



PICKLEBALL ASSOCIATION OF ONTARIO

PAO SANCTIONED THIRD PARTY INSURANCE

Version 3, July 2016

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CONVENOR& EVENTS COORDINATOR RESPONSIBILITIES

PAO Event Coordinators whose role and responsibilities are defined by and represent the Association at its' sponsored events will receive a brief orientation that includes oversight responsibilities for safety practice guidelines, incident management/reporting, the PAO's code of conduct, instructions for dealing with harassment and/or sexual abuse and concussion management.

Site Convenors at independent recreational Pickleballsiteswhose players are PAO members and are receivingCommercial General Liability Coverage under the terms of the PAO Policy will also receive a brief orientation on accountabilities that includes validating the PAO annual membership status of each player and PAO safety practice guidelines, incident management/reporting, code of conduct, and instructions for dealing with harassment and/or sexual abuse and concussion management.

In assisting site Convenors to track and record their list of PAO member players or PAO guest members a PAO Member Signature Log and a PAO Roster of Guest Members form have been developed to facilitate recording management.

See Attachment 1 for PAO Member Signature Log and Attachment 2 for PAO Roster of Guest Members

CLAIMS REPORTING PROCEDURE

Sometimes an unexpected event can result in bodily injury or property damage. The volunteer/convenor/event coordinator who is the designate leader should as a first priority, ensure the injured party is administered first aid and an ambulance is called.

Once the situation is stable, the volunteer/convenor/event coordinator should record the date, time, description of the incident (WHAT WHERE and WHY), age of the injured party along with his/her telephone number and home and email addresses. The name, telephone number and home and email addresses, of all witnesses should also be collected.

Additionally, the volunteer/convenor/event coordinator should assess and record 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. Photos if possible, should be taken of the location, area, flooring, its' condition and anything that may have contributed to or had a bearing on the incident.

In the event of a Claim the PAO insurer LCIS a division of Jardine Lloyd Thompson (JLT), must be contacted **as soon as possible** so a full investigation is completed as quickly as possible. The JLT 24 hour toll free Claims Reporting telephone number is 1-877 374 6043. The JLT fax number is 416 360 7335. An assigned representative will assist the convenor with the process. The designated member of the PAO executive handling insurance matters should also be contacted and advised about any incident AND a copy of the incident report along with any accompanying data should be forwarded to that Board member designate either by email or by mail addressed to the PAO address - Suite 6-102, 1869 ScugogSt, Port Perry, L9L 1J1 Ontario.

Even if the injured person does not want to pursue a claim, information about the incident should be documented following the above directions and reported to the designated member of the PAO executive handling insurance matters. Simply reporting the incident will not negatively impact the PAO policy coverage. If the police are involved, the officer's name, badge and report number should be recorded and all damaged property be retained for inspection by the claims representative.

The PAO will ensure the Incident Report Form is posted on the PAO web site for access and download by the site convenors and/or Volunteer and/or Event leaders who will have responsibility to ensure the PAO Incident Report Form and incident management and documentation process is followed and available for use as needed at member events.

See Attachment 3 for PAO Incident Report

SAFETY AND RISK 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. 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 PREVENTION

Does the playing environment have:

- Uneven or wet 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. See Attachment 4 for PAO Incident Log.

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 Convenor 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.
- Harassment 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.

HARASSMENT AND/OR SEXUAL HARASSMENT POLICY

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 affect the individual.

a. 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 the interests of both the Complainant and the Respondent in keeping the matter confidential, except where such disclosure is required by law.

b. 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.

c. 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.

d. 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.

e. 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.

CONCUSSION 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. 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 additional 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 of 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/behavioral (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 and 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

A concussion should be suspected in the presence of any one or more of the following signs or symptoms identified in the Ministry of Tourism, Culture and Sport - Concussion Guidelines.

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:

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

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.

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*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:

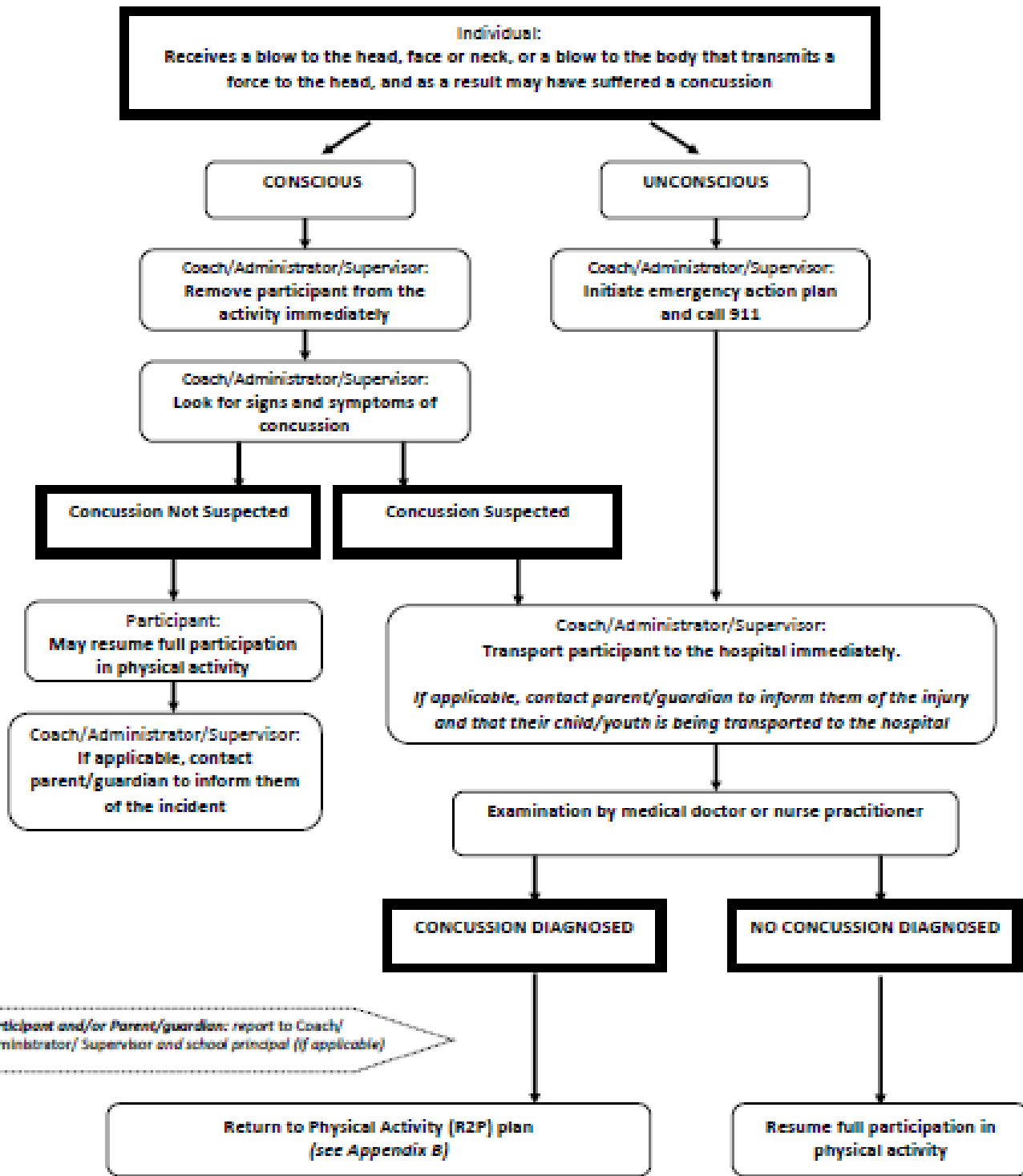
- Physical activities can cause concussion symptoms to reappear.
- Steps are not days – each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion.
- The concussed individual should be regularly monitored regularly for 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.

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*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.

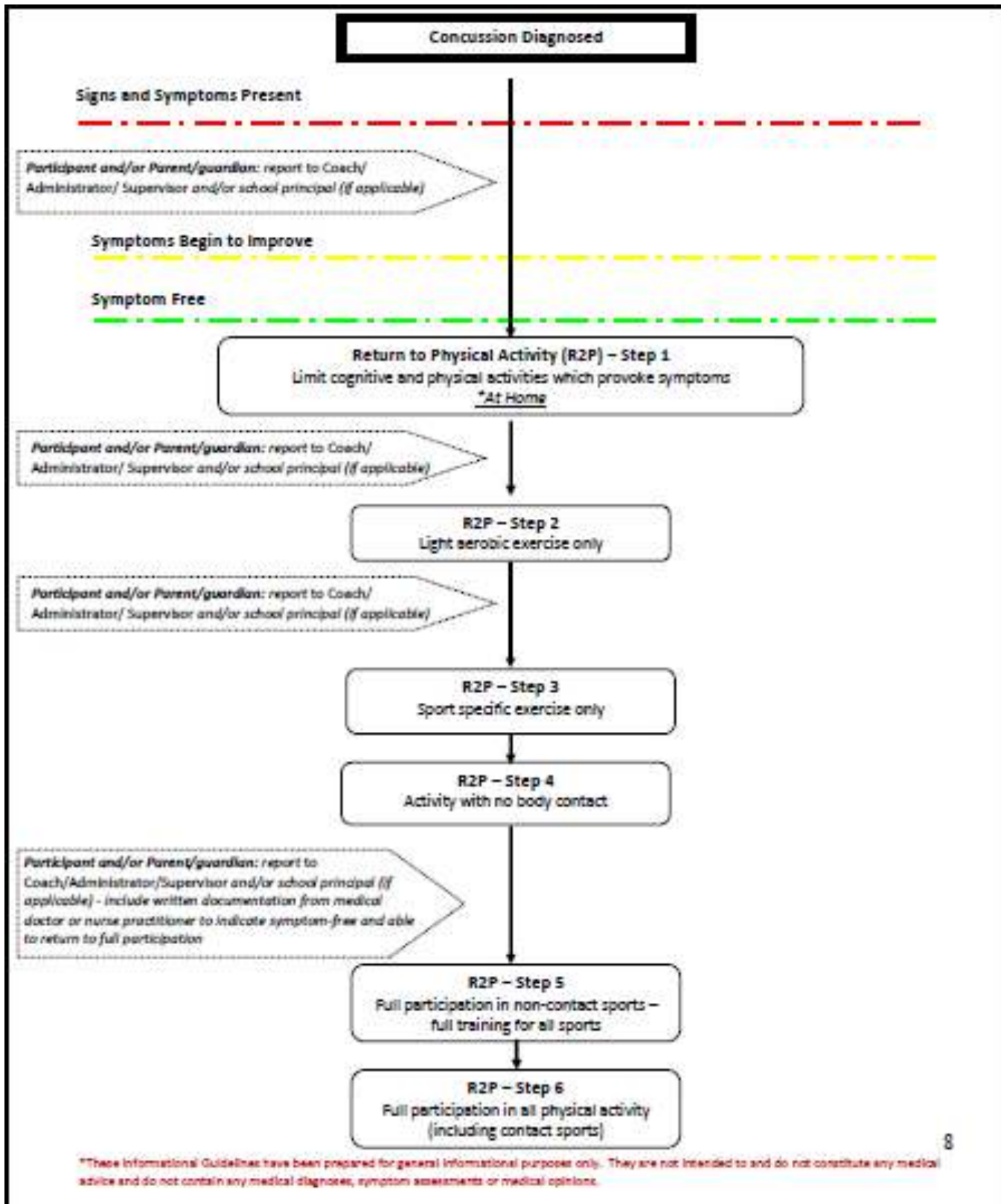
Ministry of Tourism, Culture and Sport – Concussion Guidelines*

Appendix A: INITIAL RESPONSE – Removal from Physical Activity



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Appendix B: RETURN TO PHYSICAL ACTIVITY (R2P)



ATTACHMENTS

- 1. PAO Member Signature Log**
- 2. PAO Roster of Guest Members Signature Log**
- 3. PAO Incident Report**
- 4. PAO Risk Management Log**
- 5. PAO Safety & Risk Management Checklist**



PAO Member Signature Log

PAO Membership Group

I have read, understood and will abide by the PAO Risk Management Guidelines.

	NAME	SIGNATURE	PAO MEMBERSHIP NUMBER	DATE
1				
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WITNESSED BY _____ DATE _____

For the period July 1, _____ to June 30, _____



PAO Roster of Guest Members Signature Log

 PAO MEMBERSHIP GROUP

I have read, understood and will abide by the PAO Risk Management Guidelines.

	NAME	SIGNATURE	PAO MEMBERSHIP NUMBER	SIGNATURE VERIFICATION	DATE
1					
2					
3					
4					
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PAO INCIDENT REPORT

PAO FORM 1 Version 2, dated Sep 2015

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
- Inform PAO by email of all reported incidents - pickleballontario@yahoo.ca or contact the Board designate directly by his/her email address. NB, not all incidents result in a Statement of Claim. Forward a copy of all incident report data to the PAO, Suite 6-102, 1869 Scugog St, Port Perry, L9L 1J1 Ontario
- In the event of a claim, contact LCIS (a division of Jardine Lloyd Thompson Canada Inc. (JLT) 24 hr Claims Reporting Centre at 1-877 374 6043 quoting Policy Number 12234573993 ASAP. Fax 416 360 7335; jltclaims@scm.ca.



PAO RISK MANAGEMENT LOG

PAO FORM 2 Version 2, dated Sep 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)	
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DATE	ACTIONS TAKEN Include details of information provided to 3rd party, e.g. Site Manager including follow-up activity if issue not immediately resolved
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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.

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 Convenor 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*** postevent, 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.
 - Harassment 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.