

## **PAO SAFETY/ RISK MANAGEMENT GUIDELINES**

The PAO in its' role of promoting the sport of Pickleball, gives first priority to the safety and well-being of all participants engaged in Pickleball activities. Safety first is a core value of the Association. All members have a role to play in encouraging players to assume responsibility for their personal safety and the safety of others.

The PAO insurance coverage requires that risk management practices be in place at all PAO events and recreational Pickleball sites where player liability insurance coverage is provided through PAO membership. Risk Management is the process of recognizing, assessing and controlling risks or hazards.

In assisting Site Convenors and/or PAO Event Coordinators to identify potential hazards, the following guidelines have been developed to assess practices and control potential risks or hazards that may compromise a player's health and /or impact the PAO insurance coverage.

### ➤ **Slips and Falls**

The responsible person should through ongoing risk assessments, check the playing area for uneven or wet surfaces, inadequate lighting, poor maintenance and/or housekeeping practices that could contribute to an injury. Should hazards be identified, the Site Convenor/Event Coordinator will be expected to notify the site manager to have the problem corrected. A log of reported situation details and any actions taken to mitigate a possible injury related to these incidents should be maintained in case there are future liability issues.

### ➤ **Equipment**

Good equipment ensures both enjoyment of the game and personal safety. Players should be wearing court shoes that have a sole designed for the particular playing surface (indoor /outdoor). Shoe bottoms should be cleaned of debris before playing.

Safety approved eyewear is recommended to avoid risk of injury and help protect a player's eyes from the newer hard-hitting paddles and ball return rallies by more competitive players. Two Standards Associations, the Canadian Standards Association (CAN) and the American Society for Testing and Materials (ASTM F803) have each independently tested and certified protective eyewear for racquet sports. Players are urged to select durable lens material (polycarbonate lenses) that conforms to the CSA and/or ASTM F803 standard.

**> Safe Play and Court Etiquette**

Running backwards to get a ball should be discouraged. Instead, turning then running or arranging for the doubles partner to retrieve those shots is preferable.

Ball retrieval close to a fence, railing, wall etc. should be discouraged to avoid injury.

Hydration and fatigue avoidance should be encouraged.

The Site Convenor or Event Coordinator should be aware of medical conditions that might cause a need to stop play.

A “Ball on Court” call should be standard practice to signal a stop in play so that an errand ball landing in the court can be returned to its’ respective court and avoid injury.

Crossing a court while the players are engaged in play should be avoided until the rally is finished.

An opponent's skill level should be respected to avoid causing them injury.

Safety and etiquette rules should be communicated to players and form part of regular play.

➤ **Concussion Management**

A concussion should be suspected in the presence of any one or more of the signs or symptoms identified in the *Ministry of Tourism, Culture and Sport - Concussion Guidelines*. Site Convenors and/or Event Coordinators should be familiar with these guidelines so that appropriate action is taken to mitigate further injury. A suspected concussion should be assessed **immediately** post event, by a medical doctor or nurse practitioner.

➤ **Harassment**

Harassment in any form will not be tolerated by the PAO. The Association is committed to providing a recreational sports environment where everyone is treated fairly and with respect. Members including volunteers are expected to conduct themselves at all times in a manner consistent with the values of the PAO – respect, fairness, integrity, honesty, transparency and safety. Site Convenors and/or Event Coordinators should be familiar with the PAO Harassment Policy guidelines.

➤ **Claims Reporting Procedure**

Site Convenors and/or Event Coordinators should be familiar with the PAO Claims Reporting procedure and use the PAO Incident Report Form for capturing reportable incidents (see next page).



# PAO INCIDENT REPORT

PAO FORM 1 Version 1, dated Dec 11, 2014

DATE & TIME	LOCATION
GROUP LEADER'S NAME	
GROUP LEADER CONTACT INFO	(ADDRESS /TELE # / email address)

NAME OF INJURED PARTY		DATE OF BIRTH
ADDRESS		Telephone Number
		email
Description of Incident (WHAT, WHERE, WHY)		
CONTRIBUTING and/or HAZARDOUS FACTORS	Group leader to record here any contributing or hazardous factors such as footwear, eyeglasses, physical disabilities, floor surface, equipment, inadequate lighting, weather etc., which may have contributed to the incident. If possible take photos.	

WITNESS(ES) NAME(S)	WITNESS ADDRESS / TEL # / EMAIL ADDRESS

IF POLICE INVOLVED PLEASE RECORD HERE THE OFFICER NAME. BADGE AND REPORT NUMBER

INSTRUCTIONS: The member/volunteer convenor who is the designate leader should:

- as a first priority, ensure the injured party is administered first aid and that an ambulance is called
- complete this form (write on reverse if additional space required) and take photos if possible
- Contact The Co-operators at 1-877 682 5246 quoting Policy Number 006371451 as soon as possible after the incident
- Inform PAO by email of the reported incident - pickleballontario@yahoo.ca
- Forward a copy of the report data to the PAO, Suite 6-102, 1869 Scugog St, Port Perry, L9L 1J1 Ontario

## Concussion Management Guidelines

### CONTEXT:

The PAO in its' role of promoting the sport of Pickleball, gives first priority to the safety and well-being of all participants engaged in pickleball activities. All members have a role to play in encouraging players to assume responsibility for their personal safety and the safety of others.

A concussion is a clinical diagnosis made by a medical doctor. Someone with a suspected concussion should be examined ***immediately*** post event, by a medical doctor or nurse practitioner.

Recent research has identified that a concussion can have a significant impact on an individual's health and well-being. Further, activities that require concentration can actually cause concussion symptoms to reappear or worsen. If not identified and properly managed, a concussion can result in permanent brain damage and in rare occasions, death.

An individual who suffers a second concussion before he/she is symptom- free is susceptible to *Second Impact Syndrome* – a rare condition that causes rapid and severe brain swelling and often catastrophic results.

Awareness of the signs and symptoms and knowledge of the proper management of a concussion is critical to recovery, avoiding further complications and facilitating an appropriate time of return to physical activities.

The PAO supports the collaborative effort of the Ministries of Education, Health and Long-Term Care, Tourism, Culture and Sport in their efforts to increase awareness on head injury prevention, concussion identification and management.

### DEFINITION:

A concussion is a brain injury that causes changes in how the brain functions, leading to symptoms that can be *physical* (e.g., headache, dizziness), *cognitive* (e.g., difficulty concentrating or remembering), *emotional/behavioural* (e.g., depression, irritability) *and/or related to sleep* (e.g., drowsiness, difficulty falling asleep).

The cause may be either a direct blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull.

A concussion can occur even if there is no loss of consciousness (*most concussions occur without a loss of consciousness*) and cannot normally be seen on X-rays, standard CT scans or MRIs.

**COMMON SIGNS AND SYMPTOMS OF CONCUSSION:**

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion should be suspected in the presence of any one or more of the following signs or symptoms:

## Ministry of Tourism, Culture and Sport – Concussion Guidelines\*

### COMMON SIGNS AND SYMPTOMS OF CONCUSSION:

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion should be suspected in the presence of any one or more of the following signs or symptoms:

<b>Possible Signs Observed</b> <i>A sign is something that will be observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).</i>	<b>Possible Symptoms Reported</b> <i>A symptom is something the student will feel/report.</i>
<p><b>Physical</b></p> <ul style="list-style-type: none"> <li>• vomiting</li> <li>• slurred speech</li> <li>• slowed reaction time</li> <li>• poor coordination or balance</li> <li>• blank stare/glassy-eyed/dazed or vacant look</li> <li>• decreased playing ability</li> <li>• loss of consciousness or lack of responsiveness</li> <li>• lying motionless on the ground or slow to get up</li> <li>• amnesia</li> <li>• seizure or convulsion</li> <li>• grabbing or clutching of head</li> </ul> <p><b>Cognitive</b></p> <ul style="list-style-type: none"> <li>• difficulty concentrating</li> <li>• easily distracted</li> <li>• general confusion</li> <li>• cannot remember things that happened before and after the injury</li> <li>• does not know time, date, place, class, type of activity in which he/she was participating</li> <li>• slowed reaction time (e.g., answering questions or following directions)</li> </ul> <p><b>Emotional/Behavioural</b></p> <ul style="list-style-type: none"> <li>• strange or inappropriate emotions (e.g., laughing, crying, getting angry easily)</li> </ul> <p><b>Sleep Disturbance</b></p> <ul style="list-style-type: none"> <li>• drowsiness</li> <li>• insomnia</li> </ul>	<p><b>Physical</b></p> <ul style="list-style-type: none"> <li>• headache</li> <li>• pressure in head</li> <li>• neck pain</li> <li>• feeling off/not right</li> <li>• ringing in the ears</li> <li>• seeing double or blurry/loss of vision</li> <li>• seeing stars, flashing lights</li> <li>• pain at physical site of injury</li> <li>• nausea/stomach ache/pain</li> <li>• balance problems or dizziness</li> <li>• fatigue or feeling tired</li> <li>• sensitivity to light or noise</li> </ul> <p><b>Cognitive</b></p> <ul style="list-style-type: none"> <li>• difficulty concentrating or remembering</li> <li>• slowed down, fatigue or low energy</li> <li>• dazed or in a fog</li> </ul> <p><b>Emotional/Behavioural</b></p> <ul style="list-style-type: none"> <li>• irritable, sad, more emotional than usual</li> <li>• nervous, anxious, depressed</li> </ul> <p><b>Sleep Disturbance</b></p> <ul style="list-style-type: none"> <li>• drowsy</li> <li>• sleeping more/less than usual</li> <li>• difficulty falling asleep</li> </ul>

#### Additional Information:

- Signs/symptoms can appear right after the injury, or may appear within hours or days of the injury.
- The signs/symptoms may be different for everyone.
- An individual may be reluctant to report symptoms because of a fear that they will be removed from the activity, or their status on a team or in a game could be jeopardized.
- It may be difficult for younger children (under the age of 10) and those with special needs or where English/French is not their first language to communicate how they are feeling.
- Signs for younger children (under the age of 10) may not be as obvious as in older children/adults.

\*These Informational Guidelines have been prepared for general informational purposes only. They are not intended to and do not constitute any medical advice and do not contain any medical diagnoses, symptom assessments or medical opinions.

## Ministry of Tourism, Culture and Sport – Concussion Guidelines\*

### INITIAL RESPONSE – Removal from Physical Activity:

An individual responsible for those who are participating in organized physical activity who believes that, following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a participant in the activity may have suffered a concussion needs to take immediate action. (see Appendix A for INITIAL RESPONSE – Removal from Physical Activity Flow Chart)

For a participant who is:

- **Unconscious**
  - Initiate emergency action plan and call 911.
  - If applicable, contact the child/youth's parent/guardian to inform them of the injury and that their child is being transported to the hospital.
  - Stay with the individual until Emergency Medical Services arrives.
  - Monitor and document any physical, emotional and/or cognitive changes.

#### For someone who is Unconscious:

- Assume there is also a possible head and/or neck injury and, only if trained, immobilize the individual before ambulance transportation to hospital.
  - Do not remove athletic equipment (e.g. helmet) unless there is difficulty breathing.
- If applicable, ensure the child/youth's parent/guardian is aware that he/she must inform the coach, administrator and/or supervisor of the child/youth's condition (i.e., concussed or not concussed) prior to the child/youth returning to physical activity.
- Even if consciousness is regained, he/she needs to be examined by a medical doctor or nurse practitioner. (see steps below for someone who is conscious)

- **Conscious**
  - Remove the participant from the activity immediately.
  - If signs are observed or symptoms are reported, a concussion should be suspected.
    - If a concussion is not suspected (i.e., signs are not observed and symptoms are not reported), the participant may resume physical activity; however, if applicable, a parent/guardian should be contacted and informed of the incident.\*
  - If applicable, contact the parent/guardian and inform them of the injury and the need to be examined by a medical doctor or nurse practitioner.
  - Stay with the injured participant until a parent/guardian or emergency contact arrives.
  - Monitor and document any physical, emotional and/or cognitive changes.

\* Remember: signs and symptoms of concussion may appear within hours or days of the injury.

#### For a Participant who is Conscious:

- If in doubt, sit them out.
- Do not administer medication (unless conditions require it – e.g., insulin for diabetics).
- If applicable, ensure a parent/guardian is aware that he/she must inform the coach, administrator and/or supervisor of the participant's condition (i.e., concussed or not concussed) prior to their return to physical activity.

#### Note – Responsibility of Coach, Administrator and/or Supervisor

If a participant has been identified as having a suspected concussion, it is the responsibility of coach, administrator and/or supervisor of that activity to notify all affected parties including the participant, a

## Ministry of Tourism, Culture and Sport – Concussion Guidelines\*

parent/guardian (when appropriate) as well as other coaches, administrators and/or supervisors of the suspected concussion. At this point the individual should not participate in any physical activity until he/she has visited a medical doctor or nurse practitioner.

### **Note – Children/Youth Under the Age of 18**

If the participant identified as having a suspected concussion is under the age of 18 and currently attending a publicly funded elementary/high school in Ontario then that student's parent/guardian should contact their school principal. The school principal will then inform all school staff (e.g., classroom teachers, physical education teachers, intramural supervisor, coaches, volunteers) who work with the child/youth that the child/youth should not participate in any learning or physical activities until the parent/guardian reports back to the school principal.

### **MEDICAL EXAMINATION:**

Following examination by a medical doctor or nurse practitioner and prior to the individual returning to physical activity, the coach, administrator and/or supervisor must be informed of the results.

- If No Concussion is Diagnosed: the participant may return to physical activities.
- or
- If a Concussion is Diagnosed: the medically supervised gradual Return to Physical Activity (R2P) plan is put in place (see Appendix B for Return to Physical Activity Flow Chart).

### **Note – Parent/Guardian Responsibilities for Children/Youth Under the Age of 18**

If the participant identified as having a concussion is under the age of 18 and currently attending a publicly funded elementary/high school in Ontario, it is the responsibility of that individual's parent/guardian to notify his/her school principal.

### **RETURN TO PHYSICAL ACTIVITY (R2P) (following a diagnosed concussion):**

A participant with a diagnosed concussion follows a medically supervised and individualized gradual Return to Physical Activity (R2P) plan.

It is critical to recovery that the individualized R2P plan be developed through a collaborative team approach. This team should include:

- the concussed individual
- her/his parents/guardians (if applicable)
- his/her coach, administrator and/supervisor
- school staff, including teachers, coaches etc. (if applicable)
- a medical doctor or nurse practitioner

Ongoing communication and monitoring by all members of the team will be essential to successful recovery.

### **Note – Children/Youth Under the Age of 18**

If the concussed participant is under the age of 18 and currently attending a publicly funded elementary/high school in Ontario then that student's parent/guardian should contact their child's school principal.

### **R2P – Step 1**

The first step in the medically supervised gradual R2P plan is for the individual to have:

- limit cognitive activities which provoke symptoms (e.g., activities requiring mental concentration such as reading, television, video games, texting) and physical (e.g., activities requiring physical exertion) rest until her/his symptoms begin to show improvement (minimum of 24 hours). This is determined by the medical doctor or nurse practitioner in consultation with the concussed individual and parent/guardian (if applicable).

## Ministry of Tourism, Culture and Sport – Concussion Guidelines\*

### Additional Information:

- The most important treatment for concussion is rest (i.e., cognitive and physical).
- A child/youth does not attend school during R2P – Step 1.

### Note

In order to proceed to R2P-Step 2, the concussed individual or parent/guardian (if applicable) must report back to his/her coach, administrator and/or supervisor that he/she is symptom free.

### R2P – Step 2:

Activity: Individual light aerobic exercise only (e.g., walking or stationary cycling).

Restrictions: No resistance/weight training. No competition (including practices, scrimmages). No participation with equipment or with other participants. No drills. No body contact.

### Note

In order to proceed to R2P – Step 3, the concussed individual or parent/guardian (if applicable) must report back to his/her coach, administrator and/or supervisor that he/she is symptom free.

### R2P – Step 3

Activity: Individual sport specific exercise only (e.g. running, skating, shooting).

Restrictions: No resistance/weight training. No competition (including practices, scrimmages). No body contact, no head impact activities (e.g., heading a ball in soccer), or other jarring motions (e.g., high speed stops, hitting a baseball with a bat).

### R2P – Step 4

Activity: Activities where there is no body contact (e.g., dance, badminton, volleyball). Light resistance/weight training. Non-contact practice and non-contact sport specific drills (e.g., ball drills, shooting drills).

Restrictions: No activities that involve body contact, head impact (e.g., heading the ball in soccer) or other jarring motions (e.g., high speed stops, hitting a baseball with a bat).

### Note

Medical Clearance: In order for a concussed individual to move from R2P Step 4 to R2P Step 5 he/she must provide written documentation from a medical doctor or nurse practitioner to his/her coach, administrator and/or Supervisor. The documentation must indicate that the individual is symptom-free and able to return to full participation in physical activity before he/she can proceed to R2P – Step 5.

### R2P – Step 5

Activity: Full participation in regular physical activities in non-contact sports. Full training/practices for contact sports.

Restrictions: No competition (e.g., games, meets, events) that involve body contact.

### R2P – Step 6 (Contact Sports only)

Activity: Full participation in all physical activities, including contact sports.

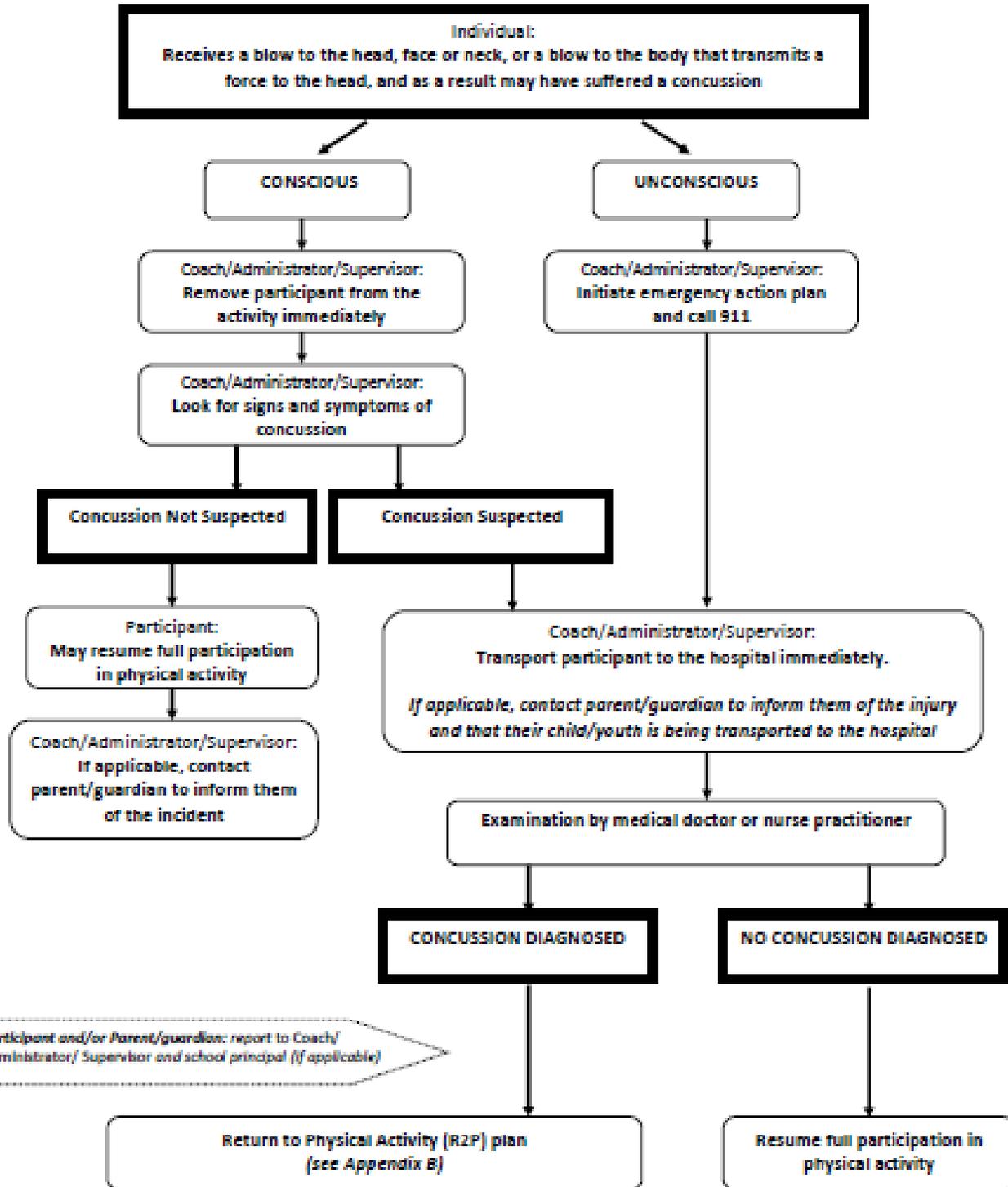
Restrictions: None.

### Additional Information:

- Physical activities can cause concussion symptoms to reappear.
- Steps are not days – each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion.
- The concussed individual should be regularly monitored regularly for the return of any signs and/or symptoms of concussion.
  - If signs and/or symptoms return, consult with the medical doctor and/or nurse practitioner.

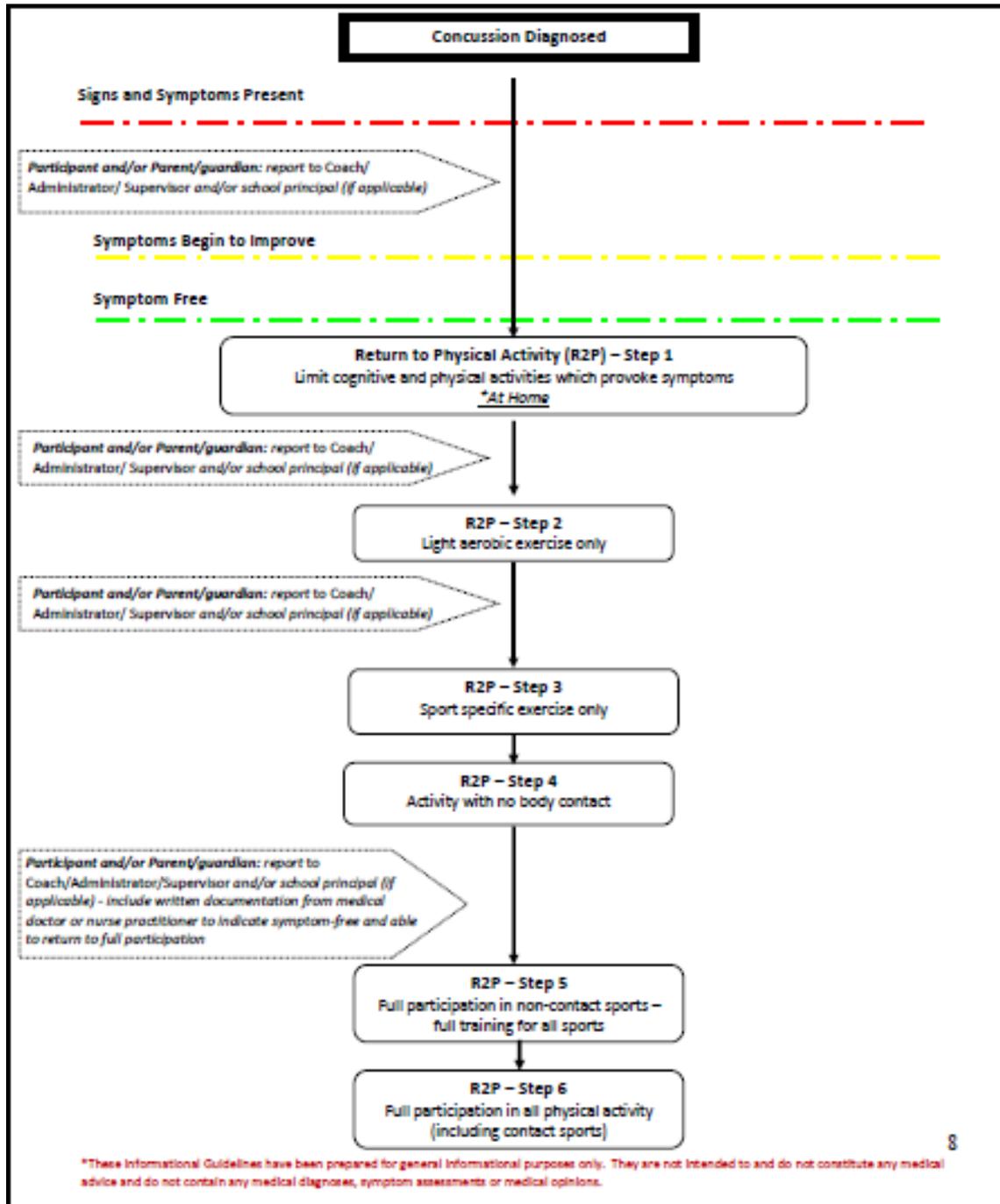
Ministry of Tourism, Culture and Sport – Concussion Guidelines\*

Appendix A: INITIAL RESPONSE – Removal from Physical Activity



\*These Informational Guidelines have been prepared for general informational purposes only. They are not intended to and do not constitute any medical advice and do not contain any medical diagnoses, symptom assessments or medical opinions.

## Appendix B: RETURN TO PHYSICAL ACTIVITY (R2P)



The PAO is committed to providing a recreational sports environment where everyone is treated fairly and with respect. Members including volunteers are expected to conduct themselves at all times in a manner consistent with the values of the PAO – respect, fairness, integrity, honesty, transparency and safety. Harassment in any form will not be tolerated by the PAO.

Harassment is defined as any behaviour or actions, visual material, unwelcome remarks, jokes, comments, innuendos, written or verbal threats and/or any conduct directed towards an individual or group that undermines self-esteem, diminishes performance, is offensive, abusive, racist, degrading, vexatious, defamatory or malicious.

Sexual harassment is any behaviour defined as unwelcome sexual advances, requests for sexual favours or verbal or physical conduct of a sexual nature that interferes with an individual's performance, creates an intimidating, hostile or offensive environment or is the basis for making decisions that effect the individual.

#### CONFIDENTIALITY

The PAO recognizes that it can be extremely difficult to come forward with a complaint of harassment and that it can be devastating to be wrongly convicted of harassment. The PAO also recognizes that the interests of both the Complainant and the Respondent in keeping the matter confidential, except where such disclosure is required by law.

#### COMPLAINT PROCEDURE

A person who experiences any form of harassment is encouraged to make it known to the harasser that the behaviour is unwelcome, offensive and contrary to this policy.

If confronting the harasser is not possible or if after confronting the harasser the harassment continues, the Complainant should report the complaint to the Site Convenor who will ensure appropriate action is taken per the PAO policy including completion of the PAO incident form and appropriate written documentation by all involved parties including witnesses of the event.

If it is a PAO sponsored event such as a tournament, the PAO President or delegate if in attendance, and

the PAO Event Coordinator should be immediately advised. Upon immediate investigation of the incident, the Event Coordinator must ensure accurate completion of the PAO incident form, capturing all details of the incident and names of witnesses. The Complainant and witnesses of the incident must also provide written documentation of the incident as soon as possible. All documented information must be forwarded as soon as possible to the President of the PAO.

Once a Site Convenor or PAO Official or PAO Event Coordinator has received a verbal or written complaint, it is his/her role to serve in a neutral, unbiased capacity in receiving the complaint and assist in its informal resolution. If the Site Convenor considers that s/he is unable to act in this capacity, the Complainant shall be referred to a PAO official.

Possible outcomes from the meeting of the Complainant and Site Convenor or PAO Official:

1. It is determined that the conduct does not constitute harassment as defined in this policy and the matter is closed.

2. The Complainant decides to pursue an informal resolution of the complaint, in which case the Site Convenor or PAO Official will assist the two parties to negotiate an acceptable resolution of the complaint.

3. The Complainant decides to submit a formal written complaint to the President of the PAO, in which case the Respondent shall receive a copy of the complaint and also be given an opportunity to respond in writing to the written allegations and any written evidence submitted by witnesses.

4. The President upon receipt of the written complaint shall appoint an independent individual to conduct an investigation. Ideally, the Investigator should be a person experienced in harassment matters and investigation techniques. He/she shall review all written submissions and carry out the investigation in a timely manner. Upon conclusion of the investigation she/he shall submit a written report to the PAO President.

5. The Complainant and Respondent shall each receive a copy of the Investigator's report.

6. The President upon discussion with the Board, may determine that the alleged conduct is very seriousness and warrants immediate suspension of the individual from the PAO. Or, the President, within 10 business days of receiving the written report may appoint three individuals to serve as a Disciplinary Panel.

## HEARING

The Panel shall hold the hearing as soon as possible but not more than 20 business days after the incident report is first received by the President. The Complainant and Respondent shall be provided a written notice (by courier or fax) within 5 business days advising he/she of the day, time and place of the hearing. The hearing shall be held in private and both the parties can choose to attend, shall have equal opportunity to respond to the Investigator's report, give evidence and answer questions of the Panel. Both parties may by choice, have a representative accompany them. At the request of the Panel, the Investigator and any witnesses may also be requested to attend.

The Hearing shall proceed in the absence of either or both parties. The Panel shall govern the hearing as it sees fit, provided that members of the Panel select from among themselves a Chairperson. Once appointed, the Panel shall also have the authority to abridge or extend timelines associated with all aspects of the Hearing. In order to keep costs to a reasonable level, the Panel may conduct the Hearing by means of a video or conference call. A quorum shall be all 3 Panel members and decisions shall be by majority vote including the Chair as a voting member.

Within 10 business days of the Hearing, the Panel shall present its decision to the President, with a copy provided to both the complainant and respondent. Unless the Panel decides otherwise, any disciplinary sanctions applied shall take effect immediately.

The Panel decision shall contain a summary of the relevant facts, a determination as to whether the act(s) complained of constitutes sexual and /or harassment as defined in this policy and if determined, a recommendation for disciplinary action against the Respondent.

If the Panel determines that the allegations of harassment are false, vexatious, retaliatory or frivolous, it's report may recommend disciplinary action against the Complainant.

## DISCIPLINE

When recommending appropriate disciplinary action, the Panel shall consider factors such as:

1. The nature and severity of the harassment
2. Whether the harassment involved any physical contact
3. Whether the harassment was an isolated incident or part of an ongoing pattern
4. The nature of the relationship between the Complainant and Harasser

5. The age of the complainant
6. Whether the Harasser had been involved in previous harassment incidents
7. Whether the Harasser admitted responsibility and expressed a willingness to change
8. Whether the Harasser retaliated against the Complainant

The Panel, depending on the nature and severity of the harassment findings in determining disciplinary sanctions, may consider singly or in combination the following options: verbal apology, written apology, a letter of reprimand from the PAO, removal of membership privileges and expulsion from sanctioned events and all PAO activities.

#### APPEAL PROCESS

The Harasser and /or Complainant have a right to appeal the findings within 10 business days of receiving the disciplinary notice. Any new information will be taken into account by a special meeting of the PAO Board members and the panel chairman. Both parties will be notified of the final decision.

# PAO SAFETY RISK MANAGEMENT CHECKLIST

In assisting Site Convenors and/or PAO Event Coordinators to identify potential hazards, the following checklist has been developed to assess practices and control potential risks or hazards that may compromise a player's health and /or impact the PAO insurance coverage.

## Slips and Falls Prevention

### Does the playing environment have:

- Uneven surfaces
- Inadequate lighting
- Poor maintenance and/or housekeeping practices
- ✓ If yes, for any above risks, the site manager must be notified to correct the problem.
- ✓ A log of reported details and any actions taken to mitigate possible injury is being maintained.

## EQUIPMENT

- Players wear court shoes with a sole designed for playing on the respective surface (indoor/outdoor).
- Players check and clean any debris off their shoe soles before starting to play.
- Players use Pickleball equipment (racquets/balls) designated for use on the particular playing surface.
- Players take precautions to avoid risk of injury from competitive partner/opponent paddles and return rallies.
- Players consider safety approved eyewear/durable lens material that conforms to CSA and/or ASTM F803 standard.
- ✓ Site Convenors review with all players the above risk management expectations for their personal safety and the safety of others.

## SAFE PLAY & COURT ETIQUETTE

- Players are discouraged from running backwards when retrieving a ball. Instead the player is encouraged to turn, then run or, arrange with the doubles partner to retrieve respective overhead balls.

- Players are discouraged from chewing gum, candy or food while playing, to prevent possible logging in the throat or esophagus, if they trip, fall, get hit or bumped.
  - Players are discouraged from retrieving balls close to obstructive barriers (fence, railing, wall etc.) to avoid injury.
  - Players are encouraged to avoid dehydration and fatigue.
  - The Site Convener or Event Coordinator should be made aware of any medical conditions that might cause a need to stop play.
  - A "Ball on Court" call should be a standard injury avoidance practice to stop play and return errand ball to its' proper court.
  - Court crossing during play is avoided until the rally is finished.
  - An opponent's skill level is respected to avoid causing them injury.
- ✓ Safety and etiquette rules are communicated to players and form part of regular play.

## CONCUSSION MANAGEMENT

- Site Convenors and/or Event Coordinators or designates are familiar with the *Ministry of Tourism, Culture and Sport - Concussion Guidelines* and retain a reference copy on site.
  - Site Convenors and/or Event Coordinators or designates takes appropriate action to mitigate further injury if a concussion is suspected.
- ✓ A suspected concussion is assessed **immediately** post event, by a medical doctor or nurse practitioner.

## HARASSMENT

The Association is committed to providing a recreational sports environment where everyone is treated fairly and with respect.

- Members are expected to conduct themselves at all times in a manner consistent with the values of the PAO – respect, fairness, integrity, honesty, transparency and safety first.
  - Harrassment in any form will not be tolerated.
- ✓ Site Convenors and/or Event Coordinators and players are familiar with the PAO Harassment Policy.

## CLAIMS REPORTING PROCEDURE

- ✓ Site Convenors and/or Event Coordinators are familiar with the PAO Claims Reporting procedure and use the PAO Incident Report Form for capturing all reportable incidents.



## PAO RISK MANAGEMENT LOG

PAO FORM 2 Version 1, dated Jan 5, 2015

DATE IDENTIFIED	LOCATION
GROUP LEADER'S NAME	
GROUP LEADER CONTACT INFO	(ADDRESS /TELE # / email address)

Description of Risk Identified and parties involved to resolve  
(e.g. details of flooring, lighting or other safety issues as described in the PAO Risk Management Checklist)

DATE	ACTIONS TAKEN
	Include details of information provided to 3rd party, e.g. Site Manager including follow-up activity if issue not immediately resolved

DATE RESOLVED	ACTIONS (including sign off by both parties where appropriate)
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**INSTRUCTIONS:**

A PAO Risk Management Checklist is available from the PAO and is posted on the PAO website  
 The member/volunteer convenor who is the designate leader should use this form to document risks identified and to log actions taken to mitigate those risks. These actions should include details of any communications with 3rd parties such as the Site Manager.

	<p><b>PAO INCIDENT REPORT</b>          PAO FORM 1 Version 1, dated Dec 11, 2014</p>
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DATE & TIME	LOCATION
GROUP LEADER'S NAME	
GROUP LEADER CONTACT INFO	(ADDRESS /TELE # / email address)

NAME OF INJURED PARTY		DATE OF BIRTH
ADDRESS		Telephone Number
		email
Description of Incident  (WHAT, WHERE, WHY)		

<b>CONTRIBUTING and/or HAZARDOUS FACTORS</b>	Group leader to record here any contributing or hazardous factors such as footwear, eyeglasses, physical disabilities, floor surface, equipment, inadequate lighting, weather etc., which may have contributed to the incident. If possible take photos.
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WITNESS(ES) NAME(S)	WITNESS ADDRESS / TEL # / EMAIL ADDRESS

<b>IF POLICE INVOLVED PLEASE RECORD HERE THE OFFICER NAME. BADGE AND REPORT NUMBER</b>
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**INSTRUCTIONS:** The member/volunteer convenor who is the designate leader should:

- as a first priority, ensure the injured party is administered first aid and that an ambulance is called
- complete this form (write on reverse if additional space required) and take photos if possible
- Contact The Co-operators at 1-877 682 5246 quoting Policy Number 006371451 as soon as possible after the incident
- Inform PAO by email of the reported incident - pickleballontario@yahoo.ca
- Forward a copy of the report data to the PAO, Suite 6-102, 1869 Scugog St, Port Perry, L9L 1J1 Ontario