

# Chapter 4: Sports safety

by Rebecca Layton

Many coaches come to a sport through their own child's participation or because they themselves are an athlete and have been asked to coach a junior team. While the coach may have good grasp of the technical aspects of their sport and may attend coaching courses to broaden their knowledge of the sports sciences, the growing responsibilities expected of a coach in the 21st century can at times seem quite daunting. Issues such as injury prevention, child protection, insurance and the risk of legal action can, however, be managed very effectively with a little forethought and planning.

Sporting organisations and coaches must use reasonable care to ensure that people coming into or near their facility/program (for example, participants, spectators, tradespeople and visitors) are not injured in any way. With this level of responsibility, coaches must make safety a priority, and with good planning and documentation habits, it need not be an onerous task or take away all the fun.

## Dealing with emergencies

Emergencies are by their nature unpredictable, and therefore very difficult to plan for. It is important, however, for every sporting organisation and every coach to:

- . give some thought as to what kinds of emergencies could potentially arise (identifying risks)
- . consider the likelihood of them occurring and the types of damage that could result (analysing the risk)
- . identify whether systems and procedures currently in place would be effective in such a situation (evaluating the risk)
- . implement new systems, procedures or actions to reduce the risk of the emergency occurring or at least minimise the damage that results (treating the risk).

Due to the unpredictable nature of emergencies, a coach may not be able to foresee every potential danger, and therefore cannot always develop detailed action plans, so a broad set of principles that can guide a coach's actions in an emergency will also be helpful.

## **Case study**

A Riding for the Disabled centre operates out of a 100-acre property on the outskirts of a city. Their facilities include about 70 acres of paddocks to accommodate their 20 specially trained horses. They also have a common room, stable block, hay shed and indoor arena.

Ever aware of the potential risk of fire, the centre developed a basic fire emergency plan. The plan focused on strategies to deal with a fire when it hit and mainly considered protecting the horses and buildings from a grassfire threat. However, when severe fires did hit the centre one summer, 20 horses had to be evacuated — something that had never been considered before and was a logistical nightmare, as the centre only owned a two-horse vehicle.

In the aftermath of the fires, the centre recognised the inadequacies of their original plan and acknowledged the need to develop a much broader emergency management plan that would guide them through a range of small and large-scale emergency situations. A small team of committee members, coaches and administrators were involved in the development of the new emergency plan. The local fire brigade and emergency services were also consulted on the centre's fire protection needs, and how to develop an effective emergency plan.

The end result was a new plan that focused on broad principles to be followed in the case of an emergency. The plan recognised that many of the riders had poor mobility, and introduced a policy that on total fire ban days, riders' transport must remain at the centre with them in case of the need to evacuate. The new plan paid greater attention to the range of emergencies that could potentially occur and assigned clear responsibilities to personnel in an emergency. Improvements to safety equipment were made and a new 140 000-litre water tank was installed as a dedicated source of water in case of fire.

A communication process was put in place to explain the plan to riders, parents, schools, coaches and volunteers. Aspects of the plan regularly featured in the centre's newsletter to ensure that new participants were aware of the safety and evacuation procedures and their responsibilities in an emergency situation. An annual check list of preparations for the bushfire season was implemented and the plan is regularly reviewed to ensure that it remains effective.

As a coach, it is important to be aware of the emergency management plans of your sport or organisation and to be involved in review processes (or the development of a plan if your sport does not have one). It is important that coaches understand the implications of the plan for their coaching program and understand how any safety and risk management policies impact on them.

Listed below are some questions coaches might like to consider in relation to emergency situations:

- . Are you clear about your responsibilities in the case of an emergency?
- . Are you able to access assistance?
- . Can you care for the athletes effectively, including any injured athletes as well as the rest of your team/squad?
- . Do you have access to athlete medical records in case emergency medical assistance is needed? **Note:** The athlete medical history form at Appendix 4 is a useful tool to collect this information. You will need to keep these records in an easily accessible place in case of emergencies, but also ensure that records are kept private.
- . Can you contact the athletes' parents/guardians in a hurry?
- . Do you know where emergency exits are located?
- . Do you know the facility's evacuation procedures? Do you have athletes with poor mobility who will need assistance to evacuate?
- . How will you account for all the athletes to know whether they are all safe or whether you need to report missing athletes to emergency services?
- . Do the athletes know what to do in an emergency?
- . Do you have an effective means to get the athletes' attention and bring them together when a threat arises?
- . Do you have a process to document any injuries? **Note:** The injury report form at Appendix 5 may be useful for this.

Sports Medicine Australia's Victorian branch has developed a very useful brochure called *Emergency Planning for Sporting Clubs*, which you can find on the Smartplay website ([www.smartplay.com.au/vic/doclib/pub/docliball.asp](http://www.smartplay.com.au/vic/doclib/pub/docliball.asp)). This brochure outlines the types of things that should be included in a sport's emergency plan and also provides a sample plan that can be modified and adopted. Sports Medicine Australia's website ([www.sma.org.au](http://www.sma.org.au)) also has links to other sports safety resources and their Smartplay program.

Remember that when working with junior athletes, a parent information meeting at the beginning of the season should include information about emergency plans. Parents need to know that their children will be cared for and they also need to be aware of any evacuation plans.

## Travelling with teams

Developing risk management and emergency plans for the regular training or competition environment is important, but coaches also need to consider whether these plans would hold up just as well when travelling with an athlete or team. Prior to undertaking a sporting trip, it is important to consider the risks that could occur during the trip, how to manage these risks and what plans should be in place in case of an emergency while travelling.

The following table outlines some potential situations a coach might face when travelling with a team, and some suggested strategies to manage the situations effectively.

**Table 4.1: Team travel situations and strategies**

Situation	Strategies
Managing challenging behaviour from athletes when travelling	<ul style="list-style-type: none"><li>. Develop clear behaviour guidelines before travelling and ensure everyone understands the consequences of breaching the guidelines.</li><li>. When travelling with junior athletes, make sure parents are also aware of these guidelines.</li><li>. Act on any breaches of the guidelines promptly and fairly.</li><li>. Communicate decisions and actions to the team when a breach has occurred.</li><li>. Keep a record of any incidents and the actions taken.</li><li>. Acknowledge good behaviour in your team.</li></ul>
Dealing with disharmony among team members	<ul style="list-style-type: none"><li>. Establish team goals and individual responsibilities before travelling so that everyone is clear about what they are working towards and their role in achieving the goals.</li><li>. Acknowledge differences within the team and celebrate the contributions that everyone makes.</li><li>. Provide avenues for individuals to 'blow off steam' and debrief in a supportive environment. This might mean removing someone from a situation until they have their emotions under control.</li><li>. Keep listening to the athletes and encourage them to listen to each other with respect and support.</li><li>. Take a problem-solving approach when faced with differing points of view</li></ul>

	<p>— that is, do not focus on the problem, focus on the solution.</p> <ul style="list-style-type: none"> <li>. Encourage individuals to take responsibility for solving problems — do not leap in and solve it for them.</li> <li>. Provide team-building opportunities away from competition — for example, going to the movies or to a restaurant.</li> </ul>
<p>Managing multiple responsibilities while travelling (for example, team management, travel arrangements, meals, accommodation)</p>	<ul style="list-style-type: none"> <li>. Have a good plan for managing multiple responsibilities.</li> <li>. Before travelling, consider all the tasks that need to be managed and identify who can assist with these tasks. This may mean delegating some tasks to team members if there are no other support staff to call on.</li> <li>. When delegating, make sure the person has all the information and resources they need to do the job well.</li> <li>. Communicate regularly with the people to whom you have delegated and check that they are on track to get the job done.</li> <li>. Once you get back home do not forget to thank the people who have helped.</li> </ul>

**Case study**

Jacqui is the coach of a junior girls' hockey team. They have been invited to a weekend tournament at a coastal town about 150 kilometres away. Jacqui has never travelled with a team before, and realises that aside from the logistics of getting the team there, she will have significant added responsibilities to look after the players for the weekend.

In order to ensure the trip will be a success, she meets with the players' parents, the captain of the team, her assistant coach and the club president to plan the trip and make sure that it will be safe and successful. At the meeting they plan many of the logistics, such as transport, accommodation and food, but they also consider the potential risks and strategies that can be put in place to manage these risks. Some of the issues they discuss include:

- . obtaining consent (including consent for emergency medical treatment) from parents for the trip
- . responsibilities for the players, coaching staff and accompanying parents while away
- . rules for the trip to ensure the safe and effective management of the group while away

- . appropriate supervision of the girls while away — this includes supervision at the tournament as well as during other activities and at the accommodation
- . child protection issues, as one parent was concerned that the girls would be travelling with a young male assistant coach
- . medical records for the girls and contact details for parents
- . the need to have a qualified sports first aider with them and taking appropriately stocked first aid kits.

Jacqui kept notes of the discussion and the decisions made, and ensured that all parents and athletes received information notes about the trip, including risk management strategies, rules, consent forms and medical records, as well as information on the logistics for the trip.

The end result was a well-planned successful weekend away with the added bonus of a runners-up trophy at the competition.

Some of the keys to safe travelling with teams include:

- . obtaining appropriate consents and medical information, and making this information available to team staff. It is also a good idea to leave a copy with someone at home just in case. Remember to keep private information confidential
- . selecting appropriate staff/support, allocating responsibilities and reviewing the code of behaviour and rules with them
- . ensuring there is appropriate gender balance of staff/support and appropriate strategies in place to deal with any child protection issues
- . undertaking screening or checking processes on staff/support people. Note that some state and territory child protection legislation requires mandatory screening or checking processes for support staff travelling into their state/territory
- . developing policies or team rules for travelling with athletes, parents and staff/support people. Ensure that these are documented and include disciplinary measures that will be enforced if rules are broken
- . developing a strategy for dealing with any ill or injured athletes while away.

## **Dealing with ill and injured athletes**

Coaches should place the safety and welfare of athletes above all else. The need for coaches to show concern and caution towards ill and injured athletes is paramount. Coaches should:

- . encourage athletes to seek medical advice when required
- . provide a modified training program where appropriate
- . allow further participation in training and competition only when appropriate
- . maintain the same interest and support towards ill and injured athletes.

It is the coach's responsibility to ensure first aid is accessible for ill and injured athletes, but it is not the coach's role to diagnose and prescribe treatment. Athletes should be referred to appropriate medical professionals if they have been injured. Coaches may have to make quick decisions (particularly during competition) regarding the severity of an injury and the ability of an athlete to continue participating. When it comes to an injury, it is always wise to err on the side of caution in making this decision. Coaches should remember, when an injury is suspected it is important to **STOP**.

- . **Stop** — the activity and the player
- . **Talk** — to them to assess their response and get information
- . **Observe** — their body for obvious signs of injury
- . **Prevent further injury**
  - by getting help for a severe injury
  - rest, ice, compression, elevation and referral for a less-severe injury
  - playing on in the case of a minor injury (remembering to manage any blood for infection reasons).

Coaches will often have to deal with minor injuries and could potentially have to deal with a major one. Obtaining first aid skills and qualifications will equip the coach to better handle an accident or injury to an athlete.

Once an ill or injured athlete has been assessed and treated by a health professional, the coach's role is to implement the recovery and rehabilitation program that has been set for the athlete. Communicating regularly with the athlete, parents and medical personnel will assist in this process. While they are recovering, it is important that the coach continues to include them in the program, assigning them roles that are appropriate to their current level of ability. For example, can they help set up equipment and fill the water bottles, can they train alongside the

team but with a lighter load/intensity, should they at least observe sessions that focus on tactical play even if they cannot participate?

## **Infectious diseases**

People can be exposed to infection through participation in sport in a variety of ways:

- . through blood-to-blood contact via broken skin and open wounds. Of most concern are the blood-borne viruses such as HIV and hepatitis C
- . through contact between a person's broken skin, mouth, eyes and other mucous membranes with another person's infected body. A number of serious infections are possible such as hepatitis B, meningococcal disease and many of the sexually transmissible infections
- . through exposure of the skin to another person's infected skin or body fluids. This may be via direct body-to-body contact or indirectly through the use of shared equipment (for example, wrestling mats), clothing (for example, jumpers, socks) and other surfaces that remain moist for a period of time (for example, shower floors, rub-down benches). These usually involve fungal skin infections such as tinea, viral infections such as warts, or parasites such as scabies
- . through ingestion of contaminated food and drink. If people handling food do not wash their hands properly, hepatitis A or a number of other infectious diseases, such as those which cause gastroenteritis, can be passed on
- . through direct contact (that is, touching something an infectious person has touched and transferring the germs to your mouth), or by breathing in airborne droplets of saliva or sputum when an infectious person coughs, sneezes or spits (a sneeze or cough can propel the virus up to two metres). The common cold and the flu are easily passed from person to person in these ways.

The risk of being infected with a blood-borne virus through participation in sport is very low; however, infection is possible. The risk can be minimised even further by following some simple guidelines as recommended by Sports Medicine Australia:

- . Get immunised against influenza and hepatitis A and B — immunisation is an effective and inexpensive means of significantly reducing your risk of contracting influenza, hepatitis A and hepatitis B (strongly recommended for contact sports).



- . Put blood rules into action — stop the blood, dress the wound and clean up the blood.
- . Use gloves when handling blood or anything with blood on it — you should treat all blood and body fluids as though they are potentially infectious. When spills of blood or other body fluids happen, as far as is possible you should avoid direct contact with them, covering any cuts on your hands/body with an appropriate dressing and wearing latex gloves.
- . Keep clean, use your own stuff — do not share clothing, razors, towels, face washers, nail clippers, drink bottles, mouth guards, medication inhalers or any other personal equipment that may have blood, saliva or other body fluids present. These fluids can be present in very minute quantities and not be visible to the human eye, but still harbour enough germs to spread infection from one person to another.

Remember that state and commonwealth anti-discrimination legislation makes it unlawful to discriminate against a person on the basis of their disability or impairment in many areas of public life, including sport and club membership. This includes discrimination due to the presence in the body of an organism (such as HIV or one of the strains of hepatitis) that may cause a disease.

While divulging HIV or hepatitis status is not required under law, there may be circumstances when a player might consider telling a coach or sports trainer about their condition. The player is legally entitled to have this information remain confidential and other people are not entitled to access such information without the consent of the player in question.

As a coach, this means it is very important to encourage all athletes to develop hygienic habits during training and competition, as it would be unlawful to discriminate against, or divulge information about, a player who you know to have an infectious disease.

## **Risk management for coaches**

We all know the saying, 'prevention is better than cure'. Risk management is about taking a preventative approach to coaching, and helping to care for and protect all the people that become involved. Risk management involves analysing all situations involving participants and others in the coach's care. By identifying the potential risks, coaches can implement strategies to reduce the chances of the risk occurring and lessen the impact of the risk if it does occur.

Risk management involves the following five steps:

- 1 Establish the context — considering the environment in which you work as a coach.

- 2 Identifying risks — systematically considering and documenting the risks associated with your program.
- 3 Analysing the risks — considering the likelihood and consequences of a risk occurring.
- 4 Evaluating the risks — deciding whether the likelihood and consequences of the risk occurring are acceptable and considering whether the controls that are in place are sufficient.
- 5 Treating the risk — if the controls that are currently in place are not considered acceptable, taking steps to fix, transfer or remove the risk.

Risk management is a simple planning exercise, and thinking through some of the potential risk scenarios for a coaching program will help to provide a safer, smoother and more enjoyable program for the athletes.

The risk management planner at Appendix 6 is a useful tool for coaches to identify potential risks within their program and take steps to minimise the chance of the risk occurring. It is also important to assign responsibility (that is, allocate someone to implement the strategy) and a time frame for completion. Without these additional steps, important risk management strategies can easily fall by the wayside.

### **Case study**

Adelle is the coach of a junior gymnastics program that runs out of the local school. A parent recently approached her about the possibility of their son, Ari, getting involved but Adele wanted to be sure that she would have appropriate support, as Ari has a mild to moderate intellectual disability. After Ari's first session, Adelle was concerned that he had little understanding of the risks involved in the sport and was worried about his daredevil approach, having found him in a number of unsafe situations during the session.

Adelle decides to talk to Ari's parents as she does not want him to have an accident, but she also does not want to stop him from participating. During the discussion, she realises that Ari's parents feel strongly that he should not be 'wrapped up in cotton wool'. Adelle reflects on their attitude over the next few days and tries to weigh up the 'right to risk' against the need to provide a safe learning environment for all the children. She respects Ari's rights to fully participate and take similar risks to the other children, but she also knows that there are some risks that she is not willing to take with any of the children in the program.

Adelle explains her basic safety rules to Ari's parents and asks that Ari is equally expected to abide by these rules. Ari's parents explain that he may not necessarily understand the rules or the reasons for them. Together they come up with some strategies to ensure that he can participate fully, while still working within the safety rules of the program. They decide that:

- . Ari's parents will discuss the safety rules with him and use pictures to help him understand the rules, and will regularly reinforce the rules in other play that he does
- . Adelle's assistant coach will spend time working with Ari to show him how to safely use the equipment and the safety precautions that he must take
- . Adelle develops safety tips for each activity along with some safety picture cards so Ari (and the other athletes) remember the safety precautions.

## **Coaching insurance**

All coaches should ensure that they are covered by insurance. In terms of risk management, insurance is intended to provide a financial safety net only when other risk management strategies fail.

Insurance cover is no excuse for the coach to neglect their legal duty. Providing a safe environment and instruction is a legal duty. If the coach fails to undertake their duty, insurance cover can assist with a claim, but it will not be a defence.

The insurance industry is very dynamic and insurance brokers and underwriters from different companies will name their insurance schemes diversely. There are three main types of insurance that coaches should be covered by:

- . personal accident
- . public liability
- . professional indemnity.

If the coach is expected to make decisions on behalf of club management and the business of the organisation in addition to their coaching duties, they should also consider directors and officers insurance.

### ***Personal accident insurance***

Personal accident insurance is paid if the coach suffers injury and loss. It is not dependent on negligence or a breach of duty of care being proven. Personal accident insurance policies

protect members while participating in their sport. For example, if the coach broke their arm while coaching, the policy will pay as per the premium guidelines. The coach would not have to investigate a legal claim to have the policy paid.

Different policies will have different definitions of the term 'member'.

Be aware that worker's compensation legislation exists and this can have an impact on personal accident insurance. If an accident occurs while a coach is undertaking 'employment duties', then personal accident insurance may not be called on.

Workers' compensation is legislated by the states and territories and is known by different names in each state. 'Employment duties' are also defined differently in each state and coaches should obtain independent advice as to what conditions apply.

### ***Public liability insurance***

Public liability insurance covers liability resulting from the loss of or damage to property, or death or injury due to negligence. It does not include breach of professional duties.

Sporting organisations and coaches have a duty to use reasonable care and skill to ensure that people coming into or near their facility/program are not injured in any way. This duty extends to cover participants, spectators, tradespeople, visitors, etc. For example, a coach may have forgotten to secure access to an equipment storeroom and a participant's sibling enters the storeroom and is injured. The incident would be covered under a public liability policy.

### ***Professional indemnity insurance***

Professional indemnity insurance indemnifies the insured person against claims for compensation for breach of professional duty by reason of any negligence by way of act, advice, error or omission.

This insurance supports the coach if they have given an instruction that a participant acts on and is injured, or if the coach failed to give an instruction and a participant is injured. Coaches who ignore participants who are 'breaking the rules' are at risk of litigation if someone is hurt as a result of the breach of the rules and they failed to stop the activity. If the injured person lodges a legal claim some time after the original incident, the coach will need to still be insured at the time the claim is made against the professional indemnity policy, or have made individual arrangements with their insurer.

Often with professional indemnity insurance a 'claims made' rule applies. 'Claims made' policies mean that the coach has to be insured at the time the claim is made rather than at the time the incident occurred. This is a very important distinction. Therefore, it is important that coaches notify the insurer of any impending claim as soon as it becomes evident that an incident may lead to an insurance claim.

Insurance policy wording should be read very carefully, as often territorial or statute periods apply. For example, if a coach is travelling overseas with a participant, they should not assume that their personal accident insurance will cover them beyond Australia.

Every insurance contract is subject to the principle of good faith. Coaches are required to act with honourable intent. Failure to do so may permit the insurer to refuse to pay a claim or to cancel the policy. By acting appropriately and following good-practice guidelines, coaches can avoid being in this situation.

## **Summary**

Athlete safety is an important issue for coaches to consider. All coaches need to be prepared for a range of situations that they might encounter when coaching. The use of emergency action plans is one important way to make sure that coaches are prepared. Coaches also need to consider the particular issues that might arise when they are involved in travelling with a team, as these may differ from the issues normally encountered.

Coaches need to know what to do when an athlete is injured. While the coach may not be the one providing first aid, they should have procedures in place to ensure that immediate injury care is available.

Coaches have an important role in dealing with and preventing the spread of infectious diseases and illness.

Risk management planning is an important tool that coaches can use to ensure that they are prepared for the risks of coaching. Identifying potential risks, and looking at ways to reduce these is one of the coach's many responsibilities. Coaches should also ensure that they themselves are protected.

Coaching insurance is essential for any coach. Insurance cover is not an excuse for the coach to neglect their duties; rather, it covers the coach in the event that something does go wrong.

The Australian Sports Commission would like to acknowledge the assistance Sports Medicine Australia in providing information for this chapter.

## References and further reading

Australian Sports Commission website ([www.ausport.gov.au](http://www.ausport.gov.au)).

Hackett, P and Hackett, S 2004, *Creating a Safe Coaching Environment*, Sports Coach, Leeds, United Kingdom.

Martens, R 1997, *Successful Coaching*, Human Kinetics, Champaign, Illinois.

Pyke, F (ed.) 2001, *Better Coaching*, Australian Sports Commission, Canberra.

Smartplay website ([www.smartplay.com.au](http://www.smartplay.com.au)) including:

- . Emergency Planning for Sporting Clubs  
([www.smartplay.com.au/vic/DocLib/Pub/DocLibDetail.asp?IngDocLibID=39](http://www.smartplay.com.au/vic/DocLib/Pub/DocLibDetail.asp?IngDocLibID=39))
- . How to become a Smartplay Club  
([www.smartplay.com.au/vic/DocLib/Pub/DocLibDetail.asp?IngDocLibID=60](http://www.smartplay.com.au/vic/DocLib/Pub/DocLibDetail.asp?IngDocLibID=60))
- . Blood Rules ([www.sma.org.au/information/blood\\_rules.asp](http://www.sma.org.au/information/blood_rules.asp)).

VicSport website ([www.vicsport.asn.au](http://www.vicsport.asn.au)).

# Appendix 4: Athlete medical history form

## Personal details

Given name: \_\_\_\_\_ Family name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: (h ) \_\_\_\_\_ (w) \_\_\_\_\_ Mobile: \_\_\_\_\_

Sex: M / F (please circle) Date of birth: \_\_\_\_\_

## Emergency contact

Given name: \_\_\_\_\_ Family name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: (h ) \_\_\_\_\_ (w) \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Health care details

Doctor's name: \_\_\_\_\_ Tel: \_\_\_\_\_

Dentist's name: \_\_\_\_\_ Tel: \_\_\_\_\_

Medicare number: \_\_\_\_\_

## Medical details

Blood group: \_\_\_\_\_ Do you object to transfusions? Yes / No (please circle)

Have you received a medical clearance from your doctor? Yes / No (please circle)

Do you have any allergies? Yes / No (please circle)

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Please list any medical conditions that you have (for example, asthma, diabetes, epilepsy):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any regular medications you require (include dosage):

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**Sports injury details**

Please list any current or recurring injuries:

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Do you suffer from recurring pain in any joint when playing sport? Yes / No (please circle)

If yes, please provide details:

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Do you wear protective equipment? (for example, mouthguard, head gear) Yes / No  
(please circle)

If yes, please provide details:

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Do you require specific taping/padding for a previous injury? Yes / No (please circle)

If yes, please provide details:

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Have you ever had a head, neck or spinal injury? Yes / No (please circle)

If yes, please provide details:

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To the best of my knowledge, all information contained on this form is correct (if under 18, please have a parent or guardian sign)

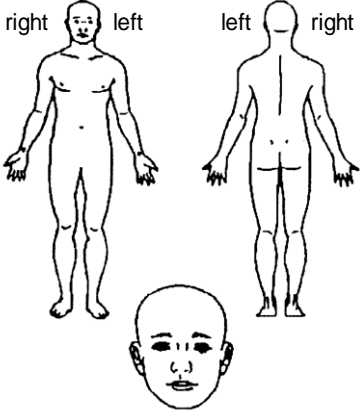
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** Users of this form are advised that medical information should be treated confidentially. In some states, additional legislation affects the management of health records. See the Australasian Legal Information Institute website ([www.austlii.edu.au](http://www.austlii.edu.au)) for further information.

## Appendix 5: Injury report form

Injury details: <i>This report reflects an accurate record of the injured person's reported symptoms of injury</i>		
Name of person injured: _____	DOB: _____ / / (Day/Month/Year)	
Date when injury occurred: / /	Date when injury is evident: / /	
Person injured: <input type="checkbox"/> Athlete <input type="checkbox"/> Coach <input type="checkbox"/> Other: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Supervising coach: _____  (Signature)	Witness: _____  (Signature)	
First aid provided by: _____  (Signature)	Time of first aid: _____ : _____	Initial treatment:  <input type="checkbox"/> No treatment required
Nature of injury:  <input type="checkbox"/> New injury <input type="checkbox"/> Aggravated injury <input type="checkbox"/> Recurrent injury <input type="checkbox"/> Other		<input type="checkbox"/> CPR <input type="checkbox"/> RICER <input type="checkbox"/> Crutches <input type="checkbox"/> Sling/splint
Did the injury occur during...  <input type="checkbox"/> Training <input type="checkbox"/> Event <input type="checkbox"/> Other		<input type="checkbox"/> Dressing <input type="checkbox"/> Strapping <input type="checkbox"/> Massage <input type="checkbox"/> Stretching
Symptoms of injury:		
<input type="checkbox"/> Blisters	<input type="checkbox"/> Inflammation/swelling	<input type="checkbox"/> Spinal injury
<input type="checkbox"/> Bleeding nose	<input type="checkbox"/> Cramp	<input type="checkbox"/> Cardiac problem
<input type="checkbox"/> Bruising/contusion	<input type="checkbox"/> Suspected bone fracture/break	<input type="checkbox"/> Electrical shock
<input type="checkbox"/> Cut	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Burn
<input type="checkbox"/> Graze/abrasion	<input type="checkbox"/> Concussion/head injury	<input type="checkbox"/> Insect bite/sting
<input type="checkbox"/> Sprain	<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Poisoning
<input type="checkbox"/> Strain	<input type="checkbox"/> Respiratory problem	<input type="checkbox"/> Other:

<p>Body part injured:</p> 	<p>How did the injury occur?</p>	
	<input type="checkbox"/> Collision with a fixed object	<input type="checkbox"/> Overbalance
	<input type="checkbox"/> Collision/contact with another person	<input type="checkbox"/> Overstretch
	<input type="checkbox"/> Fall from height/awkward landing	<input type="checkbox"/> Slip/trip
	<input type="checkbox"/> Fall/stumble on same level	<input type="checkbox"/> Other:
<p>Extra detail regarding how the injury occurred:</p>		
<p>Was protective equipment worn on the injured body part? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Follow up action:</p>	<input type="checkbox"/> None <input type="checkbox"/> Medical practitioner/physiotherapist <input type="checkbox"/> Hospital	
	<input type="checkbox"/> Ambulance <input type="checkbox"/> Other:	
<p>Signature of person completing form:</p>		<p>Date:    /    /</p>

**Note:** Coaches without medical training should refer all medical decisions to appropriately qualified persons. Do not attempt to 'diagnose' an injury. Users of this form are advised that medical information should be treated confidentially. In some states, additional legislation affects the management of health records. See the Australasian Legal Information Institute website ([www.austlii.edu.au](http://www.austlii.edu.au)) for further information.

## Appendix 6:

### Risk management planner

Risk identification	Strategies to minimise risk	Timeline	Responsibility
<b>Program</b>			
1			
2			
3			
<b>Environment</b>			
1			
2			
3			

<b>Personnel</b>			
1			
2			
3			
<b>Other</b>			
1			
2			
3			