



## Residual Risk – How much is too much?

In Part I of this two-part series on Risk Profile the concepts of 'Risk Matrix' and 'Risk Profile' were introduced.

Using the Risk Matrix approach provides a 'gut level' assessment of the amount of risk attached to an activity (the qualitative approach), [FULL STORY >](#)



### Eating Disorders

and Over-Exercise in Collegiate Recreation (Part II):

It's essential for recreation professionals to know and understand their scope of practice.

[FULL STORY >](#)



### Concussion – My first-hand/forehead experience

We've committed several articles to this topic, but this one comes from my ironic first-hand experience just last month. [FULL STORY >](#)



### Because One CPR Class is Not Enough – Part II

Mock scenario drills are a great learning tool, so make sure you plan to make the drill as effective as possible. Ensure that your department's. [FULL STORY >](#)

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## Residual Risk

All Campus Recreation programs involve some element of risk. Some programs are riskier than others – but is there a point where a program or activity is just too risky?

The new ‘quantitative’ approach to analyzing risk (‘Determining Risk Profile’) identified in Vol. 9.1 of this Newsletter provided a starting point to determine how risky activities are. The current article examines how you determine if there is just too much risk (for the department and University) by exploring the concept of residual risk.

Currently in our [BLOG](#) we’re attempting to simplify and demystify ‘negligence’. Follow the blog at [www.sportrisk.com/blog](http://www.sportrisk.com/blog)

Ian McGregor, Ph.D.  
Publisher

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# Residual Risk – How much is too much?

Ian McGregor, Ph.D.  
President, SportRisk



**The Risk Matrix approach provides a ‘gut level’ assessment of the amount of risk attached to an activity while the Risk Profile process provides a measurable numerical value of the actual risk level.**

In Part I of this two-part series on Risk Profile the concepts of ‘Risk Matrix’ and ‘Risk Profile’ were introduced.

Using the Risk Matrix approach provides a ‘gut level’ assessment of the amount of risk attached to an activity (the qualitative approach), while the Risk Profile process provides a measurable numerical value of the actual risk level (the quantitative approach).

In many situations, the Risk Matrix’s red/amber/grey/green approach is sufficient, and can be particularly useful in assessing a new and immediate potential danger or crisis. For example, if an incident occurs during an Intramural game, it can be useful to have staff ask themselves ‘is this a potential red zone situation?’ If the answer is yes, then it is a call to immediate action.



# Residual Risk – How much is too much?

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Splitting into components is designed to target areas where there may be some vulnerability

## 1. Break activities into their components

Pick an activity e.g. Rugby Club, and split the Club into various 'risky' components e.g. (a) physical contact nature of activity (b) travel (c) Club administration (d) coaching etc. (Splitting into components is designed to target areas where there may be some vulnerability e.g. if a Club Executive is difficult to deal with and often ignores policy, then you may have a big problem!)

- For each component, assign a P and S value
- Multiply PxS to get the risk level for each component
- Determine the 'Risk Rating' for each component

## 2. Implement Controls

The next step is to revisit each component and apply risk management controls i.e. what you intend to do to decrease the risk. Note that the examples used in the chart below are only a few examples of the types of controls that can be implemented.

- Re-calculate the risk level and Risk Rating



## RISK RATING & CONTROLS GRID

| PROGRAM/FACILITY/EVENT: Rugby Club |                 |              | COMPLETED BY: Ian McGregor |             |   | DATE: January, 20XX      |                      |
|------------------------------------|-----------------|--------------|----------------------------|-------------|---|--------------------------|----------------------|
| DESCRIPTION OF RISK                | PROBABILITY (P) | SEVERITY (S) | RISK LEVEL (PXS)           | RISK RATING | CONTROLS  | UPDATED RISK LEVEL (PXS) | RESIDUAL RISK RATING |
| PHYSICAL CONTACT                   | 5               | 5            | 5x5 = 25                   | Extreme     | 1) AT present: games/ practices<br>2) Safety awareness training | 5x3 = 15                 | High                 |
| TRAVEL                             | 3               | 4            | 3x4 = 12                   | Moderate    | 1) Travel procedures<br>2) Trip leader system                   | 2x4 = 8                  | Mod/Low              |
| CLUB EXECUTIVE                     | 5               | 2            | 5x2 = 10                   | Moderate    | 1) Improved oversight of Club<br>2) Regular meetings etc.       | 2x2 = 4                  | Low                  |
| COACHES                            | ?               | ?            |                            |             |   |                          |                      |

### Definitions

**DESCRIPTION OF RISKS** – Describe each risk-as if there are no control plans in place.

**PROBABILITY (P)** – The likelihood that an event/ accident will occur

- 1 = Unlikely to occur
- 2 = Unlikely but some chance
- 3 = Could occur occasionally
- 4 = Good chance it will happen
- 5 = High possibility it will happen

**SEVERITY (S)** – The expected consequence of an event in terms of serious injury etc.

- 1 = Insignificant: minor injury, no property damage
- 2 = First aid or minor property damage
- 3 = Injury requires medical help; significant property damage
- 4 = Injury may result in serious medical problems; serious property damage
- 5 = Fatal injury; major property damage

**RISK LEVEL** – Obtained by multiplying PxS

**RISK RATING** – reflects the total severity of the Risk

- 20 - 25 Extreme Risk
- 14 - 20 High Risk
- 8 - 12 Moderate Risk
- 0 - 6 Low Risk

Normally when you go through this type of exercise, the risk level and hence the risk rating will decrease – and often significantly.

# Residual Risk – How much is too much?

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**Residual Risk - the risk that is 'left over'.**

## 3. Residual Risk

The Risk Rating you end up with after implementing controls is often referred to the Residual Risk - the risk that is 'left over'. The reality is that you will never eliminate risk - and your objective should be to reduce it as much as possible – within reasonable limits. (In other words, while there may be additional controls that can be implemented, they are just too expensive or simply not reasonable).

At this stage, you are now faced with the question – is this 'residual risk' too high? This is where you need to seek input and advice:

- Discuss with the Risk Management Committee (and/or Director)
- Seek input from the institutional Risk Manager (after all, it is the institution that will likely have to settle any claim for damages - hence it may be wise to determine if they think the risk is just too high).

Given the fact that you cannot eliminate all risks, and also that some people participate in some activities because of the risks involved, an institution will generally have to 'eat' some of the risks – otherwise programs and activities will not be offered. (Note that this is one of the reasons there are insurance plans in place to deal with damages which may be unforeseeable.)

**There is a fine line between 'safe' and the point where the residual risk is just too much to be reasonably managed.**

But there is a fine line between 'safe' and the point where the residual risk is just too much to be reasonably managed by an individual or department - and this is why there needs to be a broader discussion with others in the department (and across campus) to ensure that you are not taking on too much risk.



# Residual Risk – How much is too much?

continued page 5

The Risk Profile exercise is a useful tool – not only when looking at potential new programs and activities, but also in re-evaluating current offerings. Often circumstances change in a department e.g. new personnel, new facilities etc. and something that was deemed manageable yesterday may not be manageable today.

In addition, splitting programs and activities into their components can become an eye-opening exercise, in that it can expose vulnerable areas which could be the cause for alarm.

Segmenting into components may help pinpoint the specific area of concern.

For example, the Badminton Club would likely fly under the radar when viewed through the 'Risk Matrix' lens and also during a preliminary 'Risk Profile' review – unless you split Badminton into components. Hence, while the physical contact nature of the sport is no real cause for concern, the fact that the club travels each weekend to compete elevates this club to a totally different risk level.

For some programs, segmenting into components may help pinpoint the specific area of concern e.g. a program which you believe to be high risk may in fact be safer than you think, since it is only one or two components of the program that are high risk. Hence focusing on these high risk components will result in lowering the overall risk.

It is important to acknowledge the subjectivity and limitations of the Risk Rating approach. However, it can act as a powerful tool to help quantify risk – and thereby initiate discussion around your ability to manage it.

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# Eating Disorders and Over-Exercise in Collegiate Recreation (Part II):

## A Reflection on the Last 15 Years

It's essential for recreation professionals to know and understand their scope of practice. Unless qualified to do so, recreation professionals can't diagnose eating disorders.

**Adrian A. Shepard, MS, RCRSP**  
Recreation Management Program Faculty  
Madison College

*Editor's Note: this is part 2 in the series*

It's essential for recreation professionals to know and understand their scope of practice. Unless qualified to do so, recreation professionals can't diagnose eating disorders. However, they can look for observable signs that may signify eating disorders. The following table provides behaviors and symptoms associated with eating disorders as provided by the National Eating Disorders Association (NEDA) and the Academy for Eating Disorders (AED).

### ANOREXIA NERVOSA

- Inadequate food intake
- Intense fear of weight gain
- Dramatic weight loss
- Preoccupation with weight, food, calories, fat grams and dieting

### BULIMIA NERVOSA

- Frequent episodes of consuming very large amounts of food followed by behaviors to prevent weight gain such as self-induced vomiting, excessive exercising and/or use of laxatives
- A feeling of being out of control during the binge eating episode

### BINGE EATING DISORDER

- Frequent episodes of consuming very large amounts of food but without behaviors to prevent weight gain
- Feelings of strong shame or guilt regarding the binge eating
- Indicators that the binge eating is out of control

### OTHER SPECIFIED FEEDING OR EATING DISORDERS

- Atypical anorexia nervosa
- Bulimia nervosa (with less frequent behaviors)
- Binge-eating disorder (with less frequent occurrences)
- Purging disorder
- Night eating syndrome

# Eating Disorders and Over-Exercise in Collegiate Recreation (Part II): continued page 2

The following table provides behaviors and symptoms associated with over-exercise as provided by the American Council on Exercise (ACE).

## ANOREXIA NERVOSA

- An individual no longer chooses to exercise, but instead, feels compelled to do so and struggles with guilt and anxiety if their workout is not completed
- Exercise continued even with ill or injured
- Withdrawal symptoms if exercise is reduced or stopped
- Depression, irritability, apathy, low self-esteem
- Increased muscle fatigue, disturbed sleep patterns, gastro-intestinal disturbances
- Increase in resting heart rate and blood pressure
- Decrease in performance

**Over-exercise and eating disorders are oftentimes linked.**

**Recreation professionals can serve as part of the initial identification process and collaboration with qualified campus personnel.**

Over-exercise and eating disorders are oftentimes linked. Over-exercise shows itself in Anorexia Nervosa as an excessive, rigid exercise regimen with the compulsive need to “burn off” calories taken in. In Bulimia Nervosa, over-exercise is demonstrated by way of excessive exercise used as a purging method after a binge eating episode.

Given educational backgrounds and scope of practice, many recreation professionals, specifically those in the fitness/wellness arena, have the capability to address situations where students present behaviors associated with over-exercise in the campus recreation setting. It’s important to remember that most are not qualified to directly address and treat eating disorders. However, while recreation professionals can’t directly address eating disorders they can serve as part of the initial identification process and collaboration with qualified campus personnel. The following table is a synthesis of various models used by campus recreation departments. It provides an example of recreation facility personnel and the role they might play in the over-exercise and eating disorder identification and help process.



# Eating Disorders and Over-Exercise in Collegiate Recreation (Part II): continued page 3

## STUDENT EMPLOYEES

- Serve as the front-line or eyes and ears of the facility
- Relay concerns brought forward from patrons to designated professional staff
- Report observable behaviors that they have personally witnessed to professional staff

## PROGRAM COORDINATORS

- Increase knowledge base through continuing education on the subject matter in coordination with the facility manager
- Educate student employees about the subject matter through trainings and in-services
- Follow-up on persons of concern
- Befriend person of concern if possible
- Work with facility manager to verify facility usage reports, if applicable
- Assess threat level and act accordingly to policies and procedures
  - Is the person at risk for harming him/herself?
  - If so, what stage are they at and what steps should you take?
- Keep administrator(s) in the communication loop

## FACILITY MANAGERS

- Increase knowledge base through continuing education on the subject matter in conjunction with the program coordinator
- Support and/or assist with training of student employees
- Relay concerns brought forward from patrons to program coordinator
- Report observable behaviors that have been personally witnessed to program coordinator
- Assist program coordinator in usage verification process, if applicable
- Enforce access ability in accordance to policies and procedures, if applicable

## DIETICIANS

- Perform a comprehensive nutrition assessment and determine nutrition diagnosis
- Plan and implement a nutrition intervention focused around:
  - Normalizing eating
  - Changing "food rules"
  - Improving body image
  - Developing eating pattern for optimal health
  - Diminishing excessive exercise

## ADMINISTRATORS

- Provide support and direction to staff as needed
- Report concerns to campus response team or other designated personnel per policies



# Eating Disorders and Over-Exercise in Collegiate Recreation (Part II): continued page 4

The following suggested best practices were developed to help recreation professionals better address situations pertaining to eating disorders and over-exercise (Shepard, 2011).

- Understand your limitations (scope of practice) and know your role as most campus recreation staff aren't qualified healthcare professionals
- Focus on the observable by becoming familiar with signs and symptoms
- Develop a departmental definition encompassing the high-risk behaviors you're monitoring for
- Identify potential campus and community partners who can support your efforts
- Integrate your efforts with your student behavioral response team, if applicable



- Collaborate via a committee or task force including, but not limited to, legal council, health services, counseling services, insurance carrier, dietician or nutritionist, dean of students and athletics
- Educate and train professional and student employees about these behaviors and how to report them if they suspect something's wrong; invite healthcare professionals to assist with and/or lead these efforts
- Establish a streamlined and confidential reporting process
- Designate your department's point person and implement a clear, consistent, and time-efficient chain of communication with your collaborative partners
- Learn about and adhere to confidential record keeping practices
- Evaluate your protocol on a regular basis and modify as necessary
- Create and make available educational handouts about over-exercise and eating disorders
- Keep in mind that you and your co-workers are role models – what you say and how you dress can have a direct impact on those you come in contact with
- Ensure you abide by university legal, risk management and/or insurance protocols

# Eating Disorders and Over-Exercise in Collegiate Recreation (Part II): continued page 5

Collegiate Recreation professionals have the ability to serve as key allies in their campus communities.

In conclusion, Collegiate Recreation professionals have the ability to serve as key allies in their campus communities as part of the identification and support network for students demonstrating high-risk behaviors such as eating disorders and over-exercise. Continued education, research, open dialogue, collaboration, information sharing and development of best practices are key elements to success in this area. Providing assistance and education, within scope of practice, to those demonstrating these high-risk behaviors will further cement campus recreation professionals as key assets at their institution and as agents in fostering atmospheres that promote healthy lifestyles.



## References

- Carlat, D. Camargo. (1997). *Review of bulimia nervosa in males. American Journal of Psychiatry*, 154.
- Miller, K., Horacek, T., Dodge, A., Cox, N. (1998). *Eating disorders and over-exercise: how should campus recreation respond?. Recreational Sports Journal*, 22(4), 8-21.
- Neumark-Sztainer, D. (2005). *I'm like, so fat! New York: The Guilford Press*, 5.
- The Renfrew Center Foundation for Eating Disorders (2003). Eating disorders 101 guide: A summary of issues, statistics and resources.*
- Shepard, A. (2011). *Campus recreation in the 21st century: addressing over-exercise and eating disorders. Risk Management for Sport and Recreation*, 6(2), 5-8.
- Shepard, A., Barnes, A., Click, S., Peden, S. (2011). *Assessing over-exercise, anorexia, and bulimia in campus recreation. Recreational Sports Journal*, 35(1), 55-60.
- Shisslak, C.M., Crago, M., Estes, L.S. (1995). *The spectrum of eating disturbances. International Journal of Eating Disorders*, 18(3), 209-219.
- Sullivan, P. (1995). *American Journal of Psychiatry*, 152(7), 1073-1074.

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# Concussion – My first-hand/forehead experience

## Developing a large scale emergency training day for Titan Recreation

Alison Epperson, Ph.D.  
Assistant Professor, Health Ed.  
Murray State University

As the day progressed, the pain in my face grew more intense.

I started to violently throw up. At that moment, it occurred to me that I had a concussion!

We've committed several articles to this topic, but this one comes from my ironic first-hand experience just last month.

I took one of my classes to Memphis for a tour of St. Jude and Ronald McDonald House at the culmination of a semester long service learning project. Because Memphis is a three hour drive from Murray, we rented a shuttle bus for our day trip, which began at 7:30 am.

Sitting in the front row, about 30 minutes into the trip, I bent down to get some paperwork off the floor board and the bus driver hit the brakes. As he did, I face planted into the partition bar in front of me – right at the bridge of my nose / forehead.

If you've ever been hit in the nose, you know it's one of those moments when you think "@#\$%, OUCH!" As your eyes water, you hope no one sees you about to pass out from wincing in pain. Fortunately for me, college students on a bus at 8 am = NO ONE is awake!

As the day went on, a few people asked me "What happened to your nose?" but to be honest, I didn't even know what they were talking about, after the initial pain went away, I never thought about it again. Really, the only visible evidence was a red blotch on my nose that looked like sunglass imprints.

After returning to Murray, I worked our men's home basketball game at the scorer's table and still felt no pain, but did have several people comment on the now developing bruise.

Around 1 pm the next day, my face started to hurt. Thinking that I was getting a sinus infection as a weather front was moving in, I took some sinus medicine and tried not to pay attention to it especially since it was the week prior to finals. As the day progressed, the pain in my face grew more intense.

Around 8:30 pm I was at my mother's house with my son. We had been talking for about an hour and while the pain was annoying, it was like a flip switched. All the sudden I got nauseated and couldn't take the sound of the conversation and my head started pounding.

I hurried home and put my son to bed, and put ice packs on my head. The pain continued to intensify until 11 pm at which time, I started to violently throw up. At that moment, it occurred to me that I had a concussion!



# Concussion – My first-hand/forehead experience continued page 2

So the injury occurred at 8:30 am on a Wednesday, the initial pain started at approximately noon on Thursday, and became a full blown issue around 11pm.

I have never been more thankful for all the lectures I've given about concussions. I started asking myself questions to check my memory ('What day is this? What is my schedule for next week?'), and pacing to stay awake. I will say that the worst part of the night was when I tried singing to stay awake and for whatever reason, all I could think to sing was Taylor Swift's 'Shake it Off'!

For two full weeks, I would experience waves of nausea, I was very sensitive to sound, light and smell.

I continued to throw up/dry-heave until 3:30 am. I knew I had to get my son up and get him to school before 8, and by this point I was beyond exhausted. I don't really remember 3:30-7am, but I guess I was just in the bed sitting up; lying down actually increased dizziness and nausea and intensity of head pounding.

After getting my son to school, I went to see my orthopedic doctor for another issue. At least I was not as nauseated, but thought he could at least tell me if he thought my nose was broken – thankfully it was not. We joked about me 'getting into a bar fight and losing' and then he confirmed that I did concuss, but since I never lost consciousness during the initial hit, that it would be considered mild.

I went back to work that day, but really struggled with lights, sound and focus. The weekend was rough as I did develop sinus issues and drainage with a cough - and of course had some beautiful bruising across my nose and eyes.

On Monday, by the end of the day I noticed I was very irritable, the radio was annoying, I didn't want to talk to people, was nauseated all the time, and was awake nearly every hour of every night several nights in a row. This continued through Friday and I just attributed it to stress of finals week and sinus drainage (I guess I really did knock the snot out of my head).

Friday, a full nine days later, we were serving a lunch for our senior students. I was standing in the food service area and smelled the mashed potatoes and green beans and it hit me like a brick wall – instant nausea which sent me flying into the restroom. I went back to my office to review my concussion information and realized I met every checkmark for "post-concussion syndrome!"

Thankful that I had a bottle of Zofran left over from a previous surgery, I took that and was able to get some relief from the nausea. This continued for two full weeks. I would experience waves of nausea, I was very sensitive to sound, light and smell. I did make an appointment with my doctor to have a CAT scan, which came back normal.



## Sweaty Palms?

RISK MANAGEMENT BLOG

- > Want to learn the nuts & bolts about negligence – and what it looks like in the recreation setting?
- > Want to look at **RISK** through a series of different lenses?
- > Want to find out what your **appetite** for risk is? How risk **averse** you are?

Check out our new blog [www.sportrisk.com/blog](http://www.sportrisk.com/blog) – and get involved in the discussion!!

# Concussion – My first-hand/forehead experience continued page 2

For those of you who work in fitness facilities, intramurals and club sports, I cannot stress enough the importance of paying attention to ANY head injury.

There are also several concussion twitter accounts.

Post-concussion syndrome can last up to three months and can be debilitating as the waves of nausea sensitivity to sound, smell and light can totally disrupt your ability to function.

When the word spread around my building that I had a concussion, I just joked that I was doing my part for 1st level research. All kidding aside, I am honestly very grateful for the experience personally as well as those who were around me during those three weeks (family, friends and colleagues), as it served as quite a 'teachable moment.'

As we started back to school this week, I have shared my experience with all my classes and explained to them that a hit to the head can result in delayed onset symptoms. While the initial injury seemed trivial, it was the 36 hours after that were a nightmare, literally.

Again, in all my teaching I have warned and warned and warned about paying attention to symptoms and the seriousness of Second Impact Syndrome. I fully understand now how long it took my brain to return to 'normal' after that impact which I thought was no big deal, had I been in a situation in which I was hit again, it could have been deadly.

At this point, for those of you who work in fitness facilities, intramurals and club sports, I cannot stress enough the importance of paying attention to ANY head injury. At the very least, document the time and what happened; unless you are a trained professional, your opinion as to the level of seriousness isn't valid.

Talk with your staff about this extensively, especially younger staff as they are more inclined to blow off a minor injury report usually due to embarrassment, or just general lack of awareness.

You may also have the opportunity to utilize coach's meetings/official's clinics as a time to educate your participants. Utilize your social media outlets in small blurbs for "tip of the week" or "did you know..." There are also several concussion twitter accounts such as; Concussion Connection, The Concussion Blog, Managing Concussions, Concussion Report, Concussion Toolbox, Concussion Link, USports Concussion, Concussion Treatment, and No Concussion. By following any/all of these accounts, you are repeatedly exposed to information and as a result, become more aware of the seriousness of concussions.

It could also be to your benefit to post information about signs/symptoms of concussion, especially the importance of understanding these may not occur at the exact time of the injury.

Furthermore, don't just stop at sharing information regarding the concussion. Post-concussion syndrome can last up to three months and can be debilitating as the waves of nausea sensitivity to sound, smell and light can totally disrupt your ability to function.

To conclude, for those of us who work in places and events associated with a higher risk for injury, it is our due diligence to take responsibility for increasing awareness, education and response regarding the number of issues/concerns associated with concussions.





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# Because One CPR Class is Not Enough – Part II

## Looking beyond into student learning, preparedness, and assessment

Shannon Dere  
University of Arkansas  
Julie Saldiva  
Texas State University

*Editor's Note: This is the second of two parts.*

In the first part of this series, we looked at the development and implementation of mock emergency drills. In Part II, we'll look at the importance of debriefing and assessment.

**Debriefing should take place immediately following the drill**

**Many student-employees will realize that they are not as prepared as they should be or are not as confident in their skills as they believed.**

**The drill is not meant to demean or discipline a student-employee, rather, it is a learning tool for them to become more comfortable and confident in their skills.**

Mock scenario drills are a great learning tool, so make sure you plan to make the drill as effective as possible. Ensure that your department's EAP is fully followed in the drill and take time to debrief the student(s) involved in the drill. Debriefing should take place immediately following the drill where the evaluator(s) asks the student-employee(s) involved how they believe they did and what they could do to improve or what they have learned about themselves. This is very valuable as many student-employees will realize that they are not as prepared as they should be or are not as confident in their skills as they believed. Additionally, a debrief should be conducted with the student-employees in the program area in which the mock scenario drill was conducted. This allows all students to learn from the drill and refresh them on the specific scenario drilled. As the professional staff member, make sure you do not necessarily draw attention to the student(s) involved in the drill when debriefing as a group, especially if the student-employee had difficulty in completing the drill.

As stated previously, the drill is not meant to demean or discipline a student-employee, rather, it is a learning tool for them to become more comfortable and confident in their skills. If a student-employee does not perform to the expectation of the department, create procedures for follow up. This could be in the form of additional training (e.g. in-service, CPR/AED recertification, or another mock scenario drill). Additionally, use this time to have staff practice completing any forms that may be required of your department or discuss other protocols that may not have been followed, such as proper customer service



# Because One CPR Class is Not Enough – Part II continued page 2

## Assessment

If your campus recreation department is going to take the time to organize and execute mock scenario drills, or any other type of risk management piece, assessment should take place in order to determine their effectiveness and to show student learning. Each campus recreation department's assessment piece will look differently and how they track and measure will vary greatly.

Assessment should take place in order to determine their effectiveness and to show student learning.

The first step in any assessment plan is to identify student learning and development outcomes.

A major component to the assessment for mock scenario drills is the criteria piece.

CAS, the Council for Assessment and Standards in Higher Education, is a great resource to help campus recreation professionals review current practices to the standards set forth by CAS as well as explore student learning outcomes. In order, "to comply with CAS standards, institutional programs... must identify relevant and desirable learning from [the] domains, assess...learning, and articulate how their programs...contribute [to learning]" (CAS, 2014, para. 4). Conducting this assessment may sound complicated, but it can actually be rather simple.

The first step in any assessment plan is to identify student learning and development outcomes. For mock scenario drills an example of a learning outcome could be, "The campus recreation department's student-employees will display appropriate emergency response and CPR/first aid skills in emergency scenarios". Once you generate your learning outcome you will want to create a measure, criteria, and deadline for completing your learning outcome. The measure will be how you appraise the learning outcome. Looking at mock scenario drills your measure would be drills observed and evaluated by campus recreation professional staff.

Your criteria will relate to the individuals participating in the drill and how they compare to a set standard created by your department/risk management committee. For example, you may want student-employees to demonstrate a 70% score (or above average, partial met expectations, etc.) through your emergency scenario. Your timeframe will be a set goal when you want the assessment to be completed by. Typical programs will run a mock scenario drill monthly and align their assessment plan to either their fiscal year or reporting deadlines.

A major component to the assessment for mock scenario drills is the criteria piece. Your department/risk management committee will want to create a document that is universal for all mock scenario drills. At the University of Arkansas, we created a simple form that breaks down a drill into five components: 1) recognition and reaction, 2) activation and adherence to EAP, 3) effectiveness of rescue skills, 4) forms, and 5) customer service. There is a single sentence definition for each component and scoring is on a three-point Likert scale with one being partially met and three being fully met. There are comment sections for each component to explain the scoring as well. It is also important to note that a detailed description and list of the steps that are expected for student-employees to follow--based on CPR/AED and first aid standards and your own department's EAP--is created before the mock drill to ensure more accurate scorings by the evaluator(s).



# Because One CPR Class is Not Enough – Part II

continued page 3

You want to keep your standards for each assessment realistic.

There are many campus recreation programs that are conducting great mock scenario drills.

It is important to note that you want to keep your standards for each assessment realistic. By this we mean that if you expect all your staff to complete mock scenario drills near perfectly (say a score of 90% on the rubric), you may be surprised to find that staff only score, on average, say a 45%. This is not to say that you lower your standards, however, your standards need to be realistic. Once your campus recreation department has set measures in place to continually review and practice risk management and mock scenarios drills, scores will go up; this takes time.

## Resources

There are many campus recreation programs that are conducting great mock scenario drills. Here is a list of a few departments that are currently running these types of drills. They have all agreed to help answer any questions you may have regarding how they run their drills or their assessment process.

Georgia Tech  
Purdue University  
Texas State University-San Marcos  
University of Arkansas  
University of New Hampshire  
University of Wisconsin-La Crosse

Additionally, NIRSA is another great resource. At regional conferences and the annual conference there are typically round table sessions on risk management. This is a great time to reach out to peers to see what kinds of drills/assessment they are instituting. Additionally, the risk management community of practice (and other communities of practice) on the NIRSA website has discussions about these types of drills. Either browse through old conversations or start your own and reach out to other institutions. Lastly, the SportRisk newsletter ([www.sportrisk.com/newsletter](http://www.sportrisk.com/newsletter)) is a good resource. Make sure you check out new editions as they are published and browse through previous articles to see what resources are available to your department.

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## Citations

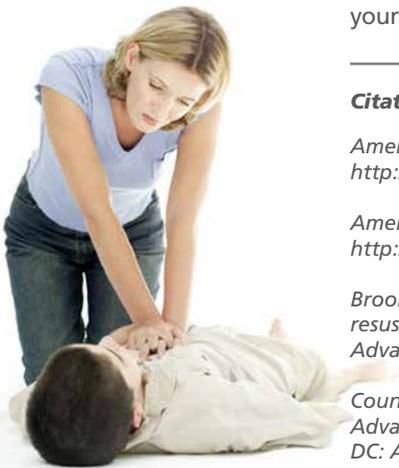
American Red Cross (ARC). (n.d.a). *ACFASP advisory CPR skill retention*. Retrieved from <http://www.instructorscorner.org/media/resources/SAC/CPR%20Skill%20Retention.pdf>

American Red Cross (ARC). (n.d.b). *Welcome instructor trainers*. Retrieved from [http://www.watersafetyguy.org/documents/IT\\_Orientation\\_v6\\_4\\_15\\_11FINAL.pdf](http://www.watersafetyguy.org/documents/IT_Orientation_v6_4_15_11FINAL.pdf)

Broomfield, R. (2008). *A quasi-experimental research to investigate the retention of basic cardiopulmonary resuscitation skills and knowledge by qualified nurses following a course in professional development*. *Journal of Advanced Nursing*, 23(5), 1016-1023.

Council for the Advancement of Standards (2009). *CAS learning and development outcomes*. In Council for the Advancement of Higher Education (Ed.), *CAS professional standards for higher education (7th Ed.)*. Washington, DC: Author.

Madden, C. (2006). *Undergraduate nursing students' acquisition and retention of CPR knowledge and skills*. *Nurse Education Today*, 26, 218-227.



# Emergency Preparation – good practices vs. overkill (Part II)

Alison Epperson, Ph.D.  
Assistant Professor, Health Ed.  
Murray State University

*Editor's Note: This is the second of a two-part series.*

**How trained is your staff to respond in an emergency.**

**College students really don't think about the possibility or plan for events that cause them to be unable to utilize everything they own.**

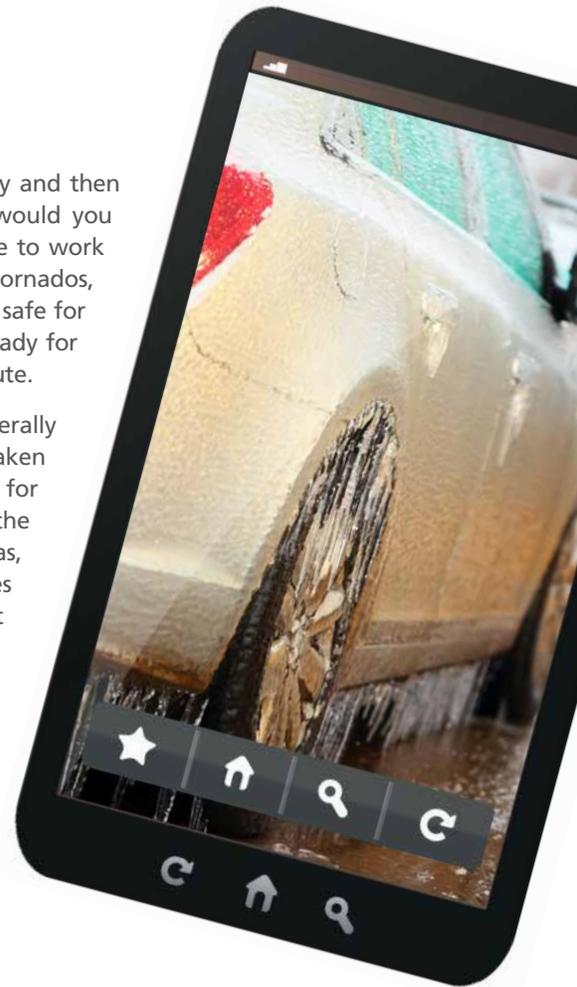
## Staff training and expectation

How trained is your staff to respond in an emergency and then who do you protect? In a recreation setting what would you say to an employee if they just flatly refused to come to work because of a weather alert? Be it winter weather or tornados, you know at some point you'll be faced with "It's not safe for me to come in, so I'm not..." Do you have a policy ready for that? If you don't, think about this situation for a minute.

In February of 2009, we had a massive ice storm that literally shut us down. We had NOTHING – we had totally taken for granted how critical power is; it provides the heat for our living spaces, warms our water, keeps our food at the proper temperature, allows the gas stations to pump gas, allows us to get money out of the ATM, and provides us basic communication. We had no TV, no internet and no cell phone service. I've never felt so prehistoric in all my life and I grew up before Internet, remote controls, good cable and cell phones!

After that, I have always tried to implement emergency preparedness in my health education courses, referencing the ice storm and explaining the importance of being prepared as young professionals entering the field of teaching and coaching. Yet again, case in point – the kids that spent the night on the bus in Atlanta.

We buy insurance policies for flooding and hurricanes for our own properties, knowing full well if you put a home on a coastal waterfront, the chances of hurricane damage is increased. Similarly, if you live in the Mid-West, and other tornado prone areas of the US, you know the weather patterns pretty well. But for those of us caught off guard by unexpected drastic weather situations that seem to occur once every ten years, we find ourselves making plans and policies after the fact.



# Emergency Preparation – good practices vs. overkill (Part II) continued page 2

I've noticed college students really don't think about the possibility or plan for events that cause them to be unable to utilize everything they own. Because they have a flashlight on their phone and they use some type of card swipe for nearly everything, they often don't think about those luxuries not being accessible. I usually remind them of how panic stricken they become if they just accidentally misplace either of those items.



Here are a few suggestions that could be worth role playing scenarios among your staff:

- When the power goes out so do gas station pumps, ATM machines and credit card machines (unless there's an emergency backup system);
- CASH! Cash was our only way to buy anything, I had thankfully stashed about \$100 and that turned out to be one of the most important resources;
- In the event that there is a potential for a loss of power – plan ahead, get batteries, have a radio (the ONLY way we got any information was from using our old boom box and the campus radio station), flashlight, water and food;
- Blankets and layers. We stayed in our house (almost 48 hours) until the temperature dropped to 59 - at that point we had to get ourselves out.
- Communication systems – when the cell phone service went out as well as the Internet, all communication ceased. Students couldn't contact parents and vice versa. Once the closest TV station regained power, they could at least direct parents to our campus radio station for information and updates;
- Don't text and post status updates on social media unless it is critical/helpful information! This uses up the phone battery which is needed for basic communication – if there's no power, you can't recharge your battery!

**College students really don't think about the possibility or plan for events that cause them to be unable to utilize everything they own.**

Certainly, if your campus is in a large metropolitan area, your chances of sustaining long term weather-related power outages are substantially decreased. However, for those of us who have campuses in smaller communities which are also often largely agricultural regions, we predict the weather by the Farmer's Almanac, wooly worms, the number of fogs in August and the Persimmon treat (imprint on the inside of the nut; knife, fork or spoon). According to all the 'local talk,' we are supposed to have another bad winter.

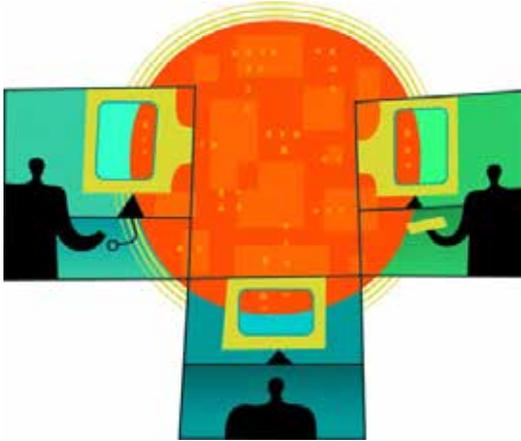
In addition, the Weather Channel's prediction has indicated the South would have a colder than average winter. So, regardless of whether you believe the Farmer's Almanac or The Weather Channel, there's no doubt, it only takes one nasty blast of Mother Nature's fury to catch you off guard and unprepared to teach you a good lesson.

**Be prepared!**

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# 2014/15 SportRisk Webinar Training Series

Staff training is of critical importance to a successful Campus Recreation operation!



In conjunction with NIRSA, McGregor & Associates have developed 28 Webinars (9 NEW!) designed to complement your fall/winter training programs. These Webinars are strategically organized into 7 unique Series:

**(A) Negligence & Liability (B) Risk Management (C) Sport Clubs (D) Travel (E) Emergency Response (F) Waivers (G) General**

**All Webinars are \$50, and there is One FREE Webinar (see Series G #4)**

**Special 'NIRSA-only' deal – purchase all 28 Webinars for \$675 (a 50% saving)!**

## General Information

|                        |   |
|------------------------|---|
| <b>All Webinars</b>    | Accessible at any time, on any computer, for whole academic year (Sept 1, 2014 – Aug 31, 2015)                      |
| <b>Delivered by</b>    | Content experts - saving staff time in preparing and delivering training material.                                  |
| <b>Webinar length</b>  | Typically 15-30 minutes.  |
| <b>Target Audience</b> | All Campus Recreation staff<br><i>(Note: All 'Negligence Awareness Training' Webinars focuses on student staff)</i> |
| <b>Pricing</b>         | All Webinars are \$50 (except the Freebee!)   |

## WEBINAR TRAINING MODULES

### Series A: Negligence & Liability Series

1. Understanding Negligence
2. Negligence Awareness Training for (part-time) Intramurals Staff
3. Negligence Awareness Training for (part-time) Summer Camps Staff
4. Negligence Awareness Training for (part-time) Weight Room Staff (tracking option included!)

### Series B: Risk Management Series

#### 1. Risk Management Committee

2. Determining Risk Profiles of programs and facilities
3. Nuts & Bolts of Risk Management Planning

### Series C: Sport Clubs Series

1. Budgeting
2. Transitioning
3. Classification Systems
4. Sport Clubs Council
5. Sport Clubs Officer Leadership and Training
6. Concussion Management
7. Hazing
8. Safety Officer Training
9. Negligence Awareness Training for Sport Clubs Officers

### Series D: Travel Series

1. Travel: The Basics (for all staff responsible for travel)
2. Travel Planning Tools using 'Google Docs' (for all staff responsible for travel)

### Series E: Emergency Response Planning Series

1. Emergency Action Plan – Putting it Together
2. Emergency Action Plan – Training, Rehearsals & Drills
3. EAP Best Practices
4. Emergency Response Plan: Student Training

### Series F: Waivers

1. Waivers Simplified
2. Waivers 101 (more detailed)

### Series G: General

1. Medical Screening Simplified
2. Event Planning Simplified
3. Climbing Wall Safety
4. Using Google Docs in Recreation (FREE)

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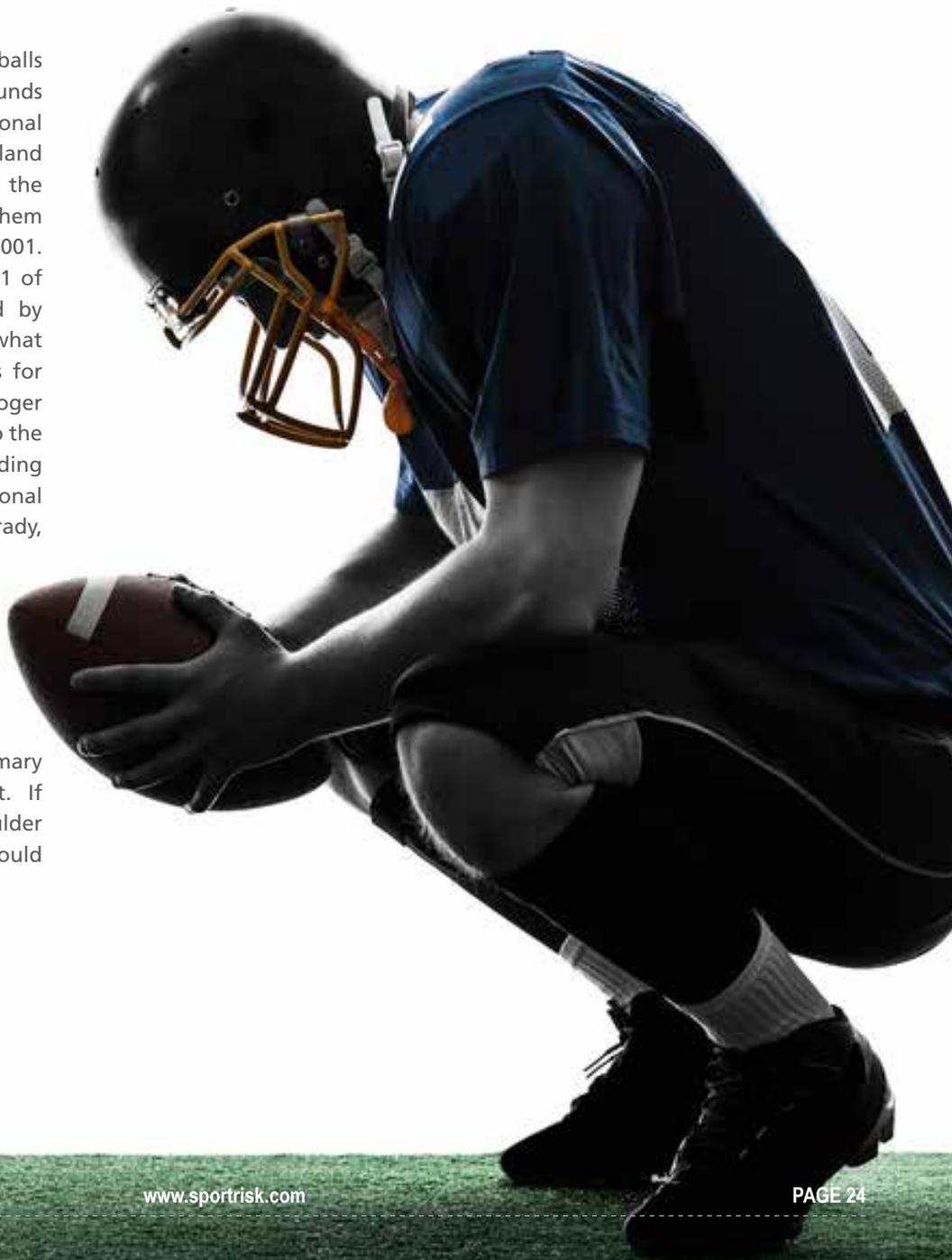
**For more information and to order: go to [www.sportrisk.com/NIRSAwebinars](http://www.sportrisk.com/NIRSAwebinars)**

## Deflate Gate: The Impact of Risk Management on Fairness and Safety Rules

By Katharine M. Nohr, J.D.  
Nohr Sports Risk Management, LLC

The NFL's fairness rule requiring that footballs be inflated to between 12.5 to 13.5 pounds per square inch (PSI) has made international attention in the wake of the New England Patriots win over the Indianapolis Colts in the AFC title game on January 18th, allowing them to advance to their sixth Super Bowl since 2001. The questions have centered on whether 11 of the Patriots' 12 balls were under-inflated by 2 PSI. If they had been under-inflated, what should be the consequence to the Patriots for the rule violation? Will NFL commissioner Roger Goodell impose a fine of \$25,000 pursuant to the NFL Game Operations Manual on the offending team if its investigation reveals intentional deflation on the part of quarterback Tom Brady, ball attendants or others?

The fairness rule requiring footballs to be inflated uniformly so that one team does not enjoy an advantage over another team, is distinguishable from a safety rule, which if violated, could result in injury or death. Clearly, safety rules are a primary concern when considering risk management. If the Patriots had removed their helmets, shoulder pads or other protective equipment, play would have immediately ceased.



# Deflate Gate: The Impact of Risk Management on Fairness and Safety Rules

continued page 2

When addressing risk management issues, it's helpful to consider the rules applicable to the sport in question.

**What rules govern the applicable sport?**

**Which rules are designed to ensure safe play?**

**Which rules are designed to ensure fair play?**

**What are the consequence to the player and/or team for violating the rules?**

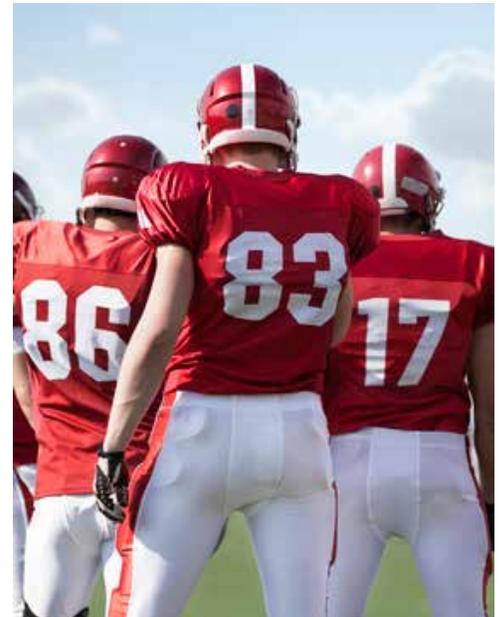
**Is the consequence greater for a safety rule violation vs. a fairness rule violation?**

An example of the differences can be found in the Competitive Rules in USA Triathlon. If a competitor does not solidly plug his bicycle handle bars, his bike will be pulled from the race, resulting in disqualification. Such penalty seems harsh, but it prevents the possibility of the unsafe handle bar taking a core sample out of an athlete in an accident. On the other hand, if the competitor enters the draft zone of another competitor's bicycle,

causing the unfair advantage of drafting, a time penalty is imposed. The penalty serves as a deterrent and punishment for athletes drafting in another's slip stream to save energy.

It is more likely that safety rules in sport serve as risk management techniques, designed to lower the risk of sport. However, fairness rules may also perform that function. For example, the no drafting fairness rule imposed on the bicycle leg of a USA Triathlon sanctioned race will tend to make the bike leg more safe. When participants leave little room between bikes when drafting, they are likely to have more crashes. Another fairness rule in sport is prohibition on using performance enhancing drugs. Such rule also has a safety element to it.

If you analyze the rules in any sport you will discover that many were imposed to manage risk. In the case of the Deflate Gate controversy, it is most likely that the Patriots will implement risk management techniques in the future in order to avoid the possibility of fines and negative publicity.



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**Sweaty Palms?**  
RISK MANAGEMENT BLOG

- > Want to learn the nuts & bolts about negligence – and what it looks like in the recreation setting?
- > Want to look at **RISK** through a series of different lenses?
- > Want to find out what your **appetite** for risk is? How risk **averse** you are?

Check out our new blog [www.sportrisk.com/blog](http://www.sportrisk.com/blog) – and get involved in the discussion!!

# 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.

## Earn CEU/PIC credits for writing an article!

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](mailto:mcgregor@sportrisk.com)

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# Risk Management Newsletter for Campus Recreation

Our goal is to provide timely information and practical resources to assist Campus Recreation professionals manage the risk of injury to participants.



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## Talk to Us!

**Tell us about ...** Your Best Practices (practical, hands-on policies/ procedures/ training programs that really work for you)

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 [mcgregor@sportrisk.com](mailto:mcgregor@sportrisk.com)

## Next Issue April 2015

### Featured Topic: 'Youth Camps'

Topics include:

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

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# The 'Virtual Library' is growing!

You can now access all articles which have appeared in previous editions of this Newsletter!

This means you can download (free) over **225 articles** focusing on risk management issues relating to Recreation.

Go to [www.sportrisk.com/newsletter/](http://www.sportrisk.com/newsletter/) and search by topic (e.g. Aquatics, Sport Clubs) or tag (e.g. AED, hazing) providing a 'virtual library' of valuable resource information.

New articles are added to the 'Virtual Library' every month.

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