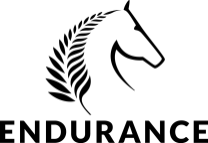
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**ESNZ Endurance**

**Event Schedule**

**And**

**Health and Safety Plan**

 **ESNZ Endurance – Event Schedule and Health and Safety Plan**

**Required for all events – CEI, CEN & CTR**

**Complete and Send to: Jo Lankow** [**m.lankow@xtra.co.nz**](mailto:m.lankow@xtra.co.nz)

All schedules and TMPs (if required) must be received a minimum of fourteen days prior to the date of the event being held. Late schedules may result in results for the event not being processed.

* Events cannot proceed unless the schedule is approved.
* Schedules not correctly completed will be returned to the club for correction before the schedule can be approved.
* Once approved, the schedule will be signed and dated and a copy sent to the Club and TD.
* Late changes can be made to the schedule but any late changes need to be advised to the Sport Administrator and Technical Committee by midday on the Friday immediately prior to the event so the changes can be approved in time.

**An approved copy of the Schedule and Health and Safety Plan must be available at the event**

All Competitions must be run under the Constitutional Rules and Regulations of ESNZ and (if applicable) the FEI Rules and Regulation

**Attachments required to be sent in with this document:**

**Traffic Management Plan** (if *required)*

**Covid-19 Plan** *(required for all events)*

|  |
| --- |
| **A Covid-19 Plan must be submitted for all events held during Alert Levels 1 and 2**  A Covid Plan template is available at[**https://www.nzequestrian.org.nz/level-2-tool-kit/**](https://www.nzequestrian.org.nz/level-2-tool-kit/)under the heading “Resources, Template, Guidelines.”  Please ensure all sections of the template are completed |

**Schedule and Health and Safety Plan Completed by:**

**Name: Date:**

**Email: Phone:**

*Late changes can be made to the schedule but any late changes need to be advised to the Sport Administrator and Technical Committee by midday on the Friday immediately prior to the event so the changes can be approved in time.”*

|  |  |
| --- | --- |
| Host Club |  |
| Date of Event |  |
| Venue |  |
| President of OC  Email  Phone Number |  |
|  |
|  |
|  | Endurance CTR (delete as applicable) |

|  |  |  |
| --- | --- | --- |
| **Officials –** all officials listed here must be on the ESNZ Endurance Officials List, have a current ESNZ membership (Non-Competing or Full) and be current with their course requirements.  Officials Required – refer to Supplementary Rules Rule 5.6  <https://www.nzequestrian.org.nz/esnz/rules-regulations/endurance-rules/>  List of Officials <https://www.nzequestrian.org.nz/community/officials/> | | |
|  | **Saturday** | **Sunday** |
| President of GJ & Ph. Number |  |  |
| Member of GJ |  |  |
| Member of GJ |  |  |
|  |  |  |
|  |  |  |
| Technical Delegate &  Phone Number |  |  |
| Trainee TD |  |  |
| Chief Steward – optional for CEN & CTR. Can be TD if qualified but not if TD is also acting as a member of the GJ |  |  |
| Steward |  |  |
| Steward |  |  |
| First Aid – can be an official providing they will be on base throughout the event but cannot be the TD |  |  |

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| **Vets –** for events not requiring a registered vet list nameof person (s) who will be doing the vet checks and put “unregistered” after their name (s). | | | | |
|  | | **Saturday** | **Sunday** | |
| President of VC | |  |  | |
| Member of VC | |  |  | |
| Member of VC | |  |  | |
|  | |  |  | |
| Treatment Vet at event | |  |  | |
| Treatment Vet on Call  Must be named if not registered vet at the event | |  |  | |
| **Pre-Ride Vetting** - the event commences with the first meeting of the officials, pre-ride briefing or pre-ride vetting for the first ride of the event, whichever comes first | | | |
| Time of Officials Meeting |  | | |
| Time of Pre-Ride Briefing |  | | |
| Time of Pre-Ride Vetting |  | | |

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| --- | --- |
| **Ride Base** |  |
| Time Ride Base Opens |  |
| Time Ride Base Closes |  |

|  |  |
| --- | --- |
| **Emergency Details** | |
| Rapid Response Number for Ride Base |  |
| GPS Coordinates for Ride Base |  |
| Name and Phone Number of Nearest Doctor/Medical Centre |  |
| Location of nearest ambulance |  |
| Distance from Ride Base to Ambulance location |  |
| Location of nearest Fire Service |  |
| Distance from Ride Base to Fire Service location |  |
| Name of Crisis Team Manager – can be an official |  |
| Name of Health & Safety Officer – can be TD or CS |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ride Distance** | **Loop Distances** | | | | | | |
|  | Loop 1 | Loop 2 | Loop 3 | Loop 4 | Loop 5 | Loop 6 |  |
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| **Ride Categories – Are any of the following being held? If Yes fill in class and distance** | | | | | |
| Multi Day Rides | | | Elevator Rides | | |
| Date | Class | Distance | Date | Class | Distance |
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| **Class Categories being held** | **Saturday** | **Sunday** |
|  | Delete as applicable | Delete as applicable |
| **CTR** |  |  |
| Open | YES NO | YES NO |
| Intermediate | YES NO | YES NO |
| Junior | YES NO | YES NO |
| Novice | YES NO | YES NO |
|  |  |  |
| **Endurance** |  |  |
| Intro | YES NO | YES NO |
| Novice | YES NO | YES NO |
| Intermediate | YES NO | YES NO |
| Open | YES NO | YES NO |
| CEI | YES NO | YES NO |

**General Health and Safety**

1. All practical steps must be taken to avoid accidents or incidents, such as enclosed areas, gates shut at night, lighted areas, taped off hazards, road crossings etc.
2. All those at the event have a responsibility to observe health and safety on a continuous basis.
3. All hazards on the track must be declared by the organising committee or Technical Delegate to riders involved prior to rides commencing.
4. All events that have a direct or indirect impact on traffic must have a traffic management plan in place for the event – this includes riding on roads, road verges and/or crossing roads. This includes all public roads regardless of their traffic volume.
5. An Incident Report Form must be completed for all horse related incidents. *Form available on the website Health at* [*https://www.nzequestrian.org.nz/safety/online-incident-report/*](https://www.nzequestrian.org.nz/safety/online-incident-report/) *This can be completed online or manually.*
6. All events with overnight camping must have a secure perimeter fence.
7. Check Points: Radio operators must be placed at strategic points on the course. For safety purposes Check Points must have some way of getting a message to base.
8. There must be an agreement in place with the venue/property owner as to the official take over times for the venue and who is responsible in case of emergency before the competition begins and after it finishes.
9. All events must comply with the ESNZ and ESNZ Endurance safety and medical rules.
10. A doctor or an ambulance manned by an Ambulance Officer must be available within 30 minutes of being called.
11. All riders should provide a phone number of who to contact in case of an emergency.

**Insurance:**

Insurance: The Organising Committee/Club is affiliated to ESNZ Endurance, a discipline of Equestrian Sports NZ who has Public Liability Insurance of $5,000,000. All competitors must meet the ESNZ and ESNZ Endurance membership requirements.

**Crisis Management Procedure Plan**

A Crisis Management Procedure Plan must be completed and a copy be available at the event. Template available at

<https://www.nzequestrian.org.nz/safety/resourcestemplates-for-area-groupsocs/>

**Organising Committee Guidelines**

The Organising Committee Guidelines Checklist must be completed by the President of the Organising Committee. Template available at

<https://www.nzequestrian.org.nz/safety/resourcestemplates-for-area-groupsocs/>

**Hazard Management:**

**Based on the following Risk Assessment Format, this event has assessed accordingly.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Likelihood –** how likely is it that the hazard or event will occur & the result in impact? (Use your judgement & experienced knowledge of the hazard or event to assess, include the history of the occurrence resulting in harm or damage.) | | | | | | | | | **+** | **Consequences –** How serious could the result of impact be? What would be the worst case scenario? | | | | | | **=** | **RISK** | | |
| **Consequences – Severity of Impact** | | **Likelihood – of the consequences occuring** | | | | | | Letter + Number = Risk | | **A**  **Rare** | **B Unlikely** | **C Possible** | | **D**  **Likely** | | | | **E**  **Often** | |
| **People** | **Environment** | | **Reputation** | | **Public Safety** | **Never heard of** | **Heard of** | **Has occurred** | | **Happens several times a year** | | | | **Happens often in a year** | |
| **First Aid Treatment** | **Insignificant adverse effects on the environment** | | **Local Public awareness & Interest** | | **Potential for harm to public or to public property/environment** | 1 Slight | | **1** | **2** | **4** | | **7** | | | | **10** | |
| **Medical Treatment Restricted work** | **Minor adverse effects on the environment. No lasting effects.** | | **Local Public concern. Local media interest** | | **Minor injury to public or limited damage to public property/ environment** | **2 Minor** | | **3** | **5** | **8** | | **11** | | | | **15** | |
| **LTI, long term health effects** | **Significant adverse effect on the environment &/reportable to regulator** | | **Regional public concern** | | **Serious harm to public or short-medium term impact on public property/environment** | **3 Moderate** | | **6** | **9** | **12** | | **16** | | | | **20** | |
| **Disability, long term health effects** | **Major adverse effects on the environment. Reportable to regulator.** | | **National public impact. Adverse national media attention** | | **Multiple injuries or single life threatening incident. Significant damage to public property/environment** | **4 Major** | | **13** | **14** | **17** | | **21** | | | | **23** | |
| **Fatality** | **Very severe adverse effects on the environment. Reportable to regulator** | | **International concern. Adverse international media attention** | | **Fatality or multiple life threatening injuries to member(s) of public. Widespread damage.** | **5 Extreme** | | **18** | **19** | **22** | | **24** | | | | **25** | |
|  | | | | | | | | | | | | | | | | | | |
| **Hazard** | | | **Description** | | **Controls** | | | | | | | **Risk Level** | | | | | | |
| **List all hazards** | | | | | | | | | | | | | | | | | | |
|  | | |  | |  | | | | | | | **Consequence – severity of impact** | | **Likelihood** | | | | **Risk Score** |
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| **Checklist** | Delete one | |
| Is overnight camping available? | YES | NO |
| Does the ride base have a secure perimeter fence? | YES | NO |
| Is a Traffic Management Plan required? If Yes then attach a copy | YES | NO |
| Emergency Services able to be contacted from Ride Base | YES | NO |
| Can emergency vehicles access the course?  If NO approximate maximum distance from any one part of the course | YES | NO |
| If emergency services cannot be contacted from ride base have alternative arrangements been made? (i.e. nearby land line availability) | YES | NO |
| All necessary contact numbers will be available at the event | YES | NO |
| First Aid equipment as per minimum standards of medical care available at ride base | YES | NO |
| Check Points for all loops 30km or longer with means of contacting base?  If NO then enter reason? | YES | NO |
| Is Smoking allowed on base ? | YES | NO |
| Is there an agreement in place with the venue/property owner? | YES | NO |
| Crisis Management Procedure Plan completed? | YES | NO |
| Organising Committee Checklist completed? | YES | NO |

**Schedule and Health and Safety Plan Approved by the Technical Committee:**

**Name Date**

**Signature**

**Course & Venue Sign Off:** To be signed prior to Pre-ride briefing or Pre-ride vetting (whichever comes first) for the first ride of the event

I have assessed the safety and condition of the course and event venue and confirm that it adheres to the ESNZ and ESNZ Endurance standards and requirements

**Signature of TD Date**

**After the event the TD must submit a TD Report.**

**Link to the TD Report form is** [**https://form.jotform.com/201861849280864**](https://form.jotform.com/201861849280864)