Paddle Scotland Canoe Polo Discipline Development Group (DDG)

Event Safety Management Plan (SMP)

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This document has been produced by the PS Polo Discipline Development Group to comply with PS/British Canoeing requirements for all open events to have in place an appropriate Event Safety Plan. It is also intended to provide a template for any club and organiser to use for the events that they run on behalf of the PS Discipline Development Group or as a stand-alone event, so reducing the burden on each organiser and standardising the approach taken regarding event safety for all polo events in Scotland.

The Canoe Polo Discipline Development Group recognises that while it wants to standardise this approach, that each club / organiser will run events slightly differently. Where activities are outside of the scope of those covered by the template, the event organiser is responsible for undertaking an appropriate risk assessment for these and adding to their event safety plan as required.

Introduction

This document outlines the plan to manage safety at PS Canoe Polo Discipline Development Group organised events. Events include competitions such as leagues and championship, training events and referee or coaching courses. It includes both indoor and outdoor events.

1. Chain of command & Span of Control including who will report to whom in the event of an emergency?

Competitions events run by the PS Canoe Polo Discipline Development Group are considered Tier 4 or Tier 5 events and as such require event approval by the PS, based on online submission by a member of Polo Discipline Development Group. The event itself will have been approved by the Discipline Development Group to take place.

For each event 3 roles are identified and must be submitted to the PS:

Event Organiser*	Each event organiser will be responsible for the implementation of the Event Safety Plan and the safe, successful and enjoyable running of their event. This includes ensuring key roles are covered, normal operating procedures are followed, appropriate safety information is provided, there is provision for Emergency procedures to be followed if required, and reporting back on incidents, near misses or other areas that could improve safety at future events. Additionally, each event organiser is supported by the event safety officer who is responsible for any additional risk assessment and adding to the event safety plan where activities are outside those covered in the standard Event Safety Plan.
Event safety officer	The Event Safety Officer is responsible for the event safety documents: Risk Assessment and Safety Management Plan. These documents should be received by the PS staff at least 1 month prior to the event
Event Welfare Officer (If there are under 18s or Vulnerable Adults participating)	Responsible for Child Protection and Safeguarding at the events.

** it is recognised that the event shall be run by a group made up from Discipline Development Group members, polo team players, volunteers and others, some of whom may be delegated specific tasks by the event organiser.*

Specific to Canoe Polo there are some further roles. These positions all play a role in safety.

Lead Referee (At Tournament/ League):	Ensuring games are played in accordance with the rules. Multiple rules ensure safety of participants. The lead referee additionally manages post-game actions as required.
Scrutineer	ensuring equipment is in compliance with rules and regulations, especially those requirements relating to player safety (eg. kayak padding, helmets and faceguards, paddles).
Referees	Ensure games are played within the rules and acts of dangerous play are penalised.
Paddlers	Have individual accountability for their actions.
First Aider	It is recommended that at least one member of the event team has First Aid training. For larger event it is recommended that an event First Aider is appointed.

It should be noted that given the nature of polo events individuals may be taking on more than one role. The ICF Canoe Polo rules (and PUK adaptations) govern both the field of play and a range of external processes (e.g. disciplinary matters).

On the day of the event the event organiser shall be the principal point of contact.

2. Communication systems and technology. **The communication technology used (mobiles, radios, satellite phones, etc.) should be relied upon to work at the venue.**

Venues identified for canoe polo competitions in Scotland all have relatively reliable and consistent mobile phone coverage and no further means of communication are recommended. If necessary, it would be possible to drive to obtain a mobile signal. Most indoor and some outdoor venues may have landlines if mobile were not available.

3. Emergency response information.

The guidance advises that emergency response information should be documented, and readily available in the event of an emergency that requires external assistance. Information should include:

- Communication and contact details
- Escape route and location information
- Participants lists
- Medical forms
- Others e.g. Transport details

Items	Notes
Communication and contact details	In the event of needing emergency assistance the organiser or another individual should call 999 and ask for the correct emergency service (e.g. ambulance, police, fire brigade or other)
Escape route and location information	Formal venues (e.g. swimming pools, Pinkston etc) provide designated and signed routes. At informal venues escape routes should be identified in briefing notes for teams/participants.
Participants lists (emergency contact details)	Player details including PS membership numbers are provided by Team captains. This allows access to PS membership via PS staff. Day membership forms include Next of Kin info. No data is collected for non-playing participants/spectators/volunteers.
Medical forms	Medical details are not collected for polo events. See comments below.
Others e.g. Transport details	N/a

Medical forms and medical conditions: Players are normally part of a team/group who administer their own club management systems. Only participants taking our Day/Event PS membership are asked for medical information.

4. Emergency procedures

The following procedures apply during Polo Discipline Development Group events.

The guidance advises that (emergency procedures should have been developed and documented, for serious injury or fatality, serious threats to personal safety from high-risk environmental conditions (e.g. flood, storm, fire, etc.), lost participants and behavioural management problems). The guidance notes advise that emergency procedures should include (as applicable): Priority of tasks; immediate, second, third | Roles and responsibilities | Exit routes, emergency and evacuation procedures | Contact details for base camp, and program administrators as required | Contact details for police, rescue and medical services in the area | Communication modes and protocols | Location management | Vehicular / Boat / Helicopter access | Identification of nearest medical facilities | Identification of natural hazards and appropriate response (as required) |Post incident management; contact of insurer, legal procedures, post incident trauma, counselling?

First Aid Provision

As stated in the role outlined above, it is recommended that at least one member of the event team has First Aid training. The Polo Discipline Development Group has 2 First Aid kits, one of which will normally be brought to events (e.g. normally stored alongside scoreboards). At smaller events or where moving the Polo First Aid kits is not practical the event organiser or other person can bring a suitable replacement kit.

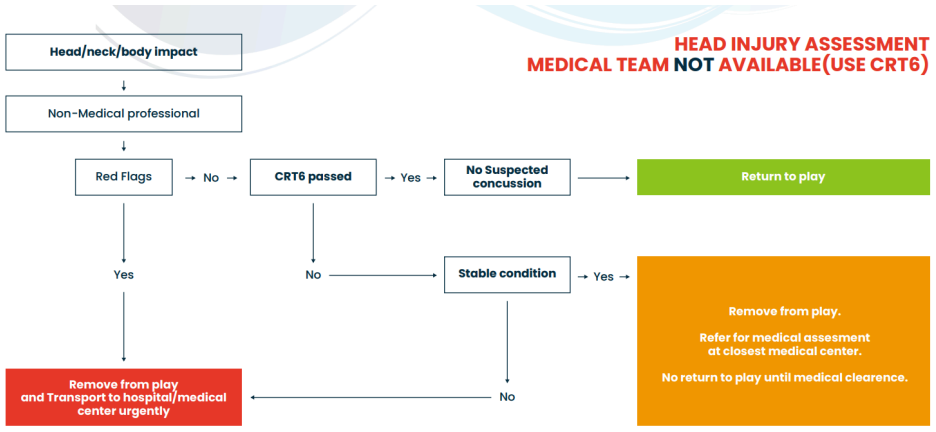
Minor Incidents

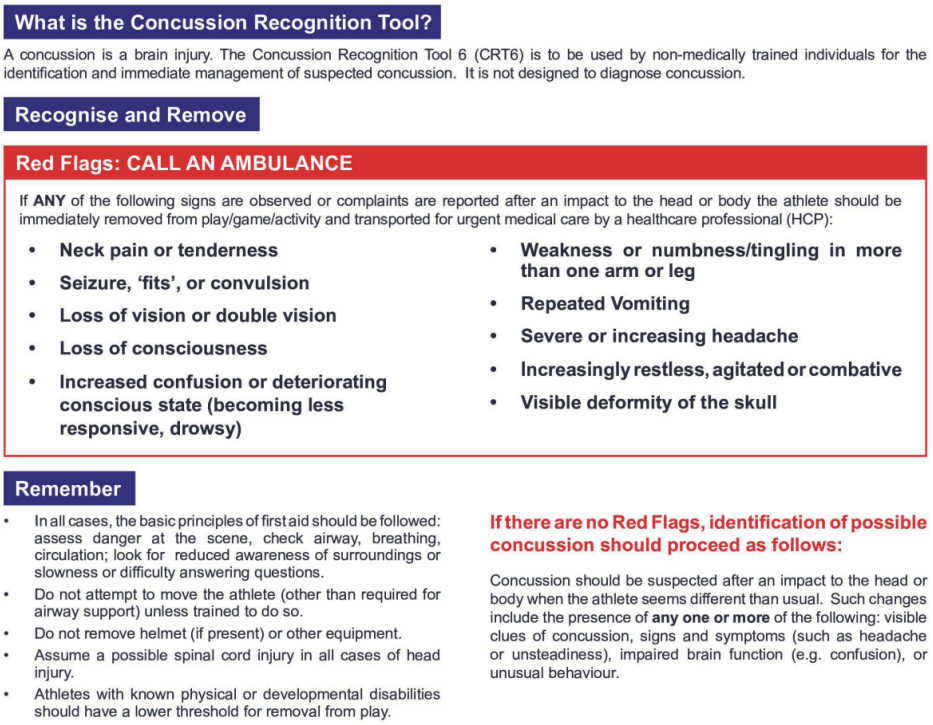
A minor incident is defined as a one requiring first aid treatment, but not requiring emergency medical treatment at hospital, or a near miss that could have resulted in injury. The Organiser should:

- Ensure appropriate First Aid treatment is provided.
- Consider the safety of other users, warning them of any hazard or keeping them away from the incident as appropriate.
- Ensure incident reporting is completed as detailed below.
- Pass any further information / recommendations for changes to avoid future incidents to the Polo Discipline Development Group.

Concussion

Guidance on concussion should be followed. The overriding principle is “If in doubt, sit it out”. In the event of a concussion the ICF protocol flowchart below should be used and the CRT6 Concussion Recognition Tool should be used if needed. If a medical professional is available an alternative protocol could be applied (see related documents/links at the end of this document.





What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- **Neck pain or tenderness**
- **Seizure, 'fits', or convulsion**
- **Loss of vision or double vision**
- **Loss of consciousness**
- **Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)**
- **Weakness or numbness/tingling in more than one arm or leg**
- **Repeated Vomiting**
- **Severe or increasing headache**
- **Increasingly restless, agitated or combative**
- **Visible deformity of the skull**

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

CRT6 is reproduced at the end of this document however can also downloaded as needed.

Major Incidents

A major incident is defined as a one requiring emergency medical treatment at hospital or where the emergency services need to be summoned. The Organiser should:

- Ensure appropriate First Aid treatment is provided.
- Where appropriate, ensure the emergency services have been called and that volunteers have been positioned to guide the emergency services to site and the incident as required.
- Where relevant, provide details of the nearest hospitals to the casualties party.
- Consider the safety of other users, warning them of any hazard or keeping them away from the incident as appropriate.
- Liaise with other members of the casualties party and/or emergency regarding notifying the casualties emergency contact if needed.
- Ensure incident reporting is completed. Verify processes if required. E.g. https://www.britishcanoeing.org.uk/guidance-resources/safety-1/incident-reporting
- Pass any further information / recommendations for changes to avoid future incidents to the Polo Discipline Development Group.

5. Normal Operating Procedures

Generic and site specific risk assessment. A risk assessment for PS Polo Discipline Development Group se Events is provided by the Discipline Development Group and saved on the shared drive. This will be reviewed and updated as required (at least annually).

Event Set up / Take Down: Event organisers must ensure that setting up and taking down for events can be done safely. Particular care is needed in relation to:

- manual handling.
- setting up and dismantling tents or gazebos.
- loading / uploading equipment within confined space such as in containers.

For new venues it is normal to arrange a site visit to identify arrangements for goals, refereeing, player access and pitch lines. If necessary operating instructions for fitting goals may be prepared highlighting key steps or safety items.

First Aid: As stated in the role outlined above it is recommended that at least one member of the event team has First Aid training. A First Aid kit shall be made available. Organisers should inform the Polo Discipline Development Group of any items used at events so that these can be replaced.

Car Parking / Vehicle Movements: Vehicles moving in car parks must comply with the site speed limit. Event Organisers should ensure that vehicles are parked in a way that ensures that a clear route for emergency vehicles is maintained where this is appropriate.

At events where a high number of people / vehicles are expected, Event Organisers may want to consider having volunteers to act as car parking marshals.

Insurance: All those paddling at Polo Discipline Development Group events must be covered by British Canoeing Insurance. This means they must be:

- Members of PS or British Canoeing.
- A member of a British Canoeing affiliated club and the activity must be part of the club's activity programme (not applicable for competition events but would apply for training/referee development/recreational events etc). (PUK Insurance is clear that those who are affiliated to PUK through their club membership are only covered on club activities)
- Take out PS 'Day/Event membership Insurance' at additional cost.
- A member of the Polo Discipline Development Group.

Communication of Risk to Paddlers and Others: Information on generic event hazards and site safety information will be communicated to paddlers through:

- website information
- advice notice by email or other.
- Safety information signage on site
- If required paddlers or groups sign in before paddling to acknowledge the event risks

Where events include additional activity not covered within the scope of the Event Safety Plan, the Event Organiser is responsible for communicating additional information to paddlers.

Impact of Weather / Cancellation: Cancellation prior to the event will be via the organiser who will communicate this via email, text messages, Facebook and twitter. This is likely to be due to weather conditions that make the site inaccessible / dangerous (e.g. heavy snow, wind, lightning).

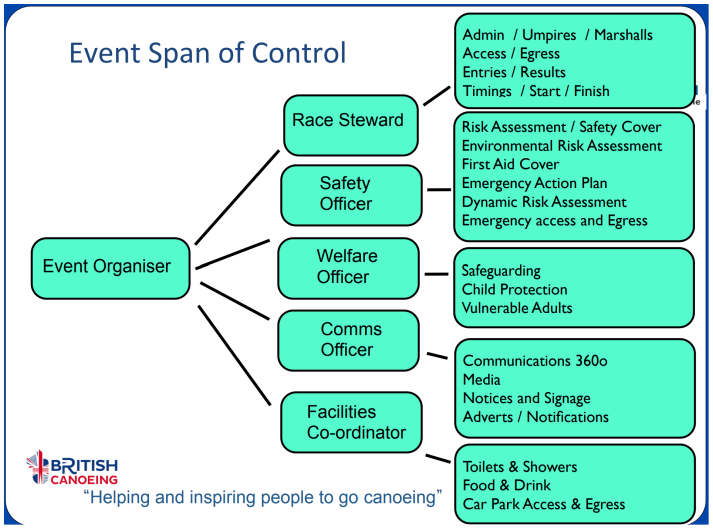
In exceptional circumstances the event may need to be cancelled/amended due to conditions on the day. This could include lightning or high winds impacting on the use of tents for catering. The decision to cancel or amend the event due to weather rest with the Event Organiser in consultation with the Event Safety Officer or others as needed.

Data Protection Issues: The participant signing in sheets contain personal information relating to those paddling. Event organisers should ensure that these are disposed of securely (ideally shredding).

Event Feedback: Feedback from participants and others regarding safety issues (actual, potential or near misses) should be communicated to Polo Discipline Development Group as soon as possible after the event.

Span of Control: The event organiser can be supported by a range of team members as needed.
Introduction

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Related Documents

First aid kit contents and maintenance procedures (Word Doc and in each kit).

PS Polo Discipline Development Group policy on U18s playing in more than one team at events (e.g. open & youth, open & female etc).

Concussion Protocol - CRT6 https://bjsm.bmj.com/content/bjsports/57/11/692.full.pdf (as suggested by https://paddleuk.org.uk/paddlesport-head-injury-guidance/ and https://canoeicf.com/sites/default/files/icf_head_injury_assessment_guidance.pdf)

CRT6 Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms
Headache
"Pressure in head"
Balance problems
Nausea or vomiting
Drowsiness
Dizziness
Blurred vision
More sensitive to light
More sensitive to noise
Fatigue or low energy
"Don't feel right"
Neck Pain

Changes in Emotions
More emotional
More Irritable
Sadness
Nervous or anxious

Changes in Thinking
Difficulty concentrating
Difficulty remembering
Feeling slowed down
Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

"Where are we today?"

"What event were you doing?"

"Who scored last in this game?"

"What team did you play last week/game?"

"Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional