



KHANDALLAH TENNIS & SQUASH CLUB Inc.

Health and Safety Policy

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PURPOSE

This Policy has been prepared to assist the Khandallah Tennis and Squash Club comply with the Health and Safety at Work Act 2015.

Objectives

The objectives of the Policy are to:

- provide a safe and healthy work environment;
- identify and control actual and potential hazards;
- promote excellence in health and safety management;
- continually improve health and safety;
- establish and maintain communication on health and safety matters within the Club environment;
- keep accurate records of health and safety matters; and
- comply with legal obligations in relation to health and safety.

HAZARD MANAGEMENT AND CONTROL MEASURES

There are four parts to this Policy:

1. Identification – describe hazards and their location;
2. Risk analysis – rate the hazard or risk;
3. Control – recommend the most appropriate control measure to respond to the hazard, and
4. Completing and retaining appropriate records and details in accordance with this Policy on the forms that form part of this Policy.

Definitions as per the Health and Safety at Work Act 2015 (abbreviated for KTSC)

"Hazard" includes a person's behaviour where that behaviour has the potential to cause death, injury, or illness to a person.

"Notifiable event" means any of the following events that arise from work:

- (a) the death of a person; or
- (b) a notifiable injury or illness; or
- (c) a notifiable incident.

"Notifiable injury or illness" means

(a) any of the following injuries or illnesses that require the person to have immediate treatment (other than first aid):

- (i) the amputation of any part of his or her body;
- (ii) a serious head injury;
- (iii) a serious eye injury;
- (iv) a serious burn;
- (v) the separation of his or her skin from an underlying tissue (such as degloving or scalping);
- (vi) a spinal injury;
- (vii) the loss of a bodily function; and

- (viii) serious lacerations;
- (b) an injury or illness that requires, or would usually require, the person to be admitted to a hospital for immediate treatment;
- (c) an injury or illness that requires, or would usually require, the person to have medical treatment within 48 hours of exposure to a substance;
- (d) any serious infection to which the carrying out of work is a significant contributing factor;
- (e) any other injury or illness declared by regulations to be a notifiable injury or illness for the purposes of this section.

“Notifiable incident” means an unplanned or uncontrolled incident in relation to a workplace that exposes a worker or any other person to a serious risk to that person’s health or safety arising from an immediate or imminent exposure to—

- (a) an escape, a spillage, or a leakage of a substance; or
- (b) an implosion, explosion, or fire; or
- (c) an escape of gas or steam; or
- (d) an escape of a pressurised substance; or
- (e) an electric shock; or
- (f) the fall or release from a height of any plant, substance, or thing; or
- (g) the collapse, overturning, failure, or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with regulations; or
- (h) the collapse or partial collapse of a structure; or
- (i) the collapse or failure of an excavation or any shoring supporting an excavation; or
- (j) the inrush of water, mud, or gas in workings in an underground excavation or tunnel; or
- (m) any other incident declared by regulations to be a notifiable incident for the purposes of this section.

Responsibilities

The Khandallah Tennis and Squash Club Health and Safety Officer is responsible for:

- conducting regular health and safety inspections;
- ensuring that club members and staff are aware of the incident management and reporting system including knowing where to obtain the appropriate forms, and report incidents when they occur;
- maintaining the Review Checklist (Form 1) and Hazard Register (Form 3);
- identification of hazards and risk analysis;
- initiating and carrying out incident investigations;
- reviewing the Review Checklist, Hazard Management Register, Incident Reporting Forms, Hazard Notification Forms and investigation reports to ensure that corrective actions have been carried out within the specified timeframes and hazards have been controlled;
- acting as the health and safety representative, including liaising with ACC, Worksafe and any other appropriate authority as applicable; and
- reporting and documenting all incidents.

The KTSC Management Committee is responsible for:

- ensuring so far as reasonably practicable a safe and healthy Club environment;
- ensuring so far as reasonably practicable the health and safety of staff at the Club;
- ensuring so far as is reasonably practicable, that the health and safety of other persons at the Club;
- arranging for appropriate first aid and emergency assistance where required; and
- liaising with and working with the Health and Safety Officer as required.

The Hazard Management Register (Form 3) needs to be completed:

- systematically for all areas and processes at six-monthly intervals;
- when an incident occurs and a check to ensure hazards and controls are identified;
- when a new process or equipment is introduced; and
- if a new hazard is observed or reported.

Incident investigation and reporting:

- The purpose of the investigation procedure is to determine causes of an incident and to put in place controls to minimise the chances of a recurrence. The Incident Report Form (Form 2) must be used for this purpose.
- Notifiable events must be notified reported, in writing, and on the prescribed form, to Worksafe as soon as possible after becoming aware that a notifiable event has occurred.
- The Health and Safety officer must be advised immediately so that Worksafe can be advised if required.

Contractors and Visitors

The KTSC Management Committee is responsible for:

- ensuring that contractors and visitors are aware of hazards that may be relevant to the visitor and/or contractor and are brought to the attention of the visitor and/or contractor;
- ensuring that contractors and visitors are aware of incident reporting procedures;

- advising contractors and visitors on emergency responses 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.

Contractors are responsible for:

- having their own health and safety management system that complies with the Health and Safety at Work Act 2015;
- providing the details of any hazards that they will be bringing onto the Club or any hazards that may be created as a result of the nature of work being undertaken and how these hazards will be mitigated;
- ensuring any Contractor employees have received any safety specific training; and
- reporting and notification of incidents on the required forms, including providing copies of any forms of the Contractor.

Visitors are responsible for:

- acting on the instruction of club members and staff in accordance with relevant requirements; and
- complying with any health and safety policies and procedures that the Club has in place, including reporting hazards and incidents and completing any documentation as required.

Form 1: Review Checklist

Health & 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 prevention • Manual handling guidelines • Smoke-free 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, flood) • Management of an unwanted visitor, bomb threat 	
Employee information, training and supervision	<ul style="list-style-type: none"> • Induction process & training • Employee responsibilities • Ongoing training and staff development • Cross-references 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 	

Form 2: Incident Report Form

Record of Accident /Incident/ Serious Harm	
<p>To be completed by a Club member that witnesses the incident, and/or the injured person and sent to the Health and Safety Officer as soon as possible after the event. Where possible the injured person should be asked to check the details and sign below.</p>	
<p>Is it an <input type="radio"/> Accident <input type="radio"/> Incident/Near Miss <input type="radio"/> Condition (e.g. OOS)</p>	
<p>Injured or affected person Surname: First name(s): Residential address: Phone: Gender: <input type="radio"/> M <input type="radio"/> F Date of event:Time: am/pm Date reported:..... If OOS – date of visit to doctor:..... Hours worked since arrival at work:..... Shift <input type="radio"/> Day <input type="radio"/> Evening <input type="radio"/> Night Location where event occurred: Occupation or position of injured person: Type of employment: <input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Non-employee Period of employment: <input type="radio"/> 1st week <input type="radio"/> 1st month <input type="radio"/> 1-6 months <input type="radio"/> 7 months-1 yr <input type="radio"/> 1-5 years <input type="radio"/> Over 5 years Nature of injury: <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 <input type="radio"/> Nerves/spinal cord <input type="radio"/> Dislocation <input type="radio"/> Disease <input type="radio"/> Other:</p>	<p>Injured part of body: <input type="radio"/> Trunk <input type="radio"/> Neck <input type="radio"/> Head <input type="radio"/> Internal organs <input type="radio"/> Upper limb(s) <input type="radio"/> Lower limb(s) <input type="radio"/> Multiple locations Mechanism of event: <input type="radio"/> Fall, trip or slip <input type="radio"/> Sound or pressure <input type="radio"/> Biological factors <input type="radio"/> Body stressing <input type="radio"/> Mental stress <input type="radio"/> Being hit by moving objects <input type="radio"/> Heat, radiation or energy <input type="radio"/> Chemicals or other substances <input type="radio"/> Hitting objects with part of the body Was a ‘Significant Hazard’ involved? <input type="radio"/> Yes <input type="radio"/> No Type of treatment given: <input type="radio"/> Nil <input type="radio"/> First aid <input type="radio"/> Doctor <input type="radio"/> Hospital Agency of injury: <input type="radio"/> Machinery or (mainly) fixed plant <input type="radio"/> Mobile plant or transport <input type="radio"/> Tools, appliances, equipment (power) <input type="radio"/> Tools, appliances, equipment (non-powered) <input type="radio"/> Chemical or chemical products <input type="radio"/> Material or substance <input type="radio"/> Environmental agency <input type="radio"/> Animal, human or biological agency (not bacterial/virus) <input type="radio"/> Bacterial or virus</p>

THE INVESTIGATION:

Describe what happened:

Type of treatment given:

Name of person giving first aid:

Doctor/Hospital:

Accident investigated by:

WorkSafe advised: Yes No Date

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?.....

Member (Name)

Signature: Date:

Consent (in the case of an ACC claim)

I authorise the Health and Safety Officer 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, employee representatives.

Injured Person:

Signature: **Date:**

Form 3 – Hazard Management Register

Hazard identification and Analysis							Action
Hazard and potential harm	Risk Category	Significant hazard?	Practicable to			Controls required (including existing)	Person responsible
		Yes/No	Eliminate? Yes/No	Isolate? Yes/No	Minimise? Yes/No		
KITCHEN/BAR							
Electrical appliances							
Lighting							
Powerpoints							
Microwave							
Hot liquids incl water, oil							
Utensils incl knives							
Alcohol							
Floors							
Cleaning Chemicals							
LOUNGE							
Tables chairs							
Pool/table tennis tables / darts							
Lighting							
DECK							
Balustrade							
Lighting							
GALLERY							
Court rails							
Stairs							

LOBBY/HALL							
Exits							
Courts							
Squash balls							
Racquets							
Dust							
Lighting							
BATHROOMS							
Tiled floors							
Cleaning chemicals							
Lighting							
CARPARK							
Vehicle impact							
Lighting							
OFFICE							

Form 4: 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:
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 officer report including analysis and action taken:			
Date entered into the hazard register:			
Signature of health and safety officer:			