | |
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|  | |  | | | |  | |  | |
|  | |  | | | |  | |  | |
|  | |  | | | |  | |  | | Form completed by | | | | First name | | Last name | |
|  | |  | | | |  | |  | | Signed | | | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SLSNZ Patient Report Form CONFIDENTIAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Additional Patient Information for Major Rescues, First Aids and Searches. Please store this form in a secure location after completing. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incident level (0 - 4) | | | | | | | Arr. | 4 | | | 3 | | | | 2 | | 1 | | | 0 | | | SLSNZ member | | | | | Yes / No | | | | | Number: | | |
| Dep. | 4 | | | 3 | | | | 2 | | 1 | | | 0 | | |
| First name | | | | | | |  | | | | | | | | | | | | | | | | Gender | | | | | Male / Female | | | | | | | |
| Last name | | | | | | |  | | | | | | | | | | | | | | | | Ethnic origin (primary) | | | | |  | | | | | | | |
| Date of birth | | | | | | | DD / MM / YYYY | | | | | | | | | | | | | | | | Ethnic origin other | | | | |  | | | | | | | |
| Address & suburb | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | |  | | | | | | | | | | | | | | | | Was a fatality prevented? | | | | | Yes / No | | | | | | | |
| Incident Reason | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | |  | |  | | |  | | | |  | | |  | |  | | |  | |  |  | | Other | | Other notes: | | | | |
| Exhaustion | Poor swimming | | | Drugs / alcohol | | | Excessive clothing | | Inappropriate equipment | | | Jellyfish / insect sting | | | | Cramp | | | Cut / abrasions | | Bruising | | | Burns / sunburn | | Breathing difficulty | Feeling unwell | |
| Patient Outcomes | | | | | | | | | | | | | | First Aid Treatment | | | | | | | | | | | | | | | | | | | | | |
| Left in stable condition | | | | | | | | | |  | | | | History / chief complaint / onset | | | | | | | | | | | | | | | | | | | | | |
| Referred to Doctor | | | | | | | | | |  | | | |
| Assisted from the beach | | | | | | | | | |  | | | | Treatment | | | | | | | | | | | | | | | | | | | | | |
| Ambulance to hospital | | | | | | | | | |  | | | |
| Helicopter to hospital | | | | | | | | | |  | | | |
| Deceased | | | | | | | | | |  | | | |
| Unknown / Not found | | | | | | | | | |  | | | |
| Equipment Used | | | | | | | | | | | | | |
| Oxygen | | |  | | | FA Supplies | | | |  | | | |
| Defibrillator | | |  | | |  | | | |  | | | |
| Stretcher | | |  | | |  | | | |  | | | | Medications / allergies | | | | | | | | | | | | | | | | | | | | | |
| Neck brace | | |  | | |  | | | |  | | | |
| Patient Vitals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | | Interventions / drugs | | | | | | | | | | | Dose | | | | | Response AVPU | | | | Airway | | | Breathing | | | Pulse / circulation | | Temp | | | Blood pressure | O2 Sat | Bld Gluc |
|  | |  | | | | | | | | | | |  | | | | |  | | | |  | | |  | | |  | |  | | | / |  |  |
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| Search Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Missing person details & description | | | | | | | | | | | | | | | | | | | | | | | | |  | Informant information | | | | | | | | | |
| Name | | | | | | | | |  | | | | | | | | | | | | | | | |  | Informant name | | | | | |  | | | |
| Phone numbers | | | | | | | | |  | | | | | | | | | | | | | | | |  | Informant phone numbers | | | | | |  | | | |
| Medical & mental condition | | | | | | | | |  | | | | | | | | | | | | | | | |  | Relationship to missing | | | | | |  | | | |
| Description of missing person  Age Ethnicity Gender Height & build Hair colour Eye colour  Clothing / belongings | | | | | | | | |  | | | | | | | | | | | | | | | |  | Missing person last location | | | | | |  | | | |
| Circumstances of disappearance | | | | | | | | | |
| Point last seen (PLS) | | | | | |  | | | |
| Last known point (LKP) | | | | | |  | | | |
| Last seen by whom | | | | | |  | | | |
| Activity (what doing) | | | | | | | | | |
| Search Activities by SLS Volunteers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | | | | | Action | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: If there is more than one patient involved in a major incident use a second form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

# Appendix 5: First Aid Register

|  |  |
| --- | --- |
| Employee’s name: |  |
| Job title: |  |
| Date of treatment: |  |
| Time of treatment: |  |
| Person giving first aid: |  |
| Accident register completed by: |  |
| Nature of injury: |  |
| Treatment provided: |  |

# Appendix 6: Hazard Register

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ THE CLUB Controlled Site: Yes / No

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Hazard Identification and Analysis | | | | | Action | | |
| Hazard/ Task | Risk Score. with no controls | Significant  (Yes/ No) | Controls Required (incl existing)  (Eliminate, Substitute, Isolate, Engineering controls, Admin controls, PPE) | Risk Score after controls | Person Responsible | Monitoring Required  (Who & When) | Review & Audit  (Who & When) |
|  |  |  |  |  |  |  |  |
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### Risk Category

|  |
| --- |
| **UNACCEPTABLE (15-25) Risk;** The risk cannot be justified on any grounds. High level control measures **must** be applied immediately. |
| **HIGH (11-14) Risk;** Moderate to high level control measures **must** be applied to reduce the risk as soon as possible. Monitor continuously for changes. |
| **MODERATE (6.5–10) Risk;** Low level control measures should be considered and applied to mitigate, eliminate, prevent or reduce the risk. The level of risk may however be acceptable, provided existing control measures remain in place. Monitor for changes. |
| **LOW (1-6.25) Risk;** which may be acceptable, provided existing control measures remain in place. Monitor for changes. |

### Hazard Register Example

Location: Provide Address THE CLUB Controlled Site: Yes

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Hazard Identification and Analysis | | | | | Action | | |
| Hazard/ Task | Risk Score. with no controls | Significant  (Yes/ No) | Controls Required (incl existing)  (Eliminate, Substitute, Isolate, Engineering controls, Admin controls, PPE) | Risk Score after controls | Person Responsible | Monitoring Required  (Who & When) | Review & Audit  (Who & When) |
| Lifting & Manual Handling | **9** | Yes | Substitution – Keep lifting loads to a manageable weight and use two people for heavier loads that can’t be broken down or more people as required. | **4.5** | All Members | Club Manager  Continuous | Club Manager  Annually   July |
| PPE – Use of a lifting brace or trollies or pallet jacks if a large amount of lifting is required. | **6.0** | All Members | Club Manager  Continuous | Club Manager  Annually  July |
| Tripping or Hazards that may cause someone to fall. | **12** | Yes | Elimination – Keep doorways, stairwells and main access routes clear; pick up any hazard that may cause someone to trip or fall. | **4.0** | All Members | Club Manager  Continuous | Club Manager  Annually  July |
| Isolation – If large hazards exists that cannot be easily moved, isolate with signage or barrier. | **8.0** | All Members | Club Manager  Continuous | Club Manager  Annually  July |
| Fuel Storage & Hazardous Substances | **13.5** | Yes | Isolation – All fuel and hazardous substances should be stored in the Hazardous Goods Storage Locker. | **4.5** | Club Lifesaving Manager | Club Lifesaving Manager  Continuous | Club Lifesaving Annually  July |
| Public Entering Storage Area | **10** | Yes | Administrative – Authorised Personnel only signage on both sides of the exterior wall and chain up when Garage door is open. | **3** | All Members | Club Manager  Continuous | Club Manager  Annually  July |
| Mezzanine Ceiling Height | **7** | Yes | Administrative – Signage at the top of the stairwell needs to be put in place warning people moving into this area that there is a low ceiling. | **7** | Club Manager  Continuous | Action Required  Sign needs to be created and actioned | Club Manager  ASAP |
| Back Office Mezzanine | **10** | Yes | Elimination – No storage to occur on this Mezzanine area until either load rating tests to be done or modifications to storage area and safety rail has been installed. | **0** | Club Manager  Continuous | Action Required  We can’t use the area for storage any longer as we are unsure of Load Rating | Club Manager  ASAP |
| Slippery Concrete Floor -Storage Area | **8** | Yes | Administrative - Wearing of Jandals in the main storage shed can be very dangerous when the floor is wet, if floor is wet, signage needs to be placed in wet areas. | **3** | ClubManager  Continuous | Action Required  Slippery Floor signage needs to be used. | Club Manager  ASAP |
| Shelving Height – Storage Area | **10** | Yes | Engineering – Either use small ladder for gaining access to top shelves or seek out taller person to access top shelves. | **3** | Club Manager  Continuous | Action Required  Purchase small sturdy ladder for back storage area | Club Manager  ASAP |

# Appendix 7: Task Safety Analysis Sheet

This worksheet is to be used when undertaking tasks for the first time, when new equipment, processes or materials are used or when new staff are involved.

Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_ Person in charge:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Task Description: |

|  |
| --- |
| Site Safety Check- What Hazards Exist?:(see page 2 for detailed rating)  Has the Hazard Register been referred to for this task? Yes or No (please circle) |

|  |
| --- |
| What Control Procedures are Required?: |

|  |
| --- |
| Is any PPE Required?: Is so, please specify. |

Are all staff involved suitably experienced, trained, qualified or supervised to carry out the controls? Yes or No (please circle)

New Hazards Identified

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| New Hazard | Risk Score with no controls | Significant  (Yes/ No) | Controls  (Eliminate, Substitute, Isolate, Engineering controls, Admin controls, PPE) | Risk Score after controls | Monitoring Required?  (if Yes – by who & when) | Hazard Register Updated?  (by who and when) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

### Risk Category

|  |
| --- |
| **UNACCEPTABLE (15-25) Risk;** The risk cannot be justified on any grounds. High level control measures **must** be applied immediately. |
| **HIGH (11-14) Risk;** Moderate to high level control measures **must** be applied to reduce the risk as soon as possible. Monitor continuously for changes. |
| **MODERATE (6.5–10) Risk;** Low level control measures should be considered and applied to mitigate, eliminate, prevent or reduce the risk. The level of risk may however be acceptable, provided existing control measures remain in place. Monitor for changes. |
| **LOW (1-6.25) Risk;** which may be acceptable, provided existing control measures remain in place. Monitor for changes. |

# Appendix 8: Hazard Notification Form

Any employee who identifies a hazard should complete this form, for example a new hazard that is not entered into the hazard register or an existing hazard that has been entered into the hazard register that has not been correctly managed to eliminate or mitigate risk.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hazard Notification Form | | | | |
| Your name: | Date: Hazard Observed | Location of Hazard: | | Notification to: |
|  |  |  | |  |
| Description of hazard including significance in  your opinion: | | Any immediate action taken to mitigate:  (please describe) | | Your recommendations to control or eliminate  the hazard: |
|  | |  | |  |
| Signature of person notifying this hazard: | | | |  |
| Health and safety representative report including analysis and action taken: | | | | |
|  | | | | |
| Date this form completed: | | |  | |
| Date entered into the hazard register: | | |  | |
| Signature of health and safety representative: | | |  | |

# Appendix 9: Bomb Threat Checklist

|  |  |
| --- | --- |
| Question | Response |
| Where did you put the bomb? |  |
| What does the bomb look like? |  |
| What will make the bomb explode? |  |
| When is the bomb going to explode? |  |
| What is your name? |  |
| Where are you? |  |
| Record the exact wording of the threat |  |
| Date and time of call |  |
| Any distinguishing background noises |  |
| Sex of caller, estimated age |  |

# Appendix 10: Workplace Health & Safety Induction Checklist

|  |  |  |
| --- | --- | --- |
| Topic | Information Provided | Received & Understood |
| Overview | Organisation philosophy on Health & Safety |  |
| Processes and Procedures | Organisation Health & Safety Manual |  |
| Incident Reporting | Forms and processes. |  |
| First Aid | First Aid room and equipment |  |
| Orientation | Walk around to identify particular H&S aspects of the workplace, including  Organisation chart – key contacts.  Parking and access/ security.  Equipment storage and use.  Hazardous substances/ storage.  Safety signs and emergency procedures/ exits.  Fire safety equipment.  Communications equipment (radios/ phones) with emergency contacts.  High risk areas/ unique risks in the environment.  Personal Protective Equipment.  Instruction sheets. |  |
| Training Programme | Identify any training needs, e.g.  Manual Handling.  Vehicle use.  Other Equipment use.  PPE. |  |

I certify that all the items above, including regulations, policies and other rules and conditions in effect at this time have been explained to me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and that I understand the information given to me.

|  |  |  |
| --- | --- | --- |
| Name of inductee (please print) |  |  |
|  | Signed: | Date: |
| Name of Inductor (please print) |  |  |
|  | Signed: | Date: |

# Appendix 11: THE CLUB Operating Locations

### THE CLUB ‘Controlled’ Locations

|  |  |  |
| --- | --- | --- |
| Staff | Location | Address |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### THE CLUB Staff operating in non-THE CLUB controlled locations

|  |  |  |  |
| --- | --- | --- | --- |
| Staff | Location | Address | Location Controller |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |