

HAZARD MANAGEMENT PLANNING FOR VOLUNTEERS

There are two levels of health and safety responsibilities for volunteers:

The general duty

All organisations that utilize the work of volunteers have a duty of care to provide for the safety of those volunteers. That duty of care requires them to consider and put in place plans for dealing with safety arrangements appropriate to the tasks performed.

Regular Volunteers

Where volunteers undertake activities for Christchurch City Council on a regular and on-going basis and perform duties that are similar to employment duties, the health and safety responsibilities are the same as if the volunteer was an employee eg provision of protective clothing, training, information etc.

PROCESS

1. Identify hazards that volunteers will be exposed to using the checklist below
2. Transfer identified hazards to Hazard Management Plan and determine corrective actions / controls to be followed to ensure safety of Volunteer
3. Discuss hazards and actions with Volunteer and sign plan
4. Revise plan if any new hazards identified

HAZARD IDENTIFICATION CHECKLIST

The following checklist of hazards should be used as a guide to prepare the hazard management plan for this task

Physical	Biological
Uneven terrain <input type="checkbox"/>	Dogs <input type="checkbox"/>
River / Waterways <input type="checkbox"/>	Wasps / Bees / Spiders <input type="checkbox"/>
Low hanging / falling branches <input type="checkbox"/>	Livestock <input type="checkbox"/>
Thorns / stinging plants <input type="checkbox"/>	Hostile or violent persons <input type="checkbox"/>
Rock fall <input type="checkbox"/>	Chemicals
Mud <input type="checkbox"/>	Solvents <input type="checkbox"/>
Environment	Toxic substances (poisons) <input type="checkbox"/>
Weather <input type="checkbox"/>	Cleaning products <input type="checkbox"/>
Tides / waves <input type="checkbox"/>	Herbicides <input type="checkbox"/>
Personal	Personal Protection
Sunburn <input type="checkbox"/>	Gloves <input type="checkbox"/>
Dehydration <input type="checkbox"/>	Goggles <input type="checkbox"/>
Hypothermia <input type="checkbox"/>	Boots <input type="checkbox"/>
Manual handling, lifting, bending <input type="checkbox"/>	Hard hat <input type="checkbox"/>
Slips and trips <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
Allergies <input type="checkbox"/>	Other (Specify)
Mechanical Hazards	<input type="checkbox"/>
Vehicles <input type="checkbox"/>	<input type="checkbox"/>
Machinery / moving equipment <input type="checkbox"/>	<input type="checkbox"/>
Tools / Equipment <input type="checkbox"/>	<input type="checkbox"/>
Generation of dust <input type="checkbox"/>	<input type="checkbox"/>