

Event Health & Safety Plan

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Event Health, Safety & Wellbeing Policy

Event Name: _____

Date: _____

Location: _____

[Event organiser] recognises their responsibility to protect the health, safety and wellbeing of all people directly associated with the event, including members of the public, whether attending the event or not.

We are committed to providing a safe environment for everyone to the best of our abilities. The details as set out in this event specific Health and Safety Plan meet the requirements of the Health and Safety at Work Act 2015, and other related legislation.

We confirm that the following requirements are part of this plan:

- A process is in place for the identification, assessment and control of risks and hazards;
- The control measures aim to remove or reduce the risks to the health, safety and welfare of all workers, contractors and visitors, and anyone else who may be affected by our operations;
- An ongoing and systematic monitoring and review of control measures for risks/hazards has been established at intervals which are appropriate to this event;
- Health and safety responsibilities are clearly assigned to a designated person/s;
- A process to consult, coordinate and cooperate with all contractors has been established to ensure that all work activities are done safely;
- An accident, incident and near miss recording and reporting system has been developed and kept on site;
- All participants at the event possess the necessary knowledge, skills and training to enable them to perform their job adequately;
- The event location will be inspected by the designated health and safety person/s to ensure the venue is safe before allowing the public to enter the site/venue;
- We have developed an overall emergency management plan which takes into consideration the event location, pack in and pack out, event activities and any special procedures or instructions that may be required.

Signature: _____

Date: _____

Printed Name: _____

Event Details

Event Name:

Event Location: (name of park/beach/public building/road etc)

Event Dates & Times:

Note – if this is a maritime event include set up and pack down times required on water

Start Date:

End Date:

Start Time:

End Time:

Pack In Date:

Pack Out Date:

Pack In Time:

Pack Out Time:

Event Organiser:

Contact Name:

Mobile:

Postal Address:

Phone:

Email:

Auckland Council Event Facilitator:

Name:

Email:

Phone:

Event Description:

(Briefly outline the nature and scope of the event, including type of patrons, expected attendance numbers and activities that will occur on the site)

Event Details

| Participants & Spectators | Yes | No | Expected Numbers |
|--|-----|----|------------------|
| Participants (actively participating at event) | | | |
| Spectators (not actively participating at event) | | | |
| Employees | | | |
| Contractors (eg sound, lighting, staging etc) | | | |
| Volunteers | | | |
| Food or Trading Vendors | | | |

| Other Contributory Factors | Yes | No | If 'yes' refer to guidelines |
|---|-----|----|---|
| Presence of alcohol | | | 1.10 Security procedures |
| Involvement of children/vulnerable persons | | | 1.16 Lost children/vulnerable persons |
| Involvement of animals | | | 1.13 Animals |
| Traffic management | | | 1.11 Traffic management |
| Significant impacts/hazards | | | 1.12 Other significant hazards or impacts |
| Special effects | | | 1.14 Special effects |
| Temporary structures | | | 1.7 Temporary structures |
| Ground penetrations | | | 1.8 Ground penetrations |
| Pyrotechnics/fireworks | | | 1.14 Special effects |
| Use of liquefied petroleum gas (LPG) | | | 1.9 LPG |
| Specialist procedures/training/knowledge or contractors | | | HS262, HS263 |
| Maritime event | | | 1.15 Maritime Events |
| Use of drones | | | 1.17 Drones |
| Does your event/activity fall under the Health & Safety at Work Adventure Activities Regulations 2016 | | | 1.16 Adventure Activities |
| If yes, please provide a copy of your current registration as a Certified Adventure Activity operator | | | |

Key Responsibilities & Contact Details

| Responsibility | Name | Number | Organisation |
|----------------------------------|------|--------|--------------|
| Event Manager | | | |
| Site Manager | | | |
| Stage Manager | | | |
| Designated H&S Person | | | |
| First Aid | | | |
| Emergency Control | | | |
| Emergency Services Liaison | | | |
| Security | | | |
| Traffic Management | | | |
| Waste Management | | | |
| Lost Children/Vulnerable Persons | | | |
| Animal Welfare | | | |
| Media/Communications | | | |
| Volunteer Management | | | |

Contractor Contact Details

| Responsibility | Name | Number | Organisation |
|-------------------------------|------|--------|--------------|
| Alcohol Management | | | |
| Amusement Devices | | | |
| Animal Welfare | | | |
| Bouncy Castles | | | |
| Crowd Control Barriers | | | |
| Drones/UAVs | | | |
| Electrical | | | |
| First Aid | | | |
| Fire Safety | | | |
| Food/Trading Vendors | | | |
| Generators | | | |
| Lighting | | | |
| LPG Gas Supply | | | |
| Parking Management | | | |
| Performers | | | |
| Portable Toilets | | | |
| Pyrotechnics/Fireworks | | | |
| Security/Crowd Control | | | |
| Sound | | | |
| Special effects (e.g. lasers) | | | |
| Staging | | | |
| Stage Management | | | |
| Temporary Structures | | | |
| Traffic Management | | | |
| Waste Management | | | |

Risk Control Plan

Assessing Risk

Risk is the potential threat to anything you wish to achieve. Assessing risks helps you to plan for either eliminating or minimising harm.

Two criteria can be used to assess risk, these are:

1. The likelihood of an incident occurring; and
2. The consequence if it does occur

The following table provides a guide to assist you in completing your risk assessment of identified risks and how you will control these (your Risk Control Plan)

| Likelihood | Hint | Consequence | Hint |
|----------------|---|-----------------|--|
| Rare | Once every 10 years or never heard of it happening | Less than minor | Minor injury, first aid not required |
| Unlikely | Event will seldom occur, i.e. every 2 years | Minor | Fire aid or minor treatment |
| Possible | Event will intermittently occur, i.e. annually | Moderate | Medical treatment required |
| Likely | Event will occur in most circumstances, i.e. monthly | Major | Serious harm, e.g. broken bones or hospitalisation |
| Almost certain | Event expected to occur in most circumstances, i.e. daily | Extreme | Loss of life, multiple serious harm, permanent severe disability |

Once the likelihood and consequence have been decided a risk score or rating should be calculated.

| Likelihood | Risk Score | Consequence | Risk Score |
|----------------|------------|-----------------|------------|
| Rare | 1 | Less than minor | 1 |
| Unlikely | 2 | Minor | 2 |
| Possible | 3 | Moderate | 3 |
| Likely | 4 | Major | 4 |
| Almost certain | 5 | Extreme | 5 |

The product of multiplication gives us a risk category as follows:

| 0.1 – 3 | Low | While control issues may still exist at this level the impact will be low |
|---------|----------|---|
| 4 – 7 | Moderate | This level of risk is still considered unacceptable in certain circumstances |
| 8 – 14 | High | Requires attention with a degree of priority, Remedial action should be identified and implementation commenced. |
| 15 - 20 | Critical | This level of risk also requires immediate attention and should not proceed without clear and timely action plans to reduce risk |
| 21 - 25 | Extreme | Do not proceed with any risk at this level without specialist assistance including development of contingency plans or risk transfer strategies |

SAMPLE

Risk Identification and Control

Pack In/Pack Out
(moving vehicles, work at heights, first aid, etc)

| Risk/Hazard | Person affected/location | Risk rating before control measures | Risk control measures | Risk rating after control measures | Whom, by when |
|-------------|--------------------------|-------------------------------------|-----------------------|------------------------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |

Electrical, Sound & Lighting
(isolation, tripping hazards etc)

| Risk/Hazard | Person affected/location | Risk rating before control measures | Risk control measures | Risk rating after control measures | Whom, by when |
|-------------|--------------------------|-------------------------------------|-----------------------|------------------------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |

Staging & Temporary Structures
(stage access, ground stability, scaffolding etc)

| Risk/Hazard | Person affected/location | Risk rating before control measures | Risk control measures | Risk rating after control measures | Whom, by when |
|-------------|--------------------------|-------------------------------------|-----------------------|------------------------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |

| Hazardous or High Risk Works (working at height, confined spaces, heavy lifting, use of scissor lifts or elevated work platforms, scaffolding over 5 metres etc) | | | | | |
|---|--------------------------|-------------------------------------|-----------------------|------------------------------------|---------------|
| Risk/Hazard | Person affected/location | Risk rating before control measures | Risk control measures | Risk rating after control measures | Whom, by when |
| | | | | | |
| | | | | | |
| | | | | | |
| Mechanical Devices & Bouncy Castles (rides, equipment and bouncy castles etc) | | | | | |
| Risk/Hazard | Person affected/location | Risk rating before control measures | Risk control measures | Risk rating after control measures | Whom, by when |
| | | | | | |
| | | | | | |
| | | | | | |
| Environmental Hazards (weather such as UV, wind, rain, tidal conditions etc) | | | | | |
| Risk/Hazard | Person affected/location | Risk rating before control measures | Risk control measures | Risk rating after control measures | Whom, by when |
| | | | | | |
| | | | | | |
| | | | | | |

| Drones or UAV's (drones or remote controlled devices etc) | | | | | |
|--|--------------------------|-------------------------------------|-----------------------|------------------------------------|---------------|
| Risk/Hazard | Person affected/location | Risk rating before control measures | Risk control measures | Risk rating after control measures | Whom, by when |
| | | | | | |
| | | | | | |
| | | | | | |
| Special Effects & Fireworks (fireworks, laser lights, smoke machines, strobe lighting etc) | | | | | |
| Risk/Hazard | Person affected/location | Risk rating before control measures | Risk control measures | Risk rating after control measures | Whom, by when |
| | | | | | |
| | | | | | |
| | | | | | |
| Site Specific Hazards Identified by Community Facilities (any site specific hazards identified by Community Facilities through the facilitation process as being applicable to your activity) | | | | | |
| Risk/Hazard | Person affected/location | Risk rating before control measures | Risk control measures | Risk rating after control measures | Whom, by when |
| | | | | | |
| | | | | | |
| | | | | | |

| Other (any additional hazards that have been identified but do not fall under any other category, e.g. alcohol, animals, parade floats, LPG gas, naked flames, night work, ezi-up's etc) | | | | | |
|---|--------------------------|-------------------------------------|-----------------------|------------------------------------|---------------|
| Risk/Hazard | Person affected/location | Risk rating before control measures | Risk control measures | Risk rating after control measures | Whom, by when |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SAMPLE

Emergency Plan

Please provide details (or attach information) which outlines how you will deal with any emergency situation which may arise during the event. This will include what you will consider an emergency, how staff and public will know what to do, the location of emergency access/egress points (on your site map), emergency control point, evacuation routes, evacuation assembly points, location of first aid services, fire extinguishers/blankets, and details of nearest hospital or medical centre.

Command, Control and Communication

Please provide information on how you will be responsible for managing communication on your site and how you intend to relay information and messages to the public if the event of an emergency)

Lost Children/Vulnerable Persons

Please provide information on how you will deal with lost children or vulnerable persons at your event. Your information should include the designated location of your lost children point (on your site map), who will manage the lost children point and what protocols you will have in place to reunite lost children with their caregivers.

Reporting of Accidents, Incidents and Near Misses

Please provide information on your processes for recording and reporting accidents, incidents and near misses at your event.

MISSING or FOUND CHILD REPORT FORM

EVENT DETAILS

Name of event:

Time & date child was reported
lost/found:

DETAILS OF LOST/FOUND CHILD

Name:

Alternate name:
(If any)

Age:

Sex:

Description of child:

(build, hair colour, eye colour,
distinguishing marks etc)

Clothing:

Outer clothing: _____

Shirt/sweater: _____

Trousers/skirt: _____

Headwear: _____

Gloves: _____

Footwear: _____

Personal Possessions:

Eg bag/toy etc: _____

Jewellery: _____

| DETAILS OF PERSON REPORTING MISSING CHILD | |
|--|--|
| Name: | |
| Home address: (or name of Organisation) | |
| Post code: | |
| Contact Phone No: | |
| Relationship to missing child: | |
| Other relevant information: | |
| ACTION | |
| Details of action taken to find child/parent/guardian: | |
| DETAILS OF PERSON CLAIMING CHILD | |
| Name: | |
| Address: | |
| Post code: | |
| Contact Phone No: | |
| Form of ID shown: | |
| Relationship to child: | |
| Time child reunited with parent/guardian: | |
| Signature of person claiming child: | |
| Signature of lost children representative: | |
| Time and Date: | |

ACCIDENT INVESTIGATION FORM

Name of organisation:

Unit/department:

1. Particulars of Accident

Date of accident: DD / MM / YEAR

Time:

Location:

Date reported: DD / MM / YEAR

2. The Injured Person

Name:

Address:

Date of birth: DD / MM / YEAR

Phone number:

Length of employment – at plant: on job:

Type of Injury:

- Bruising Dislocation Strain/sprain
 Scratch/abrasion Internal Fracture
 Amputation Foreign body Laceration/cut
 Burn/scald Chemical reaction
 Other: (specify injured part of body)

Comments:

3. Damaged Property

Property or material damaged:

Nature of damage:

Object/substance causing damage:

4. The Accident

Description:

Describe what happened.

If this was a vehicle accident, add a drawing of the accident scene on the other side of this page.

Analysis:

What caused the accident?

How serious could it have been?

Minor Serious Very serious

How often is this likely to happen again?

Never Rarely Occasionally Often

Prevention:

What action has or will be taken to stop another accident like this happening?

Tick items already actioned.

Write below if you need more space.

| ACTION | TICK | BY WHOM | WHEN |
|--------|------|---------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

5. Treatment and Investigation of Accident

Type of treatment given:

Name of person giving first aid:

Doctor/Hospital:

Accident investigated by:

Date: DD / MM / YEAR

WorkSafe advised: Yes No

Date: DD / MM / YEAR

SAMPLE

INCIDENT/NEAR-MISS REPORT

In case of an emergency:

- Contact emergency services: 111
- Call WorkSafe: 0800 030 040

Personal details

| | |
|----------|--|
| NAME: | PHONENUMBER: |
| ADDRESS: | DATE OF BIRTH: |
| | SEX: <input type="radio"/> Male <input type="radio"/> Female |

Employment details

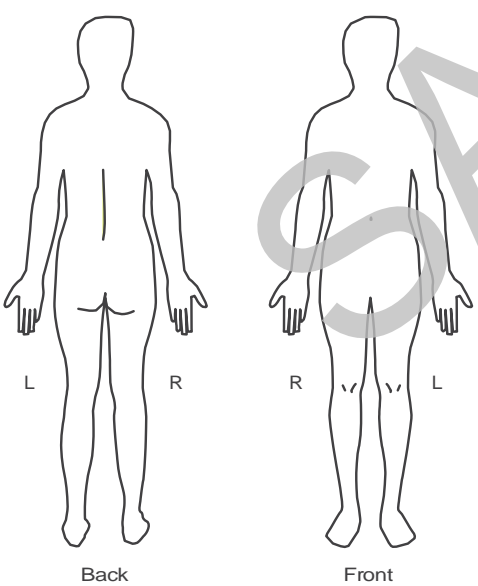
| | |
|--|--|
| EMPLOYERNAME: | JOB TITLE: |
| <input type="radio"/> Permanent <input type="radio"/> Casual | <input type="radio"/> Contractor <input type="radio"/> Visitor |

Accident details

| | | | | | | |
|-------|---------------------------------|------------------------------------|---------------------------------|------------------------------|--------------------------------|------------------------------------|
| DATE: | <input type="radio"/> Near-miss | <input type="radio"/> No treatment | <input type="radio"/> First aid | <input type="radio"/> Doctor | <input type="radio"/> Hospital | <input type="radio"/> Serious harm |
| TIME: | <input type="radio"/> AM | <input type="radio"/> PM | Hours at work: | Date reported: | | |

Nature of injury

| | | | | |
|-------------------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|
| <input type="radio"/> Strain/sprain | <input type="radio"/> Cut | <input type="radio"/> Head injury | <input type="radio"/> Fracture/break | <input type="radio"/> Gradual process |
| <input type="radio"/> Bruising | <input type="radio"/> Burns | <input type="radio"/> Poison/chemical | <input type="radio"/> Multiple injuries | <input type="radio"/> No injury |

| | |
|--|---|
| LOCATION OF INJURY (CIRCLE LOCATION)  | WHERE DID THE ACCIDENT HAPPEN? |
| | HOW DID THE ACCIDENT HAPPEN? |

| | | |
|---|---------------------------|--------------------------|
| WAS THE PERSON TRAINED FOR THE TASK THEY WERE DOING? | <input type="radio"/> Yes | <input type="radio"/> No |
| IF A VEHICLE WAS INVOLVED, RECORD TYPE OF VEHICLE | | |
| WAS A SIGNIFICANT RISK INVOLVED? | <input type="radio"/> Yes | <input type="radio"/> No |
| IF YES, WHAT WAS THE SIGNIFICANT RISK? | | |
| IS THE RISK ON THE RISK REGISTER? | <input type="radio"/> Yes | <input type="radio"/> No |

WHAT HARM COULD HAVE HAPPENED?

STEPS TAKEN TO PREVENT A SIMILAR EVENT HAPPENING AGAIN

| SPECIFIC ACTIONS REQUIRED | PERSON RESPONSIBLE | BY WHEN | DATE COMPLETED |
|---------------------------|--------------------|---------|----------------|
| | | | |
| | | | |

INITIAL NEEDS ASSESSMENT (ONLY COMPLETE IF A DOCTOR'S VISIT WAS REQUIRED)

| | | |
|--|---|--------------------------------------|
| <input type="radio"/> Able to continue full duties | <input type="radio"/> Able to do light duties | <input type="radio"/> Unable to work |
| <input type="radio"/> Help available at home | <input type="radio"/> Assistance required at home | Transport assistance needed |

Form completed by

| | |
|---------|--------------------------|
| NAME: | POSITION: |
| SIGNED: | DATE FORM WAS COMPLETED: |

Notification of accident or incident involving amusement device

Amusement Devices Regulations 1978

Email: healthandsafetynotification@worksafe.govt.nz

Post: WorkSafe New Zealand, PO Box 165, Wellington 6140

To the inspector of machinery, the: (appropriate local authority)

Notice is hereby given of the following accident/incident involving an amusement device

Registration number of device:

Name and description of device:

Location of device at time of accident/incident:

Details of all persons injured (if any), together with brief description of injuries:

Name and address of person in charge of device at time of accident/incident:

Signature:

Date: DD / MM / YEAR