



Health and Safety

Event Starter Pack 2016



Prepared by

By Carolyn Bennett, NZYF H&S Committee Chair

Welcome to Health and Safety

Thank you for putting your hand up to help facilitate Health and Safety at NZYF events.

The number of forms might seem a bit daunting but they are simple to complete and all work together to ensure we have fully covered all aspects of Health and Safety.

I am available 24 hours to assist with issues at events, but please let me know prior to the event so I can be prepared.

If you have any questions about Health and Safety please just give me a call or contact your Regional Health and Safety Representative or Regional Chair.

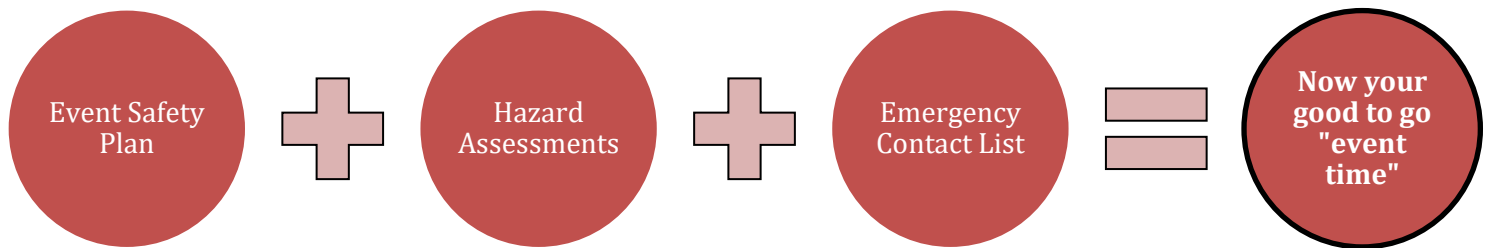
Carolyn

carolyn.bennett@youngfarmers.co.nz | 021 913 035 | 0800 NZYF INFO

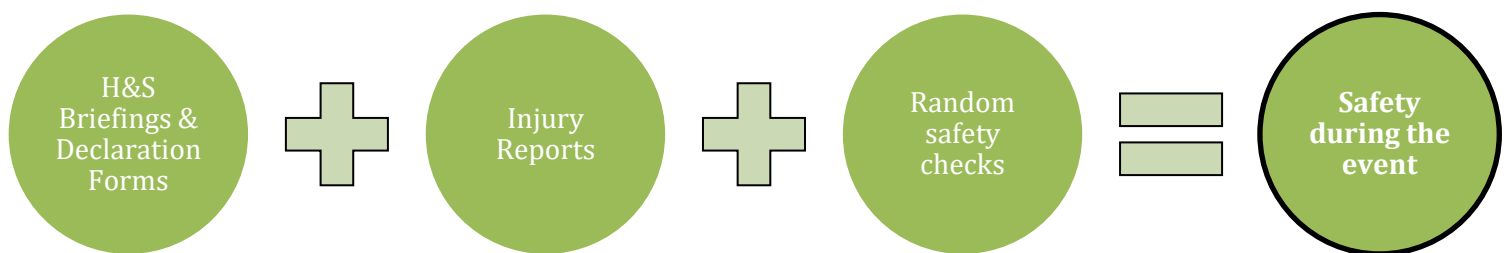


Health and Safety Chart

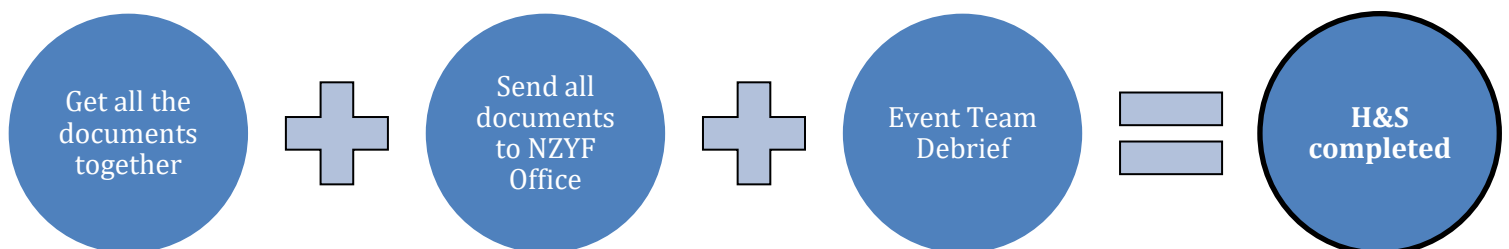
Before the Event



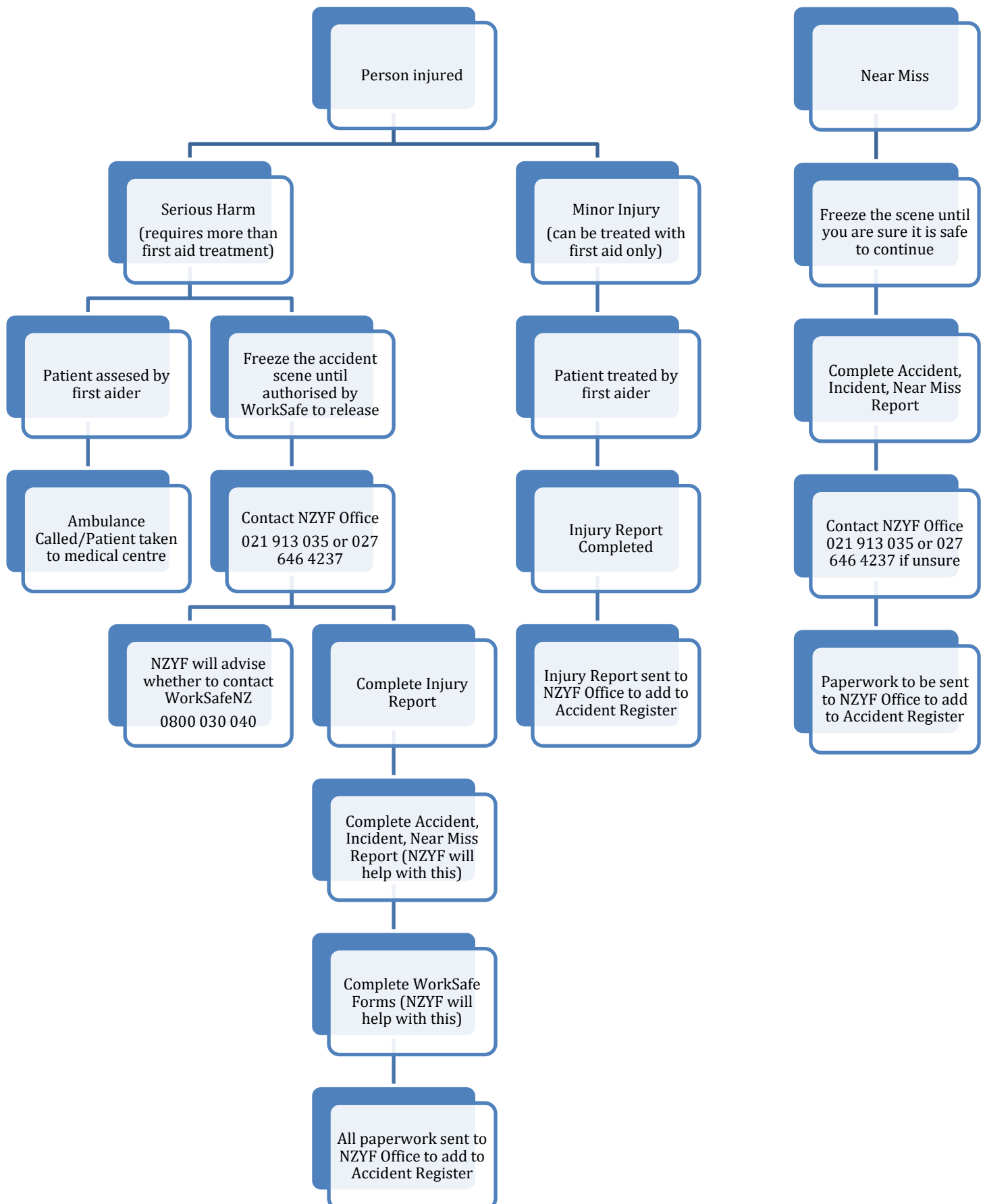
During the Event



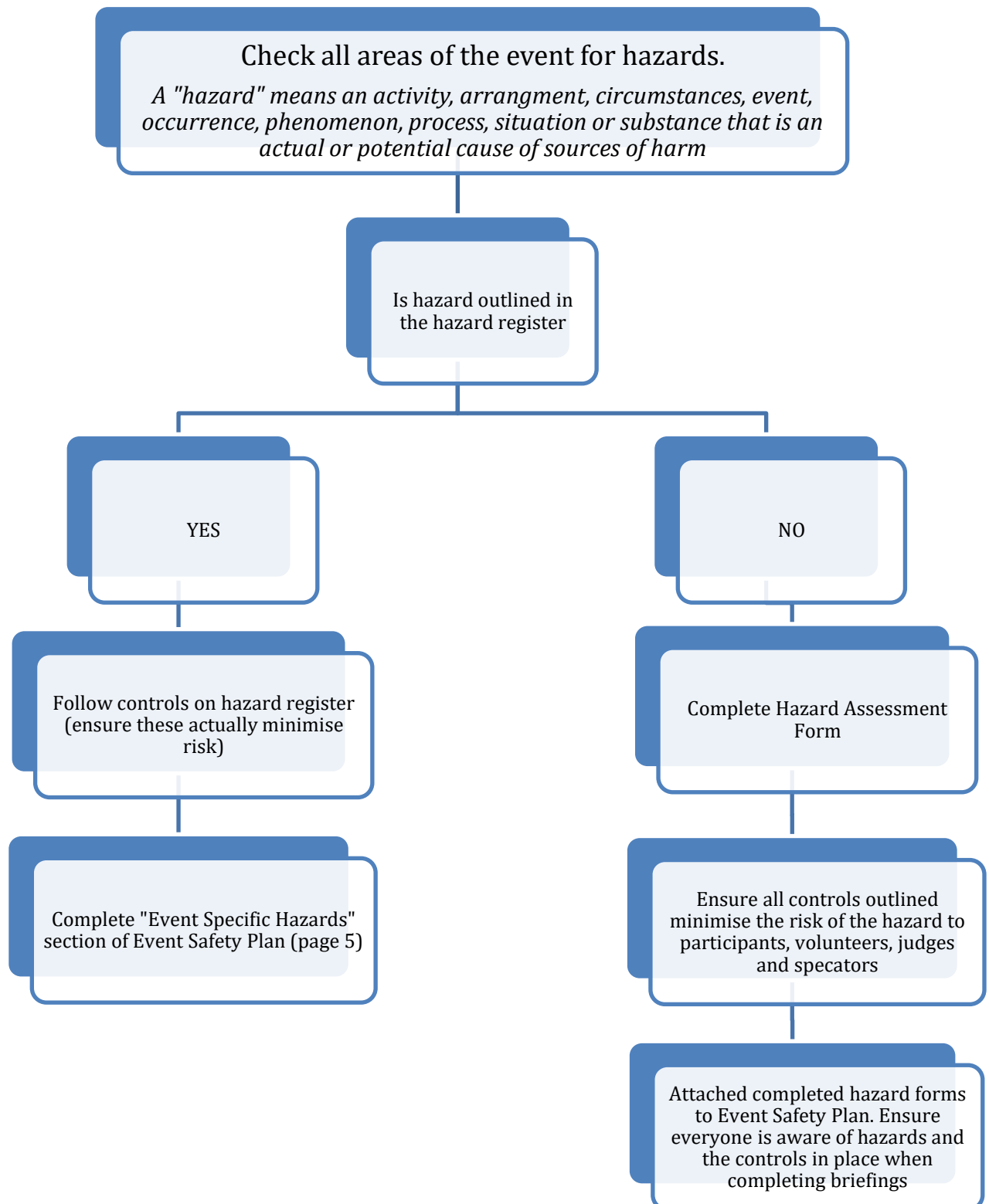
After the Event



Accident, Incident, Near Misses



Hazard Assessments



Examples

EXAMPLE

	INJURY REPORT	NZYF/HS/003 20/11/2014
---	----------------------	---------------------------

Once completed this form must be submitted to NZYF National Office.

This information will be used for the following purposes only and will remain confidential at all times

1. Reporting to the Worksafe
2. Organisation accident/incident analysis

DISTRICT/REGION: Otago/Southland.

TO BE COMPLETED BY NEW ZEALAND YOUNG FARMERS REPRESENTATIVE

1. PERSONAL DATA OF INJURED PERSON: First Name: Joe Last Name: Biegs Phone Number: 021 234 5678 Age: 19 Sex: (Male) / Female		9. BODY PART <input type="checkbox"/> Head <input checked="" type="checkbox"/> Lower limbs <input type="checkbox"/> Neck <input type="checkbox"/> Trunk <input type="checkbox"/> Upper limb <input type="checkbox"/> Multiple locations <input type="checkbox"/> Systemic (internal organs) Details e.g. right little finger: Left leg	
2. LOCATION OF ACCIDENT: Alexandra Showgrounds. module #2		10. NATURE OF INJURY OR DISEASE *** serious harm injuries are those highlighted below and must be reported to Worksafe NZ*** <input type="checkbox"/> Fracture of spine <input type="checkbox"/> Puncture wound <input type="checkbox"/> Other fractures <input type="checkbox"/> Poisoning <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, circulatory <input type="checkbox"/> Internal injury of trunk <input type="checkbox"/> Disease, nervous system <input type="checkbox"/> Amputation inc. eye <input type="checkbox"/> Disease, respiratory <input checked="" type="checkbox"/> Open wound <input type="checkbox"/> Disease, Musculoskeletal <input type="checkbox"/> Superficial injury <input type="checkbox"/> Disease, skin <input type="checkbox"/> Bruising or crushing <input type="checkbox"/> Disease, digestive system <input type="checkbox"/> Foreign body <input type="checkbox"/> Tumour <input type="checkbox"/> Burns <input type="checkbox"/> Mental disorder <input type="checkbox"/> 3rd degree burns <input type="checkbox"/> Disease, infectious or parasitic <input type="checkbox"/> Nerves or spinal cord Details:	
3. TASK AT TIME OF ACCIDENT: Cutting wood			
4. EXPERIENCE ON THE JOB/TASK: <input type="checkbox"/> 1st week <input type="checkbox"/> 6 months-1 year <input type="checkbox"/> 1st month <input checked="" type="checkbox"/> 1-5 years <input type="checkbox"/> 1-6 months <input type="checkbox"/> Over 5 years <input type="checkbox"/> Non-employee			
5. TREATMENT OF INJURY: <input type="checkbox"/> Nil <input type="checkbox"/> First aid <input checked="" type="checkbox"/> Hospitalised <input type="checkbox"/> Doctor (Not hospitalised)			
6. TIME AND DATE OF ACCIDENT Time: 9am Date: 10/08/2015 Accident reported to: Mary Ellis		11. WHERE AND HOW DID THE ACCIDENT/HARM HAPPEN? Attach extra sheets if needed. Room on reverse page to draw picture Was cutting wood and chainsaw slipped cutting lower leg	
7. MECHANISM OF ACCIDENT <input type="checkbox"/> Fall, trip or slip <input type="checkbox"/> Hitting objects with body <input type="checkbox"/> Sound or pressure <input checked="" 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/other substances <input type="checkbox"/> Other <input type="checkbox"/> Mental stress Details: Chainsaw cut leg			
8. AGENCY OF ACCIDENT: <input type="checkbox"/> Machinery or (Mainly) fixed plant <input type="checkbox"/> Mobile plant or transport <input checked="" type="checkbox"/> Powered equipment, tools or appliances <input type="checkbox"/> Non powered hand tools, appliances or equipment <input type="checkbox"/> Chemical or chemical products <input type="checkbox"/> Material or substance <input type="checkbox"/> Environmental agency <input type="checkbox"/> Animal, human or biological agency <input type="checkbox"/> Bacterial or virus <input type="checkbox"/> Other Details: Chainsaw		12. SIGNIFICANT HAZARD INVOLVED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, Hazard Assessment 25 chainsaws	
		13. FULL INVESTIGATION? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, All attached	
		14. SERIOUS HARM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, date Worksafe advised: 10/08/2015	

EXAMPLE



INJURY REPORT

NZYF/HS/003
20/11/2014

COMMENTS FROM FIRST AIDER:

Name: Mary Ellis

Phone Number: 027 987 9876

Applied pressure to wound until ambulance arrived.

SECTION TO BE COMPLETED BY NEW ZEALAND YOUNG FARMERS REPRESENTATIVES:

COMMENTS: Any further comments about injury that may be of use for accident investigation

Scene frozen. Worksafe informed. Released scene over phone
Accident Investigation Report to be completed

Name: Carolyn Bennett

Signature: C. Bennett

Position: NZYF HS
Committee
Chair

Date: 11/08/15

Name:

Signature:


Position:

Date:

Once completed this form must be submitted to NZYF National Office.

Page 2 of 2

EXAMPLE

	ACCIDENT/INCIDENT INVESTIGATION REPORT (Includes Injury, Near Miss, & Property Damage)	NZYF/HS/004
		20/11/2014

*** Serious Harm Incidents – form to be completed within 24 hours, otherwise completed within 7 working days***

Once completed this form must be submitted to NZYF National Office for review and submission to Accident/Incident Register.

Type of Injury: Open wound		Object/equipment/substance inflicting injury: Chainsaw	
Injured part of body: Left leg		Person in control of object/equipment/substance: Self	
Date of incident: 10/08/2015		Witness details: Bob Jones 03 215 0050	
Time of incident: 9am			
District / Region: Otago/Southland		Serious Harm: <input checked="" type="radio"/> Yes <input type="radio"/> No	Worksafe advised: <input checked="" type="radio"/> Yes <input type="radio"/> No
		Freeze the scene: <input checked="" type="radio"/> Yes <input type="radio"/> No	Date: 10/08/15
Exact location of incident: Alexandra Showgrounds module #2		Immediate causes - what immediate acts, failures to act and/or what conditions contributed to this incident? Examples: tree broke causing participant to fall and cut arm; gate was left open allowing stock to get out; car crashed due to weather conditions and person was flung out window	
Treatment given: First aid until ambulance arrived	Nil treatment <input checked="" type="radio"/> First aider <input type="radio"/> Doctor <input checked="" type="radio"/> Hospital	Contestant did not have chaps secured correctly to leg. This left leg open to injury when chainsaw slipped	
Task performed at time of incident: Cutting wood			
Describe clearly how the incident occurred. Draw a diagram overleaf or attach a plan (Injured person or person reporting). Was cutting wood and chainsaw slipped cutting lower leg.		Root causes (please indicate): <input checked="" type="checkbox"/> Standards/practice/procedures <input checked="" type="checkbox"/> Knowledge/training <input type="checkbox"/> Employee selection/placement <input type="checkbox"/> Supervision <input type="checkbox"/> Engineering practices <input type="checkbox"/> Personal protective equipment (PPE) <input type="checkbox"/> Inadequate inspection/monitoring <input type="checkbox"/> Equipment spec/purchasing <input type="checkbox"/> Inadequate feedback systems Comments: Contestant was briefed on correct PPE to wear	

EXAMPLE



ACCIDENT/INCIDENT INVESTIGATION REPORT (Includes Injury, Near Miss, & Property Damage)

NZYF/HS/004
20/11/2014

RISK EVALUATION

Outline the most likely consequence and the likelihood of the injury occurring to identify the risk rating.

Risk Assessment Matrix

Most likely consequence	Likelihood				
	Almost certain	Likely	Possible	Unlikely	Rare
Extreme	High	High	High	Moderate	Moderate
Critical	High	High	Moderate	Moderate	Low
Major	High	Moderate	Low	Low	Very low
Moderate	Moderate	Low	Low	Very Low	Very low
Minor	Low	Very low	Very Low	Very Low	Very low

- Extreme - Fatality
- Critical - Disabling injury, ie amputation or permanent loss of bodily function. For example, burns, loss of consciousness, hospitalisation of 48 hours or more
- Major - An injury requiring medical treatment and resulting in more than one week off work.
- Moderate - An injury resulting in less than one week off normal duties.
- Minor - Minor first aid injury

Property damage details:

Nature of damage:

Estimated cost (\$):

PREVENTION (For each root cause there must be an action item to address)

What action has or will be taken to prevent recurrence?

Implemented penalties for unsafe behaviour.
Briefings prior to events to be increased to ensure everyone aware of dangers

Actioned by: Carolyn Bennett

Completed by: Kyle Goodwin

Form completed by (name):

Carolyn Bennett

Form reviewed by (name):

Kyle Goodwin

Signature

CBennett

Signature

KG

Date

11/08/2015

Date

16/08/2015

Office Use Only

Current Hazard Updated

New Hazard Created

Incident register

Management / Board informed

All action completed (date):

16/08/15

HEALTH AND SAFETY COMMITTEE REPRESENTATIVE

I am satisfied that all appropriate actions have been taken


Yes ☒ No ☐

Comments:

Once completed this form must be submitted to NZYF National Office for review and submission to Accident/Incident Register.

Page 2 of 2

EXAMPLE

	HAZARD ASSESSMENT	NZYF/HS/001 20/11/14
---	--------------------------	-------------------------

Once completed this form must be submitted to NZYF National Office for review and inclusion to the Hazard Register.

District/Region: Canterbury	Assessment Team: Bob, Jane, Tim	Hazard No (if reviewing current hazard):
---------------------------------------	---	--

Hazard Description – What is the hazard and an a basic outline of why it is a hazard.

**Chainsaw – used for cutting wood in modules
can cause major injury**

Risk Evaluation

Outline the most likely consequence and the likelihood of the injury occurring to indentify the risk rating.

Risk Assessment Matrix

Most likely consequence	Likelihood				
	Almost certain	Likely	Possible	Unlikely	Rare
Extreme	High	High	High	Moderate	Moderate
Critical	High	High	Moderate	Moderate	Low
Major	High	Moderate	Low	Low	Very low
Moderate	Moderate	Low	Low	Very Low	Very low
Minor	Low	Very low	Very Low	Very Low	Very low

(please circle one of the options above)

- Extreme - Fatality
- Critical - Disabling injury, ie amputation or permanent loss of bodily function. For example, burns, loss of consciousness, hospitalisation of 48 hours or more
- Major - An injury requiring medical treatment and resulting in more than one week off work.
- Moderate - An injury resulting in less than one week off normal duties.
- Minor - Minor first aid injury

Evaluation Details: Ask yourself "what if?"

Example: Chainsaw – At anytime when using a chainsaw an injury, possibly fatal, could occur due to the dangerous nature of the machine. Therefore controls need to be put into place to ensure everyone's safety.

As per example ↑

Hazard Control:

Is it practicable for the hazard to be:

Eliminated? Yes ☒ No

Isolated? Yes ☒ No

Minimised? Yes ☒ No



HAZARD ASSESSMENT

NZYF/HS/001
20/11/14

	Controls considered but not adopted	Controls adopted	Authorised By:
Elimination or Substitution:	<ul style="list-style-type: none"> • Not use chainsaws • Use axe - just as dangerous • Handsaw - takes too long 		
Engineering:		Perimeter fence Guarding Only Husquarna equipment (checked by dealer)	
Administration: (training, task instruction)		Husquarna briefing Ability to ask judge for help	
PPE (personal protective equipment)		Chaps Nagloves, attached mitt Visor-mask Ear muffs Covered shoes Helmet	
Competition Specific:		Penalised for unsafe behaviour	

Monitoring during activity:

Monitored by module judges

Responsible:

Judges + volunteers

OFFICE USE ONLY: NZYF National Office

Hazard Assessment Reviewed (Date)	Checked By:	Status (circle one): Uncontrolled Controlled	Entered into Hazard Register (hazard register number)
Comments:			

Annual Assessment

Date assessed:	Checked By:	Assessor:	Status: (circle one) Uncontrolled Controlled
Are the controls still effective? Yes / No If No - reassessment to be completed			
Assessors / Reviewers Comments:			