

# **Safety Guidelines**

## ***for Children and Young People in Sport and Recreation***

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These guidelines have been developed to support safe participation in sport and recreation for children and young people. Injury is a known barrier to participation and it is estimated that 50% of injuries are preventable. Safer sport and recreation will increase positive and on-going participation. In a positive and safe sporting or recreational environment, young people can develop healthy lifestyles, friendships, life skills and a strong sense of belonging and community.

Safe participation also enables young people to access the many health benefits of sport and recreation including preventing obesity, chronic disease and mental illness. Young people should be physically active for a minimum of 60 minutes per day to maintain good health.

Key stakeholders in junior sport and recreation, such as parents, participants, coaches, officials, teachers and organisations, should share the responsibility for making sport and recreation safe and enjoyable for all young people.

Safe sport and recreation for children and young people requires those involved to be properly educated and qualified and for the environments in which activities take place to be safe. To achieve this, consideration should be given to the following: coaching and official accreditations; the conditions of facilities and equipment; the climate; illness and medical conditions; emotional wellbeing; drugs and first aid.

Safe, positive experiences in sport and recreation can play a vital role in the health and wellbeing of young people.

These guidelines are relevant to administrators, schools, teachers, coaches, parents, officials and participants. These guidelines can help reduce injuries to participants by up to 50% giving them lifelong access to physical activity, reducing their risk of chronic illness, mental illness and obesity.

## **Sports Medicine Australia**

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# Contents

These guidelines will assist you to provide a safe and positive experience for those involved in junior sport and active recreation.

	<b>PAGE</b>
<b>Prevention Strategies</b>	<b>4</b>
The Environment	4
Equipment	4
Grounds and Facilities	5
<b>Record Keeping, Managing Illness and Medical Conditions</b>	<b>6</b>
Pre-participation Screening	6
Collecting Information and Keeping Records	7
Illness and Participation	7
Medical Conditions and Participation	7
<b>Considerations for Participation</b>	<b>8</b>
Training Sessions	8
Warm Up, Cool Down and Stretch	9
Amount and Intensity of Activity – Preventing Overuse Injury	9
Balanced Competitions	10
Strength Training	10
Recovery	11
Injury Management and Return to Play	12
<b>Roles and Responsibilities</b>	<b>13</b>
Clubs, Schools and Providers of Sport And Recreation Opportunities	13
Safety Personnel	14
Coaches and Teachers	14
Officials (Referees, Umpires, Judges, Timekeepers)	15
Parents	16
<b>10 Points to Remember</b>	<b>17</b>
<b>Further Information and Links</b>	<b>18</b>

# ***Prevention Strategies***

## **The Environment**

The weather (both hot and cold) can affect children and young people's safe participation in sport and recreation activities.

Children and young people are highly susceptible to extremes in temperature. Fluid replacement is important during any sport or recreation activity, particularly in hot environments. All children and young people should be well hydrated before participation begins with regular fluid intake. The weather (heat, humidity, cold, wind and rain) should be assessed before beginning an activity and an appropriate decision made regarding whether participation should go ahead.

Children and young people (in particular thin/lean children) are also susceptible to illness in cold weather as they lose body heat more easily. Physical activity is one of the best ways to stay warm in a cold environment. However, coaches, parents and officials should pay particular attention to children and young people playing water sports or activities subject to wet conditions because water increases the loss of body heat.

Do not train or play outdoors during a thunder storm due to a possibility of being struck by lightning. Ensure adequate shade and sunscreen are available and all participants, officials and spectators have appropriate clothing, hats and sunglasses to prevent overexposure to the sun. In hot conditions, children are the best judges of their own well-being and capacity to play. If they feel unwell, they will usually simply stop activity. This is the best first response to heat illness. Under no circumstances should children be compelled to keep playing if they feel unwell in the heat.

Have some flexibility from competition rules about clothing to allow children and young people to feel more comfortable in extremely cold or hot weather. This includes allowing tracksuit pants in cold weather or hats when hot, even if not part of regulation uniform.

The environmental weather conditions before, during and after activity should be assessed regularly and activity modified or cancelled where appropriate. Sports Medicine Australia's "*Beat the Heat*" brochure is a useful source of good advice on this topic. (See [www.sma.org.au](http://www.sma.org.au))  
Prevention Strategies

## **Equipment**

The use of appropriate and properly fitted equipment is essential to reduce the risk of injuries. All equipment used should meet Australian Standards and be:

- suited to the size and ability of the participant
- regularly checked and maintained
- replaced when inadequate for its purpose
- sufficient in number
- padded as appropriate
- properly erected/constructed
- used by senior members and other role models as an example of good safety to juniors
- required at all times - training as well as competition
- easily and safely lifted or moved to the field of play
- sport specific.

Some commonly used protective equipment includes:

- mouthguards
- helmets
- footwear
- gloves
- protective padding, e.g. shin guards
- eyewear
- strapping and taping.

Clubs and schools should develop creative ways to ensure appropriate protective equipment and playing equipment is available for participants who are unable to provide their own e.g. special fundraising, equipment sharing, developing good relationships with equipment suppliers (local dentists, sports stores).

Examples of the importance and use of protective equipment:

**Mouthguards:** Dental injuries are the most common type of facial injury in contact sports. Most dental injuries in sport can be prevented if a professionally fitted mouthguard is worn. Young participants undergoing orthodontic treatment can be at greater risk of dental injury. Someone should be trained to deal with dental emergencies where there is a risk of dental injury.

**Helmets:** Hard helmets protect the head in high speed sports such as cycling, roller blading or skiing and sports which involve missile-like objects such as baseball, ice hockey and cricket. Soft helmets protect against minor injuries such as cuts, but not against more serious injuries like concussion or spinal injuries.

**Footwear:** Correct and well fitting footwear is essential to reduce injuries in sport. Important features of correct footwear include:

- fit
- cushioning
- stability
- an absence of shoe-related pain or discomfort in the foot or lower limb.

Footwear specifically designed for a sport should be used rather than general running or sports shoes, particularly in sports which require sideways movement like netball and basketball. Football boots should have the appropriate studs for the sport and the surface, although studs may not be appropriate on hard grounds caused by drought.

**Other Protective Equipment:** Contact your local sport or recreational club for more information about equipment that is used in your child's activities such as eyewear protection and protective padding such as knee pads, elbow pads or gloves. To find out more about strapping and taping talk to a sports trainer, first aider or sports medicine professional.

Safe equipment is important for prevention of injury. One size does NOT fit all – get the right equipment for the activity and the person. Parents, coaches, clubs, schools, safety personnel and associations should ensure all children and young people have access to well fitted protective equipment of an acceptable standard.

The use of appropriate and properly fitted equipment is essential to reduce the risk of injuries.

## **Grounds and Facilities**

Grounds and facilities should be regularly checked by an appropriate person (club/association representative, local council, official, coach, parent) to ensure they are safe to use. This should include checking that:

- the playing surface is in reasonable condition without holes, exposed sprinkler heads or hard patches
- all rubbish is cleared away, especially broken glass, stones and rip top lids from bottles and cans
- change rooms, toilets, showers and first aid treatment areas are clean and hygienic
- corner posts and other field posts cannot injure participants on contact
- permanent fixtures such as goal posts are padded
- perimeter fences are well back from the playing area
- spectators, unnecessary equipment and vehicles are kept well back from the sidelines
- lighting is adequate if playing at night
- matting is adequate where necessary, like gymnastics.

Make sure all identified hazards are removed or fixed before grounds and facilities are used, for example goal post padding is secure and holes on the playing surface filled.

If possible, use a comprehensive, written checklist to ensure that whoever is doing the inspection knows what to look for and whoever is fixing the problem knows what needs to be done.

Ground staff, councils and associations should avoid the use of dehydrated lime for marking lines, as it may cause skin burns or eye damage.

Local governments or the organisation from whom the facility is hired should be the first point of call in establishing appropriate facility management. Grounds and facilities need policies and plans for injury prevention. Attention to detail during checks, reports, and follow up are key strategies for clubs and schools to put into practice.

## ***Record Keeping, Managing Illness and Medical Conditions***

### **Pre-participation Screening**

To plan a safe, beneficial and appropriate activity program the coach or teacher must know the relevant medical history of all participants as well as family, school, other sporting and social commitments. Collection of information from pre-participation screening is only a starting point.

This information needs to be reviewed regularly, communicated to people who need to know and available in case of an emergency. Physical pre-season screening of young participants can take several forms. The most economic and logical screening involves questionnaires. The contents of the questionnaire are likely to vary at the sport and local levels.

Some authorities in contact sports such as rugby recommend questions about brain injury history, including how it was recognised and assessed.

Other medical agencies recommend two questions to estimate the presence of exercise induced asthma. Testing for exercise induced asthma and cardiac abnormality may be important if positive

symptoms exist, and may best apply to young people participating in “serious” (e.g. participating at state or national age group competitions) rather than recreational sport or physical activity.

Good use of pre-participation screening information by clubs, schools, officials and coaches is important for injury prevention.

### **Collecting Information and Keeping Records**

Types of information that may be collected include athlete medical forms, consent for collection of images, and asthma management plans. As important as collection and sharing of participant information is, it is also just as important that the privacy of the participant’s information is respected, that the participant is aware of who will have access to their information and, that access complies with privacy laws.

Medical information should be collected in conjunction with the Privacy Act – consider who has access to the information.

Check the information regularly and modify activities where required.

### **Illness and Participation**

Children and young people are particularly vulnerable during times of illness, with the risk of damage to tissues or organs being very high.

Children and young people should not participate in sport when ill or recovering from a viral illness with symptoms such as fever or a higher than normal body temperature in the previous 24 hours.

When assessing whether a child should participate in physical activity remember:

- the child should not participate if the symptoms are general (e.g. temperature, aches, pains, general muscular tiredness)
- for uncomplicated upper respiratory tract symptoms, such as a runny nose or sneezing, the child should be allowed to participate for 10-15 minutes. The child’s condition should then be reassessed, and if they feel unwell, or are obviously struggling to keep up, then they should not continue to participate in that session.

Parents of a child taking prescription medication should discuss any implications for participation with the treating doctor before participating in sport or physical activity.

### **Medical Conditions and Participation**

A number of conditions which, when medically supervised, do not permanently preclude a child’s involvement in sporting activity (but may at any given time exclude participation). These include:

- chronic infections
- cardiovascular abnormalities
- musculoskeletal problems like arthritis
- medical conditions such as diabetes, asthma, epilepsy.

Children and young people who suffer from asthma should have an asthma management plan (established in conjunction with their doctor) and always have easy access to their inhaled

medication. This is particularly important if the asthmatic child has an upper respiratory tract infection. The coach should know the child's asthma management plan.

Coaches and officials should be aware of these common medical conditions and their effect on the child.

While these conditions can be controlled through proper management and medication there are times when the child's participation may be limited by unforeseen changes in the condition. The capacity to participate with a medical condition may vary on whether the sport or activity is classified as contact or collision, limited contact or non-contact. The American Academy of Pediatrics listed a number of long term conditions and their suitability to safe sports participation. Conditions include; different types of cardiac conditions, kidney disease and diabetes.

Coaches should be aware of any medical conditions of participants and how participation in sport might affect these adversely. Ensure all participants complete a pre-season medical questionnaire and update this throughout the season as necessary.

## ***Considerations for Participation***

### **Training sessions**

To ensure activity sessions are safe and enjoyable they must be planned in advance, well structured, and contain the following components:

- warm up (cardiovascular increase of muscle temperature, including dynamic stretching may increase performance, but may not prevent injury)
- skill practice (using drills, games and practices)
- activity (application of skills in game like situations)
- cool down.

Fitness can be developed through well organised, varied, and active skill drills, practices and games. Development of fitness, strength, agility, flexibility and balance can be promoted through enjoyable learning activities, and will establish a good base for specific conditioning in the future. Training should focus on activities, practices and games incorporating fundamental movement activities some of which are basic to all movement such as running, jumping and others more specific to the sport or activity such as passing, catching, kicking, supporting and rolling. An introduction to evasion and contact techniques can be progressively introduced through simple drills, sequenced activities, and small group games.

Fitness activities at training, e.g. runs, interval schedules, sprint training and circuits should be appropriate to the stage of the season (e.g. preseason) and participants' age/fitness levels. For example "beginner" level running can develop via running based games. A games-based approach to running more closely resembles the stop start nature of children and young people's play and is more likely to be a more positive experience than running laps of an oval or court.

Well planned, varied and simple game-based activities should make up the majority of training sessions for young participants. Sessions should aim to gradually increase challenges to all areas of fitness, conditioning, skill development and game/activity understanding.

## **Warm up, cool down and stretch**

The warm up is often part of the start of a physical activity session. The warm up aims to:

- prepare the mind and body for the activity
- increase body temperature
- increase heart rate
- increase breathing rate.

The warm up should include activities that use the same movement patterns as the activities to be performed during the session. Warm up exercises should begin at a low intensity and gradually increase to the level required in the activity.

Participants should do a cool down routine at the end of every activity session, consisting of:

- activity of significantly reduced intensity, such as 2–3 minutes of easy jogging or walking
- 5 minutes of gentle, dynamic stretching exercises.

Stretching activities should move the muscles through the full range of movement and include all muscle groups that will be used in the activities to come. Stretching can be performed in different ways but there is some evidence for younger people that dynamic stretching (moving slowly through a full stretch) is better than static stretching (holding one angle for more than a few seconds).

Well planned warm up and cool down activities can help participants get the most out of their sessions. Stretching during recovery can improve flexibility. Warm ups help participants to mentally and physically prepare and cool downs assist in recovery.

## **Amount and Intensity of Activity – Preventing Overuse Injury**

Overuse injuries, such as tendonitis or muscle soreness caused by excessive and/or repetitive use, are preventable.

Coaches and teachers of young sports participants with particularly demanding activity schedules need to find out about other demands placed on the individuals. For example, many elite swimmers may be training intensively up to two times per day and also be attending schools that place physical demands on talented young students. Coaches should be mindful that talented young participants may be involved in multiple sports, in the same sport at different levels of representation and be undertaking multiple training sessions per week.

There will also be the peak demands of normal schoolwork, such as extra study for exams. Teachers and parents of active young participants also have a responsibility to communicate with coaches to help manage the demands of talented young participants. Busy young participants may be more susceptible to burnout, over training and/or under recovery.

Overuse is a common cause of injuries in child and adolescent participants. Avoid excessive participation that may lead to physical and or psychological injuries by:

- avoiding year long participation in the one sport
- altering participation at times when multiple representative squads or teams are occurring
- being conservative in planning programs involving increases in intensive participation
- reminding young participants that sport should be fun
- acting on injuries at the earliest sign

- asking young participants regularly how they feel.

High intensity, maximal effort activities e.g. 400 metre sprint or repeated 10 to 20 metre sprints, need to be of short duration. High intensity exercise, combined with a high frequency of participation is not sustainable for many young people, and may result in injury and a negative attitude to sport. Improvement at an individual, rather than group rate is a better way to account for individual differences.

Distance running for young participants should be carefully considered in the context of:

- injury risk (particularly in immature skeletons and around the growth spurt)
- conditions that might induce heat stress
- aerobic capacity
- psychological consequences
- social context of participation (a lot of time spent in isolation from others during individual participation).

Jarring activities on hard surfaces should be interspersed with other activities. Coaches should monitor frequency of participation to avoid overuse injuries in their athletes. The amount and intensity of physical work that any child can do will vary because of age, fitness, motivation, experience and general growth.

There is no recommended amount or intensity of activity for age groups, so take care when asking young people to exercise for longer times or at higher intensities than they are used to.

### **Balanced Competitions**

Balanced competitions are important to reduce the risk of injury.

In junior contact sports the grouping of children and young people by age group is not always the best way of establishing a balanced competition. Use common sense – consider age, size, gender, strength, skill, experience, attitude to competition, and psychological (emotional and social) maturity of the participants.

When coaches, officials, sports first aiders, parents and participants follow the safety guidelines the risk of serious injury is minimal. While the rate of injury is higher in contact sports than non-contact sports, the overall benefits of children and young people's participation far outweigh the risk.

Using modified rules and playing modified games can also decrease the risk of injury for young participants. National and State Sporting Organisations are a good place to investigate modified games for balanced competition and training. Careful grouping of young participants is a basis for safe and fair play in sport.

Careful grouping of young participants is a basis for safe and fair play in sport

### **Strength Training**

Strength training (also known as weight training or resistance training) is an essential part of sports training for adults and there has been some debate about whether strength training is appropriate for children and young people.

The current position on youth strength training is that a properly designed and supervised program is safe and can help to increase strength, prevent injury, and enhance motor skills and performance. A strength training program should increase gradually and focus on correct technique. Correct technique is essential to gain maximum benefit from strength training as well as reducing the risk of injury.

Children should work on strengthening all the big muscle groups, using free weight and body weight movements with relatively light loads. The program should be closely monitored by a qualified strength and conditioning coach to avoid overuse injury. No single strength training program can be written for all young people. However, a training frequency of twice per week is sufficient to achieve strength gains in young people. A single set with a weight capable of being lifted 13 to 15 times is a recommended starting point because it is likely to provide an opportunity for success. But, as with adults, ultimately, the ideal intensity and volume will depend on the individual.

Some general guidelines for strength training for children and young people include:

- strength training programs for children and young people can be safe and effective if properly supervised, and good techniques and safety precautions are followed
- children and young people should avoid competitive weight lifting, power lifting, body building, and maximal lifts until they reach physical and skeletal maturity
- medical approval should be sought if the strength training program is likely to challenge young participants in a particularly intensive and new manner
- aerobic fitness training should be coupled with strength training for general health benefits
- specific strength training exercises should be learned initially, without the use of weights or resistance. Skill mastery should be achieved before loading with weights or resistance
- the use of light loads and high repetitions is recommended initially - for example, successful completion of 8 to 15 repetitions with appropriate technique before increasing weight or resistance
- a general strengthening program should address all major muscle groups and include activities that work through the complete range of motion.

Any sign of injury or illness from strength training should be referred for medical advice at the earliest occurrence.

## **Recovery**

Recovery is an important part of any training program. As children and young people experience rapid growth, recovery is about enabling the body and mind to rest and recuperate from activity and allow regular growth patterns both physically and mentally. Growth and development of children and young people is the first concern when planning and monitoring training and competition requirements.

Simple recovery techniques can include:

- drinking plenty of fluids straight after training or competition to replace what has been lost
- eating plenty of carbohydrate-rich foods immediately after training
- massage (either self massage or by a massage therapist)
- cross training to avoid continued repetition and allow enjoyment of other activities
- an active warm down with minimal resistance aids in the removal of waste (lactic acid) produced during exercise
- management of injury (on the advice of a Sports First Aider, Sports Trainer or treating medical professional)

- a good night's sleep!

Recovery should be built into the overall training program, including easy days or sessions in a long term training program or off-season breaks.

Barriers to recovery include:

- disordered eating and simply just not eating enough
- lack of awareness (coach, parent, participant)
- insufficient time
- participation in multiple sports, teams, sessions (overload)
- low self esteem.

Failure to include adequate recovery strategies can result in the body's immune system being placed under stress, leaving the athlete vulnerable to coughs, colds and infections. When the body is constantly tired it more easily becomes ill or injured.

More is not better. An overtrained athlete is one who has done more work than they can physically and mentally tolerate, they will not improve and their performance may even go backwards.

It is the responsibility of coaches, teachers, safety personnel and parents to plan for recovery, monitor how the child or young person is feeling, provide education and engage children and young people to take responsibility and form good practices in terms of training and competition, eating, drinking, balancing commitments and managing injury to form healthy habits for healthy bodies and minds now and into the future.

## **Injury Management and Return to Play**

When coaches, officials, sports first aiders, other safety personnel, parents and participants follow the safety guidelines the risk of serious injury is minimal. While the rate of injury is higher in contact sports than non-contact sports, the overall benefits of children's participation far outweigh the risk.

The most common injuries are minor cuts, abrasions, muscle strains and joint sprains. If an injury occurs the golden rule in managing it is "do no further damage". Inadequate or inappropriate first aid may aggravate the injury and cause an increase in the time necessary before returning to participation.

It is important that the injured participant is assessed and managed by an appropriately qualified person such as a sports first aider or sports trainer. Immediate management approaches include DRABCD (checking Danger, Response, Airway, Breathing, Compression and Defibrillation) RICER NO HARM (when an injury is sustained apply Rest, Ice, Compression, Elevation, Referral and NO Heat, Alcohol, Running or Massage). Information about RICER NO HARM can be found on the Smartplay "Fix Up" Fact Sheet and more information about injury prevention approaches can be learned by attending a sports first aid or sports trainer course.

Young participants returning to activity too early after an injury are more susceptible to further injury. Before returning to participation the participant should be able to answer yes to the following questions:

- Is the injured area pain free?
- Can you move the injured part easily through a full range of movement? (i.e. compared to the participant's non-injured side)

- Has the injured area fully regained its strength?

Whilst serious head injuries are uncommon in children and young peoples' sport, participants who have lost consciousness or who are suspected of being concussed must be removed from the activity, taking no further part until cleared by a doctor.

If an injury occurs the golden rule in management is "do no further damage".

Prior to returning to sport or physical activity a child who has sustained an injury should have medical clearance

## ***Roles and Responsibilities***

Clubs, schools and other sport and recreation opportunities should be managed and organised to promote and encourage safety and to support the safety efforts of individual coaches, teachers, participants and safety personnel.

Raising awareness, education and training, policy and record keeping are all necessary to building a safe sport and recreation environment.

### **Clubs, Schools and Providers of Sport And Recreation Opportunities**

Clubs, schools and other sport and recreation providers (e.g. state sporting organisations, leisure centres) can play an important organisational role in safety and injury prevention. By adopting a risk management approach to safety that includes awareness raising and education, clubs, schools and local councils can identify, manage and monitor the risks associated with participation in sport.

This includes:

#### **Medical Records and Safety Auditing**

- Gathering appropriate health information from participants
- Gathering information about who gets injured and how (using insurance records, incident reports)
- Safety concerns of key stakeholders (surveys of participants, parents, coaches and first aid providers)
- The hazards and risks in the environment and equipment (conducting inspections and audits).

#### **Organisational Commitment to Policy and Education**

- Making a commitment to safety and including it as a key organisational objective and part of 'core business'
- Developing and regularly reviewing safety action plans (e.g. having an emergency safety plan and people trained to implement it)
- Regularly and effectively communicating safety information (in newsletters, at meetings and on notice boards)
- Appointing a person or committee to be responsible for safety
- Allocating appropriate resources (money and people) to safety activities, education and awareness raising
- Ensuring safety is included as a regular agenda item at management and committee meetings
- Ensuring parents, coaches, teachers, safety personnel and sponsors adhere to agreed codes of behavior and understand their responsibilities

- Providing appropriate information, facilities and equipment to support safety personnel (at clubs, competitions or at recreational activities)
- Sport organisations should ensure their pathway programs endorse safe practices and preparation of children and young people.
- Providing education and training for safety personnel (such as first aider, sports trainer, teacher)
- Ensuring coaches and officials are properly qualified
- Providing information and education to all involved to raise awareness and educate about safe practices and injury prevention
- Ensuring positive messages regarding antidoping and alcohol are relayed to members
- Create a flexible junior sport environment that promotes inclusiveness and participation such as flexible uniform policies.

## **Safety Personnel**

When coaches, officials, sports trainers, sports first aiders, other safety personnel, parents and participants follow safety guidelines the risk of serious injury is minimal.

If an injury occurs the golden rule in managing it is “do no further damage”.

Inadequate or inappropriate first aid may aggravate the injury and cause an increase in the time necessary before returning to participation. It is important that the injured participant is assessed and managed by an appropriately qualified person such as a sports first aider, sports trainer or medical professional.

An appropriately qualified first aider should be on hand at all sporting and recreation events, including training and practice sessions. Sports Medicine Australia recommends that a sports first aid or sports trainer course from the Safer Sport Program is the most appropriate training for the sporting environment due to its emphasis on the prevention of injury. It also covers in depth, the recognition and initial management of the common soft tissue, hard tissue, and skin injuries that occur in sport.

The course provides a distinct practical emphasis on managing these situations in the sporting environment. Sports Medicine Australia also offers regular workshops to update knowledge and practices for sports trainers. The role of sports trainers is about risk management and injury prevention, as well as treatment. Risk management strategies extend to the acquisition and maintenance of appropriate equipment including a well-stocked first aid kit, mobile phone, tape, and an emergency action plan.

It is recommended that a first aider should be present at all sporting events with participants under 16 years of age. A sports trainer should be present at all sporting events with participants over 16 years of age. Any complaint of pain, tenderness, limitation of movement or disability should be promptly referred to a qualified sports first aider, sports trainer or medical professional for management.

An appropriately qualified first aid provider should be on hand at all sporting and recreation events, including training and practice sessions.

## **Coaches and Teachers**

Qualified coaches and trained teachers are vital to safe participation in junior sport and active recreation.

Coaches and teachers should have:

- at least an entry level coaching accreditation
- completed a safety focused course such as sports trainer or sports first aid courses.

Coaches and teachers should:

- create an environment that encourages fair play and playing within the rules
- plan all coaching sessions and keep records
- be aware of child protection responsibilities
- ensure that key medical information about the participants is collected and taken into account before participation
- conduct a warm up before activity
- include activities that are appropriate for the participants' physical and skill levels
- progress activities at a rate suitable for all participants, and match participants in physical contact situations
- set and enforce rules for activities
- check playing areas, facilities and equipment to ensure they are suitable for use
- ensure that safety equipment and protective devices are used during training and competition
- take the environmental conditions into account and modify activities if necessary (e.g. hot/humid or cold/wet conditions)
- provide adequate instruction and supervision
- consider individual needs and adapt/modify activities if required
- consider different athlete growth rates and maturation when planning activities
- undertake ongoing professional development.

Coaches and teachers of junior participants are responsible for safe and enjoyable experiences. Sessions should be planned around a sound understanding of the needs of children and young people. Coaches and teachers should assess the participants, equipment and the environment prior to activity. Activities should be safe, appropriate and modified to suit the participants and environment.

### **Officials (Referees, Umpires, Judges, Timekeepers)**

Officials, in partnership with coaches and parents, can provide a safe environment to protect young participants from physical injury and emotional abuse by:

- rule management (game safety and fairness)
- rule education (participant development and sportsmanship).

This involves identifying, managing, and reviewing risks. For example, being prepared to make the hard decisions and cancel games if safety is compromised. Officials should practise safety in sport and recreation by:

- checking that facilities and equipment are safe
- canceling the contest or event if safety is compromised
- ensuring the spirit of participation is observed, i.e. fun and inclusion
- enforcing the rules of the sport
- controlling the conduct of participants
- keeping records of any incidents that may occur
- being aware of child protection responsibilities.

Officials have a key role in injury prevention including making sure the environment and equipment is safe and that participants play by the rules.

## Parents

Parents support and contribute to their children's safe participation in sport and active recreation. Parents are key role models to promote safety and provide their children with the correct safety equipment.

Children and young people should be encouraged and allowed to try a number of sports and activities for a long time before they become 'specialists' in individual sports. 'Talent' in one particular sport or activity usually doesn't emerge until adolescence or early adulthood. Experience in a number of sports and activities may prevent injuries by:

- providing whole body strength and development
- helping to develop confidence and competence to safely participate in new tasks
- decreasing the potential of overuse injuries.

Parents should look for opportunities to promote safety by:

- focusing on their children's and team's efforts and enjoyment rather than winning or losing
- providing appropriate protective equipment (e.g. mouthguards, head gear, hats and water bottles) ask the teacher, coach or club what is needed
- supporting fundraising efforts for protective equipment and working bees to make grounds and facilities safe
- participating in programs such as the Good Sports Monitor and Play By the Rules
- abiding by the code of conduct
- dropping off and picking up on time and notifying the coach who will pick up your child
- filling in forms in detail
- providing appropriate nutrition and encouraging healthy practices
- working with their child and their coaches and teachers to monitor activity load and intensity and plan appropriately to avoid overtraining.

Parents should support and contribute to their children's safe participation in sport and active recreation by:

- Understanding what is expected of them and their children from coaches, clubs, schools and associations.
- Talking to the coach about their child and the activity program.
- Asking questions before they join a club to make sure it is the right place for their child.
- Being involved.

Talking about safety, fulfilling your roles and responsibilities, keeping qualifications up to date and furthering your attending education and training will help you continue to maintain a safe sporting environment for children and young people

## ***10 Points to Remember***

1. Clubs, schools and providers should ensure that they identify, manage and monitor the risks involved in sport and recreation activities.
2. An estimated 50% of all sports injuries are preventable.
3. Coaches should have at least an entry level qualification from a coaching course conducted by the National or State organisation of their sport.
4. A First Aider should be present at all sporting events with participants under 16 years of age. A Sports Trainer should be present at all sporting events with participants over 16 years of age. Any complaint of pain, tenderness, limitation of movement or disability should be promptly referred to a qualified Sports First Aider, Sports Trainer or medical professional for management.
5. Appropriate and properly fitted protective equipment, clothing and footwear should be used at all times.
6. The environment and facilities should be inspected and made safe before participation.
7. All coaches and teachers must be aware of the medical history and other commitments of participants. A pre-season medical and activity questionnaire should be completed by all participants and the current medical state of individuals should be taken into consideration prior and during participation. A medical clearance must be obtained from the treating doctor before any child or young person taking prescription medication participates in sport or physical activity.
8. Warm up, cool down and stretching should be included before and after all participation.
9. Activities for children and young people should be well planned and progress from easy to more difficult. Strength training can be safely introduced to young people provided it is carefully supervised. It should involve low resistance and high repetitions to avoid maximal lifts.
10. To reduce the likelihood of injury match the physical and mental maturity of the child to the level of participation, complexity of the task and the game rules.

## ***Further Information and Links***

Local coaches, clubs, schools, and associations are great places to start enquiries; your Local Council can also provide information, education and advice. State or National Sport Organisations or your State Government Department for Sport and Recreation may also assist you in enquiries regarding sports safety. In addition there may be other peak agencies that exist in your state, for example Regional Sports Organisations or Assemblies and School Sports Associations. Key organisations and examples of the resources and educational opportunities they provide that are relevant to creating safe sport and recreation for children and young people are listed over.

### **SMARTPLAY**

**[www.smartplay.com.au](http://www.smartplay.com.au)**

- Links to Smartplay state branches, their activities, resources and programs
- Sport Specific Injury Prevention Fact Sheets e.g. AFL, Netball, Hockey, Tennis
- Injury Specific Fact Sheets e.g. Shin Pain, Ankle Sprain, Meniscus Injury
- Guidelines and Policies e.g. heat and how to choose a club
- General Injury Prevention Information
- Latest Research about injury prevention, intervention, sport safety and risk management
- Forms and templates e.g. athlete medical record forms and emergency planning template
- Women in Sport Fact Sheets
- Publication articles.

### **SPORTS MEDICINE AUSTRALIA**

**[www.sma.org.au](http://www.sma.org.au)**

- Links to Sports Medicine Australia state branches and their activities and education programs
- Professional development activities
- Safer Sport Program Course information e.g. Sports First Aid, Sports Trainer, Sports Taping, Spinal Injury Management, and Emergency Asthma Management
- Membership
- Publications e.g. Sport Health Magazine.

### **AUSTRALIAN SPORTS COMISION**

**[www.ausport.gov.au](http://www.ausport.gov.au)**

- Tools and tips for beginner coaches and officials

### **PLAY BY THE RULES**

**[www.playbytherules.net.au](http://www.playbytherules.net.au)**

- Online training and fair play strategies

### **AUSTRALIAN COUNCIL FOR HEALTH PHYSICAL EDUCATION AND RECREATION (ACHPER)**

**[www.achper.org.au](http://www.achper.org.au)**

### **AUSTRALIAN SPORTS ANTI-DOPING AUTHORITY (ASADA)**

**[www.asada.gov.au](http://www.asada.gov.au)**

- WADA doping Code

- Athlete location and TUE forms
- Education programs
- Banned substance lists

### **CONFEDERATION OF AUSTRALIAN SPORT**

**[www.sportforall.com.au](http://www.sportforall.com.au)**

- Links to all National Sports Organisations

### **ASTHMA AUSTRALIA**

**[www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)**

### **AMERICAN ACADEMY OF PAEDIA TRICS**

**[www.aap.org/](http://www.aap.org/)**

### **DIABETES AUSTRALIA**

**[www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au)**

### **ANAPHYLAXIS AUSTRALIA**

**[www.allergyfacts.org.au](http://www.allergyfacts.org.au)**

### **SCHOOL SPORT AUSTRALIA**

**[www.schoolsport.edu.au](http://www.schoolsport.edu.au)**

### **CleanEdge**

**[www.cleannedge.com.au](http://www.cleannedge.com.au)**

An educational resource on doping in sport:

- Information on healthy ways to enhance performance
- Facts about the consequences of drug use
- Video interviews with elite athletes
- Video advice from health professionals
- Educational Kit for teachers.