



NEW ZEALAND
INDOOR BOWLS

SAFETY PLAN TEMPLATE

Last Reviewed - February 2017

DATE _____

EVENT / LOCATION _____

EVENT MANAGER _____

CONTACT NUMBER _____

PARTICIPANTS **Classification** _____

How many _____

OFFICIALS **Who** _____

How many _____

HELPERS **Who** _____

How many _____

VENUE **Manager** _____

Contact Number _____

Copies of Evacuation and Emergency Procedures received and communicated to all participants.

Pre-event venue check - signs, exits etc.

Included in briefing of all participants.

Building WOF

FIRST AID **Organisation** _____

Who _____

How Many _____

Contact Number/s _____

Qualifications _____

Vehicle Access for _____

COMMUNICATIONS **Radios** _____

Mobile Phones _____

PA _____

FRESH WATER ON SITE?

TOILET HYGIENE?

BRIEFING

Responsibility

Time/s and Place/s

Attendees

Content (incl. Emergency Evacuation Procedure)

ROLES AND RESPONSIBILITIES

Role

Responsibilities

1. Event Controller

Run through the conditions of play, run through the emergency evacuation procedure. Eliminate or isolate any hazards. Be the main contact person in case of emergency should the Executive Officer not be present.

2. Executive Officer

Assist the Event Controller, as above; request the Health and Safety Procedures/Plan for the venue. Be the main contact person at the event in case of any emergency.

3. Executive Members

All who are at the event in a non-playing capacity are to assist the Event Controller to ensure that the event is run safely.

4. District Committee/ Members

Assist the Controller, Executive Officer and Executive Committee Members and help prepare a safe venue.

ON THE DAY CHECKLIST

FIRST AID

Personnel

Ambulance

First Aid Kit/s

CONTACT NUMBERS

(for on-site emergencies)

Event Manager

Coach

Media

Ambulance

First Aid

PARTICIPANT BRIEFING/S

EQUIPMENT

Mat Rollers

Measures

Scoreboards

Mats

Bowls

STEPS TO FOLLOW WHEN ASSESSING RISKS

Consider risks that are related to:

- Your specific event
- The specific sport involved - see the NSO for advice, if required
- The specific venue/s you are using - see event managers/owners for details if required.

Please refer to the Indoor Bowls Health and Safety Plan for an overview and clarification of shared responsibility:

1. Identify the risks (losses or damage) that could result from the activity -
 - ❑ Physical injury (sprained ankles , broken bones ,abrasions, bruising, medical events i.e. asthma, cuts, stabbed by callipers)
 - ❑ Social/psychological
 - ❑ Material (gear or equipment)
 - ❑ Programme interruption
2. List the factors that could lead to each risk/loss -
 - ❑ People (slips, trips, falls from gear on the floor, wet floors, etc.)
 - ❑ Equipment (i.e. bowls hitting people, unsecured scoreboards, mat rollers not stored away)
 - ❑ Environment (enclosed areas, uneven floor, slippery surfaces)
3. Think of strategies that could reduce the chances of each factor leading to the risk/loss (i.e. clear explanation of the games and rules, allow enough space to minimise collisions, suitable footwear, do not use stages, remove un-needed gear from the playing area, bowls measures are stored safely, any wet floor is dried immediately) -
 - ❑ Eliminate If possible
 - ❑ Minimise If can't isolate
 - ❑ Cancel If can't minimise
2. Make an emergency plan to manage each identified risk/loss. Devise strategies for each risk and an associated emergency plan including responsibilities and equipment/resources required.
3. Continual monitoring of safety during the activity -
 - ❑ Assess new risks
 - ❑ Manage risks
 - ❑ Adapt plans

RISK ASSESSMENT FACTORS TO CONSIDER

People	Resources and Equipment	Environment
<ul style="list-style-type: none"> • Outside providers Instructors / Officials / Volunteers / Participants / Spectators • Experience • Medical (i.e. pre-existing medical conditions) • Sport specific risks (NSO) • Special needs Language abilities, Cultural abilities, Behaviour, Physical disability, Social • Unsafe act(s) by participants (i.e. not looking where they are going) 	<ul style="list-style-type: none"> • Information Parents / Whanau • Plan • Food and Drink • Transport • Toilet Facilities • Special Equipment • Safety Equipment 	<ul style="list-style-type: none"> • Venue Specific Risks • Emergency Services • Security • Human Created Environment

Record of Accident /Incident/ Serious Harm

To be completed by the Event Controller (or deputy) and injured person and sent to Executive Officer or Health and Safety Representative within 48 hours of the event.

Is it an - Accident Incident/Near Miss Condition (e.g. OOS)

Surname:
.....

First name(s):
.....

Residential address:
.....
.....

.....
.....

Telephone:
.....

Gender: M F

Date of event:Time: am/pm

Date reported:.....

Hours on site since arrival at venue:

Location where event occurred:
.....

Occupation:
.....

Type of engagement:
 Official Participant Employee

Nature of injury or disease:
 No injury Superficial
 Sprain or strain Open wound
 Head injury Poisoning/toxic effect
 Fracture, spine Other fractures
 Multiple injuries Foreign body
 Puncture wound Internal injury, trunk
 Chemical reaction Occupational hearing loss
 Burns Bruising/crushing
 Mental disorder Amputation, including eye loss
 Nerves/spinal cord Dislocation
 Disease skin 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, 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

Event Controller:
Full Name

.....
Signature *Date*

Consent (in the case of an ACC claim):

I authorise the {Executive Officer 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, employee representatives.

Injured Person:
Signature *Date*