

Workplace Health & Safety Policy

1. Area of responsibility

Administration

2. Date last updated

14 November, 2002

3. Policy Number

POLAD8

4. Purpose

To ensure that Basketball Queensland (BQ) activities are conducted in such a way as to prevent harm at work, avoiding injury and illness to people, loss or damage to BQ property and property of others.

To meet the requirements of all relevant legislation approved regulations, Codes of Practice, and other relevant standards.

5. Policy

Responsibilities

BQ is committed to ensuring high standards of health and safety for all employees, contractors, visitors and volunteers.

BQ undertakes to provide a safe work environment for employees and volunteers, with due regard for the wider community and environment.

All Managers and Administrators are accountable for the safety of employees and volunteers within their area of responsibility and ensure all employees and volunteers are provided with a safe working environment and safe systems of work. Further it shall be the responsibility of all employees and volunteers to comply with safety procedures.

Every reasonable effort will be made in relation to:- injury prevention; fire protection; hazard identification and risk assessment, and health preservation and promotion.

BQ is committed to ensuring high standards and positively influencing effective health and safety management throughout basketball in Queensland.

Prevention

BQ is committed to continuous improvement on all facets of its operations. BQ will ensure that:

- Suitable plant and equipment are provided and maintained;
- Safe systems of work are implemented and observed, an example of an emergency evacuation procedure is at Attachment A;
- Adequate information, training and supervision are provided;
- Hazards to safety and health are identified and controls implemented;
- Health and safety promotion activities and other assistance are made available to all employees.

Reporting

BQ has developed an Injury/Incident Report (refer Attachment B) to support continuous improvement and for accurate reporting and recording of injuries/incidents.

The BQ Injury/Incident Report is an internal mechanism which is used to:-

- report and record work-related injuries, illness or incidents
- investigate the hazard
- assess the risk involved
- control the risk
- evaluate risk controls for effectiveness
- assist to prevent recurrence of the incident.

Due to BQ's commitment to a proactive approach to injury management, it is policy that "Reportable Injuries/Incidents" are to be reported immediately to the injured person's immediate Supervisor.

"Reportable Injuries/Incidents" are:-

- suspected work related injury / illness, first noticed at work;
- suspected work related injury / illness, first noticed at home;
- non work related injury / illness, that may be aggravated by returning to normal work duties;
- an incident occurring at work that is likely to lead to injury/illness.

Immediate reporting will assist BQ to:-

- provide assistance to the injured person;
- immediately respond to any hazard which may still be present in the workplace and could be a potential threat to the safety of others; and
- respond to workload requirements.

The initial (immediate) report to the Supervisor is usually verbal. Injuries/incidents can then be formally reported and recorded using the Injury/Incident Report Form (Attachment B).

The Injury/Incident Report formally records injuries/incidents; ensures that BQ is complying with legislative requirements; and instigates internal processes.

Failure to report an injury/incident may result in disciplinary action.

Smoke-Free Environment

BQ operates in a smoke-free environment. A smoke-free environment offer benefits to employees and visitors, and conveys a positive health message to our staff and community.

Attachments A - Emergency Response/Evacuation Procedure (example)

B. - BQ Injury/Incident Report Form

EMERGENCY PROCEDURE

On discovery of FIRE or
SMOKE or where instructed
by the warden

Sound the alarm

Evacuate immediately via the nearest safe
exit

Assist mobility impaired persons

Proceed to the assembly point

Follow wardens instructions

Do not re-enter the building until
instructed to do so

To report emergency, phone **000**

Refer to the emergency evacuation poster in your work area to reference your

ASSEMBLY POINT.

Attachment B

INJURY/INCIDENT REPORT FORM

This form is to be completed in consultation with Supervisor & person reporting injury/incident within 12 hours of occurrence.

ALL INFORMATION ON THIS DOCUMENT SHALL BE CONFIDENTIAL

Person Involved (or injured): _____

Date: _____ Time: _____

Reported to: _____ Date: _____ Time: _____

Employment Type: Employee ☐ Contractor ☐ Visitor ☐ Volunteer

Position: _____ Witness(s): _____

INCIDENT DETAILS (tick one)

☐ Injury ☐ Theft ☐ Medical Condition

☐ Fire ☐ Property Damage ☐ Lost/found item

☐ Lost/found person ☐ Evacuation ☐ Cleaning/Maintenance

☐ Unauthorized entry ☐ Safety/hazard near miss ☐ Other _____

Exact location of incident:

Description of injury/incident (attach separate sheet if required):

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Outcome of injury/incident (what injury or damage):

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Action taken to prevent re-occurrence (what, when, who):

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Signed: _____ Signed:

(Supervisor) (Person Reporting/involved)

Date: _____ Date: _____