NZIFSA

Policy Document

NZIFSA Health and Safety Policy

Version 2.0 (22 July 2019)

1. Policy Aims and Considerations

The NZIFSA recognises that there is an inherent risk in undertaking many sporting activities and ice figure skating is no exception. This policy is not about limiting the activity of skaters, but about managing risks associated with the sport in general.

This policy sets out how the NZIFSA will take all practicable steps to ensure the safety of any club members, officer bearers, contractors, volunteers or other parties, at any events organised by or on behalf of NZIFSA. The NZIFSA aims to

- Continuously improve current health and safety performance
- take a risk management approach to managing health and safety
- establish and maintain communication on health and safety
- identify needs and provide training on health and safety
- demonstrate a commitment to the accurate reporting and recording of health and safety matters
- comply with legal and organisational obligations, including the Health & Safety at Work Act (2015) and any subsequent amendments.

2. Accountability

As a volunteer association that does not employ anyone in the literal sense, the NZIFSA is not a "person conducting a business or an undertaking" (PCBU) as defined in the Health & Safety at Work Act (2015). That notwithstanding, the Board, CEO and other elected officers of the NZIFSA have a duty of care for any club members, officer bearers, contractors, volunteers or other parties at events that we organise.

The Board has ultimate responsibility for determining high level health and safety strategy and policy and ensuring that it is implemented effectively by holding the CEO to account through processes of policy and planning, delivery, monitoring and review. The CEO is to keep the Board advised of any Health and Safety concerns.

3. Managing Risks to Health and Safety

Most activities organised by the NZIFSA take place in premises owned and operated by other agencies - for example ice rinks. For each activity the CEO will ensure that an individual is nominated as the Event Health & Safety Coordinator. This individual is responsible for liaising with the owners of the venue to:

- complete the hazard management procedure (Appendix 1), including identification and risk analysis,
- work with the venue owners and other parties to complete the risk register (Appendix 2) and eliminate risks as far as is reasonably practical, and if the risks can't be eliminated, to minimise the risk as far as is reasonably practical.

The Event Health & Safety Coordinator is also responsible for:

- informing others (participants / attendees) of any risks to health and safety which are known to be associated with the event and the steps to be taken to control any such risks.
- communicating to the CEO if there are any H&S critical risks that haven't been eliminated or isolated.

All club members, officer bearers, employees, contractors, volunteers or other parties are responsible for:

- taking all practicable steps to ensure that risks identified are eliminated, or managed if they can't be eliminated
- completing a hazard notification form (Appendix 3) if a hazard is identified and providing this to the Event Health & Safety Coordinator
- ensuring unsafe acts and unsafe conditions are appropriately addressed.

4. Accident/Incident reporting investigation

The Event Health & Safety Coordinator is responsible for:

- Maintaining a register of incidents, accidents or near-misses (Appendix 4) and a First Aid Register (Appendix 5) for the event, to be sent to the CEO at the conclusion of the event, with a copy to the venue management as required.
- Liaising with the venue management regarding any accidents and incidents.

In the event of a Notifiable Event or a critical risk being identified that cannot be eliminated, the venue management and CEO must be advised immediately. Refer Appendix 6 for a definition of Notifiable Events

The CEO should:

- Advise the Board
- initiate and carry out an investigation
- ensure any hazard that is identified as the cause of the Notifiable Event is eliminated, isolated or minimised
- ensure all corrective actions that have been identified are carried out within the specified timeframes

5. Concussion Management

Concussion is a serious injury and is a recognised risk for figure skaters. When a concussion, or possible concussion occurs, it is important to take action and to get help. The most important steps in the early identification of concussion are to recognise a possible injury and remove the athlete from the sport/activity.

Any skater suspected of sustaining a concussion injury at an NZIFSA organised event (e.g. New Zealand Ice Figure Skating Championships, or Skater Development Camps) will be required to follow the ACC concussion management protocols. While the NZIFSA has limited influence over the activities of skaters and coaches outside of the events it organises, for the health and wellbeing of our members all parties should follow the ACC concussion guidelines in the event of a suspected concussion injury. In particular, the event moderator, coach or event referee, all have a role to play in ensuring that when a concussion or possible concussion occurs, that the ACC concussion management protocols are followed.

The CEO will ensure, through the Coaching Director, Skater Development Director and Officials Director, that all coaches, officials and event moderators are familiar with the ACC Concussion Recognition Tool (CRT) (Appendix 7).

Where a concussion injury has occurred, there shall be no return to sport/activity on the day that the injury occurs. Clearance by a medical doctor is required before return to sport/activity. Coaches and skaters should refer to the ACC concussion management and graduated return to school/work/sport protocol (Appendix 8)

6. Emergency Management

The Event Health & Safety Coordinator will ensure they are familiar with the emergency procedures (e.g. Fire Evacuation etc.) for the venue, and that these are communicated to the participants/attendees.

Where there are no emergency procedures associated with the venue (e.g. natural ice), then the Event Health & Safety Coordinator shall work with the CEO to ensure that appropriate emergency procedures are developed and communicated.

7. First Aid Management

The Event Health & Safety Coordinator will ensure that appropriate First Aid facilities are available. If the venue does not have these available, the Event Health & Safety Coordinator will work with the CEO to ensure first aid supplies and appropriately trained first aid providers are on hand. The Event Health & Safety Coordinator is to ensure that a First Aid register (Appendix 5) is maintained for the event and sent to the CEO at the conclusion of the event, with a copy to the venue management as required.

Appendix 1 Hazard Management Procedure

Hazard management steps include:

1. Identification – describe the hazard and state the location of the hazard
2. Risk analysis – rate the risk
3. Control – Recommend the control measure (eliminate, isolate or minimise).

Complete details on the hazard management register (appendix 6).

Hazard management needs to be completed:

- systematically for all areas and processes at regular three-monthly intervals
- when an accident occurs; a check is needed to ensure hazards listed and their controls are adequate
- when a new process or equipment is introduced
- if a new hazard is observed or reported.

Step 1 – Identify hazards

Hazard Identification Process			
1.	Use inspection, audits, walk-through surveys and checklists to determine hazards		
	Working Environment Area used and its physical condition Venue layout Location of material/equipment and distances moved Types of equipment used Energy hazards Hazards which could cause injury Characteristics of materials, equipment Hazards which could cause ill health Psycho-social environment Organisation environment	**Human Factors** Knowledge and training Skills and experience Health, disabilities, fitness Age and body size Motivation Risk perception and value systems Protective clothing, equipment, footwear Leisure interests	**Tasks** Task analysis Working postures and positions Actions and movements Duration and frequency of tasks Loads and forces involved Intensity Speed/accuracy Originality Work organisation
2.	Analyse any 'near miss' accidents that may have been recorded in the incident and accident register or documented by the Event Health & Safety Coordinator		

Step 2 – Risk analysis

Risk analysis is the process of estimating the magnitude of the risk and deciding what actions to take. The following considerations are made to establish risk using the likelihood and impact scales below.

Score	Scale	Frequency of accident or illness
1	Rare	May occur only in exceptional circumstances, e.g. less than 5% chance of occurring
2	Unlikely	Could occur at some time, e.g. 5-29% chance of occurring
3	Possible	Should occur at some time, e.g. 30-59% chance of occurring
4	Likely	Will probably occur in most circumstances, e.g. 60-79% chance of occurring
5	Almost certain	Will occur in most circumstances, e.g. 80%+ chance of occurring

Impact scale

Score	Scale	Severity of accident or illness
1	Minimal	Negligible injury or illness
2	Minor	Minor injury or illness requiring minor first aid and/or less than one weeks' recovery
3	Moderate	Injury or illness requiring advanced first aid and medical visit (e.g. GP or hospital visit) and/or 1-6 week's recovery
4	Major	Injury or illness requiring advanced first aid and emergency medical assistance (e.g. hospitalisation) and/or more than six weeks' recovery
5	Extreme	Injury or illness requires immediate emergency medical assistance and may result in permanent or long-term disabling effects or death. Hospitalisation likely to be for more than six weeks

A risk assessment category (critical, high, moderate or low) for each hazard is compiled by using the chart below. Hazards with the highest rating are given priority.

Risk assessment chart

Likelihood	Impact				
	Minimal	Minor	Moderate	Major	Extreme
Almost certain	H	H	C	C	C
Likely	M	H	H	C	C
Possible	L	M	H	C	C
Unlikely	L	L	M	H	C
Rare	L	L	M	H	H

Legend:

C	Critical risk; immediate action required
H	High risk; senior management attention is needed
M	Moderate risk; management responsibility must be specified
L	Low risk; manage by routine procedures

The risk assessment category is entered into the Risk Score column beside the hazard on the Hazard Management form. 'Significant Hazards' are identified according to the definition above.

Step 3 – Control

Where a significant hazard is to be controlled, this must, if practicable, be by elimination. Where elimination is not practicable then the hazard must be isolated. Only where both elimination and isolation are not practicable are methods of minimisation to be applied.

Appendix 2: Risk register

Hazard Identification and Analysis							Action		
Hazard and potential harm	Risk Category	Critical Risk? Yes/No	Practicable to			Controls required (including existing)	Person responsible	Date of action	Completed by
			Eliminate? Yes/No	Isolate? Yes/No	Minimise? Yes/No				

Appendix 3: Hazard notification form

Any individual who identifies a hazard should complete this form, for example a new hazard that is not entered into the hazard register or an existing hazard that has been entered into the hazard register that has not been correctly managed to eliminate or mitigate risk.

<table>
<tr><td colspan="4">Hazard Notification Form</td></tr>
<tr><td>Your name:</td><td>Date:</td><td>Location:</td><td>Notification to:</td></tr>
<tr><td rowspan="3"></td><td></td><td rowspan="3"></td><td rowspan="3"></td></tr>
<tr><td>Date observed:</td></tr>
<tr><td></td></tr>
<tr><td colspan="2">Description of hazard including significance in your opinion:</td><td>Any immediate action taken to mitigate: (please describe)</td><td>Your recommendations to control or eliminate the hazard:</td></tr>
<tr><td colspan="2"></td><td></td><td></td></tr>
<tr><td colspan="2">Signature of person notifying this hazard:</td><td colspan="2"></td></tr>
<tr><td colspan="4">Event Health and Safety Coordinator report including analysis and action taken:</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4">Date entered into the hazard register:</td></tr>
<tr><td>Signature of CEO</td><td colspan="3"></td></tr>
</table>

Appendix 4: Incident and accident reporting form/register

Record of Accident /Incident/ Serious Harm

To be completed by the Event Health and Safety Coordinator and injured person and sent to CEO within 48 hours of the event.

Is it an o Accident o Incident/Near Miss

Surname: ……...

First name(s): ……...

Residential address: …….

……

……

Phone: ……

Gender: o M o F

Date of event: ……Time: …… am/pm

Date reported:……..

Location where event occurred: ……

……

Nature of injury:

o No injury
o Sprain or strain
o Head injury
o Fracture, spine
o Multiple injuries
o Puncture wound
o Chemical reaction
o Burns
o Mental disorder
o Nerves/spinal cord
o Damage artificial aid
o Superficial
o Open wound
o Poisoning/toxic effect
o Other fractures
o Foreign body
o Internal injury, trunk
o Occupational hearing loss
o Bruising/crushing
o Amputation, including eye loss
o Dislocation
o Fatal

Injured part of body:

o Trunk o Neck
o Head o Internal organs
o Upper limb(s) o Lower limb(s)
o Multiple locations

Mechanism of event:

o Fall, trip or slip
o Sound or pressure
o Biological factors
o Body stressing
o Mental stress
o Being hit by moving objects
o Heat, radiation or energy
o Chemicals or other substances
o Hitting objects with part of the body

Was a '"Critical Risk" involved?
o Yes o No

Type of treatment given:

o Nil o First aid
o Doctor o Hospital

Agency of injury:

o Machinery or (mainly) fixed plant
o Mobile plant or transport
o Tools, appliances, equipment (powered)
o Tools, appliances, equipment (non-powered)
o Chemical or chemical products
o Material or substance
o Environmental agency
o Animal, human or biological agency (not bacterial/virus)
o Bacterial or virus

THE INVESTIGATION: Describe what happened.

ANALYSIS: What caused the event?

PREVENTION: What action has or will be taken to prevent a recurrence?

By whom?…… By when? ……..

Event Health & Safety Coordinator (Name)……
Signature Date

Injured Person: …… ……

Signature Date

Appendix 5: First aid register

Employee's name:	
Job title:	

Date of treatment:	
Time of treatment:	
Person giving first aid:	
Accident register completed by:	
Nature of injury:	
Treatment provided:	

Appendix 6: Definition of Notifiable Event

The Health & Safety at Work Act (2015) defines Notifiable Events as they apply to events that happen in the workplace. While, as a volunteer association, we are not required to report these events, as we are not a PCBU, they serve as a useful benchmark for notification to the CEO of an accident or incident when they occur during an activity organised by the NZIFSA.

What is a Notifiable Event?
A Notifiable Event is a:

- death
- notifiable illness or injury, or
- notifiable incident

Only serious events are intended to be notified.

Deaths, injuries or illnesses that are unrelated to the activity organised by the NZIFSA are not Notifiable Events. For example:

- a diabetic person slipping into a coma at a competition
- a person being injured driving to a coaching course, when that driving is not part of the course
- a person fainting from a cause related not related to the activity organised by the NZIFSA.

For the purposes of the table below:

- 'Medical treatment' is considered to be treatment by a registered medical practitioner e.g. a doctor.
- 'Immediate treatment' is urgent treatment, and includes treatment by a registered medical practitioner, registered nurse or paramedic.
- If immediate treatment is not readily available (e.g. because the person became seriously ill at a remote site), the notification must still be made.
-

TRIGGER	EXAMPLES
An injury that requires or would usually require someone to be admitted to hospital for immediate treatment	'Admitted to hospital' means being admitted to hospital as an in-patient for any length of time. Being admitted to hospital doesn't include being taken to hospital for out-patient treatment by the hospital's A&E department, or for corrective surgery at a later time, such as straightening a broken nose.
The **amputation of any part of the body** that requires immediate treatment other than first aid	This would include amputation of: ▪ a limb (eg an arm or leg) ▪ other parts of the body (eg hand, foot, finger, toe, nose, ear)
A **serious head injury** that requires immediate treatment, other than first aid	▪ fractured skull ▪ head injury that results in losing consciousness ▪ blood clot or brain bleed ▪ damage to the skull that may affect organ or facial function ▪ temporary or permanent memory loss from a head injury.
A **serious eye injury** that requires immediate treatment, other than first aid	▪ injury that results in, or is likely to result in, the loss of an eye or vision - total or partial ▪ injury caused by an object entering the eye (eg metal fragment or wood chip) ▪ contact with any substance that could cause serious eye damage. Does not include: ▪ exposure to a substance or object that only causes discomfort to the eye.
A **serious burn** that requires immediate treatment, other than first aid	A burn that needs intensive or critical care such as a compression garment or skin graft. Does not include: ▪ a burn treatable by washing the wound and applying a dressing.
A **spinal injury** that requires immediate treatment, other than first aid	▪ injury to the cervical, thoracic, lumbar or sacral vertebrae, including discs and spinal cord. Does not include: ▪ back strain or bruising.

Loss of a bodily function that requires immediate treatment, other than first aid (eg, through electric shock or acute reaction to a substance used at work)	Loss of: ▪ consciousness (includes fainting due to a work-related cause eg from exposure to a harmful substance or heat) ▪ speech ▪ movement of a limb (e.g. long bone fractures) ▪ function of an internal organ ▪ senses (e.g. smell, touch, taste, sight or hearing). Does not include: ▪ fainting not due to a work-related cause ▪ a sprain, strain or fracture that does not require hospitalisation (except for skull and spinal fractures).
Serious lacerations that require immediate treatment, other than first aid	▪ serious deep cuts that cause muscle, tendon, nerve or blood vessel damage, or permanent impairment ▪ tears to flesh or tissue - this may include stitching or other treatment to prevent loss of blood or bodily function and/or the wound getting infected. Does not include: ▪ superficial cuts treatable by cleaning the wound and applying a dressing ▪ lacerations that only require a few stitches a GP ▪ minor tears to flesh or tissue.
Skin separating from an underlying tissue (degloving or scalping) that requires immediate treatment, other than first aid	▪ Skin separating from underlying tissue where the tendons, bones, or muscles are exposed.
An illness or injury declared in regulations to be a notifiable injury or illness	▪ Any illness or injury listed in Schedule 5 of the Health and Safety at Work (Mining Operations and Quarrying Operations) Regulations 2016.

A notifiable incident, as defined by the Health & Safety at Work Act (2015) is an unplanned or uncontrolled incident in relation to a work place an activity that exposes the health and safety of workers participants or others to a serious risk arising from immediate or imminent exposure to any of the following:

- a substance escaping, spilling, or leaking
- an implosion, explosion or fire
- gas or steam escaping
- a pressurised substance escaping
- electric shock (from anything that could cause a lethal shock, for example it would not include shocks due to static electricity, from extra low voltage equipment or from defibrillators used for medical reasons)
- the fall or release from height of any plant, substance, or thing
- damage to or collapse, overturning, failing or malfunctioning of any plant that is required to be authorised for use under regulations
- the collapse or partial collapse of a structure

Appendix 7: ACC Concussion Recognition Tool

Source: Sport Concussion in New Zealand ACC National Guidelines

CONCUSSION RECOGNITION TOOL 5©

To help identify concussion in children, adolescents and adults

Supported by

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- **Neck pain or tenderness**
- **Double vision**
- **Weakness or tingling/ burning in arms or legs**
- **Severe or increasing headache**
- **Seizure or convulsion**
- **Loss of consciousness**
- **Deteriorating conscious state**
- **Vomiting**
- **Increasingly restless, agitated or combative**

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to so do.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

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

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

Appendix 8 ACC Concussion management and graduated return to school/work/sport protocol

Source: Sport Concussion in New Zealand ACC National Guidelines

No return to sport/activity on the day of concussive injury should occur.

Initial concussion management involves physical and cognitive rest until the acute symptoms resolve and then a graded programme of exertion (physical and mental activity) prior to medical clearance and return to sport.

All athletes diagnosed with concussion must go through a graduated return to activity protocol led by a person trained in concussion management (e.g. coach, physical trainer, teacher, parent etc). Athletes should have fully returned to school or work and social activities before returning to the activity. Clearance by a medical doctor is required before return to sport/activity.

There is a lack of research to support the optimal period of time an athlete should be out of training and competition. Below is an example if a graduated return to sport protocol based on the best available evidence and expert experience.

Return to activity stage	Functional exercise at each stage of rehabilitation	Objective of each stage
No activity	Avoid all physical and mental exertion including the use of technology (e.g. use of phones, computers, reading, watching TC).	Recovery
Light aerobic exercise	Walking, swimming or stationary bike keep intensity of exercise very low/easy. No resistance training.	Increase heart rate
Sport specific exercise	Running drills. No head impact activities.	Add movement
Non-contact training drills	Progression to more complex training drills e.g. passing, drills. May start progressive resistance training	Exercise, co-ordination and cognitive load
Full contact practice	Following **clearance from medical doctor**, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
Return to play	Normal Sport	Full return to sport

- It is unanimously agreed that no return to sport/activity on the day of concussive injury should occur.
- Return to activity should be particularly cautious where children and adolescents are concerned
- Each individual international sports federation may have specific rules which **must** be considered (eg International Rugby Board rules for New Zealand Rugby).
- The safety of the athlete is the priority and must NOT be compromised.
- The decision regarding return to school/work and clearance to return to restricted activity should always be made by a medical doctor
- In some cases, symptoms may be prolonged or graded activity may not be tolerated. If recovery is prolonged, evaluation by a concussion specialist or clinic may be warranted to determine if there are other aspects of the concussion that could respond to rehabilitation.

In summary, the figure shows the roles and responsibilities for concussion management (i.e. stages of identification, assessment and diagnoses, rehabilitation and return to sport).

The following summary shows the roles and responsibilities for concussion management including the stages of identification, assessment and diagnosis, rehabilitation and return to sport.

	Responsibility	Tool	Education
Recognise, Remove, Refer	Everybody, especially referees, coaches, parents	ACC SportSmart concussion resources	General public, ambulance staff, first aiders
Assessment & diagnosis	Medical doctors (GP, ED doc's, sports physicians)	SCAT-5 (SCAT-3) guided medical assessment and diagnosis	Medical doctors
Rest	Athlete & family	ACC SportSmart Concussion resources	Patients, parents, caregivers, teachers, coaches
Recover. Rehabilitation & management	Athlete, physios, sports medics, occupational & physical therapists, coaches, parents, teachers, employers	SCAT-5 (SCAT-3) symptom checklist. Return to play graduated protocol	Everybody
Return to work/ school/activity	Medical doctors	SCAT-5 (SCAT-3) guided medical assessment and diagnosis	Medical doctors
Sport training & competition	Athlete & coaches		