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## Aims of the National Safety Policy

The aims of the National Safety Policy are to:

- establish and maintain minimum safety standards for any Masters Swimming Australia activity;
- ensure that members of affiliated clubs are aware of the safety facilities and procedures at pools where they swim.

### 1 Incidents/Accidents

In the event of an incident/near accident/accident occurring during club activities or a swim meet (including warm-up and swim down):

- An *Injury Report* form must be completed and signed by a medical attendant or senior pool attendant, and forwarded to the Branch Safety Officer or Branch Secretary / Administrator / Executive Officer.
- An *Incident Report* form must be completed and signed by a medical attendant or senior pool attendant, and forwarded to the Masters Swimming Australia National Office.

Both forms can be found at the back of this Safety Policy and are available on the MSA website.

### 2 Branch Safety Co- Ordinator

It is recommended that each Branch appoint a Safety Co-ordinator who will be responsible for communicating the National Safety Policy to clubs affiliated with the branch, and who will maintain a Branch Safety Register. The Register should include:

- accidents (number and type) involving members of affiliated clubs;
- details of First Aid and Life Saving courses organised for members of affiliated clubs;
- members of affiliated clubs who are currently qualified with First Aid, lifesaving and resuscitation qualifications.

### 3 Clubs

It is a requirement of affiliation that clubs adopt and practise the minimum safety standards detailed in the National Safety Policy.

Each club is required to:

- Provide up-to-date information to its members about the safety and first aid facilities (including emergency telephone) available at all pools used by the club;
- Encourage and assist swimmers in obtaining lifesaving awards;
- Record all incidents by completing an Injury Report Form immediately after an incident and forward a copy to the Branch Safety Co-Ordinator, or if the Branch does not have a Safety Coordinator, to the Branch Secretary/Administrator/Executive Officer.

A number of Masters Swimming Australia clubs have access to pools where no pool attendant is present. In such cases, it is strongly recommended that the club establish the following First Aid cover and safety procedures and ensure that all club members are aware of them. See also Section 10: Emergency Flowchart.

1. Where is the nearest phone? Is it always accessible?
2. What is the emergency number?
3. Where is the nearest ambulance?
4. Phone number of the nearest ambulance.
5. What is the nearest medical assistance if there is no ambulance available?
6. Phone number of nearest medical assistance.
7. What is the location of the First Aid kit?
8. Is it accessible? Unlocked? Well stocked and in good condition?
9. Identify the name/location of the authorised person/people on site.
10. Ensure that all members know the sound of the emergency signal, e.g.:
  - a. one (two, three) short blasts of the whistle; or
  - b. one long blast of the whistle; or
  - c. bell being rung continuously; or
  - d. other as described.

## 4 Minimum Medical Standards

No activity should proceed unless a person of the appropriate category is present at the pool.

### ***Category 1 – Club Activities***

- A person who holds a current First Aid Certificate and a current CPR certificate to Australian Resuscitation Council (ARC) Standards must be present, and be fully aware of the emergency procedures for the pool and familiar with the National Safety Policy.
- Ensure that the First Aid area is clearly identified, fully equipped, and readily accessible.

### ***Category 2 – Inter-Club Swim Meets***

- Establish the requirements of Category 1; plus
- Ensure that a clearway exists for Ambulance access.

### ***Category 3 – National and International Competition***

- Establish the requirements of Category 2; plus
- Establish communication by 2-way phone or mobile phone between the Meet Director, first aid personnel and pool staff.

- Conduct a briefing meeting between parties involved prior to the competition.

### ***Category 4 – Open Water Event***

- Appoint a suitable number of people who hold a current First Aid Certificate and a current CPR certificate to ARC Standards (eg St. Johns Ambulance, Nurse, Medical Doctor, Royal Life Saving Society, Surf Life Saving Association), and ensure they are fully aware of the emergency procedures for the location and familiar with the National Safety Policy.
- Establish a First Aid Area, clearly identified, fully equipped, manned and promoted for the duration of the event.
- Ensure that a clearway exists for Ambulance access.
- Arrange clear communication lines e.g. radio and /or telephone, and distribute to all officials holding mobile phones a list of all local emergency numbers, i.e. ambulance, police, etc.

All first aid providers engaged for a Masters Swimming Australia Open Water Swim Meet must be briefed prior to the event of the potential traumas that may occur and to the equipment/resources required, and to the emergency procedures that will be followed for this particular event.

## 5 Warm-Up and Swim Down Procedures

- Warm up and swim down procedure shall be in accordance with Rule GR7 - Warm Up Facilities:
  - GR 7.1 Separate warm up/swim down facilities must be provided at all National Championships. For all other swim meets, where separate facilities are not available, a lane must be left free for this purpose.
  - GR 7.2 Competent persons must supervise warm up/swim down at all times, and lanes be allocated in accordance with the Safety Policy.
  - GR 7.3 Medical Personnel, as per the minimum medical standards in the Safety Policy, must be on duty from the start of the warm up period to the conclusion of the swim down period.
- Entry forms must advise the starting warm up time, which must be no less than half an hour before the start of the meet.
- In the final 10 minutes of warm up in the competition pool (and at the discretion of the Meet Director or Chief Lane Supervisor) any lane deemed to be no longer needed or used (most likely the butterfly lane) should be made available and supervised for sprints.
- Swimmers to be advised to rest on the ropes rather than congregate at the end walls.
- With the exception of the designated “starting” lane, diving is not allowed and entry to all other lanes of the warm up pool should be by feet first only, with due care.
- Lane stroke instruction signs are to be placed in organised graded system, such as the following examples:

## 6 LANE POOL

- 1 outside lane for starts and turns only (starts at one end, turns at the other). With the exception of the designated “starting” lane there will be no diving into the pool.
- 2 lanes to be provided for freestyle – designated fast and slow.
- 1 lane for breaststroke, 1 lane for backstroke, 1 lane for butterfly.

No diving lanes 2-6: entry by feet first

1	2	3	4	5	6
Starts Deep End	Freestyle Fast	Freestyle Slow	Breast- stroke	Back- stroke	Butterfly
.....					Last 10 mins Dive Sprints One Lap Only Any Stroke
Turns Shallow End					

## ALTERNATIVE LAYOUT FOR 6-LANE POOL

No diving lanes 2-6: entry by feet first

1	2	3	4	5	6
Starts Deep End	Butterfly Med to fast	Backstroke Med to fast	Breaststroke Med to fast	Freestyle Med to fast	Slow Lane
.....	.....				All strokes
Shallow end	Last 10min dive sprints 1/2 lap only. Any stroke EXCEPT Backstroke				

Turns					
-------	--	--	--	--	--

## 8 LANE POOL

- 1 outside lane for starts and turns only
- 4 lanes for freestyle – 1 fast 2 medium, 1 slow
- 1 lane for breaststroke, 1 lane for backstroke, 1 lane for butterfly

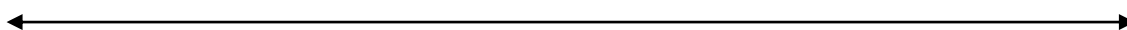
No diving lanes 2-8: entry by feet first



Starts	Freestyle	Freestyle	Freestyle	Freestyle	Breast-stroke	Back-stroke	Butterfly
Deep End	Fast	Medium	Medium	Slow			
.....							
Turns Shallow End							Last 10 mins Dive Sprints One Lap Only Any Stroke

## ALTERNATIVE LAYOUT FOR 8-LANE POOL

No diving lanes 2-8: entry by feet first



1	2	3	4	5	6	7	8
Starts	Butterfly	Medium Lane	Back-stroke	Breast-stroke	Freestyle	Freestyle	Slow lane
Deep end		All strokes	Med to fast	Med to fast	Med	Fast	All strokes
Shallow end turns	Last 10 min dive sprints 1/2 lap only. Any stroke						Times as above

	EXCEPT Backstroke						
--	----------------------	--	--	--	--	--	--

For pools wider than 8 lanes the Meet Director should make appropriate adjustments to the above lane allocation.

## 6 Diving into Pools

“Dive starts” should comply with the following. The water depth should be measured from 1.0 metre to 5 metres from the end wall.

<b>If Water Depth is:</b>	<b>Masters Swimming Australia Recommends:</b>
Less than 0.9 metres	No dive starts. Events should start in the water. Relay changeovers should be from in the water.
From 0.9 metres to less than 1.0 metre	Dive from concourse, provided that concourse height is not more than 0.2 metres above the water surface. If the concourse is greater than 0.2 metres above the water surface then all event starts and relay changeovers should be from in the water.
From 1.0 metre to less than 1.2 metres	Maximum permissible height of starting blocks is 0.4 metre above the water surface.
1.2 metre or greater	Maximum permissible height of starting blocks is 0.75 metre above the water surface.

Should the pool operator insist on imposing stricter limits regarding diving into pools, members should be guided by these limits.

## 7 Risk Management

Masters Swimming Australia has a Risk Management Policy that applies on all occasions when Masters Swimming Australia sanctioned activities occur. In addition the Risk Management Policy the following applies during Swim Meets:

- no person shall be permitted to swim while under the influence of alcohol; and
- during a swim meet, a Referee, presuming that a competitor's actions are influenced by alcohol, shall have the right to refuse permission to swim.

Referees do not have access to breath analysis equipment, so will need to take action according to:

- observation;
- reports from other swimmers;
- direct questioning.



## 8 Infectious Diseases

A number of infectious diseases can be transmitted during body contact in sport. The more serious include Hepatitis and HIV. These diseases may be spread by contact between broken skin or mucous membranes and infected blood, saliva (not for HIV), semen and vaginal fluids.

CPR must be performed in a safe manner.

There are also a number of more common infectious diseases that can be transmitted during swimming. Recognition of these diseases and the following recommendations will reduce the risk of transmission.

A person with any fever or significant infectious disease eg:

- significant symptoms of the common cold, influenza, gastro-enteritis or hepatitis;
- other common infectious conditions easily contracted at pools such as - plantar warts, tinea, conjunctivitis;

should not participate in any swimming events or activities.

To minimise the spread of infectious diseases, swimmers:

- should seek medical advice and treatment;
- are advised not to swim until cleared medically;
- should wear sandals or thongs around the pool and in the shower area; and
- wear goggles in chlorinated pools or dirty water.

It is the responsibility of all swimmers to maintain strict personal hygiene, as this is the best method of controlling the spread of these diseases. Sharing of towels, face washers, razors and drink containers should not occur.

If bleeding occurs, the swimmer should leave the pool immediately.

## 9 Blood Spills

### **Blood Spills on pool deck, including starting blocks, concourse and change rooms.**

**ACTION:** Notify pool management for either pool staff/pool lifeguards or cleaning staff to clean up with a chlorinated disinfectant such as sodium hydrochloride.

### **Blood spills in the pool**

Modern pools will have up to date equipment and be required to comply with current health requirements that indicate the pool water should have a residual disinfectant of at least 1.00ppm of free chlorine.

### **Change Rooms**

In the event of the change room facilities presenting a risk to hygiene and safety of swimmers, the Club officials should advise pool management.

## 10 Heat Policy

### *Introduction*

Masters Swimming Australia recognises that physical activity during periods of hot weather affects people in different ways, and that the individuals concerned are responsible for paying careful attention to their own physical well-being during any form of activity undertaken in such conditions.

In order to assist Meet Directors conducting carnivals sanctioned by Masters Swimming Australia in assessing weather conditions, Masters Swimming Australia will use a Kestrel 3000 Pocket Weather™ Meter, which is able to provide a reading of the “Heat Index”. Heat Index (or HI) is sometimes referred to as the “apparent temperature”. The HI is a measure of how hot it feels when relative humidity (RH) is added to the actual air temperature.<sup>1</sup>

### *Heat Index*

Bodies dissipate heat by varying the rate and depth of blood circulation, by losing water through the skin and sweat glands, and, as a last resort, by panting, when blood is heated above 37.4°C (98.6°F). Sweating cools the body through evaporation, however high relative humidity retards evaporation, robbing the body of its ability to cool itself.

When heat gain exceeds the level the body can remove, body temperature begins to rise, and heat related illnesses and disorders may develop. Elderly people, small children, chronic invalids, those on certain medications or drugs (especially tranquilizers and anticholinergics<sup>2</sup>), and people with weight or alcohol problems are particularly susceptible to heat reactions, especially during heat waves in areas where a moderate climate usually prevails.

During the summer months (December to March) or when there are periods of unusually hot weather, the Kestrel 3000 Pocket Weather™ Meter will be used to assess whether the carnival should be suspended.

**Where the Heat Index attains a value between 27°C and 41°C, the Meet Director and the Chief Referee are to closely monitor the conditions, competitors and officials, taking into account factors which may include but are not limited to whether there are:**

- (a) Shaded areas for both competitors and officials;**
- (b) Sufficient officials to allow regular breaks to reduce exposure;**
- (c) Sunglasses, sunscreen and hats used by officials and competitors [SLIP, SLOP, SLAP];**
- (d) Adequate supplies of ice and cool drinking water;**
- (e) Immediate access to qualified medical staff and emergency services.**

**Carnivals are to be suspended when the Heat Index reaches 41°C, and should not be resumed until the Meet Director and the Chief Referee are satisfied that the ambient conditions permit safe resumption.**

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<sup>1</sup> Information from <http://www.crh.noaa.gov/pub/heat.htm>

<sup>2</sup> Pronunciation: (an-tee-koh-lih-NURJ-iks) For information see:  
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202049.html#SXX19>



**Heat Index charts are in Appendix A, and descriptions of heat disorder symptoms which may be exhibited are in Appendix B.**

***Water Temperature***

Should be between 25° - 28°C.

**Heat Policy Appendix A - Heat Index and Affect of Heat Index**

<b>HEAT INDEX °C</b>													
	RELATIVE HUMIDITY (%)												
Temp.	40	45	50	55	60	65	70	76	80	86	90	95	100
47	58												
43	54	58											
41	51	54	58										
40	48	51	55	58									
38	46	48	51	54	58								
38	43	45	49	51	54	58							
37	41	43	45	47	51	53	57						
36	38	40	42	44	47	49	52	56					
34	36	38	39	41	43	46	48	51	54	57			
33	34	35	37	38	41	42	44	47	49	52	55		
32	33	34	35	36	38	39	41	43	45	47	50	53	56
31	31	32	33	34	35	37	38	39	41	43	45	47	49
30	29	31	31	32	33	34	35	36	38	39	41	42	44
29	28	29	29	30	31	32	32	33	34	36	37	38	39
28	27	28	28	29	29	29	30	31	32	32	33	34	35
27	27	27	27	27	28	28	28	29	29	29	30	30	31

The following chart<sup>3</sup> gives a guide to the affects of **Heat Index**.

Category	Heat Index	Possible Heat Disorders for People in High-Risk Groups
Extreme Danger	54°C or higher	Heatstroke or sunstroke likely.
Danger	41° - 54°C	Sunstroke, muscle cramps, and/or heat exhaustion likely. Heatstroke possible with prolonged exposure and/or physical activity.
Extreme Caution	32° - 41°C	Sunstroke, muscle cramps, and/or heat exhaustion possible with prolonged exposure and/or physical activity.
Caution	27° - 32°C	Fatigue possible with prolonged exposure and/or physical activity.

<sup>3</sup> Information from <http://www.srh.noaa.gov/bmx/tables/hindex.html>.

## ***Heat Policy Appendix B - Heat Disorder Symptoms & First Aid Treatment<sup>4</sup>***

**SUNBURN:** Redness and pain. In severe cases: swelling of skin, blisters, fever, headaches.

**First Aid:** Ointments for mild cases if blisters appear and do not break. If breaking occurs, apply dry sterile dressing. Serious, extensive cases should be seen by physician.

**HEAT CRAMPS:** Painful spasms usually in muscles of legs and abdomen possible. Heavy sweating.

**First Aid:** Firm pressure on cramping muscles, or gentle massage to relieve spasm. Give sips of water. If nausea occurs, discontinue use.

**HEAT EXHAUSTION:** Heavy sweating, weakness, skin cold, pale and clammy. Pulse thready. Normal temperature possible. Fainting and vomiting.

**First Aid:** Get victim out of sun. Lay the victim down and loosen clothing. Apply cool, wet cloths. Fan or move victim to air-conditioned room. Sips of water. If nausea occurs, discontinue use. If vomiting continues, seek immediate medical attention.

**HEAT STROKE (or sunstroke):** High body temperature 41°C or higher. Hot dry skin. Rapid and strong pulse. Possible unconsciousness.

***HEAT STROKE IS A SEVERE MEDICAL EMERGENCY. SUMMON EMERGENCY MEDICAL ASSISTANCE OR GET THE VICTIM TO A HOSPITAL IMMEDIATELY. DELAY CAN BE FATAL.***

**First Aid:** Move the victim to a cooler environment Reduce body temperature with cold bath or sponging. Use extreme caution. Remove clothing, use fans and air conditioners. If temperature rises again, repeat process. Do not give fluids. Persons on salt restrictive diets should consult a physician before increasing their salt intake.

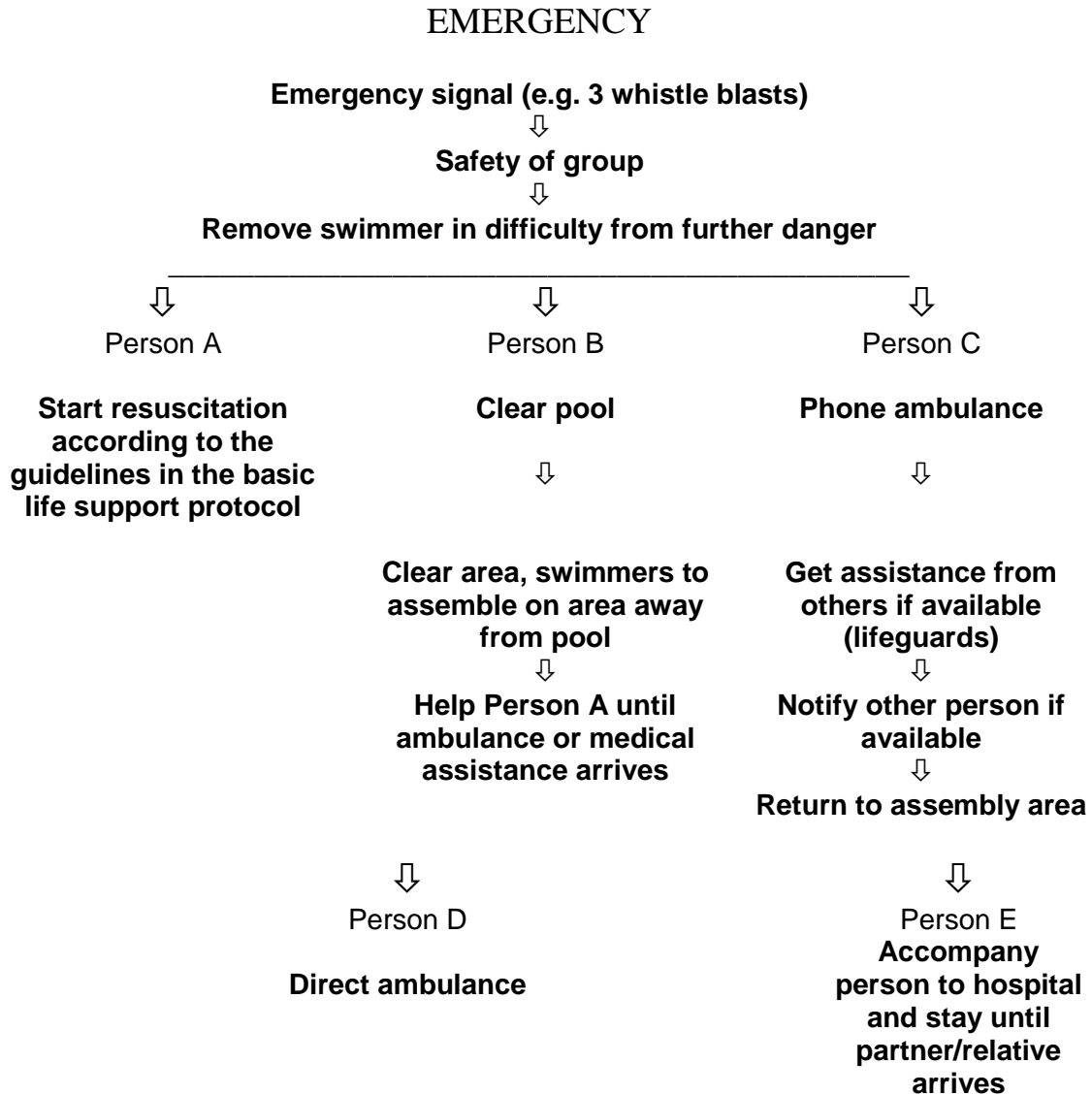
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<sup>4</sup> <http://www.nws.noaa.gov/om/brochures/heatwave.pdf>

## 11 Emergency Flow Chart

In an emergency dial 000 (Ambulance, Fire, Police) \*free call\*

The following chart shows the actions that might be taken by 3-4 people in an emergency.



Action after emergency:

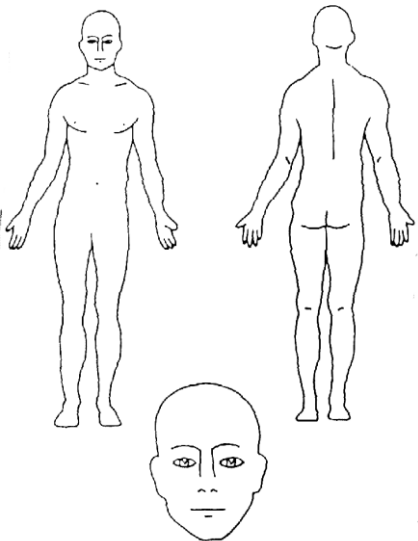
- Club Official to phone and advise partner/relative;
- Complete report, including report from witnesses;
- Notify Club Safety Officer.

Club Safety Officer to notify Club President and

- complete report form (include a report from witnesses);
- Forward report to Branch Safety Co-Ordinator and copy to file.

# Masters Swimming Australia Injury Report Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Venue: \_\_\_\_\_ Date: \_\_\_\_\_  
 Patients Name: \_\_\_\_\_ Contact (local) Address: \_\_\_\_\_ Contact (local) Phone: \_\_\_\_\_  
 Age (at last birthday) \_\_\_\_\_ (years) Sex \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Person completing this form: \_\_\_\_\_

REASON FOR PRESENTATION	CAUSE OF INJURY	BODY REGION INJURED	TREATMENT AND ACTION
<p>New injury <input type="checkbox"/></p> <p>Aggravation of an old injury <input type="checkbox"/></p> <p>The injury occurred during:                      training <input type="checkbox"/>                      competition <input type="checkbox"/>                      other <input type="checkbox"/> specify _____</p> <hr/> <p>Protective equipment, tape or support was used on the injured body part at the time of injury                      No <input type="checkbox"/> Yes <input type="checkbox"/> specify _____</p> <hr/> <p>Nature of injury  <input type="checkbox"/> abrasion/graze  <input type="checkbox"/> concussion  <input type="checkbox"/> inflammation  <input type="checkbox"/> internal (within body e.g. muscle tear)  <input type="checkbox"/> aceration/cut  <input type="checkbox"/> sprain/strain  <input type="checkbox"/> hermal related  <input type="checkbox"/> other (specify) _____</p> <hr/> <p><input type="checkbox"/> pre-existing condition or illness (specify) _____</p> <hr/>	<p>Activity or movement at the time of injury                      _____</p> <hr/> <p>Environmental conditions at the time of the injury (specify)                      _____</p> <hr/> <p>Cause of injury  <input type="checkbox"/> aggravation of previous injury  <input type="checkbox"/> collision with fixed object  <input type="checkbox"/> collision with moving object or person  <input type="checkbox"/> fall on same level  <input type="checkbox"/> fall from height  <input type="checkbox"/> heat exhaustion  <input type="checkbox"/> overexertion  <input type="checkbox"/> overuse  <input type="checkbox"/> struck by person  <input type="checkbox"/> struck by object  <input type="checkbox"/> other (specify) _____</p> <hr/> <p>Explain exactly what went wrong when the injury occurred                      _____</p> <hr/> <p>Name(s) of witness(es)                      _____</p>	<p>Indicate with a cross on the following diagrams where the injury occurred and write in words the body parts injured.</p> <div style="text-align: center;">  </div> <p>Body parts:                      _____</p> <p>Provisional diagnosis/es:                      _____</p> <hr/> <p>Name of treating person                      _____</p>	<p>Treatment</p> <p><input type="checkbox"/> none needed  <input type="checkbox"/> none given - referred elsewhere  <input type="checkbox"/> dressing <input type="checkbox"/> RICE  <input type="checkbox"/> strapping/taping  <input type="checkbox"/> crutches, sling etc  <input type="checkbox"/> resuscitation  <input type="checkbox"/> medication (specify) _____  <input type="checkbox"/> other (specify) _____</p> <hr/> <p>Action</p> <p><input type="checkbox"/> immediate return to swim session  <input type="checkbox"/> unable to return to swimming today</p> <hr/> <p>Referral <input type="checkbox"/> none  <input type="checkbox"/> to other sports/health professional  <input type="checkbox"/> ambulance time called: _____                      time arrived: _____</p> <p><input type="checkbox"/> taken to hospital  <input type="checkbox"/> other (specify) _____</p> <hr/> <p>Provisional severity assessment</p> <p><input type="checkbox"/> mild (no further treatment needed)  <input type="checkbox"/> moderate (further treatment needed)  <input type="checkbox"/> severe (referral to hospital)</p> <p>Treating person  <input type="checkbox"/> doctor <input type="checkbox"/> St John Ambulance  <input type="checkbox"/> physiotherapist <input type="checkbox"/> Red Cross  <input type="checkbox"/> sports trainer  <input type="checkbox"/> other (specify) _____</p>

\* Completed report to Branch Safety Co-ordinator; Copy to file. If additional information is available including preventative action, please attach a separate sheet

Incident Report Form for Public and Products Liability and Professional Indemnity



Please complete the details below in block letters and attach all relevant documentation.

NAME OF SWIMMING CLUB:
NAME CONTACT NAME
(PLEASE PRINT)

POSTAL ADDRESS
TELEPHONE NUMBER FACSIMILE NUMBER
AFTER HOURS NUMBER E-MAIL:

DETAILS OF INCIDENT:
WHEN DID THE INCIDENT OCCUR? DAY.....DATE...../...../..... TIME .....AM .....PM

WHERE DID IT OCCUR?

WHAT WERE THE CIRCUMSTANCES?

DETAILS OF THIRD PARTY / INJURED PARTY

NAME CONTACT NAME
(PLEASE PRINT)

POSTAL ADDRESS
TELEPHONE NUMBER FACSIMILE NUMBER
AFTER HOURS NUMBER E-MAIL:

WHAT IS THE INJURY SUSTAINED?

WERE THERE ANY WITNESSES? YES NO

NAME (PLEASE PRINT)
POSTAL ADDRESS

TELEPHONE NUMBER FACSIMILE NUMBER
AFTER HOURS NUMBER E-MAIL:

HAVE YOU RECEIVED WRITTEN NOTICE OF THIS CLAIM? YES NO (PLEASE ATTACH TO FORM IF YES)

AUTHORISED PERSON

SIGNATURE DATE:
NAME (PLEASE PRINT) POSITION:

CONTACT TELEPHONE NUMBERS

PLEASE FORWARD TO: GENERAL MANAGER
MASTERS SWIMMING AUSTRALIA
LEVEL 2, SPORTS HOUSE, 375 ALBERT ROAD, ALBERT PARK 3206
T: (03) 9682 5666 F: (03) 9682 5444
E : admin@mastersswimming.org.au