



Hockey Queensland Inc  
*incorporating the*  
State Hockey Centre

## **RISK MANAGEMENT POLICY**

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### **Risk Management Policy Statement For Hockey Queensland Inc.**

Hockey Queensland's policy is to use world's best practice in risk management to support and enhance activities in all areas of our organisation and to ensure that risk management is an integral part of Hockey Queensland's decision-making process.

Hockey Queensland will use a structured risk management process to minimise reasonably foreseeable physical, financial or legal harm to people, disruption to operations and damage to the environment and property. Hockey Queensland will identify and take advantage of opportunities as well as minimising adverse effects.

Hockey Queensland will train its people to implement risk management effectively and will strive to continually improve its risk management practices.

#### **Process**

A risk management procedure has been established based on the Australian Standard AS/NZS 4360:2004 and Handbook HB 246:2004. Everyone involved in the application of risk management will use these for guidance.

The Board and Management will facilitate the development of a common risk management approach across all areas of operation (state organisation and all affiliated organisations) by: -

- Implementing the risk management program;
- Sharing information with broad applicability across all areas; and
- Reporting on the progress of implementing the risk management program.

#### **Monitoring and Review**

The Board will monitor and review the implementation of the risk management program.

#### **Responsibilities**

The General Manager is accountable to the Board for the implementation of the risk management process and ultimately responsible for the management of risks in the organisation.

All personnel are responsible for managing risks in their areas. Administrators will have a different view of risk to that of a player, coach or umpire for example, but each has an important personal responsibility to ensure that risks within their control are managed according to the rules of the games and the standards expected.

Everyone has responsibility for risk management.

## **RISK MANAGEMENT POLICY STATEMENT, PROCESS AND STRUCTURE**

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### **ABOUT THE POLICIES**

The areas covered in this Risk Management Programme of Policies are not expected to be all encompassing.

Each Affiliated Association will have its own requirements, purposes and needs.

It is important therefore that all committees understand the information in this programme, and additionally makes themselves aware of potential risk that is not already detailed. If there are areas of potential risk, each affiliated association should take action to either delete or minimise, or put into place a structure that protects the affiliated association from any loss.

### **GENERAL**

#### **Risk Management – Risk Identification, Analysis & Treatment**

##### **Introduction**

The purpose of Hockey Queensland Inc.'s Risk Management program is to achieve the following:

- Establish a culture of "no surprises" and avoid losses greater than expected;
- Provide a common framework, language, and systems to foster a consistent approach to risk;
- Develop and disseminate tools to allow employees, participants, coaches, officials and voluntary workers to foresee, evaluate, and measure risks in a manner which facilitates improved decision making;
- Implement policy designed to allow for maximum flexibility while keeping within the desired risk tolerance;
- Enhance physical, financial, legal and political safety for all involved in the sport.
- Enhance returns, sustainable earnings growth and stakeholder value via more effective use of capital and risk mitigation; and
- Create a differentiating reputation for Hockey Queensland & our Affiliated Organisations in risk management.
- Establish as a minimum compliance to Australian Standard AS/NZS 4360:1999 and Guideline HB 246:2002.

To achieve this purpose, it must be ensured that:

- Hockey Queensland and its Affiliated Organisations' risks are identified and their evolution through time is understood;
- The key methods and models of managing risks used by the sport are prudent and appropriate;
- Effective risk measurement methodologies and tools are in place and utilised;
- Policies and procedures are implemented to facilitate the control of risks and more efficient risk mitigation;
- Resources are available to the sport to appropriately manage risk exposures;
- The level of risk awareness is raised throughout Hockey Queensland and our Affiliated Organisations via a continuous education program;
- All involved in the organisation (including Affiliated Organisations) are aware of their continuing compliance obligations as it relates to laws, regulations, policies, and directives and when necessary, corrective action is taken.

This manual outlines the processes involved in Hockey Queensland's risks management program and includes details of the common risk criteria and risk categories identified within the sport that need to be appropriately managed. All the policies, procedures and resources that can be used in the treatment of these risks are not included in this manual, but it is intended that this manual will be a living document that will continue to grow and be reviewed and modified as appropriate, providing the foundation for a leading edge risk management program within the sporting industry.

Hockey Queensland will continue to develop new policies and procedures intended to address risks associated with the sport, however all affiliated organisations must also embrace the concept and develop procedures that address their own risk exposures, some of which may be unique to that particular organisation or situation. The same common risk criteria and risk categories will apply and should be used in identifying and documenting the risk management program.

##### **What is Risk?**

- Risk – the chance of something that will have an impact upon objectives. It is measured in terms of consequences and likelihood.

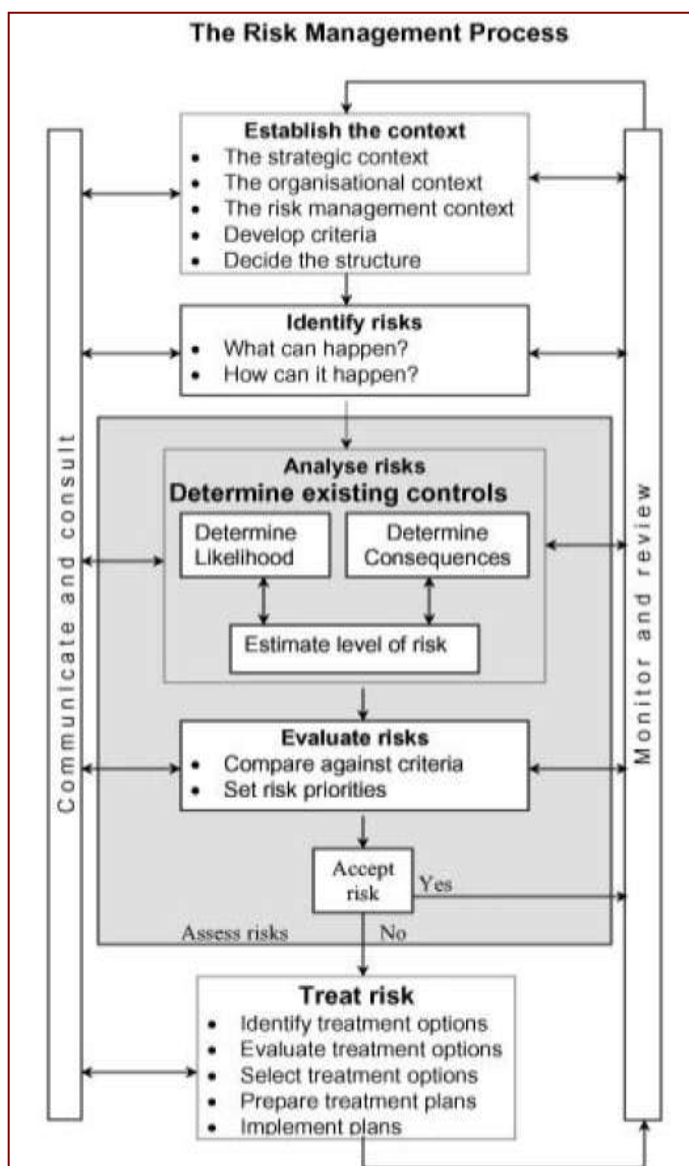
##### **What Is Risk Management?**

- Risk management – the culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects
- Risk management is a process consisting of a number of well-defined steps that assists in better decision-making by improving an organisation's understanding of the nature of the risks it faces.



- Risk management process – the systematic application of management policies, procedures and practices to the tasks of establishing the context, identifying, analysing, evaluating, treating, monitoring and communicating risk.
- An effective system of risk management and control is critical to the operational integrity and financial soundness of any organisation.
- The aim of any risk management system is to assist the organisation to identify potential hazards to its operations and develop remedial actions that will eliminate, reduce, and transfer or control (to an acceptable level) the risk associated with those hazards.
- To make effective decisions, management must be able to evaluate the possible outcomes of these undesirable events and take steps to control their impact. The risk management process can be used to qualify (and sometimes quantify) known risks, or to identify new hazards that could have a significant impact on the organisation.
- Risk management is not a separate process, but must be an integral part of the organisation's practices.
- To be effective, it needs to become part of the organisation's culture. Risk management should be integrated into the organisation's philosophy, operating procedures and strategic plans, and must become the responsibility of everyone in the organisation.
- The content of this manual is based on the principles set out in the Australian Standard for Risk Management AS/NZS 4360:2004, and Guideline HB 246:2004 and should be used in conjunction with that Standard and Guideline.

AS/NZS 4360:2004



## Identifying, Analysing and Treating Risks

Hockey Queensland and its affiliates will adhere to the processes outlined in Australian Standard AS/NZS 4360:2004 (as per diagram on the previous page) in identifying, analysing, evaluating and treating risks.

### Identifying Risk

#### Common Risk Criteria

Analysing risks using common risk criteria and risk categories shall be utilised to stimulate creative thought and ensure all the important issues are put before those responsible for identifying risk.

Below are common risk criteria and categories that relate to objectives throughout all levels of our sport. These provide structure to the risk identification, analysis and treatment processes.

These criteria are: -

Criteria	Risk Categories	Notes
Membership	<ul style="list-style-type: none"> <li>Recruitment</li> <li>Retention</li> </ul>	Strategic direction, public awareness and interest, market share
Sporting Success	<ul style="list-style-type: none"> <li>Player Development</li> <li>Coach Development</li> <li>Umpire Development</li> <li>Competition Structure</li> <li>Sport Distribution / Infrastructure</li> </ul>	Competitive results, level of participation, better sporting outcomes
Safety	<ul style="list-style-type: none"> <li>Facilities</li> <li>Equipment</li> <li>Player Preparation</li> <li>Injury Management</li> <li>Playing Rules/Conditions</li> <li>Goods Sold</li> <li>Security/Crowd Control</li> <li>Crisis Management</li> </ul>	Safety for participants, coaches, officials, administrators, volunteers and spectators
Financial Viability	<ul style="list-style-type: none"> <li>Income Streams               <ul style="list-style-type: none"> <li>Sponsorship</li> <li>TV Rights</li> <li>Investment</li> <li>Participation Levies</li> <li>Admission</li> <li>Product Sales</li> <li>Grants</li> </ul> </li> <li>Expense Control</li> <li>Systems</li> <li>Asset Management</li> <li>Personnel</li> <li>Management</li> <li>Planning and Strategy</li> <li>Fidelity</li> <li>Audit</li> </ul>	Revenue, sponsorship (private and Government), expenditure, budget certainty, planning and strategy
Compliance	<ul style="list-style-type: none"> <li>Common Law</li> <li>Legislation</li> <li>Contracts</li> <li>Govt./Sport Authorities</li> <li>Governance</li> <li>Tribunals</li> <li>Selection Policy</li> <li>Standards</li> </ul>	Compliance with the law, regulations, standards of behaviour, duty of care, rules
Image and Reputation	<ul style="list-style-type: none"> <li>Game Marketing</li> <li>Media Management</li> <li>Sponsor Management</li> <li>Player Behaviour</li> <li>Coaches/Officials Behaviour</li> <li>Parent/Spectator Behaviour</li> <li>Social Responsibility</li> </ul>	Public image and reputation with stakeholders, regulators, sponsors, media, general public

### Analysing Risk

Identified risks will be analysed to determine the level of risk and thus provide guidance for treatment priority. Below is a sample table that is used to determine the Level of Risk.

**QUALITATIVE MEASURES OF LIKELIHOOD**

LEVEL	DESCRIPTOR	DESCRIPTION
A	Almost certain	The event is expected to occur in most circumstances
B	Likely	The event will probably occur in most circumstances
C	Possible	The event might occur at some time
D	Unlikely	The event could occur at some time
E	Rare	The event may occur only in exceptional circumstances

**QUALITATIVE MEASURES OF CONSEQUENCE OR IMPACT**

LEVEL	DESCRIPTOR	EXAMPLE DETAIL DESCRIPTION
1	Insignificant	No injuries, low financial loss, no real effect on operations
2	Minor	First aid treatment, medium financial loss, minimal effect on operations
3	Moderate	Medical treatment required, high financial loss, significant effect on operations
4	Major	Extensive injuries, loss of production capability, major financial loss, major effect on operations
5	Catastrophic	Death, huge financial loss, catastrophic effect on operations

**QUALITATIVE RISK ANALYSIS MATRIX - LEVEL OF RISK**

LIKELIHOOD	CONSEQUENCES				
	INSIGNIFICANT 1	MINOR 2	MODERATE 3	MAJOR 4	CATASTROPHIC 5
A (ALMOST CERTAIN)	H	H	E	E	E
B (LIKELY)	M	H	H	E	E
C (MODERATE)	L	M	H	E	E
D (UNLIKELY)	L	L	M	H	E
E (RARE)	L	L	M	H	H

**LEGEND:**

E = Extreme risk; immediate action required

H = High risk; senior management attention needed

M = Moderate risk; management responsibility must be specified

L = Low risk; manage by routine procedures

**Treating Risk**

The risk treatment process in diagram form is on the following page.

Identified risks are treated as outlined in the diagram above with the intention of reducing the evaluated risk to a level that is to the satisfaction of the organisation.

**Acceptance of Risk**

By embracing this risk management program the aim of Hockey Queensland is that risks will only be accepted via an informed decision after taking into account the resulting level of risk after treatment actions have been implemented i.e. no surprises.

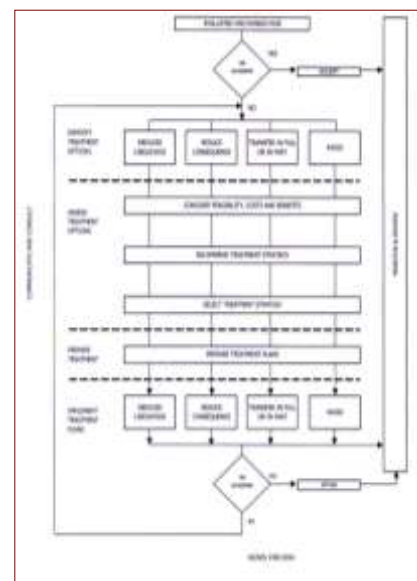
**Monitor and review**

As circumstances continually change it is important that the risk management program is constantly monitored and reviewed.

## Documentation

Each stage of the risk management process will be documented. This documentation will: -

- Demonstrate that the process is conducted properly
- Provide evidence of a systematic approach to risk identification and analysis
- Provide a record of risks and develop the organisation's knowledge database
- Provide the relevant decision makers with a risk management plan for approval and implementation
- Provide an accountability mechanism and tool
- Facilitate continuing monitoring and review
- Provide an audit trail
- Share and communicate information



## INTRODUCTION

### 1.0 Making Policies

Hockey Queensland, through the Board of Directors, may adopt Policies from time to time on any aspect of Hockey.

### 2.0 Amendments to Policies

Amendments, alterations, deletions and additions to Policies shall be by motion passed by simple majority at any General Meeting or Board of Directors meeting.

### 3.0 Procedures and Practices

Hockey Queensland and its affiliated organisations should develop documented procedures and practises to support the policies developed and generally assist in the systematic application of best practice safety standards. These procedures and standards should be readily available and communicated to those involved in the conducting the relevant activities. Such procedures and practises should be regularly reviewed and updated.

### 4.0 Education

It is extremely important that all participants who are charged with the well being of the player of the affiliated Associations are to be educated. A great deal of effort and encouragement must be in place so all coaches, officials, administrators, trainers etc are accredited.

The following organisations provide accreditation that will benefit and strengthen the sport: (Note that this is not an exhaustive list)

- National Coaching Accreditation Scheme
- Sports Medicine Australia

The aim of all Associations and Clubs, must be to have a firm commitment directed at ensuring all individuals who have a duty of care to the players are educated in their area of expertise. All players, coaches and administrators and other volunteers must be provided copies of or provided access to player's rules and the Affiliated Association rules (Constitution)

Ensure all full-time and part-time and casual staff have a clear understanding of their employment duties (detailed in writing) with a structured written terms of employment which would detail wages and conditions and performance appraisal system. Volunteers also need to clearly know their duties.

## LEGAL LIABILITY

The increasing application of the law to sport and recreation, the trend to commercialisation of sport and recreation generally, and the increasing numbers of people who look to sport and recreation to provide some form of employment all mean that hockey administrators, coaches and officials must be able to identify areas of potential legal risk and take appropriate action to manage that risk.

The ability to choose an option for an organisation that minimises the impact of the law can create enormous advantage for that organisation in terms of time, effort and financial cost. The ability to identify legal issues and, if need be, seek expert legal opinion at an early stage can greatly minimise the legal conflict within an organisation and on its employees and members.

The courts have shown that the law is involved in sport and recreation in many ways, including civil and criminal negligence, contracts, the operation of tribunals, discrimination and harassment, reputation (defamation),

taxation, insurance, copyright, marketing, risk management practices, industrial relations, rules and regulations (incorporation), drugs, transmission of diseases, pregnancy, betting and the environment.

It is important for administrators to understand that there is no automatic legal protection, and that they can be held legally responsible for injuries that occur in the conduct of activities under their control.

Australia's legal system is drawn from two main sources – common law, which is usually confined to areas void of legislation, and statute law developed in parliament by politicians. Negligence is one area of particular concern. Negligence is part of the law of torts and consists of falling below the standard of care required in the circumstances to protect others from the unreasonable risk of harm. It does not require an intention to actually cause harm or damage, and whilst sporting injuries generally do not come about as a result of a desire to injure, they can involve a careless disregard for another's safety, so negligence can be an appropriate action for a damages claim.

If the injured party is to be successful with a negligence claim the following elements must be established:

**Duty of Care** – this is a duty owed by one party (the defendant) to another (the plaintiff). You must take reasonable care to avoid acts or omissions that you can reasonably foresee would be likely to injure.

**Breach of Duty – the standard of care** – the plaintiff has to show that the defendant has breached a duty to them by falling below the reasonable standard of care.

**Causation** – the plaintiff must show that the defendant's breach of duty of care caused the injury that they are now complaining about.

**Foreseeability** – the plaintiff must show that the injury they suffered which was caused by the defendant was reasonably foreseeable.

When undertaking an activity associated with their hockey club, administrators should consider the following questions:

1. *Do I owe a duty of care to the participant and if so is the risk of any injury reasonably foreseeable?* A duty of care depends on establishing some relationship between the parties. If an injury occurs, the courts will ask whether the relationship between the parties was such that the defendant should have foreseen that his or her negligent act would lead to the damage suffered by the participant.
2. *What is the standard of care that must be achieved?* The test for the required standard of care is how a reasonably prudent person would behave in the same situation. The law has developed this reasonable person test but what is reasonable will depend on the particular circumstances existing at the time. For example, the standard may vary depending upon:
  - *The type of activity.* Generally the more hazardous or risky the activity is deemed to be, the greater the duty of care that is owed to the participants.
  - *The age of the participant.* Generally the younger the participant, the greater the duty of care that is owed. Similarly, frail or aged adults may place greater demands on supervision. For example, taking a school-aged group compared to a group of young adults.
  - *The ability of the participant.* Age should not be considered in isolation but considered along with the ability of the participant. 'Beginners' in any program need greater supervision than more experienced and skilled participants.
  - *The coach's/instructor's/administrator's level of training and experience.* The more highly trained and experienced a person is, the greater the standard of care that is expected. For example, a higher standard of care would be expected from a trained and highly skilled instructor than from someone who is volunteering and who may have undertaken only a little training.
3. *What steps can I take to avoid the foreseeable risk of harm or injury?* Administrators may not be able to take all possible steps to avoid causing injury but the law requires them to take all *reasonable steps*. To help establish those 'reasonable steps' the administrator should develop a risk management plan for the organisation and the programs or activities it conducts.

The following provides information regarding some of the legislation that sports administrators may be exposed to when fulfilling their roles. To manage risks appropriately, sport and recreation organisations are obliged to understand what Federal, State and Local laws apply to their operations. Hockey administrators and officials are unlikely to be aware of the full array of legislation and rules, and this is a brief summary only and falls far short of addressing all legislation that a sports administrator may come into contact with from time to time.

### **Queensland Associations Incorporation Act**

Unincorporated organisations' members are responsible for payment of any debt incurred by that organisation; alternatively a creditor could sue any individual member with assets sufficient to meet the entire debt

Members of organisations intending to incorporate must consider the cost of incorporating, ongoing statutory fees, accounting and annual auditing fees, and be prepared to comply with regulations including the notification of changes to committees or other officers within a specified time, maintaining public accounts and winding up operations in accordance with a specific Act

Members of incorporated associations are not personally liable for its debts except when the association is wound up. On winding up an incorporated organisation, individual members may be personally liable for its debts to the extent specified in the rules of the organisation

Managers of sport and recreation organisations should consider creditor interests when making a decision regarding the financial operation of a club. Ignoring these interests may render the Director or a Management Committee Member personally liable. Managers should also obtain competent advice as to their own or their organisation's potential liability before any activities are undertaken.

### **Taxation Law - Commonwealth Income Tax Assessment Act 1936**

An incorporated organisation's income-producing activities are determined and assessed in accordance with this Act. The Act affects the income derived by the organisation and the deductibility of donations paid to it. Depending on the objectives of the organisation, its income may be exempt from taxation, however, it may be necessary to consult a taxation lawyer or an accountant on these matters.

### **Commonwealth Superannuation Guarantee Act 1992**

From July 1992, organisations employing staff are required to make prescribed minimum levels of superannuation contributions on behalf of their employees (except those who worked very few hours per week). Employers who do not comply will be required to pay the contributions that should have been paid plus interest and an administrative charge to the Tax Office

### **Queensland Payroll Tax Act 1971**

Once the value of an employee's wages (whether as cash in hand or not) exceeds a certain value per week for the relevant financial year, an employer must register with the Office of State Revenue and lodge payroll tax returns and pay tax as required.

### **Fundraising and Betting Law**

#### **Queensland Art Unions and Public Amusements Act 1992**

Organisations undertaking fundraising should be aware of the permits and licences that are necessary for certain fundraising activities including running raffles and the operation of amusement machines which are not gaming machines. Other statutes affecting public use of Crown Lands and Water include Nature Conservation Act 1992, Forestry Act 1959, Lands Act 1994, Marine Parks Act 1984 and Transport Operations (Marine Safety) Act 1994.

### **Liquor Licensing – The Privacy Act 1988. The Privacy Amendment (Privacy Sector) Act 2001**

Refer to Hockey Queensland Policy

### **Commission for Children and Young People Act 2000 and subsequent amendments**

Refer to Hockey Queensland Policy

## **LEGISLATION AFFECTING HUMAN RESOURCE MANAGEMENT & INDUSTRIAL RELATIONS ISSUES**

### **National Sporting Organisations (Coaching and Other Staff) Award 1996**

This award is currently being evaluated, studied and discussed. The matter has far reaching implications and is being reviewed constantly

### **Workers Compensation Act**

Workers' compensation is an insurance scheme designed to protect both workers and employers. Workers' compensation protects workers' income when they are unable to work due to a work-related accident or illness.

It also insures employers against the high costs of supporting a temporarily injured person or a court imposed payout should the worker be seriously injured or permanently impaired whilst at work. Reforms were made to the Workers' Compensation Act 1996 that improves statutory weekly, lump sum and death payments.

It is compulsory for all employers to apply and make payment to the Workers' Compensation Board. Payment is based on the job description of the employees, and the gross wage. Coverage is for loss of wages and medical bills for a person injured at work.



**Anti-Discrimination Act (1991)**

The Queensland Anti-Discrimination Commission administers the Anti-Discrimination Act 1991, which makes discrimination unlawful on the following grounds: sex; marital or parental status; pregnancy or breastfeeding; race; age; religion; impairment; political or trade union activity; lawful sexual activity; or association with any person with any of the previous attributes. Discrimination on the grounds of any of the aforementioned characteristics is covered by the Anti-Discrimination Act 1991, the Racial Discrimination Act 1975, the Sexual Discrimination Act 1984, the Disability Discrimination Act 1992, and the Human Rights and Equal Opportunity Act 1986. The Act covers volunteers, employers and employees.

**Workplace Health and Safety Act (1995)**

The Workplace Health and Safety Act 1995 places obligations on employers to ensure the safety and health of (1) every worker and (2) themselves and others who may be affected by the way they conduct their business and work activities eg. Visitors and salespersons. The Workplace Health and Safety Act 1995 is potentially significant for non-profit organisations where unpaid workers or volunteers offer their services.

The Act is only applicable if the unpaid work is performed by a 'worker' who is engaged by an 'employer'. A 'worker' is defined as a person who works for or at the direction of an employer and does not do this under a contract of service. Thus, a person may be a worker even though the person may not be paid for his or her work. The following three questions act as a guideline for determining whether a person is employed under the Act or not:

- 1) Does the work being performed by an unpaid worker resemble that work being carried out by a paid employee?
- 2) Does the employer exercise control over the way the work is performed?
- 3) Is the work of a type normally undertaken by that employer or carried out in the pursuit of its objectives?

In addition, The Workplace Health and Safety Act 1995 sets out guidelines for ventilation, washing facilities, drinking water, toilets, dressing rooms, lunch places and first-aid equipment.

**INSURANCE**

Insurance is a very important part of an organisation's risk management program, being viewed as a last resort financial safety net in the event that undesirable incidents occur despite best efforts with proactive risk treatment practices. Whilst insurance cannot address every risk of a sporting organisation it continues to be a "must have", particularly with the exposures that exist in regard to legal liability.

All groups within Hockey Queensland and its Affiliated Associations i.e. Boards of Directors, Management, Volunteers, Coaches, Technical Staff, Players and Employees need to have an understanding of insurance and the protection it provides. Whilst Hockey Queensland has achieved premium savings by implementing a group Public Liability, Professional Indemnity and Personal Accident policy that applies to affiliated bodies and clubs, all organisations need to consider their own individual insurance requirements.

- General insurances e.g. fire, burglary, etc.
- Special events e.g. cancellation and abandonment, contingency insurance, etc.

Administrators must ensure that coverage is in place with a secure insurer and addresses the risk exposures particular to the sport. They need to understand the terms, conditions and exclusions of the policy and must ensure the levels of benefits are commensurate with the needs of all parties.

**ROLES AND RESPONSIBILITIES OF MANAGEMENT COMMITTEES*****Preface***

It is essential to take time to reflect and review the roles and responsibilities of the Directors and/or Officers and/or Trustees of the not-for-profit organisations such as ours. Each faces personal liability for any actions, and even the best Insurance policy may not cover all actions in managements' respective capacities.

With many affiliated Associations either planning for, and/or constructing artificial surfaces, the financial and management responsibilities on the volunteer holding positions is so much greater, and therefore updating these types of obligations and responsibilities is essential.

The relevant legislation in Queensland 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, Officers and/or Trustees 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, Officers and/or Trustees should be elected and maintained with a view towards creating the most effective and efficient Board possible
- 4) An Association should develop a thorough orientation for new Directors, Officers and/or Trustees and an on-going 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 conducts itself and in which the Directors, Officers and/or Trustees serve as fiduciaries
- 5) Any action taken by Directors, Officers and Trustees must be an informed decision following a thorough and some times well-documented investigation of all relevant facts available and applicable law
- 6) Although Directors, Officers and Trustees 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, Officers and/or Trustees. 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 maximising protection to their Directors, Officers and/or Trustees

### **Conclusion**

Being aware and staying informed of the responsibilities and obligations is an essential part of life as a Director, Official and/or Trustee in these times. 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, Official and/or Trustee 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 individuals 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 Officers Liability Loss Prevention for No-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, and not for any view to profit*

### **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 Associations management's responsibility to ensure the best business practices are implemented.

### **ACKNOWLEDGEMENTS**

Resource documents used in this report:

1. IEA Risk Management Program for Sporting Organisations 1996
2. IEA Risk Management for Sport 1996
3. Sports Federation of Queensland Final Report of the Sports Insurance Safety Advisory Committee (SISAC)
4. Risk Management Discussion Paper - Mrs Ros Cheales, State Coordinator VIP, Office of Sport & Recreation
5. Queensland Fitness Sport & Recreation Industry Training Council Inc. - Industry Training Plan 1997 - 2001 Executive Summary
6. Sport Performance and Risk Services – Rod Hughes Report 2004

### **DEFINITIONS**

'Association' means Hockey Queensland inc.

'Affiliated Association' means a properly constituted association that is affiliated with Hockey Queensland Inc

'HA' means Hockey Australia

'FIH' means Federation of International Hockey

**END.**



## BROAD RISK CRITERIA AND ASSOCIATED POLICIES/PROCEDURES

### HEALTH & SAFETY

#### ALCOHOL POLICY

##### 1.0 EFFECTS

###### 1.01 Effects on Reflexes

Contrary to popular belief alcohol is a depressant drug that dampens the reflex mechanisms. This results in a steadying of hand together with the psychological side effect of boosting confidence by, in some cases, depressing fears and masking inhibitions.

###### 1.02 Body Effects

The effect of alcohol on the body varies between each person and circumstances. The following immediate effects of alcohol are registered in all people to a varying extent depending on the volume consumed, the physiology and circumstances at the time.

- 1.02.1** Loss of inhibitions
- 1.02.2** Flushing and dizziness
- 1.02.3** General impairment of brain and nervous system functions
- 1.02.4** Loss of Co-ordination to varying degrees
- 1.02.5** Slower reactions
- 1.02.6** Aggression

##### 2.0 Excess

Hockey Queensland is cognisant of the potential danger of accidental injury in the sport of hockey. In extreme circumstances a hockey player under the influence of excessive alcohol could place other participating players at risk.

##### 3.0 Comparison

It has been clearly established in Queensland that reactions and judgement of a driver of a motor vehicle are seriously impaired to the point of being dangerous if driving with a blood alcohol level in excess of 0.05%. Having considered all the research, players and/or officials, whilst involved in a game of hockey, are to have a blood alcohol level of zero.

##### 4.0 Policy

It shall be the policy of Hockey Queensland that:

- 4.0.1** Individual players whilst playing on the field
- 4.0.2** Individual coaches and individual officials whilst coaching and attending the players on that field
- 4.0.3** Umpires umpiring on that field

when participating in a match sanctioned by Hockey Queensland or during a period as outlined in policies, contracts or guidelines, if found to have a blood alcohol level in excess of zero, shall be disqualified for a term to be determined by the Board of Directors.

##### 5.0 Penalties

The penalty to be imposed shall be disqualification for the balance of the tournament, championship, etc., or for a term to be determined by the Board of Directors and/or Tournament Director as outlined in the applicable policy, guideline or other applicable Hockey Queensland document.

#### BLEEDING ON PLAYING SURFACES POLICY

##### 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 to the Technical Bench 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 Cease Participation**

If a bleeding wound occurs, the player shall cease participation in a match shall be removed from the field, treated until the bleeding has stopped and the wound is both cleaned with antiseptic and covered. Once the wound is cleared the player may return to the field.

### **3.02 Treatment**

If a skin lesion is noticed, the player shall immediately have it cleaned with antiseptic and covered and if deemed necessary removed from the field as outlined in 3.01.

### **3.03 Training**

In all playing and training areas, open cuts and abrasions shall be reported to the coach and treated immediately and if deemed necessary removed from the field.

### **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 Judiciary Committee with misconduct and dealt with under the Rules of Hockey Queensland.

## **6.0 Facility**

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

## **CHECKLIST ON SPORTING EQUIPMENT AND FACILITY SAFETY POLICY**

### **1.0 Application**

Concern for safety should be reflected in administration policies and procedures. Administration policies and procedures should focus on two (2) 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 that the legal standard of care requires.

**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 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.

**2.05 Health/Fitness Examination Forms**

The information provided in these forms would allow Affiliated Associations to evaluate a player's medical eligibility for participation.

**2.06 Player's Questionnaire**

Issuing questionnaires allows Affiliated Associations to gain valuable information about a player's:

**2.06.1** Skill level

**2.06.2** Physical and mental preparedness for the activity

**2.06.3** Medical Insurance coverage

**2.07 Public Relations**

Strong public relations is an extremely valuable tool because player's accept the safety issue when they know that their own Affiliated Association is sincerely concerned about their safety and well being.

**2.08 Personnel to Implement**

An Affiliated Association can have the best risk management system in place, but if the risk management system cannot be properly implemented by competent personnel at all levels, it is worth very little.

**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 Affiliated 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 Affiliated Associations' Ground's 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**

In no area is advance preparation more crucial than in the area of emergency procedures. Hockey Queensland and Affiliated Associations shall identify all the potential emergencies to which Hockey Queensland and Affiliated Associations may have to respond, and work out in advance how Hockey Queensland and Affiliated Associations are 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 all appropriate emergency equipment is purchased, appropriate personnel trained in its use and the equipment located where it can be used in an emergency. eg stretcher, neck brace, filled medical kit and appropriately supplied at all times.

#### **3.03 Damage Control**

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

#### **3.04 First Aid**

Ensure that either St. John's or Sports Medicine personnel are available at the grounds during regular fixture matches.

### **4.0 Practical Guidelines for Equipment Safety**

#### **4.01 General**

The list of sound guidelines are suggested for Affiliated Associations responsible for the provision of safe sporting equipment and facilities. The guidelines are 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, and which fits each player properly
- 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 will 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 and 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 inspected and restored to proper useable condition
- 4.02.11** Avoid purchasing experimental equipment unless such equipment has been thoroughly tested 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 your 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** Providing a safe facility begins in the design stage. Use recommended standards when designing a facility.
- 5.02** Do not place glass surfaces, wires, poles, sprinklers, sharp or blind corners near areas where hockey activities will take place.
- 5.03** A safety officer and sports facility design consultant should review the plans examining for potential safety danger spots.
- 5.04** Inspect facilities regularly, periodically and thoroughly for dangerous conditions and complete necessary repairs before the facility is used again.
- 5.05** Maintain facilities at National or State Standards in relation to facilities of a similar size or focus.
- 5.06** Maintain facilities in good condition.
- 5.07** 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
- 5.08** Protective screening shall be provided behind goal nets since these are the areas that provide the greatest danger of being struck with a ball.
- 5.09** Keep playing fields and synthetic surfaces free from all obstacles such as broken glass, holes, debris that could endanger the safety of players.
- 5.10** Players themselves should be made to check for common safety hazards involving facilities or field surfaces.
- 5.11** Ensure all appropriate goal nets, goal posts, team stands, umpire stands are maintained in a safe condition
- 5.12** Ensure reasonable medical care is available or easily accessible to deal with injuries to players or spectators.
- 5.13** Limit number of players on fields to prevent overcrowding.

**6.0 Changing Rooms**

- 6.01** Should have adequate player space, locker and seating facilities
- 6.02** Space should be provided so as equipment can be laid out with trainers having adequate area to assist players
- 6.03** Should have a separate medical room, with appropriate medical equipment, storage facilities, wash basins and treatment couches
- 6.04** With showers and toilets designed appropriately, giving clear and easy access to change and medical rooms
- 6.05** 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** Access for emergency vehicle facility and playing surface must be a priority

**8.0 Insurance**

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

**9.0 Conclusion**

Finally, take the initiative and implement safe practices and risk management strategies, ensuring and providing a safe environment for hockey.

**CLEANING OF SYNTHETIC SURFACE PITCHES POLICY**

**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, levelling 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 as 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 algal 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, say once a week in very wet weather, or when algae colonies have been established. A number of such treatments, which are environmentally safe, are available.

**3.01.3** Copper compounds such as Copper Sulphate Solution can also be 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 (eg 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

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

#### 3.02.3 Emulsified Stains

<u>Item</u>	<u>Remedy</u>
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.

### FIELD LIGHTING POLICY

The current FIH minimum lighting requirements are as follows:

- ◆ Non competitive including physical training - 300 lux
- ◆ Ball training, as well as grade competition - 500 lux
- ◆ National and International competition - 750 lux

### HEAT EXHAUSTION POLICY

The following guidelines are taken from Sports Medicine Australia's (SMA) Hot Weather Guidelines and must be considered by sporting organisations and their personnel when considering their duty of care responsibilities and taking a responsible approach towards the safety of their participants. A common sense attitude must be applied with consideration to the comfort and well being of all individuals, including participants and officials. Cancellation, modification of events and/or training or withdrawal from participation may be appropriate even in circumstances falling outside these guidelines.

When considering modifying, cancelling or postponing a specific sporting event or training there are many factors that need to be considered. Exercise in the heat creates competitive demands on the cardiovascular system, which is required to increase the blood supply to the exercising muscles. At the same time it must regulate body temperature by increasing skin blood flow in order to produce the sweat that keeps the body cool.

High intensity exercise in a hot environment, with the associated fluid loss and 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 (e.g. pale colour).
- The rectal temperature may be up to 40 degrees Celsius, and the athlete may collapse on stopping activity. Rectal temperatures 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 water can also help.

### **Heat Stroke**

- Characteristics are similar to heat exhaustion, but with 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 temperatures 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 in 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 500mls (2 glasses) in the 2 hours prior to exercise.
- During exercise longer than 60 minutes, 2 to 3 cups (500 to 700 ml) of cool water or sports drink are sufficient for most sports.
- After exercise replenish fluid deficit to ensure that the athlete is fully re-hydrated, but not over-hydrated.

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 of not to over-hydrate. Drinking too much fluid can lead to a dangerous condition known as hyponatremia (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**

The following are factors to be considered in cancelling or modifying a sporting event or training. Remember to not only take players into account, but also consider referees, officials and volunteers.

### **Environmental Factors**

#### **1. Temperature**



**Ambient Temperature** is the most easily understood guide available and is most useful on hot, dry days

Ambient Temperature	Relative Humidity	Risk of Thermal Injury	Possible modifying action for vigorous sustained activity
15 to 20 degrees		Low	Heat injury can occur in distance running. Caution over-motivation.
21 to 25 degrees	<60%	Low to Moderate	Increase vigilance. Caution over-motivation.
26 to 30 degrees	<50%	Moderate	Moderate early pre-season training intensity. Reduce intensity and duration of play/training. Take more breaks.
31 to 35 degrees	<30%	High to Very High	Limit intensity. Limit duration to less than 60 minutes per session.
36 degrees and above	<25%	Extreme	Consider postponement to a cooler part of the day or cancellation

Or

**Wet Bulb Globe Temperature (WBGT)** – Further information may be gained from what is known as the Wet Bulb Globe Temperature (WBGT) which is suitable for hot, humid days.

WBGT		Risk of Thermal Injury
Under 20 degrees	Low	Heat illness can occur in distance running. Caution over-motivation.
21 to 25 degrees	Moderate to High	Increase vigilance. Caution over-motivation. Moderate early pre-season training intensity and duration. Take more breaks.
26 to 29 degrees	High to Very High	Limit intensity. Limit duration to less than 60 minutes per session.
30 and above	Extreme	Consider postponement to a cooler part of the day or cancellation (allow swimming).

The Bureau of Meteorology (BOM) produces ambient and WBGT readings for many locations in Australia. You can check these readings and a guide for the relative risk for your location at **www.bom.gov.au**

1. Go to **www.bom.gov.au**
2. Click on Weather Forecasts, Warnings and Observations for (Your State)
3. Under Weather observations, click on All Latest (Your State) Weather Observations
4. Under Latest Weather Observations, click on Thermal Comfort Observations

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

## 2. Duration and Intensity of an event

- The combination of extreme environmental conditions and sustained vigorous exercises 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 re-hydrate 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 will be beneficial.

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

- Leagues/clubs 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 11:00am – 3:00pm). Scheduling events outside of 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 activities and therefore must be analysed for each individual activity.

- An air-conditioned indoor venue will provide less of a problem. A hot indoor venue or an outside venue without shade cannot be considered as 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 cyclist 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 further complement the existing practices in Australia that protects the skin against permanent damage from the sun.
- This should be applied to the clothing worn by players, umpires, other officials and volunteers.

#### **2. Acclimatisation of the Participant**

- Acclimatisation of the participant includes the referees, other officials and volunteers as well as the 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 under 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 the athlete's performance deteriorating, or suffering from heat illness, during later competitions. Sixty minutes acclimatisation activity each day for 7 to 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 an 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, referees, officials and volunteers will generally 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 from 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, referees, 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, 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.

## **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.**

*Reference: Sports Medicine Australia      [www.sma.org.au](http://www.sma.org.au)*

*Disclaimer: The information in this article is of a general nature. Individual circumstances may require modification of general advice from an appropriate health professional e.g. doctor, physiotherapist, Podiatrist or Dietician.*

**CHECK LIST**

Whilst not part of SMA's revised Heat Guidelines, this checklist provides a useful resource in regard to cancelling or modifying a sporting event or training.

Determine the point score for each item. (Some categories may not be exactly to your needs so you will need to use common sense, if in doubt choose higher value in order to err on the side of caution.)

**1. Temperature**

Ambient Temperature

< 25 degrees	2
26 – 30 degrees	10
31 – 35 degrees	14
36 degrees and above	20

**Your Score** 

Or WBGT

< 20 degrees	2
21 – 25 degrees	10
26 – 29 degrees	14
30 degrees and above	20

**Your Score** **2. Overall duration of event**

Less than 30 minutes	2
30 to 60 minutes	4
60 mins to 2 hours	6
Greater than 2 hours	8

**Your Score** **3. Individual Intensity during the event**

Easy pace throughout	2
Moderate pace, breaks in intensity	4
Moderate pace throughout	6
Sustained effort with some breaks	8
Sustained effort throughout	10

**Your Score** **4. Acclimatisation of Participants**

Used to hot weather conditions	2
Used to warm weather	5
Used to cool/cold conditions	8

**Your Score** **5. Athletic ability of individuals**

Elite fitness levels	2
Good fitness levels	6
Moderate fitness levels	6
Low fitness levels	8

**Your Score** **6. Age of Participants**

18 to 30	2
13 to 17	5
30 to 40	5
Over 40	8
Under 13	8

**Your Score** **7. Time between available drinks**

Less than 15 minutes	2
15 to 25 minutes	4
25 to 35 minutes	6
35 to 45 minutes	8
45 minutes plus	10

**Your Score** **8. Time of the event**

Before 9am	2
After dark	2
9am til 11am	5
3pm til sunset	5
11am til 3pm	10

**Your Score** **9. Surface Type**

Water	1
Grass	2
Boards	4
Sand	6
Synthetic surface	6
Asphalt	8

**Your Score** **10. Venue**

Indoor air conditioning	1
Indoor no air conditioning	4
Outdoor	8

**Your Score** **Score Total** **Other Factors To Consider****Predisposed medical conditions of individual participants**

Asthma, Diabetes, Heart Condition, Pregnancy, etc.	High
Virus, Flu, Gastro, etc.	Extreme

Shade available during breaks	Yes/No
Water freely available at venue	Yes/No
Sports Trainer / First Aid person on site	Yes/No
Individual body fat of participants	High/Low

**Guidelines for Sport**

<b>Above 75</b>	<b>Recommended that you cancel your event, training and physical activity</b>
<b>66 to 74</b>	<b>Recommended that you cancel or reschedule your event, training or physical activity if</b> <ul style="list-style-type: none"> <li>▪ The WBGT is above 30 or</li> <li>▪ The ambient temperature is above 38.</li> <li>▪ The age of participants (inc. officials) gets a point value of 8 (Children &amp; Veterans)</li> </ul> <b>If this is not the case and the event goes on then:</b> <ul style="list-style-type: none"> <li>▪ Extra breaks should be allowed.</li> <li>▪ Shade should be provided.</li> <li>▪ Airflow should be considered, including fans in change rooms or placed appropriately.</li> </ul> Promotion of fluid replacement should be actively encouraged, (e.g. through announcements or via officials)
<b>56 to 65</b>	<b>Recommended that play may go ahead BUT</b> <ul style="list-style-type: none"> <li>▪ Extra breaks should be allowed.</li> <li>▪ Shade should be provided.</li> <li>▪ Airflow should be considered, including fans in change rooms or placed appropriately.</li> </ul> Promotion of fluid replacement should be actively encouraged, (e.g. through announcements or via officials).
<b>55 and below</b>	<b>Recommend play with usual fluid replacement measures in place.</b>
	<b>Sporting groups and individuals should note that cancellation of events or withdrawal from participation may be appropriate even in circumstances falling outside of these recommendations</b>

The information in this guideline is of a general nature. Individual circumstances may require modification of general advice from an appropriate health professional e.g. doctor, physiotherapist, Podiatrist or Dietician.

**INFECTIOUS DISEASES POLICY****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 to the Technical Bench 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 strongly 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 shall obtain clearances from a doctor prior to participation.

#### **3.04 Refer to Policies on Bleeding on Playing Surfaces**

### **4.0 Team Areas**

#### **4.01 Responsibilities**

As well as Hockey Queensland being responsible for Hockey Queensland sanctioned events, it is the Affiliated Associations and their member Clubs joint and several responsibilities to ensure that all Dressing Rooms are clean and tidy. Particular attention shall be paid to hand basins, toilets and showers. Adequate soap dispensers, paper hand towels or air dryers, brooms and disinfectants, etc., shall be available at all times.

#### **4.02 Communal Bathing**

Communal bathing areas, eg spas shall not be used.

#### **4.03 Spitting and Urinating**

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

#### **4.04 Contaminated Articles**

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

#### **4.05 Sharing Articles**

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

#### **4.06 Vaccinations**

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

#### **4.07 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 to the Technical Bench.

#### **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 in the game.

### **6.0 General**

If a player or official, or Hockey Queensland 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 or the team medical practitioner.

## **7.0 Education**

There shall be an obligation upon Hockey Queensland to provide suitable information on the associated risk factor and prevention strategies of HEPATITIS B and HIV to all of our Affiliated Associations.

## **PREGNANCY POLICY**

### **1.0 Rights**

#### **1.01 Individual Rights**

Hockey Queensland 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 Players Decisions**

Hockey Queensland 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 medical advice. Doctor's opinions should always be sought so as informed decisions can be made.

### **2.0 Advice**

#### **2.01 Medical**

Hockey Queensland 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 mothers potential or actual duty of care owed to the unborn child.

#### **2.03 Increase Susceptibility**

Hockey Queensland 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**

Hockey Queensland recognises that from time to time circumstances will arise where individuals and their Affiliated Association may hold conflicting opinions in this area and Hockey Queensland 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 Hockey Queensland 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, Hockey Queensland offers these following guidelines to assist in the dispute resolution process:

**3.03.1** An Affiliated Association 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

**SMOKING POLICY****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 practise of smoking require serious evaluation. The principal factors include:

- 1.01** Conflict between a practise 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 twice as deadly as arsenic and at least four times more lethal than cyanide. 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, vinyl pyridine, 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 players blood pressure.

**3.0 Policy Application**

With the acceptance of hockey under the Queensland Government Department responsible from time to time for financial assistance, Hockey Queensland can anticipate an increased expectation for it to become more actively supportive of drug prohibition and healthy lifestyle policies. For these reasons it is now appropriate for Hockey Queensland to introduce State rulings that provide for:

- 3.01** The banning of smoking on or in close proximity to all Synthetic Surfaces
- 3.02** The banning of smoking by players for the duration of the match in which he or she is participating
- 3.03** To ensure all publications from HA, , NCC, QUIT, etc., pointing out the adverse effects of smoking and its impact upon player's performance level, is made available to all Affiliated Association members
- 3.04** The banning of smoking by staff, officials, players, umpires and volunteers in offices, change rooms and medical rooms. It is up to the local Association to impose its own rules regarding smoking within their clubhouse.



**SUN SAFETY POLICY****1.0 Policy Statement****1.01 Rationale**

The health of participants is of primary concern to Hockey Queensland and Affiliated Associations. It is acknowledged that Queensland has the highest rate of skin cancer in the world, with two out of every three people acquiring some form of this disease in their lifetime.

Skin damage, including skin cancer, is the result of cumulative exposure to the sun, and is therefore largely preventable. With this in mind, Hockey Queensland realises the need to educate its players and officials about SunSmart behaviour and reduce their level of sun exposure.

**1.02 Personal Responsibility**

While the Hockey Queensland, and Affiliated Associations shall endeavour to assist in sun protection when at meetings, training and competition, it is accepted that ultimately, the responsibility is that of each individual, and in the case of minors, the responsibility rests with parents.

**1.03 Aims**

The policy aims to:

- Provide ongoing education that promotes personal responsibility for skin cancer prevention and early detection
- Provide a sporting environment that supports SunSmart practices.

**2.0 Procedures**

**2.01** Officials, Senior and Junior Players, Supporters and Spectators shall be encouraged to participate in Sun Safety Policies as follows:

- Outdoor activities should be scheduled before 10.00am and after 3.00pm whenever possible
- Maximum use should be made of existing natural shade
- Where natural shade is not adequate, the Affiliated Associations should develop a shade creation plan
- Hockey Queensland advises all Affiliated Associations, when hosting events, to make every effort to provide adequate shade for the number of people attending the event
- Queensland Cancer Fund guidelines for SunSmart clothing should be followed when choosing or redesigning uniforms
- Affiliated Associations should provide SPF 30+ broad spectrum, water resistant sunscreen for members and officials; OR provide sunscreen for sale through a suitable outlet eg canteen
- Officials, Players (where practical), Supporters and Spectators should be encouraged to wear a broad brimmed or legionnaire style hat, protective clothing, SPF 30+ broad spectrum, water resistant sunscreen and close fitting sunglasses whilst participating in Hockey Queensland and Affiliated Association's activities
- Sun safety should be promoted in a positive manner, through newsletters, information brochures and over the public address system
- Hockey Queensland and Affiliated Associations should ensure that coaches, officials and senior club members act as positive role models for younger players, by engaging in SunSmart activities as appropriate.

**2.02** When registering, all members should be:

- Shown the SunSmart Policy and requested to comply with it
- Encouraged to purchase club hats and uniform where available
- Encouraged to take responsibility for their own health and safety by being SunSmart

**WEARING OF MOUTH GUARDS POLICY**

It is strongly recommended that all players wear mouthguards to ensure that their teeth (and mouth) are correctly protected.

## **COMPLIANCE**

### **ANIT-DOPING POLICY**

Refer to the Hockey Queensland Anti-Doping Policy

### **CONSTITUTION**

**Refer to Hockey Queensland Constitution**

### **PERSONAL PROTECTION & INTERVENTION POLICY**

**Refer to the Personal Protection & Intervention Policy**

### **PRIVACY POLICY**

**Refer to the Hockey Queensland Privacy Policy**

## **SOCIAL JUSTICE POLICY**

### **1.0 Policy**

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

**1.02** Arrange sessions to educate key personnel in the sport of hockey about issues such as gender equity, discrimination, sexual harassment, 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 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** Provide programs in areas where Aboriginal and Torres Strait Islander people can access.

**4.03** Enlist the help of local indigenous people in getting information on the sport of hockey to indigenous communities.

**4.04** 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.

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

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

**4.07** Affiliated Associations should become acquainted with the Aboriginal and Torres Strait Islanders available media, radio and TV outlets.

## **5.0 People with Disabilities**

- 5.01** Learn about people with disabilities so as to dispel any misunderstanding or ignorance, negative attitudes or adherence to inappropriate stereotyping. Appreciate that people with disabilities are not a homogeneous group.
- 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 Queensland.
- 5.04** Comprehensively 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 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, telephones and lift buttons at appropriate heights.
  - 5.05.5** Sufficient lighting.
- 5.06 Up date Accredited Coaches**
  - 5.06.1** Arrange for accredited coaches to attend CAD courses.
  - 5.06.2** Make allowance to include CAD components in Sports Specific Course section and generic coaching courses
  - 5.06.3** Ensure techniques and attitudes to coaching are flexible, adaptable and responsive to individual needs, concentrating on abilities not disabilities.
  - 5.06.4** 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 Hockey Queensland 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.

## **6.0 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 Cities.

### **6.03 Seminars**

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

## **7.0 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.

## **8.0 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**

Provide crèche facilities to encourage sole parents, particularly women participants.

**APPENDIX 1****Pre Activity Safety Checklist  
Playing Arena / Equipment****YES NO**

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 being known?		
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 clubs/associations should give consideration to their own specific requirements.**

**APPENDIX 2**

<b>MONTHLY FACILITY EVALUATION AND MAINTENANCE CHECKLIST</b>												
<b>(Tick When Evaluated And Deemed To Be In Good Condition)</b>												
	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>
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?												
Is Ambulance Access Provided?												
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 e.g. Spiked Boots On Concrete Floors?												
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.?												
<b>Evaluation Completed By - INITIALS</b>												
<b>DATE</b>												
<b>Note: This is not intended to be an exhaustive list and clubs/associations should give consideration to their own specific requirements</b>												

THE END