

**THE SAFETY PRACTICES OF
SPORTING CLUBS AND CENTRES
IN THE CITY OF HUME**

by
Caroline F Finch

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Abstract:

Sports injuries are a public health problem in Victoria. However, little information is available about community level sports injuries. The sports safety activities that community level sports organise, undertake or provide for is also not fully known. The aim of this report is to present the results of a survey of local clubs and sporting centres in the City of Hume conducted by the 'Play It Safe, Sport' project, before its sport safety promotional activities. This is the first survey of safety practices of sporting clubs and centres at the community level in Victoria. Sixty-four clubs and centres participated in the survey which involved face-to-face interviews with representatives from the participating clubs and sporting centres. A major finding is that whilst sports bodies perform certain activities typically associated with preventing sports injuries, they do not have formal policies or written objectives which recognise the safety of their participants as an important goal. A number of sports safety measures were reported to be undertaken by the surveyed clubs and centres including, use of protective equipment, accredited coaches, sports trainers, encouraging warm-ups, modified rules for juniors and checking of playing environmental hazards and facilities. The provision of first aid services (including personnel and equipment) varied across the sporting clubs and centres. The survey found that local clubs would benefit from the Hume City Council's Safe Living Program assistance in developing a simple sports safety program and in improving playing facilities and their surrounds. The major barriers towards improving sports safety were: a lack of funds, the media's attitude towards sports injuries and the role of local council. This survey has provided useful information for Hume City Council to guide its 'Play It Safe, Sport' program over the next 12 months. The findings clearly indicate the areas where more attention to sports safety needs to be undertaken by local sporting clubs and centres. The survey also provide some useful baseline data from which the success of the 'Play It Safe, Sport' program could be evaluated in the future.

Key Words:

sport, sports injuries, injury prevention, sporting clubs, City of Hume

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Monash University Accident Research Centre,
Wellington Road, Clayton, Victoria, 3168,
Australia.
Telephone: +61 3 9905 4371
Fax: +61 3 9905 4363

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Action Indoor Netball	Action Indoor Sports Tullamarine
Broadmeadows Bowling Club	Broadmeadows Broncos
Broadmeadows Little Athletics Centre	Broadmeadows Rugby Union Club
Broadmeadows Socials Cricket Club	Broadmeadows United Football Club
Broadmeadows United Netball Club	Broadmeadows YCW Cricket Club
Bulla Adult Riding Club	Coolaroo Cricket Club Inc
Coolaroo/Donnybrook Vickick Football Clinic	Craigieburn Angling Club
Craigieburn Basketball Association	Craigieburn Football Club
Craigieburn Junior Basketball Association	Craigieburn Junior Football Club
Craigieburn Squash Club	Craigieburn Tennis Club
Dodgers Basketball Club	G D Park Softball Club
Gladstone Park Cricket Club	Gladstone Park Netball Club Inc
Gladstone Tennis Club	Goonawarra Golf Club
Greenvale Basketball Centre	Greenvale Cricket Club
Greenvale Sports and Gamefishing Club	Greenvale Tennis Club
Holy Child Football Club - Junior	Hume United Soccer Club
North Dallas Basketball Association	North West Cricket Association
North Western Volleyball Club	Riddell District Football League Umpires Association
Riddell District Junior Football League	Roxburgh United Soccer Club
Royale Cricket Club	Sporting Inca Club
Sunbury Aquatic Centre	Sunbury Basketball Association
Sunbury Callisthenics Club	Sunbury Cricket Club
Sunbury Cycling Club	Sunbury Football Club
Sunbury Football Club (junior division)	Sunbury Gymnastic College Inc
Sunbury Indoor Sports	Sunbury Indoor Sports
Sunbury Ladies Netball Association	Sunbury Little Athletics
Sunbury Rovers Football Club	Sunbury Rovers Junior Football Club
Sunbury Squash Club Inc	Sunbury Superules Football Club
Sunbury United Sporting Club	The Broadmeadows Amateur Swimming and Lifesaving Club
The Broadmeadows Cowboy Gridiron Club	Tullamarine Pony Club In
Tullamarine Pony Club Inc	Upfield Soccer Club
Westmeadows Cricket Club	Westmeadows Football Club

EXECUTIVE SUMMARY

Sports and recreational injuries are a significant public health problem in Victoria. However, there is little information available about the occurrence of sports injuries at the community level. Sports injuries have a significant impact on participants across the broad range of sports activities. Many sporting organisations (including local clubs and associations) and administrators are concerned with preventing injuries amongst their participants. However, the full range of injury prevention activities they organise, undertake or provide for is not fully known. This is particularly so for community level sport.

The aim of this report is to present the results from a survey of local clubs and sporting centres in the City of Hume. The City of Hume is a well-defined geographic area, representing both urban and semi-rural communities. The City of Hume's Safe Living Program is a multifaceted injury prevention program targeted specifically at the community level. The 'Play It Safe, Sport' project is under the umbrella of the Safe Living Program. The 'Play It Safe, Sport' project aims to change the culture of local sporting organisations to systematically work to reduce sports injuries.

In 1995/96, the 'Play It Safe, Sport' project undertook a survey of sporting clubs and centres in the City of Hume. This survey covered a wide range of sporting activities undertaken in the City of Hume and aimed to collect information about the current safety practices of sports clubs and associations in the City of Hume. The survey was conducted in late 1995 - early 1996, before the 'Play It Safe, Sport' project began its sport safety promotional activities.

Sixty-four clubs and centres participated in the survey and their responses to the survey questionnaire are presented in this report. The main target group for this survey was all clubs involved with the five sports most frequently associated with sports injury in the Victorian Injury Surveillance System database (Australian Rules Football, Cricket, Soccer, Netball and Basketball). Fifty clubs or centres in the City of Hume were involved with these five sports. Each of these fifty clubs or centres agreed to participate in the survey. In addition to this set of fifty clubs, some other clubs were approached on the basis of having high participation numbers. Fourteen such clubs participated in the survey and they covered sports such as tennis, bowls, horse riding, fishing, little athletic, rugby and gridiron. The survey involved face-to-face interviews with administrators or other personnel, as appropriate, from the participating clubs and sporting centres.

This report presents the findings of the first survey of the safety practices of sporting clubs and centres at the community level in Victoria. As such it characterises current practices and has identified areas for improvement. A major finding of this survey is that whilst sporting clubs and centres perform (or encourage their participants to perform) certain activities typically associated with preventing sports injuries, they do not have formal policies or written objectives which recognise the health and safety of their participants as an important goal. This suggests that sports safety may not get the priority attention that it should.

A range of protective equipment is used at the surveyed sporting clubs and centres. Potential barriers to protective equipment use were identified and included that it needed to be lighter, more attractive, of higher quality and cheaper. A number of other sports safety measures are also undertaken by the surveyed clubs and centres. More than half participated in the National Coaching Accreditation Scheme where the coaches receive specific training in injury prevention techniques. Warming up appears to be widely promoted at the surveyed clubs or centres, with many providing an area specifically for this. In contrast, warming-down activities do not seem to be so widely promoted. Modified rules for juniors are promoted by more than half of the clubs and centres.

Whilst adequate first aid services themselves do not prevent sports injuries, they are crucial for helping to reduce the severity of any injuries that do occur and for providing immediate attention to them. This survey found that the provision of first aid services (including personnel and equipment) seems to vary considerably across the sporting clubs and centres. Whilst some provided a first aid kit, it was not always the case that the clubs or centres ensured that someone with first aid training was available to provide first aid services if they were needed. Ensuring that each club or centre has a number of qualified sports trainers would be an obvious way to overcome this current deficiency.

Checking of playing environmental hazards and facilities appears to be a high priority for clubs and centres. Nevertheless, a majority of clubs or centres felt that there was scope for significant safety improvement in their playing surrounds and facilities. Many believed that the Hume City Council could play a key role in these improvements. The survey respondents also believed that they would benefit from the Hume City Council's Safe Living Program assistance in developing a simple sports safety program. This is something that the 'Play It Safe, Sport' project should address over its 12 month's duration.

A number of clubs and centres reported barriers towards improving safety. A lack of funds was the most commonly cited barrier. Hume City Council's Safe Living Program should be able to inform its local clubs and centres of ways in which they could attempt to seek funding for safety improvements. Another common barrier was the media's attitude towards sports injuries. The Hume City Council should therefore continue its presence in local media (eg newspapers, its newsletter, etc) and continue to actively promote safety in sport through its local networks.

The role of local Council, itself, in improving sports safety was raised by a number of clubs and centres. They felt that Council should provide better access to facilities within the area and act on unsafe playing conditions immediately. The comments provided by some of the sporting clubs and centres demonstrate that Hume City Council is already doing significant work towards improving sports safety.

This survey has provided useful information for Hume City Council to guide its 'Play It Safe, Sport' program. The findings clearly indicate the areas where more attention to sports safety needs to be undertaken by local sporting clubs and centres. It also indicates where the Safe Living Program's assistance could be most valuable. Over the 12 month period following this survey, the 'Play It Safe, Sport' project will be targeting sports safety in the City of Hume. This survey provides valuable baseline data against which the activities of this project can be measured at the end of the year's activities. The survey results also provide some useful baseline data from which the success of the 'Play It Safe, Sport' program could be evaluated in the future.

1. INTRODUCTION

The promotion of sports and recreational safety has been identified as a key public health issue in several reports (Egger, 1990; Egger, 1991), the Australian National Health Goals and Targets (Nutbeam et al., 1993) and the 1994 Victorian Injury Control Strategy (Health and Community Services (H&CS), 1994). Sports injuries are a cost burden on both individuals and society with respect to the duration and nature of treatment, the amount of sports and working time lost, permanent damage and disability, reduced quality of life and monetary costs. Their prevention must be recognised as a major public health goal.

Sports and recreational injuries (hereafter referred to as sports injuries) are a significant public health problem in Victoria (H&CS, 1994, Finch et al., 1995). Yet there is little information available about sports injuries at the community level (Finch, 1995; Finch et al., 1995; Finch, 1996).

The limited information available on the incidence of sports injuries in Victoria indicates that sport is a common context for injury (Routley, 1991; Routley & Ozanne-Smith, 1991; Langlois et al., 1992; Watt, 1992; Routley & Valuri, 1993; Watt & Ozanne-Smith, 1994). Sports injuries in children aged 10-14 years are the highest cause of injury related attendances at emergency departments (Watt & Ozanne-Smith, 1994). Sports injuries are often moderately severe and account for more than 12% of hospital admissions for unintentional injury amongst 10-29 year olds each year (Watt, 1992). According to ICD 9 E-coded hospital admission data for Victoria over the period 1986-1991, there were 11,255 admissions because of a sports injury (Langlois et al., 1992). The average rate of sports injury hospitalisation over this same period was 54.2/100,000 population (Langlois et al., 1992). These figures are clearly an underestimate of the true magnitude of the health burden of sports injuries because they are based solely on hospital admission data and do not reflect non-hospitalised cases of injury. In addition, the ICD system provides limited scope for the coding of sports injuries and such injuries are often coded under categories where they cannot be identified as being related to sport.

Sports injuries can have a significant impact on participants across the broad range of sports activities (Finch et al., 1995). Many sporting organisations (including local clubs and associations) and administrators are concerned with preventing injuries amongst their participants. However, the full range of injury prevention activities they organise, undertake or provide for is not fully known. This is particularly so for community level sport.

The City of Hume's Safe Living Program is a multifaceted injury prevention program targeted specifically at the community level. The City of Hume is a well-defined geographic area, representing both urban and semi-rural communities. The 'Play It Safe, Sport' project is under the umbrella of the Safe Living Program. The 'Play It Safe, Sport' project aims to change the culture of local sporting organisations to systematically work to reduce sports injuries.

In 1995/96, the 'Play It Safe, Sport' project undertook a survey of sporting clubs and centres in the City of Hume. This survey covered a wide range of sporting activities undertaken in the City of Hume and aimed to collect information about sports injury prevention activities at the local club level. The survey was conducted in late 1995 - early 1996, before the 'Play It Safe, Sport' project began its sport safety promotional activities.

2. AIM

The aim of this particular report is to present the results from a survey of local clubs and sporting centres in the City of Hume. Sixty-four clubs and centres participated in the survey and their responses to the survey questionnaire are presented in this report. The survey results also provide some useful baseline data from which the success of the 'Play It Safe, Sport' program could be evaluated in the future.

3. METHODS

A survey was prepared by the City of Hume Safe Living Program to collate information about current safety practices of sports clubs and associations in the City of Hume. There are approximately 100 organisations listed on the City of Hume's database. To be eligible for inclusion in this particular survey, clubs were required to be geographically centred within the City of Hume and not to have commercial operations as their prime aim. This meant that clubs centred geographically outside the City of Hume, but which conducted some activities within the City of Hume, were excluded from the study.

The main target group for this project was all clubs involved with the five sports most frequently associated with sports injury in the Victorian Injury Surveillance System database (Routley, 1991; Routley & Valuri, 1993). These sports were Australian Rules Football, Cricket, Soccer, Netball and Basketball. Fifty clubs or centres in the City of Hume were involved with these five sports. Each of these fifty clubs or centres agreed to participate in the survey. In addition to this set of fifty clubs, some other clubs were approached on the basis of having high participation numbers. Fourteen such clubs participated in the survey and they covered sports such as tennis, bowls, horse riding, fishing, little athletic, rugby and gridiron.

A questionnaire was designed specially for the survey by Mark Hennessey, consultant to the Safe Living Program. Copies of the questionnaire can be obtained, upon request, from the City of Hume Safe Living Program.

The survey was conducted by sports administration students from the Victoria University of Technology (Sunbury Campus) as part of their project work. The students were all trained in the use and content of the questionnaire during their normal lecture time by a member of the 'Play It Safe, Sport' project team. Questionnaires were distributed to the students during this session and discussion followed about their method of use and specific points relating to each question.

The survey involved face-to-face interviews with administrators or other personnel, as appropriate, from the participating clubs and sporting centres. The person listed as the contact person for each club or centre on Hume City Council's data base of local sporting organisations was contacted on the telephone and asked to nominate a contact person for the survey. Representatives from a total of 64 local clubs or sporting centres within the City of Hume were interviewed.

A data entry system was prepared using the Microsoft Access package and all data from the completed survey forms was entered by City of Hume staff. The resulting database was provided to Dr Caroline Finch at the Monash University Accident Research Centre for further processing and data analysis.

The entered data underwent computer validation and verification checks and all anomalies were corrected prior to analysis. The data was transferred from Microsoft Access to the SPSS for Windows package for statistical analysis purposes.

Because of the nature of the data collected, and the overall purpose of this survey to establish a baseline profile of the safety practices of sports clubs and associations, only descriptive statistics are presented. For ease of presentation, each of the sub-sections in the results section of this report corresponds to a separate question on the survey form.

4. RESULTS

4.1 Profile of the participating sports clubs and centres

4.1.1 *Participating clubs or centres*

In total, 64 clubs or sporting centres in the City of Hume participated in this survey. The clubs or centres that participated in this survey are listed in Table 1. This Table also indicates the major sport undertaken at each club or centre and any others it is also involved with.

4.1.2 *Sports played*

Table 2 summarises the range of sports played at the surveyed clubs. Some clubs or centres reported more than one activity and so the percentages given in Table 2 do not add to 100%. The most commonly reported sporting activity was cricket (in 24% of clubs or centres), followed by football (Australian rules) (in 19%).

4.1.3 *Club incorporation*

Sixty-one clubs or centres responded to the question about whether they were incorporated or not. Of these 82% (n=50) were incorporated, 15% (n=9) were not incorporated and respondents from two clubs did not know whether their club was incorporated or not.

4.1.4 *Person responding from each club or centre*

The survey was conducted with a self-nominated representative from each club or centre. Table 3 summarises the position the respondents held with their club. The club secretary was interviewed in almost half of all clubs and the president in about one-quarter.

4.1.5 *Season during which competitions are conducted*

The months during which the club or centre conducts competition were grouped into the following categories summer only, winter only, year round (or most of the year) and other. Table 4 summarises the seasons during which competition is conducted at the clubs. The category 'other' includes one horseriding club that runs competitions in May, August and November and an aquatic centre that does not provide competition.

Table 1: Details of the sporting clubs and centres that participated in the survey

Sporting club or centre	Major sport/s	Other sports (if applicable)
Sunbury Aquatic Centre	Aerobics	
Broadmeadows Little Athletics Centre	Athletics	
Sunbury Little Athletics	Athletics	
Broadmeadows Broncos	Basketball	Dancing
Craigieburn Basketball Association	Basketball	
Craigieburn Junior Basketball Association	Basketball	
Dodgers Basketball Club	Basketball	
Greenvale Basketball Centre	Basketball	Dancing, Volleyball, Gym
North Dallas Basketball Association	Basketball	
Sunbury Basketball Association	Basketball	Netball
Sunbury Callisthenics Club	Callisthenics	
Action Indoor Sports Tullamarine	Cricket	
Broadmeadows Socials Cricket Club	Cricket	
Broadmeadows YCW Cricket Club	Cricket	
Coolaroo Cricket Club Inc	Cricket	
Gladstone Park Cricket Club	Cricket	
Greenvale Cricket Club	Cricket	
North West Cricket Association	Cricket	
Royale Cricket Club	Cricket	
Sunbury Cricket Club	Cricket	
Sunbury Indoor Sports	Cricket	
Westmeadows Cricket Club	Cricket	
Sunbury Cycling Club	Cycling	
Craigieburn Angling Club	Fishing	
Greenvale Sports and Gamefishing Club	Fishing	
Broadmeadows United Football Club	Football	
Coolaroo/Donnybrook VICKICK Football Clinic	Football	
Craigieburn Football Club	Football	
Craigieburn Junior Football Club	Football	
Holy Child Football Club - Junior	Football	
Riddell District Junior Football League	Football	
Sunbury Football Club	Football	
Sunbury Football Club (junior division)	Football	
Sunbury Rovers Football Club	Football	
Sunbury Rovers Junior Football Club	Football	
Sunbury Superules Football Club	Football	
Westmeadows Football Club	Football, Cricket	
Riddell District Football League Umpires Association	Football umpiring	
Goonawarra Golf Club	Golf	
The Broadmeadows Cowboy Gridiron Club	Gridiron	
Sunbury Gymnastic College Inc	Gymnastics	
Tullamarine Pony Club Inc	Horse riding	
Bulla Adult Riding Club	Horse riding	
Tullamarine Pony Club In	Horse riding	
Broadmeadows Bowling Club	Lawn bowls	
Broadmeadows United Netball Club	Netball	
Gladstone Park Netball Club Inc	Netball	
Sunbury Ladies Netball Association	Netball	
Broadmeadows Rugby Union Club	Rugby	
Hume United Soccer Club	Soccer	
Roxburgh United Soccer Club	Soccer	
Sunbury United Sporting Club	Soccer	Cricket, Darts, Hockey, Rugby
Upfield Soccer Club	Soccer	
G D Park Softball Club	Softball	
Craigieburn Squash Club	Squash	
Sunbury Squash Club Inc	Squash	Racquetball
The Broadmeadows Amateur Swimming and Lifesaving Club	Swimming	
Craigieburn Tennis Club	Tennis	
Gladstone Tennis Club	Tennis	
Greenvale Tennis Club	Tennis	
Action Indoor Netball	Netball	Cricket, Volleyball
North Western Volleyball Club	Volleyball	
Sporting Inca Club	Volleyball	Soccer
Sunbury Indoor Sports	Netball	Cricket, Volleyball, Sandball

Table 2: Sports participated in at the surveyed clubs and sporting centres

SPORT	Number of clubs involved with this sport	Proportion of all clubs involved with this sport %
Cricket	15	24
Football	12	19
Basketball	7	11
Netball	6	9
Soccer	5	8
Volleyball	5	8
Tennis	3	5
Athletics	2	3
Dancing	2	3
Fishing	2	3
Horseriding	2	3
Rugby	2	3
Squash	2	3
Aerobics	1	2
Callisthenics	1	2
Cycling	1	2
Darts	1	2
Football umpiring	1	2
Golf	1	2
Gridiron	1	2
Gymnastics	1	2
Hockey	1	2
Lawn bowls	1	2
Racquetball	1	2
Sandball	1	2
Softball	1	2
Swimming	1	2

Table 3: Position in club or centre of the representative interviewed

Position in club	Number	Percent of all clubs %
Secretary	29	45
President	15	23
Other administrator	11	17
Games administrator or manager	5	8
Coach	2	3
Team manager	1	2
Trainer	1	2
Total	64	100

Table 4: Season during which competitions are conducted

Season of competition	Number	Percent of all clubs %
Summer only	10	16
Winter only	20	31
Year round (or most of the year)	32	50
Other	2	3
Total	64	100

4.1.6 Number of participants

Table 5 summarises the numbers of participants at the surveyed clubs. Fourteen clubs did not have junior players and 5 clubs did not have senior participants. About half of the clubs surveyed had more than 50 junior or senior players. From the categories in Table 5, it is estimated that there are at least 4500 participants involved with the surveyed clubs and centres.

Table 5: Numbers of participants at the surveyed clubs and centres

Number of participants	Under 15		15 years and over	
	Number of clubs	Proportion of all clubs %	Number of clubs	Proportion of all clubs %
None	14	22	5	8
<10	2	3	1	2
10-20	4	6	9	14
21-50	13	20	16	25
>51	31	49	33	51
Total	64	100	64	100

4.2 Injury management**4.2.1 Health and welfare of participants as an important goal**

More than half (n=33, 52%) of the clubs or centres reported that they had a policy or written objective which recognises the health and welfare of participants as an important goal. Of some concern, is the finding that a large proportion (44%, n=28) does not. Respondents from three of the clubs did not know if their club had this as a formally stated goal.

4.2.2 Qualified first aid personnel on duty

Almost half (n=28, 44%) of the clubs and centres reported that they always ensured that qualified first aid personnel are on duty during competition. A further 27% (n=17) said that they sometimes provided qualified first aid and 28% (n=18) said they never provided it. One respondent did not know whether their club provided qualified first aid or not.

Of the 17 clubs that sometimes provided first aid, a number of qualifying statements were given: first aid is provided if trained people are available at the time (n=5); no further explanation given (n=3); qualified first aid is provided for competitions involving outside teams (n=2); a first aid kit is always available, if not a first aider (n=1); first aid is sometimes provided at all levels (n=1); first aid is always provided for junior competitions (n=1); first aid is provided for ladies competition (n=1); first aid is provided for competitions on Saturdays (n=1); first aid is provided for home competitions (n=1); and first aid is provided for league games (n=1).

4.2.3 Providers of first aid services

Sixty-two respondents provided information about the providers of first aid services at their club or centre. Table 6 lists the range of first aid providers used by these clubs and centres.

The most common first aid provider is the club's sports trainer (33%). Other people with first aid (such as parents or other volunteers) and the St John Ambulance were also frequent providers of first aid services. A number (n=7) of other clubs also stated that parents or other volunteers would provide the service. However, they did not say whether these people were required to have formal first aid training or not. Two clubs considered the provision of a first aid kit to be adequate first aid services.

Table 6: First aid providers

First aid provider	Number of clubs	Proportion of all clubs %
The club's trainer	21	33
Others with first aid (including parents, volunteers, etc)	8	13
St John Ambulance	8	13
Club or centre staff	7	11
Parents or other volunteers (no mention of formal first aid)	7	11
Coaches	2	3
First aid kit	2	3
Nurse	2	3
Ambulance, when required	1	2
Doctor	1	2
Instructor	1	2
No-one	1	2
Physiotherapist	1	2
Total	64	100

4.2.4 Number of qualified Level 1 Trainers

Sixty-three clubs or centres provided some information about the number of qualified Level 1 Sports Trainers that service their organisation. This information is summarised in Table 7. The highest number of Level 1 Trainers associated with any single club or centre was seven. More than half of the clubs (56%, n=36) did not have any Level 1 Trainers.

Table 7: Number of Level 1 Trainers at each club or centre

Number of Level 1 Trainers	Number of clubs	Proportion of all clubs %
None	36	56
1	8	13
2	8	13
3	4	6
4	4	6
5	1	2
6	1	2
7	1	2
Unknown	3	5

4.2.5 Availability of first aid equipment

Table 8 summarises the availability of first aid equipment at competitions. The majority (74%, n=48) of clubs or centres always have first aid equipment readily available. Of the 12 clubs that only sometimes have first aid equipment available, 2 stated that it was limited and needed to be updated. Other responses were: it is available for home games (n=3), it is kept in the club house (n=2), it consists of a first aid kit (n=2), it consists of ice and bandages (n=1) and it consists of home supplies (n=1). Three clubs said that they never provided first aid equipment.

(Note the range of responses given by the respondents who answered that the club sometimes provided first aid equipment suggests that the 'give details' part of this question is not specific enough and would need to be clearly defined in any subsequent survey.)

Table 8: Availability of first aid equipment at competitions

Availability of first aid equipment	Number of clubs	Proportion of all clubs %
Always	48	74
Sometimes	12	19
Never	3	5
Don't know	1	2
Total	64	100

4.2.6 Availability of a telephone

The majority of clubs (n=57, 89%) always ensure that a telephone is readily available to call an ambulance in case of emergency. Only 2 clubs said that they never provided a telephone. Of the 5 clubs that said that they sometimes had readily available telephones, 4 said that they relied on the participants or their parents having mobile phones or radio access; 2 clubs always had phones at the club house but did not necessarily have them on field or at away games.

4.2.7 Procedures for management of head injuries

Only 17 (27%) clubs had defined procedures regarding management of head injuries, including observation of the patient over the next 24 hours. Of these, 7 clubs call an ambulance or take the injured player to hospital, 4 clubs take the injured player to a doctor and 3 depend upon first aid provided by qualified first aiders or trainers. Two clubs require the injured player to be removed from the field by stretcher.

Of those clubs or centres that did not state that they had an injury head management policy, 35 (57%) said they had no policy, 10 said they did not know and 2 clubs said that this was not applicable to their sport.

4.2.8 After-concussion rules

Nineteen (30%) clubs stated that their organisation had defined rules about how long after suffering concussion a player should resume competition. Of these, 6 clubs require the injured player not to play for one week, 2 clubs require the player not to play for more than one week and 5 clubs do not allow their concussed players to play on the same day. Four clubs rely on medical advice to guide when the concussed player can return to play.

Forty-five clubs or centres did not indicate that they had after-concussion rules. Of these, 37 clubs said that they did not have after-concussion rules (59% of all clubs) and 7 respondents said they did not know if their club or centre had such rules. One club said that this was not applicable to their sport.

4.2.9 Infectious disease prevention

Table 9 summarises the extent to which the survey clubs conform to Sports Medicine Australia's guidelines for infectious disease prevention. A significant number of clubs (n=13) were not aware of these guidelines and may not, therefore, have any infectious disease policy.

Table 9: Infectious disease prevention in the surveyed clubs and centres

Use of the SMA guidelines for infectious disease prevention	Number of clubs	Proportion of all clubs %
Yes	23	36
No	15	24
Club or centre unaware of guidelines	13	21
Not relevant to club or centre	10	16
Don't know	3	3
Total	63	100

4.2.10 Sports Medicine Awareness Courses (SMAC)

For the majority of clubs or centres (n=39, 61%), there had been no members who had attended a 3 hour Sports Medicine Awareness Course (SMAC). At 15 clubs, fewer than 2 people had attended one of these courses and at a further 8 clubs, more than 2 people had attended a SMAC.

Only 13 clubs (20% of all clubs or centres) said that they would be interested in sending one of their members to a local SMAC. Eight of these had no Level 1 Sports Trainer. A higher proportion of clubs with no Level 1 Sports Trainers, compared with clubs with at least one Level 1 Sports Trainer (23% versus 10%), stated that they would be interested in sending a member to a SMAC. This difference

may be due to the fact that the latter already had a Level 1 Trainer or more qualified person associated with them.

4.2.11 Availability of drinking water for endurance sports

The majority of clubs (n=51, 82%) reported that they make drinking water available and encourage participants to drink at 20-30 minute intervals for endurance sports. Only 10 clubs said that they did not do this and one responder did not know if their club did or not. One centre replied that this was not applicable to them and a further club did not answer this question.

4.3 Warming up and warming down

The majority of clubs and centres (n=52, 81%) provide an area for participants to warm up for at least 10 minutes before they start competing. Only 10 clubs (16%) said that they did not provide such an area and this information was not known for 2 (3%) clubs or centres.

For three-quarters of the clubs or centres (n=48, 75%), participants usually warm up for at least 10 minutes before competing. Only 10 clubs (16%) said that their participants did not warm up and this information was not known for 6 (9%) clubs or centres.

The majority of clubs and centres (n=50, 78%) encourage or supervise warming up by players before training or competition. Thirteen (20%) clubs said that they did not encourage or supervise warm up sessions and this information was not known for 1 (2%) club or centres.

Less than half of the clubs or centres (n=29, 45%) reported that their participants usually warm down after competition and training. Almost half (n=30, 47%) reported that their participants do not warm down and this information was not known or provided for 5 (8%) clubs.

4.4 Protective equipment

4.4.1 Availability

The majority of clubs and centres (n=53, 82%) stated that personal protective equipment (including padding and special clothing) is commercially available for their sport. Only 10 clubs or centres (16%) said that it was not available and this information was not known for 1 (2%) club.

Not surprisingly, the types of reported protective equipment varied across sports. The most commonly reported available items were helmets/headgear (22% of clubs or centres), mouthguards (19%), gloves (15%), cricket pads (9%), cricket boxes (8%), knee pads (8%), knee braces (6%), and ankle braces (5%). Four clubs mentioned post, goal or wall padding as a form of protective equipment available for their sport.

4.4.2 What is actually used compared to what should be used

The numbers of protective items that *should* be worn, compared with those *actually* worn, are shown in Table 10. There was fairly close agreement between the number of items reported to *usually* be worn, compared with the number that *should* be worn. It should be noted that the information about the protective items actually worn is likely to be unreliable. In many cases, the club or centre respondent would probably not be aware of the true level of protective equipment use.

Table 10: Numbers of items of personal protective equipment that respondents considered *should* be worn versus those *actually* worn

Number of personal protective equipment items	Number of clubs that said items <i>should</i> be worn	Number of clubs that said items are <i>usually</i> worn by their participants
0	24 (38%)	26 (41%)
1	12 (19%)	13 (21%)
2	8 (13%)	11 (17%)
3	6 (9%)	5 (8%)
4	9 (14%)	6 (9%)
5	5 (8%)	3 (5%)
Total	63 (100%)	64 (100%)

The actual types of protective equipment stated as ‘should be worn’ and ‘usually worn’ varied from sport to sport but are able to be extracted from the original survey forms, for specific sports. For example, of the 15 clubs involved with cricket, 10 said that helmets should be worn by batters and close fielders (particularly at the junior levels), and 8 said that pads, gloves or boxes should be worn by batters. Generally, the cricket clubs reported that these items were also generally actually worn by their participants but some clubs noted that helmets were only sometimes worn (if they were available).

Amongst the 12 clubs involved in Australian football, 10 clubs or centres stated that they believed that mouthguards should be worn by all players. Helmets were recommended for junior players by 1 club and for previously injured players in another club. It was stated that shin guards for ruckmen should be worn by 4 clubs. Only 4 football clubs reported that mouthguards are actually worn by all of their players, though 2 others said that there is a high level of voluntary wearing. Helmets are sometimes worn by members of two clubs, generally for those already injured. Knee braces, were also reported by 1 club, to be worn by players with a previous injury.

4.4.3 Improvements?

Seventeen (23%) clubs or centres said that they believed that their participants would benefit if additional protective equipment was available or if the available equipment was better designed.

A range of suggestions for improving protective equipment was given. These included “make it cheaper”, “make it lighter (helmets for children)”, “improve its image (football helmets)”, “cheaper and good quality mouthguards”, “provide padding at ends of court”, “better Tingoora design”.

4.4.4 Ankle injuries and strapping

Half of the clubs and centres reported that ankle injuries were common in their sport. Only 3 club or centre respondents did not know whether ankle injuries were a particular problem or not for their participants.

Similarly, half of the clubs and centres stated that their players are aware of appropriate ankle strapping techniques but a further 22% reported that they did not know if players were aware of appropriate strapping techniques.

4.5 Equipment and facilities

4.5.1 Equipment

The majority of clubs (n=57, 89%) reported that they did not believe that the normal equipment and clothing used in their sport posed any risk of injury to their players. The remainder (n=7) said that it did. Of these, 1 club stated that goal post padding should be made compulsory and there should be adequate distance from the boundary to the fence; 1 mentioned the lane ropes in swimming; 1 mentioned hard, non-energy absorbing floorboards for volleyball; 1 mentioned the equipment used in track and field events such as javelins, shotputs, discus and hurdles; 1 mentioned the high jump bar; 1 mentioned the requirement to wear a t-shirt could lead to sunburn (ie long sleeves not allowed); and 1 other mentioned fishing hooks.

4.5.2 Hazard checks and improvement

The clubs or centres ensure that the playing area is checked for hazards periodically in 88% (n=56) of cases. Five clubs or centres said that they did not do these checks and a further 3 respondents did not know if their club did these checks.

The majority of clubs or centres checked the playing field weekly and just before a match or training session. A couple of clubs or centres reported that these checks were done by the Council when general work is done.

A significant proportion of clubs or centres (61%, n=39) stated that there is room for improvement in the safety of the playing area and surrounds of their sport. Only 2 clubs did not know if they could be improved. The clubs or centres gave suggestions for these improvements, and these are best examined in light of the particular type of centre. However, the most commonly reported suggestions for safety improvements to the playing areas and their surrounds were better grounds maintenance; better watering of grounds; provision of lighting; erection of fences, safety nets or umbrellas (for shade); improvements to fences around boundaries (either erecting new ones or moving them further apart).

4.5.3 Help from Hume City Council?

Over two-thirds of the clubs or centres (68%, n=42) believed that Hume City Council could do something to help improve the safety of their playing facilities or surrounds. These clubs are listed in Table A1 of the Appendix.

Suggestions for how Council could help are best examined in light of the particular type of centre. However, the most commonly reported suggestions for how the City of Hume could help included: improve grounds maintenance; water, cut and plant more grass; build fences around playing areas; improve watering systems; upgrade car parks and provide covers on walkovers; provide funds.

4.5.4 VicHealth grants

Less than half (42%, n=27) of the clubs or centres interviewed were aware that clubs could apply to the Victorian Health Promotion Foundation (VicHealth) for grants for training and safety equipment. Table A2 in the Appendix lists the clubs that requested that information about the VicHealth grants be sent to them.

4.6 Coach education

More than half (59%, n=38) of the clubs or centres reported that their sport participated in the National Coaching Accreditation Scheme. Seventeen clubs or centres (27%) said that they did not participate and 9 club or centre representatives reported that they did not know. This information is presented according to the major sport undertaken by each club or centre in Table 11.

Table 11: Proportion of all clubs or centres that participate in the National Coaching Accreditation Scheme according to major sport

Sport	Proportion of all clubs that participate in the National Coaching Accreditation Scheme (%)		
	Yes	No	Don't know
Aerobics	100		
Athletics	50		50
Basketball	60	20	20
Callisthenics		100	
Cricket	20	60	20
Cycling	100		
Dancing	100		
Fishing		100	
Football	92	8	
Football umpiring	100		
Golf			100
Gridiron	100		
Gymnastics	100		
Horse riding	67		33
Lawn bowls	100		
Netball	67	17	17
Rugby	100		
Soccer	40	60	
Softball		100	
Sport			
Squash	50		50
Swimming	100		
Tennis	67		33
Volleyball	50	50	

For those clubs or centres that said that their sports did participate in the National Accreditation Scheme, the numbers of accredited Level 1, Level 2 and Level 3 coaches is shown in Table 12. This Table shows that the clubs and centres are generally more likely to have Level 1 coaches than higher level accredited coaches. Only 6 clubs or centres had Level 3 coaches and 11 clubs or centres had Level 2 coaches.

Tables 13-15 breakdown the number Level 1, Level 2 and Level 3 coaches, respectively according to the major sports undertaken.

Table 12: Numbers of accredited coaches at each club or centre

Number of coaches	Number of clubs or centres with this number of Level 1 coaches	Number of clubs or centres with this number of Level 2 coaches	Number of clubs or centres with this number of Level 3 coaches
0	2	16	21
1	8	8	3
2	2	1	1
3	5	0	1
4	0	0	0
5	3	1	0
6-10	4	1	1
11-20	1	0	0
>20	1	0	0
missing	12	11	11

Table 13: The major sports of the clubs or centres with Level 1 coaches

Number of Level 1 coaches	Number of clubs or centres with this number of Level 1 coaches	Major sports undertaken (number of clubs)
1	8	Football (3), Netball (1), Rugby (1), Tennis (2), Volleyball (1)
2	2	Football (1), Squash (1)
3	5	Football (1), Cricket (1), Horse riding (2), Athletics (1)
5	3	Football (2), Soccer (1)
6-10	4	Football (1), Gymnastics (1), Netball (1), Basketball (1)
11-20	1	Basketball (1)
>20	1	Netball (1)

Table 14: The major sports of the clubs or centres with Level 2 coaches

Number of Level 2 coaches	Number of clubs or centres with this number of Level 2 coaches	Major sports undertaken (number of clubs)
1	8	Football (3), Gymnastics (1), Netball (2), Rugby (1), Squash (1)
2	1	Gridiron (1)
5	1	Basketball (1)
6-10	1	Soccer (1)

Table 15: The major sports of the clubs or centres with Level 3 coaches

Number of Level 3 coaches	Number of clubs or centres with this number of Level 3 coaches	Major sports undertaken (number of clubs)
1	3	Football (1), Basketball (1), Rugby (1)
2	1	Tennis (1)
3	1	Netball (1)
6-10	1	Soccer (1)

4.7 Modified sports for juniors

4.7.1 Awareness of modified sports

Almost two-thirds (63%, n=40) of the clubs or centres reported that a modified form of their sports exists for juniors. Nineteen clubs said that modified sport did not exist and 2 clubs or centres stated that it was not applicable.

Only 24 clubs or centres (38%) said that they were aware that information and resources are available on modified sport for juniors. Eight clubs or centres requested further information be sent to them about modified sports (Table A3 in the Appendix).

4.7.2 Provision of modified sport

More than half of the clubs or centres (55%, n=35) said that they provide modified sport for juniors. Twenty-three clubs or centres (36%) said that they did not, 1 club or centre said it was not applicable to them and a further club or centre respondent did not know if their club or centre provided modified rules.

Rule and equipment modifications reported by clubs, included Aussie sport programs, smaller equipment such as balls and bats, smaller playing areas and limited overs/runs for junior cricketers.

Eight clubs or centres stated that they match competitors by size or physical maturity rather than by age for players around the adolescent growth spurt (11-15 years). For the majority of the clubs or centres, however, this was not relevant to their typical player population.

4.8 General

4.8.1 Assistance with developing a safety program

Half of the interviewed clubs or centres (n=32) said that they would like the Hume City Council's Safe Living Program to assist them in developing a simple sports safety program. Twenty clubs or centres said that they did not want assistance and 11 said they did not know if they wanted assistance. The interested clubs or centres, and those that did not know if they wanted assistance, are listed in Table A4 in the Appendix.

4.8.2 Major injury risks

The clubs or centres were asked to list the three major injury risks (ie what they considered to be the most frequent or most severe) in their sport. The majority of clubs listed the major body regions that were injured whereas 10 clubs reported aspects such as environmental padding, etc. Table 16 summarises the most commonly reported body regions reported as having major injury risks. Because the clubs and centres reported up to three major injury risks, the percentages in this table do not add to 100%. The most commonly reported injury risk (69% of all clubs or centres) was the ankle, closely followed by the knee (63% of clubs or centres). The head, back and hands/fingers were also stated to have major injury risks in a significant number of clubs or centres.

Table 16: The body regions reported to be major injury risks by the clubs or centres

Body region	Number of clubs or centres	Proportion of all clubs or centres %
ankle	33	69
knee	30	63
head	13	27
back	11	23
hand/finger	10	21
arm	4	8
elbow	4	8
leg	4	8
lower leg	4	8
shoulder	4	8
eye	3	6
wrist	3	6
neck	2	4
thigh	2	4
ear	1	2
face	1	2
foot/toe	1	2
mouth/teeth	1	2
nose	1	2

4.8.3 Things to be implemented to improve safety

The clubs or centres were asked to list up to three things that they would like to see implemented to improve the safety of their club members whilst participating. Table 17 shows the distribution of the numbers of responses given, with over one-quarter of clubs giving no suggestions for implementing safety programs in their club or centre.

Table 17: The number of ways to improve safety reported by the clubs or centres

Number of reported ways to improve safety	Number of clubs or centres	Proportion of all clubs or centres %
0	18	28
1	17	27
2	13	20
3	16	25

Suggestions varied across sports and types of clubs or centres. The most common things that clubs or centres would like to see implemented were: improved fencing; better grounds maintenance; improved watering of grounds; improved lighting; compulsory protective equipment (particularly for juniors); better facilities; improved first aid and injury management; adherence to safety guidelines or advice; and padded posts.

4.8.4 Barriers to improving safety

Only 14 (22%) of clubs or centres reported that they believed that there were barriers, outside their club, to improving safety levels. Over half (56%, n=36) said there were no barriers and 14 clubs did not respond to this question.

The reported barriers included: a lack of funds, the media and local Council (both in terms of providing better access to facilities and the fact that Council should act on unsafe playing conditions **immediately**).

4.8.5 Other comments

Some clubs provided other comments and a selection of these are:

“More consultation between clubs and council re facilities is needed”

“SLNA netball being played at an indoor venue greatly lessens any safety risks”

“More involvement from Council re understanding requirements and clubs’ financial restraints”

“Pleased with support from Hume City Council. Interested in further consultation. Improve facilities to improve safety”

“Thank you for the opportunity to participate”

“Removal of essential services by Council has meant that the responsibility has fallen on clubs”

“The Hume City Council should look over the ground they are taking over”

“Nice that Council is taking an active role in junior sport injury prevention”.

5. DISCUSSION

This report presents the findings of the first survey of the safety practices of sporting clubs and centres at the community level in Victoria. As such it characterises current practices and has identified areas for improvement. It needs to be recognised, however, that the responses to the survey questionnaire were given by only one representative of the sporting clubs or centres. In some instances, this representative may not have been the best person to provide an answer on all issues and may only report their limited knowledge of an issue. In some cases, the coach or the club president may have been able to provide more accurate data for the club or centre.

A major finding of this survey is that whilst sporting clubs and centres perform (or encourage their participants to perform) certain activities typically associated with preventing sports injuries, they do not have formal policies or written objectives which recognise the health and safety of their participants as an important goal. This suggests that sports safety may not get the priority attention that it should.

It is of some concern that just over one half (ie 52%) of clubs and centres reported that they had a policy or written objective for ensuring the health and welfare of their participants. This suggests that the health and welfare of participants may not be a significant concern to a large proportion of sporting clubs and associations. Since sports safety is a key aspect of health and welfare, safety issues may not be getting the attention they deserve. From the survey, it appears that this may be particularly the case for the more serious injuries requiring management of a head injury or for infectious (blood-borne) disease prevention.

A range of protective equipment is used at the surveyed sporting clubs and centres. Unfortunately, the survey did not collect information about any rules the clubs or centres had about the wearing of this equipment. When protective equipment was stated as it 'should be worn', this requirement was generally applied to junior players only. An example of this was helmets for football players which were considered appropriate for junior players and senior players with a previous head injury. The survey also identified some potential barriers to protective equipment use. It was suggested, for example, that protective equipment needed to be lighter, more attractive, of higher quality and cheaper.

A number of other sports safety measures are undertaken by the surveyed clubs and centres. More than half participated in the National Coaching Accreditation Scheme where the coaches receive specific training in injury prevention techniques. Warming up appears to be widely promoted at the surveyed clubs or centres, with many providing an area specifically for this. In contrast, warming-down activities do not seem to be so widely promoted. Modified rules for juniors are promoted by more than half of the clubs and centres.

Whilst adequate first aid services themselves do not prevent sports injuries, they are crucial for helping to reduce the severity of any injuries that do occur and for providing immediate attention to them. This survey found that the provision of first aid services (including personnel and equipment) seems to vary considerably across the sporting clubs and centres. Whilst some provided a first aid kit, it was not always the case that the clubs or centres ensured that someone with first aid training was available to provide first aid services if they were needed. Ensuring that each club or centre has a number of qualified sports trainers would be an obvious way to overcome this current deficiency.

Checking of playing environmental hazards and facilities appears to be a high priority for clubs and centres. Nevertheless, a majority of clubs or centres felt that there was scope for significant safety improvement in their playing surrounds and facilities. Many believed that the Hume City Council could play a key role in these improvements. The survey respondents also believed that they would benefit from the Hume City Council's Safe Living Program assistance in developing a simple sports safety program. This is something that the 'Play It Safe, Sport' project should address over its 12 month's duration.

A number of clubs and centres reported barriers towards improving safety. A lack of funds was the most commonly cited barrier. Hume City Council's Safe Living Program should be able to inform its local clubs and centres of ways in which they could attempt to seek funding for safety improvements. Another common barrier was the media's attitude towards sports injuries. The Hume City Council

should therefore continue its presence in local media (eg newspapers, its newsletter, etc) and continue to actively promote safety in sport through its local networks.

The role of local Council, itself, in improving sports safety was raised by a number of clubs and centres. They felt that Council should provide better access to facilities within the area and act on unsafe playing conditions immediately. The comments provided by some of the sporting clubs and centres demonstrate that Hume City Council is already doing significant work towards improving sports safety.

This survey has provided useful information for Hume City Council to guide its 'Play It Safe, Sport' program. The findings clearly indicate the areas where more attention to sports safety needs to be undertaken by local sporting clubs and centres. It also indicates where the Safe Living Program's assistance could be most valuable. Over the 12 month period following this survey, the 'Play It Safe, Sport' project will be targeting sports safety in the City of Hume. This survey provides valuable baseline data against which the activities of this project can be measured at the end of the year's activities.

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