

KING COUNTRY 4WD CLUB

HEALTH & SAFETY MANUAL

2014

Table of Contents

1. Health and safety policy statement.....	1
2. Step 1: Hazard identification and control procedures.....	3
3. Step 2: Risk assessment and management.....	4
3.1 Undesired events.....	4
3.2 Factors causing accidents.....	4
3.3 Risk management strategies.....	5
3.4 Land owners attaching to and forming part of this plan.....	6
4. Step3: Accident & incident reporting, recording & investigation procedures..	7
5. Step 4: Emergency and evacuation procedures.....	8
6. Accident / incident register.....	9
7. Trips.....	10
7.1 Trip / events.....	10
7.2 Private property (personal residence) visits.....	10
7.3 Duties of persons in control of the place of work under the health and safety in employment act 1992.....	10
7.4 Duties of the King Country 4wd club.....	11
8. Members Acknowledgement.....	12
Appendix A-Club member / Training record.....	14
Appendix B-Notification of circumstances of accident or serious harm.....	15
Appendix C-Accident Investigation.....	16
Appendix D-Contractors agreement.....	17

1. Health & Safety Policy Statement

King Country 4wd Club is committed to maintaining a safe and healthy club environment for the safety and health of our members and other persons visiting or participating in club activities.

Health and safety is everyone's business, and everyone is expected to share in our commitment to avoid all accidents and incidents, which may cause personal injury, property damage or loss of any kind.

Every member is expected to act safely at all times to ensure their own welfare and that of their fellow members and other visitors during events and such other activities the club may enter into, including private premises or property as part of club activities.

We will ensure the safety of members by:

- Working towards providing and maintaining a safe environment at all times;
- Monitoring all relevant plant and equipment for safety;
- Endeavouring to ensure that all members and other people at (or in the vicinity) of the events are not exposed to unmanaged or uncontrolled hazards;
- Developing and implementing emergency and evacuation procedures; and
- Providing guidelines for events.

To achieve this we will:

1. Systematically identify and control all relevant hazards which club members and other such persons may be exposed to. Where there are significant hazards we will take all practicable steps to eliminate, isolate and or minimise these hazards to prevent any injury or damage to property.
2. Inform all members of these hazards and the hazard controls.
3. Ensure all members are competent to operate equipment during club activities or supervised by a competent member.

HEALTH & SAFETY MANUAL

4. Inform all members of emergency and evacuation procedures as may apply.
5. Record all incidents and accidents in our activities and take all practicable steps to prevent these events from happening.
6. Carry out regular inspections to monitor health and safety issues.
7. Ensure all members are given reasonable opportunities to participate effectively in ongoing processes for the improvement of health and safety in our club.

Signed: _____
President

Dated:

Passed by the committee on:

2. STEP 1: HAZARD IDENTIFICATION AND CONTROL PROCEDURES

It is our intention to systematically identify and control all hazards.

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

Eliminate the hazard,

Isolate the hazard, or

Minimise the hazard

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

- Protective clothing and equipment is used by all members, whenever necessary;
- Good 4 wheel drive practices are used and maintained;
- Members are competent and/or supervised;
- Any new hazards identified, are incorporated into Hazard Register and all members informed;
- Any new practices introduced to the club will be assessed before use, and safety controls / practices are established;
- All hazards and the hazard controls will be regularly assessed; and
- All implicated members are aware of an emergency that may apply to them.

3. STEP 2: RISK ASSESSMENT & MANAGEMENT

3.1 UNDESIREED EVENTS

Accident, injury
damage to people,
property and other
forms of damage

- Injury due to vehicle accident
- Damage to vehicles.
- Damage to equipment
- Injury due to terrain
- Unintended separation from main party

3.2 FACTORS CAUSING ACCIDENTS

People

- Not following directions
- Peer pressure
- Poor radio communication
- Leadership conflict
- Too many people
- Confined space
- Venturing off the defined track
- Poor map reading
- Careless behaviour

Equipment

- Poorly maintained equipment
- Unsafe tracks and landslips
- Unsafe bridges
- Unsafe vehicles
- Lack of appropriate equipment

Environment

- Slippery surface
- Overgrown tracks
- Weather conditions
- Inadequate pre trip survey
- Lack of daylight
- Water crossings

3.3 RISK MANAGEMENT STRATEGIES

People	<ul style="list-style-type: none"> ▪ Event briefing ▪ Group is kept together plan ▪ Radio communication ▪ Accident register ▪ Trip leader ▪ First aid equipment and personal ▪ Group limits to size ▪ Qualified map reading personal ▪ Tail End Charlie ▪ Buddy system for novices ▪ Spacing between vehicles ▪ Winching procedures ▪ Advise on trip return
Equipment	<ul style="list-style-type: none"> ▪ All vehicles to be in a safe mechanical condition ▪ Winch and winch rope check ▪ Vehicle recovery equipment ▪ Pre-trip check of equipment ▪ Maintain equipment ▪ First aid kits ▪ Fire extinguishers
Environment	<ul style="list-style-type: none"> ▪ Pre-trip track check ▪ Evacuation routes ▪ Match track to club member skill ▪ Monitor environment damage ▪ Mark hazards clearly (Tape), remove after activity ▪ Check weather ▪ Permission ▪ Check river crossings ▪ Visual check all non-public bridges to be used ▪ Check trip time for daylight

Relevant Club /
Association
Requirements

- Guidelines for trip organization completed
- Club rules complied with
- Association rules complied with
- Permits obtained
- First aid
- Knowledge of emergency procedures
- Advice to third party of trip and arrival
- Objectives of the trip

3.4 LAND OWNERS ATTACHING TO AND FORMING PART OF THIS PLAN

The following land owner's Health and Safety plan attaches to and forms part of the Club plan as may apply.

(Add the names and address of property owners you want to be part of the plan).

4. STEP 3: ACCIDENT & INCIDENT RECORDING, REPORTING & INVESTIGATION PROCEDURES

- All accidents and safety related incidents on club activities must be notified to the Health and Safety Officer, President or a Committee Member promptly.
- All incidents and non-serious harm accidents must be recorded on the Accident / Incident Register included in this Safety Manual.
- All serious harm accidents to any person e.g. member, visitor and other person(s) are to be notified to the Committee as soon as possible.

5. STEP 4: EMERGENCY AND EVACUATION PROCEDURES

In the event of any emergency, or natural disaster, the following will happen:

1. Prevention of harm to all persons on site.
2. Raise the alarm.
3. Contact Emergency Services on 111 (as required).
4. Do not put yourself or anyone else at any unnecessary risk!
5. Evacuate the area as applicable.
6. Assemble all personnel in a safe place.
7. Check that all members and visitors are accounted for.

A first aid / safety kit will be taken on all club trips / events. Special equipment / personnel to be present in specific circumstances (for example, Winch Challenge or such competitions).

In the event of 'field trips' the first aid / safety kit will be collected by the trip leader and returned to the designated place.

7. TRIPS

7.1 TRIPS / EVENTS

When visiting places the members undertake to ensure:

- All members will be suitably equipped and attired in accordance with any requirements of the trip, (winches, ropes, tents, radios, clothing, food, etc.)
- Members will adhere to any rules imposed by the trip leader in relation to hazards, emergency procedures, restricted areas etc.
- The club will identify a group leader (trip leader) for every event who will act as key contact and group supervisor.

7.2 PRIVATE PROPERTY (PERSONAL RESIDENCE) VISITS

Whilst the owners of such properties do not have any duties to visitors, the members undertake to ensure that all relevant safety rules and procedures contained within the club safety manual will be followed.

7.3 DUTIES OF PERSONS IN CONTROL OF THE PLACE OF WORK UNDER THE HEALTH AND SAFETY IN EMPLOYMENT ACT 1992

Trespassers:- there are no duties to trespassers under the Act.

Authorised visitors/club members who have not paid to be there:- the person in control of the area has a duty to warn visitors of any unusual hazards that would not be expected to be in the place. This warning can be verbal and only needs to be given to the group leader (who is expected to advise the group).

Authorised visitors/club members who have paid to be there:- the person in control of the area must take all practicable steps to ensure the safety of all.

7.4 Duties of the King Country 4WD Club.

As a non-profit organisation with no paid employees, engaged in recreational activity, the club has a duty of care to persons performing voluntary work. In addition, the Occupational Safety and Health service encourages such organisations to take all practicable steps to ensure the safety of its members (including guests and visitors). These duties are not enforceable.

A means of contacting emergency services and a first-aid / safety kit is to accompany all field trips.

8. MEMBERS ACKNOWLEDGEMENT

I have read and understand, this Health and Safety Manual. In particular:

- Hazards I may be exposed to (including hazard control measures);
- Accident / Incident reporting requirements; and
- Emergency procedures.



Signed: _____ Date: _____

Name: _____ Position: _____

Signed: _____ Date: _____

Name: _____ Position: _____

Signed: _____ Date: _____

Name: _____ Position: _____

Signed: _____ Date: _____

Name: _____ Position: _____

Signed: _____ Date: _____

Name: _____ Position: _____

Signed: _____ Date: _____

Name: _____ Position: _____

Signed: _____ Date: _____

Name: _____ Position: _____

The following forms should be used for photocopying only:

- Hazard Register
- Training Record
- Accident / Incident Register
- Notification of Circumstances of Accident or Serious Harm
- Accident Investigation
- Contractor's Agreement
- Club member Acknowledgement

APPENDIX A – CLUB MEMBER/ TRAINING RECORD



Name: _____

Address _____

T R A I N I N G						
Under Training				Fully Competent		
Task	Date	Trainee Signed	Trainer Signed	Date	Trainee Signed	Trainer Signed

UNDER TRAINING means: Received instruction on safety rules and hazards including safe operating procedures & practices. Must work under supervision.

FULLY COMPETENT means: Fully trained and able to operate unsupervised.

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APPENDIX B – NOTIFICATION OF CIRCUMSTANCES OF ACCIDENT OR SERIOUS HARM

Complete form and forward to nearest OSH Office within 7 days of event.

Required for section 25(1), (1A), (1B), and (3)(b) of the Health and Safety in Employment Act 1992
For non-injury accident, complete questions 1, 2, 3, 9, 10, 11, 14 and 15 as applicable

1 Particulars of employer, self-employed person or principal:
(business name, postal address, telephone number)

2 The person reporting is:

- an employer a principal a self-employed person

3 Location of place of work:

(shop, shed, unit nos., floor, building, street nos. and names, locality/suburb, or details of vehicle, ship or aircraft)

4 Personal data of injured person:

Name			
Residential address			
Date of birth		Sex (M/F)	

5 Occupation or job title of injured person:
(employees and self-employed persons only)

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6 The injured person is:

- an employee a contractor (self-employed person)
 self other

7 Period of employment of injured person:

(employees only)

- 1st week 1st month 1-6 months
 6 months-1 year 1-5 years Over 5 years
 non-employee

8 Treatment of injury:

- None First aid only
 Doctor but no hospitalisation Hospitalisation

9 Time and date of accident/ serious harm:

Time am/pm
Date Shift Day Afternoon Night

Hours worked since arrival at work

(employees and self-employed persons only)

10 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 | |

11 Agency of accident/ serious harm:

- machinery or (mainly) fixed plant
 mobile plant or transport
 powered equipment, tool, or appliance
 non-powered handtool, appliance, or equipment
 chemical or chemical product
 material or substance
 environmental exposure (e.g. dust, gas)
 animal, human or biological agency (other than bacteria or virus)
 bacteria or virus

12 Body part:

- head neck trunk
 upper limb lower limb multiple locations
 systemic internal organs

13 Nature of injury or disease:

fatal

(specify all)

- | | |
|--|---|
| <input type="checkbox"/> fracture of spine | <input type="checkbox"/> puncture wound |
| <input type="checkbox"/> other fracture | <input type="checkbox"/> poisoning or 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, including 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 chord | <input type="checkbox"/> mental disorder |

14 Where and how did the accident/serious harm happen?

(If not enough room attach separate sheet or sheets.)

15 If notification is from an employer:

- (a) Has an investigation been carried out? yes no
(b) Was a significant hazard involved? yes no

Signature and date _____ / ____ / ____
Name and position <i>(capitals)</i>

APPENDIX C – ACCIDENT INVESTIGATION

Name of organisation: Branch/department:

PARTICULARS OF ACCIDENT			
Date of accident	Time	Location	Date reported
MTWTFSS (circle)			

THE INJURED PERSON				
Name		Address		
Age	Phone number			
Date of accident	Length of employment — at plant on job			
TYPE OF INJURY:	<input type="checkbox"/> Bruising	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Other (specify)	Injured part of body
<input type="checkbox"/> Strain/sprain	<input type="checkbox"/> Scratch/abrasion	<input type="checkbox"/> Internal		
<input type="checkbox"/> Fracture	<input type="checkbox"/> Amputation	<input type="checkbox"/> Foreign body	Remarks	
<input type="checkbox"/> Laceration/cut	<input type="checkbox"/> Burn scald	<input type="checkbox"/> Chemical reaction		

DAMAGED PROPERTY	
Property/ material damaged	Nature of damage
	Object/substance inflicting damage

THE ACCIDENT
Description
Describe what happened (space overleaf for diagram — essential for all vehicle accidents)

Analysis		
What were the causes of the accident?		

HOW BAD COULD IT HAVE BEEN?	WHAT IS THE CHANCE OF IT HAPPENING AGAIN?
<input type="checkbox"/> Very serious <input type="checkbox"/> Serious <input type="checkbox"/> Minor	<input type="checkbox"/> Minor <input type="checkbox"/> Occasional <input type="checkbox"/> Rare
Prevention	
What action has or will be taken to prevent a recurrence?	Tick items already actioned
Use space overleaf if required	

TREATMENT AND INVESTIGATION OF ACCIDENT			
Type of treatment given	Name of person giving first aid	Doctor/Hospital	
Accident investigated by	Date	OSH advised YES / NO	Date

APPENDIX D – CONTRACTOR’S AGREEMENT

Date

?

Dear _____

Re: **CONTRACT FOR** _____

To comply with the Health and Safety in Employment Act 1992, we require all contractors who wish to tender for contracts or maintain a service agreement/remain a preferred contractor/supplier to provide the following information:

1. Health and Safety Management Plan that includes:
 - Safety policy;
 - Hazards and the hazard controls; and
 - Accident reporting procedures

2. Contractors are reminded that all work is subject to the provisions of the Health and Safety in Employment Act 1992. In particular:
 - Contractors applying to the trade or profession within which they operate;
 - We, as the Principal, are to be advised of any and all hazardous plant, equipment, machinery or substances which are brought into the workplace;
 - All people utilised are fully trained in the work to be undertaken or are closely supervised by someone who is.
 - Any accident or incident which harms or may have harmed any person in the workplace, in addition to being recorded and notified as required under Section 25 of the Health and Safety in Employment Act 1992, are to be reported to Us, as the Principal.
 - All safety clothing/equipment required to minimise the risk of injury is to be provided, accessible to and used by any person engaged in the workplace are to comply with all regulations, enactments, codes of practice (approved or voluntary)

3. Before commencing work on our premises, all contractors must ensure that any employees of the contractor, subcontractors on our premises, or if an individual, they are conversant with:
 - Emergency procedures (to be followed in the event of an emergency);
 - Safety rules and procedures;
 - Hazards which have been identified, and the hazard controls.

4. We as the Principal to the contract, retain the right to inspect the contract operation at any time, to ensure all safety procedures and rules are being followed. Failure to follow such rules and procedures may result in the contract being terminated immediately.

I agree to abide by all the above conditions, on behalf of:

Contractor's Name:

Contractor's Signature:

Date:

Contact Phone / Fax Number(s):

Sign the attached copy and return with your Health and Safety Management Plan / Manual.

Amendments

Description	Date