



**Central Victoria Hockey
Association**



**RISK MANAGEMENT
POLICY**

Risk Management

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HOCKEY CENTRAL VICTORIA HOCKEY ASSOCIATION INC.

RISK MANAGEMENT

INSURANCE

With litigation continuing to rise, insurance will continue to be necessary and should form part of an overall risk management programme. All groups within the Association and Affiliated Teams i.e. Boards of Directors; Management; Volunteers; Coaches; Technical Staff; Players and Employees need to have an understanding of the insurance coverage with up-dates being continually provided.

Some of the available insurances are:

- Player injuries. Benefits provided include death; permanent disability; non-medicare expenses; loss of income; home help; student assistance; and parental inconvenience allowance
- Coaches liability
- Directors and Officers Liability
- First-Aid treatment
- General insurance e.g. fire, burglary etc
- Goods sold/product liability
- Member to member cross liability
- Professional indemnity
- Public liability
- Special events
- Tenants liability
- Umpires liability

Administrators must ensure coverage is adequate and in place, and that the nature of the liability, coverage and level of benefits are properly commensurate to all parties.

ROLES AND RESPONSIBILITIES of MANAGEMENT COMMITTEES

Preface -

It is essential to review the roles and responsibilities of our Association's office bearers/volunteer holding positions. Each faces personal liability for any actions and may not be covered against all actions in managements' respective capacities, therefore updating these types of obligations and responsibilities is essential. The relevant legislation in Victoria covers all Incorporated Associations (other than those incorporated under the Corporations Law ASC), so even the smallest Association with few assets or obligations must be aware of their responsibilities.

Basic principles -

- 1) Not-for-profit Associations should be operated and managed with the same degree of care as Corporations that operate for profit.
- 2) The fundamental responsibility of Directors and Officers is to represent prudently, the interests of the Association's members and other constituents in directing the business and affairs of the Association within the law - Basic Duties; Duty of Diligence; Duty of Loyalty.
- 3) Directors and Officers should be elected and maintained with a view towards creating the most effective and efficient Board or Committee as possible.
- 4) An Association should develop a thorough orientation for new Directors and Officers and an ongoing commitment to educating these people to the particular operations of the Association, the competitive and regulatory environment in which the Association exists, the nature of the industry (sport) in which it operates, and the legal arena in which it constructs itself and in which the Directors and Officers serve as fiduciaries.
- 5) Any action taken by Directors and Officers must be an informed decision following a thorough and well-documented investigation of all relevant facts available and applicable law.
- 6) Although Directors and Officers may not abrogate their duties, they may rely in good faith on the advice and input from Management Committees, employees and experts.
- 7) Management decisions must be made by "disinterested" Directors and Officers. Even the appearance of a conflict of interest should be avoided.
- 8) Management should be familiar with Loss Prevention and Risk Management Policies, and ensure that all reasonable action is being taken to see to their implementation.

9) Associations should take necessary steps to provide a legal environment consistent with maximizing protection to their Directors and Officers

Conclusion -

Being aware and staying informed of the responsibilities and obligations are an essential part of life as a Director, Official and/or Trustee. This does not mean that every person must be able to recite each and every obligation, it means that in most cases the individual in their capacity as a Director or Official must understand and respect that they have an overriding responsibility to 'do the right thing' for the Association. Ensuring that they are properly informed using fundamental common sense and their own sense of what is right and wrong is usually a very sound guide. If unsure, then it is the individual's obligation to make due enquiries until satisfaction is achieved. The more important the decision and its impact on the Association, the greater the obligation and responsibility.

Source

1) *Directors and Officer's Liability Loss Prevention for Not- for-Profit Organisations - Prepared by Dan A Bailey Arter & Hadden for Chubb Group of Insurance Companies.*

2) *Duties under General law - taken from Module 2 Senator's Rights, Responsibilities and Obligations.*

The material used to compile the above (Roles and Responsibilities of Management Committees) was taken from the material contained in the documents referred to in the Source above, except for the contents of the Preface and Conclusion which is the opinion of the writer only. The above material is to be used for the benefit of our members only.

CONCLUSION

These steps ensure all parties and the organisations are in a position where they can demonstrate that all practical steps have been addressed to ensure all obligations and responsibilities have been met, and that any liability incurred would be limited. It is the Association and the affiliated Teams management's responsibility to ensure the best business practices are implemented.

ACKNOWLEDGEMENTS

FIH Guide to the artificial lighting of Hockey Pitches, April 2000

FIH Synturf Hockey Pitches Guidelines for Care and Maintenance , November 2001

Hockey Queensland Inc, Risk Management Policy, July 2004

DEFINITIONS

'Affiliated Teams ' means any hockey teams from Central Victoria are eligible to affiliate with the association.

'Association' means HOCKEY CENTRAL VICTORIA HOCKEY ASSOCIATION INC.

'FIH' means Federation of International Hockey

'HA' means Hockey Australia

POLICY ON DRUGS

1.0 Application

1.01 Discovery

Players cannot play while under the influence of drugs. Umpires to monitor.

1.03 Definition

Doping or drug abuse in sports is the use by, or distribution to a hockey player or players of a substance that could have the effect of artificially improving the hockey players' physical and /or mental condition and so augment the hockey player's performance. Banned substances under this clause fall into five (5) major groupings of:

1.03.1 Narcotics

1.03.2 Illegal drugs

1.04 Professional Confidentiality

This policy does not intend to require any medical practitioner or sports scientist or psychologist or other person in professional confidentiality with a hockey player to make any disclosure about the player's contravention of the doping provisions if the knowledge of that contravention is obtained in a situation of confidentiality. This exception does not include Coaches, Administrators or any other official appointed by the Association or Affiliated Teams

even if such person were a medical practitioner. Coaches are obligated to notify the Coaching and Development Manager of the Association of any alleged or suspected breaches of this policy.

2.0 Illegal Drugs

2.01 Restrictions

Players competing in events sanctioned by the Association shall not possess or use illegal drugs whilst under the control of the Association or its nominated organiser. Players found to be in possession of or using illegal drugs whilst at the venue of any sanctioned hockey event shall be liable to immediate disqualification and to further disciplinary action as determined by the Association. The use of prescription drugs duly prescribed by a registered medical practitioner shall be exempted from this policy. The onus shall rest with the player to provide, on demand, any evidence that such drugs consumed at a hockey event have been prescribed by a medical practitioner.

2.02 Interpretations

Generally, use of drugs in hockey will fall under four basic purposes of:

2.02.1 Medicines

2.02.2 Restorative agents

2.02.3 Sports related medication

2.02.4 Performance influencing drugs

2.03 Medicines

Medicines are generally described as those products prescribed by a practicing medical practitioner for the legitimate treatment of a specific condition e.g. insulin, diuretics, etc. These products are not banned in the sport of hockey whilst taken under these circumstances.

2.04 Restorative agents

Restorative agents are products that are usually available from retail pharmaceutical outlets such as anti-inflammatory agents, local anesthetics, analgesic rubs, etc. Such products are not prohibited in the sport of hockey.

2.05 Performance Influencing Drugs

Beta-blocker drugs are generally prescribed for persons suffering from coronary heart disease and hypertension. Such drugs do, however, have a side effect of controlling tremor. The use of beta-blocker drugs that are not medically indicated and prescribed but are used solely for the purposes of influencing performance, is deemed illegal in the sport of hockey. The onus is the player to produce on demand, a certificate to demonstrate the medical need for this group of drugs. Such certificate shall be in the player's possession wherever he or she takes the field to play.

2.06 Sports Related Medication

Amphetamines are a group of drugs that are chemically related to adrenalins and are used to increase wakefulness and delay fatigue. The use of amphetamines is banned in the sport of hockey. Given the significant side effects of amphetamines it is unlikely that players will resort to their use if they are fully aware of the side effects. Coaches and officials should make a point of publicising these side effects that include:

2.06.1 Insomnia and its resultant effect on the next days play.

2.06.2 Excessive nervousness and palpitations which seriously impede the level of performance.

2.06.3 A warping of judgment that often results in the player believing they are performing well when in fact their performance is suffering.

2.06.4 The loss of normal sensations of fatigue that result in the masking of the bodies normal fatigue alarm system. When the body is stressed in such conditions, collapse and even death may occur.

2.06.5 The sustained use of amphetamines can bring about a change in behavior coupled with increased hostility and aggression.

3.0 Tranquillisers

3.01 Non Influencing

Our view is that the use of tranquillisers would not support increased sports performance.

3.02 Not Prohibited

The use of tranquillisers is not prohibited in the sport of hockey.

3.03 Warning on Use

Coaches and Officials should be aware that with a repetitive action sport such as hockey that the majority of training (reinforcement of the mental template of the action) is undertaken in an environment when tranquillisers would not normally be used.

3.04 Effect of Tranquillisers

The effect of tranquillisers is to slow down the neuron response systems. The actual performance of the playing action under the influence of tranquillisers becomes slower and unsynchronised with the conditioned mental template of the playing action established through many hours of training. This would normally result in a performance below the player's real skill level.

4.0 Policy

At all times, the Association and the Affiliated Teams shall be governed by the rules and regulations as prescribed by HA and FIH.

POLICY ON SMOKING

1.0 Not prohibited

Drug intake as the result of smoking is not deemed illegal in the sport of hockey. However, the adverse health aspects and the decreased performance potential associated with the practice of smoking require serious evaluation. The principal factors include:

- 1.01 Conflict between a practice that is hazardous to health and the conduct of a sport. The lynch pin to the continued acceptance by Government and specialist lobby groups of a sport must be seen as being beneficial to individual's health.
- 1.02 The impact of smoking upon non-smoking participants.
- 1.03 The quality of the image of the sport, particularly where television is involved.
- 1.04 The potential influencing effect on junior players

2.0 Health Hazard

2.01 Effect on Nervous System

Nicotine is a stimulant drug that acts upon the central nervous system and is highly toxic. Nicotine is deemed twice as deadly as arsenic and at least four times more lethal than cyanide. It is advocated that if the total nicotine content of one to two days of smoking were consumed in one dose it would cause death in a matter of minutes.

2.02 Smoke Contents

Inhaled smoke from a cigarette contains carbon monoxide, ammonia, hydrogen cyanide, nicotine, toluene, phenol and benzpyrene.

2.03 Passive Effect

A significant aspect with smoking is that non-smoking participants are subject to side stream smoke which contains all of the above ingredients, plus a number of additional gases and poisons that are not normally inhaled by the smoker due to the cigarette filter. These gases include formaldehyde, acrolein, vinylpyridine, naphthalene and naphthylamine.

2.04 Effect on Blood Stream

The carbon monoxide from a cigarette is rapidly absorbed in the blood stream in preference to oxygen and therefore reduces the amount of oxygen that can be carried by the red corpuscles. The tar in a cigarette reduces that elasticity of the air sacs and so restricts the volume of oxygen that can actually attempt to enter the blood stream.

2.05 Effect on Heart

Smoking also increases the heart rate whilst at the same time reducing the quantity of blood flow by causing the elevation of player's blood pressure.

3.00 Education/ Promotion

CVHA recognises that it's role in educating members about the benefits implementing a smoke-free policy and will endeavour to provide appropriate information and resources regarding this process. CVHA will publish a copy of its smoke-free policy in its newsletter and on its website and will endeavour to utilise PA announcements at games/functions to promote the Smoke-free policy to patrons and guests.

4.0 Policy Application

We can anticipate an increased expectation for our Association to become more actively supportive of drug prohibition and healthy lifestyle policies. For these reasons it is now appropriate for the Association to introduce rulings that provide for:

4.01 The banning of smoking on or in close proximity to all Synthetic Surfaces.

4.02 The banning of smoking by players for the duration of the match in which he or she is participating.

4.03 To ensure all publications from CVHA, QUIT, etc., pointing out the adverse effects of smoking and its impact upon player's performance level, is made available to all Association members.

4.04 It is recommended that all volunteers, staff and officials & rep players, coaches & trainers to refrain from smoking whilst acting in an official capacity.

4.05 All non-smoking areas are supported with appropriate signage

4.06 It is up to Teams to impose their own rules regarding smoking within their own premises.

4.07 Smoking may only be undertaken in a designated area.

5.0 Non-compliance

All CVHA Officials should oversee the Smokefree Policy at all CVHA functions and activities. Non-compliance with the policy will be handled according to the following process;

5.01 Explanation of CVHA's policy on smoking to offender, including the identification of areas in which smoking is allowed.

5.02 In the case of continued non-compliance with the policy CVHA officials will use their discretion as to the steps taken which may include asking the person to leave the premises or function.

6.0 Review

CVHA's Smokefree Policy will be monitored on a regular basis and reviewed on an annual basis.

POLICY ON INFECTIOUS DISEASES

1.0 Application

In framing this policy it is important to consider the types of contagion that might be applicable to the normal environment that applies to the sport of hockey. The primary consideration is that Hockey is a contact or collision sport. It is strongly recommended that all contact and/or collision sports team physicians, other sports medicine staff, coaches, umpires, team managers, administrators, players and their parents be made aware of this policy and adopt the commonsense recommendations contained herein.

A number of blood borne infectious diseases can be transmitted during body and collision sports. The more serious include HEPATITIS and HIV (AIDS) infections. These diseases may be spread by contact with:

- Blood
- Saliva (NOT HIV)
- Perspiration (NOT HIV)
- Other bodily fluids

The following recommendations will reduce the risk of disease transmission.

2.0 Open Cuts

All open cuts and abrasions shall be reported and treated immediately to preclude blood contamination of any item. This is an area of principal concern to the Association given that the skin can be broken very easily by contact with players and facilities or equipment.

3.0 Players

3.01 Personal Hygiene

It is the player's responsibility to maintain strict personal hygiene as this is the best method of controlling the spread of infectious diseases.

3.02 Vaccinations

It is recommended that all participants involved in hockey and playing under adult rules, be vaccinated for HEPATITIS B.

3.03 Player Medical Clearances

Players with prior evidence of these diseases should obtain clearances from a doctor prior to participation.

4.0 Team Areas

4.01 Responsibilities

Both the Association and associated Teams are jointly responsible for Association sanctioned events with responsibilities to ensure that all changing rooms are clean and tidy. Particular attention shall be paid to hand basins, toilets and showers. Adequate soap dispensers, paper hand towels or hand dryers, brooms and disinfectants, etc., shall be available at all times.

4.02 Spitting and Urinating

The practices of spitting or urinating in team or public areas shall not be permitted.

4.03 Contaminated Articles

All clothing, equipment and surfaces contaminated by blood shall be treated as potentially infectious and treated accordingly.

4.04 Sharing Articles

Sharing of towels, face washers and drink containers shall not occur.

4.05 Vaccinations

It is recommended that all personnel working in team areas should be vaccinated for HEPATITIS B.

4.06 Training

In all training areas, open cuts and abrasions shall be reported to the coach or other suitable personnel and treated immediately.

5.0 Umpires and Game Officials

5.01 Reporting

Officials shall report all open cuts and abrasions at the first available opportunity.

5.02 Vaccinations

It is recommended that those who officiate should be vaccinated for HEPATITIS B.

5.03 Contaminated Articles

All contaminated clothing and equipment shall be replaced prior to the player being allowed to resume play.

5.04 Recurrent Bleeding

If bleeding should recur, the above procedures shall be repeated.

5.05 Non Controllable Bleeding

If bleeding cannot be controlled and the wound securely covered, the player shall not be allowed to continue participating in the game.

6.0 General

If a player or official, or Association staff is found to be suffering from HEPATITIS or HIV then that person shall not resume training or play, nor be involved in any team nor match, until cleared by his or her medical practitioner.

7.0 Education

The Association shall endeavour to provide suitable information on the associated risk factor and prevention strategies of HEPATITIS B and HIV to all of our Affiliated Associations.

POLICY ON BLEEDING ON PLAYING SURFACES

1.0 Application

Hockey is a contact or collision sport in which there may be various types of contagion that might be applicable to this sport's environment. A number of blood borne infectious diseases can be transmitted during collision sports, the more serious include HEPATITIS and HIV (AIDS) infections. These diseases may be spread by contact with:

- Blood
- Saliva (NOT HIV)
- Perspiration (NOT HIV)
- Other bodily fluids

It is strongly recommended that all contact and/or collision sports team physicians, other sports medicine staff, coaches, umpires, team managers, administrators, players and their parents be made aware of this policy and adopt the commonsense recommendations contained herein.

The following recommendations will reduce the risk of disease transmission.

2.0 Open Cuts

All open cuts and abrasions shall be treated immediately by the individual to preclude blood contamination of any item.

3.0 Players

3.01 Cease Participation

If a bleeding wound occurs, the player shall cease participation in a match until the bleeding has stopped and the wound is both cleaned with antiseptic and covered.

3.02 Treatment

If a skin lesion is noticed, the player shall immediately have it cleaned with antiseptic and covered.

3.03 Training

In all playing and training areas, open cuts and abrasions shall be reported to the coach and treated immediately.

3.04 Uncontrollable Bleeding

If bleeding cannot be controlled and the wound securely covered, the player shall not continue in the game or training.

4.0 Contaminated Articles

All clothing, equipment and surfaces contaminated by blood shall be regarded as contaminated and treated accordingly.

5.0 Umpires Responsibilities

5.01 Players Ordered from Field

Should a player not take remedial action outlined, Umpires are empowered to order the player from the field to receive the required treatment.

5.02 Refusal by Player

Any player who refuses to obey an Umpire's instruction to leave the field of play for treatment may be charged by the Investigations Committee with misconduct and dealt with under the Rules of the Association.

6.0 Facility

It is the responsibility of the Association to ensure that any blood that is discharged onto an artificial playing surface, is immediately washed away utilising warm water and detergent.

POLICY ON PREGNANCY

1.0 Rights

1.01 Individual Rights

The Association recognises the individual's right to make decisions in respect to their own person.

1.02 Players Rights

However, any individual as part of a team should recognise and respect the rights of all players to participate in the spirit of fair competition.

1.03

The Association will not make any recommendations to condone the continuance in the Sport if a player is pregnant. That decision shall be entirely for the player and based on their medical advice. Doctor's opinions should always be sought so as informed decisions can be made.

2.0 Advice

2.01 Medical

The Association recommends that each individual player who is pregnant should seek medical advice in respect to their own medical position and the medical position of the unborn child.

2.02 Legal Advice

Also encourages the individual player who is pregnant to seek out any relevant advice as to their own position, legal or otherwise, regarding the mother's potential or actual duty of care owed to the unborn child.

2.03 The Association refers to Sports Medicine Australia, which reports that in the first three months of pregnancy the foetus is protected from blows to the abdomen because it is positioned lower in the pelvic girdle, but as pregnancy continues, the foetus moves higher and becomes more susceptible.

3.0 Conflict

3.01 Conflicting Opinion

The Association recognises that from time to time circumstances will arise where individuals and their Affiliated Association may hold conflicting opinions in this area and the Association may be requested to resolve a conflict that may relate to the question of the communities right against the right of the individual.

3.02 Uniqueness of Circumstances

At all times the Association recognises that each individual set of circumstances is unique to those said circumstances.

3.03 Dispute Resolution

Should a set of circumstances arise that requires resolution the Association offers these following guidelines to assist in the dispute resolution process:

3.03.1 An Affiliated Club should at first instance make every effort to encourage the conflicting parties to attend a mediation conference.

3.03.2 This mediation should, where possible be conducted as follows:

3.03.2.1 An independent mediator holding appropriate qualifications should be appointed to mediate the dispute.

3.03.2.2 A conference should be called to seek to identify the issues that are subject to the conflict and to identify the relevant position of each of the conflicting parties.

3.03.2.3 To seek to resolve the issue in dispute.

3.03.2.4 The mediation conference should be a "Without Prejudice" conference.

POLICY ON SPORTING EQUIPMENT AND FACILITY SAFETY

1.0 Application

Concern for safety should be reflected in administration policies and procedures. Administration policies and procedures should focus on two aspects:

1.01 Preventative measures.

1.02 Accident procedures.

2.0 Preventative Measures

2.01 Documentation and Record Keeping System

An effective documentation and record keeping system is crucial to any risk management system. Documentation serves a dual function:

2.01.1 It is an important part of a well-organised and planned sport that can lead to the development and delivery of safer activities.

2.01.2 If it is routinely and regularly maintained, it provides a written record of procedures followed, and action taken, that can be relied upon at a later date and may serve as factual evidence in the event of a lawsuit.

2.02 Maintenance and Inspection Reports

Maintenance and inspection reports for both facilities and equipment provide written confirmation of continuing efforts to maintain a reasonable level of safety and function.

2.03 Accident Reports

Detailed and accurate reports provide documentary evidence regarding the exact circumstances of an injury, and the emergency procedures followed.

2.04 Consent/Disclaimer Forms

Informed consent forms provide documentary evidence that the participant understood and accepted the inherent risk of the sport and his or her obligation to exercise reasonable care.

2.09 Maintenance and Inspection

One of the most important elements in a risk management system is the maintenance of facilities and equipment. A system of inspection accompanying written records is absolutely essential and there are three types of inspection that should be carried out:

2.09.1 Informal Inspection

Members of the Association should be encouraged to identify and report substandard conditions or practices.

2.09.2 General Inspection

The purpose of the general inspection is to identify normal wear and tear and general deterioration of all equipment and facilities, and to have a systematic program of reconditioning or replacement before injury occurs. Responsibility for this general inspection should be assigned to the Association's Grounds Committee.

2.09.3 External Inspection

This involves bringing in qualified external inspectors familiar with hockey facilities and equipment.

2.10 Warnings

Warnings can be either oral or in the form of a sign. The real essence of warnings is effective communication, whether with a player or a spectator, so that the person is knowledgeable about the nature of the risk involved.

For a warning to be effective it should be:

2.10.1 Obvious and direct

2.10.2 Specific as to the risk and should clearly indicate the risk

2.10.3 Comprehensible and must be in language that can be clearly understood

2.10.4 Highly visible and should be located at the point of the hazard. It should be large enough to be easily noticed

3.0 Accident Procedures

3.01 Emergency Procedures

Advance preparation is crucial in the area of emergency procedures. The Association and Teams shall identify potential emergencies to which the Association may have to respond, and work out in advance how the Association is going to respond to each type of emergency. Ensure that everyone involved is made aware of the appropriate procedures and provided with the necessary training to carry out these procedures.

3.02 Emergency Equipment

It is crucial any appropriate emergency equipment be located where it can be used in an emergency.

3.03 Insurance

Adequate insurance is essential and ensures that the Association understands what the terms of their insurance policy are, and the policy covers all reason of risk.

3.04 Damage Control

The manner in which the Association and Teams respond to the player's injury is crucial. The speed and efficiency of the Association's and Teams action can directly affect the amount of damage suffered. Knowing what to do in an emergency can be difficult, which is why advanced planning of emergency is essential.

3.05 First Aid

CVHA staff with First Aid Certification will attend CVHA representative team matches in capacity as First Aid Officer. Association teams must provide their own first aid officer and first aid kits for their matches.

4.0 Practical Guidelines for Equipment Safety

4.01 General

The list of sound guidelines for sporting equipment and facilities are suggested and not intended to be inclusive of all those considered to be necessary in maintaining safe equipment and facilities.

4.02 Equipment

4.02.1 Provide adequate safety equipment that meets the standards considered usual in hockey.

4.02.2 Recognise that a player is only expected to act as a reasonable person of the same age, intelligence, and experience would act.

4.02.3 Instigate immediate corrective action after notice of dangerous or defective conditions of equipment.

4.02.4 Only use equipment in accordance with its intended purpose.

4.02.5 Always insure that appropriate padding is provided on equipment or around equipment to ensure the safety of players.

- 4.02.6 Provide adequate storage facilities for storing hockey equipment when not in use.
- 4.02.7 Purchase quality hockey equipment from reputable dealers who guarantee their product.
- 4.02.8 Designate a person to be responsible for the regular inspection of and report on equipment and removal of defective and/or worn equipment from use.
- 4.02.9 Detailed written records should be kept of all injuries related to defective and/or worn equipment.
- 4.02.10 Do not give second hand equipment to junior or lower grade teams when equipment becomes worn or defective unless it has been restored to proper useable condition.
- 4.02.11 Avoid purchasing experimental equipment unless such equipment has been thoroughly treated and safety approved.
- 4.02.12 Stay up to date in the latest lines of safety equipment available.
- 4.02.13 Make sure the equipment fits the players.
- 4.02.14 Do not modify equipment unless it is in accordance with the manufacturer's express instructions.
- 4.02.15 Do not let unprofessional people repair equipment.
- 4.02.16 Periodically evaluate all our equipment, particularly its wear and tear and its usefulness
- 4.02.17 Always try to buy the very best equipment hockey can afford
- 4.02.18 Players themselves should be encouraged to check for common safety measures involving their equipment.
- 4.02.19 Maintain all pieces of equipment according to the manufacturer's guidelines.

5.0 Facilities Precautions

Provision of adequate and safe facilities requires careful attention to all sections as follows:

5.01. Facility Design

Use recommended standards when designing a facility.

- 5.01.1 Do not place glass surfaces, wires, poles, sharp or blind corners near areas where hockey activities will take place.
- 5.01.2 A safety officer and sports facility design consultant should review the plans examining for potential safety danger spots.

5.02 Facility maintenance

- 5.02.01 Inspect facilities regularly, periodically and thoroughly for dangerous conditions and complete necessary repairs before the facility is used again.
- 5.02.02 Maintain facilities at National or State Standards in relation to facilities of a similar size or focus.
- 5.02.03 Maintain facilities in good condition.
- 5.02.04 Protective screening shall be provided behind goal nets since these are the areas that provide the greatest danger of being struck with a ball.

5.02.05 Keep playing fields and synthetic surfaces free from all obstacles such as broken glass, holes, debris that could endanger the safety of players.

5.02.06 Ensure all appropriate goal nets, goal posts, team stands, umpire stands and spectator stands are maintained in a safe condition.

5.03 Miscellaneous

5.03.01 Whilst acknowledging that both players and spectators assume the risks inherent in hockey activity, they do not assume the risk of dangerous or defective conditions of facilities.

5.03.02 If players themselves are aware of any safety hazards involving facilities or field surfaces they should report this to an official or member of the Committee of Management.

6.0 Changing Rooms

Changing rooms:

6.01 Should have adequate player space and seating facilities.

6.02 Space should be provided so as equipment can be laid out with trainers/coaches having adequate area to assist players.

6.03 With showers and toilets designed appropriately, giving clear and easy access to change and medical rooms.

6.04 The cleaning of all areas regularly and particularly after use is a priority.

7.0 Surrounds of Playing Area

7.01 All equipment not required for the playing of hockey, should be a safe distance away from the playing area.

7.02 Emergency information kits must be easily accessible.

7.03 Organised car parking should be provided ensuring no inconvenience to players and spectators.

7.04 Have adequate access for emergency vehicle to the facility and playing surface.

8.0 Conclusion

Implement safe practices and risk management strategies, ensuring and providing a safe environment for hockey.

POLICY ON CLEANING OF SYNTHETIC SURFACE PITCHES

1.0 Sand Filled Surfaces

1.01 Brushing

Brushing in two directions at right angles will be sufficient to ensure even sand distribution. The frequency for the operation will be dependent upon the amount of play on the surface.

1.02 Large Areas

A Sand Sweeper /Revitaliser Unit is the recommended equipment. The rotary action will ensure maintaining sand at an even surface height, leveling drifts and hollows while minimising solidification and fungus contamination. Synthetic Turf thus retains a vertical attitude reducing layover, splitting, matting and UV deterioration.

1.03 Small Areas

A one (1) metre bristle broom can be used with a pushing action.

1.04 Appearance

The effect of “mowing lines” to enhance appearance may be achieved if desired by lightly drag brushing in parallel opposite directions.

1.04 Good Housekeeping

Good housekeeping is important on any surface, and the removal of leaves, twigs, litter and other debris is considered in this category.

2.0 Unfilled (Wet) Surfaces

2.01 Water

Ensure all outlets and sprayers are regularly cleaned so as to maintain constant water pressure and even distribution.

2.02 Drainage

Ensure that all drains are regularly cleaned.

2.03 Good Housekeeping

Good housekeeping is important on any surface, and the removal of leaves, twigs, litter and other debris is considered in this category.

3.0 Unfilled (Wet) and Sand Filled Surfaces

3.01 Moss

Polypropylene yarn and filling sand on their own do not provide sufficient inorganic nutrients to sustain algae growth, however, input from atmospheric dust and surrounding vegetation can provide adequate nutrients to support the growth of algae.

Common soil and aquatic algae, when transported in air currents from the surfaces on which they are growing (soil particles, tree trunks, leaves, rocks, fences, etc.) and deposited on continually wetted and wetted filled sand surfaces which are in an exposed situation and where sufficient light can penetrate to provide energy for photosynthesis, will cause algae to grow prolifically. After the initial algal colonies are established, wind currents and water run off pick up cells of growing algae from infected areas and deposit them in new areas, compounding the problem. The eradication of an established algal growth can be difficult, and prevention is the best course to be adopted.

Prevention involves:

3.01.1 The removal of excessive moisture during wet weather. This can only be achieved by good drainage from underlying base material and/or synthetic underlay/ shock pad. The base material and/or synthetic underlay/shock pad should be smooth and graded. Even small depressions in the slab are sufficient to hold enough water to promote algal growth, particularly in conditions of continual wet weather.

3.01.2 Periodic maintenance treatment of the surface with chemicals, toxic to algae, approximately once a week in very wet weather, or when algae colonies have been established. A number of such treatments are available.

3.01.3 Copper compounds such as Copper Sulphate Solution can also effective, but their long-term cumulative side effects are not known and routine application is not recommended.

3.01.4 Concentration should be adjusted as per instructions for chlorinating swimming pools and the solution applied at the rate of 4.5 litres per square metre.

3.01.5 Sodium Salt of Dichlorophene (e.g. Panacide) Solutions containing 0.2% active agent can be prepared by dissolving one tablespoon of Dichlorophene Salt in four (4) litres of water and applied at the rate of four (4) litres of solution to one square metre of surface. In some severe infections, dosage of all treatments above can be temporarily doubled.

3.02 Waterborne and Miscellaneous Stains

3.02.1 Stains and Remedy

Stains - Acid, Alcohol, animal urine, blood, coffee, tea, coke, chocolate, dye, glue, fruit juice, ice creams, latex paint, milk, mustard, water colours.

Remedy - Sponge with detergent and cold water. This method will be effective even after twenty four (24) hours.

NOTE: - It is important to use enough fluid to irrigate solid particles out of fabric. Too much fluid will leave a “ring”. Clean from outside of stain in toward centre so as not to leave a ring.

3.02.2 Persistent Stains

Item Remedy

- Chewing Gum Apply ice and scrape. Sponge with dry Crayon cleaning solvent detergent and water, re-sponge with cold water to remove detergent
- Furniture stain Sponge with dry cleaning solvent
- Lipstick Sponge with dry cleaning solvent
- Metal polish Sponge with dry cleaning solvent
- Nail polish Sponge with acetone
- Oil paints Blot immediately. Sponge with turpentine or paint remover. Blot with
- Paraffin Wax Scrape excess, sponge with dry cleaning solvent.
- Tar Scrape excess, sponge with dry cleaning solvent

3.02.3 Emulsified Stains

Item Remedy

Cosmetics, ink Sponge with detergent and cold water. Apply shoe polish solvent. Clean solvent residue with soap and water. Re-sponge with cold water to remove detergent.

4.0 Manufacturers Advice

Always seek the synthetic surface manufacturer advice before commencing removal of foreign objects, material, marks, stains, etc.

POLICY ON SOCIAL JUSTICE

1.0 Policy

1.01 To offer and make available as widely as possible democratic opportunities within our Association and affiliated Teams so as not to deny any person or groups on the grounds such as age, gender, ethnicity, socioeconomic- economic status, disability or sexual preference.

1.02 Arrange sessions to educate key personnel in the sport of hockey about issues such as gender equity, discrimination, sexual harassment, and homophobia and about the Association’s legal responsibilities.

2.0 Age

2.01 To involve all people regardless of their age in participating, decision making and program development particularly in the junior and mature age groups.

2.01.1 Create special promotion days and opportunities for mature people to become acquainted with our sport and have the promotion days conducted by mature people.

2.01.2 Treat mature people in the sport of hockey with respect and in the same way as other members. Refuse to tolerate discriminatory jokes, language, behaviour and imagery. Recognise mature people’s achievements and contributions within the sport of hockey.

2.01.3 Arrange sessions for mature people to improve and up date their knowledge level and that of other key members of the sport of hockey.

2.01.4 To establish modification of the sport of hockey to suit our various age groups.

3.0 Gender

3.01 Ensure men and women have equal opportunity to be represented on policy and decision making committees.

3.02 Encourage more people both men and women to become qualified officials and to aspire to higher levels of officiating.

3.03 Ensure equality between sexes in funding, sponsorship, media coverage, TV exposure, time, space, equipment, and access to quality programs to participate and compete.

4.0 Aborigines and Torres Strait Islanders

4.01 Understand that sport and recreation is as important to Aboriginal and Torres Strait Islanders as it is to the broader community.

4.02 Be aware that many Aborigines and Torres Strait Islanders will be reluctant to approach a predominantly white sporting Association / Club. Encourage and support anyone who shows an interest in the sport of hockey.

4.03 Be flexible and be prepared to make allowances for culture difference.

4.04 Appreciate the need to spend more time in motivating young Aborigines and Torres Strait Islanders.

5.00 People with Disabilities

5.01 Endeavour to learn about people with disabilities

5.02 Recognise that if young people are to benefit from the sport of hockey, it is important that they receive the opportunity to do so before their fitness and skill levels fall too far behind those of their able-bodied peers.

5.03 Make links with the key disability organisations involved in Victoria.

5.04 Examine our sport to determine how it could make allowances to accommodate people with disabilities, time slots, resources, modified fields and rules, etc.

5.05 Consider the physical accessibility of our sporting venues and facilities for:

5.05.1 Toilets (male and female or one unisex facility) and showers that are accessible, and available with appropriate handrails.

5.05.2 Car parking with bays wide enough for wheel chair access.

5.05.3 Ramps with appropriate gradients.

5.05.4 Doorways of sufficient width and telephones at appropriate heights.

5.05.5 Sufficient lighting.

5.06 Up date Accredited Coaches

5.06.1 Make allowance to include CAD components in Sports Specific Course section and generic coaching courses.

5.06.2 Ensure techniques and attitudes to coaching are flexible, adaptable and responsive to individual needs, concentrating on abilities not disabilities.

5.06.3 Ensure all players needs are treated as individuals with strengths and weaknesses, to be set challenging and realistic goals and to receive clear communication and positive feedback.

5.07 Promotion

5.07.1 Include positive images of people with disabilities in our promotional material.

5.07.2 Ensure the player's efforts receive appropriate recognition in the media. Insist stories on their efforts appear as sports articles.

5.07.3 Encourage role models and help address the negative stereotyping.

5.08 Gender

Recognise that disability is not gender neutral. Men and women have different requirements.

6.00 People in Isolated Communities

6.01 Leadership

Recognise and identify interested people such as parents, teachers and young adults and skill them so that they can teach others.

6.02 Communication

6.02.1 Arrange personal communication, newsletters.

6.02.1 Develop video or correspondence resource packages (including equipment) for teaching basic technique and coaching, administration and officiating skills.

6.02.3 Develop resources on financial planning such as applications for funding.

6.02.4 Identify the networks of people from the Government Departments who can assist them.

6.02.5 Make funding available so as to support the travel costs of officials to attend seminars conducted in their capital city.

6.03 Seminars

Take programs to these areas such as regular coaching clinics, coaching and accreditation workshops, or hockey development programs.

7.00 People from Non-English Speaking Backgrounds

7.01 Advice

Seek advice from the Bureau of Ethnic Affairs and The Ethnic Communities Council on advice on how to culturally develop the sport of hockey within the non-English speaking community.

7.02 Communication

7.02.1 Arrange cross-cultural training for coaches who are likely to be working with a migrant population.

7.02.2 Word of mouth has shown to be most effective.

7.02.3 Ensure that all promotional material about hockey contains images of people from non- English speaking backgrounds.

7.02.4 Be very flexible and be prepared to make allowances for culture difference.

8.00 Unemployed People

8.01 Recognise

8.01.1 Unemployment is just one layer of hardship for many people, including those with disabilities, Aborigines and Torres Strait Islanders and people from non-English speaking backgrounds.

8.01.2 Most people want to feel they are making a contribution to the community. Develop hockey leadership programs and give them the opportunity to learn new skills and by doing so put something back into society.

8.01.3 Short-term programs must be followed up with involvement or skills development.

8.02 Facilities

CVHA will endeavour to provide childcare facilities to encourage sole parents particularly women participants.

POLICY ON WEARING OF MOUTH GUARDS

CVHA has a compulsory wearing of mouthguards policy during matches conducted or authorised by CVHA; to ensure that members' teeth (and mouth) are correctly protected. A disclaimer to this affect is made available to all CVHA members on registration. These informed consent forms provide documentary evidence that the participant understood, and accepted the inherent risk of the sport and his or her obligation to exercise reasonable care.

POLICY ON FIELD LIGHTING

Effective from July 1997, FIH have declared that the following minimum requirements be followed:

- Non competitive including physical training - 200 lux
- Ball training, as well as grade competition - 300 lux

- National and International competition - 500 lux

For further detailed information please refer to the FIH "Guide to the artificial lighting of hockey pitches" document.

WORKING WITH CHILDREN

1.0 2005 Proposed Working with Children Bill

1.01.1 Background

The legislative changes proposed under the new Working with Children Bill have financial, administrative and legal implications for sporting organizations. The Working with Children Check (WWCC) proposed under the new bill, is a screening process intended to reduce the risk of sexual or physical harm to children.

1.01.2 Application

CVHA is currently preparing for the introduction of this bill by putting in place the process of police checks for volunteers as recommended in the proposed bill, under sections 9; 30, 31 & 32. Any volunteer operating under the following circumstances (refer to the Working with Children discussion paper 2004, sections 9, 29,30, 31 & 32) is urged to comply and seek a police check which can be organised through CVHA;

- Coaching children
- Activities with children involving overnight camps
- COM members (our association provides coaching services to children therefore COM members are engaged in child related work under the proposed bill)

Any volunteers falling within this category that already have a current police check are requested to provide a copy to a nominated member of the COM.

1.01.3 Exemptions

1.01.3.1 Exemptions under section 29 include members of a child's immediate and extended family such as parents, step-parents, grandparents, siblings, aunts or uncles. The exemption will not include cousins.

1.01.3.2 Volunteers with limited contact (section 31) - a person performing work as a volunteer in child related work no more often than 4 times in a 12 month period and not more than 2 times in any 1 month period and who is supervised at all times when in contact with a child by a person who has a current assessment notice and does not have overnight contact with the children, is exempt from a WWCC.

1.01.3.3 Exemption for children (section 32) - a child who has not attained the age of 14 years is exempt from a WWCC. Further, a child who is a student at a school is exempt from a WWCC in respect of any work at that school.

1.01.3.4 Volunteers whose child ordinarily participates in the activity (section 29) - a parent performing work as a volunteer in relation to an activity in which that parent's child ordinarily participates is exempt from the WWCC in respect of that activity. The definition of parent for the purposes of this exemption is any person who has the custody of a child. This exemption only applies to volunteer parents.

1.01.4 Conclusion

Under the proposed bill the assessment notice generating from the WWCC indicates that the person has been assessed by Police and there is no criminal record or professional disciplinary information that makes them ineligible to work with children. Assessment notices are valid for a period of five years, all CVHA holders of assessments will be required to gain another assessment once that period is up for renewal.

2.0 INTERACTION

Acceptable standards of behaviour need to be maintained to ensure the physical and emotional health of all children. The quality of volunteer's support, coaches, managers and officials interactions with children has a significant impact on children's development and growth and on their feelings of confidence and self-worth.

Children have the right to interact with all parties within a framework of a non-discriminatory and equitable code of practice. This code of practice should be based on an appropriate behaviour management model which includes positive behaviour reinforcement strategies as well as strategies for modifying behaviour.

Appropriate standards of discipline shall be maintained by children being given positive guidance directed towards acceptable behaviour with encouragement freely given. All parties shall ensure that the dignity and rights of the child are maintained at all times.

PROCEDURES FOR INSPECTION OF FACILITIES AND EQUIPMENT

Safety is not a one-off event, but a cycle of continuous review and improvement. Every Association has a responsibility to provide a safe environment for players, coaches, umpires, other officials, spectators and the public in general. Creating a safe environment requires the development of a safety plan. but again it is necessary to develop a plan. A common method of identifying risks emanating from facilities and equipment is via physical inspection aided by the use of checklists.

Following are checklist examples for facilities and equipment. One of these checklists relates to a monthly inspection, and one relates to a pre-game inspection. Obviously facilities are going to vary from club to club and association to association. These checklists are not intended to identify all risks for all situations - they are a guide only.

Administrators should undertake an extensive risk identification program on their own facilities and design appropriate checklists. The important points are that there needs to be a planned approach, and such facility and equipment inspections need to be carried out on a regular basis. Identified risks are addressed with appropriate action and follow-up to add value to the inspections.

PRE ACTIVITY SAFETY CHECKLIST		
	YES	NO
Playing Arena / Equipment		
Is the surface free of debris?		
Has weather conditions or water made the surface unsafe?		
Is the playing surface in good condition?		
Are lighting conditions adequate?		
Are ground markings safe and a sufficient distance from fencing and other structures?		
Is sports equipment used safe and in good condition?		
Is protective equipment provided and in good condition?		
General Facilities (including Grandstands)		
Are the facilities free of debris?		
Is seating clean and safe?		
Change room Facilities		
Are the change rooms safe and hygienically clean, particularly showers and toilets?		
Are benches and tables safe?		
Toilet Facilities		
Are toilets well maintained, hygienic and adequately stocked?		
Are waste bins provided and placed appropriately?		
First Aid		
Is a stretcher provided on site?		
Is the stretcher location known to teams involved?		
Is a qualified first aid attendant present?		
Is a telephone available for emergency use, together with emergency numbers visibly located		
Has first aid kit stocks been checked against an appropriate check list, with ice available?		
Is ambulance access clear of obstruction?		
Do first aid personnel know the location of the nearest hospital and medical centre?		
Note: This is not intended to be an exhaustive list and Teams/associations should give consideration to their own specific requirements.		

Monthly Facility Evaluation and Maintenance Checklist												
	(Tick When Evaluated And Deemed To Be In Good Condition)											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Are all buildings & structures secure, safe & in good condition?												
Is spectator seating safe and in good condition?												
Are handrails provided where necessary?												
Do steps meet safety requirements?												
Is the playing arena generally safe and in good condition?												
Is the pitch generally safe and in good condition?												
Is the perimeter fencing safe and in good condition?												
Are the public areas and general grounds safe and in good condition?												
Are exits provided and appropriately signed?												
Is general lighting provided adequate for security and safety?												
Do facilities meet fire safety requirements e.g. Hoses, extinguishers, signs?												
Is an evacuation plan in place with staff appropriately trained?												
Is p.a. equipment provided for emergency evacuation in working condition?												
Is an appropriate medical recovery facility available?												
Is disabled access provided for?												
Are change room floor surfaces safe?												
Are change room lights adequately protected from impact by balls?												
Are windows and other glass protected from breakage by balls?												
Is car park area free of the risk of impact by balls?												
Can competitors property be safely secured whilst they are participating?												
Are separate male and female toilets provided and appropriately signed?												
Is toilet security appropriate, with door locks working etc.?												
Evaluation Completed By - INITIALS												
DATE												

Note: This is not intended to be an exhaustive list and Teams/associations should give consideration to their own specific requirements

THE END