

ACT BADMINTON ASSOCIATION (ACTBA) RISK MANAGEMENT PLAN

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

ACTBA 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 ACTBA and its affiliated clubs.

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

- the wearing of appropriate shoes,
- ensuring venue safety before use (checking playing surface, gym, 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

Insurance policies are a form of protection against risk. ACTBA will maintain appropriate insurance and assist affiliated clubs in their requirements. Types of insurance available include:

- Public liability
- Sports injury insurance
- Coach\trainer professional indemnity
- Directors and officers
- Workers compensation
- Travel insurance
- Building and contents

Responsibilities of the Committee of a club affiliated with ACTBA

Gym inspection

The Committee of a Club affiliated with ACT Badminton must ensure it provides a safe environment for its players, spectators and general public.

It is a requirement of insurance with ACTBA 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, ACTBA will provide assistance with the resolution of the issue if assistance is requested by the club.

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

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

- at least two adults shall be present at any ACTBA activity involving players under 18 years
- no coach, official, or committee member should be alone or unobserved with a player under 18 years of age while participating in an ACTBA activity
- there will be no inappropriate physical contact between a player under 18 years and an adult during an ACTBA activity
- any employee or volunteer undertaking work that involves direct and/or indirect and/or unsupervised contact with people under the age of 18 years must complete a Member Protection Declaration – Attachment C
- a qualified coach will supervise any coaching session run by ACTBA
- any player under 18 years who is training with an ACTBA sponsored group will complete a Junior Registration Form, Attachment D, which must be signed by a parent/guardian

Refer to the ACTBA Junior Policy for further information.

Attachment A

Club Checklist

Date: _____ Club _____

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

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

Attachment B

Sports Injury Report Form

Instructions

Coach\Manager\Person-In-Charge to complete at time of injury and forward to Club President as soon as possible after completion.

Injury Details

Player Name _____ Club _____

Date of Injury _____ Sport _____

Location of Sporting Fixture _____

Details of Injury and treatment given _____

Details of what caused the injury _____

What in your opinion could be done to prevent these types of injuries?

(Name of Coach\Manager\Person-In-Charge)

(Signature)

(Comment on whether the circumstances of the injury warrant further investigation in relation to training, preparation of players, preparation of playing surfaces, weather conditions or game control or any other factors)

Guidelines for Reporting Sporting Injuries

The following are injuries that should be reported on the Sports Injury Report Form

- Any loss of consciousness
- Any fracture
- Any dislocation
- Any cut or puncture wound where blood flows freely
- Any injury where an ambulance is called
- Any injury where a player has to be carried or stretchered from the court
- Any injury where basic first aid treatment is required
- Any injury where a parent\guardian is advised by the Coach/Manager/person-In-Charge to seek further medical attention such as X-Rays, visit to GP

Attachment C

ACT Badminton Association Member Protection Declaration

ACTBA has a duty of care to its members and to the general public who interact with its employees, volunteers, members and others involved with its activities. As part of this duty of care and as a requirement of Badminton Australia and ACT Badminton Association, ACTBA must enquire into the background of those applying for, undertaking or remaining in any work (paid or voluntary) that involves direct and indirect and unsupervised contact with people under the age of 18 years.

I, _____ (name)

of _____
(address) _____

Sincerely declare:

1. I agree to abide by the ACTBA Code of Conduct and at all times to promote the interests of the Club and ACTBA
2. I do not have any criminal charge pending before the courts.
3. I do not have any criminal convictions or findings of guilt for offences involving sexual activity, acts of indecency, child abuse or child pornography.
4. I have not had any disciplinary proceedings brought against me by an employer, sporting organisation or similar body involving child abuse, sexual misconduct or harassment, acts of violence, intimidation or other forms of harassment.
5. To my knowledge there is no other matter that ACTBA may consider to constitute a risk to its members, employees, volunteers, players or reputation by engaging me.
6. I will notify the President of ACTBA immediately upon becoming aware that any of the matters set out in clauses 1 to 5 has changed for whatever reason.

Declared in the State/Territory of _____ on

_____ (date) Signature _____

Parent/Guardian Consent (in respect of person under the age of 18 years)

I have read and understood the declaration provided by my child. I confirm and warrant that the contents of the declaration provided by my child are true and correct in every particular.

Name: _____

Signature: _____ Date _____

Attachment D

ACTBA Junior Badminton JUNIOR REGISTRATION FORM

The ACTBA will ensure the confidentiality of the information provided on this application form in accordance with the privacy principles set out in the ACTBA's Code of Conduct and values.

Player

Surname: _____

Given Name(s): _____ Known as: _____

Date of Birth: _____ Male / Female

Number & Street: _____ Suburb: _____

State & Postcode: _____

Home Phone No: _____ Mobile No: _____

Medical Problems\Allergies: No Yes – give details
e.g. diabetes, asthma, epilepsy, allergies

Player's Declaration

- I agree to obey the directions of the coaches and their assistants running the training
- I will be polite to coaches, other players and parents
- I will respect the rights, dignity and worth of others
- I understand that if I do not co-operate with the coaches or if my behaviour interferes with the safety and enjoyment of other players, I may be asked to leave the training session. I will only be allowed to return to the group after giving an undertaking to change my behaviour
- I will be punctual for all training sessions
- I declare that all the information supplied by me is true and correct.

Players signature (if over 12 years of age)

Date

PARENT / GUARDIAN

Mother Father Guardian

Surname: _____

Given Name(s): _____ Known as: _____

Number & Street: _____ Suburb: _____

Home Phone No: _____ Business No: _____

Mobile No: _____ Email Address: _____

Parents/Guardian and Caregivers

- I give approval for _____ to train with *ACTBA Junior* Badminton Club
- I will ensure he / she is punctual for all training sessions
- I agree / do not agree that images of my child may appear on the ACTBA website and / or other public media
- I agree / do not agree that my child's name and badminton record may appear on the ACTBA website and / or public media
- I understand that ACTBA may withdraw or suspend his /her registration to train with ACTBA Juniors, after discussing the reasons with me
- I / we grant the club the authority to seek ambulance and/or medical attention in the event of an emergency
- I declare that all the information supplied by me is true and correct.

Signature – Parent/Guardian

_____ Date: _____