SOUTHERN GAUTENG HOCKEY ASSOCIATION

Safety policy

Version: 9 August 2026

Purpose: *This policy sets out the safety responsibilities and duty of care of everyone involved in Southern Gauteng Hockey Association (SGHA) activities. Detailed injury protocols, the injury reporting form, legal concepts and the coaches' safety checklist are contained in Annexures A to D.*

Contents

1 Introduction

Sport is an essential part of a healthy lifestyle and helps support important values such as team spirit and solidarity. However, all sport, including hockey, carries safety-related risks.

This safety policy aims to ensure a safe environment for all participants in field hockey activities, including organisations, associations, (including all clubs and the Southern Gauteng Hockey Association (SGHA), players, coaches, officials and spectators (which groups of individuals will hereinafter be referred to as “hockey participants”). It outlines the various responsibilities and the duty of care for all role players involved in hockey. Note that reference to player(s) in this document, where the player is a minor, includes parents and guardians.

Injuries that occur in the normal course of a practice or game rarely give rise to a claim of negligence. However, risks that are not inherent to the game, which may pose an unreasonable danger, or may arise from a deliberate disregard for the rules and could have been foreseen, must be managed by all role players. The legal concepts of negligence and the standard of care are explained in Annexure C. Those responsible must report incidents properly and accurately, so that it can be established whether the matter is one SGHA can deal with itself or one that is a criminal matter.

A sports organisation should put indemnities in place and make people aware of them. This gives a basic level of legal protection, but it does not necessarily or completely release anyone from their duty of care towards other hockey participants.

2 Club and SGHA responsibilities

All hockey participants are expected to read, understand, and comply with this safety policy. By participating in SGHA and club activities, all stakeholders acknowledge their commitment to maintaining a safe and respectful environment. Clubs and SGHA are responsible for sharing this safety policy. Wherever possible, it should be easy to find on their websites so that as many people as possible see it. Anyone who takes the field at an SGHA activity is treated as understanding this safety policy, as playing under its terms, and as agreeing to any sanction it provides for.

Start of the season obligations: For each outdoor season, clubs are required to inform all players and their officials - such as coaches, captains and team managers - of the club's safety requirements, and to repeat these reminders as needed during the season. This should include at least:

- Player use of personal protective gear.
- Access to first aid kits.
- Details of the club's appointed emergency or ambulance service, if applicable.
- Provision of medical personnel, if applicable.
- Club officials' access to player medical information.

Field and related facility conditions: Inspect fields and related infrastructure (hired or self-managed) to ensure they are safe for play, free from hazards, and sufficiently maintained.

Weather conditions: Cancel games or practices during extreme weather conditions (e.g., lightning storms).

Injury reporting: There is no legal requirement to report sporting injuries. However, the SGHA requires a report form to be submitted when an injury requires a hospital or emergency room (ER) visit, so that SGHA can monitor the number of serious injuries occurring during a season.

- Reports should be submitted within 48 hours of hospital or ER treatment.
- A copy of the report should be retained by the club and a copy forwarded to the SGHA.
- The injury reporting form is included in Annexure B.

Medical details: It's good practice to have medical details available to the relevant team officials for all players, particularly in the event of an emergency:

- Emergency contact person's details.
- Details of any medical conditions and medications.
- This information must be kept confidential and shared only with people who need to know.

3 Coach responsibilities

Provide a safe physical environment: Ensure facilities and equipment are safe and well-maintained. Consider weather conditions and cancel activities if necessary.

Plan activities carefully: Develop well-structured practice sessions to prevent injuries and ensure proper skill development. Use the practice and match safety checklist in Annexure D when planning sessions and matches.

Supervise adequately: Maintain adequate supervision during practices and games to prevent accidents. Supervising children is a top priority: it keeps the club in line with safeguarding protocols and reduces the chance of injury or harm of any kind.

Communicate risks: Inform players and parents/guardians about the inherent risks of the sport and ensure they understand these risks. Indemnities signed by hockey participants who take the field can reduce the legal risk to clubs and SGHA, but only where no one's conduct is found to be “grossly negligent” (explained in this policy).

Children: Where children take part in an activity without their parent/guardian present, coaches, team officials or club representatives act *in loco parentis* (“in the place of the parent”) (see section 6).

Know your club's safety policy: If your club does not have its own safety policy, use this one. As set out above, all hockey participants are treated as having read and accepted this safety policy.

4 Player responsibilities

Protective gear: Shin, ankle, and mouth protection whilst playing hockey is recommended. Players must not wear anything that is dangerous to other players — for example hard-brim hats or medical casts. Face masks are also mandatory for all players defending a penalty corner, at every level of hockey. Appropriate footwear is also recommended.

Adhere to safety protocols: Follow safety guidelines and rules set by coaches. Report any hazards or concerns to coaches or the appropriate official.

Physical preparedness: Ensure physical preparedness and report any injuries or health concerns to coaches. Inform coaches about any medical conditions or concerns that could impact participation.

Participate responsibly: Play fairly and show respect for teammates, opponents and all other hockey participants — especially umpires and the technical table, as well as supporters and spectators. Treat all equipment and facilities with respect too.

Know your club's safety policy: If your club does not have its own safety policy, use this one. As set out above, all hockey participants are treated as having read and accepted this safety policy.

5 Match official responsibilities

Safety: The umpire is responsible for the safety of all players and officials on the pitch. The umpire should ensure that the rules of the game are adhered to with regard to dangerous play and that play is stopped appropriately in the event of an injury or any type of safety concern.

Application: Know and apply this safety policy when required to do so.

First aid: It is not the umpire's or technical official's responsibility to administer first aid. They must do whatever they can to help medical professionals reach the injured person, to keep everyone as safe as possible.

6 Children (minors) playing hockey

A child is any hockey participant under the age of 18.

Injuries: It is essential that a child's parent/guardian is informed of any injury a child sustained whilst participating in a hockey activity and any subsequent treatment received in relation to the injury that occurred.

Children playing senior hockey: Children usually play in their own age group categories, but they may play in senior leagues if they have reached the minimum age. Parents/guardians should consider the following attributes of their child when consenting in writing with their club for their child to play hockey with adults:

- Weight and build of the child;
- Physical and emotional development of the child;

- Whether the child is willing to play hockey with adults and understands the risks that come with the greater physicality and intensity, and the greater chance of harm or unsafe play.

Supervision ratios: Any stick and ball activity involving children must be supervised by a suitable adult — someone who has safeguarding clearance, is capable, and behaves appropriately — and a suitable ratio of adults to children must be kept at all times. Clubs may also benefit from having additional assistant coaches at hockey sessions. SGHA recommends the following supervision ratios:

Age group	Recommended ratio
4 – 8	1 adult to 6 children (with a minimum of 2 adults)
9 – 12	1 adult to 8 children (with a minimum of 2 adults)
13 – 18	1 adult to 10 children (with a minimum of 2 adults)

Parent/guardian involvement: Parents/guardians should stay off the pitch during training and matches, unless that parent/guardian is acting as a coach or administrator, in which case the duty of care that goes with that role applies to them.

In loco parentis ("In the place of the parent")

When a child is on the hockey field or participating in any hockey activity without their parent/guardian present, the coaches and team officials responsible for that activity act *in loco parentis* ("in the place of a parent"). This means they temporarily take on a parent's duty of care and must act as a reasonably prudent (careful and sensible) parent would in the same circumstances. The following requirements apply:

- **Designated responsible adult:** For every practice, match, trial, or tour involving children, the club must designate at least one responsible adult (a coach or team manager) who acts *in loco parentis* for the duration of the activity. Children and their parents/guardians must be told who this person is and should ideally know them.
- **Continuous supervision:** Children must be supervised from the start to the end of the activity, in line with the recommended supervision ratios above, and may never be left alone at a venue.
- **Arrival and collection:** Supervision starts at the published start time of the activity. At the end of the activity, a child may only be released to their parent/guardian or a person authorised by the parent/guardian. The responsible adult must stay with any child who has not been collected until the child is properly handed over.
- **Consent and information:** Written parent/guardian consent, emergency contact details and relevant medical information must be held for every child (see Medical details, section 2).
- **Medical emergencies:** If a child is injured or becomes ill and the parent/guardian cannot be reached, the responsible adult may agree to emergency medical treatment that is reasonably necessary and in the child's best interests. They must tell the parent/guardian as soon as possible afterwards.
- **Scope:** The in loco parentis duty applies on and off the field of play, including warm-ups, changing facilities and any travel to or from venues arranged by the club.

- **Limits:** Acting in loco parentis does not transfer parental responsibilities and rights to club officials. Parents/guardians remain responsible for their child and should remain contactable for the duration of the activity. Indemnities or parental consent do not release a person acting in loco parentis from their duty of care.

7 Player injury protocols

When a player is injured during a match or practice, follow the steps below to keep them safe and make sure they are properly cared for:

Minor injuries: With player consent, for slight wounds and minor injuries, team officials without first aid training can assist the injured player. Consider the use of the RICE method indicated in Annexure A.

Serious injuries: For serious injuries, only people with suitable first aid or medical skills should help the injured player.

High-impact incident: If a high-impact incident is thought to have caused a significant injury, stop play or practice immediately. If the player does not move, treat this as a sign of a significant injury. In a match, the umpire should immediately wave a medic or team official onto the field to assess the player's injury.

No medics present: In the absence of medics the team official (or previously identified first aid provider for that team) should calmly assess the player's injury without moving them unnecessarily. If unskilled in first aid, prioritise safety by avoiding direct intervention that could worsen the injury.

1. Determine if the player is conscious and responsive (see the assessment questions in Annexure A).
2. If unresponsive and/or for serious injuries including head and concussion injuries, spinal injuries, severe bleeding, fractures, or dislocations, monitor breathing and pulse and consider a reasonable and safe attempt to control catastrophic bleeding (without exposing yourself to blood).
3. Contact the club's appointed emergency or ambulance service. If a spinal injury is suspected the player must not be moved. Apply injury specific protocols indicated in Annexure A.
4. Notify the emergency contact person for the player concerned.

Returning to play: In a match, if a player chooses to continue to play, despite an umpire's serious injury concern:

- That umpire should notify the technical official of the player and the time of the injury.
- At the next break, coaches or team officials should check in on the player concerned.
- Where a head injury is suspected, an umpire has the authority to veto a coach's decision to allow a player to continue to play.
- To keep everyone safe, and players and officials in particular, the decision to let that player carry on must not be taken lightly. Everyone involved should be extremely cautious.

If a junior, scholar or child suffers a minor wound or injury, their parent/guardian must be told as soon as possible. Tell them what happened and what was done to protect the child (see In loco parentis, section 6).

Coaches or team officials must follow up on injured players receiving follow-up care from medical professionals. Depending on the injury, clearance from a healthcare provider should be obtained before allowing a player to return to training or competition.

8 First aid kits

Medical personnel: Every club must assess their own need for first aid provision. While SGHA encourages clubs to have medical personnel available at matches and practices, we know the cost may make this impossible. Where that is the case, clubs should consider first aid training for coaches, officials and other role players who are willing to volunteer.

First aid kits: Must be available at every practice and match. First aid kit contents are guided by Regulation 7 of the General Safety Regulations under the Occupational Health and Safety Act, details of which are available in Annexure A.

9 Indemnities and waivers

Refer to the Hockey Handbook's "Duties of members" section for important details regarding safety and the risks related to playing hockey including injuries, property damage, and death. Indemnity or parental consent does not protect any party from liability for gross negligence, reckless behaviour, or intentional misconduct, and does not release any role player, including a person acting *in loco parentis*, from their duty of care.

10 Public or event liability insurance

SGHA has event liability insurance in place for itself and all clubs to protect members and officials from legal liabilities arising from events or public interactions such as bodily injuries to attendees or damage to property. The cover is limited under the terms of that insurance policy and depends on the nature of the incident and the costs involved. Clubs are encouraged to take out their own cover as well. All players should know what cover is provided so that they can decide whether to take out additional insurance.

11 Safeguarding

Safeguarding responsibilities and reporting requirements are addressed in SGHA's separate safeguarding policy, as provided by SAHA. Anyone working with children must read and follow those policies as well as this safety policy.

12 Spectator safety

Clubs are expected to remind their supporters that the viewing of hockey on a grandstand or next to a hockey field is done entirely at their own risk. Clubs are encouraged to remind all

hockey participants of the risks at the beginning of and during a hockey season and in particular, if a safety incident has occurred.

13 Implementation and monitoring

The executive committee reviews this policy every year, and also whenever an incident or a change in regulations makes a review necessary. The council must approve any changes. In urgent cases the executive committee may make a temporary change. It must tell all council members about the change, and the council must confirm it at the next council meeting.

Annexure A: Injury protocols

These protocols support section 7 (Player injury protocols).

Severe injuries or the player is unresponsive

1. Determine if the player is conscious and responsive by asking simple questions such as: What's your name? Where are we? What quarter are we in? What's the score?
2. Monitor vital signs, checking for breathing and pulse.
3. **No breathing or no pulse:** Begin CPR if trained to do so. (Basic life support training for breathing, pulse and CPR as a minimum would be required.)

Head and concussion injuries

1. Any player with clear or suspected concussion **must be removed from play immediately**.
2. A team official must look for signs such as dizziness, confusion, headache or nausea. Seeking medical attention may be required. Use the symptom checklist below as a guide.

   Physical symptoms

   – Headache or “pressure” in the head
   – Dizziness, feeling off-balance, or unsteadiness
   – Nausea or vomiting
   – Blurred or double vision
   – Sensitivity to light or noise
   – Feeling unusually tired, sluggish, or “not right”
3. Make sure a player with a clear or suspected concussion is assessed by a healthcare professional before returning to play.

Suspected spinal injury

If a spinal injury is suspected, **stabilise the neck and spine in their current position** until emergency services personnel arrive.

Bleeding control

- Apply direct pressure to wounds with a clean cloth or bandage to stop bleeding. For severe bleeding, call emergency services immediately.
- **Catastrophic bleeding:** Make a reasonable and safe attempt to arrest the bleeding without putting yourself at risk, and call emergency services immediately.
- **Simple bleeding:** In addition to direct pressure, elevate the limb above the level of the heart where possible.
- **Blood-borne infection precautions (HIV and hepatitis B):** Always wear the gloves provided in the first aid kit and avoid direct contact with blood. Cover any cuts or abrasions on your own skin before assisting. A bleeding player must leave the field until the bleeding is controlled and the wound is securely covered, and blood-stained clothing

must be changed. Use the spillage kit to clean blood from surfaces or equipment, dispose of contaminated materials safely, and wash hands thoroughly afterwards.

Fractures and dislocations

1. Stabilise the affected area and do not try to realign bones or joints while waiting for emergency services to arrive.
2. Call for help first. Where a bone is exposed, cover the wound with a sterile dressing, moistened with saline where available, and keep conditions as sterile as possible to avoid introducing infection (such as osteomyelitis).
3. A limb without a pulse is a **time-critical emergency** requiring urgent medical care.
4. Take care not to cause further injury. If in doubt, do not intervene – call and wait for help.

Athletes with a suspected concussion

If any one of the following are reported, then the player should be transported for urgent medical assessment at the nearest hospital:

- Temporary loss of consciousness
- Athlete complains of severe neck pain
- Deteriorating consciousness (drowsier)
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure (fit)
- Double vision
- Weakness or tingling/burning in arms or legs.

Athletes with a suspected concussion should not:

- Be left alone in the first 24 hours.
- Drink alcohol in the first 24 hours. After that, they should avoid alcohol until a medical or healthcare professional clears them or, if no professional advice is available, until they are free of symptoms.
- Drive a motor vehicle. They should not drive again until a medical or healthcare professional clears them or, if no professional advice is available, until they are free of symptoms.

In all cases of suspected concussion, refer the player to a medical or approved healthcare professional for diagnosis, guidance and a decision on returning to play, even if the symptoms clear up.

Regulation 7 first aid kit contents

Dressings and instruments	Consumables and protection
Cotton Wool Roll 50g x 2 100ml Antiseptic Solution x 1 Gauze Swabs 75mm*75mm 5's x 1 Sterile Gauzes 5's x 2 Metal Forceps/tweezers x 1 Bandage Scissors x 1 Safety Pins 12's x 1 Non-Woven Triangular Bandages x 4 Conforming Bandages 75mm x 4 Conforming Bandages 100mm x 4 Plaster Roll 25mm*3m x 1 Non-Allergenic Tape 25mm*3m x 1	Plasters Assorted x 10 First Aid Dressing No.3 x 4 First Aid Dressing No.5 x 4 Latex Gloves x 4 CPR Mouth Pieces x 2 Plastic Interlocking Splints x 2 Burn Shield 10cm*10cm x 1 1 x Spillage kit: 2 x 6g Absorbent/Disinfecting Granules, 1 x Pack of Paper Towels, 4 x Nitrile Gloves, 1 x Disposal Bag.

For less severe injuries

For less severe injuries, apply basic first aid and remember the RICE method:

Step	Action
Rest	Stop all physical activity immediately.
Ice	Apply an ice pack to reduce swelling.
Compression	Use a bandage to minimise inflammation.
Elevation	Raise the injured area above heart level if possible.

Annexure B: Injury reporting form

This form must be used to record any injury requiring a hospital or emergency room (ER) visit, so that SGHA can monitor the number of serious injuries occurring during a season. Please email to office@sgha.co.za.

Your name:	**Injured person's name:**
Your role:	**Club and team:**
Your contact number:	**Your email:**
Date/time of incident:	
Details of incident (include description of any injuries):	
Have the parents/carers been notified? If yes, what has been agreed?	**Parent/Carer name:**
Has the incident been fully dealt with? How?	
Is any further action needed? Yes / No	

Annexure C: Legal concepts – negligence and the standard of care

This annexure supports section 1 (Introduction).

Negligence: Behaviour or action that falls below a reasonable standard of care. Everyone is expected to behave in a way that does not expose others to an unreasonable risk of harm.

Standard of care: This is perhaps the most important part of the definition of negligence. It is difficult to define precisely, because it always depends on the risks in the surrounding circumstances. The duty to act responsibly never changes, but what you actually have to do to meet it changes with the circumstances — for example the age and skill level of the hockey participants, how closely the activity is supervised, and where the activity takes place.

Application to hockey: Risks inherent in hockey and injuries that occur in the normal course of a practice or game rarely give rise to a claim of negligence. However, risks that are not inherent, that pose an unreasonable risk of danger, that arise out of a deliberate disregard for the rules of the game and that could otherwise have been foreseen may be the basis of a negligence claim. All role players need to manage these risks.

Where children are involved, the standard of care is higher: those acting in loco parentis (see section 6) are expected to take the same care as a reasonably prudent (careful and sensible) parent.

Annexure D: Practice and match safety checklist

This annexure supports section 3 (Coach responsibilities). Consider, amongst others:

- Danger areas behind the goals whilst players are shooting (don't allow players to stand near or behind the goal whilst other players are shooting).
- Safety when designing smaller fields within the boundaries of a normal hockey pitch.
- Sufficient lighting across the field for practices or matches at night.
- A safe playing surface without any slippery or uneven areas.
- Goals are stable and anchored, and damaged equipment is removed from use.
- A stocked first aid kit is available at the venue (see section 8 and Annexure A).
- Emergency contact details and player medical information are accessible to the responsible team official.
- Adequate hydration breaks in hot weather, and activities cancelled in extreme conditions (see section 2).
- For activities involving children, supervision ratios are met and a responsible adult acting in loco parentis has been designated (see section 6).