

**ALERT LEVEL 2**

**WHO IS RESPONSIBLE**

**COVID-19 safety plan**

Use this form to document your thinking about how you and your workers will keep safe at work during the COVID-19 pandemic. Provide as much information in response to each question as possible. This information will help your workers and other people to know exactly what to do and what to expect.

The COVID-19 pandemic is an evolving situation – review your plan regularly and make changes as required. There is guidance on what to think about when you’re planning a safe return to work here: <http://www.worksafe.govt.nz/>

You **don’t** need to send this plan to WorkSafe for review or comment.

**Company details**

Refer to WorkSafe guidance on operating safely at alert Level 2 for more detail.

**worksafe.govt.nz** 0800 030 040

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**T E M P L A T E**

**DESCRIBE WHAT YOU WILL DO**

**How will you manage the risks of restarting part or all of your coaching operations at Alert Level 2?**

**Consider**: parking space, any facilities which are currently shared, equipment used, spectators, travel – either within or outside of your region, general safety risks.

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**How will you ensure all clients are able to keep themselves safe from exposure to COVID-19?**

**Consider**: Providing guidance, discuss distancing and hygiene, regular review.

NSO Registered with:

Equestrian Sports New Zealand

Business name (if applicable):

Coach name:

Type of work:

Date completed: Date distributed:

Revision date:

**Consider**: Who needs to be in the arena or area, client input into different ways of coaching, what other people or businesses you’ll have to interact with, ensuring separation distances, disinfecting surfaces, shared equipment, training requirements, physical separation or PPE requirements

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**DESCRIBE WHAT YOU WILL DO**

**How will you gather information on your clients’ wellness to ensure they are safe and well to ride?**

**Consider**: Checks on clients’ health, discussing options with clients, follow-up procedures for ill clients, contact tracing information.

**How will you operate your business in**

**a way that keeps clients and other people safe from exposure to COVID-19?**

**How will you manage an exposure or suspected exposure to COVID-19?**

**Consider**: Isolation procedures, including proactive isolation, gathering and using contact tracing information, clean down procedures, contacting Healthline.

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Notes:

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**DESCRIBE WHAT YOU WILL DO**

**How will you check to see if your coaching processes and risk**

**controls are effective?**

**Consider**: Adapting plans as you find better/easier ways to do things, how to ensure clients are

raising concerns or solutions, conducting regular reviews of your plan, communicating changes.

**How do any changes impact on the risks of the work you do?**

**Consider**: With clients, review existing risks and whether changes will affect current risk management, are any new critical risks introduced, what new risk controls are required?