



Fencing South Australia Inc.

PO Box 6224

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www.fencingsa.org.au

ABN: 58 171 567 951

HOT WEATHER POLICY

1. Heat Stress in Sport

- 1.1. The risk of heat illness is increased in hot and humid weather because people may not be able to sweat enough for adequate cooling and high humidity may prevent suitable evaporation of sweat.
- 1.2. Children sweat less and get less evaporative cooling than adults. This means they have greater difficulty in getting rid of heat generated by activity.
- 1.3. At ambient temperatures greater than 34 degrees Celsius there is an extreme risk of heat injury to all children and adolescent participants. If the ambient air temperature is greater than 34 degrees C and the environment cannot be controlled i.e. ventilation, air conditioning, fans etc. then all events and activities involving children and adolescents should be postponed or cancelled.

2. Heat Exhaustion

- 2.1. Is characterized by the following:
 - High heart rate;
 - Dizziness;
 - Headaches;
 - Loss of endurance/skill;
 - Confusion;
 - Ashen grey, pale skin.

3. First Aid Measures for Heat Exhaustion

- 3.1. If a person feels unwell during exercise they should immediately:
 - Cease exercising and rest;
 - Remove all excess protective clothing;
 - Lie on back with legs raised;
 - Take extra hydration;
 - Apply fan and ice.

4. Heat Stroke

- 4.1. Characteristics are similar to heat exhaustion but with dry skin, confusion and collapse.
- 4.2. Heat stroke may arise from an athlete who has not been identified as suffering from heat exhaustion. This is a possible fatal condition and must be treated immediately. It should be assumed that any collapsed athlete is in danger of heat stroke.

5. First Aid Measures for Heat Stroke

- Remove excess clothing;
- Lie on back with legs raised;
- Soak with water;
- Apply fan to aid evaporation;
- Ice placed in groin, armpits, neck and wrists;
- The athlete should immediately be referred for treatment by a medical professional;
- If athlete is slow to or not responding call for an ambulance immediately.

6. Prevention of Heat Stress

6.1. Good fluid intake is very important in reducing heat stress

6.2. Drink plenty of water before, during and after practice.

6.3. Drink cold water as it is absorbed more rapidly

6.4. Drink before you get thirsty. Thirst is a late sign of severe fluid loss.

6.5. For adults or children over the age of 14 years, a suggested fluid replacement regime is:

- Drink ½ liter (2-3 glasses) of water a half to one hour before practice;
- Drink 200 ml (1-2 glasses) of water every 15-20 minutes of exercise;
- Drink ½-1 liter (5-6 glasses) of water after exercise;

6.6. For children under 14 years reduce amounts according to child's size.

6.7. Note: Rehydration may take 24 hours.

7. Recommendations to Coaches and Clubs

7.1. Use air conditioning, evaporative cooling, ventilation, fans, open doors.

7.2. Modify warm up.

7.3. Adjust training to suit the conditions (more rest/drink breaks).

7.4. Avoid hottest part of day (11am-3pm).

7.5. Encourage hydration, see suggested regime in 6.

7.6. Encourage removal of protective gear when not in "one-on-one" situations (i.e. blade work drills, practice bouting).

7.7. Be aware of people over 65 years, children and adolescents.

7.8. Be aware of medical conditions of participants, a medical checklist (Appendix A) should be completed by all participants and reviewed by officials and coaches.

7.9. People taking medication or with specific medical conditions may experience difficulties exercising in the heat e.g. asthma, diabetes, heart conditions, epilepsy, obesity.

7.10. Consider the provision of ice, iced water, cold packs etc.

8. Policy Display

8.1. The policy will be displayed on the Fencing SA website and shown on request to any member of the association.

9. Policy Review

9.1. The policy will be reviewed at least once every twelve months.

9.2. The policy can be altered by the Fencing SA Executive at any time. The change and the reason for the change will need to be recorded in minutes



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APPENDIX A: MEDICAL DETAILS CHECKLIST

SURNAME: _____ GIVEN: _____ M F
 ADDRESS: _____
 TELEPHONE: (H) _____ (M) _____ D.O.B: / /
 CONTACT PERSON: _____ RELATIONSHIP: _____
 TELEPHONE: (H) _____ (W) _____
 G.P. _____ TELEPHONE: _____ AMBULANCE COVER Y / N

CHECKLIST (if yes, describe next to category)

Y / N Abnormal Blood Pressure _____ Y / N Neurological Condition _____
 Y / N Cardiovascular Condition _____ Y / N Epilepsy _____
 Y / N Respiratory Condition _____ Y / N Joint Surgery _____
 Y / N Diabetes _____ Y / N Visual Impairment _____
 Y / N Hearing Impairment _____ Y / N Contagious Diseases _____

CURRENT MEDICATIONS: (inc. asthma medication) If more space needed, list on back of page.

Medication Name	Condition Taken For	Known Relevant Side Effects
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any other significant medical history or relevant information that may affect treatment in an emergency situation or preclude involvement in any activity (including joint problems)? _____

This form is confidential and will only be used to assist in a medical emergency. As a member of the Fencing SA State Squad I understand that it is my responsibility to complete this form annually and / or if there is any change to my health status. If under 18 years of age, this form must be signed by a parent / guardian.

Printed Name: _____ Signature: _____ Date: / /