**CLUB LOGO / NAME**

**Health and Safety**

**Policies & Procedures**

**(SAMPLE ONLY)**

Address:

Date:

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**Health and Safety Policy Statement**

Health and safety is everyone’s responsibility, and everyone is expected to share in our commitment to work together to keep each other safe against harm to our health, safety and welfare by eliminating or minimising risk. This includes players, coaches, referees, support staff and spectators.

The Club will provide fair and effective workplace representations, consultation and cooperation and resolution of issues regarding health and safety.

As we actively promote improvements through advice, information and education and training, we will all achieve higher standards of safety for our members and others in our shared space.

**Note**: Members includes: any employee, contractors, person gaining work experience and volunteers.

To achieve this we will:

* Comply with relevant Health & Safety legislation
* Systematically identify new hazards, existing hazards and regularly monitor these hazards in our facilities
* Work together we will take reasonably practicable steps to ensure that any significant hazards to staff are minimized, and workers are to be protected, where elimination is impracticable
* Have systems in place to record all incidents, near misses or injury. We will ensure these are reported and investigated, updating our hazard observation form and complete our risk management process to eliminate.
* Provide relevant training to all staff and volunteers.
* Communicate actions to prevent harm to any other staff.
* Our Executive Board will have up-to-date knowledge of workplace health and safety. This will include understanding the operations of our organisation, and the hazards and risks associated with those operations.

**Health and Safety Plan**

**PROCEDURES**

All staff and others have a duty of care as follows:

* Take reasonable care for their own health and safety
* Take reasonable care that their acts or omissions do not adversely affect the health and safety of others
* Comply so far as the staff are reasonably able to comply with the Health & Safety Act
* Cooperate with any reasonable policy or procedures relating to health and safety in the workplace, that has been notified to the staff

**SUPERVISION**

Supervision of children must be the responsibility of the parent and / or caregiver. Children must be supervised at all times while in attendance at our facilities.

**HEALTH AND SAFETY OFFICER**

At least one staff member of The Club is to be appointed as Health and Safety Officer.

**This person is NAME.**

This person shall be responsible for:

* Maintaining and updating the Risk Management Form.
* Addressing new hazards when and where they are identified from others.
* Completing and dealing with Accidents reports. This includes investigations into the incident and accidents and also advising WorkSafe NZ as required by legislation.
* Ensuring that the facilities meet Health and Safety requirements.

**Risk Management**

**HAZARDS**

Hazards are identified as anything that has the potential to cause harm.

**Hazard Identification**

There are five major areas hazards can be broken into. These are:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Physical | Chemical | Biological | Ergonomic | Organisation |
| WeightsFallsLightingNoiseVentilationBurnsVibrationElectricity | CleanersSolventsFumesVapoursLack of oxygenAcidsCorrosivesSpraysDustSmokeMist | Air conditioning systemsInfectionLegionnaires diseaseNeedle stick injuriesAllergiesInsects | Work stationsWork posturesOveruse injuriesSeating | Hours of workWork pressure |

See Risk Management Plan.

**Causal Factors**

There are three categories of hazard that can cause risk. These are:

* People
* Equipment
* Environment

**Risks**

When identifying risks (forms of loss) there are five main categories. These are:

* Damage to the environment / surrounds (S)
* Loss or damage to equipment (E)
* Injury / illness (I)
* Financial loss (F)
* Loss of credibility (C)

**Risk Assessment**

Having identified the risks involved in our programmes we need to assess them in terms of their likelihood to occur. Each identified risk must be rated to describe:

* the likelihood of the risk occurring (likelihood); and
* the loss or damage impact if the risk occurred (severity);
* the priority, or degree of urgency required to address the risk

**Likelihood**

|  |  |
| --- | --- |
| Rating | LIKELIHOOD |
| 5 | ALMOST CERTAIN: Will probably occur, could occur several times per activity/event  |
| 4 | LIKELY: High probability, likely to arise once during the activity/event |
| 3 | POSSIBLE: Reasonable likelihood that it may arise over the activity/event |
| 2 | UNLIKELY: Plausible, could occur over a the activity/event |
| 1 | RARE: Very unlikely but not impossible, unlikely for this activity/event  |

**Severity**

| Rating | POTENTIAL IMPACT |
| --- | --- |
| 5 | CATASTROPHIC: Most objectives may not be achieved, or several severely affected |
| 4 | MAJOR: Most objectives threatened, or one severely affected |
| 3 | MODERATE: Some objectives affected, considerable effort to rectify |
| 2 | MINOR: Easily remedied, with some effort the objectives can be achieved |
| 1 | NEGLIGIBLE: Very small impact, rectified by normal processes |

**Priority**

|  |  |
| --- | --- |
| 10/9 | Extreme risks that are likely to arise and have potentially serious consequences requiring urgent attention |
| 8/7 | Major risks that are likely to arise and have potentially serious consequences requiring urgent attention or investigation |
| 6/5 | Medium risks that are likely to arise or have serious consequences requiring attention |
| 4/3 | Minor risks and low consequences that maybe managed by routine procedures |
| 2/1 | Almost no consequence risk, very unlikely to happen |

**CONTROL PROCEDURES**

Where there are significant hazards we will take all practicable steps to:

Eliminate the hazard OR

Isolate the hazard OR

Minimise the hazard

Where the hazards may only be minimised, we will ensure:

* Protective clothing and equipment (PPE) is provided and used by all staff, at all times as necessary
* Good work practices are used and maintained
* Staff are properly trained and / or supervised
* Where appropriate, and with staff consent, health monitoring in relation to exposure to significant hazards is undertaken
* Any new hazards identified, the risks identified and then are incorporated into Hazard Observation Form and all staff are informed and can view the H&S register any time
* Any new machinery / equipment / plant / tasks / chemicals / poisons are assessed before use, and safety controls / practices are established
* All hazards and the risk they impose will be regularly assessed and controls put in place
* All staff are aware of emergency and evacuation procedures
* All staff are aware to complete the Hazard Observation / Improvement Form and also review the Risk then review with the Health and Safety Officer. The Health and Safety Officer will complete an assessment on the risk to confirm.

**SITE SAFETY INSPECTIONS**

The Health and Safety Officer will complete a site safety inspection annually.

See Site Safety Inspection Report.

**Emergency Procedure**

**EVACUATION PLAN**

In the case of an emergency such as a fire, earthquake or other event requiring evacuation, all occupants of The Club shall cease activities and immediately move to the signposted evacuation area via the safest route.

**PLEASE MEET ON THE LOCATION BY THE ASSEMBLY POINT SIGN.**

MAP OF AREA SHOWING ASSEMBLY POINT

NAMEwill contact the emergency services.

A copy of the evacuation plan identifying this location will be displayed in a prominent place at all times.

**FIRE**

Fire extinguisher(s) are located **in the [LIST]** and is readily accessible at all times**.** These extinguisher(s) are not to be interfered with for any reason, other than practical use in a fire situation.

**Accidents and Injuries**

All accidents and incidents affecting staff or visitors are to be reported to the Health and Safety Officer and recorded in the Accidents Report Form.

First aid kits are available **in the LOCATION.**

A defibrillator (AED) is found **in the LOCATION.**

Our trained first aider is NAME

For serious accidents or incidents, the following procedure shall take place:

1. Make sure the environment is safe for yourself, others and the injured person.
2. Assess the situation and check for a response. Is first aid required?
3. Get injured persons’ name if possible.
4. Send for help. If the emergency requires serious medical assistance dial 111 and ask for Ambulance. If you are not sure whether Emergency Services are needed, call anyway; they can help you decide.
5. If you do not have a phone with you (or cannot get coverage) send someone else to the nearest dwelling, business etc.
6. The following information will be required by the ambulance controller:
	* The address of the incident, including suburb and city. This is especially important if you are calling from a mobile.
	* The telephone number you are calling from.
	* What has happened
	* The number of people who are ill or injured.
7. If the accident involves traffic, report to Police (111) after requesting Ambulance.
8. Provide first aid if required.

**First Aid PROCEDURE**

Preserve the life:

* Keep the airway clear
* Make sure the casualty is breathing and has a pulse
* Stop any bleeding
* Treat shock
* Treat other injuries in order of seriousness

Prevent worsening:

* Never move the casualty unless there is danger, and then move then in a way that will avoid further injury
* Comfort and reassure the casualty
* Give protection from weather, traffic, and the cause of the initial injury
* Place the casualty in the recovery position if appropriate

Promote recovery

* Ask someone to call an ambulance as soon as possible
* Stay with a sick or injured person until help arrives
* Alert next of kin and update club documents.

**Notifiable Events**

It will become a notifiable event in the case of:

Any death of a person OR

A notifiable injury or illness OR

A notifiable incident

A notifiable injury requiring any person to have immediate treatment as an inpatient or for any of the following reasons:

* Any amputation of any part of the body
* A serious head injury
* A serious eye injury
* A serious burn
* The separation of the skin from underlying tissue
* Spinal injury
* The loss of bodily function
* Serious laceration

A notifiable illness that affects people’s health include:

* Chemicals or metal fumes generated by work processes can cause breathing difficulties such as asthma
* Solvents or glues used as work for painting, printing and building can cause skin allergies such as dermatitis and can affect your nervous system
* Repeated movements, constant muscle tension or lifting may cause an overuse disorder

A notifiable incident means:

* An uncontrolled escape, spillage or leakage of a substance
* An uncontrolled implosion, explosion or fire
* An uncontrolled escape or pressurised substance
* An uncontrolled escape of gas or steam
* Electric shock
* A fall or release from height of any plant, substance or thing
* The collapse, overturn, failure or malfunction of, or damage to, any plant that is required to be authorised by regulations
* The collapse or partial collapse of a structure

The Health and Safety Officer will advise WorkSafe NZ of any notifiable event. This will be reported within 7 days. Reports will be kept for a minimum of five years from the date of the event.

**WORKSAFE NZ: 0800 030 040**

**Appendix 1: Risk Management Plan**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Club Environment | **Hazard or causal factor** | **Risk**Environment (S)Equipment (E)Injury (I)Finance (F)Credibility (C) | **Likelihood** | **Severity** | **Priority** **(1-10)** | **Prevent, Isolate, Minimise** | **Management Plan** |
| **People** |
|  |  |  |  |  |  |  |
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| **Equipment** |
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| **Environment** |
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**Appendix 2: Hazard Observation Form**

|  |  |
| --- | --- |
| Date: | Time: |
| Reported by: |
| Is it a: [ ]  Hazard [ ]  Incident [ ]  Near miss [ ]  Improvement |
| TYPE: (tick all applicable) |
| [ ]  Safety [ ]  Environment [ ]  Maintenance |
| [ ]  Process [ ]  Housekeeping [ ]  Other |
| DESCRIPTION: |
|  |
|  |
|  |
| ACTUAL SEVERITY: (tick one) |
| [ ]  Insignificant [ ]  Minor [ ]  Moderate [ ]  Major [ ]  Significant |
| POTENTIAL SEVERITY: (tick one) |
| [ ]  Insignificant [ ]  Minor [ ]  Moderate [ ]  Major [ ]  Significant |
| ACTION TAKEN |
|  |
|  |
|  |

**Appendix 3: Accidents Report Form**

|  |
| --- |
| Particulars of Accident |
| Date: | Time: | Location: | Date reported: |
| Details of Injured Person |
| Name: | Age: | Contact number: |
| Address: |
| Type of injury:Injured part of body: |
|  |
| DAMAGED PROPERTY |
| Property damaged: |
| Nature of damage: |
|  |
| THE ACCIDENT |
| Describe what happened |
|  |
|  |
|  |
| WHAT WERE THE CAUSES OF THE ACCIDENT? |
|  |
|  |
|  |
| How bad could it have been? |
| [ ]  Very serious [ ]  Serious [ ]  Minor |
| What is the chance of it happening again? |
| [ ]  Frequent [ ]  Occasional [ ]  Rare |
| What has or will be done to prevent it occurring again in future? By whom? When? |
|  |
|  |
|  |
| TREATMENT AND INVESTIGATION OF ACCIDENT |
| Type of treatment given: | Name of first aider: | Doctor/hospital: |
| ACC form completed? | Date: | OSH advised? | Date: |

**Appendix 4: First Aiders Register**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **First Aid Qualification** | **CPR Qualification** | **First Aid Certificate Expiry** | **Contact Number** |
|  |  |  |  |  |
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**Appendix 5: First Aid Register**

|  |  |
| --- | --- |
| **Name** |  |
| **Role** |  |
|  |  |
| **Date of treatment** |  |
| **Time of treatment** |  |
| **Person giving first aid** |  |
| **Nature of injury** |  |
| **Treatment provided** |  |

**Appendix 6: Site Safety Inspection Report**

(SAMPLE ONLY)

**WORKPLACE**

|  |  |  |  |
| --- | --- | --- | --- |
| ITEM | PASS | N/A | ACTION REQUIRED |
| Partition walls secure |  |  |  |
| Ceiling tiles / panels secure |  |  |  |
| Light fittings / covers secure |  |  |  |
| Cleanliness of workplace maintained |  |  |  |
| Office equipment set up to prevent OOS |  |  |  |
| Adequate lighting in all work areas |  |  |  |
| Clear access / egress to all exits |  |  |  |
| No loose carpet edges, mats etc. |  |  |  |
| Floor surfaces are not slippery |  |  |  |
| Noise levels are not excessive |  |  |  |
| Electrical equipment in good condition |  |  |  |
| Desks and chairs suitable for tasks |  |  |  |

**FURNISHINGS**

|  |  |  |  |
| --- | --- | --- | --- |
| ITEM | PASS | N/A | ACTION REQUIRED |
| Decorations, pictures, etc. secured |  |  |  |
| Lockers, storage shelving secure |  |  |  |
| No broken furniture  |  |  |  |
| No unsafe desks / chairs  |  |  |  |
| Hazard and warning signs securely fixed |  |  |  |
| Correct signs utilized and in place |  |  |  |
| Emergency exits well sign posted |  |  |  |
| Sufficient firefighting equipment |  |  |  |
| Fire extinguishers checked regularly |  |  |  |
| Fire/evacuation instructions available |  |  |  |
| Fire evacuation drills completed |  |  |  |

**FIRST AID KITS**

|  |  |  |  |
| --- | --- | --- | --- |
| ITEM | PASS | N/A | ACTION REQUIRED |
| Adequate number of kits available |  |  |  |
| First Aid kits maintained |  |  |  |
| Items clearly marked |  |  |  |
| Names of qualified first aiders posted |  |  |  |
| Emergency numbers displayed  |  |  |  |
| First Aid book available |  |  |  |
| Instructions for incident reporting posted |  |  |  |

**KITCHEN AREAS**

|  |  |  |  |
| --- | --- | --- | --- |
| ITEM | PASS | N/A | ACTION REQUIRED |
| Kitchen area maintained and clean |  |  |  |
| Food preparation areas clean |  |  |  |
| Floors maintained clean / non slip |  |  |  |
| Drinking water available |  |  |  |
| Storage facilities available  |  |  |  |
| Waste disposal – bins emptied regularly |  |  |  |

**TOILETS**

|  |  |  |  |
| --- | --- | --- | --- |
| ITEM | PASS | N/A | ACTION REQUIRED |
| Toilets flushing systems operate |  |  |  |
| Toilets cleaned regularly |  |  |  |
| Hand drying facilities – clean towels |  |  |  |
| Floors maintained – clean / non slip |  |  |  |
| Supply of toilet paper available |  |  |  |
| Soap / hot / cold water provided |  |  |  |

**STORAGE AREAS**

|  |  |  |  |
| --- | --- | --- | --- |
| ITEM | PASS | N/A | ACTION REQUIRED |
| Floor areas / aisles kept clears |  |  |  |
| Lighting adequate to enable safe access |  |  |  |
| Rubbish not permitted to accumulate  |  |  |  |
| Material Safety Data Sheets available |  |  |  |
| Incompatible materials stored separately |  |  |  |
| Exclusion of ignition sources |  |  |  |

|  |
| --- |
| Signature |
| Name:Date: |