Safety Protocol
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Safety Guidelines and Policy
**Purpose**

To help safeguard participants, Skate Victoria adopts certain safety guidelines and policies for the activities of its members.

Together, these guidelines and policies are the Skate Victoria Safety Protocol and should be read in conjunction with the Skate Victoria RD Membership Bylaw.

The following guidelines and policies apply to bouts, practices, and other activities when Skate Victoria insurance is in effect.

Compliance with these guidelines policies are a condition of coverage of Skate Victoria members.

The Skate Victoria Executive must specifically approve, in writing, any deviations from these guidelines.

Non-compliance with the Skate Victoria Safety Protocol is grounds for denial of membership.

The online form, Venue Checklist, must be completed by the club for each of their venues in use, it is available here: [http://goo.gl/forms/XFFqucwp8Z](http://goo.gl/forms/XFFqucwp8Z)

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**Acknowledgements/References**

WFTDA Safety Protocol - The WFTDA Risk Management Committee

[http://picasaweb.google.com/geecxboy/Productioneering](http://picasaweb.google.com/geecxboy/Productioneering)


Department of Health Western Australia website [www.health.wa.gov.au](http://www.health.wa.gov.au)

Australasian Society of Clinical Immunology and Allergy website [www.allergy.org.au](http://www.allergy.org.au)

[www.athleticsireland.ie](http://www.athleticsireland.ie)

[www.allergy.org.au](http://www.allergy.org.au)

[www.vinsurancegroup.com](http://www.vinsurancegroup.com)

Sports Medicine Australia
Facilities

Spectators and Parents Code of Conduct

- Remember that skaters, especially children, participate in sport for their enjoyment, not yours.
- Encourage participants, including children, to always according to the rules and to settle disagreements without resorting to hostility or violence.
- Never ridicule or yell at a participant for making a mistake or not winning.
- Respect officials' decisions and encourage all participants to do likewise.
- Show appreciation for volunteer coaches, officials and administrators.
- Applaud good performance and efforts from all individuals and teams. Congratulate all participants, regardless of the game's outcome.
- Condemn the use of violence, verbal abuse or vilification in any form, whether it is by spectators, coaches, officials or players.
- Support policy and practices (and lead by example) in relation to responsible use of alcohol, to child protection issues and to issues involving to recreational and performance enhancing drugs.
- Support involvement in modified rules games and other junior development programs
- Respect the rights, dignity and worth of every person regardless of their gender, ability, cultural background or religion.

Conditions of Entry Policy

The purpose of this policy is to provide a clear understanding of the conditions by which any person, whether a member or non-member, is granted permission to enter into any venue that Skate Victoria uses for the purpose of conducting skating activities, including competitions, courses, events and training.

For the Conditions of Entry to be effective, it is recommended that a clearly worded sign be posted at the venue advising that Skate Victoria reserves the right to refuse entry as hirer of the venue, as set out in the Conditions of Entry. A printable copy is available on the Skate Victoria Website.

Conditions of Entry

By entering this facility, all persons agree to be bound by the following terms and conditions:

1. All persons must conduct themselves in a proper and reasonable manner and in accordance with the Skate Victoria (“the Association”) Codes of Conduct, copies of which are available from the Association upon request.

2. By entering, all persons agree to be bound by the Association’s constitution, rules, policies and bylaws and submit themselves to the jurisdiction of the Association Tribunal, or any other disciplinary forum connected with the sport of Roller Derby.

3. Persons entering agree to comply with any reasonable direction of any Association official.

4. The right to remove any person from the facility is reserved if the person’s behaviour is considered dangerous or unacceptable.

5. Persons under the influence of alcohol, if it is an unlicensed event, or drugs are prohibited from entering.

6. Persons entering consent to photographs being taken of them during their participation in Association activities and acknowledge that the photographs are owned by the Association which may use the name, image, likeness and performance of entrants in Association activities at any time, to promote the Association by any form of media.
7. Participation in the sport of Roller Derby can be inherently dangerous. Persons entering acknowledge that they understand the nature and requirements of the sport of Roller Derby and acknowledge that serious accidents can happen that may result in them being seriously injured or their property being damaged. Persons entering the facility are deemed to have voluntarily read and understood this warning and accept and assume the inherent risks in participating in the sport of Roller Derby.

8. Except where provided or required by law and as such cannot be excluded, persons entering the facility agree that it is a condition of entry to the facility that the Association is absolved from all liability and claims however arising from injury or damage as a result of the entrant’s attendance at the facility and/or participation in the sport of Roller Derby. In this clause, “claims” means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising.

Spectators and Seating.

Spectators under 18 years of age must not sit within 4.5 metres of the track.

All spectators and seating must be located outside of the Safety Zones (see below).

Safety Zones.

During a jam, only skaters in the jam and referees or officials may be in the Safety Zones.

Outer Track Safety Zone.

If a wall, or other approved barrier is present on the outside of the outer track boundary, a minimum 1.5 meters of clearance is required.

Approved barriers are fixed to the floor (unmoving), and a minimum height of 1.5 metres.

Approved barriers must completely prevent skater/spectator contact.

If no wall, or other barrier is present, a minimum of 3 metres of clearance is required.

Smooth continuous barriers do not need to be padded. All rough surfaces, protrusions, or sharp edges within 4.5 metres of the skating surface without a barrier protection shall be padded.

All doors within 3 metres of the skating surface will be closed while skaters are actively skating.

Team benches and the penalty box may be located outside of the track. Team bench areas must be located outside the Outer Track Safety Zone.

Inner Track Safety Zone.

A minimum of 1.5 metres of clearance must surround the infield of the track.

Team benches and/or staff such as photographers are allowed in the centre of the track.

There must be a clearly designated area that is marked for team benches and/or photographers if they are located in the centre of the track.

All individuals located in the centre of the track, other than skaters in the jam, referees and officials, must remain within the designated areas while a jam is in progress.
Track Boundaries

The raised boundary of the track must be taped lengthwise along every inch of the rope. The tape must completely seal the raised boundary to the floor on both sides.

The tape and its adhesive must be strong enough to withstand the strain of a bout without tearing or pulling up.

Correct - [http://picasaweb.google.com/geecxboy/Productioneering/photo#511317735](http://picasaweb.google.com/geecxboy/Productioneering/photo#511317735)

Incorrect - [http://picasaweb.google.com/geecxboy/Productioneering/photo#509079897](http://picasaweb.google.com/geecxboy/Productioneering/photo#509079897)

Sanctioning a Venue with Skate Victoria for use of Roller Derby

For a venue that a Skate Victoria club uses for the purpose of conducting skating activities, including competitions, courses, events and training to be sanctioned, the Venue Checklist must be submitted, you can find it here: [http://goo.gl/forms/XFFqucwp8Z](http://goo.gl/forms/XFFqucwp8Z) and the club's Calendar of Events updated.

Medical Personnel and Security

It is the responsibility of each club to become knowledgeable about the laws of their local area to determine the requirements for medical personnel during events, and if licensed events are held by the club, they must follow all relevant laws and requirements applicable to their state.

The club must have a trained Level 1 First Aider, which can include Ambulance Officers and Nurses in attendance, at training, bouts, scrimmages and bootcamps.

If the club does not have a first aid person in attendance at training, bouts, scrimmages and bootcamps these activities will not be sanctioned and covered by Skate Victoria insurance.

It is not a requirement that a club must contract a First Aid Service provider for bouts, but it is highly recommended for major tournaments.
**Protective Gear**

Skaters and officials must wear all protective gear (also referred to as “gear”) as described in the most current version of the WFTDA Rules. Officials may forgo the use of mouth guards.

Gear must be well fitting, worn correctly, and in good condition. Proper fit and maintenance of gear is the responsibility of the skater.

Any flare (e.g., fake horns, mohawks, etc.) attached to helmets and gear must not present a danger to fellow competitors or alter the integrity of the helmet and be approved by the Head Referee.

Personnel on skates that are not a part of the competition (e.g. mascots, coaches, announcers) are also required to wear protective gear. They must remain outside of the Safety Zones during active play.

All safety personnel should be aware of the gear of everyone on skates. If any member is not wearing the required gear or wearing it improperly, the member must be removed from the skating surface.

Officials will follow recommended guidelines to assure safety for the competitors prior to and during bouts.

Officials will check the competitive area to make sure there is proper clearance and remove or address hazards to skater safety on or near the track before a bout.

Officials will verify that skaters’ protective gear is in compliance with the WFTDA Rules before a bout.

Officials will check that protective gear is worn and in place prior to each period.
Concussion Policy
**Management of Concussions**

To be read in conjunction with the Pocket Concussion Recognition Tool

Skate Victoria Insurance requires all member clubs to follow SV Management of Concussion.

It is recommended that clubs view videos below

CONCUSSION IN SPORT:  
www.youtube.com/watch?v=KYmLkH2Rcfg&index=2&list=PL84064BABB5E4962C7

CONCUSSION IN CHILDREN: www.youtube.com/watch?v=hKrOcj-uqvl

1. Follow the Pocket Concussion Recognition Tool
   - Google online Roller Derby Shared Documents hub – private access to clubs only

2. A skater who has suffered a concussion must not be allowed to return to play that day. The Assessor should not be swayed by the opinion of the skater, coaching staff or anyone else suggesting premature return to competition.

   **Referring the Skater to a Medical Practitioner for Assessment**
   
   The management of head injury is difficult for non-medical personnel. Following an injury it is often not clear if you are dealing with a concussion or with a more severe underlying structural head injury.

   Therefore ALL skaters with concussion or a suspected concussion need an URGENT medical assessment by a medical practitioner. This can be done by a local general practice or medical centre or hospital emergency department.

3. **Follow-up Management**

   A skater who has sustained a concussion MUST NOT be allowed to return to school or skating before getting a medical clearance.

   Return to learning and school should take precedence over return to sport.

   The decision regarding the timing of return to training should always be made by a medical practitioner.

   In cases of uncertainty about the skater’s recovery always adopt a more conservative approach—*“if in doubt sit them out”*

4. **Return to Skating**

   Skaters should not return to skating until they have returned to school/learning without worsening symptoms.

   Return to training/ skating should be gradual.

   Rehabilitation after a concussion should be supervised by a medical practitioner and should follow stepwise symptom limited progression. A rehabilitation program can look like the following:

   - Rest until symptom free—including physical and mental rest.
   - Light aerobic activity can be started 24-48 hours after symptoms have ceased.
   - Light, non-contact training drills.
   - Non-contact training drills with some resistance training.
   - Full contact training—after medical clearance only.
   - Return to competition.

   Each stage should be a minimum of 24 hours duration.

   If symptoms return then the player should drop back to the previous symptom free stage.
Pocket CONCUSSION RECOGNITION TOOL

To help identify concussion in children, youth and adults

RECOGNIZE & REMOVE
Concussion should be suspected if one or more of the following visible clues, signs, symptoms or errors in memory questions are present:

1. Visible clues of suspected concussion
Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground / Slow to get up
- Unsteady on feet / Balance problems or falling over / Incoordination
- Grabbing / Clutching of head
- Dazed, blank or vacant look
- Confused / Not aware of plays or events

2. Signs and symptoms of suspected concussion
Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Headache
- Dizziness
- Nausea or vomiting
- “Pressure in head”
- Irritability
- Amnesia
- Nervous or anxious
- Sensitivity to noise
- Seizure or convulsion
- Balance problems
- Feeling slowed down
- More emotional
- Sensitivity to light
- Fatigue or low energy
- Neck Pain
- Difficulty remembering
- Seizure or convulsion
- Confusion
- Drowsiness
- Blurred vision
- Sadness
- Feeling like “in a fog”
- “Don’t feel right.”
- Difficulty concentrating

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3. Memory function
Failure to answer any of these questions correctly may suggest a concussion.

- “What venue are we at today?”
- “Which half is it now?”
- “Who scored last in this game?”
- “What team did you play last week / game?”
- “Did your team win the last game?”

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS
If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling / burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

Remember:
- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) unless trained to do so.


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7. Blood-borne Pathogens

Standard precautions are recommendations designed to minimize the risk of infection from blood-borne pathogens and other body fluids. These precautions apply to blood, body fluids, secretions and excretions, regardless of whether or not they contain blood. Sweat is not included in this group.

Though not all blood and/or body fluids will contain communicable pathogens, standard precautions state we should treat all body fluids as if they had known pathogens.

Participants with active bleeding should be removed from the track and immediately taken to a designated area. Bleeding must be stopped and the open wound covered with a dressing sturdy enough to withstand the demands of play before the athlete may continue to participate in practice or competition.

Any skater (not just the injured) whose uniform is saturated with blood must change their uniform before continuing to participate. If blood is on the plastic of an athlete’s gear, it should be cleaned with an approved blood pathogen disinfectant. Fabric areas of gear should be securely covered with duct tape or removed at the discretion of Safety Staff.

At a minimum, a blood pathogen kit should be available trackside for use whenever blood is spilled. The kit must consist of:

- Disposable gloves
- Paper towels
- Empty sealable bags (large enough to hold saturated clothing items)
- Black permanent marker
- Spray bottle with 1:10 bleach/water solution or medically approved blood pathogen cleaner

Procedure to clean biological hazards:

1. Apply disposable gloves.
2. Spray surface with a solution of 1:10 bleach and water or other medically approved blood pathogen cleaner. Wipe up contaminated area.
3. Place the waste in a sealable moisture proof bag or container.
4. Re-clean the entire area until the entire blood spill is cleared (i.e., paper towels no longer have any red tint).
5. Place all contaminated waste in a sealable, moisture proof bag or container that is marked “Bio Hazardous.” Dispose of the bag or container in a manner that will not lead to exposure of the contents.
6. Do not touch anything or anyone else until gloves are removed (e.g., use your feet to open a door).
7. Remove gloves. With both gloves on, remove one glove but do not touch anything but the glove and discard. To remove the other glove, take the index finger and place it inside the glove where no fluids have touched, and remove carefully. Do not touch the outside (contaminated) surface of the gloves with bare skin at any time.
8. Dispose of gloves.
9. Wash hands with soap and water for a full minute.
Return to Skate Policy
**Roller Derby Return to Skate Policy**

At times, a variety of injuries/illness occurs while playing contact sports. It is inevitable that injuries and illness will occur during a skater/s career whether it is through training or competition. Roller Derby is a contact sport. Skate Victoria’s Return to Skate Policy recognises that injuries occur on a variety of levels from minor muscular related, sprains, strains to serious fractures. The cause of these injuries and conditions can range from a social nature to a physiological nature such as age and weight to a physical nature such as decreased physical condition, pre-existing conditions and injuries to name a few.

Injuries that are not managed appropriately can cause the skater/s further pain and discomfort. On the other hand, if a skater/s has returned to skating too early without proper injury management and advice, this can lead to a serious injury or worse.

**Conditions where a medical clearance is required to return to club training/competition.**

Written Medical clearance to be provided by a register medical doctor

In the case of soft tissue injuries the following Allied Health Professionals Physiotherapist, Osteopath & Chiropractor can also provide a written medical clearance. A copy of clearance to be forwarded to SV office.

- Any form of cardiac (heart condition)
- Hypertension (history of high blood pressure)
- Broken bones of any sort
- Significant soft tissue injuries (where a skater has not recovered to a skating capacity one week post injury)
- Any form of concussion
- Any form of unconsciousness, no matter how brief
- Any form of potential cervical (neck) injury
- Repeated episodes of illness of already diagnosed medical conditions such as Asthma, diabetes and epilepsy where medication is not effective during skating activity.
- Any injury involving the eye itself
- Any player recovering from a significant illness, such as:
  - Chicken Pox
  - Measles
  - Whooping cough
  - Glandular fever
  - Swine flu (H1/N1)
  - Pneumonia
  - Any form of influenza where it has caused the skater to miss games and training for more than one week.

- Pregnancy From Skate Victoria and the Clubs perspective, we need to ensure a skater/s who is returning from a pregnancy has been given written medical clearance to do so, especially if they have had a difficult pregnancy. From the club’s coach’s perspective, they also need to be aware it could take up to six months for joint stability to be re-established, so potential modified training may be needed.

**Return from injury process (Clubs)**

This process would specifically apply to a skater/s who are returning from an injury involved with bones, soft tissue and potentially pregnancy. Medical clearance is the first step in the skater returning to training, however, it is important the club has a process in place to assess, integrate and monitor the skater/s back into training. As above with pregnancy, a modified training program may be needed. It is recommended that clubs implement a Return from injury process. The above points are not completely exhaustive, however it is expected that a common sense approach is applied by clubs when requesting a medical clearance. Many of the mentioned conditions can be exacerbated (made worse) by physical activity and cause the skater/further illness or discomfort. Some medical conditions can also be contagious and pose a risk to other skaters, coaching staff and officials. Skater welfare is the number one priority of Skate Victoria’s Return to Skate Policy. The reason for medical clearances is not all about liability. It is ensuring that players seek medical attention for conditions that may cause them further serious health problems in the long term.
Anaphylaxis Guidelines and Policy
Anaphylaxis Management Guidelines

Background
Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening, which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal and cardiovascular).
A severe allergic reaction or anaphylaxis usually occurs within 20 minutes to 2 hours of exposure to the trigger and can rapidly become life threatening.

It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention.
The most common allergens are peanuts, eggs, tree nuts (e.g. cashews, macadamias), cow’s milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings).

There have been reported deaths from anaphylaxis in New South Wales and Victoria. The death of a junior participant in sport in 2012, reported on in 2015, led to Skate Victoria establishing Guidelines and Policy in regards to Allergies, which outline recommendations for anaphylaxis management in clubs.

These Guidelines and Policy have been developed by Skate Victoria to assist clubs to respond effectively to Allergy Management and emergency response.

The key to prevention of anaphylaxis in clubs is knowledge of the members who have been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between clubs, their members, and parents/guardians of junior members are important in helping the individual avoid exposure.

Principles
Skate Victoria and its members are committed to:
- providing, as far as practicable, a safe and supportive environment in which members at risk of anaphylaxis can participate equally in all aspects of the sport;
- raising awareness about allergies and anaphylaxis in the sporting community;
- actively involving the members and parents/guardians of junior members of each member at risk of anaphylaxis in assessing risks, developing risk minimisation and management strategies for the member;
- ensuring that an adequate number of club members have an understanding of the causes, signs and symptoms of anaphylaxis and of their role in the club’s emergency response procedures.

The key to the prevention of anaphylaxis in clubs is awareness of known allergens and prevention of exposure to known allergens. Achieving this requires education and planning. This resource has been developed to assist clubs in achieving ‘allergy awareness’ to support the member with severe allergies.

Understanding roles and responsibilities
Club committees, Coaches, Volunteers, members and parents/guardians of junior members have important and differing roles and responsibilities in managing anaphylaxis in clubs. These responsibilities need to be identified and communicated.

Even in clubs where no member has been diagnosed as being at risk of anaphylaxis, clubs are advised to ensure that committee, coaches and volunteer members, responsible for first aid, have the knowledge and skills to respond to an anaphylaxis emergency. It is possible that a member who has not been previously diagnosed will have their first anaphylactic reaction at the club.

Clubs have a duty of care to provide safe opportunities for members of all abilities, regardless of any medical conditions, disabilities or allergies they may have. It is important that members with medical conditions or allergies are not unnecessarily excluded from participating in activities, and that reasonable steps are taken to accommodate their needs.

Members or parents/guardians of a junior member at risk of anaphylaxis
Members or parents/guardians of a junior member at risk of anaphylaxis are encouraged to assist clubs in providing a safe environment for themselves or their child.

Members or Parents/Guardians should:
- Inform the club, either at sign up or diagnosis, of their or their child’s allergies and whether they or their child has been diagnosed as being at risk of anaphylaxis (e.g. provide an ASCIA Action Plan completed by their or their child’s medical practitioner).
- Meet with the club’s committee and/or coach to develop their or their child’s Individual Anaphylaxis Health Care Plan. It should include an ASCIA Action Plan completed by their or their child’s medical practitioner.
Inform the club's committee, coaches and volunteer staff of all other relevant information and concerns relating to their health or the health of their child.

Provide the adrenaline autoinjector and any other medications to the club.

Replace the adrenaline autoinjector and any other medications before the expiry date. It is advisable to check expiry dates at least every six months.

Alert volunteers to the additional risks associated with non routine events and assist in planning and preparation for the member prior to external events like travel scrimmages/bouts, boot camps, and in club activities such as sausage sizzles, bake sales or birthday celebrations.

For members with food allergy:
- supply alternative food options for the member when needed.
- educate the member about only eating food provided from home. It is important to reinforce that the member should not share food with other member.
- educate the member about the responsibility of carrying their own adrenaline autoinjector and the need to have their medication available at all times.
- Inform volunteers of any changes to the member's emergency contact details.
- Provide the club committee with an immediate update if there is a change to their plan or the child's condition.

**Club Committees**

The Club's Committee has an overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for their members at risk of anaphylaxis.

**Club Committees should:**

- Actively seek information to identify a member with severe life threatening allergies at sign up of membership.
- Meet with member or parents/guardians of a junior member to develop an Individual Anaphylaxis Health Care Plan for the member.
- Request that members or parents/guardians of a junior member provide an ASCIA Action Plan that has been completed by the member’s medical practitioner and has an up to date photograph of the member.
- Ensure that the member or parents/guardians of a junior member provides an adrenaline autoinjector.
- Ensure that an adequate number of volunteers are trained in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector. This should also include regular practice using adrenaline autoinjector training devices (e.g. at least twice yearly).
- Provide information to all volunteers (including coaches, referees, NSOs, new volunteer, first aid providers and visiting skaters) so that they are aware of the member who is at risk of anaphylaxis, the member’s allergies, the club’s risk minimisation strategies and emergency response procedures. This can include providing copies or displaying the member’s ASCIA Action Plan in training venues taking privacy into consideration and subject to parent/guardian agreement for junior members.
- Ensure that there are procedures in place for informing casual volunteer of the member at risk of anaphylaxis and the steps required for prevention and emergency response. This should include visitors (e.g. guest coaches/skaters).
- Liaise with the club’s food service provider (where an external contractor is responsible for any catering), to ensure that the provider can demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.
- Encourage ongoing communication between members or parents/guardians of a junior member and volunteers about the current status of the member’s allergies, the club’s procedures/strategies and their implementation.
- In consultation with members or parents/guardians of a junior member, review the member’s Individual Anaphylaxis Health Care Plan annually, after a severe allergic reaction or if the member’s circumstances change.
- Work with volunteers to conduct regular reviews of risk minimisation strategies.
- Work with volunteers to develop strategies to increase awareness about severe allergies amongst club volunteers, members and the sporting community.
Volunteers responsible for the care of the member at risk of anaphylaxis

Coaches and other support volunteers who are responsible for the care of the member at risk of anaphylaxis are encouraged to obtain training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector. This may include assistant coaches, referees, NSOs, canteen volunteer and casual volunteers.

Volunteers should:

- Know the identity of the member in their care who is at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Consider undertaking training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector.
- Know the club’s first aid emergency procedures and their role in relation to responding to an anaphylactic reaction.
- Keep a copy of the member’s ASCIA Action Plan (or know where to find one quickly) and ensure it is followed in the event of an allergic reaction.
- Know where the member’s adrenaline autoinjector is kept and that it is not out of date. Remember that the adrenaline autoinjector is designed so that anyone can administer it in an emergency.
- Know the risk minimisation strategies in the member’s Individual Anaphylaxis Health Care Plan and ensure they are followed.
- Plan ahead for special events like travel scrimmages/bouts, bootcamps, and in club activities such as sausage sizzles, bake sales or birthday celebrations.
- Work with members or parents/guardians of a junior member to provide appropriate food for the member.
- Avoid the use of food treats in training or as rewards, as these may contain hidden allergens. Non-food rewards are recommended. Work with member or parents/guardians of a junior member to provide appropriate treats for the member.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons.
- Consider the risk of cross-contamination when preparing, handling and displaying food, especially at sausage sizzles and bake sales.
- Ensure that tables and surfaces are wiped down regularly and that members wash their hands before and after handling food.
- Raise member awareness about severe allergies and the importance of their role in fostering a club environment that is safe and supportive for their peers.

First aid volunteers

Club based first aid volunteer can take a lead role in supporting the club's committee and volunteers to implement risk minimisation strategies for the club.

First aid volunteer can support members at risk of anaphylaxis by:

- Keeping an up-to-date register of members at risk of anaphylaxis.
- Obtaining training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector.
- Checking every six months that the adrenaline autoinjector is not discoloured or out of date.
- Ensuring that the adrenaline autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that it is appropriately labelled. In hot climates, the adrenaline autoinjector should be stored in a small esky or similar container, but not refrigerated.
- Supporting the implementation of risk minimisation strategies.
- Assisting in health care planning for the individual and development of systems/processes for managing first aid.
- Supporting training in recognising and responding to an anaphylactic reaction, including administering an adrenaline autoinjector.
Determine what allergies you need to manage
It is important to obtain medical information from members or parents/guardians of a junior member about allergies and risk of anaphylaxis. This information can be recorded using an Individual Anaphylaxis Health Care Plan, which incorporates the student’s ASCIA Action Plan. These forms can be accessed from the ASCIA website www.allergy.org.au

Individual Anaphylaxis Health Care Plans
Every member who has been diagnosed as being at risk of anaphylaxis should have an Individual Anaphylaxis Health Care Plan. As a member’s allergies may change over time, it is important for clubs to ensure that the member’s Individual Anaphylaxis Health Care Plan and ASCIA Action Plan are kept current and reviewed annually with the member or parents/guardians of a junior member. When reviewed, members or parents/guardians of a junior member should also provide an updated photo of the member on the ASCIA Action Plan.

A copy of the member’s ASCIA Action Plan should be kept in various locations, such as in the member’s file, the training venue and the training first aid kit. It should be visible and/or easily accessible by volunteers in the event of an incident taking privacy into consideration. Remember a copy of the ASCIA Action Plan must also be kept with the adrenaline autoinjector.

When are members most at risk?
Members are most at risk when:
- their routine is broken (e.g. external/travel scrimmages/bouts, fundraising events, bootcamps);
- they are training outdoors;
- immediate access to medical services is not available;
- volunteer changes occur (e.g. guest coaching and visiting skaters);
- participating in activities involving food (e.g. birthday celebrations, sausage sizzles, bake sales).

Recorded deaths from anaphylaxis have most often occurred in situations where the emergency medication has not been readily available and/or has not been administered as soon as possible. Therefore, it is important at these times when the member is most at risk, suitable strategies are in place to ensure a timely response to an anaphylactic reaction.

Assess the risk of allergen exposure
It is important to assess the likelihood of exposure to known allergens. The key to the prevention of anaphylaxis is the identification of allergens and prevention of exposure to these allergens. For the member who has been diagnosed with a severe allergy, there is a range of practical prevention strategies that clubs can implement to minimise exposure to known allergens.

When considering appropriate prevention strategies, clubs should take into account factors such as the allergen involved, the age of the member and the severity of the allergy (based on information provided by the member or the parent/guardian of a junior member from the member’s medical practitioner).

A range of practical strategies for at training and away events settings are set out in the Anaphylaxis Management Policy. It is particularly important to have procedures in place for informing casual volunteers involved with the member at risk of anaphylaxis and the steps required for prevention and emergency response. A designated volunteer should have responsibility for briefing new volunteers and visitors (including coaches, referees, NSOs, new volunteer, first aid providores and visiting skaters) about the member at risk of anaphylaxis and the club’s procedures and prevention strategies.

‘Allergy aware’ versus ‘nut-free’
Given the number of foods to which the member may be allergic, it is not possible to remove all allergens. It is better for clubs to become aware of the risks associated with anaphylaxis and to implement practical, age appropriate strategies to minimise exposure to known allergens.

In communicating the club’s strategies to members, it is important that clubs do not promote that they either ‘ban nuts’ or are ‘nut-free’ – being ‘allergy aware’ is a more appropriate term. Minimising the allergen is one of several strategies that can be implemented to reduce the risk.
Promoting a club as ‘nut-free’ is not recommended for the following reasons:

- it is impractical to implement and enforce;
- there is no evidence of effectiveness;
- it does not encourage the development of strategies for avoidance in the wider sport community;
- it may encourage complacency about risk minimisation strategies (for volunteers, members and parents/guardians) if a food is banned.

Whilst clubs are advised not to claim to be ‘nut-free’, minimising exposure to particular foods such as peanuts and tree nuts can reduce the level of risk. This can include removing nut spreads and products containing nuts from being brought to training, but does not include removing products that ‘may contain traces’ of peanuts or tree nuts.

Train volunteers and plan emergency response

Volunteers need to know how to recognise, treat and prevent anaphylaxis, where medications are stored and emergency response procedures to effectively manage anaphylaxis.

Volunteer training

It is important for clubs to plan first aid and emergency response procedures for at training and away event settings that allow volunteers to react quickly should an anaphylactic reaction occur.

Volunteers should receive regular training in the recognition, treatment and everyday management of those at risk of anaphylaxis.

For more information visit the ASCIA website: www.allergy.org.au

Responding to an incident

Where possible, only volunteers with training in the administration of an adrenaline autoinjector should administer the device. However, adrenaline autoinjectors are designed for anyone to use and in the event of an emergency it may be administered by any person, following the instructions in the member’s ASCIA Action Plan.

If a member has a severe allergic reaction, but has not been previously diagnosed with the allergy or as being at risk of anaphylaxis, the following action should be taken:
- If the club does not have an adrenaline autoinjector for general use, 000 should be called immediately. Follow any instructions given by emergency services, as well as the club’s first aid emergency procedures.
- If the club has an adrenaline autoinjector for general use, a volunteer can administer the adrenaline following the instructions on the General ASCIA Action Plan (orange) stored with the device.
- If an adrenaline autoinjector is used, volunteers must call an ambulance and the used adrenaline autoinjector should be given to ambulance staff.

If an ambulance service is not immediately available (e.g. rural and remote settings), the club’s committee should arrange for the member to be transported to a health service or medical practitioner. Ideally, two people should travel with the member, one to drive and the other to monitor the health of the member. Parents/guardians of a junior member should also be advised of the incident as soon as possible.

Post-incident support

Clubs must complete incident reporting documentation as required by Skate Victoria. Further to this, clubs should consider that an anaphylactic reaction can be a very traumatic experience for the member, volunteers, others witnessing the reaction, and parents/guardians. In the event of an anaphylactic reaction, members and volunteers may benefit from a debriefing provided, for example, by the club's first aid volunteer.

Communicate with the sporting community

Communicating with volunteer, members and parents/guardians of junior members is essential in successfully managing anaphylaxis in clubs.

It is important to work with the whole sporting community to better understand how to provide a safe and supportive environment for all members, including the member with severe allergies.
Raising member awareness
Peer support and understanding is important for the member at risk of anaphylaxis. Volunteers can raise awareness in clubs through fact sheets or posters displayed at training venues, club online forums and social media pages.
Coaches and officials can discuss the topic with members at training session, with a few simple key messages:

- always take allergies seriously – severe allergies are no joke;
- don’t share your food with friends who have food allergies or pressure them to eat food that they are allergic to;
- not everyone has allergies – discuss common symptoms;
- wash your hands before and after eating;
- know what your friends are allergic to;
- if a team mate becomes sick, get help immediately;
- be respectful of a club’s medical kit.

It is important to be aware that the member at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.

Bullying
Be aware that bullying of a member at risk of anaphylaxis can occur in the form of teasing, tricking a member into eating a particular food or threatening a member with the substance that they are allergic to, such as peanuts/grass/aerosols. Talk to members so they are aware of the seriousness of an anaphylactic reaction.
It is recommended that any attempt to harm a member at risk of anaphylaxis with an allergen be treated as a serious and dangerous incident and treated accordingly. Clubs can refer to relevant policies related to behaviour management and strategies for dealing with bullying situations.

Work with member or parents/guardians of the junior member at risk of anaphylaxis
Members or parents/guardians of a junior member who is at risk of anaphylaxis may experience high levels of anxiety about being at training and/or away events or sending their child to training and/or away events.
It is important to encourage an open and cooperative relationship with members or parents/guardians of a junior member so that they can feel confident that appropriate risk minimisation strategies are in place.
Additional to implementing risk minimisation strategies in clubs, the anxiety that members, parents/guardians of a junior member and the member may feel can be considerably reduced by keeping them informed of the increased education, awareness and support from the sporting community.

Engage the broader sporting community
Clubs can raise awareness about anaphylaxis in the sporting community so that members and parents/guardians of all junior members have an increased understanding of the condition.
Posters, fact sheets and brochures can be downloaded from the ASCIA website www.allergy.org.au

Privacy considerations
It is important to be aware that some member or parents/guardians of a junior member may not wish their or their child’s identity be disclosed to the wider sporting community, this may also apply to the junior member themselves. It is recommended that this be discussed with the member or junior member’s parents/guardians and written consent obtained to display the member’s name, photograph and relevant treatment details in training areas, canteens and/or other away areas.

Review and assess management strategies
Procedures and strategies need to be reviewed each year as well as after a member has experienced a severe reaction while in the club’s care.
Review management processes

If a member has experienced an anaphylactic reaction:

- the adrenaline autoinjector (if used) must be replaced by the member or parent/guardian of a junior member before the member returns to training.
- the club should review the member’s Individual Anaphylaxis Health Care Plan and ASCIA Action Plan with the member, junior member’s parents/guardians and the medical practitioner.
- appropriate steps should be taken to reassure the member and parents/guardians of a junior member which may include:
  - taking steps to avoid the member’s exposure to relevant allergen(s);
  - closer monitoring of the member by volunteers;
  - having the member carry the adrenaline autoinjector at all times (if appropriate age and/or maturity);
  - training updates for volunteer.
**Definitions**

**Adrenaline:** Adrenaline is a natural body hormone. Adrenaline is the only known effective treatment for anaphylaxis. It works in minutes to relax breathing, maintain heart function and blood pressure.

**Adrenaline autoinjector (such as an EpiPen® or Anapen®):** A device that automatically delivers a single fixed dose of adrenaline and is designed for use by people without specific medical training.

**Allergens:** Substances that can cause an allergic reaction.

**Allergy (or Allergies):** Allergy is when the immune system reacts to substances (allergens) in the environment, which are usually harmless (e.g. food proteins, pollens, dust mites and insect venoms).

**Anaphylaxis:** A severe, rapidly progressive allergic reaction that is potentially life threatening. As death can result from anaphylaxis, it must be regarded as a medical emergency.

**Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan:** Provides details on how to manage mild to moderate allergic reactions and anaphylaxis including appropriate medications, as well as listing known allergens. It is important that the ASCIA Action Plan is completed by a medical practitioner.

**Individual Anaphylaxis Health Care Plan:** A plan completed in consultation with parents/guardians medical practitioner detailing the individual’s known allergens and risk minimisation strategies to be employed.

**Anaphylaxis Resources/useful links**


Anaphylaxis Australia Inc website [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

Australasian Society of Clinical Immunology and Allergy website [www.allergy.org.au](http://www.allergy.org.au)

ASCIA Action Plans can be accessed from [www.allergy.org.au/content/view/10/3/#r1](http://www.allergy.org.au/content/view/10/3/#r1)
# FIRST AID TREATMENT FOR ANAPHYLAXIS

Anaphylaxis is a severe allergic reaction and potentially life threatening. It should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person with a severe allergy is exposed to the allergen they are allergic to (usually a food, insect or medication).

## MILD TO MODERATE ALLERGIC REACTION

In some cases, anaphylaxis is preceded by signs of a mild to moderate allergic reaction:
- Swelling of face, lips and eyes
- Hives or welts on the skin
- Tingling mouth
- Stomach pain, vomiting (these are signs of a mild to moderate allergic reaction to most allergens, however, in insect allergy these are signs of anaphylaxis).

### ACTION
- For insect allergy, flick out the sting if it can be seen (but do not remove ticks)
- Stay with person and call for help
- Give medications if prescribed (whilst non-drowsy antihistamines may be used to treat mild to moderate allergic reactions, if these progress to anaphylaxis then adrenaline is the only suitable medication)
- Locate adrenaline autoinjector if available (instructions are included in the ASCIA Action Plan for Anaphylaxis which should be stored with the adrenaline autoinjector)
- Contact parent/guardian or other emergency contact.

## ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

Continue to watch for any one of the following signs of anaphylaxis (severe allergic reaction):
- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (in young children)

### ACTION
- Lay person flat - if breathing is difficult, allow to sit - do not allow them to stand or walk
- Give the adrenaline autoinjector if available (instructions are included in the ASCIA Action Plan for Anaphylaxis, stored with the adrenaline autoinjector)
- Call Ambulance (Telephone 000 in Australia, 111 in New Zealand)
- Contact parent/guardian or other emergency contact
- Further adrenaline doses may be given (when an additional adrenaline autoinjector is available), if there is no response after 5 minutes.

**If in doubt, give the adrenaline autoinjector.**
Commence CPR at any time if person is unresponsive and not breathing normally.

If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

## NOTE:
- Adrenaline is life saving and must be used promptly. Withholding or delaying the giving of adrenaline can result in deterioration and death. This is why giving the adrenaline autoinjector is the first instruction on the ASCIA Action Plan for Anaphylaxis. If cardiopulmonary resuscitation (CPR) is given before this step there is a risk that adrenaline is delayed or not given.
- In the ambulance oxygen will usually be administered to the patient by paramedics.
- Medical observation of the patient in hospital for at least 4 hours is recommended after anaphylaxis.
- Adrenaline autoinjectors available in Australia and New Zealand include EpiPen® and EpiPen® Jr. EpiPen Jr is generally prescribed for children aged 1 to 8 years.

© ASCIA 2015 For further information on anaphylaxis visit www.allergy.org.au - the web site of ASCIA. ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand.

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**Action Plan for Anaphylaxis (general)**

This can be accessed at http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis
How to give EpiPen®

1. Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.

2. PLACE ORANGE END against outer mid-thigh (with or without clothing).

3. PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds. Remove EpiPen®. Massage injection site for 10 seconds.

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before anaphylaxis

Watch for ANY ONE of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1. Lay person flat. Do not allow them to stand or walk.
   If breathing is difficult allow them to sit.
2. Give EpiPen® or EpiPen® Jr adrenaline autoinjector.
3. Phone ambulance*: 000 (AU) or 111 (NZ).
4. Phone family/emergency contact.
5. Further adrenaline doses may be given if no response after 5 minutes, if another adrenaline autoinjector is available.

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.

EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Instructions are also on the device label and at: www.allergy.org.au/anaphylaxis

© ASCIA 2015. This plan was developed for use as a poster and to be stored with general use adrenaline autoinjectors.
10. Anaphylaxis Management Policy

Background
Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening, which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal and cardiovascular).
A severe allergic reaction or anaphylaxis usually occurs within 20 minutes to 2 hours of exposure to the trigger and can rapidly become life threatening.
It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention.
The most common allergens are peanuts, eggs, tree nuts (e.g. cashews, macadamias), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings).
There have been reported deaths from anaphylaxis in New South Wales and Victoria. The death of a junior participant in sport in 2012, reported on in 2015, led to Skate Victoria establishing Guidelines and Policy in regards to allergies, which outline recommendations for anaphylaxis management in clubs.

Purpose
The purpose of this Policy is to:
• provide, as far as practicable, a safe environment in which members at risk of anaphylaxis can participate equally in all aspects of the sport.
• ensure that the club’s committee members, coaches and support staff have knowledge about allergies, anaphylaxis and the club’s guidelines and procedures in responding to an anaphylactic reaction.
• encourage members and parents/guardians of each junior member at risk of anaphylaxis in assessing the risks and developing risk minimisation strategies for the member.
• raise awareness about anaphylaxis and the club’s anaphylaxis management policy/guidelines in the sport.

Training and emergency response
Club’s Committee Members, Coaches and Support Staff who have contact with the member at risk of anaphylaxis, are encouraged to undertake training in anaphylaxis management including how to respond in an emergency. Wherever possible, training will take place before the member’s first training session at the club. Where this is not possible, an interim plan will be developed in consultation with the member and/or parents/guardians of a junior member.
The club’s first aid procedures and member’s Allergy Action Plan will be followed when responding to an anaphylactic reaction. It is recommended that members at risk use a personal ASCIA Action Plan.
At other times while the member is under the care or supervision of the club, including training with other clubs, inter-club scrims, bootcamps, fundraisers and any other event days, the Club’s Committee must ensure that there is a sufficient number of support staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis.

Communication
The Club’s Committee will be responsible for providing information to all committee members, coaches, support staff, members and parents/guardians of junior members about anaphylaxis and development of the club’s anaphylaxis management strategies.
Any volunteers will be informed on arrival at the club if they are caring for a member at risk of anaphylaxis and their role in responding to an anaphylactic reaction.

Individual Anaphylaxis Health Care Plans
The Club’s Committee will ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the members or parents/guardians of a junior member, for any member who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the member has joined the club and where possible before their first day of attendance at the club.
The member’s Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the member or parents/guardians of a junior member:
immediately after the student has an anaphylactic reaction;
- if the student’s condition changes;
- annually, and as applicable.

It is the responsibility of the member or parent/guardian of a junior member to:
- provide an Individual Anaphylaxis Action Plan completed by the child’s medical practitioner with a current photo. We recommend using the personal ASCIA Action Plan.
- inform the club if they or their junior member’s medical condition changes, and if relevant provide an updated Individual Anaphylaxis Action Plan.

**Risk Minimisation**
The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The club can employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimisation strategies.

<table>
<thead>
<tr>
<th>Setting</th>
<th>Considerations</th>
</tr>
</thead>
</table>
| Training sessions        | • Display a copy of the members ASCIA Action Plan at the venue.  
• Liaise with members and parents/guardians of junior members about food related activities ahead of time.  
• Use non-food treats where possible. If food treats are used in training, it is recommended that members and parents/guardians of a junior member provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other members in the training session should be consistent with the club’s allergen minimisation strategies.  
• Never give food from outside sources to a member who is at risk of anaphylaxis.  
• Be aware of the possibility of hidden allergens e.g. egg or milk cartons.  
• Have regular discussions with members about the importance of washing hands, eating their own food and not sharing food.  
• Guest coaches and casual volunteers should be provided with a copy of the member’s ASCIA Action Plan.  |
| Canteens                 | • If clubs use an external/contracted food service provider, the provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling.  
• With permission from members and parents/guardians of a junior member, canteen staff (including volunteers), should be briefed about members at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans. With permission from members and parents/guardians of a junior member, some clubs have the members name, photo and the foods they are allergic to, displayed in the canteen as a reminder to staff.  
• Liaise with members and parents/guardians of junior members about food for the member.  
• Food banning is not recommended, however some clubs may choose not to stock peanut and tree nut products (including nut spreads) as one of the club’s risk minimisation strategies.  
• Products labelled ‘may contain traces of peanuts/tree nuts’ should not be served to the member known to be allergic to peanuts/tree nuts.  
• Be aware of the potential for cross contamination when storing, preparing, handling or displaying food.  
• Ensure tables and surfaces are wiped clean regularly.  |
| Outdoor activities        | • The member with anaphylactic responses to insects should wear shoes at all times.  
• The member should keep open drinks (e.g. drinks in cans) covered while outdoors.  
• Volunteers trained to provide an emergency response to anaphylaxis should be readily available during outdoor activities and the adrenaline autoinjector should be easily accessible from the outdoor area.  
• It is advised that clubs develop a communication strategy for any outdoor activities in the event of an anaphylactic emergency. Volunteers on duty need to be able to communicate that there is an anaphylactic emergency without leaving the member experiencing the reaction unattended.  |
### Events

- For special occasions, the club committee and coaches should consult members or parents/guardians of a junior member in advance to either develop an alternative food menu or request the member or parents/guardians of a junior member to send a meal for the member.
- All members should be informed in advance about foods that may cause allergic reactions in members at risk of anaphylaxis as well as being informed of the club’s allergen minimisation strategies.
- Party balloons should not be used if a member is allergic to latex.
- Volunteers must know where the adrenaline autoinjector is located and how to access if it required.
- Clubs should avoid using food in activities or games, including rewards.

### Off-site events

- The member’s adrenaline autoinjector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all off site activities. If the weather is warm, the autoinjector should be stored in an esky to protect it from the heat.
- One or more club members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should accompany the member on off-site events. All volunteers present during the event need to be aware if there is a member at risk of anaphylaxis.
- Clubs should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- The club should consult members and parents/guardians of a junior member in advance to discuss issues that may arise, to develop an alternative food menu or request the member or parent/guardian of a junior member to send a meal (if required).
- Parents/guardians of junior members may wish to accompany their child on off-site events.
- Consider the potential exposure to allergens when consuming food on buses/while travelling.

### Off-site Travel

- When planning travel training, scrimmages and bouts, a risk management plan for the member at risk of anaphylaxis should be developed in consultation with member or parents/guardians of a junior member and the clubs travel volunteers.
- Accommodation providers and airlines should be advised in advance of any member with food allergies.
- Volunteers should liaise with member and parents/guardians of junior members to develop alternative menus or allow members to bring their own meals.
- Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils, aerosoles) should be avoided.
- The member’s adrenaline autoinjector and ASCIA Action Plan and a mobile phone must be taken while travelling.
- A team of volunteers who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should accompany the member on travel events. However, all volunteers present need to be aware if there is a member at risk of anaphylaxis.
- Clubs should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- The adrenaline autoinjector should remain close to the member at risk of anaphylaxis and volunteers must be aware of its location at all times. It may be carried in the club first aid kit, although clubs can consider allowing members, to carry it on their person. Remember, volunteers still have a duty of care towards the member even if they carry their own adrenaline autoinjector.
- The member with allergies to insect venoms should always wear closed shoes when outdoors.
- Consider the potential exposure to allergens when consuming food on buses/airlines and in accommodation venues.
Hot Weather Guidelines

Why use guidelines?

Every year in hot weather Sports Medicine Australia (SMA) receives requests from sporting clubs and associations, individuals and members of the media asking:

- Should our sporting event be modified or cancelled?
- Should our training be modified or cancelled?
- When is it safe to play sport or be physically active in the heat?

To help organisations, coaches, teachers and other individuals when conducting sport in hot weather, SMA has produced this revised set of guidelines. These new guidelines are based on the latest research as well as the expertise of SMA’s medical and scientific members.

Most people understand the importance of physical activity for good health but it is just as important that, when levels of activity rise, the risk of harm is minimised. And it is even more important for those who have not recently or regularly taken part in sport or physical activity.

These guidelines are not binding, but SMA reminds all parties that they must act responsibly. We encourage a common sense approach and consideration of the comfort and well-being of all individuals including participants and officials.

Modification or cancellation of events, training or withdrawal from participation may be appropriate even in circumstances falling outside these recommendations.

There are many factors to be considered when clubs and associations are contemplating modifying, postponing or cancelling sporting events or training.

Sporting organisations need to be aware of the difficulty of settling “one size fits all” guidelines in this area. For normally healthy active people, the only dangers from heat illness are likely to arise from high intensity exercise such as endurance running. Most community sport does not reach this level for periods long enough to cause serious harm. Many types of sport, such as cricket and tennis, are usually safe at higher temperatures because of the lower intensity of the play.

One area of higher risk for organisers of community-level sport is in the conduct of marathons and fun runs and bike rides. These events are more likely to see participants push themselves beyond their normal boundaries of activity, and organisers need to take extra precautions.

However, at any time, high intensity exercise in a hot environment, with the associated elevation of body temperature, can lead to heat illness. Heat illness in sport presents as heat exhaustion or the more severe heat stroke.

Heat exhaustion

- Characterised by a high heart rate, dizziness, headache, loss of endurance/skill/confusion and nausea.
- The skin may still be cool/sweating, but there will be signs of developing vasoconstriction (eg, pale colour).
- The rectal temperature may be up to 40°C and the athlete may collapse on stopping activity. Rectal temperature should only be measured by a doctor or nurse.

To avoid heat exhaustion, if people feel unwell during exercise they should immediately cease activity and rest. Further benefit comes if the rest is in a shaded area with some passing breeze (from a fan if necessary) and the person takes extra hydration. Misting or spraying with water can also help.

Heat stroke

- Characteristics are similar to heat exhaustion but with a dry skin, confusion and collapse.
- Heat stroke may arise in an athlete who has not been identified as suffering from heat exhaustion and has persisted in further activity.
- Core temperature measured in the rectum is the only reliable diagnosis of a collapsed athlete to determine heat stroke.
This is a potentially fatal condition and must be treated immediately. It should be assumed that any collapsed athlete is at danger of heat stroke. The best first aid measures are “Strip/Soak/Fan”:

- strip off any excess clothing;
- soak with water;
- fan;
- ice placed in groin and armpits is also helpful.

The aim is to reduce body temperature as quickly as possible. The athlete should immediately be referred for treatment by a medical professional.

Important: heat exhaustion/stroke can still occur even in the presence of good hydration.

**Dehydration**

Dehydration is fluid loss which occurs during exercise, mainly due to perspiration and respiration. It makes an athlete more susceptible to fatigue and muscle cramps. Inadequate fluid replacement before, during and after exercise will lead to excessive dehydration and may lead to heat exhaustion and heat stroke.

To avoid dehydration, SMA recommends that:

- athletes drink approximately 500 mls (2 glasses) in the 2 hours prior to exercise;
- during exercise longer than 60 minutes, 2-3 cups (500-700ml) of cool water or sports drink are sufficient for most sports.
- after exercise replenish your fluid deficit to ensure that you are fully re-hydrated, but not over-hydrated.
- refer to SMA’s free DRINK UP brochure available as a web download at www.smartplay.com.au or from your local National Pharmacies store.

Points to consider:

- Will your players and officials be able to consume enough water during the event?
- Even a small degree of dehydration will cause a decrease in performance.
- Take care not to over-hydrate. Drinking too much fluid can lead to a dangerous condition known as hyponatraemia (low blood sodium). Aim to drink enough to replace lost fluids, but not more than that.

### Factors to consider before cancelling or modifying a sporting event or training

Remember not only to take players into account but also umpires, officials and volunteers.

The following tables provide estimates of risk related to the weather and also guidelines to managing activity in order to minimise heat stress.

#### Environmental Factors

1. **Temperature**

Ambient temperature is the most easily understood guide available, and is most useful on hot, dry days.

<table>
<thead>
<tr>
<th>Ambient Temperature</th>
<th>Relative Humidity</th>
<th>Risk of Heat Illness</th>
<th>Possible Management for Sustained Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 - 20</td>
<td></td>
<td>Low</td>
<td>Heat illness can occur in distance running. Caution over-motivation.</td>
</tr>
<tr>
<td>21 - 25</td>
<td>Exceeds 70%</td>
<td>Low to Moderate</td>
<td>Increase vigilance. Caution over-motivation.</td>
</tr>
<tr>
<td>26 – 30</td>
<td>Exceeds 60%</td>
<td>Moderate</td>
<td>Moderate early pre-season training. Reduce intensity and duration of play/training. Take more breaks.</td>
</tr>
<tr>
<td>31 – 35</td>
<td>Exceeds 50%</td>
<td>High to very High</td>
<td>Uncomfortable for most people. Limit intensity, take more breaks. Limit duration to less than 60 minutes per session.</td>
</tr>
<tr>
<td>36 and above</td>
<td>Exceeds 30%</td>
<td>Extreme</td>
<td>Very stressful for most people. Postpone to cooler conditions (or cooler part of the day) or cancellation.</td>
</tr>
</tbody>
</table>
Further guidance might be gained from what is known as the Wet Bulb Globe Temperature (WBGT) index. The WBGT is useful when humidity is high.

<table>
<thead>
<tr>
<th>WBGT</th>
<th>Risk of Thermal Injury</th>
<th>Possible modifying action for vigorous sustained activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 20</td>
<td>Low</td>
<td>Heat illness can occur in distance running. Caution over-motivation.</td>
</tr>
<tr>
<td>21 - 25</td>
<td>Moderate to High</td>
<td>Increase vigilance. Caution over-motivation. Moderate early pre-season training intensity and duration. Take more breaks.</td>
</tr>
<tr>
<td>26 - 29</td>
<td>High to Very High</td>
<td>Limit intensity. Limit duration to less than 60 minutes per session.</td>
</tr>
<tr>
<td>30 and above</td>
<td>Extreme</td>
<td>Consider postponement to a cooler part of the day or cancellation (allow swimming).</td>
</tr>
</tbody>
</table>


N.B. It is important to watch for unusual “heatwave” conditions or variations from the average temperature for the time of year. This is one situation where there may be a greater danger of heat illness.

```
Heat stress increases with increases in air temperature but be aware that there are not clear demarcations in risk between temperature ranges. At relative humidity levels above those indicated in the tables, stress increases markedly.
```

2. Duration and intensity of an event

The combination of extreme environmental conditions and sustained vigorous exercise is particularly hazardous for the athlete. The greater the intensity of the exercise, the greater the risk of heat related symptoms; e.g. distance running is more of a problem than stop-start team events.

- Player and official rotation may also be considered
- Reducing playing time and extending rest periods with opportunities to rehydrate during the event would help safeguard the health of participants.
- Provision of extra water for wetting face, clothes and hair is also important.
- A fan to enhance air movement would be beneficial.

3. Conduct of competition and training (hydration and interchange opportunities)

- Associations may consider dividing games into shorter playing periods rather than halves to allow for extra breaks.
- Coaches may consider alternative training times and venues during hot weather.
- Remember, even five minutes rest can cause a significant reduction in core temperatures.
- It is important to consider the welfare of officials, as well as players.

4. Time of Day

- Avoid the hottest part of the day (usually 11 am-3 pm). Scheduling events outside this time should be a consideration throughout any summer competition, training or event, regardless of the temperature.

5. Local Environment

- Radiant heat from surfaces such as black asphalt or concrete can exacerbate hot conditions.
- The type of exercise surface and the amount of sunlight vary significantly with different sporting activities and therefore must be analysed for each individual sport.
- An air-conditioned indoor venue will provide less of a problem. A hot indoor venue or an outside venue without shade cannot be considered an acceptable environment.
- Airflow should be considered, including fans in change rooms or appropriately placed. Remember, air movement decreases heat stress. However, a following wind can increase problems for runners or cyclists by actually reducing air movement.
**Host (personal) factors**

1. **Clothing**
   - Type of clothing is vital in minimising health risks associated with exercise in heat.
   - Fabrics that minimise heat storage and enhance sweat evaporation should be selected.
   - Light weight, light coloured, loose fitting clothes, made of natural fibres or composite fabrics with high wicking (absorption) properties, that provide for adequate ventilation are recommended as the most appropriate clothing in the heat. This clothing should complement the existing practices in Australia that protect the skin against permanent damage from the sun.
   - This should apply to the clothing worn by players, umpires, other officials and volunteers.

2. **Protective clothing**
   If clothing is worn for protective reasons, ensure that it is worn only while training and competing in hot weather. Some examples include leathers in motorcycling and mountain biking, protective equipment for hockey goalkeepers and softball and baseball umpires. Remove non-breathable clothing as soon as possible if the participants or officials are feeling unwell in hot conditions. Start cooling the body immediately via ventilation and/or a cool spray such as a soaker hose or a hand-held spray and a fan.

2. **Acclimatisation of the participant**
   - Acclimatisation of the participant includes umpires, other officials and volunteers as well as players.
   - Preparation for exercise under hot conditions should include a period of acclimatisation to those conditions, especially if the athlete is travelling from a cool/temperate climate to compete in hot/humid conditions.
   - It has been reported that children will acclimatise slower than adults.
   - Regular exercise in hot conditions will facilitate adaptation to help prevent performance deteriorating, or the athlete suffering from heat illness, during later competitions. Sixty minutes acclimatisation activity each day for 7-10 days provides substantial preparation for safe exercise in the heat.

3. **Fitness levels/athletic ability of participant**
   - A number of physical/physiological characteristics of the athlete will influence the capacity to tolerate exercise in the heat, including body size and endurance fitness.
   - In endurance events, accomplished but non-elite runners, striving to exceed their performance, may suffer from heat stress. The potential for heat-related illnesses would be exacerbated if they have not acclimatised to the conditions and have failed to hydrate correctly.
   - Overweight and unconditioned athletes, umpires, officials and volunteers will generally also be susceptible to heat stress.

4. **Age and gender of participant**
   - Female participants may suffer more during exercise in the heat because of their greater percentage of body fat.
   - Young children are especially at risk in the heat. Prior to puberty, the sweating mechanism, essential for effective cooling, is poorly developed. The ratio between weight and surface area in the child is also such that the body absorbs heat rapidly in hot conditions.
   - In practical terms, child athletes must be protected from over-exertion in hot climates, especially with intense or endurance exercise.
   - Although children can acclimatise to exercise in the heat, they take longer to do so than adults.
   - Coaches should be aware of this and limit training for non-acclimatised children during exposure to hot environments.
NB: Children tend to have a more “common sense” approach to heat illness than adults. They “listen to their bodies” more and will usually slow down or stop playing if they feel distressed in the heat. **On no account should children be forced to continue sport or exercise if they appear distressed or complain about feeling unwell.**

- Veteran participants may also cope less well with exercise in the heat. Reduced cardiac function is thought to be responsible for this effect.

5. **Predisposed medical conditions**

- It is important to know if athletes, umpires, officials or volunteers have a medical condition or are taking medication that may predispose them to heat illness.

- Examples of illnesses that will put the participant or official at a high risk of heat illness include asthma, diabetes, pregnancy, heart conditions and epilepsy. Some medications and conditions may need special allowances.

- Participants and officials who present with an illness such as a virus, flu or gastro or who are feeling unwell are at an extreme risk of heat illness if exercising in moderate to hot weather.

- Participants or officials who may be affected by drugs or alcohol may be at an extreme risk of heat illness if exercising in moderate to hot weather.

- SMA has produced Pre-exercise Health Check Guidelines. These should be used if pre-existing medical conditions are suspected or if the participant has no recent record of activity. The Guidelines can be downloaded from [www.sma.org.au](http://www.sma.org.au)

6. **Other factors to consider**

- Preventative measures can be undertaken to minimise heat injuries. Examples include the provision of shade, hats, appropriate sunscreen, spray bottles and drinking water.

- It is important to have trained personnel available to manage heat injuries and designated recovery areas for patients.

- In situations where heat problems may be expected, an experienced medical practitioner should be present.

Heat stroke is potentially life threatening. Any indication of this condition should be immediately referred for medical assessment.
**Food Safety Standards**

**Why use standards?**

Because it is a legal requirement for selling food. Full details can be obtained via the web link below.

Checklist

It is very easy to forget to do things when you are busy trying to organise events. If you tick the boxes of this checklist for each activity you will be less likely to miss important jobs.

Event: __________________________ Date: __________________________

Have you...

- decided which activity on the decision path covers the event? YES NO
- notified your enforcement agency about the event? YES NO
- identified all volunteers participating in the event? YES NO
- provided volunteers with the appropriate information sheets? YES NO
- checked that handwashing facilities will be provided? YES NO
- checked that drinkable water will be available at the site or an adequate supply will be transported to the site? YES NO
- checked whether power or gas will be available (if needed)? YES NO
- determined how to dispose of waste water and rubbish? YES NO
- checked that premises and temporary stalls are clean and appropriate for the activity being undertaken? YES NO
- checked that adequate temperature control equipment will be available? YES NO
- checked that a thermometer will be available if potentially hazardous foods will be handled? YES NO

Talk to your local enforcement agency if you have any concerns.

If you have answered NO to any question, you need to consider what can be done to ensure that your charity or community organisation meets the Food Safety Standards.

Decision Tree

Are you having a sausage sizzle or barbecue?  

NO  

Are you selling only shelf-stable foods such as cakes, biscuits, jams or chutneys?  

YES  
1 Notification  
5 Sausage sizzles & BBQs

NO  

Are your activity a camp or similar activity?  

YES  
1 Notification  
2 Skills and knowledge  
4 Temperature control  
5 Preparing and cooking food  
7 Transporting food  
9 Health & hygiene for food handlers

NO  

Are you preparing meals for consumption at the same place they are prepared?  

YES  
1 Notification  
2 Skills and knowledge  
4 Temperature control  
6 Preparing and cooking food  
9 Health & hygiene for food handlers

NO  

Are you preparing meals off-site and transporting the food to the event?  

YES  
1 Notification  
2 Skills and knowledge  
4 Temperature control  
5 Preparing and cooking food  
7 Transporting food  
9 Health & hygiene for food handlers
How to label and provide information about food sold at fundraising events

The rules for the labelling of all foods sold or prepared for sale in Australia and New Zealand are set out in the Australia New Zealand Food Standards Code.

Food sold at fund raising events is exempt from most of these labelling requirements.

A fund raising event means an event that raises money solely for charitable or community causes and not for personal financial gain.

However despite these general exemptions, certain information must always be provided when relevant. Other information must be provided if the customer requests it.

There are ways that the required information must be provided, depending on the type of information and whether the food is packaged or not. In some cases the information must be provided on a label on the food. In other cases, it can be provided in connection with the display of the food, for example, on a sign, or it could be provided verbally upon request by the customer.

In addition, you may decide to voluntarily provide other information that could be useful to your customers, for example, an ingredient list and a best before date.

There may also be requirements under other legislation not regulated by FSANZ e.g. for the weight or volume of a packaged product to be marked on the label.

Fund raising event organisers should be aware that there may be New Zealand, state, territory or Commonwealth legislative requirements that need to be complied with in order to conduct the event.

For detailed information about which labelling requirements apply to foods sold at fund raising events, refer to Standard 1.2.1 – Application of Labelling and Other Information Requirements of the Australia New Zealand Food Standards Code.

Information that must be always provided

Some labelling information must always be provided, if relevant to the food. This includes:

- Directions for use and/or storage of the food, if required for health or safety reasons - Refer to Standard 1.2.6 – Directions for Use and Storage
- Country of origin information (in Australia only) - Refer to Standard 1.2.11 – Country of Origin Requirements
- Genetically modified foods - Refer to Standard 1.5.2 – Food Produced Using Gene Technology
- Irradiated foods - Refer to Standard 1.5.3 – Irradiation of Food
- Royal jelly - Refer to Standard 1.2.3 – Mandatory Warning and Advisory Statements and Declarations
- Certain fish, meat and meat products, and offal - Refer to Standard 2.2.1 – Meat and Meat Products, and Standard 2.2.3 – Fish and Fish Products
- Kava - Refer to Standard 2.6.3 – Kava

Information that must be provided if requested by the customer

There is also some basic information that you need to either provide if asked by the customer, or display with the food:

- Name of the food - Refer to Standard 1.2.2 – Food Identification Requirements
- Declaration of allergenic substances - Refer to Standard 1.2.3 – Mandatory Warning and Advisory Statements and Declarations
- Advisory statements - Refer to clause 2 of Standard 1.2.3 for Further Information
- Nutrition information panels - Refer to Standard 1.2.8 – Nutrition Information Requirements

Providing information voluntarily

Despite the exemption from a number of the labelling requirements, you may still decide to voluntarily label your food for fund raising events. In addition to the information that must be provided (as outlined above), you may also choose to provide additional information that would be useful to your customers, such as a list of ingredients, a contact name and address and a best-before date.

Further Information on Labelling Requirements

The name of the food must either be displayed with the food or provided to the consumer if they request it. Refer to Standard 1.2.2 – Food Identification Requirement
Providing information voluntarily

Despite the exemption from a number of the labelling requirements, you may still decide to voluntarily label your food for fund raising events. In addition to the information that must be provided (as outlined above), you may also choose to provide additional information that would be useful to your customers, such as a list of ingredients, a contact name and address and a best-before date.

Further Information on Labelling Requirements

The name of the food must either be displayed with the food or provided to the consumer if they request it. Refer to Standard 1.2.2 – Food Identification Requirement

Directions for use and/or storage of the food

The directions for use and/or storage of the food must be provided if required for health or safety reasons. An example is ‘keep refrigerated at or below 4 °C’. This information must be included on the label of packaged foods, or accompanying unpackaged foods. Refer to Standard 1.2.6 – Directions for Use and Storage.

Contact details, ingredient list, expiry date

There is no mandatory requirement to provide the contact details of the supplier of the food, an ingredient list (except for any ingredients required to be declared as listed in the section below), or an expiry date (such as a ‘best before’ or ‘use by’ date), however you may choose to voluntarily provide this information.

Declaration of allergenic substances

A declaration of the following substances is required if present in the food (as these may cause allergic reactions in some people):

- cereals containing gluten and their products (wheat, rye, barley, oats and spelt and their hybridised strains) (except in beer and spirits)
- crustacea and their products
- egg and egg products
- fish and fish products (except for isinglass derived from swim bladders and used as clarifying agent in beer and wine)
- milk and milk products
- peanuts and soybeans and their products
- tree nuts and sesame seeds and their products
- added sulphites in concentrations of 10 mg/kg or more.

The information listed above could either be provided if requested by the customer, or you could display this information with the food, for example, on a label on the food, or on a sign with the food. Refer to Standard 1.2.3 – Mandatory Warning and Advisory Statements and Declarations.

Nutrition information panels

A nutrition information panel (NIP) must be provided if a nutrition claim is made about the food. Standard 1.2.8 – Nutrition Information Requirements, defines nutrition claims, including claims such as ‘low fat’, ‘gluten free’ and ‘high fibre’. Standard 1.2.8 also describes how the NIP must be set out and displayed, either with the food or provided to the customer if requested.

Country of origin information (in Australia only)

Country of origin information is required on some unpackaged foods sold at fund raising events in Australia, for example, pork, fish, fruit, and vegetables. This information can be provided on or in connection with the display of the food, for example, on a label on the food or on a sign with the food. Refer to Standard 1.2.11 – Country of Origin Requirements, to see whether this is applicable for your event.
Sausage sizzles and barbecues

Sausage sizzles and barbecues are a popular way to raise money for charities and community organisations. They are often held outdoors to take advantage of Australia's good weather and open spaces.

Provided you take some simple food safety precautions and sell freshly cooked food straight from the barbecue, the food should be safe.

Preparing and cooking food safely

Take the following precautions at sausage sizzles and barbecues to ensure that food is safe:

- Finish preparing raw meat before leaving for the site such as slicing, marinating or skewering.
- Pack raw meat into insulated boxes with ice bricks for transportation.
- Handle food with tongs or other equipment. Use separate equipment to handle raw and cooked meats. Hands should not be used unless absolutely necessary, and then handwashing facilities must be available. Hands must be washed after handling raw meats.
- Keep cooked meat and salads separate from raw meat at all times to prevent contamination.
- Cover food to protect it from contamination.
- Use clean and dry utensils for serving the food - never place cooked meat back on the trays that held the raw meat.
- Cook chicken, sausages and hamburgers until juices run clear - steaks can be cooked to preference.
- Throw left-over food away unless refrigeration equipment is available to rapidly cool the food.

Disposable utensils

Wherever possible, single-use (disposable) utensils such as knives, forks, plates and cups should be used and thrown away after use. These items should be kept covered until required and should be handled carefully to minimise any risk of contamination. Re-useable items such as mugs should not be used unless there are facilities available on-site to wash and sanitise them, or there are enough items for the duration of the event.

Water

If water is needed for hand washing or for washing up, a supply adequate to last the event must be provided. The water must be of drinkable quality. If using containers to transport water to the event, make sure that they are clean and have not been used to store chemicals.

If you do not have access to hot water for washing up, make sure that you take enough utensils so that you can use separate utensils for the raw and the cooked food at the event.

Handwashing facilities

Unless a written exemption has been obtained from your local council or health authority, food handlers must wash their hands with warm running water. An exemption is only likely to be issued where enough water is not available for handwashing. In such circumstances the local council or health authority may permit the use of alternatives such as cleaning creams or gels, or sanitising wipes.

If you have access to water, you should set up a temporary handwashing facility that provides running water. You can do this by using a large water container with a tap at its base. Another container, such as a bucket, should collect the waste water, to keep the site dry and clean.

A supply of soap and paper towels must be provided at the handwashing facility so that handwashing can be undertaken properly. Supply a bin for used towels. This helps to keep the site tidy and prevents contamination from used towels.
Regardless of whether an injured athlete intends to file an insurance claim, the incident/accident should be entered on the club’s injury tracker. If online access is not available at the event, an incident/accident report form should be filled out and the information transferred to your club’s injury tracker within 7 days of the event. The form is available on the Skate Victoria website and is also included in this document.

<table>
<thead>
<tr>
<th>Type of activity at time of injury</th>
<th>Nature of Injury/Illness</th>
<th>Explain exactly how the incident occurred:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ training</td>
<td>☐ abrasion/graze</td>
<td></td>
</tr>
<tr>
<td>☐ warm-up</td>
<td>☐ sprain eg ligament tear</td>
<td></td>
</tr>
<tr>
<td>☐ competition</td>
<td>☐ strain eg muscle tear</td>
<td></td>
</tr>
<tr>
<td>☐ cool-down</td>
<td>☐ open wound/laceration/cut</td>
<td></td>
</tr>
<tr>
<td>☐ other</td>
<td>☐ bruise/contusion</td>
<td></td>
</tr>
<tr>
<td>☐ inflammation/swelling</td>
<td>☐ fracture (including suspected)</td>
<td></td>
</tr>
<tr>
<td>☐ dislocation/subluxation</td>
<td>☐ overuse injury to muscle or tendon</td>
<td></td>
</tr>
<tr>
<td>☐ bisters</td>
<td>☐ concussion</td>
<td></td>
</tr>
<tr>
<td>☐ cardiac problem</td>
<td>☐ cardiac problem</td>
<td></td>
</tr>
<tr>
<td>☐ respiratory problem</td>
<td>☐ respiratory problem</td>
<td></td>
</tr>
<tr>
<td>☐ loss of consciousness</td>
<td>☐ loss of consciousness</td>
<td></td>
</tr>
<tr>
<td>☐ unspecified medical condition</td>
<td>☐ unspecified medical condition</td>
<td></td>
</tr>
<tr>
<td>☐ other</td>
<td>☐ other</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for Presentation</th>
<th>Protective Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ new injury</td>
<td>Was protective equipment worn on the injured body part? ☐ yes ☐ no</td>
</tr>
<tr>
<td>☐ exacerbated/aggravated injury</td>
<td></td>
</tr>
<tr>
<td>☐ recurrent injury</td>
<td>If yes, what type eg mouthguard, ankle brace,</td>
</tr>
<tr>
<td>☐ illness</td>
<td></td>
</tr>
<tr>
<td>☐ other</td>
<td></td>
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<table>
<thead>
<tr>
<th>Body Region Injured</th>
<th>Provisional diagnosis/ies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tick or circle body part/s injured &amp; name</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Body parts</th>
</tr>
</thead>
<tbody>
<tr>
<td>-----------</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Nature of Injury/Illness</th>
<th>Mechanism of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ abrasion/graze</td>
<td>☐ struck by other player</td>
</tr>
<tr>
<td>☐ sprain eg ligament tear</td>
<td>☐ struck by ball or object</td>
</tr>
<tr>
<td>☐ strain eg muscle tear</td>
<td>☐ collision with other player/referee</td>
</tr>
<tr>
<td>☐ open wound/laceration/cut</td>
<td>☐ collision with fixed object</td>
</tr>
<tr>
<td>☐ bruise/contusion</td>
<td>☐ fall/stumble on same level</td>
</tr>
<tr>
<td>☐ inflammation/swelling</td>
<td>☐ jumping to shoot or defend</td>
</tr>
<tr>
<td>☐ fracture (including suspected)</td>
<td>☐ fall from height/awkward landing</td>
</tr>
<tr>
<td>☐ dislocation/subluxation</td>
<td>☐ overexertion (eg muscle tear)</td>
</tr>
<tr>
<td>☐ overuse</td>
<td>☐ overuse</td>
</tr>
<tr>
<td>☐ clipping/trip</td>
<td>☐ clipping/trip</td>
</tr>
<tr>
<td>☐ temperature related eg heat stress</td>
<td>☐ other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nature of Injury/Illness</th>
<th>Advice Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ abrasion/graze</td>
<td>☐ Immediate return, unrestricted activity</td>
</tr>
<tr>
<td>☐ sprain eg ligament tear</td>
<td>☐ Able to return with restriction</td>
</tr>
<tr>
<td>☐ strain eg muscle tear</td>
<td>☐ Unable to return at the present time</td>
</tr>
<tr>
<td>☐ open wound/laceration/cut</td>
<td>☐ Able to return but the player chose not to</td>
</tr>
<tr>
<td>☐ bruise/contusion</td>
<td>☐ Referred for further assessment before returning to activity</td>
</tr>
<tr>
<td>☐ inflammation/swelling</td>
<td></td>
</tr>
<tr>
<td>☐ fracture (including suspected)</td>
<td></td>
</tr>
<tr>
<td>☐ dislocation/subluxation</td>
<td></td>
</tr>
<tr>
<td>☐ overuse</td>
<td></td>
</tr>
<tr>
<td>☐ clipping/trip</td>
<td></td>
</tr>
<tr>
<td>☐ temperature related eg heat stress</td>
<td></td>
</tr>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>☐ physiotherapist</td>
</tr>
<tr>
<td>☐ ambulance transport</td>
</tr>
<tr>
<td>☐ hospital</td>
</tr>
<tr>
<td>☐ other</td>
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<thead>
<tr>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ no referral</td>
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<tr>
<td>☐ physiotherapist</td>
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<tr>
<td>☐ ambulance transport</td>
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<tr>
<td>☐ hospital</td>
</tr>
<tr>
<td>☐ other</td>
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<table>
<thead>
<tr>
<th>Provisional severity assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ mild (1-7 days modified activity)</td>
</tr>
<tr>
<td>☐ moderate (8-21 days modified activity)</td>
</tr>
<tr>
<td>☐ severe (&gt;21 days modified or lost)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treating person</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ medical practitioner</td>
</tr>
<tr>
<td>☐ sports trainer (ID _________)</td>
</tr>
<tr>
<td>☐ other</td>
</tr>
</tbody>
</table>

I have provided the patient with a copy of this report. I told the patient that this record will be kept for insurance purposes. The injury information will be entered into the Sports Injury Tracker Tool to monitor injuries that occur in sport to help to create a safer environment for the future.

<table>
<thead>
<tr>
<th>Treating Person's Name</th>
</tr>
</thead>
</table>

For more information about Sports Injury Tracker call 03 9674 8777

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
</table>

For more information about Sports Injury Tracker call 03 9674 8777
### Document Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Document Name</th>
<th>Action</th>
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</thead>
<tbody>
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<td>20 September 2005</td>
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