



Safe Work Method Statement

Job Task Summary:

Spontaneous Volunteer Management

Is this High Risk Construction Work?

Where there is a risk of a person falling more than two metres?	No
At workplaces where there is any movement of powered mobile plant?	Yes
Involving demolition of an element of a structure that is load-bearing	No

Excludes:

Applicable to the following worker type: spontaneous and corporate volunteers

SWMS completed by: Marcus Punch/Ralph Sadler. Approved by: Tony Griffiths. Read in conjunction with other relevant [SWMS](#).

Site: All sites

Date: 15 April 2021

PPE required: Non synthetic, long-sleeved shirt and trousers, steel-capped work boots. Other PPE as required by relevant SWMS/Safety 5.



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DRA Policies

1. DRA will provide induction, information, training and supervision of this SWMS.
2. DRA will recruit, train, employ and supervise spontaneous volunteers.

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R1 Risk without controls

R2 Risk with controls

Procedural step(s)	Possible hazard(s) and potential consequences	R1	Safety control(s)	Person responsible	R2
1. Co-ord Planning.	<p>Tasks assigned by OPS that would be unsuitable for unfit SponVols.</p> <p>Exacerbation of injury or illness leading to serious injury, health affect or death.</p>		<p>1. Damage Assessment (DA) teams to identify tasks suitable for SponVol involvement and identify them as such in the Fulcrum app.</p> <p>2. Communications to the local community should stress the potential arduousness of the tasks and that DRA may turn a SponVol away who they judge to not be physically capable of performing the work.</p>	Ops	
2. Reception	<p>1. SponVol does not reveal a significant medical condition and proceeds to a work-site to work.</p> <p>Exacerbation of injury or illness leading to serious injury, health affect or death.</p>		<p>3. Safety Officer to conduct an induction briefing tailored to expected tasks. The briefing is to include fatigue management and extremes of weather and the effect this may have on their health.</p> <p>4. Medevac to be initiated in the event of a medical incident.</p> <p>5. Ensure Page 2 of the waiver and release is understood by SponVols - that the SponVol acknowledges that they do not know of any medical condition that might affect them during the time of their volunteering or which would preclude them from volunteering at all.</p> <p>6. Consider using the standard medical questionnaire used by gyms to identify medical issues with clients.</p>	<p>Safety Officer</p> <p>STL</p> <p>Sponvol Coord</p> <p>Sponvol Coord</p>	
	<p>2. SponVol does not know they have a significant medical condition and proceeds to a work-site to work</p>		<p>3. Strike Team Leader to brief SponVols regarding fatigue management and extremes of weather and the effect this may have on their health.</p> <p>4. Medevac to be initiated in the event of a medical incident.</p> <p>5. Informal health assessment to be carried out on each SponVol (relies upon honesty of the SponVol).</p> <p>6. Sponvol waiver and release document to be signed by the SponVol.</p>	STL	

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	Exacerbation of injury or illness leading to serious injury, health affect or death.		7. Closely monitor the work of SponVols in the field, observing for fatigue or developing medical conditions.		
3. Deployment to the Field.	1. SponVol medical incident in the field. Serious injury, health affect or death.		8. Treat SponVol injuries or health incidents as per any other medical incident. 9. Advise IMT ASAP in the event of an accident or medical incident. Preserve the site of the incident until further notice. 10. Apply DRA Notifiable Incident protocol	STL STL IMT	
4. End of Day and Exit.	1. SponVol advises that a medical issue occurred during the day (but had not advised it during the day). Serious injury, health affect or death.		11. Treat SponVol injuries or health incidents as per any other medical incident. 12. Apply DRA Notifiable Incident protocol	STL IMT	
	2. Undetected injury or health issue whilst a SponVol is working in the field which does not become		13. Sponvol waiver and release document to be signed by the SponVol.	STL	



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	apparent until later. Serious injury, health affect or death.				
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OTHER JOB REQUIREMENTS			
List staff skills/competencies and licences required for safe job performance:			
<input checked="" type="checkbox"/>	DRA accreditation in use of powered mobile plant and chainsaws, if applicable		
<input checked="" type="checkbox"/>	Verification of competency in powered hand tools, if applicable		
<input type="checkbox"/>			
List items of plant/equipment/tools required:			
<input type="checkbox"/>			
Relevant codes of practice, legislation standards or critical risk controls that may be applicable:			
<input checked="" type="checkbox"/>	Relevant codes of practice, legislation standards or critical risk controls that may be applicable: as adopted by State and territory jurisdictions (less WA and Vic) ¹		
Maintenance checks, site/workplace inspections required:			
<input checked="" type="checkbox"/>	Pre-start checks on powered mobile plant, vehicles and powered hand tools, if applicable		
<input checked="" type="checkbox"/>	Maintenance of equipment logbooks		
Additional approvals, certificates, WorkCover approvals/permits required e.g. confined spaces, working at heights, hot works etc: N/A <input checked="" type="checkbox"/>			
Has a risk assessment been completed for any work involving confined spaces, electrical work or diving work			
	Yes	No	N/A <input checked="" type="checkbox"/>

¹ A court may rely on the codes as evidence of whether you took reasonably practicable steps to ensure the health and safety of your workers. In Victoria, the codes (known as compliance codes) are legally binding. You should follow the codes at all times



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Approvals

This SWMS is approved by DRA National Director of Field Operations

Name	Signature	Date

Site SWMS Approval (Strike Team Leader/ Supervisor i.e. person responsible for ensuring compliance with SWMS)

I have read and understand this SWMS. I have completed a site risk assessment with team members and will ensure compliance with the SWMS.

Name:	Signature:	Date:
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Operator/team confirmation

I have read and understand this Safe Work Method Statement. I have no medical conditions that may affect my ability to operate the vehicle.

NAME	SIGNATURE	DATE

Safety Officer confirmation (or Operations Chief in lieu)

I confirm that the safety controls detailed above are in place or will be acted upon. I can confirm that proposed tasks are within the scope of operations and that plant operators (if applicable) are duly authorised by the National Training Manager.

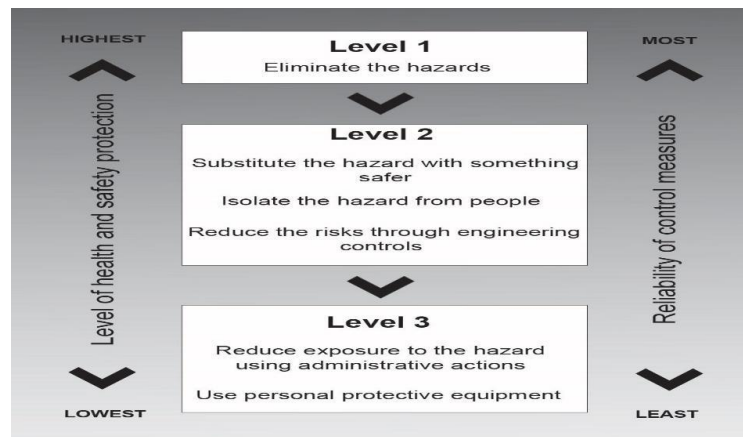
NAME	SIGNATURE	DATE

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WHS RISK MATRIX

	Minor	Moderate	Substantial	Major	Catastrophic
Almost Certain	Medium	High	High	Extreme	Extreme
Likely	Medium	Medium	High	Extreme	Extreme
Possible	Low	Medium	High	High	Extreme
Unlikely	Low	Low	Medium	High	High
Very Unlikely	Low	Low	Medium	Medium	High

HIERARCHY OF CONTROLS



Acknowledgements:
NSW Government – Department of Industry



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NSW Government – Department of Primary Industries
Health and Safety handbook - Portner Press