



NZCF Health and Safety Policy

Version 1.0.1 (14 April, 2017)

1. Policy Aims and Considerations

The NZCF recognises that there is an inherent risk in undertaking many sporting activities and chess is no exception. This policy is not about limiting the activity of chess-players, but about managing risks associated with the sport in general.

This policy sets out how the NZCF will take all practicable steps to ensure the safety of any club members, officer bearers, contractors, volunteers or other parties, at any events organised by or on behalf of NZCF.

The NZCF aims to

- continuously improve current health and safety performance
- take a risk management approach to managing health and safety
- establish and maintain communication on health and safety
- identify needs and provide training on health and safety
- demonstrate a commitment to the accurate reporting and recording of health and safety matters
- comply with legal and organisational obligations, including the Health & Safety at Work Act (2015) and any subsequent amendments.

2. Accountability

As a volunteer association that does not employ anyone in the literal sense, the NZCF is not a “person conducting a business or an undertaking” (PCBU) as defined in the Health & Safety at Work Act (2015). That notwithstanding, the Council, President and other elected officers of the NZCF have a duty of care for any club members, officer bearers, contractors, volunteers or other parties at events that we organise.

The Council has ultimate responsibility for determining high level health and safety strategy and policy and ensuring that it is implemented effectively by holding the President to account through processes of policy and planning, delivery, monitoring and review. The President is to keep the Council advised of any Health and Safety concerns.

3. Managing Risks to Health and Safety

Most activities organised by the member clubs of NZCF take place in premises owned and operated by other agencies - for example rented club rooms. For each activity the member club will ensure that an individual is nominated as the Event Health & Safety Coordinator. This individual is responsible for liaising with the owners of the venue to:

- complete the hazard management procedure (Appendix 1), including identification and risk analysis,
- work with the venue owners and other parties to complete the risk register (Appendix 2) and eliminate risks as far as is reasonably practical, and if the risks can't be eliminated, to minimise the risk as far as is reasonably practical.

The Event Health & Safety Coordinator is also responsible for:

- informing others (participants / attendees) of any risks to health and safety which are known to be associated with the event and the steps to be taken to control any such risks.
- communicating to the club administration if there are any H&S critical risks that haven't been eliminated or isolated.

All club members, officer bearers, employees, contractors, volunteers or other parties are responsible for:

- taking all practicable steps to ensure that risks identified are eliminated, or managed if they can't be eliminated
- reporting incidents / injuries within 48 hours of their occurrence
- completing a hazard notification form (Appendix 3) if a hazard is identified and providing this to the Event Health & Safety Coordinator

- ensuring unsafe acts and unsafe conditions are appropriately addressed.

4. Accident/Incident reporting investigation

The Event Health & Safety Coordinator is responsible for:

- Maintaining an incident and accident register - including a register of near-misses (Appendix 4) and a First Aid Register (Appendix 5) for the event, to be sent to the club management at the conclusion of the event, with a copy to the venue management as required.
- Reporting incidents to Worksafe NZ as described in Appendix 6
- Liaising with the venue management regarding any accidents and incidents.

In the event of a 'Notifiable Event' or a critical risk being identified that cannot be eliminated, the venue management and club management must be advised immediately. Refer Appendix 6 for a definition of Notifiable Events.

The club management should:

- initiate and carry out an investigation
- ensure any hazard that is identified as the cause of the event is eliminated, isolated or minimised
- ensure all corrective actions that have been identified are carried out within the specified timeframes.

6. Emergency Management

The Event Health & Safety Coordinator will ensure they are familiar with the emergency procedures (e.g. Fire Evacuation, etc.) for the venue and that these are communicated to the participants/attendees.

Where there are no emergency procedures associated with the venue, then the Event Health & Safety Coordinator shall work with the club management to ensure that appropriate emergency procedures are developed and communicated.

7. First Aid Management

The Event Health & Safety Coordinator will ensure that appropriate First Aid facilities are available. If the venue does not have these available, the Event Health & Safety Coordinator will work with the club management to ensure first aid supplies and appropriately trained first aid providers are on hand. The Event Health & Safety Coordinator is to ensure that a First Aid register (Appendix 5) is maintained for the event and sent to the club management at the conclusion of the event, with a copy to the venue management as required.

Appendix 1 Hazard Management Procedure

Hazard management steps include:

1. Identification – describe the hazard and state the location of the hazard
2. Risk analysis – rate the risk
3. Control – Recommend the control measure (eliminate, isolate or minimise).
4. Review – periodic reviews of hazards, for example, every six months

Complete details on the hazard management register (appendix 6).

Hazard management needs to be completed:

- systematically for all areas and processes at regular three-monthly intervals
- when an accident occurs; a check is needed to ensure hazards listed and their controls are adequate
- when a new process or equipment is introduced
- if a new hazard is observed or reported.

Step 1 – Identify hazards

Hazard Identification Process			
1.	Use inspection, audits, walk-through surveys and checklists to determine hazards		
	Working Environment Area used and its physical condition Venue layout Location of material/equipment and distances moved Types of equipment used Energy hazards Hazards which could cause injury Characteristics of materials, equipment Hazards which could cause ill health Psycho-social environment Organisation environment Physical environment – lighting, noise, ventilation, etc	Human Factors Knowledge and training Skills and experience Health, disabilities, fitness Age and body size Motivation Risk perception and value systems Protective clothing, equipment, footwear Leisure interests	Tasks Task analysis Working postures and positions Actions and movements Duration and frequency of tasks Loads and forces involved Intensity Speed/accuracy Originality Work organisation
2.	Analyse any 'near miss' accidents that may have been recorded in the incident and accident register or documented by the Event Health & Safety Coordinator		

Step 2 – Risk analysis

Risk analysis is the process of estimating the magnitude of the risk and deciding what actions to take. The following considerations are made to establish risk using the likelihood and impact scales below.

Score	Scale	Frequency of accident or illness
1	Rare	May occur only in exceptional circumstances, e.g. less than 5% chance of occurring
2	Unlikely	Could occur at some time, e.g. 5-29% chance of occurring
3	Possible	Should occur at some time, e.g. 30-59% chance of occurring
4	Likely	Will probably occur in most circumstances, e.g. 60-79% chance of occurring
5	Almost certain	Will occur in most circumstances, e.g. 80%+ chance of occurring

Impact scale

Score	Scale	Severity of accident or illness
1	Minimal	Negligible injury or illness
2	Minor	Minor injury or illness requiring minor first aid and/or less than one weeks' recovery
3	Moderate	Injury or illness requiring advanced first aid and medical visit (e.g. GP or hospital visit) and/or 1-6 week's recovery
4	Major	Injury or illness requiring advanced first aid and emergency medical assistance (e.g. hospitalisation) and/or more than six weeks' recovery
5	Extreme	Injury or illness requires immediate emergency medical assistance and may result in permanent or long-term disabling effects or death. Hospitalisation likely to be for more than six weeks

A risk assessment category (critical, high, moderate or low) for each hazard is compiled by using the chart below. Hazards with the highest rating are given priority.

Risk assessment chart

Likelihood	Impact				
	Minimal	Minor	Moderate	Major	Extreme
Almost certain	H	H	C	C	C
Likely	M	H	H	C	C
Possible	L	M	H	C	C
Unlikely	L	L	M	H	C
Rare	L	L	M	H	H

Legend:

C	Critical risk; immediate action required
H	High risk; senior management attention is needed
M	Moderate risk; management responsibility must be specified
L	Low risk; manage by routine procedures

The risk assessment category is entered into the Risk Score column beside the hazard on the Hazard Management form. 'Significant Hazards' are those rated as "M", "H" and "C" in the Risk Assessment Chart, where "M", "H" and "C" are defined in Legend.

Step 3 – Control

Where a significant hazard is to be controlled, this must, if practicable, be by elimination. Where elimination is not practicable then the hazard must be minimised, using a hierarchical approach (substitute, engineering solution (e.g. isolation), administrative, PPE (Personal Protective Equipment))

Step 4 – Review

The Review process refers to the need for periodic reviews of hazards.

Appendix 3: Hazard notification form

Any individual 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:
	Date observed:		
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:			
Event Health and Safety Coordinator report including analysis and action taken:			
Date entered into the hazard register:			
Signature of President			

Appendix 4: Incident and accident reporting form/register

Record of Accident /Incident/ Notifiable Event	
To be completed by the Event Health and Safety Coordinator and injured person and sent to President within 48 hours of the event.	
Is it an <input type="radio"/> Accident <input type="radio"/> Incident/Near Miss	
Surname: First name(s): Residential address: Phone: Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F Date of event: Time: am/pm Date reported: Location where event occurred: Nature of injury: <input type="checkbox"/> No injury <input type="checkbox"/> Superficial <input type="checkbox"/> Sprain or strain <input type="checkbox"/> Open wound <input type="checkbox"/> Head injury <input type="checkbox"/> Poisoning/toxic effect <input type="checkbox"/> Fracture, spine <input type="checkbox"/> Other fractures <input type="checkbox"/> Multiple injuries <input type="checkbox"/> Foreign body <input type="checkbox"/> Puncture wound <input type="checkbox"/> Internal injury, trunk <input type="checkbox"/> Chemical reaction <input type="checkbox"/> Occupational hearing loss <input type="checkbox"/> Burns <input type="checkbox"/> Bruising/crushing <input type="checkbox"/> Mental disorder <input type="checkbox"/> Amputation, including eye loss <input type="checkbox"/> Nerves/spinal cord <input type="checkbox"/> Dislocation <input type="checkbox"/> Damage artificial aid <input type="checkbox"/> Fatal	Injured part of body: <input type="checkbox"/> Trunk <input type="checkbox"/> Neck <input type="checkbox"/> Head <input type="checkbox"/> Internal organs <input type="checkbox"/> Upper limb(s) <input type="checkbox"/> Lower limb(s) <input type="checkbox"/> Multiple locations Mechanism of event: <input type="checkbox"/> Fall, trip or slip <input type="checkbox"/> Sound or pressure <input type="checkbox"/> Biological factors <input type="checkbox"/> Body stressing <input type="checkbox"/> Mental stress <input type="checkbox"/> Being hit by moving objects <input type="checkbox"/> Heat, radiation or energy <input type="checkbox"/> Chemicals or other substances <input type="checkbox"/> Hitting objects with part of the body Was a "Critical Risk" involved? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of treatment given: <input type="checkbox"/> Nil <input type="checkbox"/> First aid <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Other (explain) Agency of injury: <input type="checkbox"/> Machinery or (mainly) fixed plant <input type="checkbox"/> Mobile plant or transport <input type="checkbox"/> Tools, appliances, equipment (powered) <input type="checkbox"/> Tools, appliances, equipment (non-powered) <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 (not bacterial/virus) <input type="checkbox"/> 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?	
Event Health & Safety Coordinator (Name)..... Signature Date	
Injured Person: Signature Date	

Appendix 5: First aid register

Employee's name:	
Job title:	

Date of treatment:	
Time of treatment:	
Person giving first aid:	
Accident register completed by:	
Nature of injury:	
Treatment provided:	

Appendix 6: Definition of Notifiable Event

The Health & Safety at Work Act (2015) defines Notifiable events as they apply to events that happen in the workplace. While, as a volunteer association, we are not required to report these events, as we are not a PCBU, they serve as a useful benchmark for notification to the President of an accident or incident.

What is a notifiable event?

A notifiable event is a:

- death
- notifiable illness or injury, or
- notifiable incident

Only serious events are intended to be notified.

Deaths, injuries or illnesses that are unrelated to sport or work tasks are not notifiable events. For example:

- a diabetic person slipping into a coma at a competition
- a person being injured driving to a coaching course, when that driving is not part of the course
- a person fainting from a non-“work” related cause.

For the purposes of the table below:

- 'Medical treatment' is considered to be treatment by a registered medical practitioner eg a doctor.
- 'Immediate treatment' is urgent treatment, and includes treatment by a registered medical practitioner, registered nurse or paramedic.
- If immediate treatment is not readily available (eg because the person became seriously ill at a remote site), the notification must still be made.

TRIGGER	EXAMPLES
An injury that requires or would usually require someone to be admitted to hospital for immediate treatment	'Admitted to hospital' means being admitted to hospital as an in-patient for any length of time. Being admitted to hospital doesn't include being taken to hospital for out-patient treatment by the hospital's A&E department, or for corrective surgery at a later time, such as straightening a broken nose.
The amputation of any part of the body that requires immediate treatment other than first aid	This would include amputation of: <ul style="list-style-type: none"> ▪ a limb (eg an arm or leg) ▪ other parts of the body (eg hand, foot, finger, toe, nose, ear)
A serious head injury that requires immediate treatment, other than first aid	<ul style="list-style-type: none"> ▪ fractured skull ▪ head injury that results in losing consciousness ▪ blood clot or brain bleed ▪ damage to the skull that may affect organ or facial function ▪ temporary or permanent memory loss from a head injury.
A serious eye injury that requires immediate treatment, other than first aid	<ul style="list-style-type: none"> ▪ injury that results in, or is likely to result in, the loss of an eye or vision - total or partial ▪ injury caused by an object entering the eye (eg metal fragment or wood chip) ▪ contact with any substance that could cause serious eye damage. Does not include: <ul style="list-style-type: none"> ▪ exposure to a substance or object that only causes discomfort to the eye.
A serious burn that requires immediate treatment, other than first aid	A burn that needs intensive or critical care such as a compression garment or skin graft. Does not include: <ul style="list-style-type: none"> ▪ a burn treatable by washing the wound and applying a dressing.
A spinal injury that requires immediate treatment, other than first aid	<ul style="list-style-type: none"> ▪ injury to the cervical, thoracic, lumbar or sacral vertebrae, including discs and spinal cord. Does not include: <ul style="list-style-type: none"> ▪ back strain or bruising.
Loss of a bodily function that requires immediate treatment, other than first aid (eg, through electric shock or acute reaction to a substance used at work)	Loss of: <ul style="list-style-type: none"> ▪ consciousness (includes fainting due to a work-related cause eg from exposure to a harmful substance or heat) ▪ speech ▪ movement of a limb (eg long bone fractures)

	<ul style="list-style-type: none"> ▪ function of an internal organ ▪ senses (eg smell, touch, taste, sight or hearing). <p>Does not include:</p> <ul style="list-style-type: none"> ▪ fainting not due to a work-related cause ▪ a sprain, strain or fracture that does not require hospitalisation (except for skull and spinal fractures).
Serious lacerations that require immediate treatment, other than first aid	<ul style="list-style-type: none"> ▪ serious deep cuts that cause muscle, tendon, nerve or blood vessel damage, or permanent impairment ▪ tears to flesh or tissue - this may include stitching or other treatment to prevent loss of blood or bodily function and/or the wound getting infected. <p>Does not include:</p> <ul style="list-style-type: none"> ▪ superficial cuts treatable by cleaning the wound and applying a dressing ▪ lacerations that only require a few stitches a GP ▪ minor tears to flesh or tissue.
Skin separating from an underlying tissue (degloving or scalping) that requires immediate treatment, other than first aid	<ul style="list-style-type: none"> ▪ Skin separating from underlying tissue where the tendons, bones, or muscles are exposed.
An illness or injury declared in regulations to be a notifiable injury or illness	<ul style="list-style-type: none"> ▪ Any illness or injury listed in Schedule 5 of the Health and Safety at Work (Mining Operations and Quarrying Operations) Regulations 2016.

A notifiable incident is an unplanned or uncontrolled incident in relation to a workplace that exposes the health and safety of workers or others to a serious risk arising from immediate or imminent exposure to any of the following:

- a substance escaping, spilling, or leaking
- an implosion, explosion or fire
- gas or steam escaping
- a pressurised substance escaping
- electric shock (from anything that could cause a lethal shock, for example it would not include shocks due to static electricity, from extra low voltage equipment or from defibrillators used for medical reasons)
- the fall or release from height of any plant, substance, or thing
- damage to or collapse, overturning, failing or malfunctioning of any plant that is required to be authorised for use under regulations
- the collapse or partial collapse of a structure