



Safety Policies and Procedures

As at November 2018

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1) MSA NATIONAL SAFETY POLICY

Masters Swimming Australia Inc (MSA) recognises its legal and moral responsibility to establish and maintain safety standards for all of its activities. It is committed to providing a safe working and sporting environment.

MSA commits to minimising harm through the implementation of responsible safety procedures and reviewing these regularly to meet the changing demands of the sport and the business of sports management.

Masters Swimming Australia will:

- Establish and maintain safety procedures for all aspects of member activities
- Implement policies and procedures aimed at minimising harm in all MSA activities;
- Commit to due diligence processes which ensure our legal and moral responsibility objectives are met;
- Allocate resources and train people to implement Procedures;
- Undertake regular reviews to ensure systems and procedures are relevant and appropriate to the current needs of the business of managing the sport.

Gerry Tucker
MSA President

Date 12 / 11 / 2018

Review before November 2020

2) MSA NATIONAL SAFETY PROCEDURES

Aims of the National Safety Procedures

The National Safety Procedures aim to:

- minimise harm to members of Masters Swimming Australia.
- provide direction on 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.

2.1 Reference Documents

The following documents either impact on this document or are directly referenced in this document. Users must familiarise themselves with these documents when using this document.

- MSA Risk Management Policy
- MSA Risk Management Philosophy
- MSA Risk Management Process
- MSA Safety Policy
- MSA Hot Weather Procedure
- MSA Emergency Response Procedure

2.2 Reporting Incidents or Injury

MSA will not attribute blame as a result of any incident, injury or Medical Emergency Response report.

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 who shall forward it to MSA National Office
- 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 of the above forms can be found on the MSA website.

2.3 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 and associated Procedures 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 and Medical Emergency Response Leaders inhouse training organised for members of affiliated clubs;
- members of affiliated clubs who are currently qualified with First Aid, lifesaving and resuscitation qualifications.

2.4 Club Responsibilities

It is a requirement of affiliation that clubs adopt and practice the minimum safety standards detailed in the MSA National Safety Procedures

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 in a Medical Emergency Response ¹;
- 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.

All MSA Clubs shall prepare a Medical Emergency Response Plan and support club members to train as outlined in the MSA Medical Emergency Response Procedures (available on MSA website)

2.5 Minimum Medical Standards

No activity should proceed unless a person of the appropriate safety skill for the Category of event is present.

Category 1 – Club Activities

- Persons who hold a current First Aid Certificate and a current CPR certificate to Australian Resuscitation Council (ARC) Standards must be present, and a Medical Emergency Response Leader who is fully aware of the emergency procedures for the pool and familiar with the MSA National Safety Policy and Procedures
- 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 – State, 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 a Medical Emergency Response Leader who is fully aware of the emergency procedures for the location and familiar with the MSA National Safety Policy and Procedures.

¹ Refer to MSA Emergency Response Procedure and included Plan template.

- 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 event must be briefed prior to the event of the potential traumas that may occur and to the equipment/resources required, and prepare a Medical Emergency Response Plan that will be followed for this particular event. The Plan must be provide to the Branch for approval prior to the event.

2.6 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, in accordance with the Category outlined above, 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, as instructed by the Meet Director or referee. See appendix for example)

2.7 Dive Entry into Pools for Competitive Swimming / Swimming Training

The scope of this policy relates to the conduct of dive entry for swimming competition and swimming training under the supervision of a qualified coach or accredited official. The policy relates to dive entry into swimming pools that meet all health industry standards for water clarity and visibility. The policy does not relate to: dive entry for recreation swimmers; dive entry without supervision of a qualified coach or accredited official; or dive entry for open water environments.

Diving into pools is particularly hazardous for novice swimmers. At any training, dives must be supervised by an experienced coach. Novice swimmers (as assessed by the coach) shall not be permitted to dive from either concourse or starting blocks into water that is less than 1.8m deep. Novice swimmers must be able to consistently demonstrate competent shallow dive entry technique in water above 1.8m deep before undertaking dive entries at minimum depths as per the guidelines

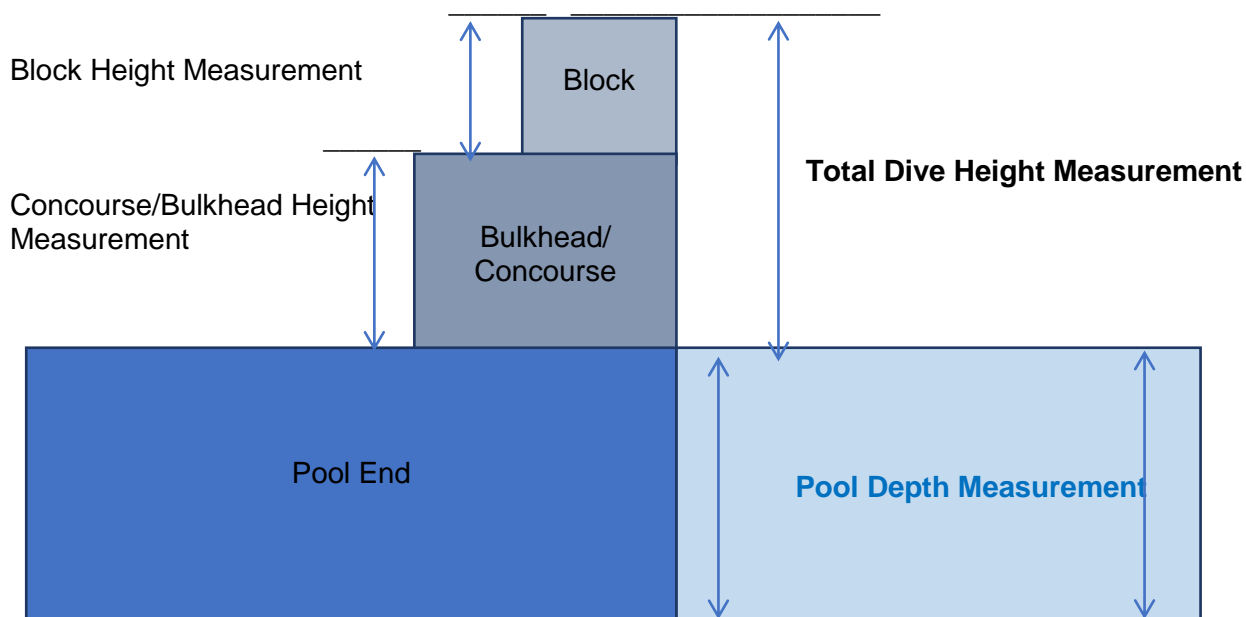
The purpose of the policy is to inform swimming clubs, swimming facilities and swimming coaches of Masters Swimming Australia's position in relation to dive entry for swimming competition or swimming training. The policy is to assist Clubs, facilities and coaches, undertaking swimming events and training activities, to make decisions and to issue directives to ensure the safety of participants.

Masters Swimming Australia Pool Depth Guidelines

It is recognised that not all pools used by clubs meet FINA minimum requirements, accordingly Masters Swimming Australia or delegates may at their discretion approve pools between 1.0 and 1.35 metres deep for training and meets subject to the following recommendations. When considering the depth for diving, the minimum depth must extend from 1.0 metre to at least 6.0 metres from the end wall.

DEPTH	COMMENT	ENTRY
Less than 1.0 metres	Dive starts should not be permitted	All events should be commenced in the water Relay changeovers should be in the water
1.0 – 1.199 metres	Concourse level to a maximum height above water of 200mm If concourse level greater than 200mm	Competitive dive starts from concourse permitted In-water start / In-water relay changeovers
1.2 – 1.349 metres	Concourse level or platform level to a maximum height above water of 500mm If concourse level or platform level greater than 500mm	Competitive dive starts from concourse or platform permitted In-water start / In-water relay changeovers
1.35 metres or greater	Concourse level or platform level to a maximum height above water of 750mm. As per FINA Rule FR2.7 If concourse level or platform level greater than 750mm	Competitive dive starts from concourse or platform permitted In-water start / In-water relay changeovers

Diving Height Measurement Diagram



Note that Masters Swimming Australia's swimming rule SW 4.1M allows for 'in the water starts' in all events:

Should the pool operator / swimming facility operator insist on imposing stricter limits regarding diving into pools, members must comply with these limits.

2.8 Unruly Behaviour

Unruly behaviour of members or public impacting on MSA activity will not be tolerated.

The following applies during Swim Meets and Open Water Swim Events:

- no person shall be permitted to swim while under the influence of illicit or illegal drugs or alcohol; and
- during a swim meet, a Referee, presuming that a competitor's actions are influenced by illicit or illegal drugs or alcohol, shall have the right to refuse permission to swim.
- where a member of the public's behaviour impacts on a Meet or Event it is recommended that the person organising the Meet or Event call Police to control the abhorrent behaviour.

While Referees do not have access to testing equipment, so they may take action according to:

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

2.9 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 and notify pool management

2.10 Water Quality

Modern pools will have up to date equipment and be required to comply with current health requirements that indicate the pool water should exceed the following criteria:

<u>Free</u>	<u>Chlorine</u>
- Outdoor pool	1.0mg/l
- Indoor pool	2.0mg/l
<u>ph</u>	
- Range	7.0 to 7.8
<u>Total Alkalinity</u>	
- Range	80 to 200 mg/l

Open Water Swim water

Generally open water is clean to swim even with some turbidity with the exception of 3 days after rain where pathogens may be carried by storm water discharge in to the open water course.

Where the course is past a river discharge after storms may be longer therefore, guidance on safe water quality should be taken from Environmental Protection Agencies. Refer also to Masters Swimming South Australia - Guidelines for Storm Water Discharge for further guidance.

Blood Spills

Blood on pool deck, including starting blocks, concourse and change rooms present a safety hazard to all.

If blood is detected the Club coach, competition Referee or delegate must immediately notify pool management, either pool staff/pool lifeguards or cleaning staff, to clean up with a chlorinated disinfectant such as sodium hydrochloride.

Change Rooms

Change Rooms for all proposed Meets shall be inspected during planning. In the event of the change room facilities presenting a risk to hygiene and safety of swimmers, the Club officials shall advise pool management. If not rectified an alternative Venue should be considered.

2.11 Hot Weather Procedure

All events that are not held in air conditioned facilities must comply with the MSA Hot Weather Procedure (see Item 3)

2.12 Hypothermia

All Open Water Swim organisers must consider the possibility of swimmers being affected by cold water and must comply with the MSA Hypothermia Prevention Procedure.

The human body functions well only within a narrow temperature range. A core temperature drop of 2°C is dangerous and a 3°C drop can kill you.

Body temperature depends on a balance between heat production or gain and heat loss. In water heat is lost mostly by conduction to the water. The colder the water, the more rapidly you lose heat and the faster body temperature falls.

The major physiological defense mechanism that reduces heat loss is to constrict your surface blood vessels. In the cold, blood is shunted away from the skin and diverted towards your core as occurs with shock. Shivering is an attempt by your body to increase heat production. It usually starts at a core temperature of around 34°C but beware that it usually stops if your temp falls below 32°C.

Swimming increases heat production in the muscles, but because it also increases blood flow to the muscles, and through the superficial veins, it increases the loss of heat through the skin. Moving the limbs through the water increases the flow of water across the skin, further increasing heat loss. The net effect is that swimming increases heat loss more than heat production; temperature falls faster when swimming than when floating still in the water.

Females have a slightly higher total body fat percentage, so a little more insulation, and have a higher surface area to mass ratio. Males typically have a higher muscle mass, so producing more heat. The net effect is probably a small difference between male and female ocean swimmers, with females at slightly more risk.

Factors influencing hypothermia in swimmers therefore are:

- Water temperature;
- Exposure time;
- Swimmer body composition - fat provides some insulation;
- Gender - females are more susceptible;
- Fitness - muscular lean persons are more susceptible.

Recognition of hypothermia

The initial response to cold water is constriction of the surface blood vessels, reducing heat loss via the skin. The initial feeling of cold on the skin lessens over a few minutes, as the temperature sensors in the skin become accustomed to the stimulus. As the tissues of the body lose heat, the body core temperature starts to fall.

Reaching a core temperature 35°C there is reduced awareness of cold, often a feeling that everything is fine. Muscle strength is reduced. Muscular activity is less efficient, swimming less coordinated and less powerful. There is reduced ability to recognise the deterioration in function. Speech is slurred, reflecting impaired brain function – people like this have been mistakenly assumed to be drunk.

Between 34° and 35°C core temperature mental acuity is markedly impaired. Judgement and memory are impaired, and with it the ability to remember training, to recognise danger, and to act logically. Swimmers are likely to miss buoys, change direction the wrong way, fail to avoid waves or swell, and are unlikely to signal for assistance. At this stage they may be seen to be swimming, but not making any headway. Mentally there is a determination to keep swimming, without any understanding of what is happening. There is no awareness of the need for immediate rescue.

By 34 °C core temperature thinking, reason, memory and awareness are very limited. Extreme lethargy gives way to a desire to sleep; this precedes a decrease in conscious level, predisposing to a quiet, un-noticed disappearance below the water and drowning.

Because the hypothermic swimmer does not recognise that they are becoming hypothermic, control of the swimmers must be exercised by people who are not in the water.

Water temperature between 16° and 20°C may be acceptable water temperature depending on the wind, waves, wetsuits and head covering, sunshine, individual physical makeup, the length of the swim and the other variables mentioned earlier.

Prevention of hypothermia

Due to the variability in the factors influencing hypothermia it is very difficult to give precise guidelines on conditions that may cause hypothermia in open water swimmers. The general safety precautions that shall be observed include:

- Assess water and weather conditions a formal part of every swim pre-race risk assessment.
- Ensure Medical Officer (paramedic or Doctor) is well informed on hypothermia The Medical officer shall be included in the swim pre-race risk assessment.
- In cold conditions, keep swimmers as warm as possible before starting the swim. The warmer they are before they start, the longer it takes to become cold. DO NOT let them walk around uncovered, thinking they are getting themselves ready or used to the cold.
- Make sure swimmers are well hydrated.

- In cold water, about 20°C, swimmers shall always wear at least one swim cap. In lower temperatures, wear two - preferably silicone caps.

Due to the variability in the factors influencing hypothermia it is very difficult to give precise guidelines on conditions that may cause hypothermia in open water swimmers. However FINA has recognised this issue and have mandated²:

For open water swimming competitions, with water temperature from 20°C, swimsuits for both men and women shall not cover the neck, nor extend past the shoulder, nor extend below the ankle. Subject to these specific shape specifications, swimsuits for open water swimming competitions shall further comply with all other requirements applicable to swimsuits for pool swimming competition.

For open water swimming competitions in water with temperature below 20°C, men and women may use either swimsuits or wetsuits. When the water temperature is below 18°C, the event shall be cancelled.

For the purpose of these rules, wetsuits are swimsuits made of material providing thermal insulation such as neoprene between 3 mm and 5 mm thick. Wetsuits for both men and women shall completely cover torso, back, shoulders and knees. They shall not extend beyond the neck, wrists and ankles³.

Swimmer precautions

If swimming in cold water (i.e. near or below 20°C):

1. Consider how long you'll be in the water - more than 30 minutes in water near of below 20°C may lead to hypothermia
2. Consider the weather conditions - wind and cloud that decrease air temperature may contribute to hypothermia even where water temperature is above 20°C;
3. Wear at least one swim cap to prevent heat loss through the head;
4. Wear a wetsuit if the water temperature is near of below 20°C;
5. Keep yourself warm leading up to the swim but make sure to entered the water slowly when you do get in;
6. Make sure someone who is not in the water is keeping an eye on you.

Management of Hypothermic Swimmers

In conditions where water temperature is near 20°C, the Open Water Swim organiser shall nominate a suitably experienced person to monitor swimmers for hypothermia. This person shall observe and assist any person suspected of experiencing hypothermia as follows:

- Recognise that their performance is impaired;
- Understand that they may not realise this, and argue with you;
- Get them out of the water;
- Shelter them from wind;
- Dry them, cover the whole body in dry clothing / blankets, particularly the head. If they are conscious, keep them wrapped up, and allow them to warm themselves by their own heat production. They must be carefully observed, as their core temperature may continue to drop and they may lose consciousness;

² BL8 By Laws approved by FINA on August 5th 2016

³ FINA Requirements for Swimwear Approval, Clause 4.2

- Give them warm, not hot, sweet drinks. Warmed blankets are useful, as is body-to-body contact (Note: Space blanket may not be all that good for treating hypothermia. They won't rapidly warm up someone who is cold). Active heating with a specially designed forced air warming blanket is preferable to a space blanket;
- DO NOT leave them alone;
- DO NOT use hot water bottles or chemical heating packs, as these are likely to result in burns;
- DO NOT put them in a hot shower or bath; rapid warming causes the superficial vessels to dilate rapidly; blood pressure falls dangerously, cold blood trapped in the periphery is suddenly released, and a bolus of cold blood returning to the heart can cause a fatal irregular heart beat.
- Once they are rewarmed, their swim for the day is over. Do not allow them to re-enter the water.
- Unconscious or semi-conscious people should be treated as above, on their side in the coma position with airway support, and transported by ambulance to hospital for more intensive management.

2.13 Medical Emergency Response

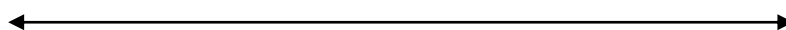
All Clubs must prepare a Medical Emergency Response Plan and train Leaders in accordance with the MSA Medical Emergency Response Procedure. (see Items 4 and 5)

APPENDIX - Warm up lane management

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.

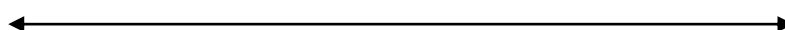
No diving lanes 2-6: entry by feet first



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

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

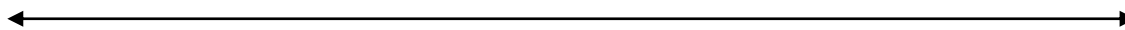
No diving lanes 2-8: entry by feet first



Starts	Freestyle	Freestyle	Freestyle	Freestyle	Breast-stroke	Back-stroke	Butterfly
Deep End	Fast	Medium	Medium	Slow			
.....							
Turns							Last
Shallow							10 mins
End							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 EXCEPT Backstroke						Times as above

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

3) MSA HOT WEATHER SAFETY PROCEDURE

Introduction

Masters Swimming Australia Inc 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 under taken in such conditions.

This Procedure is intended to assist the Organiser (including Meet Directors conducting carnivals sanctioned by Masters Swimming Australia, Open Water Swim Event Managers and MSA Coaches) to reduce the effects of hot weather at any Masters Swimming activity.

These procedures apply to both outdoor and indoor swimming venues.

Topics covered in this procedure include:

- Heat stress
- Water temperature
- Sun protection

Heat Stress

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. Sweating cools the body through evaporation, however high relative humidity retards evaporation, robbing the body of its ability to cool itself while wind may either increase or decrease the temperature felt on the skin.

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 tranquillisers and anticholinergics), people with BMI greater than 30 or consuming alcohol are particularly susceptible to heat reactions, especially during extended periods of extreme temperatures where moderate temperatures usually prevail.

Heat Index may be used as a guide to potential Heat related disorders. Heat Index (HI) is sometimes referred to as the “Apparent Temperature” or “Feels Like” or “Heat Stress”. The HI is calculated using temperature, relative humidity (RH) and wind speed. Apparent Temperature is calculated every 30 minutes at Bureau of Meteorology Sites at all reporting stations and local sites may be accessed online or through a mobile phone “app”.

Where Bureau of Meteorology “Apparent Temperature is not available, such as indoor pools without air conditioning, Meet Directors conducting carnivals sanctioned by Masters Swimming Australia may use **a weather meter. See Appendix for suitable meters.**

Prior to and during any activity the Heat Index shall be reviewed periodically to assess whether the activity should be suspended.

Where the Heat Index attains a value between 27°C and 41°C, the activity organizer or coach and, for competitions, the 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 - as a guide 10 minutes per hour is the minimum up to 20 minutes per hour as heat index approaches 41°C.
- (c) Sunglasses, sunscreen and hats used by officials, competitors and spectators [SLIP, SLOP, SLAP, SEEK, SLIDE];
- (d) Adequate supplies of ice and cool drinking water;
- (e) Immediate access to qualified medical staff and emergency services.

Competitions are to be suspended when the Heat Index reaches 42°C, and should not be resumed until the activity coordinator, coach or if relevant the Meet Director and the Referee are satisfied that the ambient conditions permit safe resumption.

The following table provides for descriptions of heat index relative to heat disorder symptoms which may be exhibited and recommended actions for athletes, coaches or officials at competitions or training.

Category	Heat Index	Possible Heat Disorders	Action
Extreme Danger	42°C or higher	Heatstroke or Sunstroke likely	Activity will be suspended, postponed until later in the evening, or held indoors at the coach's discretion. Stop all indoor activity unless air conditioning is available.
Danger	39°C -41°C	Sunstroke, muscle cramps and/or heat exhaustion likely. Heatstroke possible with prolonged exposure and/or physical activity	Re-check heat index every 30 minutes to monitor for increase. Mandatory water breaks every 20 minutes for 10 minutes in duration. Means for cooling athletes should be available: including water sprinklers, fans, shade, iced towels etc.
Extreme Caution	33°C -38°C	Sunstroke, muscle cramps and/or heat exhaustion likely. Heatstroke possible with prolonged exposure and/or physical activity	Re-check Heat Index every 30 minutes to monitor for increase. Mandatory water breaks every 30 minutes for 10 minutes in duration. Means for cooling athletes should be available: including water sprinklers, fans, shade, iced towels etc.
Caution	27°C -32°C	Fatigue possible with prolonged exposure and/or physical activity	Athletes should be watched closely for any heat distress, and frequent 10 minute water breaks should be taken

Heat Disorder Symptoms and Treatment

Heat stroke

Heat stroke is a life-threatening emergency - call 000

Symptoms

- Same symptoms as heat exhaustion except sweating stops
 - Mental condition worsens, confusion
 - Seizure
 - Stroke-like symptoms or collapsing
 - Unconsciousness
-

What to do

- Call an ambulance - phone 000
 - Get the person to a cool area and lay them down
 - Remove clothing
 - Wet skin with water, fanning continuously
 - Position an unconscious person on their side and clear their airway
-

Heat exhaustion

Symptoms

- Pale complexion and sweating
- Rapid heart rate
- Muscle cramps, weakness
- Dizziness, headache
- Nausea, vomiting
- Fainting

What to do

- Go to a cool area and lie down
 - Fan if possible
 - Drink cool water if not vomiting
 - Remove outer clothing
 - Wet skin with cool water or wet cloths
 - See a doctor
-

Heat cramps

Symptoms

- Muscle pains
- Spasms in the abdomen, arms or legs

What to do

- Stop activity and sit quietly in a cool place
- Drink cool water
- Rest a few hours before returning to activity
- See a doctor if cramps persist

Sunburn

Symptoms

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

What to do

There is no cure for the symptoms of sunburn except time and patience. Treatment aims to help manage the symptoms while the body heals. Suggestions include:

- Drink plenty of water, because spending time in the sun can lead to dehydration as well as sunburn.
- Gently apply cool or cold compresses, or bathe the area in cool water.
- Avoid using soap as this may irritate your skin.
- Speak to a pharmacist about products that help soothe sunburn. Choose spray-on solutions rather than creams which require rubbing in by hand.
- Don't pop blisters. Consider covering itchy blisters with a wound dressing to reduce the risk of infection.
- If your skin is not too painful, apply moisturiser. This won't stop the burnt skin from peeling off, but it will help boost the moisture content of the skin beneath. Do not apply butter to sunburnt skin.
- Take over-the-counter pain-relieving medication, if necessary.
- Keep out of the sun until your skin has completely healed.

Water Temperature

Water temperature for Open Water Swimming may generally be between 18°C and 31°C.⁴

Masters Open Water events should not be held in water with a temperature less than an average of 18°C. (OWS1.2)

Where a competition is conducted at a swimming pool the water temperature should be between 25°C - 28°C.⁵

As a general guide for training where water temperature exceeds 28°C the coaches should reduce intensity and, or duration of the activity.

⁴ FINA OWSR 5.5 Allows water temperature 18°C and 31°C with wetsuits permitted between 18°C and 20°C.(See FINA BL 8.5)

⁵ FR 2.12

Sun Protection

Participants, officials and spectators will be encouraged to access the Bureau of Meteorology to view local UV levels and in particular times when Sun Protection should be used. Wherever possible, use a combination of sun protection measures for all outdoor activities whenever UV levels is recoded at 3 and above (the level that can damage skin and eyes) including the following:

3.1 Scheduling outdoor activities:

- Schedule outdoor events and/or training times outside peak UV times of 10am–2pm (11am–3pm daylight saving time) where possible.
- Consider all sun protection measures when planning outdoor events and/or training.
- Investigate the feasibility of having evening training sessions, games and events.

3.2 Shade:

- Hold training sessions and competitions at venues that provide adequate shade.
- Encourage participants, officials and spectators to use the shade available, and encourage people to bring their own umbrellas and shade tents.

3.3 Hats:

- Ensure that officials and participants are provided with or encouraged to wear sun-safe hats that protect the face, neck and ears. Recommended sun-safe hats include legionnaire, board-brimmed and bucket hats. Baseball caps do not provide adequate sun protection and are not recommended.
- Encourage members who do not bring hats to stay in an area protected from the sun.

3.4 Clothing

- Ensure that officials and participants are provided with or encouraged to wear sun-safe clothing that covers as much skin as possible, including shirts/tops with longer sleeves and a collar, and long shorts or pants.
- Incorporate clothing that is cool, loose fitting and made of densely woven fabric into the club uniform. Any fabric with an ultraviolet protection factor (UPF) rating above 15 provides good protection against UV radiation, but UPF50+ is recommended (AS/NZS 4399:1996).
- Incorporate a swimsuit and rash vest with a UPF50+ into the club uniform for water sports.

3.5 Sunscreen

- Ensure Sunscreen is available that is at least SPF 30+, broad-spectrum and water-resistant and participants, coaches, officials and spectators are encouraged to use it appropriately.
- Encourage application of sunscreen at least 20 minutes before going outdoors, and is reapplied every 2 hours when outdoors, or after getting wet or perspiring.

3.6 Sunglasses

- Encourage officials and participants to wear close-fitting, wrap-around sunglasses that cover as much of the eye area as possible and comply with Australian Standard AS/NZS 1067:2003 (Sunglasses: Category 2, 3 or 4).

3.7 Increase awareness of sun safety

- Regularly promote sun protection information to officials, participants and spectators through briefings or training sessions, newsletters, notice boards, online communications, enrolment and announcements at sporting events.
- Inform individuals about the organisation's Sun Protection Policy when they apply for membership.

3.8 Role modelling

- Encourage all officials, coaches, trainers and members of the club to act as positive role models for other members in all aspects of sun safe behaviour, including using as many of the five sun protection measures as possible.

3.9 Review

- Regularly monitor and review the effectiveness of the Sun Protection Policy to ensure it remains relevant and current.

Further resources:

Additional resources for sporting organisations can be found on Cancer Council website at <https://www.cancercouncil.com.au/sunsmart> including:

- 10 step sun protection checklist for sporting organisations: a short checklist to help officials, coaches and other staff assess current practices and behaviours and suggestions for improvements.

4) MSA MEDICAL EMERGENCY RESPONSE PROCEDURE

General

Medical Emergency Response is the extreme end of incidents the MSA members may be exposed to in training and competing. At the other end is minor injury or equipment damage. Reporting and taking action on minor injuries and equipment damage is extremely important as actions taken here may reduce the impact of incidents that give rise to a medical emergency.

Medical Emergency Response Planning must be undertaken by all MSA Clubs for each venue (pool, beach, meeting rooms etc.) as the location and equipment available will be different. It is the responsibility of the activity organiser (typically this will be a Club Coach, Event Manager, Meet Director, Committee Chairman etc.) to ensure there is a Medical Emergency Response Plan for the activities they organise. The activity organiser must liaise with the venue manager or support group (e.g SLS) as to what roles each party will have in a medical emergency.

Emergencies are by nature rare and unpredictable. In order to have adequate response, leaders shall be identified and practice the MSA Medical Emergency Response Procedure so that they are effective should an emergency occur. Such practice may be in the form of “hypotheticals” or scenarios for different types of venues. Medical Emergency Response leaders should engage in club training and assessment in medical emergency situations every two years.

Medical Emergency Response leaders and assistants need to be able to take command and be largely unaffected by the stress of the emergency at the time of responding to the emergency. Suitable persons include those who attend Club activities regularly and are fit persons who have training in emergency situations such as:

- Police, Surf Life Savers, State Emergency Service, Country Fire Service, Firemen
- Defence force personnel
- Industry trained Emergency Responders
- MSA Medical Emergency Response leaders

Medical Emergency Response leaders **should not** be ambulance officers, paramedics or nominated First Aiders as their skills may be better utilised in treating injured person(s).

It is unlikely that any one Medical Emergency Response Leader will be at every Club activity therefore it is recommended that every MSA Club have at least two MSA Medical Emergency Response Leaders at any one time and that they be identified on the Medical Emergency Response Plan. Similarly it is unlikely that every assistant will be at every Club activity therefore it is recommended that every MSA Club identify several assistants to support any of the Clubs' Medical Emergency Response leaders.

5) MEDICAL EMERGENCY PLAN

In order to be effective the Medical Emergency Response Leader shall:

- Establish authority in each situation and the role the Club (Branch) will take in an emergency (e.g Pool Managers may be required to manage emergencies under their insurance arrangements; Surf Life Savers may accept this role due to training and experience)
- Establish an emergency response group (see Organisation chart below);
- Establish an Emergency Signal (e.g. three whistle blasts)
- Identify two people who have First Aid, asthma and defibrillator qualified.

- At any venue, identify the location of First Aid facilities and equipment including First Aid Kit, stretcher, blankets, OxyVivor, Defibrillator etc. and, access for emergency vehicles.
- Note details of venue including Name, street address, Suburb, State, nearest cross street,
- Enter Emergency contact numbers in mobile phones (use 112 on any mobile, even if locked or 000), venue (Pool) manager, Surf Life Saving Radio Room etc.
- Become familiar with and rehearse the MSA Medical Emergency Response Procedure.
- In addition to qualified First Aiders, identify optional person(s) who can immediately respond to the leader as:
 - Person(s) to contact Emergency Services as requested, provide venue and incident details and stay on line until assistance arrives and record incident details of the incident and responses as they come to hand.
 - Person(s) to direct the ambulance and accompany the injured person to hospital.

Collate all the information needed for responding to a medical emergency in a Medical Emergency Plan (sample below).

<u>Sample Organisation of Medical Emergency Group</u>			
Emergency signal (e.g. 3 whistle blasts)			
↓			
Remove danger and remove injured person from further danger			
↓			
First Aider or Paramedic ↓	Response Leader ↓	Assistant (Optional) ↓	Assistant (Optional) ↓
Start resuscitation according to the guidelines in the basic life support protocol	Clear area around victim ↓	Record details of incident. Start log of incident ↓	Get assistance from others if available (lifeguards) ↓
	Identify assembly area away from victim. Consider crowd control. ↓	*Phone 112 on mobile or 000 for Emergency Services. Stay on phone until Emergency Service arrives ↓	Direct ambulance ↓
	Help Person A until ambulance or medical assistance arrives	Stay with Emergency Response leader and record details of response.	Accompany person to hospital and stay until partner/relative arrives

Adjust this if your club venue requires initial notification to be to centre management

Sample Medical Emergency Response Timeline

Initial Action:	Emergency Response Leader	<p>Confirm nature of incident as a Medical Emergency (drowning, serious health problem like a heart attack, or debilitating injury, swimmer missing, shark attack, etc.)</p> <p>Sound warning signal</p> <p>Direct Medical Emergency Response Team.</p>
Immediate response:	Person A	DRSABC - Commence resuscitation if appropriate.
Ascertain details:	Emergency Response Leader and Person C	<p>Note</p> <p>Date and time medical emergency was first observed,</p> <p>Location of incident. - Venue, Street address, Suburb, State, nearest cross street</p> <p>Nature of Medical Emergency - as above</p> <p>Number of possible and type of injuries.</p> <p>Name of Medical Emergency Response Leader in charge.</p> <p>What action has already been taken?</p>
Notify:	Person C	<p>Police Phone 000 or Mobile 112</p> <p>Give identity of informant (your name).</p> <p>Give location of informant (your location)</p> <p><i>Also as needed notify</i></p> <p style="padding-left: 40px;"><i>Surf Life Saving radio room</i></p> <p style="padding-left: 40px;"><i>Pool Manager</i></p>
Logistics:	Emergency Response Leader	<p>Arrange for the transport of first aid, medical equipment and relevant personnel to injured persons.</p> <p>Identify Command Post location if needed</p>
At Scene:	Person B	<p>Ensure no further danger.</p> <p>Cordon-off scene, set outer perimeter — consider crowd control.</p> <p>Assist Person A with first aid treatment until ambulance service arrives on site.</p>

Person D

**Arrange emergency vehicle access
Arrange escort for relatives to first aid area or escort
injured person to hospital and stay until relatives arrive.**

**Personnel
required at
command
post:**

**MSA Member responsible for activity (Coach, Chief
Referee, Event Manager)
Police / Ambulance Coordinator
Lifesaver, Pool representative if relevant.**

**At All
Completion:**

**CLUB COMMITTEE MEMBER or delegate to conduct
debrief and take notes.**

- **Arrange an area away from activities and interruptions
and ensure police, ambulance co-ordinators and first
aider(s) in attendance for incident debrief.**
- **Record contact details of all major participants in
Medical Emergency Response.**
- **Thank participants in the action including Emergency
Services and/or SLS/venue staff.**
- **Arrange refreshments for responders if incident lasted
more than one hour.**
- **Arrange for Club Official to phone and advise
partner/relative;**
- **Collate log and complete report, including report(s) from
witnesses;**
- **Notify Club Safety Coordinator.**

CLUB SAFETY Coordinator

- Notify Club President and

**- Complete report form (include any report(s) from
witnesses);**

**- Forward report to Branch Safety Coordinator and copy
to file.**

NOTE

**A copy of Log of the Emergency Response should be
kept by the Medical Emergency Response Leader until all
Police, Coronial and Insurance investigations are
completed and may be used to support descriptions of
the response to the Emergency.**

Masters Swimming Australia Reporting

All incidents, injury and Medical Emergency Response must be reported to the Branch Safety Coordinator.

MSA will not attribute blame as a result of any incident, injury or Medical Emergency Response report.

Reporting of incidents, injury and Medical Emergency Responses is important to protect MSA in the case of legal actions including coronial enquiry and it is only with complete disclosure of all incidents and subsequent actions that sustainable preventative action can be developed and implemented. With any MSA report form, if additional information is available including preventative action, please attach a separate sheet with the details.

All incident (even where no one was injured such as equipment damage) must be reported to the Branch Safety Co-ordinator. **Please complete a MSA Insurance Report form, for the current insurer, available from the Masters Swimming web site**

Where an injury occurs the it must be reported to the Branch Safety Co-ordinator. **Please complete a current MSA Injury Report form, available from the Masters Swimming web site.**

Where a Medical Emergency Response was initiated, a comprehensive report must be submitted, **within two days of the incident**, together with a copy of the log taken during the progress of the Medical Emergency Response, to the Branch Safety Co-ordinator. Information that shall be provided may include:

- Name and address of any injured person(s) for which the Emergency was raised.
- Date, Day and Time when the injury was first observed;
- Date, Day and Time Emergency Services were contacted;
- Date, Day Time Emergency Services reached the injured person.
- Name of Medical Emergency Responder and assistants and their roles.
- Name of hospital where the injured person was evacuated to.
- Nature of the Medical Emergency that initiated a response.
- Name, address and contact details of any other party to the emergency including witnesses to the incident, interested parties (e.g. Pool Manager, Surf Life Saving responder(s)).

In addition a MSA Injury Report form and MSA Insurance Report form shall be completed for the incident that gave rise to the Medical Emergency Response and submitted with the report.

Medical Emergency Plan Phone 000 or Mobile 112	
Club Name	
Activity Address	Street Suburb Nearest Cross Street
Club President and contact number	Name Mobile Number
Medical Emergency signal - Three long whistle blasts	
In case of a Medical Emergency the following person is in charge. (if more than two people are available the first named shall take charge)	<i>(insert photo and name)</i> <i>(insert photo and name)</i>
First Aid Officers	<i>(insert photo and name)</i> <i>(insert photo and name)</i>
The first aid equipment is located –	
The defibrillator is located –	
Our members medical information is located –	
The closest access point for emergency services –	
Local medical facilities address and contact numbers:	Medical Centre Address Phone Hospital with Emergency facilities Address Phone
Facility Manager:	Name Mobile
Surf Life Saving Contact:	Name Mobile
Map reference:	