

Aviation Health and Safety



DISCLAIMER

This sample Health and Safety manual is intended to be used as a guide only to assist aviation operators to set up their own Health and Safety system.

These policies/procedures are based on the requirements of the Primary Level of the Workplace Safety Management programme (WSMP) and are aligned with the Australia/New Zealand joint standard for Occupational Safety Management Systems AS:NZ 4801:2001 and are also aligned with compliance against the requirements of the Health and Safety in Employment Act 1992 (HSE Act) and Health and Safety in Employment Regulations 1995 (HSE Regs).

The manual covers the following WSMP elements:

1. Active Management Commitment
2. Planning, review and evaluation
3. Hazard Management
4. Information, training and supervision
5. Incident, injury and illness reporting, recording and investigation
6. Employee participation
7. Emergency procedures
8. Principals - Contractors

The Management Practices specified in this document may be accepted as satisfying an employer's mandatory duties under the Health and Safety in Employment Act 1992, however, please note that it is not inferred or implied that all duties under the Health and Safety in Employment Act 1992 will be met.

(Company Name)

(Date)

July 2009: WSMP Handout Version 2.0

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Health and Safety Policy Statement

_____ is committed to maintaining a safe and healthy working environment for the safety and health of our employees and other persons in the workplace and/or in the vicinity of the workplace.

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 employee is expected to act safely at all times to ensure their own welfare and that of their fellow employees and others in the workplace.

We will ensure the safety of employees by:

- ♣ Providing and maintaining a safe working environment
- ♣ Providing facilities for health and safety
- ♣ Ensuring all plant and equipment is safe
- ♣ Ensuring all employees (including any mobile workers), and other people at (or in the vicinity) of the place of work are not exposed to unmanaged or uncontrolled hazards
- ♣ Developing and implementing emergency and evacuation procedures

To achieve this we will:

1. Systematically identify and control all hazards in our workplace. 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.
2. Inform all employees of these hazards and the hazard controls and ensure all employees are properly trained and supervised.
3. Ensure all employees are given reasonable opportunities to participate effectively in ongoing processes for the improvement of health and safety in our workplaces.
4. Record all Accidents, incidents and illnesses in our workplace, and take all practicable steps to prevent these events from happening.
5. Ensure that where employees are affected by harm or illness from work, that appropriate steps are in place to manage the person's injury or illness and rehabilitation.
6. Inform and train all employees in emergency and evacuation procedures.
7. Take steps to protect visitors and other people from workplace hazards.
8. Ensure that Contractors and sub-contractors are not exposed to hazards within our workplace and do not expose our employees to hazards that the Contractor introduces.
9. Carry out planned self-inspections to monitor health and safety issues.

Authorised by: (CEO/Manager) _____

Dated: _____

This policy will be reviewed by: (date) _____

ACTION: Enter Name of Business, and sign as the CEO or other Senior Management Representative.

1: HAZARD IDENTIFICATION AND CONTROL PROCEDURES

It is our intention to systematically identify and control all hazards in our workplace. Where there are significant hazards we will take all practicable steps to:

Eliminate the hazard, **I**solate the hazard, or **M**inimise the hazard.

- ♣ Any new hazards identified, will be incorporated into a Hazard Register and all employees informed
- ♣ Any new machinery/equipment/plant/tasks/chemicals/poisons are assessed before use, and safety controls/practices are established
- ♣ All hazards and the hazard controls will be regularly assessed
- ♣ All employees are aware of and trained in emergency and evacuation procedures

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

- ♣ Protective clothing and equipment is provided and used by all employees, at all times necessary
- ♣ Good work practices are used and maintained
- ♣ Employees are properly trained and/or supervised
- ♣ Where appropriate, and with employee's consent, we will undertake health monitoring in relation to exposure to significant hazards

ACTION: Identify all hazards in your place of work. Write these on the form, "Hazard Register".

TIP: Identify all plant, machinery and equipment individually.

ACTION: Include all hazards that employees are exposed to when working "Off site".

TIP: As above, identify all plant, machinery and equipment.

ACTION: Identify the "potential harm" for each hazard.

TIP: Some hazards may cause a variety of harm, e.g. using a slicer may cause electrocution and cuts

ACTION: Determine whether the hazard is a “significant hazard”, i.e. can it cause serious harm?

TIP: Refer to the Definition of Serious Harm in: Injury, Incident and Illness Recording, Reporting and Investigation Procedures.

ACTION: Evaluate each hazard to determine whether it is practicable to:

1. **E**liminate the hazard [Get rid of, remove the hazard], if not then
2. **I**solate the hazard [Confine, totally enclose, separate, insulate the hazard], if not, then
3. **M**inimise the hazard [Reduce, decrease, downgrade the hazard].

With all hazards you have identified, this process must be carried out in this order - 1, 2, 3.

TIP: Indicate on the Hazard Register form, under E, I, or M the hazard control measure. Note, that some hazards may use more than one hazard control.

ACTION: Identify the specific Hazard Controls. Identify all machine guards, work practices or safety equipment, required to operate safely, as Hazard Controls.

ACTION: Identify “Training Required” for each Hazard.

ACTION: Identify “Health Monitoring Required” for each Hazard.

ACTION: Identify any new hazards including new plant and equipment, new task and changes.

ACTION: RE-CHECK the actual hazard at regular intervals: it may be that with task, plant and equipment, or chemical use changes that the actual hazard no longer exists or has been lessened e.g. new machinery which is much less noisy than the older machinery which was replaced; a different chemical which is much less hazardous than the chemical that was replaced. Record date checked on the Hazard Register.

ACTION: RE-CHECK the Hazard Controls and other safety requirements are in place, at regular intervals to ensure existing Hazard Controls are appropriate. Record date checked on the Hazard Register. Cross reference this with the Hazard Analysis Form.

ACTION: Identify all chemicals and hazardous substances, including safe handling and emergency procedures. Enter this information on the “Hazardous Substances Register”.

ACTION: Obtain all Safety Data Sheets (SDS's) from the supplier of chemicals or hazard substances. Keep these SDS's with the Hazardous Substances Register form.

TIP: Display copies of SDS's near to where the chemicals or hazardous substances are being used or mixed.

TIP: Obtain specialist advice for specific hazards where knowledge/competency is not available through immediate staff e.g. HSNO, Noise, Workstation assessments.

ACTION: Retain a copy of the advice/information on the Hazard Analysis form.

Hazard Register

Workplace / Location: Office / Administration Area

Hazards Identified	Potential Harm	Significant Hazard		E	I	M	Hazard Controls	Training Required	Health Monitoring Required	Hazard Analysis form Id number	Hazard recheck Date	Hazard Recheck Date	Hazard Recheck Date	
		Yes	No											
Visual Display units (computers)	Occupational Overuse Syndrome (OOS) Stress Fatigue	X				X	<ul style="list-style-type: none"> ■ Ensure Approved Code of Practice for Safe Use of VDU's is being complied with. ■ Assessment and correction of work station. ■ Training and Information on OOS and prevention ■ Alternate administration and computer workloads 	✓	✓					
Storage of files books and records	Laceration, bruising, crushing , possibly death.	X				X	<ul style="list-style-type: none"> ■ Ensure goods are secured ■ Ensure safe means of access and egress. 							
Armed robbery		X				X	<ul style="list-style-type: none"> ■ Refer to Pamphlet / Booklet ■ Do as directed - do not put yourself nor others in an unsafe or dangerous situation 							
Manual Handling, i.e. lifting, bending ,stretching	Sprains, Strains, pain, discomfort.	X				X	<ul style="list-style-type: none"> ■ Identify high risk activities. ■ Use trolleys or manual handling aids ■ Reduce or split loads to manageable weight and/or size ■ Two person or team lifting ■ Training in correct lifting and manual handling techniques 	✓						
Electrical Equipment/leads	Electrocution, possibly death.	X			X	X	<ul style="list-style-type: none"> ■ Use electrical appliance close to power source ■ Use isolating transformers or residual current device (where necessary) 							

E = Eliminate I = Isolate M = Minimise

Hazard Register

Workplace / Location: Housekeeping / Facilities

Hazards Identified	Potential Harm	Significant Hazard		E	I	M	Hazard Controls	Training Required	Health Monitoring Required	Hazard Analysis form Id number	Hazard recheck Date	Hazard Recheck date	Hazard Recheck Date	
		Yes	No											
Emergency evacuation							<ul style="list-style-type: none"> ■ Is date of last emergency evacuation, within 12 months? ■ 							
Housekeeping							<ul style="list-style-type: none"> ■ All areas properly cleaned? ■ Are all goods stored safely? ■ Hot water, soap and drying means available? ■ Clean up spills. ■ 							
Facilities							<ul style="list-style-type: none"> ■ Kept clean and tidy. ■ Rubbish bin with lid. ■ Hot and cold water. ■ 							
Ventilation							<ul style="list-style-type: none"> ■ Sufficient fresh air. ■ Extraction of contaminated air/steam ■ 							
Contractors and/or Sub-contractors							<ul style="list-style-type: none"> ■ Ensure preferred contractors maintain health and safety standards. ■ 							
First Aid Kit							<ul style="list-style-type: none"> ■ Ensure first aid kit is kept accessible. ■ Ensure kit is stocked and maintained in accordance with First Aid Regulations. ■ 							
Accident Register							<ul style="list-style-type: none"> ■ Are all accidents/incidents recorded in the register? 							
Fire Extinguishers							<ul style="list-style-type: none"> ■ Are they fully charged? ■ Are they within their service period? 							
Other people in the place of work							<ul style="list-style-type: none"> ■ Restrict access. 							
Stress and Fatigue							<ul style="list-style-type: none"> ■ Refer to OSH publication, "Stress and Fatigue", and CAA rules 							

E = Eliminate

I = Isolate

M = Minimise

Hazard Register

Workplace / Location: Agricultural Work

Hazards Identified	Potential Harm	Significant Hazard		E	I	M	Hazard Controls	Training required	Health Monitoring Required	Hazard Analysis form Id number	Hazard Recheck Date	Hazard Recheck Date	Hazard Recheck Date	
		Yes	No											
Fatigue		X				X	<ul style="list-style-type: none"> ■ Flying hours managed; adequate rest breaks enforced. ■ ■ 	✓						
Hot refuelling		X				X	<ul style="list-style-type: none"> ■ ■ ■ 	✓						
Noise exposure		X				X	<ul style="list-style-type: none"> ■ Ear muffs provided ■ Noise areas identified ■ 	✓	✓	xxxxxxx				
Organophosphate exposure		X				X	<ul style="list-style-type: none"> ■ ■ ■ 							
Impact of Aircraft	Fatal or serious injury	X				X	<ul style="list-style-type: none"> ■ Full harness available for pilot and passenger ■ Roll cage fitted ■ 							
On board fire	Fatal or serious injury	X				X	<ul style="list-style-type: none"> ■ Fire extinguishers available ■ Fuel line cut off valves fitted in case of impact ■ 							
Poor airstrip condition							<ul style="list-style-type: none"> ■ ■ ■ 							
Obstacle awareness							<ul style="list-style-type: none"> ■ ■ ■ 							
Hung load							<ul style="list-style-type: none"> ■ ■ 							

E = Eliminate I = Isolate M = Minimise

Hazardous Substances Register

Chemical Name	Trade Name	Quantity Stored on Site	Used For	Containers Labelled <input type="checkbox"/>	SDS available <input type="checkbox"/>	Safety Equipment Required [please state]

HAZARD ANALYSIS

Hazard:	Id:	
Description :		
Hazard, Task, Process Analysis:		
Details of controls used:		
Health monitoring :		
Personal Protective Equipment/Clothing:		
Issued Date:	Use of, Care of, Maintenance, PPE review dates.:	
Training for staff:		
Information sources: COP's, Guidelines, Technical Advice (who, from where, qualifications)		
Training record updated after training given	YES	NO

ACTION: Obtain specialist advice for specific hazards where knowledge/competency is not available from immediate staff; e.g. HSNO, Noise, Workstation assessments.

2: INFORMATION, TRAINING AND SUPERVISION FOR EMPLOYEES

Employers Responsibilities

No untrained employees will be permitted to perform any task, operate any machinery, or deal with any substance or material without prior experience (unless closely supervised by some with such experience).

All employees will be made aware of:

- ♣ The hazards they will be exposed to in the workplace, and the hazard controls or procedures to be taken to prevent any harm or damage to themselves, other person(s) and property.
- ♣ Where all necessary safety gear or safety equipment and materials are kept.
- ♣ What to do in an emergency.

New employees will undergo induction training which is to be recorded on the Induction/Training record. On-going and task specific training will be recorded in the training section of the Induction/Training record.

Employee's Responsibilities

Every employee shall take all practicable steps to ensure:

- ♣ Their own safety while at work; and
- ♣ That all personal protective clothing (and equipment) is worn/used (as identified by hazard management controls); and
- ♣ That no action or inaction of the employee while at work causes harm to any other person(s).

Information.

Information will be given to employees in a manner that accounts for differences in language, literacy, technical language ability, or any other issue which may impact on the learners ability to understand.

Information will be delivered through induction, task specific training and information sessions, and briefings such as toolbox meetings. Employees should also take note of advisory signs and placards.

Training and Supervision.

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.

The person assigned as the trainer will have the relevant skills, experience, or qualifications in the task(s) that are the subject of the training session.

Each task will be assessed as to the skills, experience, or qualification required by the trainer and if no suitable staff member is available that is knowledgeable/competent, an assessment of external trainers is to occur.

Training will be recorded against tasks on a 4X4 task sheet. Once the trainee is judged to be fully competent, the trainee and trainer are to sign off and date the Induction/Training record.

ACTION: All information on which the training was based, e.g. codes of practices, guidelines, standards, task SOP's should be referenced and retained.

ACTION: Advise employees of **all** hazards that they may be exposed to. Ensure they understand all the hazard controls, including appropriate personal protective clothing and equipment (PPE), and where it is kept.

ACTION: Transfer all hazards from the "Hazard Register" that require training to the individual "Employee's Induction / Training Record" form. Date when training occurred and have both the trainer and trainee sign the form.

TIP: No employees are to operate any plant or equipment, or undertake any activity unless properly trained and/or supervised.

ACTION: Ensure all employees read and understand the Safety Manual, and sign and date "Employee's Acknowledgement" form, at the back of the Safety Manual.

ACTION: Ensure all employees are aware of the emergency and evacuation procedures. Refer to Step 6.

ACTION: Verify competencies of all employees and sign off on "Employee's Induction/Training Record" form.

Employee Induction / Training Record

Employee's Name: _____

Started on: _____

INDUCTION			
	Date Induction Completed	New Employee Signed	Trainer Signed
Introduction, Health and Safety policy.			
Hazard identification process			
Employee Participation System, Health and Safety Representation and designated roles.			
Injury, Incident and Illness Reporting and Recording.			
Injury/Illness claims process , Injury/Illness management and rehabilitation policy and designated roles.			
Use, care and maintenance of Personal Protective Equipment and Clothing. (PPEC)			
Emergency Procedures			

TRAINING (On-going, task specific)							
	Under Training				Fully Competent		
	Date	Date	Date	Date	Date	Employee	Trainer Signed
Lockout / Isolation Procedures	I 1/11/08	L 2/12/08					
Chemical Management							
Manual Handling							
Visual Display Units	I 1/11/08	L 22/11/08	□ 1/12/08	□ 14/12/08	14/12/08	XXXXXXXXXX	XXXXXXXXXX

- Key:
- I Initial training; not competent
 - L Some competence, can tell trainer
 - Almost competent, can tell and demonstrate
 - Competent, can tell, demonstrate, teach others

3: EMPLOYEE PARTICIPATION

As an employer we will provide all reasonable opportunity for employees to participate in ongoing processes for improving health and safety.

We will:

- ♣ (1) Ensure that the Health and Safety Manual (H&S) is available and accessible to all new, and existing employees.
- ♣ (2) Ensure new, and existing staff read and understand the H&S Manual and maintain records to ensure all staff have read and understood the manual.
- ♣ (3) Ensure all staff are aware of the process for alerting management of the existence of hazards as they arise.
- ♣ (4) Involve staff in feedback processes such as toolbox meetings, health and safety meetings, health and safety committee membership, or other opportunities to be involved in health and safety discussion.
- ♣ Ensure such meetings will be held on a regular basis (scheduled) and relevant minutes of those meetings will be kept.
- ♣ (5) Ensure elected H&S representatives are trained at approved training courses.

ACTION: (1) Use the manual during induction of new employees. Ensure it is available by telling staff where the manual is kept: remote bases should have a copy.

ACTION: (2) Verify that all employees have read and understood, then sign off on “Employee Acknowledgement” form.

ACTION: (3) Use a form that a staff member can use to add detail about a hazard, to provide a written notification to management. (See overleaf – Hazard/Safety Alert Form)

TIP: (4) and (5) Refer to Fact Sheets entitled “Employee Participation”, “Employee Participation Systems”, “Approved Training Courses” and “Health and Safety Representatives”, available through the CAA HSE Unit webpage, or through the Department of Labour website.

[CAA Health and Safety](#)

[DoL - Health and Safety](#)

ACTION: If there is a requirement for an agreed system, document that the information is available and has been communicated and given to all staff.

HAZARD/SAFETY ALERT FORM

Notifier:

Reported by:	Date:
Description :	
Proposed Action to be taken:	

Operations Manager:

Hazard, Task, Process Analysis:		
Corrective Action to Take:		
Corrective Action Assigned to:		Date completed:
Added to Hazard Register	YES	NO
Hazard Identification Number		
Personal Protective Equipment/Clothing required	YES	NO
Training for staff required	YES	NO
Training record updated after training given	YES	NO

ACTION: Obtain specialist advice for specific hazards where knowledge/competency is not available from immediate staff; e.g. HSNO, Noise, Workstation assessments.

4: Injury, Incident and Illness Recording, Investigation and Reporting Procedures

- ♣ All injury, incidents and illnesses resulting from work, must be notified to the Manager or Supervisor immediately. If any accident or incident is not notified on the day it happens and relates to an injury, then it may not be accepted as a work related injury.
- ♣ Do not disturb the scene. (There are exemptions for this) Seek approval by an HSE Inspector before releasing or disturbing scene: if the accident involves the DoL, call them, however, if aircrew were harmed in respect of an operational flight, contact the HSE Unit of CAA instead.
- ♣ All accidents, incidents, illnesses resulting from work and non-serious harm accidents must be recorded on the Injury /Incident Form included in this Safety Manual.
- ♣ All serious harm accidents and serious harm illnesses affecting any person e.g. employee(s), contractors, contractor's employees and other person(s) are to be notified as soon as possible. (Refer to list of CAA / DoL Addresses and Phone Numbers). Note: Principals and self-employed persons must also report serious harm accidents and serious harm illnesses.
- ♣ A "Notification of Circumstances of Accident or Serious Harm" form, is to be forwarded to the nearest CAA or DoL Office within seven (7) days of the event.
- ♣ When a notification is received, the resulting initial investigation is to have priority above other work to prevent exposures and/or accidents, incidents recurring. Once an initial assessment has been made, then a decision as to the ongoing investigation can be made.
- ♣ Inform all employees of the outcome of any accident/incident investigation, i.e. new hazard identified and the hazard controls.

ACTION: Ensure all staff are aware of the correct procedures for notification of serious harm accidents. Notify DoL or the CAA HSE Unit as soon as possible, and do not disturb the scene (with exceptions), until released by an Inspector.

ACTION: Investigate all accidents and incidents (or near misses). Incidents (or near misses) are often an indicator of potential harm.

TIP: Transfer any new identified hazards and hazard controls into the Hazard Register

Contents:

Injury, Incident and Illness Recording, Investigation and Reporting

Flowcharts

Injury/Incident/Illness

Investigation

Forms

Injury/Incident Form

Investigation Form

Serious Harm Notification Form

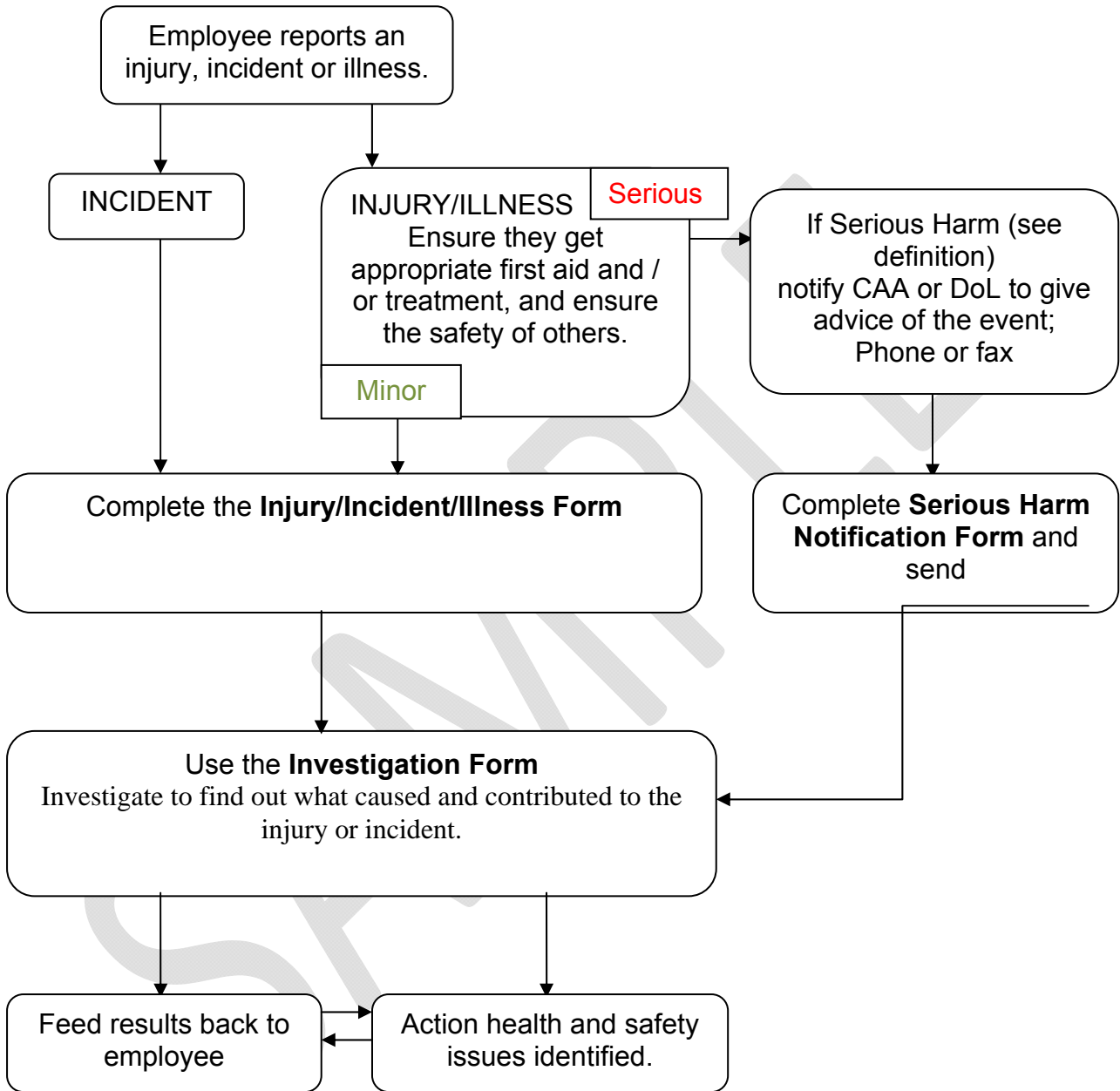
Definitions

Serious Harm

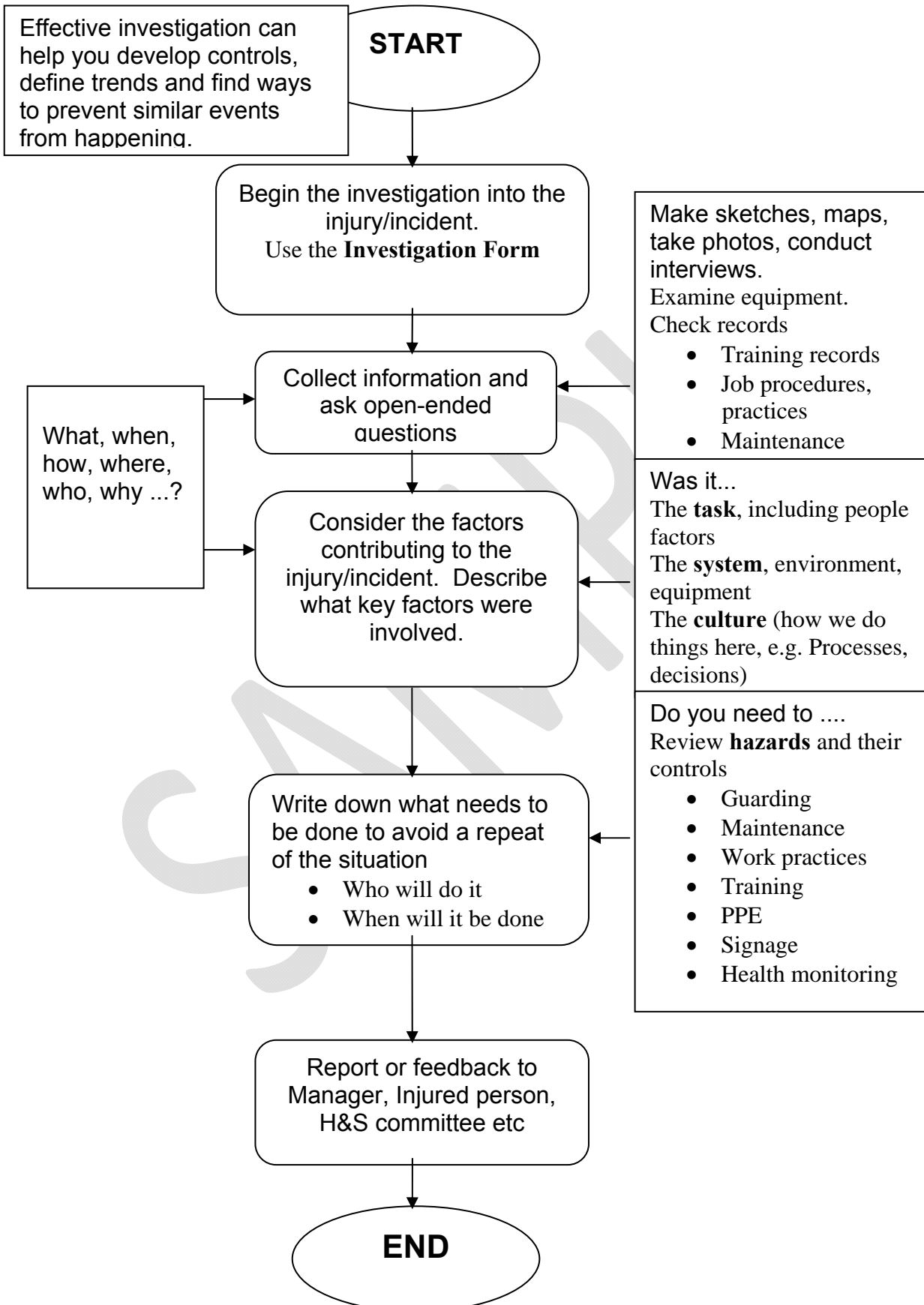
Temporary Severe Loss of Bodily Function

Notifiable Occupational Disease System (NODS)

Injury/Incident/Illness Flowchart



INVESTIGATION FLOWCHART



INJURY/INCIDENT/ILLNESS FORM

INCIDENT DETAILS

Incident type: **Near Miss** **Injury** **Illness**
Severity: **Minor** (First Aid) **Moderate** (1 to 4 days off work) **Potentially Serious**
 Serious (see Serious Harm definition) **Unknown**

NB: All Serious Harm accidents and serious harm illnesses must also be recorded on "Notification of Circumstances of Accident or Serious Harm" form, and notified within 7 days of the event.

What Happened?

What do you think caused or contributed to the incident?

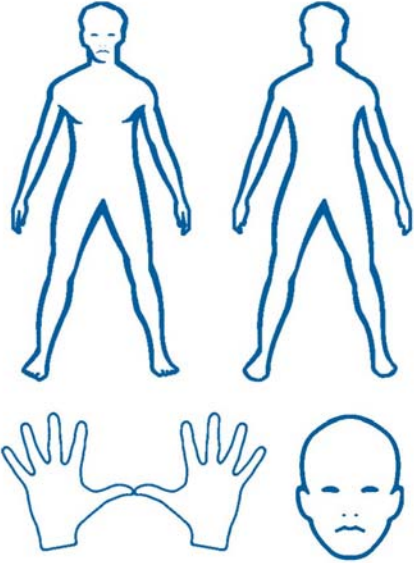
Personal Details

Name: _____ **Date of Birth:** _____ **M / F**
Phone: _____ **Date and Time of Incident:** _____ / _____

Injury Details

Body Part:

Injury Type: (Tick)

<p style="text-align: center;">Shade the part of the body that is injured</p> <div style="text-align: center;">  </div>	<ul style="list-style-type: none"> <input type="checkbox"/>Ache/pain (gradual) <input type="checkbox"/>Ache/pain (sudden) <input type="checkbox"/>Amputation <input type="checkbox"/>Broken Bone <input type="checkbox"/>Bruising incl crushing <input type="checkbox"/>Burns/scalds <input type="checkbox"/>Chemical reaction <input type="checkbox"/>Choking/suffocation <input type="checkbox"/>Concussion/brain injury <input type="checkbox"/>Cut (infected) <input type="checkbox"/>Cut (not infected) <input type="checkbox"/>Dental injury <input type="checkbox"/>Dermatitis <input type="checkbox"/>Dislocation <input type="checkbox"/>Fatal <input type="checkbox"/>Foreign Body (eye, ear, nose) <input type="checkbox"/>Inhalation disease (asbestos/lead) <input type="checkbox"/>Hearing Loss (noise induced) <input type="checkbox"/>Poisoning <input type="checkbox"/>Strain/Sprain <input type="checkbox"/>Other: _____ <input type="checkbox"/>Multiple Injuries
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INVESTIGATION FORM

Health and Safety Investigation Details

Short title / description of injury/incident:

Information Details

Describe what information you have collected about the injury/incident:
(who is injured, witnesses, interviews, observations, photos, notes, re-enactments.)

Analysis

Describe what key factors/hazards contributed to the injury/incident:
(Consider tasks, people factors, systems, environmental factors, equipment, culture, weather, etc.)

Action Details

Describe what needs to be actioned to fix the situation:
(What changes will be made, who approves them, who needs to be informed about them.)

Action Plan Assigned to: _____

Date Action Due: _____

Action Completed: _____

Does the Hazard Register need updating? Y / N

Updated On: _____

REPORTING DETAILS:

Has CAA / DoL been advised? Y / N

Date Advised: _____

Sig: _____

Title: _____

Form of register or notification of circumstances of accident or serious harm

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 & 15 as applicable

1 Particulars of employer, self-employed person or principal:

(business name, postal address and 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)

--

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:

- fall, trip or slip hitting objects with part of the body
 sound or pressure being hit by moving objects
 body stressing heat, radiation or energy
 biological factors chemicals or other substances
 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
(capitals)

Serious harm: Definition

Serious harm is defined in the Act as death or harm of any of the following kinds:

1) Any of the following conditions that amounts to, or results in, permanent loss of bodily function or temporary severe loss of bodily function:

- respiratory disease;
- noise-induced hearing loss;
- neurological disease;
- cancer;
- dermatological disease;
- communicable disease;
- musculo-skeletal disease;
- illness caused by exposure to infected material;
- decompression sickness;
- poisoning;

- vision impairment;

- chemical or hot metal burns of eye;
- penetrating wound of eye;
- bone fracture;
- laceration;
- crushing.

2) Amputation of a body part.

3) Burns requiring referral to a specialist registered medical practitioner or specialist outpatient clinic.

4) Loss of consciousness from lack of oxygen.

5) Loss of consciousness or acute illness from absorption, inhalation or ingestion of any substance, requiring treatment by a registered medical practitioner.

6) Any harm that causes the person to be hospitalised for 48 hours or more, commencing within 7 days of the harm's occurrence.

Temporary Severe Loss of Bodily Function

Overall the judgement on whether an employee has suffered temporary severe loss of bodily function is determined by whether or not there has been an actual loss of bodily function, and this will involve the employer (or representative) making a judgement.

Those who need to determine if temporary severe loss has occurred will need to answer the following questions:

- Is the employee suffering from pain or health impairment which is significantly more than discomfort?
- Is the pain or health impairment severe enough to prevent an employee using part of the body, i.e. movement prohibited by pain, respiratory distress, etc?
- Is the employee's condition likely to be temporary?

If the answer to these three questions is 'Yes', then the event should be notified in terms of Section 25 of the Act.

Notifiable Occupational Disease System

The Notifiable Occupational Disease System (NODS) is a voluntary system used to notify the employer and Civil Aviation Authority of a health problem that may have been caused by work.

Examples are:

- Noise within your workplace can cause damage to your ears and with prolonged exposure may cause hearing loss.
- Repeated movements, constant muscle tension or lifting may cause an overuse disorder.
- Chemicals used in the workplace may cause breathing or nerve degradation such as asthma or depression.

The NOD system is generally used by General Medical Practitioners (GP's) to alert employers, and if necessary the CAA or DoL, that your personal health assessment shows that your ill health could be linked to your workplace activity. The employer then has an opportunity to conduct an investigation.

CAA/DoL Addresses

CAA

Tel:	0508 222 433	Email:	hsu@caa.govt.nz
Fax:	0-4-569 2024	Post:	P O Box 31 441 Lower Hutt 5040
CAA WEB ADDRESS	www.caa.govt.nz/Health and Safety		

DEPT of LABOUR HEAD OFFICE WELLINGTON

Tel:	(04) 915 4444	Post:	PO Box 3705 WELLINGTON 6040
Fax:	(04) 499 0891		
DoL WEB ADDRESS	www.osh.dol.govt.nz/Health and Safety		

DoL Regional offices: Phone Number: 0800 20 90 20

Whangarei PO Box 141 WHANGAREI Fax: (09) 438-4874	Hamilton PO Box 19271 HAMILTON Fax: (07) 9576401	New Plymouth PO Box 342 NEW PLYMOUTH Fax: (06) 759 9417	Christchurch PO Box 13278 CHRISTCHURCH Fax: (03) 9647821
Auckland North PO Box 301012 Albany Auckland Fax: (09) 909 3280	Rotorua PO Box 2128 ROTORUA Fax: (07) 346-0229	Palmerston North PO Box 241 PALMERSTON NORTH Fax: (06) 359-1431	Greymouth PO Box 13278 CHRISTCHURCH Fax: (03) 9647821
Auckland Central PO Box 105146 AUCKLAND Fax: (09) 970 1522	Bay of Plenty PO Box 66 TAURANGA Fax: (07) 577-6396	Lower Hutt PO Box 30556 LOWER HUTT Fax: (04) 914 6866	Timaru PO Box 13278 CHRISTCHURCH Fax: (03) 9647821
Auckland South PO Box 63010 Auckland 2241 Fax: (09) 909 3248	Napier PO Box 546 NAPIER Fax: (06) 835-7102	Wellington PO Box 3705 WELLINGTON Fax: (04) 918 4715	Dunedin PO Box 537 DUNEDIN Fax: (03) 955 3274
	Gisborne PO Box 139 GISBORNE Fax: (06) 868-8832	Nelson PO Box 180 NELSON Fax: (03) 989 6789	Invercargill PO Box 548 INVERCARGILL Fax: (03) 218-2152

5: INJURY MANAGEMENT and REHABILITATION

We have a duty to ensure that all staff, visitors to the workplace, and contractors and their employees are not harmed or injured or become ill through exposures to hazards in our workplace.

Should an injury or illness occur which results in an employee requiring treatment and time away from normal work patterns, we will take practicable steps to ensure that the employee can return to work safely at the earliest reasonable opportunity.

We will accomplish this through a negotiated process with the employee and if appropriate, the employee's representative, GP, ACC case manager or other person with regard to achieving the best positive outcome.

This process may involve ongoing assessments of the employee's capability and capacity for work, and establishing when a return to work is possible and the types of work that may be suitable for the employees safe and managed return.

The employee and employer must act in good faith throughout the process, and must actively display a willingness to co operate in establishing reasonable and agreed plans for the return to work.

Once established, the plan will be reviewed at agreed stages to test if the plan is still suitable and if necessary to adjust the plan to suit any progress or regression.

- ♣ We recognise we have a duty to act in good faith.
- ♣ We recognise that the early and safe return to work is the fundamental objective.
- ♣ An agreed return to work plan will be established in consultation with the employee, and/or employee's representative, where it is established that a managed process is appropriate.

6: EMERGENCY PLANNING

Some Ideas: policies/procedures for

- Fire, Earthquake, Flood, Civil defence preparedness,
- HSNO, chemical spill to environment, Chemical spills on a person, Emergency Showers/eye wash facilities
- Working at remote locations: failure to return to remote work site or base,
- Serious injury, Loss of aircraft impacting on business capability, Business continuation Plans
- Designated call personnel, and wardens if the operation is big enough.

Some of these issues are dealt with by the ERMA/DoL guide.

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 from building or area.
6. Assemble all personnel at _____.
7. Check all persons are accounted for.

We will ensure fire drills and evacuation procedures are practised at least annually.

ACTION: Establish a safe designated assembly area.

TIP: 11 or more staff: a fire service approval is required for your emergency evacuation scheme. Check with your local Fire Service if further assistance required.

ACTION: Conduct an evacuation drill, annually.

TIP: Show date of evacuation drills completed, on Hazard Register.

7: DUTIES TO “OTHERS IN THE WORKPLACE”

We have a duty to ensure the following persons are NOT HARMED:

- ♣ People/visitors in the workplace and/or in the vicinity of the workplace
- ♣ People who are lawfully at work
- ♣ People who are in the place with express or implied consent, and have paid to be here, or are buying or inspecting goods

We have a duty to ensure the following persons are advised of any significant hazards that we know of, that are not normally to be found on our premises,:

- ♣ Persons who are authorised to be here
- ♣ Persons who are on site under the authority of an Act, e.g. Electric power authority, DoL, CAA

We do not have a duty to:

- ♣ Trespassers
- ♣ Persons on site solely for recreation or leisure (providing they were not authorised to be here)
- ♣ People exempted by Section 3A(4) in respect of an aircraft in operation.

Volunteers

We are required to take all practicable steps to ensure the health and safety of volunteers whilst undertaking any work activities. In some situations they are to be treated as though they are an employee.

Trainees / Loaned Workers / Persons Carrying out Work Experience

Trainees, loaned workers and persons doing work experience are to be treated as though they are our employees.

Visitors

All visitors will sign a visitor's register and will be escorted by a staff member who will be responsible for accompanying the visitor. Visitors are to remain within designated walk areas, and be cognisant of signage. The person responsible for accompanying the visitor will ensure that the visit has been informed of any hazard that they may be exposed to and the evacuation plan.

ACTION: Define areas where entry restrictions apply.

TIP: Display conspicuous sign, e.g. “No unauthorised entry”.

8: CONTRACTORS AND SUB-CONTRACTORS

From time to time we may be a “principal”. A principal means “a person who or that engages any person (otherwise than as an employee) to do any work for gain or reward.”

As a principal, we are required to take all practicable steps for a contractor’s safety (and the safety of any employees of that contractor).

To achieve this, prior to any work commencing, all contractors will be advised of:

1. All specific hazards they may be exposed to, and the hazard controls, whilst the contractor is undertaking work on our premises.
2. Emergency and evacuation procedures.

A signed record will be kept of the induction and this will be kept with the Contractor’s Agreement.

Our policy is that the:

- ♣ Contractor shall be informed they are responsible for any hazards that they may create while on our premises;
- ♣ Contractor must advise us (the Principal) of all serious harm accidents to self or others in the place of work;
- ♣ Contractor must provide documentation to confirm they have complied with their own responsibilities under the Health and Safety in Employment Act 1992;

We will ensure the following is given to all contractors / sub-contractors:

1. Letter to Contractor / Sub-contractor;
2. Safety Requirements for Contractors;
3. Conditions of Contract;

ACTION: Write to all ‘regular’ contractors to advise them of standards to be met. Refer to “Contractor’s Agreement”.

TIP: Send two copies of ‘Contractor’s Agreement’. Ensure one copy is signed and returned by contractor/sub-contractor, with a copy of their Health and Safety Management Plan/Manual.

TIP: Make a list of your preferred contractors. (A preferred contractor is one who meets all the health and safety requirements).

TIP: Review preferred contractors annually.

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, or remain a preferred contractor or supplier, to provide the following information:

1. Health and Safety Management Plan that includes:
 - Safety policy;
 - Hazards and the hazard controls; and
 - Injury/Incident/Illness reporting procedures
2. Contractors are reminded that all work is subject to the provisions of the Health and Safety in Employment Act 1992 and, in some instances, the Civil Aviation Act, Rules and certificates. In particular:
 - Contractors are to comply with all regulations, enactments, codes of practice (approved or voluntary) 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.
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 safety rules and procedures may result in the work being stopped to allow the situation to be made safe. Failure may also 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.

9: AUDIT PROGRAMME

We have a duty to ensure that the health and Safety system remains robust. We undertake to do this by performing H&S audits of our system on a frequent and predictable basis to identify system deficiencies which will enable us to improve the system. A range of checks will be completed to ensure that the system delivers a safe and healthy working environment. Where possible, reviews will also involve the participation of other managers, employee representatives, and nominated union representatives.

- ♣ The Operations Manager will undertake a full H&S Systems Audit annually. This includes reviewing this Health and Safety Manual and the policies and procedures within it to ensure that it is current, that it is effective and is followed.
- ♣ The H&S Officer will perform a walk around Inspection annually to identify new hazards and to re-evaluate existing hazards recorded in the Hazard Register. This includes an assessment of new equipment, task and process changes.
- ♣ All staff are to provide updates to the H&S Officer on an as needs basis of new hazards and changed hazards.

Audit Schedule

Recheck Type	Person Responsible	Frequency	Month to be carried out	Signed Date performed
Health and Safety Management Programme Audit	Operations manager	12 monthly	September	
Hazard Register review	H&S officer			
Walk-around Inspection	H&S Officer			

ACTION: Add the detail of the reviews as above.

ACTION: When audits/reviews completed, the person performing the audit should sign and date the audit schedule.

HSE Systems audits are carried out at least two yearly; in more complex businesses, annually.

Walk-round inspections should occur annually.

ACTION: A full Hazard Register review should occur at least annually, Hazards should be added and/or updated as they occur. Individual reviews of hazards should occur at least 6 monthly.

TIP: The normal pre-flight walk-around and pre-flight briefings that are conducted are not in lieu of the H&S activities above, but are additional to them.

TIP: Staff are to use the Hazard/Safety Alert Form to notify management of hazards.

Employee Acknowledgement

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

- ♣ Hazards I may be exposed to (including hazard control measures);
- ♣ Injury / Incident / Illness 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: _____

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