



HEALTH AND SAFETY POLICY

Ver 001

September 2016

BACKGROUND

North Harbour Water Polo Club strategy is New Zealand’s premier water polo club and the most significant contributor to the growth of New Zealand Water polo talent.

Our purpose is to grow our sport through promoting and encouraging knowledge of, and the ability and excellence in, water polo for people of all ages.

As part of our obligations as an employer and with the benefit of a large number of volunteers we are supported by, we recognise the need to ensure a safe working environment for all those involved with our organisation. The following policy applies to all involved within our organisation.

APPROVAL

This manual has been reviewed and approved by the Committee Elect on the date stated in the table below. The record of this will be formalised in the minutes and filed with the original signed document of the approved Policy, any subsequent Revisions will be recorded in the same manner.

- On Approval the Chairperson of the Committee Elect will initial each page and fill in the Date Approved on the original a copy.
- A photocopy of this original document will be filed in the NHWP Office in a dedicated Health and Safety Manual.

Version Number	Reason for Revision	Date Approved
001	Initial Version	

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1 Health and Safety Act

North Harbour Water Polo is committed to providing and maintaining a safe and healthy workplace for all staff, members and volunteers in providing the information training and supervision needed to achieve this.

North Harbour Water Polo take responsibility for health and safety procedures, however, employees need to be aware of their responsibilities and comply with NHWP Health and Safety Policy.

The employer and employee will meet their obligations under the NZ Department of Labour act April 2016: This approach follows the existing Health and Safety in Employment Act 1992. Although casual volunteers and volunteers doing these activities won't be "volunteer workers" for the purposes of the Act, their health and safety will still be covered by the PCBU's duty to other persons affected by the work of the business or undertaking.

Health and Safety at Work Act 2015 <http://www.business.govt.nz/worksafe/hswa>

1.1 The employer's duties include (NHWP):

- providing and maintaining a safe working environment for employees and others in the workplace
- providing and maintaining facilities for the welfare of the employee while at work
- providing all necessary training and instructions to employees
- making sure machinery and equipment is safe [e.g. scoreboards; goals etc]
- making sure working arrangements are not hazardous
- providing procedures to deal with work emergencies
- providing Incident Reporting training
- making sure health and safety employee engagement and participation processes are in place
- consulting and cooperating with other businesses operating in the same workplace(s) to keep everyone safe and healthy.
- Ensuring understanding and compliance with the AUT Millennium institute of Sport & Health, Health and Safety Manual.

1.2 The Employees duties include(Volunteers, Coach, Managers etc):

The employee will follow the employer's health and safety rules and procedures. The employee will take reasonable care to look after their own health and safety at work, their fitness for work, and the health and safety of others.

Each employee is encouraged to play a vital and responsible role in maintaining a safe and healthy workplace through:

- being involved in the workplace health and safety system.
- participating in health and safety discussions
- following correct procedures and equipment.
- reporting any pain or discomfort as soon as possible [whistles, injury]
- ensuring all Serious Harm and incidents are reported

- helping new employees, trainees and visitors to the workplace understand the right safety procedures and why they exist. [Health & Safety Induction – signed off]
- telling your Manager/ Health & Safety Representative immediately of any health and safety concerns.
- keeping the work place tidy to minimise the risk of any trips and falls.
- following all reasonable health and safety rules and instructions
- exercising their right to refuse to do unsafe work
- taking reasonable care that their actions (or inactions) do not cause harm, or risk of harm, to themselves or others
- not reporting for duty under the influence of alcohol or drugs that impair their performance or fitness for work
- wearing all necessary personal protective equipment and clothing.
- the employee must report any accidents, incidents and near misses so the employer can investigate, and eliminate or minimise harm or risk of harm.
- Failure to follow reasonable health and safety rules may be considered serious misconduct.

2 Drugs and Alcohol

It is not permitted under any circumstances for an employee to be intoxicated or have the signs of intoxication or drugs whilst on work premises or carrying out work on behalf of North Harbour Water Polo.

3 Accident Reporting and Investigation

In the event of an accident occurring, at work, resulting in either injury to an employee or where the accident had potential for injury to occur, then the Reporting and Accident Investigation Procedure set out below must be followed.

4 Accident Reporting

All accidents and incidentals are to be reported whether injury occurred or not.

4.1 Accident/Serious Harm resulting in Injury

It is the responsibility of the injured employee to notify Management/H&S Representative of the accident/Serious Harm (ASAP).

- A copy of the form can be found in the Policy & Procedure file held by the Office Manager.

4.2 Accident /Serious Harm Investigation

It is the responsibility of Management to investigate both injury and non-injury Accidents/Serious Harm incidents. The details of the investigation are to be recorded on the Accident/Serious Harm Investigation Report Form.

4.3 Non-Injury Accident/Near Miss

In circumstances where an Accident/Near Miss occurs that does not result in immediate injury but which could by its nature affect the employee at a later stage,

and then this must be reported by the employee to Management/H&S Representative, on site at the time of the accident.

5 Working at other Facilities.

NHWP will ensure all employees are informed of the site safe facilities and responsible persons at all pools that employees are sent to.

It is the responsibility of the employee to ensure that while working at other facilities they familiarise themselves with any "Health and Safety" documentation and or induction for a "safe working environment" offered.

Whilst at other facilities / sites employees will abide by the reporting and operational guidelines that that site works under.

- For any accidents that are reported by employees at other sites, copies of the documentation must be retained by the employee.
- It is the employee's responsibility to ensure this documentation is given to the Management when the employee next returns to the office.

6 Child Safety Policy

While a Child Safety Policy is not part of our Health and Safety Requirements NHWP recognise the importance of this document and have identified that an existing policy exists.

Please refer to our separate policy called Child Safe Policy a copy of which is kept in the office in the Policy Manual at all times.

7 Event Form Requirements

In Attachment 2 the Event Form is for the NHWP office to complete and seek appropriate information from the Event Organisers the process followed will be:

- Fill in form for event with each team's details and email PDF to event organisers.
If nothing is returned from the event organisers, the office should follow up with a phone call and manually fill in the form. A copy of the completed form will then be sent to the event organisers in confirmation of the phone discussion.
- On receipt of the form from the organisers ensure a copy is emailed to each individual Manager BEFORE the event.
- Complete the NHWP section on date the details are emailed to each manager.
- File completed Event Form in Event Folder to be held for 1 year then archived.

NOTE: There will be training held for managers either individually or collectively to ensure they are aware of this process and understand their responsibilities regarding emergency contacts at venues for events held for their teams.

On completion of this training they will sign the Training and Instruction Schedule which will be held on file.

ATTACHMENT 2 EVENT FORM

NAME OF EVENT _____

EVENT ORGANISERS _____

NHWP TEAM ENTERED

1

2

3

4

5

6

7

8

9

10

11

12

In meeting responsibilities for the updated Health & Safety Act 2016 please supply the following details for each pool being utilised in the event named above, for the team named above.

Facility	Pool Name	Site Contact Person for Managers
Pool 1		
Pool 2		
Pool 3		
Pool 4		
Pool 5		
Pool 6		

Confirmation of the following Safety Requirements to be advised for each site:

Lifeguard/s on site [at all times] Evacuation Assembly Points Location of first Aid station/Kit

Event Emergency Contact Name _____ **Ph No** _____

NHWP OFFICE TO COMPLETE:			
<i>Tick and date when Email details to Managers of each team named above</i>			
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>

ATTACHMETN 3 Health and Safety Checklist for New Employees

Employee Name: _____

Start Date: ____/____/____ Supervisor/Manager: _____

H&S Checklist	Date completed	Review Date	Signature/ Comments
Employee has been shown: <ul style="list-style-type: none"> <input type="checkbox"/> Where the emergency exits are located <input type="checkbox"/> Where the fire extinguishers are. <input type="checkbox"/> The evacuation procedure. <input type="checkbox"/> Where the first aid kit is. <input type="checkbox"/> Who first aiders are _____ (names). <input type="checkbox"/> The assembly area _____ (name of area). <input type="checkbox"/> Emergency wardens _____ (name of warden). 			
Employee knows: <ul style="list-style-type: none"> <input type="checkbox"/> Responsibilities of employees. <input type="checkbox"/> Who the Health & Safety Officers are _____ (names). <input type="checkbox"/> Where Health & Safety information is kept. 			
Hazards outlined: <ul style="list-style-type: none"> <input type="checkbox"/> All hazards relevant to the employee's role have been advised of, as well as hazards around the workplace that may affect the employee. <input type="checkbox"/> All hazards are explained and discussed with the employee. <input type="checkbox"/> The controls for these hazards are explained and discussed. <input type="checkbox"/> A list of these hazards has been given to the employee for them to keep*. <input type="checkbox"/> How to report hazards. <input type="checkbox"/> Where records of hazards are kept. <input type="checkbox"/> Safe work procedures. <p>*See Hazard's Explained to New Employee sheet (Downloads panel) for an example of this.</p>			
Specific job explained: <ul style="list-style-type: none"> <input type="checkbox"/> How to do the job safely including use of safety clothing and equipment. <input type="checkbox"/> The safety signs and what they mean. <input type="checkbox"/> How to safely use/store and maintain safety equipment, and hazardous materials that are relevant to the role. 			
Employee knows how to report: <ul style="list-style-type: none"> <input type="checkbox"/> Injuries <input type="checkbox"/> Near-hits/near misses <input type="checkbox"/> Early signs of discomfort <input type="checkbox"/> Incident/injury forms are kept _____ 			

I confirm that the details in this checklist have been explained to me Employee's

Signature: _____

Date: _____

ATTACHMENT 4 Accident/Serious Harm Resulting in Injury Form

OSH Notice of record of accident / serious harm DEPARTMENT OF
 OCCUPATIONAL Complete this form and forward it to your nearest OSH office within |L|A|B|O|U|R|
 SAFETY AND 7 days of incident. Keep a copy for your own records. T E T A H I M A H I
 HEALTH SERVICE

1 Particulars of employer:

(Business name and address)

2 Location of place of work:

Shop, shed, unit no, floor, building; Street no and name ; Locality / suburb

3 Personal data of injured person:

Name	
Residential address	

Date of birth Sex (M/F)

4 Occupation or job title of injured person:

--

5 Period of employment of injured person:

<input type="checkbox"/> 1 st week	<input type="checkbox"/> 1 st month	<input type="checkbox"/> 1-6 month
<input type="checkbox"/> 6months - 1 year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> Over 5 yrs
<input type="checkbox"/> non-employee		

6 Treatment of injury:

<input type="checkbox"/> Nil	<input type="checkbox"/> First-aid	<input type="checkbox"/> Doctor (not Hospitalised)
<input type="checkbox"/> Hospitalised		

7 Time and date of accident / serious harm:

Time am / pm

Date

Shift Day Afternoon Night

Hours worked since arrival at work

8 Mechanism of accident / serious harm:

<input type="checkbox"/> Fall, trip or slip	<input type="checkbox"/> Hitting objects with part of the body
<input type="checkbox"/> Sound or pressure	<input type="checkbox"/> Being hit by moving objects
<input type="checkbox"/> Body stressing	<input type="checkbox"/> Heat, radiation or energy
<input type="checkbox"/> Biological factors	<input type="checkbox"/> Chemicals or other substances
<input type="checkbox"/> Mental stress	

9 Agency of accident / serious harm:

<input type="checkbox"/> Machinery or (mainly) fixed plant
<input type="checkbox"/> Mobile plant or transport
<input type="checkbox"/> Powered equipment, tools or appliances
<input type="checkbox"/> Non-powered handtools, appliances and equipment
<input type="checkbox"/> Chemical or chemical products
<input type="checkbox"/> Material or substance
<input type="checkbox"/> Environmental agency
<input type="checkbox"/> Bacterial or virus
<input type="checkbox"/> Animal, human or biological agency (not bacterial or virus)

10 Body Part:

<input type="checkbox"/> Head	<input type="checkbox"/> Neck	<input type="checkbox"/> Trunk
<input type="checkbox"/> Upper limb	<input type="checkbox"/> Lower limbs	<input type="checkbox"/> Multiple locations
<input type="checkbox"/> Systematic (internal organs)		

11 Nature of injury or disease: (specify all)

<input type="checkbox"/> Fracture of spine	<input type="checkbox"/> Puncture wound	<input type="checkbox"/> Fatal
<input type="checkbox"/> Other fractures	<input type="checkbox"/> Poisoning and toxic effects	
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Multiple injuries	
<input type="checkbox"/> Sprain or strain	<input type="checkbox"/> Damage to artificial aid	
<input type="checkbox"/> Head Injury	<input type="checkbox"/> Disease, nervous system	
<input type="checkbox"/> Internal injury of trunk	<input type="checkbox"/> Disease, musculoskeletal system	
<input type="checkbox"/> Amputation, incl. Eye	<input type="checkbox"/> Disease, skin	
<input type="checkbox"/> Open wound	<input type="checkbox"/> Disease, digestive system	
<input type="checkbox"/> Superficial injury	<input type="checkbox"/> Disease, infectious or parasitic	
<input type="checkbox"/> Bruising or crushing	<input type="checkbox"/> Disease, respiratory system	
<input type="checkbox"/> Foreign body	<input type="checkbox"/> Disease, circulatory system	
<input type="checkbox"/> Burns	<input type="checkbox"/> Tumour (malignant or benign)	
<input type="checkbox"/> Nerves or spinal cord	<input type="checkbox"/> Mental Disorder	

12 Where and how did the accident/ harm happen?

If not enough room, attach separate sheet or sheets

13 Has an investigation been carried out?

Yes / No

Was a significant hazard involved?

Yes / No

Completed by: Employer or employer's representative (delete which is not applicable)

Name and position Signature Date

ATTACHMENT 5 Accident/Serious Harm Investigation Report Form 1

REPORTING OFFICER'S REPORT

Who was injured? _____

Who saw the incident happen? _____

How did the incident happen? _____

What caused the accident? Eg...

Lack of Training

Ineffective Guarding

Lack of Maintenance

Inexperience
enforced

Lack of Protective equipment

Safety Rules not

Workplace design
(equipment, layout, lighting
ventilation)

Unsafe Work methods

Misconduct

Weather

Poor housekeeping

Language difficulties

NOTE: There is likely to be more than one factor involved.

Explain _____

How can a recurrence be prevented? _____

Reporting Officer's Name _____

Signature _____

Date _____

Labour Department Advised Yes/No

Date _____

ACC Work-related injury Yes/No

Reporting Officer's comments _____

Copy to



ATTACHMENT 6 Accident/Serious Harm Investigation Report Form 2 Employee Details

Name _____

Address _____

INJURY DETAILS

Date of Incident.....Time.....Date Reported.....Time.....

Date ceased work..... Time..... Project Manager

Time lost (to date).....

On Site Medical Treatment Required.....

NATURE AND EXTENT OF INJURY

- | | | | |
|-------------------------|---------------|-----------------|--------------|
| 1) Type of incident | Flying Object | Manual Handling | Electricity |
| | Struck by | Poisons | Fall |
| | Caught in | Temperature | Other |
| 2) Nature of Injury | Sprain | Laceration | Burn |
| | Fracture | Concussion | Superficial |
| | Multiple | Dislocation | Amputation |
| | Contusion | Other | |
| 3) Part of body injured | Neck | Trunk | Multiple |
| | Head | Arm | General |
| | Eyes | Leg | Unspecified. |

DESCRIBE INJURIES

Copy to



ATTACHMENT 7 Near Miss/Incident Report

NAME OF PERSON INVOLVED:		
DATE:	AREA:	
TIME:	REPORTED BY:	
DESCRIPTION OF NEAR MISS / INCIDENT:		
POSSIBLE CAUSE(S):		
ACTIONS TO BE TAKEN:		
IMMEDIATE / SHORT TERM	ACTIONED BY	REVIEW
.....
.....
.....
.....
LONG TERM	ACTIONED BY	REVIEW
.....
.....
.....
.....
SIGNED:	SIGNED:	
(Person Involved)	(Institute OSH Co-ordinator)	
SIGNED:		
(General Manager)		

ATTACHMENT 8 Checklist for Investigating an Accident or incident

1. All accidents and incidents within the Institute are reported. _____
2. Accident or Incident to be entered into the Accident / Incident Register. _____
3. Classify the accident or Incident as to whether or not it is work related. _____
4. Classify the accident (Serious, Minor or Incident.) _____
5. If Minor or Incident complete investigation and action report _____
6. If the accident is serious advise _____
7. Contact OSH _____
8. Complete full Investigation and Accident Investigation Report _____
9. Copy of report to _____
10. File Investigation and Accident Report (Send copies to relevant people) _____
11. Complete OSH Report forms _____
12. Assist OSH inspector with investigation _____
13. Obtain copy OSH report _____
14. Collate OSH report with Internal report _____
15. Copies of collated report to _____
(Copies to relevant people)
16. Complete Action Report _____
17. Check Action report implemented _____