

## Accidents and Injury Policy

### *Policy Guidelines*

The Ontario Senior Games Association (OSGA) is committed to holding events that are both fun and safe. When hosting events, Districts should have a basic emergency response plan which will include first aid and emergency response coverage. The plan may vary based on the level of physical involvement at the event.

1. District Coordinators are expected to take a proactive approach to ensure all activities are safe by:
  - a. Maintaining a list of volunteers with a current Standard First Aid Certificate.
  - b. Inspecting a site and removing or making any possible hazards.
  - c. Ensuring emergency phone numbers are on file at the site.
  - d. Inspecting all equipment is in working condition and replacing items as required.
  - e. Ensuring first aid equipment and personnel are on location. There should be a minimum of one qualified first aid administrator for events of up to 50 participants and two qualified first aid administrators for larger groups. For large events, consult with or apply to your local St. John Ambulance organization about attending your event. They provide a free service and accept donations.
  - f. Ensuring lighting and airflow is adequate.
2. In the event of any accident (minor or major) you are required to complete the Event Incident Report immediately while you have all parties involved present.

Incident reports are preparing in contemplation of litigation and are designed to assist in the defense of the problem, accident, or claim. (Be accurate, clear, and legible).
3. Copies of the completed Event Incident Report must be kept on file with all parties involved with a copy being sent to the Member District and the OSGA office.
4. Only those who have paid affiliation fees or signed a waiver form as a volunteer are covered by the OSGA insurance policy. It is therefore incumbent on all District Committees to ensure all participants in Games are registered with the OSGA as having paid OSGA affiliation fees and have completed the appropriate waiver form.

### *Concussions*

The OSGA takes seriously the health and well being of all participants to ensure a safe playing environment and prevention of injuries.

A concussion is the most common form of a traumatic brain injury. “Any blow to the head, face or neck may cause a concussion. A concussion may also be caused by a blow to the body if the force of the blow causes the brain to move around inside the skull. A concussion can happen to anyone – anywhere.”<sup>1</sup>

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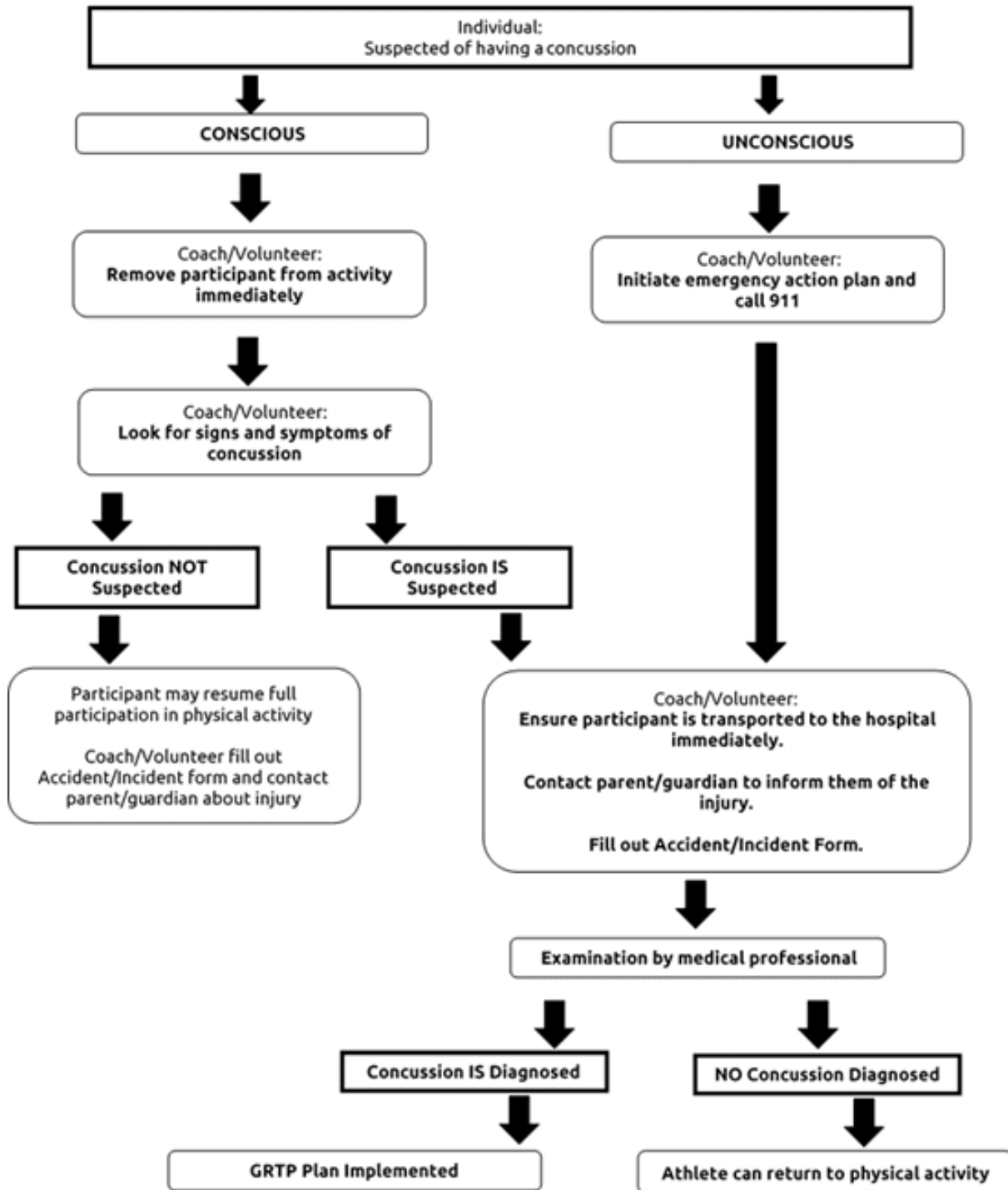
<sup>1</sup> <https://www.ontario.ca/page/rowans-law-concussion-safety#section-1>

It is critical that someone with a suspected concussion be examined by a medical doctor or nurse practitioner promptly.

The OSGA has a role to play in ensuring the safety of those participating in physical activity and for encouraging and motivating participants to assume responsibility for their own safety and the safety of others. The OSGA endorses the proper use of equipment, as suited to the sport, to be used in a manner that will aid in the prevention of concussion or further injury of all participants.

The OSGA will adhere to Rowan's Law: Concussion Safety, when dealing with suspected and/or diagnosed concussion protocol management.

Rowan's Law Chart<sup>2</sup>



<sup>2</sup> 7000-211 Concussion Protocol and Guidelines | Resource Library (specialolympicsontario.com)

## Appendix C – Event Incident Report

| 1. LOCATION OF THE PREMISE/EVENT OR LOCATION OF ACCIDENT/CIRCUMSTANCES |  |                                    |  |
|--|--|------------------------------------|--|
| Convenor's Name:   |  | Telephone #:                       |  |
| Address:   |  |                                    |  |
| Town/City:   |  | Postal Code:                       |  |
| Owner of Premises:   |  | Person(s) in control of premise:   |  |
| Location of incident:  |  |                                    |  |
| 2. ACCIDENT OR OCCURENCE   |  |                                    |  |
| Date:  |  | Time:                              |  |
| Date first notified:   |  | By whom:                           |  |
| 3. DESCRIPTION OF ACCIDENT OR OCCURENCE                                |  |                                    |  |
|  |  |                                    |  |
| If it is an automobile accident, please include:                       |  |                                    |  |
| License Plate #:   |  | Policy #:                          |  |
| Insurance Company Name:  |  |                                    |  |
| 4. WEATHER CONDITIONS AT TIME OF ACCIDENT (IF APPLICABLE)              |  |                                    |  |
|  |  |                                    |  |
| 5. INJURED PERSONS AND NATURE OF INJURY (ONE INCIDENT PER FORM ONLY)   |  |                                    |  |
| Name:  |  | Age:                               |  |
| Gender:  |  | Role: (i.e., official, competitor) |  |
| Telephone #:   |  | E-mail Address:                    |  |
| Address:   |  |                                    |  |
| Town/City:   |  | Postal Code:                       |  |

| 6. PROBABLE CAUSE OF ACCIDENT OR OCCURRENCE |  |                                  |  |
|---|--|----------------------------------|--|
|   |  |                                  |  |
| 7. FIRST AID GIVEN                          |  |                                  |  |
| <b>By Whom:</b>                             |  | <b>Medication Given:</b>         |  |
| <b>Description of treatment:</b>            |  |                                  |  |
| If hospitalized:                            |  |                                  |  |
| <b>Name of hospital:</b>                    |  | <b>Method of Transportation:</b> |  |
| 8. PROPERTY DAMAGE                          |  |                                  |  |
| <b>Owner:</b>                               |  | <b>Telephone #:</b>              |  |
| <b>Address:</b>                             |  |                                  |  |
| <b>Town/City:</b>                           |  | <b>Postal Code:</b>              |  |
| <b>Description of property damage:</b>      |  |                                  |  |
| 9. WITNESS OR POLICE                        |  |                                  |  |
| <b>Name:</b>                                |  | <b>Relation:</b>                 |  |
| <b>Telephone #:</b>                         |  | <b>E-mail Address:</b>           |  |
| <b>Police Name:</b>                         |  | <b>Badge #:</b>                  |  |
| <b>Incident report #:</b>                   |  |                                  |  |

Convenor Signature: \_\_\_\_\_

Date: \_\_\_\_\_