

Event Health & Safety Plan and Risk Analysis Management

Event Organiser:	WBOP Secondary Schools Athletics Association		
Event Name:	WBOP Secondary School Cross Country Championships		
Postal Address:	Physical Address (if differs from Postal):		
PO Box 46 Hamilton 3240			
Contact Number: 0211940600	Email: administrator@athleticswbop.org.nz		
Description of Event:			
<p>The WBOP Cross Country Championship is one day event held on June 5th at Kihikihi Domain, Kihikihi. The event attracts an estimated 300 participants plus additional supporters.</p> <p>The championship features six individual races where athletes representing their schools in three age groups Y9, Junior U16, and Senior U20. Male Para Athletes are included in Junior Boys event and Female Para Athletes in the Senior Girls event.</p>			
Location of event: Kihikihi Domain, Kihikihi			
Start date: Wednesday 5th June	Finish date: Wednesday 5th June		
Pack in date: Wednesday 5th June	Pack Out date: Wednesday 5th June		
Anticipated Participants: 350	Anticipated Spectators: 100		
Person in Charge of Event: John Tylden – Event Director			
Event Secretary and Administrator: Dianne Rodger – Athletics Waikato-Bay of Plenty			
Risk Assessment completed by: John Tylden		Contact number: 0272645030	

Event Director and Site Supervisor: John Tylden

Mobile: 0272645030

Event Secretary: Dianne Rodger

Mobile: 0211940600

Emergency Procedures

Incident Command System

All incidents must be reported to the Event Director – John Tylden who will then cascade all information onto the required personal. In the event the Event director cannot be located for notification of a major incident or emergency, please use the flow chart listed below.

John Tylden >>> Dianne Rodger

Emergency Procedure

Any accidents/ incidents and near misses will be recorded on the official forms supplied by WBOPSSAA. These will be available and kept in the TIC tent at the finish area.

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Evacuation Procedure

Evacuation may be required immediately in situations such as severe weather, fires, and earthquake or bomb threats or in coordination with community emergency response efforts for cyclones or approaching storms. The type of emergency will determine the evacuation procedure. All announcements shall be made via the PA system as to the best course of action to take. If the PA system is not operational, event organisers will directly communicate with event attendees. Depending on the emergency the race organisers may act under instruction from the Police, Fire Service or Civil Defence. Should representatives from these organisations arrive on site they may assume responsibility for communication and evacuation procedures.

Sheltering:

Depending upon the type of incident, sheltering inside adjacent facilities (or parts of these facilities) may be the most appropriate protective action. Should this be required, all will be notified via the PA system and directed to follow procedures and report to their designated shelter areas within the facility.

Earthquake Response: Employ the Drop, Cover, Hold method. Try to find shelter away from buildings, trees and other things that could fall. After shaking has stopped head towards the start/finish area and await instructions over the PA system.

De-Activation: When emergency conditions have dissipated or stabilized, and normal operations have resumed, a formal announcement will be disseminated via the audio system.

Medical Support

Qualified first aiders will be either be onsite or on call if necessary. Schools are also advised to bring their own first response first aid including ice for minor injuries

The nearest Medical Centre

Mahoe Medical Centre 4 Cambridge Rd Te Awamutu ph 078720923

Weather Policy

If the weather is not conducive to running the championship in a safety conscious manner the event will be temporarily suspended at the discretion of the Event Director and Local Organizing Committee. The decision to proceed, alter or cancel the event will be referred to the Event Director and Local Organizing Committee.

Media Policy

Nobody connected with the Event is authorised to speak to the media without the express permission of the Event Director. Volunteers are notified of this policy during briefing. Any unauthorised release of photographs or statements is absolutely forbidden. Following a major incident, the Event Director will create a Press Release and speak to media as appropriate. This will only take place after they have all of the information about the incident and have had time to digest it and develop a well-balanced response on behalf of the event.

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Name of Event: WBOPSSAA Cross Country Championships				
Date of Event		5th June 2022	Site Supervisor:	
Location of Event:		Kihikihi Domain Kihikihi	John Tylden	
Hazards	Persons Affected	Control / Actions	Risk	Responsibility
EQUIPMENT				
Erection of temporary structures causes an injury to contractor or member of the public.	Contractor Athletes Volunteers Spectators	Isolate the hazard by cordoning off the area. Site supervisor/s to monitor the area and ensure that the public are not entering the work space.	MOD	Contractor Site Supervisor
Temporary infrastructure blows away and causes injury to person or equipment	Athletes Volunteers Spectators	Ensure that all Temporary infrastructures are adequately secured. Monitor weather conditions prior to and during the event.	MOD	Contractor Site Supervisor
Electricity cables/wires causing injury or trip/fall.	Athletes Volunteers Spectators	Cables covers used where needed and cables to be placed out of way of foot traffic.	MOD	Contractor Site Supervisor
ENVIRONMENT				
Ground conditions	Athletes Volunteers	Marshalls to inspect the ground prior to event starting and confirm with Event director that the fields /course is safe for running.	LOW	Site Supervisor
Hard or sharp objects on the field causing injury	Athletes Volunteers	Marshalls to inspect the course prior to event starting and confirm with tournament director that the fields /course is safe for running.	LOW	Site Supervisor
Litter on site	Athletes Spectators Volunteers	Adequate number of provided bins - plastic & aluminium recycling bins & general rubbish bins. Volunteers and staff briefed to keep venue litter free on PA system	LOW	Site Supervisor
Weather Cold/wet/icy conditions	Athletes Spectators Volunteers	Awareness of appropriate clothing for weather conditions is worn. Temporary shelter provided in the form of marquees. Water provided.	HIGH	Site Supervisor
PEOPLE				
Interference with Athletes/ Competitors during competition	Athletes Spectators Volunteers	Course clearly marked with flags and barrier tape. Spectators provided with specific places to cross course. Use of PA system and Marshals for ongoing awareness/ enforcement.	LOW	Site Supervisor
Medical Emergency	Athletes Spectators Volunteers	On site briefing given to all team managers with clarity of nearest medical centres and details for emergency calls. Knowledge of location of Mahoe Medical Centre . Emergency numbers to call.	MOD	Site Supervisor
Moving Vehicles	Athletes Spectators Volunteers	Control areas where vehicles will be moving and use warning signage. Speed restricted to 10km close to the venue. Signs put up prior to start of event as required. E.g. Parking Signs	MOD	Site Supervisor

Event Health & Safety Plan and Risk Analysis Management

Aggression from crowd	Athletes Spectators Volunteers	On the rare occasions that the crowd are aggressive they are to be kept away from the edge of the course area . Failure to follow instructions would lead to call to Police who will take control of the situation.	LOW	Site Supervisor
Lost Children	Child/Parent	Announcements will be made informing spectators to contact the Event Director if they have become separated from their parents or child. Lost child to stay with officials until the parent is located. If this proves unsuccessful a missing person report will be completed and police will be notified.	LOW	Site Supervisor

For your convenience we have included the following documents:

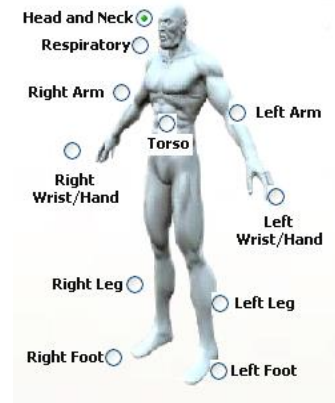
- Incident report – *The event director and any affected team will have their team manager complete an incident report for all major incidents and provide a copy to Athletics Waikato-Bay of Plenty within 48 hours.*

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Injured Person Name:	DOB:..... Male / Female Ph:.....	Address: 	Injury location: eg head, arm, body	Injury Type: eg cut, burn, abrasion
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Type of incident:	<input type="checkbox"/> Injury <input type="checkbox"/> Incident <input type="checkbox"/> At Risk Behaviour <input type="checkbox"/> Illness			
Category:	<input type="checkbox"/> Minor Harm <input type="checkbox"/> Serious Harm <input type="checkbox"/> Fatality <input type="checkbox"/> Vehicle involved			
Severity Level:	3 = High Low	2 = Medium	1 =	<i>(please circle)</i>
Reported by:	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Third Party		Date reported:	
	Name:		Position:	
Location & Time of Incident		Incident Description		
<input type="checkbox"/> Incident happened off site				
Department				
Location				
Position				
Supervisor				
Incident Date				
Incident Time				
Started work Time				

Injury Description:



Treatment: <input type="checkbox"/> No Treatment <input type="checkbox"/> First Aid <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Hospitalisation	Medical Condition: <input type="checkbox"/> Fully Fit <input type="checkbox"/> Restricted Duties <input type="checkbox"/> Other	Days Off: <input type="checkbox"/> Lost Time Injury _____ days off
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Office Use Only	
Entered in Vault	Yes/No



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Serious Harm Procedure

Manager/Supervisor/Health & Safety Advisor to Contact WorkSafe NZ

Phone **0800 030 040**

Date reported to WorkSafe: ___/___/___

Reported to WorkSafe by:

Name:

WorkSafe representative name:

Name:

Scene Held: Y/N (circle one)

Scene Released: Y/N

Date:

Time:

Scene Released by who:

(WorkSafe, NZ Police, NZ Fire etc.)

Name:

Hazard Management Process

Hazard related to accident/incident:

E.g. "Slide" AC Baths:

Analysis/cause of accident/incident:

Initial investigation by:

Name:

Investigation date: ___/___/___

Requires more investigation: Y/N..(circle one)

ID safety equipment used:

Did safety equipment fail: Y/N (circle one)

Equipment/machinery involved:

Preventative action required: Y/N (circle one)

Action taken date: ___/___/___

Action taken by: (Name).....

Completed by:..... Signature:..... Date: ___/___/___

Sighted by

Head of Department: (Name)..... Date: ___/___/___

Copied to (✓):

H&S Advisor

H&S Rep

Supervisor

Other: