

Health and Safety Policy and Management Plan

For Te Awamutu AFC

Date approved:	29/04/2018		
Approved by name:	Dave Hall	Approved signature:	
Review date:	15/03/2023	Created By:	Dan Taylor

Health and Safety Policy

Purpose:

TAAFC is committed to providing and maintaining a safe and healthy environment for all members and guests, providing the information, training and supervision needed to achieve this.

1. This will be achieved by:

- Each person in the club managing risk through the implementation of systems to identify
 - hazards, assess the potential danger and harm posed by the hazard, develop responses that eliminate, minimise and control the potential risk, monitor the effectiveness of the response and continuously evaluate the performance of the entire system;
- Providing Work Place Health and Safety (WHS) training and continuous education;
 - Members complying with all applicable legislation, regulations and standards, and where these do not exist, TAAFC will adopt and apply methods that are commensurate with sound health and safety practice;
- Reporting all incidents including 'near miss' incidents;
- Investigating and analysing incidents and disseminating information to eliminate or minimise the chance of a repeat incident;
- Conducting inductions and specific workplace health and safety training programs;
- Providing an equitable and effective injury management and rehabilitation program according to need; and
- Defining individual responsibilities for WHS and ensuring accountability for compliance and good practice.

2. The WHS objectives are to:

- Ensure effective implementation of the TAAFC WHS Framework through consultation and communication;
- Provide visible and active WHS leadership to the organisation and stakeholders;
- Ensure incidents and injuries are investigated and effectively managed;
- Provide an environment of continuous improvement for WHS training, education, support and best practice; and
- Encourage a safe, fit and healthy environment.

3. WHS Personnel

Key Event Personnel: The following lists key event personnel, roles and contacts.			
Name	Role	Responsibility	Contact Details
TAAFC Committee (various names as per TAAFC website)		Overall responsibility for club WHS	
Sean Stringfellow	Club President	Club grounds risk Assessments, site inspections, H&S register administrator	Info@teawamutuafc.co.nz 0272243066
Simon Brdnavic	Club Secretary	Club grounds risk Assessments, First aid, H&S register administrator	Info@teawamutuafc.co.nz
Sean Stringfellow	Club President	H&S register administrator	Info@teawamutuafc.co.nz
Team Coaches (Various)	Responsibility for teams H&S	Risk Assessments, First Aid	

4. Risk Assessments and Management

Likelihood	Consequence				
	Insignificant	Minor	Moderate	Major	Critical
Almost Certain	Medium	Medium	High	Extreme	Extreme
Likely	Low	Medium	High	High	Extreme
Possible	Low	Medium	High	High	High
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Low	Low	Medium


Consequence	Description of Consequence	Likelihood	Description of Likelihood
1. Insignificant	No treatment required	1. Rare	Will only occur in exceptional circumstances
2. Minor	Minor injury requiring First Aid treatment (e.g. minor cuts, bruises, bumps)	2. Unlikely	Not likely to occur within the foreseeable future
3. Moderate	Injury requiring medical treatment or lost time	3. Possible	May occur within the foreseeable future
4. Major	Serious injury (injuries) requiring specialist medical treatment or hospitalisation	4. Likely	Likely to occur within the foreseeable future
5. Critical	Loss of life, permanent disability or multiple serious injuries	5. Almost Certain	Almost certain to occur within the foreseeable future

Assessed Risk Level	Description of Risk Level	Actions
<input type="checkbox"/> Low	If an incident were to occur, there would be little likelihood that an injury would result.	Undertake the activity with the existing controls in place.
<input type="checkbox"/> Medium	If an incident were to occur, there would be some chance that an injury requiring First Aid would result.	Additional controls may be needed.
<input type="checkbox"/> High	If an incident were to occur, it would be likely that an injury requiring medical treatment would result.	Controls will need to be in place before the activity is undertaken.
<input type="checkbox"/> Extreme	If an incident were to occur, it would be likely that a permanent, debilitating injury or death would result.	Consider alternatives to doing the activity. Significant control measures will need to be implemented to ensure safety.

Control the Risk: Use the template on the following page;

1. List the hazards/risks you have identified.
2. Rate their risk level (refer to information above to assist with this).
3. Detail the appropriate control measures you will implement to control the risk.

Note: Control measures should be implemented in accordance with the preferred **hierarchy of control**.

Hierarchy of Controls -	
Most effective (High level)  Least effective (Low level)	Elimination: remove the hazard completely from the workplace or activity
	Substitution: replace a hazard with a less dangerous one (e.g. a less hazardous chemical)
	Engineering control: making an event safer separate people from the hazard (e.g. safety barrier)
	Administration: putting rules, signage or training in place to make the event safer (e.g. induction, route plan, safety training)
	Personal Protective Equipment (PPE): Protective clothing and equipment (e.g. shin guards, mouth guards, PFD's)

5. Hazard Identification, Risk Assessment & Management Plan

Event Hazard Identification and Risk Assessment									
Hazard or Risk identified.	Risk Level	Level of Control (see previous page)					Action		
What could go wrong?	Low Med High Extreme	Eli mi n at e	Su bs tit ut e	En gi n e er c o n t rol	Ad min Co ntr ol	PPE	How will we prevent it?	Person responsible	What we will do if it happens?
Extremely cold/wet weather	Low	no	no	no	yes	yes	Cancel if weather was bad enough	Club President/ Club Secretary	Discuss with team managers
Spectator medical conditions	Low	no	no	no	yes	yes	Know where the nearest defib is and use first aiders.	Nearest person on hand	Refer to onsite first aid
Concussion	Med	No	No	No	Yes	Yes	Referees controlling the game Team Coach/Manager assess player	Team Manager / Coach	Refer to onsite first aid
Minor injuries	Med	no	no	no	yes	yes		Team Manager / Coach	Refer to onsite first aid

Dog bite and injury with cyclists	Low	No	No	No	No	No	Add "no dogs" signage through council and Cycling club to be informed no track cycling during football games (and training sessions).	Club President/ Club Secretary	Refer to onsite first aid
Pandemic/COVID-19	High	Yes	No	No	Yes	Yes	<p>PPE gear & Sanitizer provided to all Team Coaches/Managers to be used at each game/training session.</p> <p>Sanitizer and gloves to be available at all Venues.</p> <p>All equipment/training gear to be sanitized after training.</p> <p>iDMe app provided by WaiBop/NZF to be utilized by all Players/ Staff/Spectators at all venues.</p> <p>All Players to use own Water Bottles and no sharing.</p> <p>No spitting on the field.</p> <p>No more than 100 people at any event at a venue.</p> <p>No player/spectator/ staff to be present if unwell or displaying 'flu-like symptoms.</p> <p>See Policy below for Level 2 procedures</p>	All of the Club.	If a person is confirmed with COVID-19 then Contact tracing & self-Isolation to take place after notification to the Ministry of Health by the GP.

6. Communication Plan

WHS Communications Plan.			
Communication Item	Person Responsible	When?	Notes – e.g. Content
Near miss incident identified	Person identified (e.g. team coach)	After identification	Contact club secretary to get recorded on near miss register
Incident occurred	Person identified (e.g. team coach)	Post incident	Contact club secretary to ensure incident is lodged via the worksafe template. Incident to be assessed and hazard register updated if required.
H&S Responsibilities for teams	Committee	At start of each season	Identify and communicate key requirements to coaches/managers and players (e.g. at muster day).

COVID-19 PLAN FOR TE AWAMUTU AFC

1.1. *Alert Level 2 advice for groups, clubs and societies*

Community groups, clubs and societies can gather for events at Alert Level 2 if you:

- have no more than 100 people in each defined space excluding staff, for example clergy
- keep high hygiene standards
- keep attendees who do not know each other 1 metre apart
- record attendees to ensure contact tracing can be done if necessary — but you don't need to do this if each person at the gathering knows everyone.

Social gatherings include family events, religious services and public meetings.

Food and drink consumption is fine at gatherings. It should be prepared carefully and served individually, not from a buffet.

If a club operates with a club licence to sell alcohol, then it must follow hospitality requirements.

You cannot participate in any gatherings or events if you have COVID-19 symptoms or if you need to be in isolation/quarantine for any reason.

iDMe venue codes

Any person (player, coach, team staff, parent, and spectator) present at a training session or game will enter the five-letter venue code in their iDMe profile.

This Five-letter Venue Code can be access off the WaiBop Website and displayed at all Venues. Your iDMe venue presence information will be held centrally by WaiBOP Football. It will then be deleted automatically after 4 weeks.

7. Incident/Accident Investigation Form

ACCIDENT INVESTIGATION FORM



Name of organisation:	Nature of damage:
Branch/department:	
1. Particulars of Accident	
Date of accident: DD / MM / YEAR	Object/substance causing damage:
Time:	
Location:	
Date reported: DD / MM / YEAR	
2. The Injured Person	4. The Accident
Name:	Description:
Address:	Describe what happened. If this was a vehicle accident, add a drawing of the accident scene on the other side of this page.
Date of birth: DD / MM / YEAR	
Phone number:	
Length of employment – at plant: on job:	
Type of Injury:	Analysis:
<input type="checkbox"/> Bruising <input type="checkbox"/> Dislocation <input type="checkbox"/> Strain/sprain	What caused the accident?
<input type="checkbox"/> Scratch/abrasion <input type="checkbox"/> Internal <input type="checkbox"/> Fracture	
<input type="checkbox"/> Amputation <input type="checkbox"/> Foreign body <input type="checkbox"/> Laceration/cut	
<input type="checkbox"/> Burn/scald <input type="checkbox"/> Chemical reaction	
<input type="checkbox"/> Other: (specify injured part of body)	
Comments:	
3. Damaged Property	
Property or material damaged:	
	How serious could it have been?
	<input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Very serious
	How often is this likely to happen again?
	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Often

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Prevention:

What action has or will be taken to stop another accident like this happening?

Tick items already actioned.

Write below if you need more space.

ACTION	TICK	BY WHOM	WHEN
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

5. Treatment and Investigation of Accident

Type of treatment given:

Name of person giving first aid:

Doctor/Hospital:

Accident investigated by:

Date: DD / MM / YEAR

WorkSafe advised: Yes No

Date: DD / MM / YEAR



WKS-16-accident-investigation.pdf