



Risk Management

FOR CAMPUS RECREATION

VOL 6 | ISSUE 1 | Sept. 2011 | ISSN # 1718-4606

Emergency Response Planning

Welcome back to a new academic year – and Year 6 of the Newsletter! In this issue, our focus is on **Emergency Response Planning, Online Learning** and the **2010 ADA Standards**.

From a risk management perspective, developing an effective **Emergency Response Plan** is a #1 priority for Campus Recreation departments, and we highlight articles designed to assist you develop (or improve) your plan.

As Campus Recreation budgets tighten, expanded **Online Learning** opportunities become a more viable and affordable way of ensuring effective staff training. Check out the expanded online learning opportunities (a) the 'NIRSA Webinar Series' (see page 3: 10 pre-recorded staff training Webinars in total); (b) the popular Online Courses have now expanded to five courses to meet demand for this unique way of learning (see page 10).

Lastly – a much needed clarification on how the new **2010 ADA Standards** impact Campus Recreation.

Have a good year!

Ian McGregor, Ph.D.
Publisher

WHAT'S INSIDE

Feature Topic: 'Emergency Response'

Emergency Action Planning	page 1-2
NIRSA Webinar Training Modules	page 3
Emergency Response Drills A Vital Component in your Training Plan	page 4-9
Fall/Spring Online Courses 2011/2012	page 10
Evidence-Based Risk Management: Changing the Zeitgeist	page 11-14
Comprehensive Risk Management Manual	page 15
How Accessible are You? An examination of the 2010 ADA Standards	page 16-18
Got something to say - or an idea to share?	page 19
Summit America: Accident Insurance	page 20
Ball is in your court Athletic Trainer Risk Management	page 21-22
Join us on HABITAT!	page 22
Recreational Sports Accident Insurance	page 23
Online Risk Assessment	page 24

Emergency Action Planning

New Webinar Series on developing an effective EAP

Sean Ries, Associate Director
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Campus Recreation departments must have an effective Emergency Action Plan (EAP) in place. The plan needs to cover all possible emergencies (e.g. medical emergency, fire, evacuation, severe weather, chemical spill etc.) and be consistent between all program and facility units within the department. Everyone in the department (full and part-time staff) needs to be well trained.

continued on page 2

Emergency Action Planning *New Webinar*

Series on developing an effective EAP continued page 2

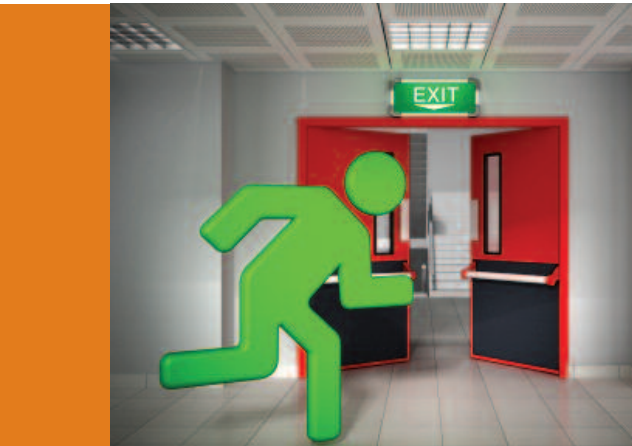
The plan needs to cover all possible emergencies and be consistent between all program and facility units within the department.

At Cleveland State University, effective and efficient emergency response is a top priority for Campus Recreation. Over the years, a comprehensive EAP has been developed, tested and refined, and consists of two key elements:

1. Developing the EAP framework
2. Training staff on EAP implementation

The EAP framework involves the following components:

- a) Establishing Levels of Emergencies (Levels 1 to 3)
- b) Communication (Radio codes; what to communicate)
- c) EAP Chart (Who does what in each type of emergency)
- d) Signage (Maps indicating where things are e.g. fire extinguisher; exit doors etc.)
- e) Equipment (First Aid Bags, AED, oxygen etc.)
- f) Contacts (University/Department phone numbers; radio & TV contacts etc.)
- g) Codes (Color Codes describing each type of emergency e.g. Code Silver: Medical Emergency).



Staff Training on EAP focuses on:

- a) Training (Who needs to be trained in what)
- b) Experience (Learning key elements of EAP; Training Outcomes)
- c) Assessment (Assessment of staff training by Risk Management Committee)
- d) Audits (Mock emergencies monitored and evaluated by Audit Team)
- e) Mock Emergency (Simulation drills that provide opportunity to assess the EAP and staff's response).

All staff (full and part time) are active participants in all aspects of the EAP – and we have worked very hard to ensure that the training component is real and has measurable objectives.

If you would like specific information on how to put together a simple and workable EAP, then help is on the way!

In conjunction with McGregor & Associates, Cleveland State has developed two new Webinars specifically designed to help departments put together a viable EAP – or audit your current emergency response plan. For details, go to <http://www.sportrisk.com/nirsa/>



NIRSA Webinar Training Modules



Have you considered using (pre-recorded) Webinars as a training tool?

There is a 'tracking option' available (for 'Negligence Awareness Training' only) which provides confirmation that student training has been successfully completed.

Consider the advantages of using Webinars:

- Accessibility
- Flexibility
- Cost effective

Staff training is of critical importance to a successful Campus Recreation operation! Have you considered using (pre-recorded) Webinars as a training tool? There are several advantages to using Webinars:

- Recorded Webinars are accessible at any time, on any laptop or desktop
- Year-long access to Webinars allows consistent training of new and long-term staff
- Content is delivered by experts saving staff time in preparing and delivering training material.
- Reasonable cost: less than \$100 per Webinar (for a full academic year!)
- Cost effective – eliminates travel costs of bringing in experts to deliver content.

In conjunction with NIRSA, McGregor & Associates have developed 10 Webinars designed to complement your fall/winter training programs. These Webinars are strategically organized into 3 distinct Series: (A) Negligence & Risk Management (B) Sport Clubs and Travel (C) Emergency Response

In addition, there is a 'tracking option' available (for 'Negligence Awareness Training' only) which provides confirmation that student staff training has been successfully completed.

WEBINAR TRAINING MODULES

Series A: Negligence & Risk Management Training Series

1. Negligence & Liability: What everyone needs to know
2. The Nuts & Bolts of Risk Management Planning
3. Negligence Awareness Training for Part-time Student Staff (tracking option available)
4. Waivers 101

Series B: Sport Clubs and Travel Training Series

1. Safety Officer Training
2. Risk Management Training for Sport Club Members
3. Transportation: Planning Essentials (for all staff responsible for travel)
4. Travel Planning Tools using 'Google Docs' (for all staff responsible for travel)

Series C: Emergency Action Planning Series

1. Emergency Action Plan – Putting it Together
2. Emergency Action Plan – Training, Rehearsals & Drills

General Information

All Webinars	Accessible at any time, on any computer, for whole academic year
Webinar length	Typically 30-45 minutes
Target Audience	Series A: All staff (Note: Negligence Awareness Webinar focuses on student staff). Series B: B1 & B2 target Sport Clubs staff; B3 & B4 target staff responsible for administering travel (e.g. Sport Clubs Administrator; Outdoor Program Administrator). Series C: Staff responsible for department Emergency Response Plan.
Pricing	Webinars can be purchased by Series only i.e. you can purchase Series A or Series B or Series C or any combination of the 3 Series. (Webinars are not available on an individual basis)

For more information go to www.sportrisk.com/nirsa



Emergency Response Drills

A Vital Component in your Training Plan

Rich Bricker

Facilities Coordinator - RecSports
University of Tennessee, Knoxville

A drill is a scenario in which student workers are placed in a false crisis in order to practice emergency response procedures.

By using a drill scenario, we believe that we are getting as close to a "real life" crisis as possible.

At the University of Tennessee RecSports department the Facilities and Aquatics program areas are involved in running drills on their staff. As a result of a fatal cardiac arrest in 2007 and a near drowning in 2009 both of these program areas decided to add more hands-on training to the current emergency response plan in the form of drills. For the purposes of UT RecSports, a drill is a scenario in which student workers are placed in a false crisis in order to practice emergency response procedures. These situations take place in various locations throughout all RecSports facilities.

The following article contains two parts: practical drills and research. The first section deals with our drill program, and the article explains the approach that the University of Tennessee RecSports program takes to ensure that our manager level staff has practical experience in dealing with emergency situations. By using a drill scenario, we believe that we are getting as close to a "real life" crisis as possible. In the second section, the article explains some of the research that was performed using the RecSports Facilities managers. We wanted to determine if running drills affected the self-reported level of confidence that the managers felt when dealing with emergency situations.



head lifeguard is required to set up and monitor one drill per semester for their fellow lifeguards with the help from the Aquatics Graduate Assistant. All lifeguards are certified through the American Red Cross in Lifeguarding/ First Aid and CPR/AED for the professional rescuer. Every head lifeguard is also a certified Lifeguard Instructor.

Practical Drills

The Facilities program area focuses on non aquatic locations. These types of drills primarily consist of skills associated with adult CPR, unconscious choking, shock, seizures, first aid, and emergency communication. All manager level student staff participates in at least one drill per semester. During the course of the drill other program areas may respond including Fitness and Aquatics. All student staff managers are required to be certified through the American Red Cross in Adult/Child/ Infant CPR, adult AED, and first aid. While entry level students are not typically the first responders in drills, they are required to obtain these certifications.

The Aquatics program area focuses on emergencies in and around the pool. Aquatics drills consist of seizures, spinal injuries, active drowning victims, and unconscious patrons. Each



Emergency Response Drills

A Vital Component in your Training Plan

continued page 2

The three basic components of a drill are a Facilitators Briefing, The Drill, and Evaluation.

At RecSports the three basic components of a drill are a Facilitators Briefing, The Drill, and Evaluation. At the Facilitators Briefing we discuss what should occur, risks involved, the different duties of the facilitators, inform other key staff members of when and where the drill will take place. The second component is the actual Drill. Lastly, the Evaluation involves the facilitators' critique of the drill with the participant.

Facilitator's Briefing:

- Choose the type of drill and location
- Confirm that other key staff members are aware of the drill
- Decide specific duties of each facilitator
 - One at the scene to monitor and critique the participant's skills
 - One following the drill participant to monitor their actions
 - One monitoring the expected location of the outgoing phone call to EMS
- Unless a prompt is need the monitor acts as if they are not present
- Gather supplies
 - Mannequin
 - Cleaning supplies: alcohol pads to clean mannequin face
 - Radios
 - Timer
 - Checklist
- How to get the manager to the scene
- Set-up the scene



The Drill:

- **Set up the scene** – Select an area that will not interrupt programming or disturb patrons' workouts. Depending on the scenario, we may place a dangerous object or make the scene unsafe or find a live victim.
- **How to get the drill participant to the scene** – Utilize emergency call buttons throughout the facility or use radio calls or patrons.
- **Checklist**
 - Ease of supervision
 - Provides prompts for monitor to give to drill participant
 - Used to determine the timeline of the drill
- **The Call to UTPD** – Monitor ensures that the call does not go out to UTPD but that the caller knows the number and what to say.
- **Securing the drill** – We make a radio call to announce that the drill is completed



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NIRSA Trade Show
and say hi to Carol Malouf! **Booth #1017**



Emergency Response Drills

A Vital Component in your Training Plan

continued page 3

Evaluation:

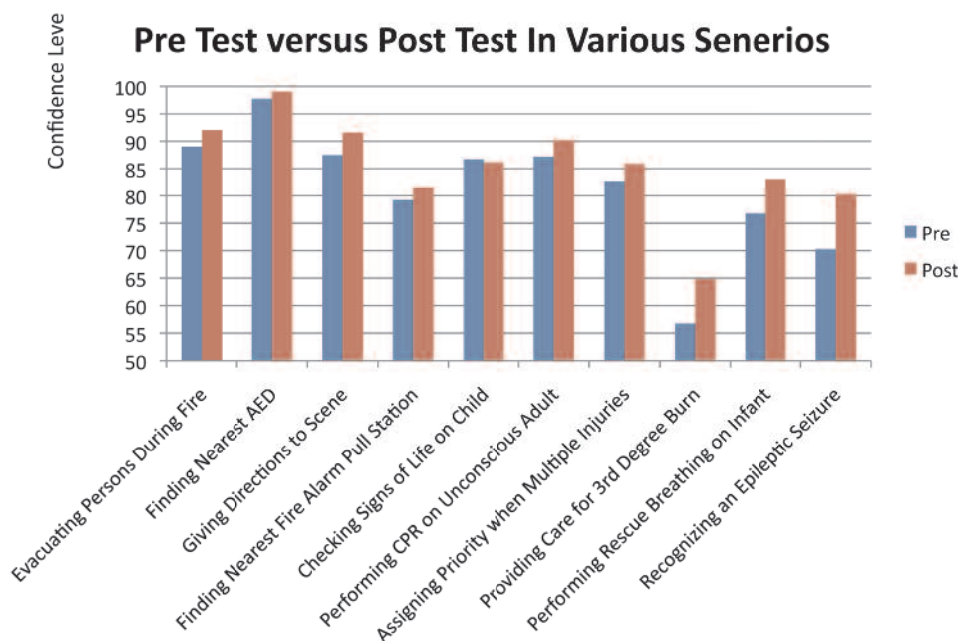
- The monitors discuss and critique how the drill went
- Monitors ask the participant to critique themselves
- Then we review the steps of the drill from start to finish
- Discus positives and negatives
- Practice skills on a mannequin if needed
- Offer suggestions for improvement
- File the checklist in the participants' personal file

Research – Does running emergency response drills affect the confidence levels of its participants?

Everyone assumes that drills will have a positive effect on being able to handle emergency situations.

Everyone assumes that drills will have a positive effect on being able to handle emergency situations. After all, practice makes perfect. So we decided to allow our managers to self-report their confidence level to perform certain tasks (finding the nearest AED, performing CPR on an unconscious adult, performing rescue breathing on an infant, etc.) during an emergency. At the beginning of the semester, they would complete a self-efficacy survey. During the semester, each manager would be the first responder to at least one type of emergency response drill. At the end of the semester, they would take the same self-efficacy survey. We completed this cycle for three semesters which included 22 student managers.

We wanted to learn if the level of confidence reported by these managers would undergo a change that could be related to the drills. The following graphs represent a small portion of the data that was found:



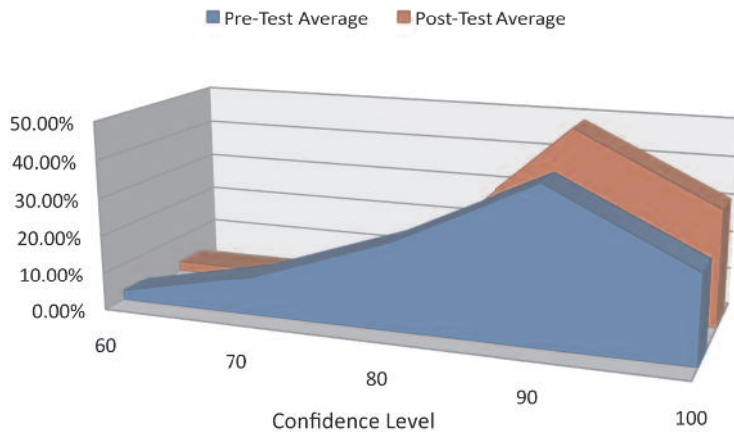
The results show that there is a general increase in confidence (with the exception of Checking for Signs of Life on a Child) level when we ran drills on the managers. It is interesting to note that even in areas that were not drilled (Providing Care for a Burn and Performing Rescue Breathing on an Infant), confidence levels increased. This may suggest that confidence in one's own ability to deal with emergencies may increase regardless of the drill that was performed.

Emergency Response Drills

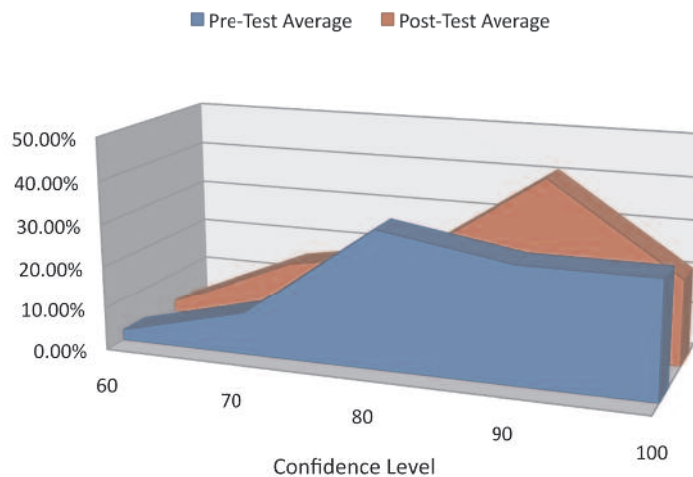
A Vital Component in your Training Plan

continued page 4

CPR - Unconscious Adult



Checking Signs of Life - Child



Increases in the highest "Probably Can" score (90) and the "Definitely Can" score were reported for Recognizing an Epileptic Seizure, Rescue Breathing - Infant, CPR - Unconscious Adult (above), Giving Directions to the Scene, and Finding the Nearest AED. However, for Evacuating during a Fire, Checking Signs of Life - Child (below), Assigning Priority to Multiple Injuries, and Providing Care for 3rd Degree Burns, a general increase in confidence was marked by a decrease in "Definitely Can" scores. These results suggest that drills may cause students to take a more realistic appraisal of their ability to perform in emergency situations, particularly those that are more severe or more complex.

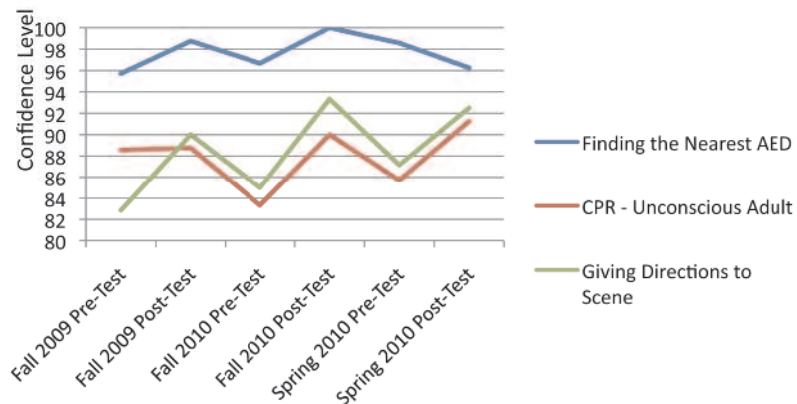
Emergency Response Drills

A Vital Component in your Training Plan

continued page 5

Three of the tasks on the survey were common to almost every drill: Finding the Nearest AED, Performing CPR on an Unconscious Adult, and Giving Directions to the Scene. For Finding the Nearest AED, confidence levels were high (Definitely Can) on both pre-test and post-test results. Our main facility only has 4 AEDs, so these few locations may account for the high level. It is interesting to note that the last trial shows a slight decrease after the drills. For Performing CPR on an Unconscious Adult and Giving Directions to the Scene, the increases are steeper and typically move from "Probably Can" closer to "Definitely Can" on the confidence scale. It is also interesting that at each pre-test the confidence levels started lower than the post-test levels for the previous semester. While this may have been the first pre-test for some responders, most of the managers had already run some type of drills prior to the pre-test.

Confidence Level Over Time



In conclusion, the overall affect of running emergency response drills seem to show some improvement in the confidence level of the participants. Unfortunately, it was difficult to control for other factors that contributed to confidence (real emergencies, longevity in dealing with emergencies, additional classroom/lecture training, etc.). Therefore, this data argues that there is a correlation rather than causation. However, the following responses taken from the drill participants provide a good argument for any program to perform emergency response drills.



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Emergency Response Drills

A Vital Component in your Training Plan

continued page 6

The following answers were received when asking specific questions to the drill participants:



drill questions

The overall affect of running emergency response drills seem to show some improvement in the confidence level of the participants.

When asked to describe feelings leading up to a drill, student managers responded with:

- Anxious, not knowing when it is going to happen
- Keeps you running through (emergency) procedures in your head
- You go through procedures with RSA (subordinate staff) to prepare for drill

Student staff was asked to describe how they felt during their drill:

- Nerve wrecking knowing you're being critiqued while administering care
- Adrenaline rush, hands shaking
- Thankful this is a drill and not an actual emergency
- Nervous having people watch you, time you, and write notes down

When asked to explain what students got out of their drill, they answered with:

- More confident if it were to happen in real life
- Critiques let us know what to improve on
- Refresher for CPR, classes alone never put you in a stressful emergency situation
- You never really know what's going to happen
- Upset with myself for not being as prepared as I would have liked



Fall/Spring Online Courses for 2011/2012

Four Online Training Courses focusing on Risk Management!

1. Special Events

Special Events have become a big issue for many Campus Recreation Administrators. This course will focus on a simple process, techniques and tools to assess and manage the complex risks involved in planning, organizing and running Special Events. While the course is aimed primarily at staff new to special event planning, seasoned planners will especially benefit from the hands-on exercises included in the course. (Note: a 4 week course spread over 8 weeks)

2. Sport Clubs

Sport Clubs are initiated and managed by Club members with the primary role of the University being to support, assist and advise the student leaders. The key to a successful Sport Clubs program is strong student leadership and involved University support. Since risk management is a key concern for all Sport Clubs Administrators, the course will focus on how to develop an operational 'framework' for Sport Clubs to facilitate better oversight and management – and help ensure a safer environment for Sport Clubs participants.

3. Risk Management for Recreation Professionals

The course explores Negligence Liability and the Risk Management planning process. Students will learn the critical concept of Reasonable Standard of Care and how this impacts and guides all risk management planning efforts. By the end of the course, students will have a clear understanding of the concept of Negligence as it applies to the area of sport and recreation, and will acquire valuable risk management planning tools and the skills necessary to develop and implement a comprehensive risk management plan.

4. Youth Camps

The Standard of Care required for Youth Camps is very high – mostly because you are dealing with minors. While some of the risk management issues discussed are identical to those handled on a day-to-day basis in other Campus Recreation programs, many issues are unique to Youth Camps. This course will focus on how to develop an operational 'framework' to help organize and manage safe Youth Camps.



Online Courses	When Scheduled	For Course Outline and to register
Special Events	Oct 24 – Dec 16	http://www.sportrisk.com/online-course/special-events
Sport Clubs	Oct 18 – Nov 12	www.sportrisk.com/online-course/sport-clubs
Risk Management for Recreation Professionals	Nov 15 – Dec 10	www.sportrisk.com/online-course/risk-management-for-recreation-professionals
Youth Camps	Feb 2012 Dates TBA	www.sportrisk.com/online-course/youth-camps



Evidence-Based Risk Management: Changing the Zeitgeist

Matthew D. Griffith, M.S., RCRSP
Georgia Institute of Technology

In the past two decades, a new way of thinking has taken over the practice of medicine. The central premise is that decisions in medical care should be based on the latest and best scientific knowledge. Dr. David Sackett and colleagues define evidence-based medicine as “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients” (1996). The movement has now grown into a storm of physicians committed to conducting, disseminating, and applying valid and reliable research to clinical care.



It's time to move the zeitgeist away from making decisions based on ideology and unsystematic experience toward those based on the best available evidence.

If you found yourself thinking “what else besides evidence would guide my doctor’s decisions?” then you are naïve about how humans generally make decisions. Although there are thousands of medical studies conducted each year, physicians don’t use much of it. In *How Doctors Think*, Dr. Jerome Groopman references research that show only about 15% of physician’s decisions are based on sound evidence (2008). Instead of evidence, doctors more often rely on obsolete knowledge gained in medical school, long-standing but never proven traditions, patterns gathered from experience, methods they are most skilled in applying, and information from vendors with products to sell.

Unfortunately, the same behavior holds true for risk managers in recreation and sport. In fact, it could be argued, that risk managers are far more ignorant than doctors about which prescriptions are reliable—and less willing to find out. It’s time to move the zeitgeist away from making decisions based on ideology and unsystematic experience toward those based on the best available evidence.

Admittedly, the challenge of evidence-based practice in recreational risk management is greater than in medicine and some other disciplines. There is a lack of rigorous research, no formal education for so-called experts, and laws vary greatly by jurisdiction. In addition, risk managers face a vexing problem: facilities and programs have huge variations on several important dimensions. Nonetheless, if risk managers act on the best available evidence, they will better serve their users and agency.

Evidence-Based Risk Management: Changing the Zeitgeist

continued page 2

The Evidence-Practice Gap

Recreation practitioners continue to struggle with identifying actual risks and applying proven risk management strategies. Evidence-based risk management (EBRM) provides the needed model to guide the closing of this gap.

The concept of applying risk management practices to recreation began in the mid-1970s, but didn't really take off in practice until the early-1980s. In the intervening three decades, significant efforts have been made to increase participant safety and reduce legal liability. Unfortunately, though, the fear of lawsuits often controls the services offered by many agencies, rather than the desirability of the services to the users. This type of "risk management" is not always based on sound evidence. Recreation practitioners continue to struggle with identifying actual risks and applying proven risk management strategies. Evidence-based risk management (EBRM) provides the needed model to guide the closing of this gap.

There are several reasons the evidence-practice gap persists in recreational risk management. The most predominate is the emphasis our profession places on practical experience. Practitioners oftentimes neglect to seek out new evidence because they trust their own experience. This is naturally human because information acquired firsthand often feels more real than words in a research journal or law review. The problem is twofold: small sample sizes and the inherent biases that characterize personal observation. The truth is that because most risks will never lead to an injury or other loss, risk managers do not have adequate personal experience identifying hazards and testing various prevention and intervention strategies.

Another primary reason for the evidence-practice gap is that numerous risk management decisions made in recreation departments are driven by dogma and belief. Many people are overly influenced by ideology and fail to question practices that fit with what they "know." A recent study conducted by John Miller and colleagues showed that 60% of intramural sport directors did not believe waivers would protect the program or organization from legal action (2009). This is an all too common misunderstanding. The truth is that when used in the correct circumstances, well-written waivers protect the provider from liability and negligence in at least 45 states (Cotten & Cotten, 2010). Beliefs such as this, and others rooted in ideology and dogma are (to borrow the term from Chip and Dan Heath's book *Made to Stick: Why Some Ideas Survive and Others Die*) "sticky" and resist disconfirmation, regardless of whether they are true.

The final reason for the persistent gap is uncritical imitation and its equivalent, casual benchmarking. Recreation professionals often look to the perceived top programs and facilities and try to emulate their practices. Although benchmarking can be a useful and cost-efficient tool, in general, it is not a source of credible evidence. Benchmarking can actually be harmful to an organization when used casually, meaning that the evidence behind what works, why it works, and whether it will work elsewhere is barely unraveled. Consider an extreme example. A large, prominent university in the south closes when a light blanket of snow accumulates on the ground. If a university in Colorado were to try to mimic this practice, they might be closed more days of the semester than they are open.



Recreation professionals often look to the perceived top programs and facilities and try to emulate their practices.



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Evidence-Based Risk Management: Changing the Zeitgeist

continued page 3

Practitioners must exhibit a willingness to set aside personal belief and conventional wisdom, and replace these with a relentless pursuit of the necessary facts to make informed and intelligent decisions.

The first step is to demand evidence of efficacy for every change proposed and decision made.

The widespread practice of closing indoor pools during lightning storms is one such case of a “risk management” practice that has been heavily promoted with no applicable evidence.

It should now be apparent why evidence-based decision making in risk management is so rare among recreation practitioners. It should also be clear why relying on any of the practices described above is not the best way to make decisions to manage risk. Adopting an evidence-based risk management approach requires a distinct mind-set. Practitioners must exhibit a willingness to set aside personal belief and conventional wisdom, and replace these with a relentless pursuit of the necessary facts to make informed and intelligent decisions.

Becoming an Evidence-Based Risk Manager

To develop an organization of evidence-based risk management, department leaders and risk managers must nurture an evidence-based approach by setting the tone. The first step is to demand evidence of efficacy for every change proposed and decision made. For example, signage is one of the areas of risk management that scientific research can tell us a lot about. (Keep in mind that of the various levels of evidence within the recreational risk management context, experimental research studies are on the upper end of the evidence spectrum). There are countless articles in psychology and human factors journals regarding efficacy of various warnings and instructions. In the United States, the American National Standards Institute has published standards and guidelines based on this research as well as legal precedent. The standard includes the proper use of signal words, layout, content, color, symbols/text, and more. Adopting this standard for safety signs within recreational facilities would lead to reduced liability and improved safety, but very few, if any, departments have implemented this research based signage on a large scale.



Simply requesting evidence is insufficient though, the evidence must also be applicable. Therefore, decision makers must look for gaps in logic and inference and generally think critically when presented with proposed changes. Time must be spent to figure out and understand the underlying assumptions that form the foundation for a proposed policy, practice, or intervention. This is particularly important when gaining advice from consultants or other professionals. It is surprising how often readers of industry publications or conference attendees are fooled by the “expert” author or presenter. Most of the risk management practices promoted have little evidence to support their widespread adoption. The widespread practice of closing indoor pools during lightning storms is one such case of a “risk management” practice that has been heavily promoted with no applicable evidence. To date, no reports of death from lightning at an indoor pool could be found. This is in spite of the fact that hundreds of pools are kept open every day during thunderstorms across the country. I co-authored a thorough article on this topic with Dr. Griffiths in the November/December 2008 issue of *Aquatics International*. We concluded that as long as specific design and engineering controls are in place, people swimming in an indoor pool during a thunderstorm are as safe as they can be (Griffith & Griffiths, 2008).

Evidence-Based Risk Management: Changing the Zeitgeist

continued page 4

One all-too-common error is to mistake uncertainty for risk. The recent case of five-toe shoes shows how easily some departments implement rules without strong evidence.

For some decisions in risk management, especially those lacking external evidence, the evidence must be found within the organization. In order to develop a strong internal evidence base, leaders must encourage experimentation, pilot studies, trial programs, and data collection. One barrier often cited for not experimenting is that the department adopts practices in an all-or-nothing way. This limits the ability to learn through trial and error. Looking at an example of implementing a surprise emergency drill program for intramural officials but not in other program areas shows how this trial might lead to interesting and applicable results when the intramural employees' emergency response is compared to desk attendants who were not subject to the drills.

One interesting experiment that many aquatic facilities undertake, many times without even realizing it, is when they allow the public or groups to use diving boards and platforms for certain special events even though they are normally closed to the public. If the facility can open the 3-meter diving board and operate it safely for a few days out of the year, it begs the question, why can't it be opened safely the rest of the year?

Using actual data collected on injuries and rates is also an important part of the internal evidence base. One all-too-common error is to mistake uncertainty for risk. The recent case of five-toe shoes shows how easily some departments implement rules without strong evidence (external or internal). In order to implement a rule such as banning toe shoes, an evidence-based risk manager must demand the evidence and interpret whether the data shows a strong cause-and-effect relationship between wearing the shoes and injury. Since this evidence does not exist externally and is unlikely to exist internally, the proposed implementation of the rule should be discarded.

Finally, leaders and risk managers must embrace what has been called the "attitude of wisdom." For thousands of years, people have appreciated that wisdom does not come from accumulating knowledge, but from a respect for the vast amount of knowledge still unconquered. EBRM is conducted best not by know-it-alls but by people who appreciate how much they do not know. For this reason, it is important to continue professional education and identify and apply strategies for lifelong learning. Even when sound evidence is lacking, evidence-based risk managers should inquire and find other ways to gather data.

Failure to shift the zeitgeist toward evidence-based risk management, however, will have much greater costs than mere inefficiency.

There will inevitably be critics to the evidence-based risk management I propose here, just as there are in medicine and other evidence-based disciplines. Although the theory does need to be rigorously tested, the logical argument is watertight. Decisions made on the basis of evidence will be better decisions overall. However, be careful not to misapply EBRM: it is not a one-size-fits-all approach. EBRM requires the use of the best available evidence coupled with informed judgment and local context. The promise of EBRM is to break down the "sticky" dogma and status quo for improved results. Like the QWERTY keyboard created for manual typewriters but inefficient for word processing, common risk management practices survive, despite being ineffective and out-of-line with contemporary recreation and sport. Failure to shift the zeitgeist toward evidence-based risk management, however, will have much greater costs than mere inefficiency.

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SportRisk

For Recreation & Sport Professionals

3rd Edition (2008)

by Ian McGregor Ph.D.
McGregor & Associates



Special NIRSA Member Price: \$59

Written by Risk Management expert Ian McGregor, the main theme is 'KEEP IT SIMPLE'.
And keeping it simple means focusing on the **High Risk** areas
within the Campus Recreation setting.

Key Chapters:

Negligence	Explains negligence in simple, easy to understand language
The 5 Key Risk Areas	Describes the high risk areas where Campus Recreation departments are most vulnerable
Risk Management Planning	Delivers a simple, effective 3 Step Planning Process Based on the 5 Key Risk Areas
Special Areas	Tackles key issues of particular concern to Campus Recreation: Transportation; Sport Clubs; Summer Camps; Disease Control; Alcohol & Drugs; Event Management; Contract

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How Accessible are You?

An examination of the 2010 ADA Standards

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On July 26th, 1990 the Americans with Disabilities Act was signed into law. The law would prove to be a huge victory for Americans with disabilities in gaining equality of opportunity, full participation, independent living, and economic self-sufficiency. In celebrating the 20 anniversary of the act, the Department of Justice revised regulations and the 2010 Standards for Accessible Design were signed into law, and the revisions are sure to impact campus recreation facilities nationwide.



Below is a brief history of the act got to where it is today

1968 – Architectural Barriers Act (ABA)- First act put into place defining access standards

1990 – Americans with Disabilities Act (ADA)

1991 – Access Board publishes ADA Accessibility Guidelines (ADAAG) and Department of Justice signs into law

2002 – ADAAG is revised (adopted in 2004) – this is the first time recreation facilities are mentioned

2010 – ADAAG Standards for Accessible Design is created and signed into law

There has been some confusion with the scope of the new guidelines.

There are two major parties involved in the creation, implementation and enforcement of ADA standards and laws. The first party is The Access Board, an independent Federal agency created in 1973 to ensure access. It operates with 28 full time staff members. Half (14) of the representatives are appointed from most Federal departments, and the other 14 members are appointed by the president to a four-year term, a majority of whom must have a disability. The board is responsible for creating standards that are adopted by others, maintaining design criteria and providing technical assistance and training. This is the group who deals with standards for all new construction and can and should be contacted for consultation when facility planning is being done. This responsibility falls mainly with the architect of the facility, but the organization managing the facility after completion can also contact the Access Board with questions.

The other component of ADA standards and laws is the Department of Justice (DOJ). Although the Access Board creates the standards, only the DOJ can turn those standards into legislation that can be signed into law by the President. They are also the group to whom complaints are filed. Once a facility is built and occupied, it moves from “new construction”, overseen by the Access Board, to an “existing facility”, all of which are overseen by the DOJ.

There has been some confusion with the scope of the new guidelines. The 2002 ADA Accessibility Guidelines (ADAAG) brought the first specific mention of recreation facilities, but with it also came an option for compliance by existing facilities:



How Accessible are You?

An examination of the 2010 ADA Standards

continued page 2

“ADAAG and the final accessibility guidelines for recreation facilities apply to newly designed or newly constructed buildings and facilities and to existing facilities when they are altered. ADAAG and the Department of Justice regulations address whether a change to a building or facility is considered an alteration. The publication of this final rule does not require that all existing facilities be modified to meet these guidelines.” (2002 ADA Accessibility Guidelines for Recreation Facilities)



Like the 2002 ADAAG, the 2010 Standards for Accessible Design create new provisions for an area that impacts Campus Recreation professionals with the specific address of pools and spas in the legislation. You may find some articles that make it seem like that you have a choice with which standards you comply based on the age of your facility. While this was true of the 2002 ADAAG with recreation facilities, it is not true for the 2010 Guidelines specific to aquatic facilities.

All aquatic facilities, regardless of their first date of occupancy or most recent date of alteration must comply with the 2010 ADAAG aquatic facility standards by March 15, 2012. You can find very detailed information on the requirements in the 2010 standards on the ADA website. If you look in Chapter 2, Section 242 and Chapter 10, Section 1009 you will find specific information on requirements for pools and spas.

To give a brief summary of these requirements, here are the main points you will need to know.

- If the distance around your pool is less than or equal to 300 linear feet, you are required to provide one accessible means of entry which must either be a lift or a sloped entry
- If the distance around your pool is greater than 300 linear feet, you are required to provide at least two accessible means of entry, one of which must either be a lift or sloped entry and the other of which can be another lift or sloped entry, a transfer wall, transfer system or transfer stairs.
- Wave pools and lazy rivers must have at least one entry which must be a lift, sloped entry or transfer system.
- Wading pools should already comply with the one required entry, as long as the sloping of the wading pool meets the specific requirements
- Spas must have one means of entry which can be either a lift, transfer wall or transfer system
- Elevated water slides are not required to provide a means of getting to the top of the apparatus and catch pools at the bottom of the slides are not required to have a means of entry, but the edge of the catch pool must be on an accessible route.
- All pool lifts must be able to be operated by the person with a disability without required assistance from the facility's staff.

Please note that there are very specific requirements and specs for all of the accessibility means mentioned and the best way to ensure you are compliant is to seek guidance from the ADA's online or print resources or from the Department of Justice's ADA hotline, where there are professionals who can answer all ADA related questions.



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How Accessible are You?

An examination of the 2010 ADA Standards

continued page 3

Enforcement of the new standards will be handled by a complaint driven procedure where a complaint against a facility must be reported to the correct coordinating agency. Complaints against campus recreation facilities would be turned over to the U.S Department of Education.

Enforcement of the new standards will be handled by a complaint driven procedure where a complaint against a facility must be reported to the correct coordinating agency. Complaints against campus recreation facilities would be turned over to the U.S Department of Education. The process for enforcement is as follows:

- A complaint against a facility is turned over to the correct coordinating agency.
- The complaint will be reviewed to determine if it is valid and how to proceed.
- Mediation will be the first step in working towards compliance.
- If mediation cannot be reached an open investigation will begin most often resulting in a settlement. If an investigation is opened fines can range from \$55,000-110,000.
- If no settlement is reached the ADA will begin litigation.

Once the compliance of the facilities is determined and the steps needed that need to be taken to become compliant are defined, a facility manager should take a step back and look at how their facility, customer service and policies/procedures affect users with disabilities to ensure their needs are being met. After interviewing an athlete who uses a wheelchair and has visited aquatic facilities around the world, it was clear that there were some common complaints that the athlete had regarding facilities who had clearly not taken the time to identify how they can best meet a person with a disability's need. Below is a list of some of the things facility managers can do to assess and/or address the complaints the athlete had at the facilities that she had a negative experience at.

Facility Concerns:

- Locker rooms should be fully accessible in terms of points of access and the lockers, restrooms, and showers must be useable by patrons with a disability.
- Make sure wheelchair access points leading to pools, fitness centers or other areas of the facility are unlocked and ready for use so user can avoid waiting for staff members or seeking out staff to gain entry to a certain area in the facility.
- Routinely check the readiness and condition of all equipment used to help users with a disability gain access to different parts of the facility (pool lift, accessible entrances).

Staff/Customer Service:

- Ensure all staff members are properly trained on accessibility lifts and correct points of entries to ensure users with a disability have the same quick and easy access to the facility as all other users.
- Ensure staff has a welcoming attitude and willingness to help out so that users with disabilities feel welcome and comfortable using all parts of the facility as well as asking for the staff's help if needed.

The 20th year anniversary of The Americans with Disabilities Act is more than a celebration of a historic date in history, but is also a time for organizations to evaluate their facilities and make sure that they are not only compliant with the new standards but that all areas of the facility are accessible and welcoming for all people with disabilities.

If you have questions about your facility, you can contact either the Access Board (for new construction) or the Department of Justice (for existing facilities) at:

US Access Board
www.access-board.gov
1-800-872-2253
ta@access-board.gov

US Department of Justice
www.ada.gov
1-800-514-0301



Got something to say - or an idea to share?

Across N. America, recreation professionals are finding creative ways to implement unique solutions to a number of challenging risk management issues. Many of their ideas have already appeared in this Newsletter.

Are **you** willing to share your ideas?

You may believe what you're doing is not of interest to others. **WRONG!**

Professionals are always on the lookout for new/ different/ unique ways of doing things:

- Staff training programs
- Emergency Response Planning strategies
- In-service training ideas
- Participant medical screening strategies
- Online training courses
- Risk Management Committee operational guidelines
- etc. etc.

Share your ideas – by writing an article for the '**Risk Management Newsletter for Campus Recreation**'!

This is not a 'refereed' publication. The focus of the Newsletter is simply the communication of ideas, procedures and programs **that work**.

If you'd like to explore this, or receive the 'Guidelines for Authors', contact Ian McGregor at mcgregor@sportrisk.com



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- \$10,000 Accidental Death & Dismemberment Benefit

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- Benefits are payable for covered expenses in excess of the deductible and the total benefits received from all other sources
- \$10,000 Accidental Death & Dismemberment Benefit

For more information about these valuable programs, contact Carol Malouf at:

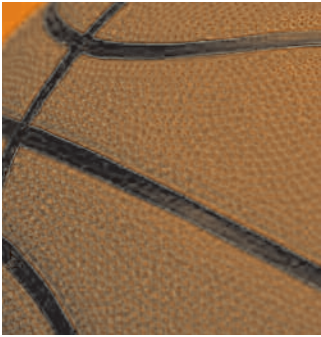


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Athletic Trainer Risk Management

Katharine M. Nohr, JD
Nohr Sports Risk Management, LLC

On August 12, 2011, a Federal Court in Alabama issued a decision in a case in which a former football player at Auburn University sued a former athletic trainer at Auburn for failing to supervise his rehabilitation properly. See *Ramsey v. Gamber*, Slip Copy, 2011 WL 3568911 (2011). Plaintiff Ramsey had been injured while doing weight training at the University. His athletic trainer thereafter collaborated with doctors to design a rehabilitation plan. Ramsey alleged that Gamber “improperly ordered him to perform weighted exercise before it was safe for him to do so, in violation of doctors’ instructions.” In the Court’s decision, it sympathized with the Plaintiff’s “distress over the injury that cut short his athletic career” and noted that it was “deeply regrettable that Auburn University terminated his football scholarship because of an injury he had little ability to prevent.” The Court went on to conclude that Ramsey’s case was properly dismissed as he was not able to prove that Defendant’s misconduct caused his injury.

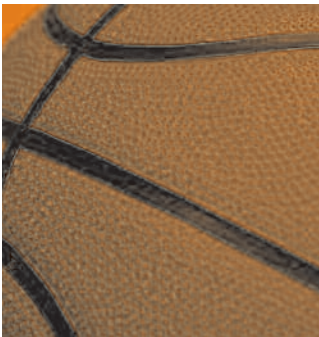


In a case that did not turn out so well for the Defendant which was decided by the United States Court of Appeals, Eighth Circuit, a college football player brought a negligence action against an athletic training service, alleging that the company was negligent in causing his back surgery. See *Howard v. Missouri Bone and Joint Center, Inc.*, 615 F.3d 991(C.A.8 2010). The facts of the case were as follows: Plaintiff was a talented running back on the football team at Greenville College in Illinois. Following an ankle injury, Plaintiff sought treatment with a certified athletic trainer at Missouri Bone and Joint Center. In the course of doing squat lifts, Plaintiff felt a pop and a sharp pain in his lower back, of which he notified his trainer. The trainer told him, “no pain, no gain” and insisted that Plaintiff “push through it”. Plaintiff was diagnosed with a herniated disc in his back, which required surgical repair. In this case, the Court concluded that the evidence was sufficient to support the causation element of the negligence claim and to show that the athletic trainer breached the standard of care for athletic trainers.



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Athletic Trainer Risk Management

continued page 2

These cases should serve as a reminder that injured athletes rehabilitation should be considered in risk management planning.

Given the fact that many Sport Clubs programs now use Athletic Trainers, these cases should serve as a reminder that injured athletes rehabilitation should be considered in risk management planning. The following questions should be addressed:

- Are trainers that have been hired to work with athletes properly educated and up to date with required certifications?
- Have trainers been instructed to follow the athletes' doctors' orders?
- Are trainers listening to the athletes' complaints of pain and discomfort and adjusting exercises in response?
- Is rehabilitative equipment in good repair?
- Is rehabilitation done gradually, allowing sufficient time for the athletes' injuries to heal before resuming play?
- Are trainers and athletes unduly pressured by coaches and/or other personnel to return the athlete to play before he or she is ready?

Athletic trainers are certainly a great asset to Varsity and Sport Clubs programs and should continue to be used to facilitate the prevention and rehabilitation of players' injuries.



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Risk Management Newsletter for Campus Recreation

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Your 'sweaty-palm' issue (what keeps you awake at night). Ask for our feedback!

Your interest in contributing to the 'Risk Management Newsletter' by writing an article for an upcoming issue.

Contact us at mcmgregor@sportrisk.com

Publishing Information

The 'Risk Management Newsletter for Campus Recreation' (ISSN # 1718-4606) is published 4 times a year by Ian McGregor & Associates Inc., P.O. Box 561, Blaine, WA 98231-0561. Phone: 604.689.4833

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Next Issue

December 2011

Featured Topic: 'Risk Assessment'

Topics include:

- More on Waivers
- Sport Clubs
- Risk Assessment
- Online Learning Opportunities



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