



Health, Safety & Welfare Guidance - Safe Participation

Approval

Approved by (role)	Name	Dept	Date
Standards Committee	Compliance Officer, H&S & Governance	Integrity	04.03.2016

Document History

Version	Summary of Changes	Document Status	Date
v1.0	Uploaded to GymNet resource centre	Live	24.05.2016
v2.0	Updated to include 'instructors'		09.03.2020
V3.0	Updated to include anti-doping rule inclusion		22.03.2022

Contents

1.0	Introduction	3
1.1	Club Registration and Consent	3
1.2	Data Protection.....	4
1.3	Employee Medical Screening	4
1.4	Medical Considerations	5
1.5	Rescue Medication	7
1.6	General Health and Fitness	7
1.7	Nutrition.....	8
1.8	Preventing Infectious Diseases – Blood and other Bodily Fluids.....	8
1.9	Anti-Doping.....	9
1.10	Smoking	10
1.11	Substance Abuse	10
2.0	Appendices	15
2.1	Club Registration and Consent Form.....	15
2.2	New Employee Health Questionnaire	17
2.3	Medical Questionnaire	20
2.4	Individual Stress Assessment.....	21
2.5	Disability/ Additional needs information.....	24
2.6	Medication/Seizures information	25

1.0 Introduction

For the vast majority of people, participation in gymnastics can have an extremely positive impact on health and wellbeing. However, for some people who may have medical conditions or disabilities; some adaptations to the activity may be required to allow safe participation. There is also a small group of people for whom participation in gymnastics activities may have an adverse impact on their health. Before anyone takes part in gymnastics activities, clubs and particularly coaches and/or instructors must ensure that each participant is sufficiently fit and healthy, and they should also ensure this remains the case before starting each training session.

The following guidance is part of a suite of documents that should be read and implemented in conjunction with the British Gymnastics Health & Safety Management System & Guidance.

1.1 Club Registration and Consent

When gymnasts register with a club it is essential that the club collects appropriate personal information about them. The type of information that should be collected on registration would include:

- Name and address
- Date of birth
- Parent/Guardian/Carer information (if the participant is under-18)
- Emergency contacts
- Medical/health information – allergies, existing conditions, disability, additional needs
- Any other relevant personal information e.g. religious needs etc.
- Consent for participation in gymnastics and any other relevant club activities
- Photography consent

Clubs/affiliated organisations should ensure that this information is collected at the first session that the participant attends to ensure that any necessary risk assessments based on medical information can be completed prior to participation.

Parental/Guardian Consent should always be sought prior to participation in regular club activity and it is good practice to request at the same time consent to take photographs/video for training purposes. Additional consent must also be sought in other circumstances, including: -

- When a child is taking part in other activities beyond regular training
- When membership information is used for other reasons beyond those stated when it was originally collected
- Publication of images

An example registration and consent form is attached to this document as [appendix 2.1](#). If any additional needs are disclosed, further information may be required. An example additional needs form is also provided in [appendix 2.5](#)

1.2 Data Protection

Any club or affiliated organisation collects and uses personal information for their organisation's purposes will be subject to the data protection legislation. Data Protection law applies to any information about identified or identifiable living individuals is processed electronically or which forms part of, or is intended to form part of, a filing system and is principle based. There are seven key principles that need to be applied to require personal data to be processed:

- Lawfulness, fairness and transparency
- Purpose limitation
- Data minimisation
- Accuracy
- Storage limitation
- Integrity and confidentiality (security)
- Accountability

Please see the data protection guidance in GymNet for further information on the principles and additional guidance on data protection obligations.

All organisations and sole traders who process personal information need to pay an annual data protection fee to the ICO, unless they are exempt. One of these exemptions relates to 'Not-for-profit' organisations who process data purely for the purposes of establishing or maintaining membership. This exemption would not apply to clubs who use CCTV for crime prevention.

IMPORTANT NOTE: It is the responsibility of all British Gymnastics registered clubs and affiliated organisations to confirm whether they need to pay a fee to the Information Commissioner's Office. Failure to pay the required fee could lead to a fine of up to £4,000.

Clubs and affiliated organisations should make use of the Information Commissioner's Office [self assessment tool](#) to help them decide if they need to register

1.3 Employee Medical Screening

Employers are responsible for the health and safety of employees and have a legal obligation to make an assessment of the risks to which employees may be exposed as part of their work activities. It is important not only to consider the nature of the work activities but also the fitness of the employee to carry out the work. Two example health screening questionnaires are included in Appendices [2.2](#) & [2.3](#). Employers may wish to amend the form so that the medical information requested is relevant and not overly intrusive in the relation to the work activities being undertaken. In addition, an example of an individual stress assessment is included in appendix [2.4](#), which can be used by employers to monitor the impact of work activities on stress levels.

It should be noted that the Equality Act 2010 places a duty on both employers and service providers to make where appropriate, reasonable adjustments to enable individuals to access /continue to access work/gymnastics activities.

1.4 Medical Considerations

Some participants may present with a medical condition that in some cases may be linked to disability. If an individual has a condition where participation in gymnastics is in question, they must seek medical advice through their GP prior to participation, to ensure that the activity will not have a detrimental effect on their health or well-being.

The following are examples of medical conditions where expert advice is to be sought prior to participation in gymnastics:

- Pregnancy
- Detaching Retina
- Confirmed Atlanto Axial Instability *See information below
- Rodded back
- Brittle bones

This list is by no means exhaustive. There are also other medical conditions that may contraindicate participation. If a medical condition is disclosed, the club/coaches and/or instructors should seek further information from the participant and/or their parent/carer to understand the nature of the condition and the impact on the individual. Expert medical advice must be sought if there is any concern about participation, before attempting to devise or make adaptations to a training programme.

***Atlanto-Axial Instability**

What is Atlanto-Axial Instability?

In people with Down's syndrome, the ligaments which normally hold the joints stable can be very slack. This can lead to an unusually wide range of movement at some joints – much greater than in the general population. As well as affecting the ordinary limb joints, this can affect one of the joints in the neck; the atlanto-axial joint. The joint is the highest joint in the spinal column and it lies just at the base of the skull. There is movement at this joint whenever you nod or shake your head.

In some people with Down's syndrome, in addition to a slack ligament, the actual bones of the atlanto-axial joint may be poorly developed. These differences could make the joint more unstable and more likely to dislocate than in people without Down's syndrome. (This instability is known as atlanto-axial instability)

Due to the changes within the joint, some people with Down's Syndrome who have confirmed atlanto-axial instability may be at a greater risk of whip lash type injuries (from activities such as trampolining), which could lead to paralysis. They may also be at a greater risk of serious injury arising as a result of chronic pressure on the neck. (Gymnastic activities such as headstands or backward rolls could cause this type of pressure on the neck)

What do I need to do as a coach or instructor?

In order to safeguard the participation of gymnasts with Down's Syndrome, British Gymnastics has adopted an atlanto-axial instability screening policy for all gymnasts with Down's Syndrome. **As a coach or instructor, YOU MUST ensure that all gymnasts with Down's Syndrome are medically screened prior to participating in any gymnastic activity.**

British Gymnastics Screening Policy

British Gymnastics has a policy of screening all participants with Down's Syndrome prior to them taking part in gymnastic activities. The aim of the screening is to provide access to gymnastics and trampolining for everyone who can benefit from involvement in this sport and who are at no greater risk than other gymnasts.

Screening must be undertaken by a qualified medical practitioner. Those who are eligible to undertake the necessary tests include General Practitioners; Orthopaedic or Paediatric Consultants; School Medical Officers/Doctors; Chartered Physiotherapists.

Once screened, if the participant does not have atlanto-axial instability, then they will be approved to participate in gymnastics. However, if a participant is confirmed as having atlanto-axial instability, the British Gymnastics Chief Medical Officer will stipulate the level of gymnastic activity that is permitted for the participant (permitted activity will be determined on a case-by-case basis and could include; total exclusion from all gymnastics activity or allowing the individual to participate in a limited number of disciplines and/or skills within gymnastics). More information can be found within the British Gymnastics Atlanto Axial Information Pack.

Advice regarding Dwarfism for British Gymnastics

The Dwarf Sports Association advises that people with Achondroplasia or another genetic skeletal dysplasia (forms of dwarfism), should not participate in trampolining. It is also advised that they should not perform gymnastics skills which involve repeated jumping or rebounding. People with Achondroplasia and some other forms of dwarfism have an exaggerated lumbar lordosis (curvature of the lower back) and spinal stenosis*; these two factors increase the jarring forces through the spine on impact.

Because of the stenosis present throughout the spine and the likelihood of a malformed foramen magnum**, people with dwarfism should also not attempt gymnastic skills where there is the potential to put pressure on, or cause impact to the head or neck.

* Spinal stenosis is narrowing of the spinal column that causes pressure on the spinal cord.

* Malformed Foramen Magnum- This is the hole in the skull where the spinal cord enters the head. It is normally spherical, but if it is malformed, it is misshapen. Hyper-extension or pressure on the cervical vertebrae in this case (which may result from weight bearing on the head), presents a potential risk of compressing the spinal cord, causing serious injury.

Recommendations:

- Coaches or instructors and dwarf participants should be aware of the risks associated with participation in gymnastics for dwarfs.
- It is advised that dwarfs should not participate in high impact and rebounding disciplines: TRA, DMT, & TUM
- Where other disciplines are concerned, British Gymnastics advises that rebounding, jumping and impact activity should be avoided to minimise the risk of injury. Hyper-extension of the spine, pressure on the neck and weight bearing on the head should also be avoided to minimise the risk of injury.
- Examples of activities regarded as non-suitable for the above reasons are:

- Forward and backward rolls
- Headstands
- Flicks and handsprings
- Bridges
- Jumping / rebounding / somersaults
- Examples of skills with reduced risk for this population are:
 - Log rolls
 - Foot balancing
 - Running / locomotion (without jumping)
 - Dancing – (without impact/jumps)
 - Elements such as Cartwheels (if the participant has long enough and strong enough arms to support the bodyweight without the head coming in contact with the floor).

1.5 Rescue Medication

There are some medical conditions where individuals may require the administration of rescue medication in an emergency e.g. asthma, allergic reactions, epilepsy, diabetes etc.

If a participant has a medical condition that may require the administration of emergency medication, the club must carry out a risk assessment and put in place appropriate control measures based on the likelihood of an emergency arising and its potential consequences. Appropriate controls may include:

- Limiting exposure to potential triggers (e.g. in the case of a severe nut allergy, not permitting others to consume nuts in the club);
- Training staff to be aware of symptoms that may indicate an impending emergency;
- Training staff to administer medication in line with medical protocols (subject to appropriate consents);
- Preparing an emergency plan that covers location/storage of medication, when to call emergency services etc.

Where there are significant risks associated with incorrect administration of a medication; and where self-administration is not possible; a parent/carer (or a medical professional) must be available to administer the drug. Whether the parent is required to remain on site will depend on the findings of the risk assessment e.g. whether there are warning signs that will provide sufficient time for a parent or paramedic to get to the gym to administer the treatment. An example medication/seizure information form is provided in [appendix 2.6](#)

1.6 General Health and Fitness

The coach or instructor should check on the health and fitness status of each participant before commencing the training session and must make a risk assessment on the degree to which the gymnasts can safely participate. If the gymnast has been absent or unable to participate through a debilitating injury or illness, the coach or instructor is advised to seek evidence from an appropriate medical person to confirm that the gymnast is well enough to recommence training.

The health and fitness of the gymnast must always be the primary concern of the coach or instructor and the gymnast should not be persuaded to participate if it is not safe to do so.

1.7 Nutrition

Coaches or instructors should encourage a balanced healthy diet that includes the appropriate quantities of carbohydrate, fat, proteins, vitamins, minerals and fluids to ensure the replenishment of energy resources and efficient functioning of the body. Ideally a gymnast should not carry excessive body mass since this may lead to under performance, ineffective technique and increased risk of injury due to excess loading on the body structure.

The body weight of children and adolescents can fluctuate considerably due to growth related activity. Consequently the practice of weighing gymnasts to monitor fat gain is not reliable, since the total body weight is not an indication of the percentage of body fat.

In the case of post-pubescent gymnasts, monitoring weight before breakfast and before and after training can provide comparative measurements on weight and indicate the loss of body weight (usually fluid) as a result of training. However where it can be evidenced that a weight loss would be in the interest of the gymnast, this should be achieved through careful dietary planning. The advice of a dietician, nutritionist or appropriate medical professional should be sought to ensure that an appropriate diet and monitoring procedures are followed. Tact and diplomacy must always prevail when monitoring weight. The use of such phrases as “you are fat” or “you need to lose weight” etc are inappropriate and can be emotionally abusive and lead to long-term psychological damage. Coaches or instructors must be extremely vigilant for symptoms that may be an indication of a dietary related illness such as Anorexia or Bulimia Nervosa. In these circumstances, it is imperative that medical/professional advice is sought. In the case of gymnasts under 18 years of age, the matter must be brought to the attention of the parents or guardians.

Current guidance recommends that gymnasts should boost their energy stores through the intake of carbohydrates and non-gaseous fluids at least 1½ hours before commencing training or competing. It is a requirement that fluids should be taken in small quantities during training and the energy stores should be replenished within the first two hours following exercise. Carbohydrate fluids and foods with a high glycaemic index should be ingested immediately following completion of training, for best energy restoration results.

1.8 Preventing Infectious Diseases – Blood and other Bodily Fluids

These guidelines should be followed whenever a gymnast, coach, instructor or other person involved in training and competition, has a bleeding injury or open wound that may put others at risk of contamination with blood or other bodily fluids.

- Any individual who sustains a blood injury must seek treatment immediately. It is the responsibility of the Gymnast concerned and/or their coach or instructor to ensure that all bleeding injuries and open wounds are dealt with appropriately in accordance with the following guidelines.
- For all minor bleeding injuries, the individual should stop the activity in which they are involved and attempt to stop the bleeding. A fresh sterile dressing should be applied to the wound before continuing with training or competition.

- All recent cuts or blisters should be covered.
- If the bleeding cannot be stopped, the individual should seek medical attention and should not continue with training or competition until advised otherwise.
- Any individual treating an injury should wear disposable gloves, which should be disposed of as clinical waste after use (see below). Wherever possible, the injured individual should apply pressure to a bleeding wound with his/her own hands. Anyone applying a dressing should wash their hands both before and afterwards.
- If the casualty's blood comes into contact with someone else's mouth, eyes or broken skin use clean cold water to wash the affected area and take medical advice.
- In cases where blood or other bodily fluids are clearly visible on clothing, the individual should replace clothing before continuing with any further gymnastics activity.
- The contaminated clothing should be stored in a plastic bag and should be washed according to the guidelines on the label as soon as possible after contamination. Washing is enough to remove the contaminated substance even if the stain remains.
- Where contamination of equipment or very minor contamination of clothing has occurred, the area should be treated with a decontamination solution made up of one part household bleach to ten parts water. Solutions that are more than one day old should be disposed of. Diluted bleach that has passed its expiry date should not be used.
- Clinical Waste -
 - Wipe up spillage with heavy-duty paper and discard into a bag for incineration, including any soiled dressings or gloves.
 - The contaminated area should be thoroughly soaked with the decontamination solution and left for two minutes.
 - The area should then be rinsed with hot water and general-purpose detergent.
 - A 0.5% solution of bleach is not considered to be hazardous, however care must be taken to ensure that the solution does not come into contact with the eyes, mouth or wounds, and should not be left on the skin for prolonged periods of time.
- For spills of lower risk bodily fluids, e.g. urine and vomit, hot water and general-purpose detergent is sufficient.
- Any individuals who are likely to have to deal with injuries should ideally be immunised against Hepatitis B.

Infectious diseases

Please visit the www.hpa.org.uk/Topics/InfectiousDiseases for up-date information regarding all infectious diseases.

1.9 Anti-Doping

All members of British Gymnastics agree to abide to the anti-doping rules as outlined in the membership rules document. British Gymnastics has an Anti-Doping Policy updated in 2019 which complies with the World Anti Doping Association (WADA) Code. A copy of the policy can be downloaded from the British Gymnastics website under Technical Downloads.

1.10 Smoking

For the whole of the UK the Government has implemented a No Smoking ban in public buildings, public transport and workplaces. The ban operates under different primary legislation in each country -

England - [Smoking ban in England](#) and [Health Act 2006](#)

Scotland - [Smoking, Health and Social Care \(Scotland\) Act 2005](#)

Wales - [Health Act 2006](#)

Northern Ireland - The *Smoking (Northern Ireland) Order 2006*

But the main points of the ban are generally identical and cover the following requirements:

- Specific signage must be displayed in a prominent position at each entrance. Premises signage must contain the wording "No smoking. It is against the law to smoke in these premises."
- Secondary 'employee only' entrances require a smoking prohibition symbol of at least 70mm Dia.
- Entrances to smoke-free premises within other smoke-free premises require a smoking prohibition symbol of at least 70mm Dia.
- All public transport plus business vehicles need to display a no smoking symbol.

If these regulations are contravened, fixed penalties apply.

For additional information please visit www.nosmokinglaw.co.uk

1.11 Substance Abuse

British Gymnastics is committed to promoting the well-being and safety of all members and volunteers. Similarly, all members and volunteers should recognise that they have a duty of care towards themselves, their gymnasts and colleagues and to anyone else that their day-to-day work brings them in contact with. One key factor that can affect productivity, health, safety and welfare is the use of drugs or alcohol.

Any member or volunteer who is aware of having a drug or alcohol problem should, in the interest of themselves, their family and their job or role, discuss the matter in confidence with their Club Chairman, Manager or with their own doctor. They could also seek help from one of the independent treatment and advice services in their area.

Drugs including alcohol and medicines can affect the brain and body in a number of ways. They can alter the way a person thinks, perceives and feels, which can lead to impaired judgement and concentration. Such substance abuse can also bring about the neglect of general health and well-being. This may adversely influence performance at work, even when the abuse takes place outside the workplace.

British Gymnastics defines "substance abuse" as referring to:

- The use of illegal drugs.

- The use of prescribed drugs and over the counter drugs where side effects can affect performance.
- The use of alcohol where its effects carry on into the working day.
- The use of other substances such as solvents that can have a negative effect on the mind or body.

Aims

The aim is to avoid or reduce potential damage caused by substance abuse to:

- The physical and mental health of members and volunteers
- The safety of members and volunteers as well as that of others
- The efficiency and effectiveness of members and volunteers
- The reputation and public perception of British Gymnastics

British Gymnastics aims to ensure all issues of substance abuse problems are dealt with in a confidential and constructive manner.

British Gymnastics recognises that substance abuse is a serious issue within society. There is no reason to suspect that substance abuse is significant amongst members or volunteers, but British Gymnastics is committed to promoting policies that represent good personal practice and contribute to the health, safety and welfare of members and volunteers, and their general well-being.

British Gymnastics' guidelines on substance abuse are as follows: -

- British Gymnastics members or volunteers must not use any substance while taking part in gymnastics activity
- No member or volunteer may use any substance (before or after working/volunteering hours) to the extent that while participating in gymnastics it: -
 - Impairs their performance; and/or
 - Potentially or actually puts their or others health and safety at risk.
- The possession, sharing and dealing in some drugs is illegal. Therefore the possession or dealing in illegal drugs on British Gymnastics' or an affiliated organisation's premises will be regarded as gross misconduct and may lead to the suspension of membership and possible criminal prosecution.
- Members who are identified as having safety-critical jobs may be liable for disciplinary action for gross misconduct if they are found to be impaired while taking part in gymnastics through any substance abuse.

Substance abuse and the law

As stated already substance abuse refers to the misuse of drugs and alcohol. The primary legislation relating to the illicit use of drugs is the Misuse of Drugs Act 1971 (Amendment) Order 2018 but this deals only with the misuse of dangerous drugs and does not apply to the misuse of alcohol. The effect of substance abuse on the performance of employees and others is effectively covered by the provisions of the Health and Safety at Work Act 1974, and risks to the health and safety of employees arising from substance abuse need to be assessed and managed in the same way as other risks. Clubs therefore need to add a substance abuse risk assessment to their general list of health and safety requirements. It should also be borne in mind that employees are required to take reasonable care of themselves and others who could be affected by what they do at work, and this is particularly appropriate in the case of adverse effects of substance abuse. This means

that there are particular roles and responsibilities for members and for clubs and affiliated organisations and these are set out in the following lists.

Roles and responsibilities of members

- Not to use illegal drugs
- Not to use legal drugs or substances including alcohol in such a way that might affect their performance or safety of others while taking part in gymnastics
- Not to drink alcohol or be affected by alcohol while participating in gymnastics
- Encourage colleagues to seek help if they have problems
- Avoid covering up for or colluding with colleagues who are using substances
- Seek help promptly if experiencing problems and commit to maintaining the required level of attendance and performance at work
- Co-operate with any investigations and support offered
- Be aware of and comply with this policy
- Be aware of and comply with the anti-doping rules

Roles and responsibilities of Clubs and Affiliated Organisations

- To implement British Gymnastics guidance
- To be aware of and comply with the anti-doping rules
- To ensure that they and any employees, member and volunteers understand the policy and their responsibilities
- To monitor changes in behaviour, performance and attendance and intervene early if there are signs of problems
- To act fairly and consistently, with understanding and compassion
- To support the employee, member or volunteer to achieve the necessary levels of attendance and performance
- To refer employees, members or volunteers for assistance where appropriate
- To identify and, where reasonably practicable, change aspects of the work that may contribute to substance abuse problems
- To set a good example

Practical guidance

The following guidelines may help clubs and associated organisations in preparing substance abuse risk assessments and in managing its effects.

The key indicators of alcohol abuse are:

- Smelling of alcohol during working hours or whilst conducting British Gymnastics activities
- Complaints and remarks (often joking, initially) by colleagues
- Increasing levels of sickness and absenteeism (especially short term)
- Decline in standards of dress or appearance
- Falling performance especially in the afternoons or after a work break
- Any abnormal behaviour which could include: obscene language, sexual harassment etc
- Incidence of minor accidents – falling down stairs, minor cuts etc
- Evidence of fighting or trouble with the police

These indicators are for general guidance only and the presence of some or indeed all of them are not exclusive to alcohol use problems. Other illnesses such as Alzheimer's, diabetes,

thyrotoxicosis, epilepsy, depression, a cerebral tumour and other disorders may mimic those problems.

The key indicators of drug abuse include:

- Sudden mood changes
- Unusual irritability or aggression
- A tendency to become confused
- Abnormal fluctuations in concentration and energy
- Impaired job performance
- Poor timekeeping
- Increased short term sickness absence
- A deterioration in relationships with colleagues
- Dishonesty or theft (arising from the need to maintain an expensive habit)

NB: All the signs shown above may be caused by other factors, such as stress, and should be regarded only as indications that a member or volunteer may be using drugs.

Above all, Managers should avoid an overcritical attitude to what in the first instance should be regarded as a health problem. On the other hand the initial steps in applying the policy should be managerial rather than medical since it is the impact of the disorder on the workplace that is likely to be the first indicator of a problem.

Procedure

In the event of an allegation, complaint or suspicion of substance abuse (which may include smelling of alcohol in an inappropriate situation) it is important to establish whether it is purely a management/disciplinary issue or whether there are health problems that need to be addressed. To establish this, clubs and associated institutions should follow the format set out in the disciplinary or capability procedure as appropriate, taking note of the following points: -

- Interview the member in private about their performance, the allegation or complaint without making it obvious to other colleagues. Consider including that an employee representative can be requested to be present for support. Ensure that an accurate record of the meeting is made and kept safely, which includes what was said and agreed.
- Do not interview someone who has obviously been drinking heavily recently, is actually drunk or under the influence of drugs or solvents. Send them home – making the necessary arrangements for them to do so safely. Ensure that they do not drive or operate machinery. Arrange to interview them promptly on the next working day.
- Draw attention to the incidents causing concern, ask for explanations to establish facts and make notes. Avoid making accusations.
- Draw the employees', members' or volunteers' attention to the Substance Abuse Policy statement and ask whether they agree to comply with it.
- Ask the employee, member or volunteer whether they have any health or other problems that might account for their current difficulties and explore sources of help as appropriate. Emphasise that all information given will be treated in the strictest confidence at this stage.
- If the person admits they may have a problem relating to substance or alcohol abuse, they should be advised to seek help from their GP or the various counselling agencies available.

- Discuss possible work related problem/s such as excessive workload etc. Enquire sympathetically whether there are any domestic worries causing difficulties.
- Agree future action including further meetings to monitor progress.
- If the employee, member or volunteer denies that they have a problem related to substance or alcohol abuse, or acknowledges the problem but refuses to seek help, then the usual disciplinary procedures should apply after consultation with the Club Managers/Committee.
- If there is a relapse or a persistent problem keep accurate confidential records of instances of poor performance, behavioural and other allied matters using the key indicators.
- Maintain accurate sickness absence records on all employees, members or volunteers in a simple comprehensible format (NB: It is good practice to have a 'return to work interview' after sickness where an employee, member or volunteer should be asked to declare any medication that they are taking and the recommended dosage. This can then be assessed by occupational health to consider any risk in relation to the job performed).

British Gymnastics is committed to providing a safe environment for all members and volunteers. This may mean that an individual who poses a risk to themselves or to others will need to be excluded from the workplace if they are impaired through alcohol or some drug (legal or illegal).

Persistent substance abuse

British Gymnastics recognises that a persistent substance abuse problem is primarily a health matter requiring help and treatment. As an employer it will do all that it can to ensure everyone suffering from this problem gets appropriate advice and support with the objective of restoring people to their former good health and productivity. British Gymnastics would recommend that clubs take a similar stance.

It is self-evident that the policy can only be effective if those affected openly and honestly admit they have a problem and are willing to accept help. All those seeking help will be treated sympathetically and in confidence.

If a member or volunteer admits to a substance abuse problem which has led to misconduct, British Gymnastics may suspend disciplinary action on condition that the member or volunteer has sought and agreed to a treatment and rehabilitation programme. Where gross misconduct is involved, the substance abuse problem may be taken into account in determining disciplinary action.

It may be appropriate to suspend a member on medical grounds, but this should only be done after seeking authority from the Chief Executive Officer or in their absence, their nominated person in charge.

An employee, member or volunteer should return to the same role after treatment or another more appropriate area where they can be more effective and not be at risk of relapse. In the event of the employee not being able to do their former job, attempts should be made to re-deploy that person. Where treatment or re-deployment is unsuccessful or the point is reached where successive relapses can no longer be tolerated, consideration should be given to the option of terminating employment/involvement on the grounds of ill health.

2.0 Appendices

2.1 Club Registration and Consent Form

The personal information on this form will be held securely and will only be shared with coaches, instructors or other individuals who need this information in order to meet the participant's specific needs and make appropriate adjustments to training.

Personal / Contact Details

Participant name		Date of birth	
Sex		Parent/guardian name	
Home phone		Mobile phone	
School name		Email address	
Address		Postcode	

Emergency Contact Details

1 st contact name		Relationship to participant	
Home phone		Mobile phone	
2 nd contact name		Relationship to gymnast	
Home phone		Mobile phone	

Medical/ Health Information

Do you have a long term illness, medical condition or impairment that limits your daily activities?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Please provide details:			
Please indicate whether you have any of the below medical conditions:			
<input type="checkbox"/> Down's Syndrome	<input type="checkbox"/> Dwarfism	<input type="checkbox"/> Pregnancy	
<input type="checkbox"/> Detaching retina	<input type="checkbox"/> Rodded back	<input type="checkbox"/> Brittle bones	
<input type="checkbox"/> Any other condition which may constitute a risk to my health or wellbeing if the participant were to take part in gymnastics. Please specify:			
<i>NB: Where information is disclosed, it may be necessary to seek additional details and/or expert medical advice to confirm that participation in gymnastics activity will not have an adverse impact on health. Any medical screening must be carried out prior to participation in the sport. Please provide details of a doctor who can provide further information about the gymnast's condition</i>			
Doctor's name		Contact phone number	

Individual Needs

Please give details below of any specific individual needs that we may need to be aware of in order to support the participant within club sessions, including any access/communication support required, medication taken etc. You may be asked to complete an 'Additional Needs Information' form.

Allergies/dietary needs

Please give details of any allergies and/or specific dietary requirements:

Religious Needs

Please specify any specific religious requirements:

Consents

Please tick each box where you agree (or delete the statement if you do not consent).

Participation

- I consent to taking part in gymnastics.
- I confirm that I am aware of, the club's code of conduct and anti-bullying policy and understand and agree to my responsibilities in connection with these policies.

Photography

- I consent to being photographed/ video footage during sessions for coaching/instructor purposes
- I consent to being photographed/ video footage whilst participating in club activities/events and for these images to be used to promote the club in newspaper articles and other media such as the club websites, information leaflets, electronic newsletters and presentations. I understand that I can withdraw consent at any point*

* Please note that we will be unable to remove images that have already been used in publications or publicity material.

Medical

- I confirm that to the best of my knowledge, I am physically fit and healthy and I have declared any medical information that the club needs to consider prior to allowing me to participate in gymnastics activity.
- I consent to emergency medical treatment or first aid, which, in the opinion of a qualified medical practitioner or first aider is considered necessary. I also understand that should such a situation arise, all reasonable steps will be taken to contact the parent or an alternative emergency contact.

British Gymnastics

- I consent to the Club sharing information with British Gymnastics and its subsidiary companies (Gymnastics Enterprise Limited (GEL) and British Gymnastics Foundation (BGF) for the purposes of providing membership, insurance and information about gymnastics products and services. I understand that I can opt out of having my personal information shared with GEL or BGF.

For further information on how British Gymnastics will use member's data, please see the British Gymnastics terms and condition and privacy policy at www.british-gymnastics.org

- I confirm that to the best of my knowledge, all information provided on this form is accurate, and that I will undertake to advise the club of any changes to this information.

Signed (participant)		Date	
Signed (Parent/ Legal Guardian if the participant is under 16)		Date	

2.2 New Employee Health Questionnaire

Employment Details: To be completed by appointing manager, tick relevant boxes and complete in blocked capitals									
New Employee's Name:									
New Employee's Job Title:									
Organisation:									
Department:					Location / Area of Work:				
Start Date:		Full Time:		Hours of Work:		Part Time:		(Hours)	
Contract:		Fixed Term:		(months)		Agency / Bank:			
The Job will include: To be completed by appointing manager, tick relevant boxes and complete in blocked capitals									
Significant Manual Handling (coaching)		Regular Car Driving			Supervision of others				
Significant Manual Handling (equipment)		Lone Working			Display Screen Equipment (DSE) Work				
Other (please detail):									
Exposure to chemicals/irritants/dust/noise:									
Other (please detail):									
Appointing Manager's Name:				Manager Tel. No:					
Manager E-Mail:									
Manager's Signature:						Date:			
Personal Details: To be completed by employee, tick relevant boxes and complete in blocked capitals									
Gender	Male		Female		Home Address:				
Mr/Mrs/Miss/Ms/Dr:									
Surname:									
Forename(s):					Postcode:				
Maiden/previous surname:					Date of Birth:				
Telephone No:					Mobile No:				
Private E-Mail:									
Name and Address of G.P:									

Important Information for the applicant

The contents of this questionnaire will remain confidential and will not be disclosed without your consent.

The purpose of new employee health screening is to ensure that:

- i. To identify any health problem or disability that might impair ability to carry out the tasks required in the new post.
- ii. Any necessary adjustments can be made to enable new staff who do have a health problem or disability to carry out their job safely
- iii. The need for on-going health surveillance can be identified

Applicants are advised that any false or misleading answers or failure to give pertinent information may render the individual liable to disciplinary action which may include dismissal.

Declaration and Consent: To be completed by employee

I certify that the information I have given is true to the best of my knowledge.

I agree to notify my employer of any change in my health which may affect my ability to undertake my job safely.

I understand that if any information is provided that requires assessment, my employer will discuss this with me and with my consent, may request relevant medical opinion.

Signature:		Date:	
------------	--	-------	--

Please indicate in which of the listed employments:	Yes	No
Are you currently pregnant? (This information is required only to protect you under the Health & Safety at Work Regulations, Regulation 16). <i>Please note it is important for your protection that you inform your Manager of your pregnancy as early as possible.</i>		
Have you experienced difficulty with reading or written material e.g. dyslexia?		
Do you consider yourself to have a disability? If yes, please give details: (This information is required only to protect you under the Equality Act 2010). The Act states that a “person is disabled if they have a physical or mental impairment which has a substantial and long term negative effect on your ability to do normal daily activities”.		
Have you lived abroad continuously for more than 1 month within the last 5 years? If YES, please state which country/countries involved:		

Medical History: Have you experienced any of the following? (Please tick YES or NO if you believe this information is or may still affect you)

		Y	N			Y	N
1	Heart disease			21	Skin disease		
2	High blood pressure			22	Eye disease/visual problems		
3	Lung disease			23	Colour blindness		
4	Have you or any of your family suffered from TB?			24	Migraine/severe headaches		
5	Asthma/hay fever			25	Depression/anxiety		
6	Allergies e.g. latex			26	Other psychiatric illness		
7	Jaundice/hepatitis			27	Alcohol or drug problem		
8	Typhoid			28	Stress related illness		
9	Serious infectious disease			29	Serious Accident		
10	ME/Post viral fatigue syndrome			30	Other conditions		
11	Kidney/bladder disorder			31	Have you undergone any operation?		
12	Back pain			32	Have you contacted a doctor in the last 6 months?		
13	Joint or muscle pain			33	In the last year, have you had a cough for more than three weeks or coughed up blood?		
14	Ear/nose/throat disease			34	In the last year have you had any unexplained weight loss or night sweats or fevers?		
15	Seizures/blackouts/faints			35	Are you at present taking medication?		
16	Menstrual/gynae problems			36	Are you waiting for any medical treatment or test?		
17	Indigestion/bowel disorder			37	Have you lost time from work or school due to illness in the past two years?		
18	Diabetes			38	Have you in the last five years been treated in hospital either as an in-patient, outpatient, day case?		
19	Cancer			39	Have you ever been retired on an ill-health pension?		
20	Hernia			40	Have you ever suffered from HAVS, Raynauds Disease or Carpal Tunnel Syndrome?		

Please provide further details if you answered yes to any of the above.

2.3 Medical Questionnaire

Data Protection Notice:

All information disclosed will be treated in the strictest confidence, and will only be used for the purposes detailed in the Data Protection Act 2018. Certain information is requested during your employment with our company, in order to ensure you are able to carry out the requirements of the job, ensure your personal safety and to meet our statutory obligations imposed by the relevant Health and Safety Regulations. The information asked below is required to establish if we may need to make any reasonable adjustments to assist you in performing your work activities.

Name.....Date of birth.....

Medical History

Do you, or have you ever in the past, suffered from any of the following ailments, please give details where appropriate.

		Yes	No
1	Circulatory problems such as varicose veins, phlebitis or thrombosis?		
2	Heart problems, angina, hypertension, heart attack or stroke?		
3	Respiratory problems such as asthma or severe bronchitis?		
4	Diabetes?		
5	Epilepsy or fainting attacks?		
6	Skin disorders?		
7	Recent operations or bone fractures?		
8	Back injury, back trouble, arthritis or rheumatism?		
9	Injuries to bones, joints, tendons, including wrist tendons?		
10	Are you currently on medication?		
11	Have you suffered from any other significant health problems including eyes, hearing etc.?		
12	Have you ever made a claim for an industrial disease or injury?		
13	Have you ever worked in an industry with high noise levels or been exposed to the use of hand held vibratory tools?		
14	Have you ever used Recreational substances, other than alcohol?		
15	Have you ever misused prescribed medication?		

Any other comments:

Signature:.....**Date:**.....

- A. In signing this questionnaire you confirm that all information provided is true to the best of your knowledge. You also accept that, if it is subsequently shown that medical information has not been disclosed by you, or has been misleading or false, then you could become liable to disciplinary proceedings that may include dismissal.
- B. If any answers to the above questions are YES, The details should be recorded on the back of this Questionnaire.

2.4 Individual Stress Assessment

This risk assessment is intended to help those with responsibility for staff to assess whether or not their general management and communication arrangements are likely to lead to significant stressors on employees within their area. The information gathered is confidential and will be classed as such under Data Protection legislation.

Name:		Department:		Date:	
Brief description of the individual's role and responsibilities :					
Hazards	Yes/No	Manager's Comments/ Further control Measures Required:	Allocated to (Name)	Target date	Date completed
Management					
Is the individual exhibiting signs of stress?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is there any previous history of work related stress	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is there sufficient management controls in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is there evidence of communication and consultation?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is there any confusion of the individual's job role?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is there a clear definition of organisational goals?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is the individual responsible for other people, if yes have they been given training for this role?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Does the individual have low participation in group decision making?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is the individual involved in complex decisions to be made regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Does the individual have control over their work activities or work rate?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is the work boring or repetitive?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Does the individual work to targets (time, financial productivity)? Are these targets realistic?	Yes <input type="checkbox"/> No <input type="checkbox"/>				

Hazards	Yes/No	Manager's Comments/ Further control Measures Required:	Allocated to (Name)	Target date	Date completed
Working Conditions					
Has the individual been given sufficient training?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Does the individual spend too much time training?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Has there recently been any organisational change?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Does the individual work unpredictable hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Does the individual work long or unsocial hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are work schedules inflexible	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Does the individual work shifts	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is the individual in a position where there is no prospect of promotion (career stagnation)?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is the individual's performance related to pay?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is the individual part of a redundancy programme?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Work Environment					
Does the individual work in:					
A noisy work environment	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Excessive heat	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Extreme cold	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Poor physical working conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Individual					
Does the individual believe he/she is working for an organisation with a blame culture?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is there any evidence that the individual is being bullied?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Does the individual have poor relationships with other people	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is there any evidence of sexual or racial harassment	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is there any evidence low social value to work	Yes <input type="checkbox"/> No <input type="checkbox"/>				

Existing Control Measures

--

Initial assessment completed by:

Name:		Signature :		If completed electronically tick box (no signature required) <input type="checkbox"/>
-------	--	-------------	--	--

2.5 Disability/ Additional needs information

Name		Date of birth	
------	--	---------------	--

Please describe any additional needs the gymnast may have in detail

Support/ assistance required

What level of support do you feel the gymnast requires (adult:child)			
<input type="checkbox"/> 2:1	<input type="checkbox"/> 1:1	<input type="checkbox"/> 1:1	<input type="checkbox"/> Small class
Please explain your answer			
What type of support would be required? (e.g. behaviour management, communication, physical support)			
Does the gymnast require assistance with personal care?			
Does the gymnast use any communication aids? (e.g. sign language, lip reading, makaton, PECs)			

Behaviour

Please explain any relevant behaviour issues the gymnast displays
Are there any known triggers for these behaviours?
How would you normally respond to these behaviours? Please provide details of any techniques/ approaches that are particularly effective in encouraging the gymnast
Please detail any behavioural techniques that do not work for the gymnast
How well does the gymnast respond to other adults / children?
Any other useful information:

2.6 Medication/Seizures information

Name		Date of birth	
------	--	---------------	--

Does the gymnast have a medical condition that requires regular medication?	
Could this medication need to be administered during the activity?	
Please provide any details of the medication and whether it is a controlled drug	
Can the medication be self-administered? Please provide any relevant emergency protocols	
Does the gymnast experience seizures?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe a typical seizure:	
Type of seizure (e.g. tonic-clonic, absences, drops etc)	
How frequently do they take place?	
How long do they typically last?	
Are there any causes/triggers?	
Are there any recognisable signs of a seizure?	
What action is taken if the gymnast has a seizure?	
Are the seizures generally well-controlled?	
Please indicate when the gymnast last had a seizure and whether emergency medication was administered	