



QUEENSLAND BADMINTON ASSOCIATION (QBA)

RISK MANAGEMENT POLICY (DECEMBER 2016)

The Queensland Badminton Association accepts and agrees to abide by the provisions of the Risk Management Policy and the Member Protection Policy (updated 30 September 2015) as developed by Badminton Australia. Copies of these policies are available from the Badminton Australia website. www.badminton.org.au

QBA and its Affiliates will operate in a way that minimises the risk of injury, damage or loss to people, facilities and finances. This includes identifying, assessing and minimising the various forms of risk associated with the activities of QBA and its affiliated clubs.

Risk reduction is achieved by adopting and promoting procedures on matters including

- The wearing of appropriate clothing and shoes,
- Equipment
- Ensuring venue safety before use (checking playing surface, surrounds, lighting etc),
- Appropriate procedures for handling cash,
- Warning signs around facilities
- Adoption of rules or behaviour guidelines preventing unsafe practices.
- Access to an appropriate first aid kit.
- Access to a telephone for emergency use
- Application of appropriate heat management procedures

Clothing and shoes

Loose fitting clothing is best for badminton to enable stretch and swing without restriction. For hygiene purposes and respect for fellow players, shirts should be worn at all times. Purpose designed badminton shoes or white soled non-marking shoes must be worn at all times whilst playing to ensure grip and stability and protect from possible impact injury. Players should not wear court shoes outside the playing venue.

Equipment

- Shuttles – shuttles of correct speed must be used at all times
- Rackets – only badminton specific rackets must be used on court
- Nets – ensure nets do not have loose cords which lie on court and present a hazard
- Net Posts – ensure net posts are correctly positioned and are stable
- Umpire Chairs – ensure these are correctly located and are stable to prevent toppling
- Advertising boards – if used, ensure they are correctly located under BWF regulations and are unlikely to present a hazard

Building and Venue

- Courts – Floor and floor mats must be clean, dry and free from obstructing materials such as personal belongings, bags and other equipment. Sufficient equipment such as towels should be available during play to wipe any perspiration or other moisture from the court surface.
- Stairs – ensure these are free from obstructions to allow free movement
- Rails – ensure any rails on stairs or viewing area are fixed in place and stable



- Parking area – should be well marked and any obstructions removed. Ensure marking allows emergency access should this be required.
- Accessibility – should be readily accessible and well gender marked
- Cleanliness – must be clean and dry with adequate accessories provided
- Ventilation – should be ventilated where possible
- Venue should be a non-smoking environment and there should be NO SMOKING signs within the venue
- Ensure all electrical equipment is in good working order and there are no loose wires or faulty switches that could present a hazardous situation
- Ensure that any equipment stored in the venue is stored in a safe manner and is easily accessible

Other requirements

Emergency Procedures

First aid, emergency and evacuation procedures should be either identified or established by the Association/club. These should be prominently displayed in writing and updated as necessary.

Accident Procedures

Should an injury accident occur, there are a number of things that should be done

- care for the needs of the injured person (first aid or other attention)
- In the case of a **serious*** injury accident, the scene should not be disturbed unless to save life, prevent further damage or relieve suffering of any person
- report the accident to the appropriate person or authority
- complete accident/incident register

*serious in this context includes vision impairment, penetrating eye wound, bone fracture, laceration

Insurance policies are a form of protection against risk.

All Queensland Badminton Association affiliated clubs and associations will maintain appropriate insurance. Clubs are able to purchase cover via Queensland Badminton as part of their affiliation. Types of insurance available include:

- Public liability
- Personal Accident (Sports injury) insurance
- Coach professional indemnity
- Directors and officers
- Travel insurance for state teams and officials
- Building and contents



Responsibilities of the Committee of a club affiliated with QBA

Venue inspection

The Committee of the affiliated association or member club with Queensland Badminton Association must ensure it provides a safe environment for its players, spectators and general public. It is a requirement of insurance with QBA that the checks listed in Attachment A are carried out before play and that a record of the check is made each week. This record may be a tick box or note on the playing sheet /book for the night.

At the end of a Club Session, committee members must

- ensure all equipment is secure
- ensure venue is secure
- ensure junior players are not left unattended while waiting to be collected

If there is an on- going problem with the venue being used by an affiliated club, QBA will provide assistance with the resolution of the issue if assistance is requested by the club via the Regional Association. During a club night there should be quick access to an appropriate first aid kit and telephone.

In the event of an injury occurring during a club night, a Sports Injury Report Form (Attachment B) should be completed as soon as possible. A copy should be retained by the club. If the player involved requests a copy, this should be provided.

Protection of Junior Players and children Under 18 years

There are special requirements for the protection of any players under the age of 18 years who participate in QBA sanctioned activities. These are detailed in the QBA Junior Policy.

- at least one adult shall be present at any QBA activity involving players under 18 years
- all coaches, officials, and committee members must in possession of or applied for a blue card from the Department of Justice and Attorney-General.
- there will be no inappropriate physical contact between a player under 18 years.
- any employee or volunteer undertaking work that at involves direct and /or indirect and /or unsupervised contact with people under the age of 18 years must have a current or applied for a Blue Card from the Commission for Children and Young People and Child Guardian
- All coaching sessions at club, Association or Queensland level must be run by qualified coach (who have current accreditation)
- any player under 18 years who is traveling with QBA sponsored group will complete a Parental Consent/Medical form, Attachment C , which must be signed by a parent/guardian

Blue Cards – All Associations should ensure that organisers of their activities and organisers of their affiliated clubs activities, all appropriately hold blue cards. As club organisers and Committee members change over it will be necessary to ensure that blue cards (volunteer or paid) are appropriately requested.

An accident: “an unexpected or undesirable event causing damage or injury”



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Health and Safety legislation requires any person in control of a workplace to identify the potential hazards of the work to be performed, to assess the risks involved and develop controls to eliminate the risk, or if the risk cannot be eliminated, to minimize the risk as far as possible.

It is also incumbent on officials organising or running any sporting contest to be aware of situations that are likely to present hazards within the precincts of the contest and in the surrounding areas.

Duties and responsibilities of officials:

- To take all reasonable precautions to prevent injury or illness to themselves or anyone else
- To take appropriate steps to fix or get fixed anything they believe poses a risk of injury or illness to anyone
- To ensure they are not under the influence of drugs or alcohol while officiating which could pose a risk to others
- To not unreasonably obstruct anyone exercising a power under H & S legislation
- Report anything that could be hazardous or has not been fixed
- Correctly use all equipment required for badminton

In all sport there are countless possibilities for accident and injury and it is the responsibility of all officials and players to play and think 'safe' for themselves and to be aware of potential accident situations and to do something about them. Most accidents are caused by human error or carelessness and have causes that can be identified and eliminated, minimized or isolated.

Most accidents are preventable and if people are safety conscious and think ahead, the unexpected becomes the expected. If this happens then steps can be taken to prevent it from happening. This is seen as 'accident prevention' and/or hazard management.

To prevent accidents, you must identify and eliminate, or isolate and minimise any potential hazard.

Risk Management

This topic should be a standing agenda item at relevant committee meetings.



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Attachment A

Club Checklist

Date: _____

Club _____

Venue _____

please circle

Has the floor surface been prepared correctly for badminton?	YES	NO
Is the surface free of debris? (glass, rubbish, etc)	YES	NO
Have weather conditions or water made the surface unsafe?	YES	NO
Is the surface in good condition? (free of holes, nails, etc)	YES	NO
Are the courts sidelines safe? (signs, shuttles, soccer goals , players' belongings too close to the courts, etc)	YES	NO
Are the gym conditions safe for the game to commence? (lighting, dangerous objects hanging from ceiling, etc)	YES	NO
Has the equipment been set up properly?	YES	NO
Are there any factors which may be dangerous to the players?	YES	NO
Is the lighting outside adequate for players arriving/leaving?	YES	NO
Change Rooms and Toilet Safety		
Are the rooms free of debris? (syringes, glass, rubbish)	YES	NO

Prior to the commencement of play, we, the undersigned, have undertaken the above inspection and agree that the playing environment is fit\ unfit (circle one) for play.

.....

Signature Signature

.....

Name Name



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Attachment B

Insert Carnival Name Here

All responsible parent or legal guardian of the participants must have read, understood and signed this Medical Consent Form.

The information provides the basis for the coach and manager to provide the most appropriate and suitable activities for each participant, and ensure these participants are not given tasks that may be to the detriment of their health. It also provides information that may be helpful in times of medical emergency. This form is to be completed by a parent or legal guardian since participants are minors. It is important for the wellbeing of these minors that this form be completed fully and accurately.

This medical form is a confidential document which is held in secure conditions by the manager of the Event. The information will only be retained for the duration of the Event and thereafter will be destroyed. It will not be used for any other purposes than those stated in the above paragraph.

Name of Participant..... Date of Birth:

Name of Parent or Legal Guardian

Address.....
.....

Mobile Telephone Number of Participant (if applicable) :

Telephone n° of Parent or Legal Guardian :Home

.....Work

.....Mobile

Name of another contact: (In case of emergency) :

Address:

Telephone: Home Work Mobile.....

Relationship to participant

Medicare Name and Number :

Private Insurance (if applicable) :



DOES THE ABOVE NAMED PARTICIPANT SUFFER FROM ANY OF THE PROBLEMS LISTED BELOW?

If so please circle. If 'yes' please provide details.

- (A) Heart Problems Yes/No
- (B) Respiratory Problems Yes/No
- (i) Asthma Yes/No
- (ii) Other Yes/No
- (C) Allergies Yes/No
- (i) Food Yes/No
- (ii) Drugs Yes/No
- (iii) Ointment Yes/No
- (iv) Other Yes/No
- (D) Diabetes Yes/No
- (E) Blood Pressure Yes/No
- (F) Recent Operations Yes/No
- (G) Epilepsy Yes/No
- (H) Recent Illness Yes/No
- (L) Past Injuries Yes/No
- (M) Others: (please list) Yes/No
-

Date of last Tetanus injection ____/____/____

I consent for the above named participant to be allowed emergency medical/dental attention, if necessary, during her/his participation in any activity during the trip related to the Event.
(Please circle) YES / NO

I consent for the above named participant to be given Aspirin or Paracetamol, if necessary, during her/his participation in any activity during the trip related to the Event.
(Please circle) YES / NO



I understand that no liability can be accepted by the Queensland Badminton Association and their volunteers (coach and manager) in the event of an injury or accident occurring.

Signature.....

I understand that the coach and manager reserve the right to refuse any participant access to activities if it is reasonably believed that participation may be detrimental to the person's health.

Signature.....

In the case of emergency and I cannot be contacted, I give permission for the above named participant to be transported by private car, ambulance or whatever other means is appropriate, and agree to cover the cost of such transport.

Signature.....

In the case of emergency and I cannot be contacted, I give permission for the manager or coach to allow treatment of the participant as deemed necessary and agree to cover the cost of such treatment.

Signature.....

I have disclosed all information, to the best of my knowledge, required by this form. The above named participant has not been advised by their registered Medical Practitioner **not** to undertake this activity. In the case that a Medical restriction has been imposed on certain activities, I have listed these here:

.....
.....
.....
.....
.....
.....

Signature.....

I have read and fully understood the content of this Medical Consent Form.

Signature Date

Parent / Legal guardian (Please circle)



Name of patient: _____ DOB ____/____/____ Sex: Male Female

Date of Injury: ____/____/____ Time ____:____am/pm Is the injured person : Player / Referee / Coach / Spectator

Patient Address: _____ Patient Phone Number: _____

Sport _____ Venue _____ Event/match: _____

Type of activity at time of injury

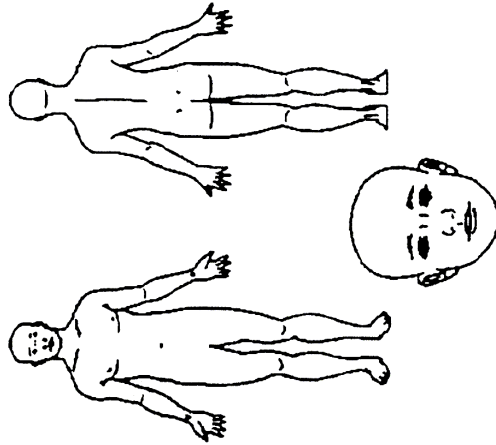
- training
- warm-up
- competition
- cool-down
- other _____

Reason for Presentation

- new injury
- exacerbated/aggravated injury
- recurrent injury
- illness
- other _____

Body Region Injured

Tick or circle body part/s injured & name



Body part/s

Nature of Injury/Illness

- abrasion/graze
- sprain eg ligament tear
- strain eg muscle tear
- open wound/laceration/cut
- bruise/contusion
- inflammation/swelling
- fracture (including suspected)
- dislocation/subluxation
- overuse injury to muscle or tendon
- blisters
- concussion
- cardiac problem
- respiratory problem
- loss of consciousness
- unspecified medical condition
- other _____

Provisional diagnosis/es

CAUSE OF INJURY

Mechanism of Injury

- struck by other player
- struck by ball or object
- collision with other player/referee
- collision with fixed object
- fall/stumble on same level
- jumping to shoot or defend
- fall from height/awkward landing
- overexertion (eg muscle tear)
- overuse
- slip/trip
- temperature related eg heat stress
- other _____

Explain exactly how the incident occurred

Were there any contributing factors to the incident, unsuitable footwear, playing surface, equipment, foul play?

Protective Equipment

Was protective equipment worn on the injured body part? yes no

If yes, what type eg mouthguard, ankle brace, taping.

Initial Treatment

- none given (not required)
- RICER dressing crutches
- sling, splint stretch/exercises
- CPR
- taping only
- none given - referred elsewhere
- other _____

Advice Given

- immediate return unrestricted activity
- able to return with restriction
- unable to return at present time
- Able to return but the player chose not to
- Referred for further assessment before returning to activity

Referral

- no referral
- medical practitioner
- physiotherapist
- ambulance transport
- hospital
- other _____

Provisional severity assessment

- mild (1-7 days modified activity)
- moderate (8-21 days modified activity)
- severe (>21 days modified or lost)

Treating person

- medical practitioner
- sports trainer
- other _____

I have provided the patient with a copy of this report and told them that this record will be kept for insurance purposes. The injury information (not including patient name, address or phone number) will be entered into the Sports Injury Tracker Tool as part of the statistical analysis of injuries that occurred during the event. Patients are anonymous in these statistical records which help to create a safer sporting environment for future events.

Name

Signature

Today's Date: ____/____/____

Sports Trainer ID _____

(Please Note: This paper will be subject to periodic review)
- Last update December 2016