

Health & Safety Plan



**527 No 10 Road
(2016)**

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Policy Statement

Jess Land Equestrian Limited presents this Health and Safety Policy.

Our Health and Safety Vision:

“We will all be safe in our work”

We believe that:

- Everyone is responsible for Health & Safety.
- The Health and Safety of all those involved in Jess Land Equestrian Ltd is a top priority.
- Incidents can be minimized or prevented.
- All those involved in Jess Land Equestrian Ltd have a responsibility to stop any task they believe is unsafe or that they cannot continue doing in a safe manner.

To achieve this we will:

- Maintain and continually improve our Health and Safety systems.
- Proactively identify hazards and unsafe behaviour and take steps to manage these to reduce the risk to as low a level as reasonably practicable.
- Set targets for improvement and measure, appraise and report on our performance.
- Assess the Health and Safety performance of workers, members and contractors.
- Consult and actively promote participation with workers, contractors, riders and volunteers to ensure they have the skills training, knowledge and resources to maintain a safe working environment.
- Accurately collect report and learn from our incidents.
- Support the safe and early return to work of injured workers.
- Design, construct and maintain our assets so that they safeguard people and property.
- Require our contractors to demonstrate the same commitment to achieving excellence in Health and Safety performance.
- Comply with relevant legislation and regulations.

Signed: _____ Date: _____

Title: _____



Emergency Procedures

527 No 10 Road, Swannanoa, Rangiora, 7476

GPS Coordinates: -43.3694991, 172.5099542

DON'T PANIC - STAY CALM

Your clear quick action could save a life or property.

Make sure of your own safety first, and then make the area safe.

Determine what assistance / services are needed - ring 111

Contact H&S representative - 027 848 4484 / 021 033 6894

Accident - report

- Location - GPS co-ordinates & road name
- Nature of accident
- Number of people injured (do not mention names)
- Types of injuries
- State whether ambulance or helicopter required
- Contact H&S Rep 027 848 4484 / 021 033 6894
- Follow staff instructions
- Provide first aid until emergency services arrive
- Send person to open gates and guide and clear way for ambulance or helicopter
- Complete H&S incident report

Fire - report

- Location - GPS co-ordinates & road name
- Size of fire
- What is burning
- Local weather conditions, wind direction, strength etc.
- Contact H&S Rep 027 8848 4484 / 0210336 894
- Follow Evacuation plan if inside buildings
- Follow staff instructions
- Only light fires if safe to do so
- Complete H&S incident report

Earthquake or Civil Defence Emergency - report

- Location - GPS co-ordinates & road name
- Remain calm
- Follow staff instructions
- Evacuation will be organised by staff in consultation with Civil Defence
- Compliance with staff instructions is essential



Crisis Management Plan

527 No 10 Road, Swannanoa

GPS Co-ordinates: -43.3694991, 172.5099542

Crisis Management Team (CMT):

Responsible for the immediate response to any serious accident on the property.

Position	Name	Contact
Director	Jon Land	027 242 5013
Director	Jacqui Land	021 033 6894
Manager	Jess Land	027 848 4484

Procedure for the immediate response to a major event.

- The sleep out adjacent to the stable is to be used as the incident control point and administrative centre for CMT.
- Whoever is notifying the crisis is to use "Code Red" to activate the crisis management team.

Action at accident site.

- Screens to be placed around the accident while any treatment is taking place if appropriate and spectators are present. These are located in the tack room.
- Call 111 and take rider into ambulance as soon as possible (St John to control).
- Repair any damage to fences and ground surface as soon as possible if necessary.
- Witnesses to be taken to the CMT control centre where they will be required to write independent statements.
- Arrange for counselling or assistance for witnesses following a serious accident, if required.

In case of human fatality

- The police are to be notified immediately by the CMT leader.
 - ➔ The police will contact next of kin.
 - ➔ The police will compile witness statements.
 - ➔ If the police wish to inspect the facilities, a member of the CMT must accompany them.
- The CMT should dispatch a representative (with mobile phone) to hospital to:
 - ➔ Be direct link with CMT. It is rare for the person to be pronounced dead before arrival at hospital, and the CMT need this information as soon as possible.
 - ➔ Arrange help with the immediate problems of the rider's family / friends and/or horse owner, such as looking after the horse, driving the truck and so forth.
- Gather information and establish the facts. Use CMT Information form as attached
- No contact will be made with the media, and any media questions will be directed to a Jess Land Equestrian appointed spokesperson.
- Co-ordinate any further contact with the Police and Worksafe
- Before dispersing the CMT should hold an internal debrief and compile a full report of the incident. A CMT spokesperson will be appointed for any further queries.



CMT Information Form

Rider or public fatality or serious injury

Name: _____

Age: _____ Male / Female Married: Yes / No

From where: _____

Based where: _____

Horse:

Name: _____

Age: _____ Gelding / Mare / Stallion

Owner: _____

Doctor(s) Attending: _____ Phone: _____

Vet Attending: _____ Phone: _____

Witness(es): _____ Phone: _____

Nature of incident:

Date: _____ Time: _____

Location of accident: _____

Rider injuries: _____

Spectator injuries: _____

Horse injuries: _____

What happened? _____

How is incident being handled?

Hospital Name: _____

Witness statements taken: Yes / No

Other: _____

Background

What was the horse / rider doing prior to the accident? _____

How experienced were the horse / rider? _____

Confidential Information - Not for media publication

Prognosis for rider: _____

Prognosis for Spectator: _____

Prognosis for horse: _____

Causes: _____

Any breach of procedures / policy: _____

Other: _____

Site Hazard Checklists

- Pre Activity Checklist
- During Activity Checklist
- Post Activity Checklist
- Security and Emergency Activities Checklist
- Livestock Hazard Checklist



Jess Land Equestrian

Pre Activity Hazard Checklist

Activity: _____

Completed by: _____

Date: _____

Time: _____

Description	Significant Yes / No	Comment on controls in place
Drinking water Is the water safe to drink?	Yes	
Pot holes / Slippery surfaces	Yes	Public protection. e.g. hazards marked
Signage e.g. Exits	No	Signage indicating access and exit routes. Access ways clear and safe.
Traffic management: Is a traffic management plan in required / in place?	Yes	
Procedures for emergencies in place?	Yes	
Toilet facilities: Adequate? Location? Operational?	Yes	
Equipment being used in good condition.	Yes	
Waste disposal facilities?	Yes	
Electrical safety	Yes	Ensure all cords, plugs and fittings are safe, secure and out of the way of people and water.
Health & Safety signs in place	Yes	General Public Health and Safety sign / Public awareness at the entrance.
Contractors Health and Safety plans in place?	Yes	
Comments: Additional hazards, observations.		



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During Activity Hazard Checklist

Activity: _____

Completed by: _____

Date: _____

Time: _____

Description	Significant Yes / No	Comment on controls in place
Pot holes / Slippery surfaces		
Access / Exit and directional signs.	No	Signage indicating access and exit routes. Access ways clear and safe.
Electrical Safety	Yes	Ensure all cords, plugs and fittings are safe, secure and out of the way of people and water.
Toilet facilities: Are the hygienic?	Yes	
Waste disposal facilities? Are the coping?	Yes	
Are contractors managing their significant hazards?	Yes	
<p>Comments: Additional hazards, observations.</p>		



Jess Land Equestrian

Post Activity Hazard Checklist

Activity: _____

Completed by: _____

Date: _____

Time: _____

Description	Significant Yes / No	Comment on controls in place
Has equipment been put away tidily?		
Are there any holes / disrupted surfaces that need to be fixed?		
Has all excess signage been removed?		
Have toilet facilities been cleaned and sanitized?		
Has all rubbish been removed / disposed of?		
<p>Comments: Additional hazards, observations.</p>		



Jess Land Equestrian

Emergency Activities Hazard Checklist

Activity: _____

Completed by: _____

Date: _____

Time: _____

Description	Significant Yes / No	Suggested Actions/ Controls	Comment
Location of First Aid Facilities		Located in a central position where it is easily located.	
Signage	No	Signs displayed for toilets, office, first aid etc.	
Site security	No	Is there a procedure to follow if there is an incident?	
Emergency Response	Yes	Has everybody been briefed regarding emergency procedures relevant to fire, evacuation and medical emergency.	
Emergency equipment in place?	Yes		
Comments: Additional hazards, observations.			



Jess Land Equestrian Livestock Hazard Checklist

Activity: _____

Completed by: _____

Date: _____

Time: _____

Description	Significant Yes / No	Suggested Actions/ Controls	Comment
Livestock escape	Yes	Responsibility for animals lies with owners. Emergency plan in place for dealing with runaway animals.	
Entrance and exit signage in place	No	Gates closed onto roads.	
Animal obstacles: jumps, ground condition, activities		All obstacles are secure and safe for activity.	
Gates, fences, stables, yards and troughs in working order and suitable.	Yes	Ensure the gates and yards are suitable for the type of animal it contains.	
Fire protection in place.	Yes	Check location of nearest fire extinguishers and water and if they have been serviced.	
Veterinarian	No	Are the contact details for a vet on hand.	
Power installation	Yes	Power leads and cables are adequately controlled to prevent trips and falls.	
Comments: Additional hazards, observations.			



Jess Land Equestrian

Accident Reporting and Investigation Form

Date of Accident:

Description of Accident:

Include who was involved and brief details of what happened.

What type of injury was sustained?

Investigation details to establish main cause of accident:

How was the investigation conducted? What areas did it review? Who was involved in the investigation process?

Hazard control process:

Describe if hazard is already on the hazard register checklist or if it is a new hazard.

Corrective Action:

Details of what will be done from here to prevent such an accident occurring again.

Signed to verify actions have been taken:

Signature:

Date:

1. Particulars of employer or PCBU
(Business name, Postal Address and telephone number).

2. The person reporting is:
an Employer / PCBU / self employed

3. Location of place of work:
Street number, street, suburb, town etc.

4. Personal data of injured person:
Name, residential address etc.

5. Date of birth:

6. Sex: Male / Female

7. Occupation or job title of injured person:

8. The injured person is:
an employee / a contractor (self-employed person) / Other

9. Period of employment of injured person.
(Employees only)
1st week 1st month
1 - 6 weeks 6 mths - 1 year
1 - 5 years over 5 years
non-employee

10. Treatment of injury:
None First aid only
Doctor but no hospitalisation
Hospitalisation

11. Time and date of accident / serious harm.
Time:
Date:
Hours worked since arrival at work:

12. Mechanism of accident / serious harm.
- fall, trip or slip
- hitting objects with part of body
- being hit by moving objects
- body stressing
- heat, radiation or energy
- biological factors
- mental stress

13. Cause of accident / serious harm
- machinery or (mainly) fixed plant
- mobile plant or transport
- powered equipment, tool or appliance
- non-powered hand tool, appliance or equipment
- fixed or moveable object
- material or substance
- environmental exposure (e.g. dust, gas)
- animal, human or biological agency
- bacteria or virus

14. Body part

- head
- neck
- trunk
- upper limb
- lower limb
- multiple locations
- systemic internal organs

15. Nature of injury: (specify all)

- fatal
- fracture of spine
- puncture wound
- other fracture
- dislocation
- multiple injuries
- sprain or strain
- damage to artificial aid
- head injury
- internal injury of trunk
- amputation
- skin
- eye
- open wound
- disease, digestive system
- superficial injury
- bruising or crushing
- burn
- nerves or spinal cord
- mental disorder

16. Where and how did the accident / serious harm happen?

17. If notification is from a PCBU:

a) Has an investigation been carried out?

YES / NO

b) Was a significant hazard involved?

YES / NO

Signature: _____

Date: _____

Name and position (Capitals)



Jess Land Equestrian Accident Record Report Form

Instructions:

All falls and accidents should be recorded in the accident record book.

Please complete the Accident Record Report form when medical or veterinary attention has been administered.

Name: _____ **Date of Birth:** _____

Date of Accident: _____

Details (Tick the appropriate statements)

1. **Did this accident involve:** Rider Horse Horse and Rider Spectator

2. **What activity?** Cross country Dressage Show jumping Trekking

Lessons Schooling Washing Lunging Clipping Grooming

Other: (please state) _____

3. **Regulation Safety Gear Worn:** Footwear Safety helmet Body protector

4. **Weather:** Fine Wet Windy

5. **Ground conditions:** Firm Wet Hard Slippery Soft

6. Who administered "first aid"?

Coach Parent St Johns Paramedic Trained first aider GP

7. **Transported to:** Hospital Doctors

8. **BY:** Helicopter Ambulance Private car

9. **Injuries to:** Head Neck Spine / back Arms Wrist Abdomen

Hand Chest Shoulder Leg Foot Face

10. **Suspected:** Fracture Concussion Sprain/strain Bruising

Other (Please state) _____

11. **Did horse:** Fall Stop suddenly Rear Buck Take fright Kick

Swerve Lose tack Slip Other (Please state) _____

12. **Vet required?** Yes No

Injuries to horse (please state) _____

13. **Who else was in attendance?** Coach Parent/Guardian Friend

Other (please state) _____

14. **Do you have any recommendations that could prevent re-occurrences of similar accidents?** YES / NO

If yes, please state: _____

Completed by: (print name) _____

Phone: _____

Note: It is good public relations to follow up the accident with a phone call to the persons concerned.

A copy of this form should be filed with Jess Land Equestrian Limited within **five working days** of the accident.