



Incident Action Plan Occupational Health and Safety (OHS) Sub-Plan

When blank, this form is classed as **OFFICIAL**, when filled out, this form is classed as **OFFICIAL-SENSITIVE**.

Appendices 1 - 5

Incident Name		
Date of this Sub-Plan		
Operational Period Date / Time	From:	
	To:	

Compiled By Safety Officer			
Name:			
Signature:		Date:	

Appendix One (1) – Key Points for Induction Training

As referred to in Section 5. OHS Induction of the IAP OHS Sub-Plan

Topic	Key Points
Manual Handling	<ul style="list-style-type: none"> • Whenever possible use machine to do heavy lifting • Plan the lift • Stand close to the load • Check the weight of the load – be realistic and cautious • Squat and keep your back straight, knees bent and stomach muscles tight • Use a wide, balanced stance with one foot in front of the other • Hold the load firmly • Keep head and shoulders up and maintain the arch in the lower back • Move your feet to change direction – DO NOT twist your back • Avoid loads that are above eye level • Push, do not pull heavy objects • Communicate clearly with others assisting you • Never get below a suspended or carried load • Wear protective shoes and gloves
Hazardous Substances	<p><u>Pregnant females should not work in the presence of oil or chemicals at ANY time.</u></p> <ul style="list-style-type: none"> • Others who should not deal with oil include people with: <ul style="list-style-type: none"> ○ Central nervous system disorders ○ Chronic respiratory disorders ○ Impaired liver or kidney function ○ Skin disorders • Consult the Materials Safety Data Sheet (MSDS) to identify hazards and safe handling practices • Always wear rubber gloves, goggles, coveralls and gumboots • Leave the handling of volatile oils and chemicals to the experts (if in doubt wear a respirator) <p>Exposure to oil can cause:</p> <ul style="list-style-type: none"> • Eyes: chemical burning and pain. Conjunctivitis • Skin: irritation, dermatitis • Inhalation: headache, dizziness, confusion, breathing difficulty. Burning and irritation to nose and throat. Longer term damage to lungs. • Ingestion: stomach upset, convulsion and vomiting, longer term problems <p>First Aid:</p> <ul style="list-style-type: none"> • Eyes: refer to first aid station if close, otherwise bathe in freshwater or clean saline • Skin: remove contaminated clothing. Clean affected area with soap and water. DO NOT use other cleaning agents on skin or clothes • Inhalation: leave area. Provide First Aid. Give oxygen • Ingestion: provide first aid. DO NOT induce vomiting
PPE	<p>Oil Spill Responders:</p> <p>All persons involved in clean-up are to wear appropriate PPE including:</p> <ul style="list-style-type: none"> • Gloves • Coveralls • Gumboots • Face mask • Goggles • Sunscreen • Sunhat <p>Do not leave site with contaminated PPE. Proceed to the decontamination area.</p> <p>Logistics Personnel: all Logistics personnel to wear</p> <ul style="list-style-type: none"> • High visibility vests • Hard hats

Fatigue Management	<p>To minimize safety concerns with fatigue all personnel must:</p> <ul style="list-style-type: none"> • Ensure they are well hydrated • Utilize shade options where possible to limit UV exposure • Wear appropriate PPE and use sunscreen • Comply with roster requirements to ensure tasks are varied and to limit UV exposure • Look out for signs of heat exposure – know the location of your first aid kit and who your first aid officer is
Decontamination Process	Refer to the OHS Responder fact sheet for summary of risks associated with fuel oil and the decontamination process.
Avoiding Slips and Falls	<ul style="list-style-type: none"> • Oily shorelines are slippery and particularly so when wet. This is particularly hazardous on rocky shorelines • Watch out for oily and/or wet surfaces • Use hand rails on vessels and where available on shore inclines • Keep both hands free when walking – when practicable • Before stating a task look around for hazards • Lay sorbent pads on any slippery surface. If necessary mark out a safe route over inclines leading to and from the beach • If moving heavy debris use two or more people but do not let anybody walk backwards
Personnel Hygiene	<ul style="list-style-type: none"> • Shower before and after reporting to work (wash hair after work) • Check for rashes, cuts etc. • Report any ill health or rash to your Supervisor • Apply barrier cream before putting on rubber gloves • Wash off any oil that contaminates skin using soap and water • Do not touch food or utensils with oily hands or gloves • Do not enter designated clean areas while you are oily • Do not litter • Keep all toilet facilities clean • Do not consume alcohol or take any drug while on site • If you are on medication report this to your Supervisor • Do not attend work while inebriated or “hung over” you will be sent home or dismissed • Keep food areas clean and storage containers sealed.
Noise	<ul style="list-style-type: none"> • Observe hearing protection signage were present • Wear hearing protection when working with, or near machinery
Operation of Plant	<ul style="list-style-type: none"> • Do not use any plant for which you have not been trained • What plant is being used for the response • Understand all equipment SOP'S • Faulty plan lock out process • Relevant high risk license must be evident prior to operating any machinery • Availability of the appropriate PPE (e.g. high visibility vests)
Heat Stress	<ul style="list-style-type: none"> • Take frequent breaks for cold food and drinks • Maintain fluid intake • Do not leave the team area and do not go into the field alone • No operational activities during extreme weather
UV Radiation	<ul style="list-style-type: none"> • Slip on sun protective clothing that covers as much skin as possible • Slop on SPF30 or higher sunscreen • Slap on a hat that protects you face, head, neck and ears • Slide on sunglasses

Appendix Two (2) – Site Induction Checklist

Name: _____ Date: _____

Organisation: _____ Role: _____

Site Induction Checklist				
Purpose: To familiarize Oil Spill Response Personnel with the OHS rules and procedures of the site BEFORE they commence work				
No.	Items Covered	Yes	No	N/A
1.	Does the responder have the correct PPE available: Responder: <ul style="list-style-type: none"> • Safety goggles • Gumboots • Coveralls • Gloves • Face mask • Sun hat • Sunscreen 			
	Site Personnel: <ul style="list-style-type: none"> • High visibility vest • Sun hat • Sunscreen • Other (please list) 			
2.	Have you shown the person what to do in an emergency and identified the location of the: <ul style="list-style-type: none"> • Assembly point and evacuation route • Closest medical facility • Contact details of emergency services • Provisions for emergency communications 			
3.	Overview of common industry hazards including at least the following: <ul style="list-style-type: none"> • Manual handling • Hazard substances • Avoiding slips and falls • Personal hygiene • Noise • Operation of plant • UV radiation 			
4.	Have you shown the person: <ul style="list-style-type: none"> • The location of first aid facilities/kits • Who the first aiders are and how to obtain treatment 			
5.	Decontamination process <ul style="list-style-type: none"> • Confirm process to enter decontamination unit • Refer to OHS Responder Fact Sheet 			
6.	Have you shown the person where all the relevant firefighting equipment is located? For example fire extinguishers, hose reels etc.			
7.	Have you introduced the person to their supervisor/team leader			
8.	Have you shown the person where the amenities (including toilets and drinking water) are located?			
9.	Have you explained the procedure for reporting incidents, injuries and hazards?			
10.	Has the person been trained to set up and use any specialised equipment that is required?			
11.	Have you explained the site security procedures?			

12.	Have you explained the site health and safety rules?			
13.	Have you given the person an opportunity to ask questions about their responsibilities and have any issues clarified?			

Comments:

Induction Acknowledgement:

Name: _____

Signature: _____

Appendix Three (3) – Site Incident/Injury Report Form

Status: <i>(circle applicable)</i>	SRT Member Contractor DoT Employee Other: _____
Outcome: <i>(circle applicable)</i>	Near Miss Injury

1. Details of Injured Person	
Name:	
Address:	
Contact Details	Home:
	Mobile:
Date of Birth:	
Position:	
Start Time: (24hrs)	
Work Arrangement: <i>(circle applicable)</i>	Casual Full Time Part Time Other: _____

2. Details of Incident		
Date:		Time (24hrs):
Location:		
Describe what happened and how:		

3. Details of Witness	
Name:	
Address:	
Contact Details	Home:
	Mobile:

4. Details of Injury	
Nature of Injury:	
Cause of Injury:	
Location on Body:	
Agency:	

5. Treatment Administered	
First Aid Given:	Yes No
First Aider Name:	
Treatment:	
Referred To:	

SECTION 6 – 9 MUST BE COMPLETED BY SUPERVISOR/TEAM LEADER

6. Did the Injured Person Stop Work		
Yes No (circle one) If yes, supply date and time	Date:	
	Time:	
Outcome: (circle one)	Treated by Doctor	Hospitalised
	Workers compensation claim	Returned to normal work
	Alternative duties	Rehabilitation

7. Incident Investigation (comments to include casual factors)

8. Risk Assessment	
Likelihood of recurrence:	
Severity of outcome:	
Level of risk:	

9. Action to Prevent Recurrence	
Action:	
By Whom:	
By When:	
Date Completed:	

10. Actions Completed	
Signed: <i>(Person Reporting)</i>	
Date:	
Signed: <i>(Supervisor/Team Leader)</i>	
Date:	

11. Review Comments		
Comments:		
Reviewed by Site Manager: <i>(Name)</i>		Signature:
Date:		

