

Disability Sport Auckland Health and Safety Policies and Procedures

Version 28.02.2023

Health and Safety Policies and Procedures

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1.0 Employer Commitment

The Disability Sport Auckland – Disability Sport Health and Safety Programme will:

- Have a commitment to promoting and continually improving Health and Safety.
- Provide a safe workplace for all employees, volunteers, contractors, and visitors.
- Communicate with all employees regarding Health and Safety.
- Systematically identify and manage workplace hazards.
- Eliminate, isolate, or minimize (in that order) workplace hazards.
- Provide training and supervision to ensure work is done safely.
- Have accurate and thorough record-keeping regarding Health and Safety.
- Provide appropriate tools, aids, and protective equipment to allow tasks to be done safely.
- Have robust procedures for dealing with workplace accidents.
- Record all workplace accidents and illnesses and report those that cause 'serious harm'.
- Monitor the health of employees in relation to the hazards of their work.
- Provide opportunities for employees to participate in Health and Safety.
- Comply with our legal obligations.

This will be achieved through: The Board of Trustees ('Board') and Management's support and commitment to health and safety.

- Implementation of policies and procedures.
- Staff education and participation.
- Regular reviews and evaluations of Health and Safety by Management.
- Quarterly Health and Safety Committee meetings.
- An ongoing cycle of appraisal of Health and Safety policies and procedures.

1.1 The Legislative Environment

Disability Sport Auckland – Disability Sport will meet its obligations under the relevant legislation. The Ministry of Business, Innovation and Employment (Min BIE) lists these as being:

- The Health and Safety in Employment Act (1992), and
- The Employment Relations Act (2000).

The purpose of the Act is to make sure people are not harmed as a result of work activities. It sets out a range of duties for employers to ensure people are safe and healthy in the workplace. To ensure Health and Safety, Disability Sport Auckland must systematically manage hazards in the workplace through:

- Communication with and cooperation from employees.
- Systematic identification, documentation, and review of workplace hazards.
- Ensuring employees have received appropriate training and supervision.
- The elimination of hazards where possible; if not elimination then isolation or minimisation.

The Act covers employees, contractors, and visitors to the workplace. The definition of employee includes loaned employees and people doing on-the-job training or gaining work experience. The definition of visitors includes non-employees legally in the workplace. Volunteers are included in some circumstances – namely when participating in activities taking place under the direct supervision of Disability Sport Auckland employees, or at a site managed by Disability Sport Auckland.

The Health and Safety in Employment Regulations 1995 impose duties on employers in respect of the workplace, certain staff members, and types of work. The Resource Management Act, the Building Act, the Fire Service Act, the Hazardous Substances and New Organisms Act, and the Injury Prevention, Rehabilitation, and Compensation Act also include health and safety elements.

1.2 Accountability

The Board of Disability Sport Auckland – Disability Sport is responsible for the Health and Safety of all staff, visitors, and contractors, and for ensuring that the Health and Safety of other persons are not put at risk from activities undertaken by Disability Sport Auckland.

The Board has delegated to the Chief Executive Officer (CEO) responsibility for:

- Demonstrating continuous improvement through a systematic approach to workplace Health and Safety.
- Documenting and communicating the Health and Safety Policies and Procedures, and holding staff members accountable for upholding the relevant procedures.
- Taking appropriate actions (including disciplinary actions) in the event of unacceptable performance or behaviour.
- Expecting all staff to share the responsibility for meeting the requirements of the Health and Safety Legislation.

The Health and Safety Committee has responsibility for:

- Systematic review of Health and Safety Policies and Procedures and related documentation.
- Regular review of known hazards, and their relevant mitigation strategies.
- Regular inspections of the workplace to identify unknown hazards and to manage them.
- To provide employees with an opportunity to participate in Health and Safety management.
- To communicate with all employees relevant Health and Safety information, including: changes to policies, procedures, and documentation; the identification or mitigation of new hazards; training opportunities; new obligations on employees and other relevant information.
- Ensure all staff receives training relevant to the Health and Safety risks of their role.
- Providing leadership and direction in matters of health and safety.
- Making recommendations to the Board for changes to policies.
- Reporting to the Board on a quarterly basis.

The Terms of Reference for the Health and Safety Committee can be found in Appendix 13.

Health and Safety Meetings

- Quarterly Health and Safety Staff Meetings are to be held, minuted, and reported to the Board through the CEO.
- The Health and Safety Committee comprises:
 - The CEO
 - The Administration and Office Manager
- Any employee wanting to be on the Health and Safety Committee may self-nominate and will as a result, be invited to attend the committee meetings.
- Any employee is welcome to attend a Health and Safety Committee meeting. The date and time of meetings will be circulated to all staff via group email.
- An extraordinary meeting will be held in the event of a serious harm injury being investigated.

Employee Consultation

Staff are encouraged to actively engage with the Health and Safety Committee.

Where changes to existing policies are being considered, staff will be invited to comment and participate in the consultation process prior to implementation of changes.

Staff may have their nominated representative participate or advocate on their behalf as part of the consultation process.

References

- The Health and Safety in Employment Act 1992 and Amendment.
- The Health and Safety in Employment Regulations 1995.
- Managing Health and Safety: A Guide for Employers. Min BIE (2013).
- Other relevant regulations and codes of practice.

2.0 Hazard Management

Disability Sport Auckland – Disability Sport, will regularly assess, record, and review hazards, i.e. any potential or actual source of harm whether it's a process, the location, a situation, equipment, or a person's behaviour. Staff input enhances hazard management and helps to determine whether a hazard is significant, i.e. whether it could lead to serious harm. Our record will list any work injuries that have occurred. If serious harm occurs on a work site, an investigation will identify any significant hazard that may have caused the event. Our health and safety systems will show employees existing hazard, and new hazards preferably before they arise.

Scope

This policy applies to all staff members of Disability Sport Auckland – Disability Sport.

Purpose

To identify, control, and manage hazards to take all reasonable steps to minimize the likelihood of the hazard causing harm.

Responsibilities

The Administration and Office Manager is responsible for:

- Conducting regular health and safety inspections.
- Maintaining the Hazard Register, including identification and risk analysis.
- Working with staff to control identified hazards.
- Isolating hazards if elimination or minimisation is not immediately possible.
- Authorising specialist consultants to be contracted where existing staff competency is not available to identify, eliminate, or minimise hazards (for example assessment of workstations).

All staff are responsible for:

- Implementing hazard management procedures in their work area.
- Behaving in a manner that does not create a hazard to themselves or any other person.
- Taking all practicable steps to ensure that hazards identified are eliminated, isolated, or controlled.
- Completing a hazard notification form if a hazard is identified and providing this to the Operations Manager, who will undertake a full identification and risk analysis and enter details into the Hazard Register where appropriate.
- Informing others (including 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.

Procedure

The hazard management steps are:

Identification: The first step in managing health and safety is to identify the hazards and assess the likelihood of them causing a serious injury or illness. Disability Sport Auckland will:

- Systematically identify the hazards in all work areas.
- Regularly review the accident register to determine the hazards that cause harm.
- Involve the employees in identifying hazards.

- Reassess the work area when there are new hazards or processes.

Control: Hazards will be dealt with in this priority:

- Take all practicable steps to eliminate the hazard, particularly if it presents a significant injury or health risk.
- If a risk cannot be eliminated then Disability Sport Auckland will try to isolate it.
- If the hazard cannot be eliminated or isolated then Disability Sport Auckland will minimise it.
- If the hazard can only be minimised then Disability Sport Auckland will action the following additional steps:
 - Inform and train staff about the hazard controls.
 - Plan how frequently Disability Sport Auckland will measure the level of the hazard.
 - Monitor the exposure of employees to the hazard including the health impacts on the employee.

The Hazard Register needs to then be updated with the identified hazard and any management strategies.

If difficulties are experienced in identifying, eliminating, or controlling hazards, the CEO will engage an outside contractor with appropriate experience.

Hazard Management needs to be completed:

- Systematically, for all areas and processes at regular three-monthly intervals.
- When an accident occurs; a check is needed to ensure hazards listed and their controls are adequate.
- When a new process or equipment is introduced.
- If a new hazard is observed or reported.

Step 1: Identify Hazards

Hazard Identification Process²

| | | | |
|----|--|---|--|
| 1. | Use inspection, audits, walk-through surveys, and checklists to determine hazards. | | |
| | <p>Working Environment</p> <ul style="list-style-type: none"> • 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 and equipment. • Hazards which could cause ill health. • Psycho-social environment. • Organisation environment. | <p>Human Factors</p> <ul style="list-style-type: none"> • Knowledge and training. • Skills and experience. • Health, disabilities, and fitness. • Age and body size. • Motivation. • Risk perception and value systems. • Protective clothing, equipment, and footwear. • Leisure interests. | <p>Tasks</p> <ul style="list-style-type: none"> • 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' accidents that may have been recorded in the incident and accident register or documented in the minutes from Health and Safety Meetings. | | |

Step 2 – Risk Analysis

Risk analysis is the process of estimating the magnitude of the risk and deciding what actions to take. The following considerations are made to establish risk using the likelihood and impact scales below.

| Score | Scale | Frequency of Accident or Illness |
|-------|----------------|---|
| 1 | Rare | May occur only in exceptional circumstances, e.g. less than 5% chance of occurring. |
| 2 | Unlikely | Could occur at some time, e.g. 5-29% chance of occurring. |
| 3 | Possible | Should occur at some time, e.g. 30-59% chance of occurring. |
| 4 | Likely | Will probably occur in most circumstances, e.g. 60-79% chance of occurring. |
| 5 | Almost Certain | Will occur in most circumstances, e.g. 80%+ chance of occurring. |

Impact Scale

| Score | Scale | Severity of Accident or Illness |
|-------|----------|---|
| 1 | Minimal | Negligible injury or illness. |
| 2 | Minor | Minor injury or illness requiring minor first aid and/or less than one week's recovery. |
| 3 | Moderate | Injury or illness requiring advanced first aid and medical visit, e.g. general practitioner or hospital visit and/or one to six weeks recovery. |
| 4 | Major | Injury or illness requiring advanced first aid and emergency medical assistance, e.g. hospitalisation and/or more than six weeks recovery. |
| 5 | Extreme | Injury or illness requiring immediate emergency medical assistance and may result in permanent or long-term disabling effects or death. Hospitalisation likely to be for more than six weeks. |

A risk assessment category (critical, high, moderate, or low) for each hazard is compiled by using the chart below. Hazards with the highest rating are given priority.

Risk Assessment Chart

| Likelihood | Impact | | | | |
|----------------|---------|-------|----------|-------|---------|
| | Minimal | Minor | Moderate | Major | Extreme |
| Almost Certain | H | H | C | C | C |
| Likely | M | H | H | C | C |
| Possible | L | M | H | C | C |
| Unlikely | L | L | M | H | C |
| Rare | L | L | M | H | H |

Legend:

| | |
|---|---|
| C | Critical risk; immediate action required. |
| H | High risk; senior management attention is needed. |
| M | Moderate risk; management responsibility must be specified. |
| L | Low risk; manage by routine procedures. |

The risk assessment category is entered into the Risk Score column beside the hazard on the Hazard Management form. 'Significant Hazards' are identified according to the definition above.

Definitions

- '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.
- 'Significant Hazard' means a hazard that is an actual or potential cause or source of:
 - Serious harm, or
 - Harm (that is more than trivial), the severity of its effects on any person depends on the extent or frequency of the person's exposure to the hazard or harm that does not usually occur, or is not easily detectable, until a significant time after exposure to the hazard such as a gradual process injury.
- 'Harm' means 'illness, injury, or both'. The term is only used in the context of harm that is more than trivial.
- 'Serious harm' is essentially a work-related injury, illness, or condition that will result in admission to hospital for 48 hours or more or being off work for more than one week.

Reference

- The Health and Safety in Employment Act 1992 and Amendment.
- www.business.govt.nz/worksafe/.
- www.dol.govt.nz/infozone/businessessentials/safety/hazards/.

Approved by: Mike Bishop, Chair of Disability Sport Auckland

The 12/04/2023



Template 1: Yearly Manual Review

| Health and Safety System | Policy Components | Review Date |
|---|---|-------------|
| Employer Commitment to Health and Safety | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Hazard identification process and risk analysis. • Managing hazards. • Stress at work. • Occupational overuse syndrome (OOS) prevention. • Manual handling guidelines. • Smokefree workplace. • Forms for hazard identification and analysis. | |
| Accident Reporting and Management | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • First Aid. • Disaster management (fire, earthquake, and flood). • Management of an unwanted visitor, bomb threat, etc. | |
| Employee Information, Training, and Supervision | <ul style="list-style-type: none"> • Induction process and training. • Employee responsibilities. • Ongoing training and staff development. • Cross-reference to employer commitment. | |
| Employee Involvement | <ul style="list-style-type: none"> • Employee participation. • Cross-reference to Health and Safety Committees. | |
| Contractors and Visitors | <ul style="list-style-type: none"> • Definitions. • Processes to ensure safety while on-site. • Responsibilities. | |
| Event Management | <ul style="list-style-type: none"> • Health and safety off-site. • Responsibilities and functional relationships with other stakeholders. • Checklists managing risk – event management. | |

Template 2: Checklist for Safe Workplace Audit

| Questions | Response | Follow-up required (when and who by)? |
|--|----------|---------------------------------------|
| Who is your Health and Safety Representative? | | |
| Has this person had recent training in health and safety? 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 and ensuring contractor and staff safety? | | |
| Do you provide information to visitors and contractors of hazards and emergency procedures? How is this done? | | |
| Do you obtain information from contractors about hazards they maybe 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 these current and 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 and accidents? | | |
| Have incidents and accidents been recorded? | | |
| What action has been taken as a result of incidents and accidents? | | |
| Have you had regular Health and Safety Meetings? If yes, how often? | | |
| Are there minutes of these meetings, including who attended and action plans where applicable? | | |
| Have you circulated any material relating to health and safety 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 health and safety matters? | | |
| Have staff participated in the review of any policies or procedures relating to health and safety? | | |

| | | |
|--|--|--|
| Do you set yearly objectives for health and safety? | | |
| 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 health and safety 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 health and safety matters in addition to any policies and procedures? | | |
| Is there an orientation or induction process for new staff that includes health and safety? | | |
| Are health and safety responsibilities assigned to Managers or the Health and Safety Representative written into the Position Description of those people? | | |
| Are health and safety responsibilities included in the performance review of staff? | | |

Template 3: 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 | Visual Display Unit (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 or 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).

Template 4: Incident and Accident Reporting Form/Register

Record of Accident/Incident/Serious Harm

To be completed by the Manager and injured person and sent to the Health and Safety Representative or CEO within 48 hours of the event.

| | | | |
|----------|--------------------------------|--|---|
| Is it an | <input type="radio"/> Accident | <input type="radio"/> Incident/Near Miss | <input type="radio"/> Condition, e.g. OOS |
|----------|--------------------------------|--|---|

Surname:

First name(s):

Residential address:

.....

.....

Telephone:

Gender: M F

Date of event: Time: am/pm

Date reported:

If OOS – date of visit to Doctor:

Hours worked since arrival at work:

Shift: Day Evening Night

Location where event occurred:

.....

Occupation or position of injured person:

.....

Type of employment:

Full-time Part-time Non-employee

Period of employment:

1st week 1st month

1-6 months 7 months - 1 year

1-5 years Over 5 years

Nature of injury or disease:

| | |
|--|--|
| <input type="radio"/> No injury | <input type="radio"/> Superficial |
| <input type="radio"/> Sprain or strain | <input type="radio"/> Open wound |
| <input type="radio"/> Head injury | <input type="radio"/> Poisoning/toxic effect |
| <input type="radio"/> Fracture, spine | <input type="radio"/> Other fractures |
| <input type="radio"/> Multiple injuries | <input type="radio"/> Foreign body |
| <input type="radio"/> Puncture wound | <input type="radio"/> Internal injury, trunk |
| <input type="radio"/> Chemical reaction | <input type="radio"/> Occupational hearing loss |
| <input type="radio"/> Burns | <input type="radio"/> Bruising/crushing |
| <input type="radio"/> Mental disorder | <input type="radio"/> Amputation, including eye loss |
| <input type="radio"/> Nerves/spinal cord | <input type="radio"/> Dislocation |
| <input type="radio"/> Disease skin | <input type="radio"/> Disease circulatory system |

Disease nervous system

Disease musculo-skeletal system

Disease digestive system

Disease infectious or parasitic

Disease respiratory system

Tumour (malignant or benign)

Damage artificial aid

Fatal

Injured part of body:

Trunk Neck

Head Internal organs

Upper limb(s) Lower limb(s)

Multiple locations

Mechanism of event:

Fall, trip, or slip

Sound or pressure

Biological factors

Body stressing

Mental stress

Being hit by moving objects

Heat, radiation, or energy

Chemicals or other substances

Hitting objects with part of the body

Was a 'Significant Hazard' involved?

Yes No

Type of treatment given:

Nil First aid

Doctor Hospital

Agency of injury:

Machinery or (mainly) fixed plant

Mobile plant or transport

Tools, appliances, equipment (powered)

Tools, appliances, and equipment (non-powered)

Chemical or chemical products

Material or substance

Environmental agency

Animal human or biological agency (not bacterial/virus)

Bacterial or virus

THE INVESTIGATION: Describe what happened.

ANALYSIS: What caused the event?

PREVENTION: What action has or will be taken to prevent a recurrence?

By whom?..... By when?

Were ACC forms completed? Yes No
Has time been lost from work? Yes No
If yes, how many days?.....

Manager (Name):

Signature: Date:

Consent (in the case of an ACC claim)

I authorise the CEO or Health and Safety Representative to obtain medical and any other records that are, or may be, relevant to this claim.

I authorise disclosure to any accident insurer of personal information and health information held by other parties relating to the claim.

I authorise disclosure of my health and other information relating to this claim to: my employer, ACC, contracted health or rehabilitation providers, and employee representatives.

Injured Person:

Signature: Date:

Template 5: First Aid Register

| | |
|-----------------|--|
| Employee name: | |
| Position title: | |

| | |
|---------------------------------|--|
| Date of treatment: | |
| Time of treatment: | |
| Person giving first aid: | |
| Accident register completed by: | |
| Nature of injury: | |

Treatment provided:

Template 6: Hazard Register

| Hazard Identification and Analysis | | | | | | Action | | | |
|------------------------------------|---------------|----------------------------|-------------------|-----------------|------------------|--|--------------------|----------------|--------------|
| Hazard and Potential Harm | Risk Category | Significant Hazard? Yes/No | Practicable To | | | Controls Required (including existing) | Person Responsible | Date of Action | Completed By |
| | | | Eliminate? Yes/No | Isolate? Yes/No | Minimise? Yes/No | | | | |
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Template 7: 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: | Location: | Notification to: |
| | | | |
| | Date observed: | | |
| | | | |
| 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 entered into the Hazard Register: | | | |
| Signature of Health and Safety Representative: | | | |

| | |
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| | |
|--|--|

Template 8: Threat Checklist

| Question | Response |
|---|----------|
| What is the nature of the threat? | |
| If the threat is an item what did it look like? | |
| When has the person said the threatening event will take place? | |
| Where did the person say the threat would occur? | |
| What is your name? | |
| Where are you? | |
| Record the exact wording of the threat. | |
| Date and time of call. | |
| Any distinguishing background noises. | |

What was the person's gender? What else could you say about them from their voice?