An Analysis of the Risk Management Procedures Currently
Implemented in Secondary School Physical Education
Programs in Tennessee

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A dissertation presented to the Graduate Faculty of Middle Tennessee State University in partial fulfillment of the requirements for the degree Doctor of Arts in Physical Education

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ABSTRACT

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The purpose of this study was to determine the status of risk management in secondary school physical education programs in Tennessee. One hundred and sixty secondary school physical education department chairs were surveyed through the use of a questionnaire. A national panel of experts validated the instrument. Fifty-nine physical education department chairs responded, representing a response of 37.0%.

The study was divided into four sections: (1) demographics, (2) risk management procedures related to facilities and equipment, (3) risk management procedures related to the physical education program, and (4) risk management procedures related to medical standards and practices. Frequencies and percentages of responses to the questions were analyzed and reported. Chi-square analysis was used to determine differences between some responses.

The findings from the investigation revealed that the majority of all public and private secondary schools in Tennessee have a specific person responsible for risk management in physical education. There were no respondents

in this study who had been found guilty of negligence in a court of law, nor had any been formally accused of negligence. There were significant differences between public and private schools in regard to some items on the questionnaire. The results indicated that public schools formally addressed more physical education risk management issues than private schools. Conclusions and recommendations were made based on information acquired from the administration of this study.

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DEDICATION

This study is dedicated to the memory of Kimberly Royal Hurdle.

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CHAPTER 1

Introduction

Most physical educators would agree that safety of their students is the primary concern when designing a curriculum. Because of the movement-oriented nature of class, physical education instructors must be concerned with the welfare of students in a variety of contexts. Areas such as gymnasia, locker rooms, weight rooms, and outdoor facilities are just a few that require careful scrutiny by faculty and staff. In addition, physical educators must provide reliable and age-appropriate equipment for students to ensure that all activities are conducted in an environment where the risk of injury has been reduced as much as possible.

The thrust of the physical education program is skill instruction. This universal facet of the discipline requires the utmost attention of the instructors, especially when the activities are considered to be high risk. It is the responsibility of the teacher to instruct students in the proper techniques of the sports or physical activities in the safest manner possible. Teachers must utilize progressive techniques to make certain that students have acquired the basic components of a skill before attempting a more complex activity.

When discussing professional responsibilities of physical educators, the topics of legal liability and fear of litigation almost always surface. Frequently, the question arises, "What can physical educators do to protect themselves from being the target of a negligence suit?" The answer to this question lies within the all-important process of developing and implementing a comprehensive risk management plan. To accomplish this, a physical education department must first identify the areas that should be classified as "high risk." These identified areas become the focal points for the risk management program and the basis for the decision-making process to minimize risks.

Before a physical educator attempts to identify the areas that have the greatest risks, it is important that he or she understand what risk management is and how it applies to a physical education setting. Ewert (1989) described an effective risk management plan as a continuous ongoing educational process that needs to integrate the agency, its instructors, and the participants. Church (1982) defined risk management as primarily concerned with accidental risks. He further stated that these risks could produce significant losses that would reduce valuable assets and resources, including physical property, financial assets, invaluable human resources, public reputation, and consumer confidence. Kaiser (1986) indicated that the objective of risk management is to efficiently conserve the assets and

financial resources of the organization and to achieve financial stability by reducing the potential for financial loss.

The physical educator must understand the concepts of legal liability and not become entrenched in myths and stories regarding financial ruin. The concern of litigation is indeed real, but so are the risk management techniques capable of reducing the likelihood of catastrophic injuries to physical education students. By identifying the risks involved in a physical education program and implementing a comprehensive risk management process, the likelihood of future accidents can be reduced.

Statement of the Problem

This study examined the current status of risk management policies and procedures in secondary school physical education programs in Tennessee. The study, through use of a questionnaire, further attempted to determine if there exists the need to incorporate a comprehensive risk management plan in physical education programs.

Delimitations of the Study

Although both public and private schools were surveyed, the research was limited to secondary schools within the state of Tennessee.

Basic Assumptions

Based upon the scope of the questionnaire used in this study, the following assumptions were made:

- 1. The schools chosen were representative of all secondary physical education programs in Tennessee.
- 2. Respondents completing the questionnaire were members of their respective physical education departments and had knowledge of their schools' risk management procedures.

Significance of the Study

Physical education teachers design and conduct activities that, by their very nature, involve a certain degree of risk. Litigation is frequently the result of accidents occurring in the physical education setting. In view of this, teachers of physical activity should be completely familiar with legal concepts that will allow them to make informed decisions regarding the safety of their students. This study attempted to identify potential safety hazards and suggest methods of correction. The information presented should in turn aid physical educators in reducing their individual exposure to financial loss, as well as creating an atmosphere that will lead to a safer environment.

Definition of Terms

Specific to this study, the following definitions were used:

Actual damage——a claim made during litigation as to the extent of injury suffered by a victim. In most physical education litigation, actual damage is in the form of bodily injury.

<u>Defendant</u>--the person or persons whom the complaint is brought against.

Governmental immunity--legislation that in some states protects government employees from being the target of lawsuits.

<u>Liability</u>--the amount of exposure to legal action a physical educator incurs as a direct result of his or her actions.

<u>Litigation</u>--the result of a complaint filed by an injured party.

Needs assessment -- a type of study or research that is done to determine the necessity of a particular program or activity.

Negligence -- the act or failure to act as a reasonable and prudent physical educator would act in a similar circumstance.

<u>Plaintiff</u>--the person or persons who bring a charge or complaint against another person or organization.

<u>Proper instruction</u>—teaching that utilizes correct techniques and educationally sound methods.

<u>Proper supervision</u>—an act of the physical education teacher that ensures all students are participating in the safest possible environment.

Risk avoidance--after identifying and evaluating a certain risk, an activity is generally terminated to avoid personal injury and litigation.

Risk management—a method of identifying particular exposures or risks in a physical education program, selecting a technique to reduce or eliminate those risks, and finally implementing and evaluating that particular technique for effectiveness.

Risk retention--after identifying and evaluating risks, an organization or individual decides to accept the consequences associated with that risk.

Risk transfer—after identifying and evaluating risks, an organization or individual decides to transfer the risk to another agency or organization usually in the form of purchasing liability insurance.

Tort -- a civil wrong done to another person that does not involve a contract and usually involves an individual who has sustained an injury.

<u>Ouestions To Be Answered</u>

Questions answered in this study include:

1. Are there any differences between public and private secondary schools in Tennessee with regard to risk management policies and procedures in physical education?

- 2. Are there any differences in risk management policies and procedures in secondary school physical education with regard to school student enrollment?
- 3. Do secondary schools in Tennessee have a specific person responsible for risk management and safety in physical education?
- 4. Have any physical education faculty and staff in Tennessee's secondary schools been formally accused of, or found guilty of, negligence in a court of law?

CHAPTER 2

Review of Literature

When considering the crippling and sometimes fatal injuries, the devastating financial losses to both physical educators and school systems, and the sky-rocketing costs of liability insurance, there is a great need for school systems to employ a plan to reduce the risk in physical education programs. This process is called risk management. Risk management has been defined as the process of planning, organizing, leading, and controlling the activities of an organization in order to minimize the adverse effects of accidental losses to that organization at reasonable cost (Head & Horn, 1985). Risk management is primarily focused on accidental risks which produce adverse outcomes (Church, 1982). These adverse outcomes frequently result in losses which can be financially devastating to physical education teachers.

Physical educators and coaches have become more aware of and concerned about the specific legal responsibilities associated with their profession (Nygaard & Boone, 1981). This concern has grown out of the rapidly increasing number of lawsuits being filed, along with the sizable financial losses that have been suffered. According to Clement (1988), many more people are willing to take risks in physical education classes. When injured, these risk-takers

are far less inclined to take responsibility for their own physical and financial losses. The increase in litigation and sizable financial awards is primarily related to the willingness of insurance companies to make generous out-of-court settlements. In addition, increased public awareness about individual legal rights, general public dissatisfaction with past and/or present programs, and a number of other factors are involved (Dougherty, 1983).

When examining the many concerns of a physical educator regarding litigation and the financial losses that can sometimes occur, it is important to realize the need for developing a comprehensive system of identifying and analyzing the risks in a program. According to Kaiser (1986), the objective of risk management is to conserve the assets and financial resources of the organization efficiently and to achieve financial stability by reducing the potential for financial loss. By combining a comprehensive risk management program with appropriate instruction, supervision, equipment, and facilities, physical educators can reduce the likelihood of litigation.

The American Alliance of Health, Physical Education,
Recreation, and Dance (AAHPERD) is committed to the safety
of physical education and sport participants. It is
important that physical educators have the knowledge to make
informed decisions regarding safe curriculum development,
while protecting themselves from litigation and possible

catastrophic financial loss. However, Alles, Buckley, and Eddy (1985) reported that AAHPERD members rarely use local statistics when planning safety programs to fit their needs. These local concerns can be addressed through the implementation of a risk management needs assessment which identifies the particular risks of individual programs.

The purpose of this study was to determine the status of risk management in secondary physical education in Tennessee. The study examined those areas within the physical education program where most accidents occur and identified current risk management strategies. Negligence and risk management in the areas of supervision, proper instruction, general medical procedures, injury treatment, and facility concerns were presented.

Injured persons often sue everyone involved with a negligence case in physical education. The practice of suing as many people as possible to receive the greatest financial reward is termed <u>deep pocket doctrine</u>. Large financial rewards have been evident in physical education for many years. For example, a 14-year-old physical education student was seriously injured during class. The result was the highest financial judgment awarded for a negligence case until that time, \$1,216,000.00 (Miller v. Cloidt and the Board of Education of the Borough of Chatham, 1964). Lowery Stehn received crippling injuries while participating in a required wrestling unit in physical

education. He was awarded \$385,000.00, reportedly the largest award by a federal court in Nashville, Tennessee, in more than a decade (Stehn v. Bernarr McFadden Foundations, Inc., 1970). In another case, 11-year-old Kelly Niles was struck with a bat during a fight that occurred in a physical education class, causing severe head injuries. Niles was awarded \$4,025,000.00, the highest personal individual injury award in United States history at that time (Niles v. City of San Rafael, 1974).

The earliest recorded liability case occurred in 1788 when a horse and carriage fell through a bridge with decaying timbers in England. The man who owned the horse claimed that the township of Devon owed him for the horse and other property he had lost during the accident. The king claimed that an individual could not be awarded financial damages from the government because it could set a trend with other citizens. Governmental immunity statutes developed as a result of this case. For many years, the doctrine of governmental immunity protected governmental agencies, as well as individuals within those agencies, from being sued for negligence. In most cases, however, governmental immunity is no longer a viable defense against negligence charges.

Liability and negligence have become familiar terms to those living in the United States, especially to physical educators. Rosenfield (1940) reported that the greatest

number of school accidents occurred during athletic and other physical education activities. According to Appenzeller and Appenzeller (1980), from 1938 to 1981 nearly all educational malpractice cases involved the teaching of physical skills. They stated that not only are the number and type of cases involving sports and physical education increasing, but sympathetic juries continue to award astronomical amounts of money in damages to sports participants and physical education students.

Liability refers to the amount of exposure to legal action an individual or agency incurs as a direct result of offering a particular program or activity (Ewert, 1989).

The liability concern most often encountered by the physical education professional is called a tort. A tort is defined as a civil wrong done to another person that does not involve a contract (Nygaard & Boone, 1981). A tort has also been described as a civil wrong in which an individual has sustained an injury and for which he or she may claim damages (McCarthy & Cambron, 1981).

McCarthy and Cambron (1981) have grouped tort actions into three major categories: (1) intentional torts, (2) strict liability, and (3) negligence. Intentional torts are committed with the desire to inflict harm and include assault, battery, false imprisonment, trespassing, and defamation. Strict liability occurs when an injury results from the creation of an unusual hazard, and the injured

party need not establish that the injury was knowingly or negligently caused. The vast majority of cases in physical education deal with negligence. Negligence is "the omission to do something which a reasonable person, guided by those ordinary considerations which ordinarily regulate human affairs, would do, or the doing of something which a reasonable and prudent person would not do" (Black, 1990, p. 1,032). Nygaard and Boone (1981) defined negligence as the failure to perform a legally owed duty as would a reasonable and prudent professional, with this failure resulting in actual damage that is causally related to the breach of duty and that should have been foreseen. Negligence has also been defined as a breach of one's legal duty to protect others from unreasonable risks of harm (McCarthy & Cambron, 1981). Teacher negligence usually results from a teacher's failure to carry out a duty owed a student, an unreasonable performance of a duty owed the student, and/or dereliction in the safety and upkeep of all supplies and equipment used by students.

Appenzeller (1978) has identified three degrees or levels of negligence. The first level is malfeasance, which is the committing of an unlawful act. Malfeasance was proven in Pennsylvania when two teachers immersed a 10-year-old boy's hand in scalding water in an attempt to stop an infection that had developed from a small wound (Guerrieri v. Tyson, 1942). As a result of the teachers' actions, the

child spent 28 days in the hospital and was permanently disfigured. The court ruled that the teachers were guilty and stated that "any prudent person should have foreseen that scalding water would aggravate the infection" (Appenzeller, 1978, p. 5).

Misfeasance, the second level of negligence, is the improper performance of a lawful act. This charge would result if a teacher taught improper techniques in a class that resulted in injury to a student. For example, if a student was allowed to lift weights and had not been instructed in the importance of having a "spotter" to help with the lift and an injury occurred, the teacher would be guilty of misfeasance.

Nonfeasance, the third level of negligence, is the failure to perform a required act. For example, a student ran through a glass door in the gymnasium and severed an artery, and the teacher failed to try to stop the bleeding. Teachers are expected to administer emergency first aid when a person's life is at stake, and failure to do so could result in negligence charges.

For a physical educator, or any teacher, to be found negligent in a court of law, certain elements must be present. There must be a legal duty of care, meaning that the person being accused of negligent conduct must legally owe a duty to the injured party. In physical education, the teacher owes this duty to the students. Second, there must

have been a breach of that duty that is owed to the student. Third, the breach of the legal duty was the proximate cause of the injury. For example, the direct action or inaction of the physical education teacher caused the injury to the victim. Finally, there must be actual damage suffered by a victim. In most physical education cases, the actual damage suffered by the victim is in the form of physical injury. All four of these elements must be present for negligence to be proven.

Appenzeller (1970) identified the following steps describing how a case is presented in court. If an accident occurs in which an individual is injured, the injured person or "plaintiff" may choose to file a complaint against the individual or agency being blamed for the injury, referred to as the "defendant." A copy of the complaint must be sent to the defendant who then must file a response to the complaint identifying the defense, which usually includes a denial that he, she, or they were at fault.

A period of time set forth by the judge, called the "discovery period," is established when all facts of the case are collected prior to going to trial. Most cases are tried before a judge and jury in a lower court. The judge is responsible for clarifying matters of the law for the jury and ruling on the admissibility of certain types of evidence. The judge can overrule the decision of the jury if he or she feels that justice was not served, in which

case a new trial would be ordered, and the process would be repeated. If both parties agree on the facts of a case, the judge will then render a ruling, and a jury will not be used. Both parties have the right to appeal the lower court's decision. If an appeal takes place, the case then goes to a higher court, called the appellate court. In the appellate court, the case is not retried, but rather a review of the lower court's ruling is examined to determine if all laws were applied correctly and whether or not all of the evidence was properly admitted. If the higher court finds error in the lower court's decision, the case is remanded or sent back to the trial court for a new trial before another jury.

Review of the literature appeared to indicate that there are three general areas in physical education in which the majority of negligence litigation was initiated. The areas are as follows: (1) proper supervision; (2) proper instruction; and (3) the design, maintenance, and proper use of equipment and facilities. These three areas are all duties of the physical educator and, when conducted properly, lead to a safer environment for students.

Proper supervision is necessary to avoid both remorse and the costly litigation that can stem from inadequate supervision (Merriman, 1993). Adams (1990) identified two types of supervision, specific and general. Specific supervision is defined by most professionals as supervision

that is needed when an activity is first being attempted by students or involves a greater amount of risk. Dougherty (1983) defined specific supervision as a direct interaction between the supervisor and one or more students. This form of supervision must be provided for students who, through lack of training, experience, or maturity, are unable to appreciate the actual risks associated with a particular activity, assess their own level of performance, and comprehend and follow established safety procedures. For example, if the activity being taught was archery, the type of supervision required would be specific.

General supervision requires that the teacher oversee activities in a whole area and is generally not instructional. The teacher must closely monitor the progress of students and be confident that no student is behaving in a manner that would multiply the chance of an injury occurring. Dougherty (1983) stated that general supervision should allow the teacher to be immediately accessible to all students and constantly alert for deviations from normal procedure and potentially hazardous conditions. An example of an activity requiring general supervision would be volleyball—especially in the latter portions of the volleyball unit, when students have learned the skills and rules necessary to participate in a safe manner.

van der Smissen (1990) termed a third form of supervision as transitional supervision. This supervision occurs when the student gradually increases in knowledge and ability and is able to progress toward safer participation, thus requiring less specific supervision. For example, in a softball unit, initially specific supervision is necessary when students are learning the fundamental skills of throwing, catching, and hitting. However, as the students become more proficient with the skills, the teacher is able to make the transition to general supervision. It is during this period between specific and general supervision that transitional methods of supervision are required.

Appenzeller (1970) indicated that for years physical education teachers have left their classes on playgrounds or gyms unsupervised while they talked to another teacher. Such a practice could lead to negligence charges should an accident occur while the teacher is inattentive to his or her class. Dailey (1985) examined court decisions regarding negligence in physical education and found that there were more than twice as many cases involving improper supervision as any other category. The duty to supervise arises out of the duty to care and is based on the relationship between the physical education teacher and the student (Merriman, 1993).

Merriman (1993) suggested a guideline which physical educators should follow to ensure proper supervision.

First, he recommended that the teacher or supervisor must be in the immediate vicinity of the activity that is being performed. This means that the teacher must be within sight and hearing of the students. Second, if the teacher is required to leave the immediate area, he or she must have an adequate replacement before departing. Not included in the category of adequate replacements are paraprofessionals, student teachers, custodial help, or untrained teachers. Finally, supervision requires that age, maturity, and skill ability of the participants be considered, along with the inherent risk of the activity.

Dougherty (1983) also developed a set of guidelines to ensure proper supervision. His guidelines focused on the importance of emergency training certification of teachers. He believed that teachers should have the proper Red Cross certifications, such as basic first aid and cardio-pulmonary resuscitation, in order to foster proper actions when a medical emergency occurs.

In addition to the importance of maintaining proper supervision in the physical education classroom, proper instruction or teaching technique is of paramount concern. The duty to properly instruct is the most basic of all responsibilities and duties placed upon physical educators (Adams, 1993). Several instances of litigation have stemmed from the failure to properly instruct. In one case, a student teacher had replaced the regular teacher on the day

an accident occurred in a golf class. There had been no instruction on the proper technique associated with the golf swing, and the risks involved in the activity were not discussed. A student was killed after being struck in the head with a golf club. Witnesses indicated that the only instruction the student had received came from the student who delivered the fatal blow. Another point in the case was the fact that the class consisted of nearly 60 students and two teachers. All students were swinging golf clubs simultaneously (Brahatcek v. Millard School District #17, 1979).

Very few sports or physical activities are regarded as unsafe. In the event of accidental injury, the question is not whether the activity was safe, but whether or not it was properly conducted (Dougherty, 1983). Dougherty defined proper conduction of the activity as the selection of skills and tasks which are reasonable and appropriate for the age and skill levels of the students, while providing instruction which is factually correct and appropriately detailed to ensure participant success. The teacher must warn the students of potential hazards and tell them how these can be avoided.

Another major cause of accidents and injury in sport and physical education activities is inappropriate selection and/or maintenance of facilities and equipment. Powell (1983) pointed out that athletic and/or physical education

departments have the responsibility to inspect and properly maintain any participation area and to identify and remove a potential hazard. He further stated that this inspection and facility maintenance must include controls for heat and light in the facilities, playing surface checks, and proper inspection of locker rooms. Improper design of athletic and physical education facilities and fields is also a concern when discussing risk management. In many instances, schools were designed and constructed when the standards may not have been as stringent as they are today (Cody & Dise, 1991). Obtaining money for facility improvements may be difficult, but the fact remains that lack of funds to maintain or improve a facility will not serve as a successful defense in a court of law.

Maloy (1993) indicated that a facility manager has the obligation to take reasonable precautions to keep spectators and users safe. He listed three legal responsibilities of physical educators regarding facility safety: (1) inspecting the facility, (2) warning of unknown risks or dangers, and (3) maintaining and/or repairing facilities.

Inspecting the facility requires that the person or persons responsible for the management of a building or outdoor facility must periodically check for safety hazards which could result in injury to students. Areas, such as walkways, parking lots, and hallways, must also be inspected, along with more obvious facilities, such as

buildings, playing fields, and gymnasia. According to Maloy (1993), the inspection phase is the foundation for all other safety obligations related to the facility.

McGregor and MacDonald (1990) suggested that there are informal and formal inspections. Informal inspection is an ongoing process where floor surfaces are examined for unsafe protrusions or wetness. Other things, such as broken glass, unstored equipment, and trash left in play areas, should be identified and corrected prior to any instructional activity. Formal inspection refers to quick pre-activity checks and regular comprehensive inspections. This type of inspection is usually done with a checklist, documented, and filed.

Warning of potential risks, whether apparent or not, is legally owed to a person who has paid, or was invited to use a particular facility. Students are generally considered to have been invited to the school and are therefore classified as invitees. This status of being an invitee gives students the right to expect a hazard-free environment in which to participate.

Maloy (1993) stated that the person responsible for facility safety has the responsibility to warn all participants, regardless of whether or not the risk appears obvious. For example, areas that are under repair or construction should be clearly marked with explicit instructions on how to avoid the area. He also stated that

it is a good idea to have any signage inspected by legal council to determine if the document will serve as a defense in the event of litigation.

Maintaining or repairing facilities means that there is a duty to act in a proactive manner to ensure that facilities are properly maintained instead of responding reactively when facilities or equipment become broken or unsafe. Students have the right to assume that a facility is free of dangerous defects. For example, a student may assume the risk of falling down while playing softball in a physical education class, but he or she does not accept the risk if the fall was caused by an improperly maintained playing field. In Pennsylvania, a high school student tripped while playing lacrosse on a field that was rutted from erosion and poor maintenance and sued the school district for damages (Seiferth v. Downington Area School District, 1992).

Christiansen (1986) suggested four guidelines for reducing chances of litigation occurring in a physical education or recreation setting. The first is proper development of school grounds with inherent hazards. An inherent hazard or risk is a natural condition of the environment which could be dangerous in some situations. An example of an inherent hazard would be a dead tree that is still standing, with the potential of falling on an activity area. Other hazards are poisonous snakes or other

potentially dangerous wildlife, cliffs or drop-offs, lakes or streams, or any other condition that could result in injury to a student. Several options are available to the person who is responsible for maintaining physical education facilities when an inherent danger exists. These include eliminating the hazard, limiting student access to the hazard, and/or providing proper warning of the hazard.

The most definite way of reducing the likelihood of an accident occurring is to eliminate the hazard. For example, cutting the dead tree could produce a potential problem. However, in many cases, the object causing the hazard potential cannot be removed from the vicinity of the activity area. For instance, a dangerous rock cliff or a lake or stream is located near the school's property. In this case, the facility supervisor or physical education department personnel should implement the remaining two options to reduce the chances of an accident occurring.

The second avenue available is to limit the students' access to the particular hazard. This could range from constructing a fence to re-routing pedestrian traffic away from these areas. Many of the problems encountered when attempting to re-route students could be prevented by assessing the building site prior to construction.

The third and final option is to provide proper warning of the hazardous area. This would include both verbal warnings from the physical education teachers, recreation

leaders, and administrators, as well as adequate signage on the premises. It is important to place the warning signs in highly visible areas of the facility, such as the entrance or on gates providing access to the facilities. This is especially important if the facility or hazard is deemed an attractive nuisance. Under the doctrine of attractive nuisance, a possessor of property may be held liable for injuries to trespassing children if their presence on that property should have been reasonably anticipated by the landowner and there is a likelihood that a child would be enticed by the condition which exists (Kaiser, 1986).

Aside from reducing the inherent hazards of a facility, Christiansen (1986) indicated in a second guideline another way to reduce the chances of facility litigation. This is accomplished by conforming to standards set by the appropriate governing body of an activity or sport that the physical education department offers. For the most part, areas of play are designed to meet proper specifications so that any competition held on those courts or fields will be official in nature and meet standards for sanctioned play. The potential for injury exists in the physical education classroom every time a class is allowed to participate on an area that is too small for that particular activity. For example, if the students are participating in volleyball, which according to the rules has 6 players on each team, and the teacher has allowed a game with 10 on a team, the

potential for litigation from an injury is present. The lack of facility space is often a concern of physical educators, especially when inclement weather exists.

However, placing large numbers of students in an activity designed for small groups can lead to dangerous situations resulting in lengthy lawsuits and costly financial losses.

Christiansen's (1986) third guide to reducing litigation is adherence to health, sanitation, fire and panic, and other public safety codes and regulations. Areas requiring attention to hygienic concerns are swimming pools and shower and locker facilities. Christiansen (1986) suggested that physical educators should not overlook the importance of fire codes and the condition of fire extinguishers, as well as the importance of maintaining fire detection devices. They should be trained in the operation of fire extinguishers and proper procedures for directing and evacuating students in the event of an emergency.

According to Christiansen (1986), the fourth guide is to provide designated, functional emergency facilities, such as a nurse's office or properly equipped first aid rooms. He also recommended that physical education facilities contain provisions available for emergency situations, including first aid supplies, instructions in proper emergency care, and information on emergency circulation. Emergency circulation routes and entrances should be preplanned for access of emergency vehicles onto school

grounds. This would include evacuation routes for safe removal of students, faculty, and staff. Pre-planned methods indicating the direction of pedestrian and vehicular traffic flow to eliminate congestion should be included in the emergency circulation plan. Planned routes should be clearly posted at the facility, as well as discussed by teachers with their individual physical education classes.

Christiansen (1986) stressed that communication is important during emergency situations. Physical education facilities should have public telephones that are readily available in the event of an emergency. Emergency telephone numbers should be clearly posted at telephone sites. If the 911 system is available, dispatchers in the area should have the school's emergency plan on file so that specific instructions can be given to emergency personnel while they are en route to the school.

Avoiding costly litigation should be an incentive for physical educators to develop a risk management plan. Ewert (1989) reported that effective risk management provides a continuous, ongoing educational process. A systematic plan should be implemented to integrate the school, physical education teachers, and students. Risk management plans have been designed to reduce the number and severity of injuries that occur in sport and physical education settings. Program leaders have taken it upon themselves to

develop and integrate appropriate plans to eliminate as many sport-related injuries as possible (Gray, 1991).

According to several authorities (Clement, 1988; Kaiser, 1986; van der Smissen, 1990), a risk management program includes four basic steps. The first of these is risk identification.

When identifying risks, van der Smissen (1990) indicated that there are four categories in which all forms of risk fall: (1) property exposure, (2) public liability (excluding negligence in program services), (3) public liability (negligence in program services), and (4) business operations.

Property exposure includes damages that could happen to facilities and equipment, or equipment that has been loaned or leased to a particular school. When identifying these risks, it is important to make a list of all property on the premises and then estimate the possible damages or loss that could occur due to fire, natural disasters, theft, or vandalism (Cotten, 1993). Public liability (excluding negligence) includes risks that are associated with employee actions, such as malpractice, intentional torts, and invasion of privacy. Public liability (negligence) would include employee actions associated with professional responsibilities performed incorrectly, such as improper instruction or supervision. Physical educators should assess their particular programs to determine where possible

exposures exist and what the result of these exposures would be on the program and its participants. It is important to consider the number and professional training of the personnel involved, as well as the number of students that would be participating in the physical education program (Cotten, 1993). Business operations should be evaluated to determine personnel-related risks, such as embezzlement and employee dishonesty. In addition, risks due to natural disasters or health-related reasons should be examined through a comprehensive risk identification program.

After identifying the risks in a physical education program, the next phase of the risk management plan is evaluation. Risk evaluation involves measurement techniques that range from the simple to complex. All measurement techniques involve assessing the probability of a loss occurring, maximum and minimum severity of such a loss, predictability of a loss in a given time period, and the financial resources that are available to meet these particular losses (Kaiser, 1986).

The third stage of a risk management program is to select a risk treatment measure. During this phase, the particular circumstance dictates which treatment is selected. Risk avoidance is a possible risk treatment. This means that after a particular risk has been identified, the potential severity of that event occurring outweighs the benefits of offering that particular activity. Avoidance is

an unacceptable approach to risk management for physical education and athletics (van der Smissen, 1990). However, as the decline in trampoline activities will attest, this has been a choice of many physical education departments.

A second treatment measure that can be utilized is risk reduction. This involves selecting methods that will reduce the frequency and/or the severity of an accident or loss, should it occur. For example, conducting safety evaluations of facilities, using preventative maintenance, and developing safety rules for facilities and physical education activities will foster a reduction of risk.

Another option available for a treatment measure is risk retention. This occurs when an individual or organization has identified a particular risk and has decided that the benefits of a particular activity or program outweigh the potential losses involved in an accident. Retention can be either passive or active (Kaiser, 1986). Passive retention means that physical educators are not aware of or do not attempt to manage risks that are present within their programs. Active retention exists when a physical education department has identified a particular risk and has discussed implementing other forms of risk management strategies, but decides to accept the risk and pay for any losses out of its own budget. form of risk management is most popular when coupled with a form of risk transfer.

Risk transfer, the final option available, involves the transference of the risk from one party to another. Transferring risks should be considered if the financial situation of a particular agency is such that it could not afford to pay a large sum of money (Kaiser, 1986). Therefore, risks associated with high frequency and large losses are ideal for transference. The most common method of transferring the risk to another party is by purchasing liability insurance. Insurance can be purchased for a variety of situations. It is important when selecting a policy to understand fully the benefits of the coverage, as well as those situations not covered. It is also necessary that the buyer of the policy be familiar with the laws of the particular state in which it was purchased. Some states still provide governmental immunity to state employees; however, a limited number of states indicated that the purchase of liability insurance nullifies any governmental immunity.

For physical educators to become more effective in reducing the number and severity of accidents occurring in their classes, it is important to have a basic knowledge of tort law and negligence. Physical educators must be aware of the concept of risk management and be able to develop a risk management strategy if they are to reduce future accidents and liability litigation. By identifying the risks of a physical education program and acting in a

prudent manner to reduce the risks, physical education will be a more challenging, rewarding, and most importantly a safer experience for students.

CHAPTER 3

Methods and Procedures

This study examined the current status of risk management policies and procedures in secondary school physical education programs in Tennessee. The methods and procedures used in this study are accurately discussed in this chapter, which features descriptions of the subjects, questionnaire, and treatment of data.

Nature of the Sample

One hundred and sixty schools were chosen as the representative sample for this research project. schools were randomly selected throughout the state of Tennessee and were sent a questionnaire regarding the current status of their physical education risk management Subjects were all secondary school public and private physical education department heads or the person whom the principal of the school designated as the best qualified staff member to answer questions regarding risk management in physical education. The subjects were selected without bias to extraneous variables, such as age, gender, race, and religious affiliation. Public secondary schools with grade spans of 7-12, 8-12, 9-12, and 10-12 were selected, with the majority of schools falling in the traditional 9-12 grade range. Most private schools contained all grade levels (K-12), making it necessary to

regard these institutions as secondary schools. Respondents were notified that the questionnaire specifically addressed the secondary portion (7-12) of these particular schools. Of the 248 public secondary schools in Tennessee, 99 were chosen for this study. There were 171 private schools from which 61 were randomly selected. These 99 public schools and 61 private schools comprised 40% of the total school population in Tennessee.

The Instrument

This study utilized a questionnaire to gather the appropriate data. The review of related literature resulted in the discovery of a valid and reliable instrument which assessed risk management practices in intercollegiate athletics (Girvan, 1991). The instrument developed by Girvan had been based on a questionnaire focusing on risk management in secondary school athletics (Rushing, 1989). For implementation in this study, the questionnaire was modified to focus primarily on physical education. Therefore, the instrument had to be reviewed in order to ensure acceptable reliability and validity standards. review was done by a panel of experts within the fields of risk management, sport law, and legal liability in physical The national panel included Dr. Linda Sharp of Indiana University, Dr. Annie Clement of Cleveland State University, Dr. Lori Miller of the University of Louisville, and Dr. Stella Levadi and Dr. Peter Cunningham of Middle

Tennessee State University. Panel members made recommendations to strengthen the study, most of which were implemented.

A cover letter explaining the study was included on the first page of the questionnaire. A statement regarding the confidentiality of all information was included in the cover letter. The instrument contained 63 questions which were organized into four categories: (1) demographics, (2) facilities and equipment standards, (3) the physical education program, and (4) medical standards and practices. Questions were arranged so that four possible options existed. These options were as follows: addressed formally, addressed informally, not presently being addressed, and is not applicable.

Procedures

The names and addresses for the study were obtained from the 1993-1994 Directory of Public and Private Schools of Tennessee, published by the Tennessee Department of Education. Questionnaires were mailed to the randomly selected school principals, with a self-addressed envelope to assist with returns. The principals of these schools were charged with distributing the instrument to physical education department chairs or the person they deemed most qualified to answer questions regarding risk management in physical education. After a period of three weeks, a follow-up postcard was sent to those who had not returned

the questionnaire. Three weeks after the postcard was mailed, a second questionnaire was sent to those who had not yet responded.

Treatment of the Data

Analysis of the data was conducted based upon two variables: (1) type of the school (public or private) and (2) size of the school (student enrollment). Data were analyzed by determining frequencies and percentages, as well as the implementation of the chi-square analysis to determine significant differences between the two variables.

CHAPTER 4

Analysis of the Data

The purpose of this investigation was to determine the current status of risk management policies and procedures presently exercised in secondary school physical education programs in Tennessee. The data collected for this study were obtained by means of a questionnaire that was distributed in the spring of 1994. One hundred and sixty questionnaires were sent to principals of secondary schools in Tennessee. They were asked to distribute the instrument to the department head or chair of the physical education program, or the person they deemed most qualified to answer questions regarding risk management in physical education. Of the 160 questionnaires sent, 99 were mailed to public schools, and 61 were mailed to private schools.

Analysis of Demographic Data

Thirty-two public schools and 19 private schools returned the questionnaire in usable form. Seven private schools returned the questionnaire indicating that a physical education program does exist in their schools, but the items on the questionnaire do not apply to their particular situations. One private school had closed in the previous academic year. The total response rate for the study was 59 schools (37.0%). The reader should note that public and private school respondent totals may vary from

32 and 19 in this chapter. This is because some respondents did not answer every item on the questionnaire.

Respondents were asked to indicate the enrollment of their schools. None of the 30 public schools responding to this question reported enrollments of less than 250. Seven public schools (21.9%) indicated student populations of 251-500. Five public schools (15.6%) indicated a student enrollment of 501-750. Seven public schools (21.9%) reported an enrollment of 751-1,000. Eight public schools (25.0%) reported enrollments of 1,001-1,300, and three public schools (9.4%) indicated an enrollment of 1,301-1,500. Two public schools (6.3%) reported an enrollment of above 1,500 (see Table 1).

Table 1
Public School Enrollment

Enrollment	Frequency	*
Below 250	0	00.0
251- 500	7	21.9
501- 750	5	15.6
751-1,000	7	21.9
1,001-1,300	8	25.0
1,301-1,500	3	9.4
Above 1,500	2	6.3

Of the private schools surveyed, 13 schools (76.5%) reported that their school enrollments are below 250. Two private schools (11.8%) reported a student population of 251-500, and two private schools (11.8%) indicated enrollments between 501-750. Two private schools failed to indicate their student enrollments on the questionnaire. No private schools that returned the questionnaire reported having enrollments of greater than 750 (see Table 2).

Table 2
Private School Enrollment

Enrollment	Frequency	8
Below 250	13	76.5
251-500	2	11.8
501-750	2	11.8
Above 750	o	00.0

Respondents were asked if any physical education teachers have been found guilty of negligence in a court of law. A second question on the issue of negligence asked if any physical education teachers have been formally accused of negligence. With regard to both of these questions, all public and private respondents (100%) indicated that no

physical education teachers have been found guilty of negligence nor have any been accused.

Respondents were asked if there is a specific person responsible for safety or risk management at their schools. Of the 49 schools responding to this question, 48 schools (98.0%) indicated the issue is addressed formally or informally. Of these 48 schools, 32 schools (65.3%) fell into the informally addressing category.

The instrument used in this study was divided into three sections with questions intended to specifically examine the following areas: (1) facility and equipment standards, (2) the physical education program, and (3) medical standards and practices. Analysis of the data was conducted in a manner which would allow results to be described based upon the variables of type of school (public or private) and size of school (student enrollment).

Analysis of the Equipment and Facility Standards

Respondents were asked to indicate where they believe most accidents occur in their physical education programs. Thirty-four schools (69.4%) indicated that most accidents occur in the gymnasium. Twenty-seven public schools (90.0%) indicated the gymnasium. Of the remaining public schools, one (3.3%) reported the aerobic/wrestling room; one (3.3%) indicated the locker room; and one (3.3%) reported that outdoor facilities produce most of the accidents within their physical education programs (see Table 3).

Table 3
Public School Physical Education Accidents

Accident location	Frequency	*
Gymnasium	27	90.0
Weight room	0	00.0
Aerobic/Wrestling room	1	3.3
Locker room	1	3.3
Outdoor facilities	1.	3.3
Other	0	00.0

Private school respondents indicated that the greatest percentage of accidents occur at outdoor facilities. Ten private schools (52.6%) indicated that most accidents occur at outdoor facilities in their physical education programs. Seven private schools (36.8%) indicated the gymnasium produces the most accidents. One private school (5.3%) reported the locker room, and one private school (5.3%) indicated that an area designated as the "punching bag" is responsible for the greatest number of accidents (see Table 4). Based upon chi-square analysis, when the public and private schools were compared in regard to where most accidents occurred, the differences were significant at the .001 level.

Table 4
Private School Physical Education Accidents

Accident location	Frequency	*
Gymnasium	7	36.8
Weight room	0	00.0
Aerobic/Wrestling room	0	00.0
Locker room	1	5.3
Outdoor facilities	10	52.6
Other	1	5.3

When asked if all equipment and facilities are within the guidelines of federal statutes (Americans with Disabilities Act, Public Law 94-142, etc.), 37 schools (72.5%) indicated that this issue is addressed either formally or informally. Eight schools (15.7%) reported the issue is not presently being addressed, and six schools (11.8%) reported the question is not applicable to their programs.

Examination of the responses of the 32 public schools to this item revealed the following: 21 public schools (65.6%) indicated this issue is addressed formally; 7 public schools (21.9%) indicated this issue is addressed informally; 3 public schools (9.4%) reported this issue is not presently being addressed; and 1 public school reported

the question does not apply to its physical education program. Of the 19 private schools reporting, 7 private schools (36.8%) indicated the issue is addressed formally; 2 private schools (10.5%) indicated the issue is addressed informally; 5 private schools (26.3%) reported the issue is not presently being addressed; and 5 private schools (26.3%) reported the question is not applicable to their situations (see Table 5). A chi-square analysis determined that these differences between public and private schools with regard to all equipment and facilities meeting federal guidelines were significant at the .02 level.

Table 5

Equipment and Facilities within Federal Guidelines by Response Selection

	Public sc	hools	Private schools		Overal	Overall	
Response selection	Frequency	*	Frequency	*	Frequency	8	
Addressed formally	21	65.6	7	36.8	28	54.9	
Addressed informally	7	21.9	2	10.5	9	17.6	
Not addressed	3	9.4	5	26.3	8	15.7	
Not applicable	1	3.1	5	26.3	6	11.8	

When asked if the inspection of facilities and equipment is conducted with handicapped students in mind to remove obstacles and provide them with adequate access and opportunity to participate, 37 schools (71.0%) indicated this issue is addressed either formally or informally, with 7 schools (13.5%) reporting that the issue is not presently being addressed. Seven schools (13.5%) reported the question is not applicable to their physical education programs.

Further examination of the responses of the 32 public schools to the issue of inspection done with handicapped students in mind revealed the following: 14 public schools (43.7%) indicated the issue is addressed formally; 15 public schools (46.8%) indicated the issue is addressed informally; and 2 public schools (6.2%) reported the issue is not presently being addressed. One public school (3.1%) reported the question is not applicable. Of the 19 private schools responding, 5 private schools (26.3%) indicated the issue is addressed formally; 3 private schools (15.8%) indicated the issue is addressed informally; and 5 private schools (26.3%) reported the issue is not presently being addressed. Six private schools (31.6%) reported the question does not apply to their physical education programs (see Table 6). Chi-square analysis was utilized to determine if there was a statistically significant difference between public and private schools in regard to

the inspection of facilities with handicapped students in mind. It was found that the comparison was significant at the .005 level.

Table 6

Inspection Done with Handicapped Students in Mind by Response Selection

	Public scl	hools	Private schools Overal		.1	
Response selection	Frequency	¥	Frequency	*	Frequency	*
Addressed formally	14	43.7	5	26.3	19	36.5
Addressed informally	15	46.8	3	15.8	18	34.6
Not addressed	2	6.2	5	26.3	7	13.5
Not applicable	1	3.1	6	31.6	7	13.5

An examination of differences with regard to student enrollment revealed that the majority of the smallest size schools (below 250) reported the issue of inspections with handicapped students in mind is not presently being addressed or the question is not applicable. Larger schools (above 250) reported the issue is addressed formally or informally (see Table 7). These differences with regard to enrollment were not determined to be statistically significant.

Table 7

Inspection of Facilities and Equipment with Handicapped in Mind by Enrollment

Enrollment	Addressed formally	Addressed informally	Not addressed	Not applicable
Below 250	3	2	3	5
251- 500	5	2	2	o
501- 750	3	2	o	2
751-1,000	3	3	1	0
1,001-1,300	4	4	o	0
1,301-1,500	o	3	0	0
Above 1,500	0	1	0	1
Total	18	17	6	8
*	(36.7%)	(34.7%)	(12.2%)	(16.3%)

When respondents were asked to indicate if an objective checklist is used for the inspection of facilities and equipment, 10 schools (19.6%) indicated the issue is addressed formally, and 18 schools (35.3%) indicated the issue is addressed informally (see Table 8). Of the 51 respondents (public and private schools) that answered this question, 19 respondents (37.3%) reported the issue is not presently being addressed at their schools. Four schools (7.8%) reported the question is not applicable.

Table 8

Objective Checklist Used for Facility Inspection (Public and Private Schools)

Response selection	Frequency	8
Addressed formally	10	19.6
Addressed informally	18	35.3
Not addressed	19	37.3
Not applicable	4	7.8

When asked if there is a specific person responsible for the inspection and repair of equipment, 35 schools (72.9%) indicated this issue is addressed either formally or informally. The five schools (62.5%) in the enrollment classification of 1,001-1,300 were the largest group addressing the issue formally. A majority of all schools reporting (75.0% or 36 schools) indicated the issue of having telephones available in indoor facilities is addressed formally or informally. However, when asked if telephones are available at outdoor facilities, only 17 schools (35.5%) indicated this issue is addressed formally or informally. Of the schools reporting the issue is not presently being addressed or the question is not applicable, 16 schools (60.8%) had enrollments of 500 or less (see Table 9).

Table 9

Availability of Telephones at Outdoor Facilities
by Enrollment

Enrollment	Addressed formally	Addressed informally	Not addressed	Not applicable
Below 250	2	2	5	4
251- 500	1	1	7	0
501- 750	2	1	2	1
751-1,000	2	2	2	1
1,001-1,300	1	2	4	1
1,301-1,500	o	o	2	1
Above 1,500	0	1	1	0
Total	8	9	23	8
*	(16.7%)	(18.7%)	(47.9%)	(16.7%)

Analysis of the Physical Education Program

The second area of data analysis focused upon items in section 2 of the questionnaire which examined the physical education program. When asked if high-risk activities are eliminated from the program when qualified instruction is not available, 48 schools (94.1%) indicated the issue is addressed either formally or informally. Two schools (3.9%) reported the issue is not presently being addressed.

An examination of the differences between public and private schools revealed that 25 public schools (78.1%)

indicated the issue of eliminating high-risk activities is addressed formally, and 7 public schools (21.9%) indicated the issue is addressed informally. There were no public schools reporting that the issue is not presently being addressed or the question is not applicable to their programs. Of the private schools responding to this question, 6 private schools (31.6%) indicated the issue is addressed formally, and 10 private schools (52.6%) indicated the issue is addressed informally. Two private schools (10.5%) reported the issue is not presently being addressed, and one private school (5.3%) reported the question does not apply (see Table 10). The differences between public and private schools in how they address this issue, through

Table 10

Elimination of High-Risk Activities by Response Selection

	Public sc	hools	Private schools Overall		1	
Response selection	Frequency	*	Frequency	8	Frequency	8
Addressed formally	25	78.1	6	31.6	31	60.8
Addressed informally	7	21.9	10	52.6	17	33.3
Not addressed	0	00.0	2	10.5	2	3.9
Not applicable	o	00.0	1	5.3	1	2.0

implementation of chi-square analysis, was statistically significant at the .005 level.

An item contained in the physical education program section asked respondents to identify if special supervision (cooperating teacher, mentor, etc.) is provided for less experienced physical education teachers (student teachers) until they become more qualified. Examination of responses of all schools revealed that 27 schools, or slightly more than half (54.0%), indicated the issue is addressed formally or informally. Eleven schools (22.0%) reported the issue is not presently being addressed, and 12 schools (24.0%) reported the question is not applicable.

Further analysis of the data revealed that of the 31 public school respondents for the question, 12 public schools (38.7%) indicated the issue is addressed formally, 9 public schools (29.0%) indicated the issue is addressed informally, and 6 public schools (19.4%) reported the issue is not presently being addressed. Four public schools (12.9%) reported the question does not apply to their physical education programs.

Of the 19 private schools reporting, 5 private schools (26.3%) indicated the issue is addressed formally, 1 private school (5.3%) indicated the issue is addressed informally, and 5 private schools (26.3%) reported the issue is not presently being addressed. Eight private schools (42.1%) reported the issue of providing a supervising teacher does

not apply to their physical education programs (see Table 11). Based upon chi-square analysis, these differences between public and private schools in regard to providing special supervision for less experienced teachers were statistically significant at the .04 level.

Table 11

Providing Special Supervision for Less Experienced Teachers
by Response Selection

	Public scl	hools	Private schools		Overal:	Overall	
Response selection	Frequency	8	Frequency	¥	Frequency	*	
Addressed formally	12	38.7	5	26.3	17	34.0	
Addressed informally	9	29.0	1	5.3	10	20.0	
Not addressed	6	19.4	5	26.3	11	22.0	
Not applicable	4	12.9	8	42.1	12	24.0	

With regard to student enrollments concerning the issue of providing special supervision for less experienced teachers, smaller enrollments (below 500) reported the issue is not presently being addressed or the question does not apply to their programs. Eight schools (61.6%) in the below-250 group and six schools (85.7%) in the 251-500 group responded in this manner. The majority (75.0%) of the

larger schools (751-above 1,500) indicated the issue is addressed formally or informally. Only four schools (25.0%) in these larger enrollment categories reported the issue is not presently being addressed or the question is not applicable (see Table 12).

Table 12

Providing Special Supervision for Less Experienced Teachers
by Enrollment

Enrollment	Addressed formally	Addressed informally	Not addressed	Not applicable
Below 250	4	1	3	5
251- 500	0	1	4	2
501- 750	4	1	1	1
751-1,000	4	2	o	1
1,001-1,300	3	2	3	0
1,301-1,500	2	0	O	1
Above 1,500	0	2	0	0
Total	17	9	11	10
%	(36.2%)	(19.1%)	(23.4%)	(21.3%)

Respondents were asked to indicate whether their school districts conducted an annual review of accident data and trends in physical education injury prevention. The data revealed that only 9 schools (18.0%) indicated the issue is

addressed formally and 13 schools (26.0%) indicated the issue is addressed informally. Twenty schools (40.0%) reported that conducting an annual review of accident data in physical education is not presently being addressed. Eight schools (16.0%) reported the question is not applicable.

When comparing public and private schools in regard to conducting an annual review of accident data, a significant difference (.01) was noted. Of the 31 public schools answering this questions, 17 public schools (54.9%) indicated the issue is addressed either formally or informally, while only 5 private schools (26.3%) indicated the issue is addressed either formally or informally. Thirteen public schools (41.9%) and seven private schools (36.8%) reported the issue is not presently being addressed. One public school (3.2%) reported the question does not apply to its program, while seven private schools (36.8%) indicated the same response (see Table 13).

Examination of student enrollments with regard to conducting an annual review of accident data revealed that 26 schools (55.3%) reported the issue is not presently being addressed or the question does not apply to their programs. Ten (76.9%) of the 13 schools in the enrollment group of below-250 responded in this manner. In the enrollment group of 251-500, five (71.4%) of the seven schools reported the issue is not presently being addressed. Although 45% of the

larger schools (751-above 1,500) reported the issue is not presently being addressed or it does not apply, the majority (55.0%) indicated the issue is addressed formally or informally (see Table 14).

Table 13

Annual Review of Accident Data and Trends in Injury Prevention by Response Selection

Response selection	Public schools		Private schools		Overall	
	Frequency	8	Frequency	£	Frequency	8
Addressed formally	6	19.4	3	15.8	9	18.0
Addressed informally	11	35.5	2	10.5	13	26.0
Not addressed	13	41.9	7	36.8	20	40.0
Not applicable	1	3.2	7	36.8	8	16.0

One question focused on whether or not the physical education department has an established philosophy which includes objectives and policies relative to the school's physical education program and if an interpretation of this philosophy is presented to the faculty, administrators, students, and parents. Of the 50 schools (public and private) that responded to this question, 29 schools (58.0%) indicated the issue is addressed formally, and 12 schools

(24.0%) indicated the issue is addressed informally. Seven schools (14.0%) reported the issue is not presently being addressed, and two schools (4.0%) reported the question does not apply to their programs.

Table 14

Annual Review of Accident Data and Trends in Injury Prevention by Enrollment

Enrollment	Addressed formally	Addressed informally	Not addressed	Not applicable	
Below 250	3	0	5	5	
251- 500	0	2	5	0	
501- 75 0	2	3	1	1	
751-1,000	2	2	2	1	
1,001-1,300	2	3	3	o	
1,301-1,500	0	2	1	0	
Above 1,500	0	0	2	0	
Total	9	12	19	7	
%	(19.1%)	(25.5%)	(40.4%)	(14.9%)	

Table 15 indicates that 22 public schools (71.0%) reported the issue of establishing and relating a physical education philosophy is addressed formally. Five public schools (16.1%) indicated the issue is addressed informally, and four schools (12.9%) reported the issue is not presently

being addressed at their schools. There were no public schools that reported the question is not applicable. Of the 19 private schools reporting, 7 private schools (36.8%) indicated the issue is addressed formally, and 7 private schools (36.8%) indicated the issue is addressed informally. Three private schools (15.8%) reported the issue of establishing a philosophy in physical education is not presently being addressed, while two private schools (10.5%) reported the question does not apply to their situations. Based upon chi-square analysis, the differences between public and private schools on this question were determined to be significant at the .05 level.

Table 15

Established Physical Education Philosophy
by Response Selection

Response selection	Public schools		Private schools		Overall	
	Frequency	8	Frequency	ş	Frequency	£
Addressed formally	22	71.0	7	36.8	29	58.0
TOTALETY	22	71.0	,	30.0	23	30.0
Addressed			_			
informally	5	16.1	7	36.8	12	24.0
Not addressed	4	12.9	3	15.8	7	14.0
Not applicable	0	00.0	2	10.5	2	4.0

When discussing student enrollments in regard to an established philosophy, five schools (38.5%) in the below-250 group reported the issue is not presently being addressed or the question is not applicable. However, across all enrollments, 38 schools (80.9%) indicated the issue is addressed either formally or informally.

The questionnaire asked if each physical education position has a job description for the selection of qualified personnel which stresses the importance of student safety. Of the 51 respondents (public and private) who answered this question, 24 schools (47.1%) indicated the issue is addressed formally, and 11 schools (21.6%) indicated the issue is addressed informally. Thirteen schools (25.5%) reported the issue is not presently being addressed, and three schools (5.9%) reported the question does not apply to their physical education programs.

In reference to differences between public and private schools in regard to job descriptions, Table 16 notes that 16 public schools (50.0%) indicated the issue is addressed formally, 9 public schools (28.1%) indicated the issue is addressed informally, and 7 public schools (21.9%) reported the issue is not presently being addressed. No public schools reported the question as not applicable. An examination of the responses of private schools revealed that eight private schools (42.1%) indicated the issue is addressed formally, and two private schools (10.5%)

indicated the issue is addressed informally. Six private schools (31.6%) reported the issue is not presently being addressed, and three private schools (15.8%) reported the question is not applicable to their programs. Although these differences were not determined to be statistically significant, it is noteworthy to mention that nine private schools (47.4%) reported that this particular issue is either not presently being addressed or the question is not applicable to their physical education programs. Only seven public schools (21.9%) reported the issue is not presently being addressed, and no public schools reported the question is not applicable.

Table 16

Job Description Which Stresses Safety
by Response Selection

Response selection	Public schools		Private schools		Overall	
	Frequency	¥.	Frequency	ጜ	Frequency	%
Addressed formally	16	50.0	8	42.1	24	47.1
-	20	5515	J		a -1	
Addressed informally	9	28.1	2	10.5	11	21.6
Not addressed	7	21.9	6	31.6	13	25.5
Not applicable	0	00.0	3	15.8	3	5.9

Respondents were asked if there is a clear, written policy for identifying and correcting potential hazards within the physical education program. The data showed that differences between public and private schools in regard to this question were not statistically significant. However, the similarities between the two types of schools were noteworthy. Examination of responses of both types of institutions together revealed that, of the 51 reporting schools, 32 public schools (64.7%) indicated the issue is addressed either formally or informally. Sixteen public schools (31.4%) reported the issue is not presently being addressed, and 2 public schools (3.9%) reported the question does not apply to their physical education programs. Table 17 indicates that of the 19 private schools that responded, 8 private schools (42.1%) reported the issue of having a written policy of identifying and correcting hazards is not presently being addressed.

When respondents were asked if an attorney is consulted whenever there is uncertainty regarding the legality of a specific practice in physical education, 14 schools (26.4%) indicated the issue is addressed formally. Of these 14 schools, 11 (78.5%) were public schools. Fifteen schools (29.4%) reported the issue is not presently being addressed (see Table 18). There were no statistically significant differences noted between public and private schools on this question.

Table 17
Written Policies for Identifying and Correcting Hazards by Response Selection

	Public schools		Private schools		Overall	
Response selection	Frequency	*	Frequency	8	Frequency	8
Addressed						
formally	10	31.3	3	15.8	13	25.5
Addressed						
informally	13	40.6	7	36 .8	20	39.2
Not addressed	8	25.0	8	42.1	16	31.4
Not applicable	1	3.1	1	5.3	2	3.9

When all respondents were asked if physical education teachers attended seminars and/or workshops that dealt with legal liability, 14 schools (27.5%) indicated the issue is addressed formally, and 16 schools (31.4%) reported the issue is not presently being addressed. Eighteen schools (35.3%) indicated the issue is addressed informally. When examining differences between public and private schools on the issue of attending legal liability seminars, no significant differences were found. However, of the 19 private schools that reported, 9 private schools (47.4%) reported the issue is not presently being addressed. Only seven public schools (21.9%) reported similarly (see Table 19).

Table 18

Consultation of an Attorney on Physician Education Issues by Response Selection

	Public scl	Public schools		Private schools		Overall	
Response selection	Frequency	¥	Frequency	£	Frequency	8	
Addressed formally	11	34.4	3	15.8	14	27.5	
Addressed informally	10	31.3	5	26.3	15	29.4	
Not addressed	8	25.0	7	36.8	15	29.4	
Not applicable	3	9.4	4	21.1	7	13.7	

Table 19

Attendance of Physical Education Teacher at Legal Liability Seminars by Response Selection

	Public sc	schools Private so		hools	Overall	
Response selection	Frequency	8	Frequency	8	Frequency	ę,
Addressed formally	10	31.3	4	21.1	14	27.5
Addressed informally	14	43.8	4	21.1	18	35.3
Not addressed	7	21.9	9	47.4	16	31.4
Not applicable	1	3.1	2	10.5	3	5.9

With regard to student enrollment on the issue of teachers attending legal liability seminars, 12 of the 22 schools (55.0%) with enrollment sizes of less than 500 reported the issue is not presently being addressed or the question is not applicable to their programs. The majority (75.0%) of the larger schools (751-1,500) indicated the issue is addressed formally or informally.

One question asked if the physical education department uses waiver forms, not as a means of negating responsibility for injury, but rather as a means of assuring that parents recognize the students' intent to participate in an activity and to inform them of the risks involved in the participation of that particular activity. Of the 51 schools (public and private) answering this question, 18 schools (35.3%) indicated the issue is addressed formally. The same number of schools reported the issue is not presently being addressed, and 12 schools (23.5%) indicated the issue is addressed informally. Only three schools (5.9%) reported the question does not apply to their physical education programs.

Further analysis of the data indicated that of the 32 public schools responding, 14 public schools (43.8%) reported the issue is not presently being addressed. Only four private schools (21.1%) reported the same response (see Table 20).

Table 20

Physical Education Use of Waiver Forms by Response Selection

	Public schools		Private schools		Overall	
Response selection	Frequency	8	Frequency	8	Frequency	8
Addressed formally	9	28.1	9	47.4	18	35.3
Addressed informally	8	25.0	4	21.1	12	23.5
Not addressed	14	43.8	4	21.1	18	35.3
Not applicable	1	3.1	2	10.5	3	5.9

With regard to student enrollment, there were some noteworthy differences when examining the use of waiver forms in physical education. Five schools (55.6%) in the enrollment range of 501-750 and five schools (62.5%) with an enrollment size of 1,001-1,300 reported this issue is not presently being addressed (see Table 21).

Another area in the physical education program section of the questionnaire asked if parents are kept informed of the safety precautions that are undertaken to prevent accidents and provide a safe environment. Twenty schools (42.6%) reported the issue is not presently being addressed or the question is not applicable. The schools responding in this manner were from all enrollment classifications,

Table 21

Physical Education Use of Waiver Forms
by Enrollment

Enrollment	Addressed formally	Addressed informally	Not addressed	Not applicable
Below 250	5	3	3	2
251- 500	3	1	5	0
501- 750	2	3	1	0
751-1,000	2	2	2	1
1,001-1,300	3	0	5	0
1,301-1,500	1	1	1	0
Above 1,500	1	0	1	0
Total	17	10	18	3
8	(35.4%)	(20.8%)	(37.5%)	(6.2%)

with the greatest percentages coming from four schools in the below-250 group and four schools from the 1,001-1,300 range (see Table 22).

A final area in the physical education program section of the questionnaire that warrants attention asked if the school's administration lends complete support and provides high priority to the school's safety program. Forty-three schools (91.5%) indicated the issue is addressed formally or informally. Only four schools (8.6%) reported the issue is

either not presently being addressed or the question is not applicable.

Table 22
Informing Parents of Safety Precautions by Enrollment

Enrollment	Addressed formally	Addressed informally	Not addressed	Not applicable
Below 250	2	5	4	2
251- 500	2	2	3	o
501- 750	1	4	2	o
751-1,000	2	2	2	1
1,001-1,300	1	3	4	o
1,301-1,500	1	1	1	o
Above 1,500	1	O	1	0
Total	10	17	17	3
8	(21.3%)	(36.2%)	(36.2%)	(6.4%)

Analysis of Medical Standards and Practices

Section 3 of the questionnaire focused on medical standards and practices associated with secondary physical education. Respondents were asked if physical education teachers are provided with accurate and up-to-date medical records on each student. Examination of the responses of both types of schools (public and private) revealed that 12

schools (24.0%) indicated the issue is addressed formally, and 14 schools (28.0%) indicated the issue is addressed informally. Of the 50 schools that responded to this item, 18 schools (36.0%) reported the issue of providing medical records to teachers is not presently being addressed. Six schools (12.0%) reported the question does not apply to their particular situations.

Examination of the differences between public and private schools in regard to this question revealed that, of the 31 public schools reporting, only 3 public schools (9.7%) indicated the issue is addressed formally. Nine public schools (29.0%) indicated the issue is addressed informally, and 14 public schools (45.2%) reported the issue is not presently being addressed. Five public schools (16.1%) reported the question does not apply. Of the 19 private schools responding, 9 private schools (47.4%) indicated the issue is addressed formally, and 5 private schools (26.3%) indicated the issue is addressed informally. Four private schools (21.1%) reported the issue is not presently being addressed, and only one private school (5.3%) reported the question does not apply to its program (see Table 23). The chi-square analysis determined that these differences associated with providing teachers with student medical records were significant at the .02 level.

With regard to student enrollment, when respondents were asked if physical education teachers are provided with

Table 23

Physical Education Teachers Provided with Student Medical Records by Response Selection

	Public sc	hools	Private schools		Overall	
Response selection	Frequency	°s.	Frequency	8	Frequency	¥
Addressed formally	3	9.7	9	47.4	12	24.0
Addressed informally	9	29.0	5	26.3	14	28.0
Not addressed	14	45.2	4	21.1	18	36.0
Not applicable	5	16.1	1	5.3	6	12.0

accurate and up-to-date medical records on each student, 10 schools (76.9%) in the enrollment category of below-250 indicated the issue is addressed either formally or informally. The larger schools (1,001-above 1,500) reported the issue is either not presently being addressed or the question is not applicable. Nine schools (69.0%) in these larger school enrollment categories reported in this manner (see Table 24).

When asked if there is a procedure for reporting, recording, and investigation of all accidents within the physical education department, 47 schools (95.9%) responded that the issue is either addressed formally or informally.

One school (2.0%) reported the issue is not presently being

addressed, and one school (2.0%) reported the question does not apply to its program.

Table 24

Physical Education Teachers Provided with Student Medical Records by Enrollment

Enrollment	Addressed formally	Addressed informally	Not addressed	Not applicable
Below 250	7	3	2	1
251- 500	0	2	3	2
501- 750	1	2	4	0
751-1,000	3	1	2	1
1,001-1,300	0	3	4	1
1,301-1,500	0	0	2	1
Above 1,500	o	1	1	O
Total	11	12	18	6
8	(23.4%)	(25.5%)	(38.3%)	(12.8%)

Examination of the differences between public and private schools regarding the issue of reporting, recording, and investigating all accidents revealed that 25 public schools (83.3%) indicated the issue is addressed formally, and 4 public schools (13.3%) indicated the issue is addressed informally. One public school (3.3%) reported the issue is not presently being addressed. Of the private

schools responding, 10 private schools (52.6%) indicated the issue is addressed formally, and 8 private schools (42.1%) indicated the issue is addressed informally. No private schools reported the issue is not presently being addressed, and only one private school (5.3%) reported the question does not apply (see Table 25). Chi-square analysis indicated that these differences between public and private schools in regard to reporting and investigating accidents were significant at the .05 level.

Table 25

Reporting and Investigation of Accidents in Physical Education by Response Selection

	Public sc	hools	Private schools		Overall	
Response selection	Frequency	8	Frequency	ቴ	Frequency	8
Addressed formally	25	83.3	10	52.6	35	71.4
Addressed informally	4	13.3	8	42.1	12	24.5
Not addressed	1	3.3	o	00.0	1	2.0
Not applicable	0	00.0	1	5.3	1	2.0

With regard to student enrollment, when respondents were asked if there is a procedure for reporting, recording, and investigation of all accidents within the physical

education program, of the 47 schools responding, 45 schools (95.7%) indicated the issue is addressed formally or informally. One hundred percent of the larger schools (1,301-above 1,500) indicated the issue is addressed formally.

Respondents were also asked to indicate if there is a standard accident report form upon which all pertinent information may be recorded. Of the 52 schools (public and private) responding to this question, 36 schools (69.2%) indicated the issue is addressed formally, and 6 schools (11.5%) indicated the issue is addressed informally. Eight schools (15.4%) reported the issue is not presently being addressed, and two schools (3.8%) reported the question does not apply to their programs.

Examination of differences between public and private schools regarding the issue of having a standard accident report form revealed that 27 public schools (81.8%) indicated the issue is addressed formally. Three public schools (9.1%) indicated the issue is addressed informally; two public schools (6.1%) reported the issue is not presently being addressed; and one public school (3.0%) reported the question does not apply. Of the 19 private schools responding, 9 private schools (47.4%) indicated the issue is addressed formally, and 3 private schools (15.8%) indicated the issue is addressed informally. Six private schools (31.6%) reported the issue is not presently being

addressed, and one private school (5.3%) reported the question does not apply to its physical education program (see Table 26). Based on chi-square analysis, these differences regarding a standard accident report form were determined to be statistically significant at the .05 level.

Table 26

Presence of a Standard Accident Report Form for Physical Education by Response Selection

	Public scl	nools	Private schools		Overall	
Response selection	Frequency	8	Frequency	8	Frequency	%
Addressed formally	27	81.8	9	47.4	36	69.2
Addressed informally	3	9.1	3	15.8	6	11.5
Not addressed	2	6.1	6	31.6	8	15.4
Not applicable	1	3.0	1	5.3	2	3.8

An item contained in the medical standards and practices section of the questionnaire asked if ongoing in-service programs are provided to the physical education faculty on how to manage specific sport injuries. Of the 52 schools (public and private) that reported, 38 schools (73.1%) indicated the issue is addressed either formally or informally. Eleven schools (21.2%) reported the issue is

not presently being addressed, and three schools (5.8%) reported the question does not apply.

Table 27 indicates that of the 32 responding public schools, 11 public schools (34.3%) indicated the issue is addressed formally, and 16 public schools (50.0%) indicated the issue is addressed informally. Five public schools (15.6%) reported the issue of providing an ongoing in-service program is not presently being addressed. There were no public schools that reported the question does not apply. Of the 19 private schools that answered the question, 5 private schools (26.3%) indicated the issue is addressed formally, and 5 private schools (26.3%) indicated the issue is addressed informally. Six private schools

Table 27

In-Service Programs for Managing Sport Injuries in Physical Education by Response Selection

	Public schools		Private schools		Overall	
Response selection	Frequency	8	Frequency	¥	Frequency	*
Addressed formally	11	34.3	5	26.3	16	31.4
Addressed informally	16	50.0	5	26.3	21	41.2
Not addressed	5	15.6	6	31.6	11	21.6
Not applicable	0	00.0	3	15.8	3	5.8

(31.6%) reported the issue is not presently being addressed, and three private schools (15.8%) reported the question does not apply. Chi-square analysis indicated that the differences between public and private schools on the issue of providing in-service programs for managing sport-related injuries were statistically significant at the .03 level.

Respondents were asked to indicate if there are special procedures for handling emergencies which included calling a nurse or doctor immediately and notifying parents. Of the 52 schools (public and private) responding, 27 schools (51.9%) indicated the issue is addressed formally, and 19 schools (36.5%) indicated the issue is addressed informally. Four schools (7.7%) reported the issue is not presently being addressed, and two schools (3.8%) reported the question is not applicable to their programs.

Of the 32 public schools that responded to the question, 20 public schools (59.3%) indicated the issue of calling a nurse or doctor during emergency situations is addressed formally, and 9 public schools (28.1%) indicated the issue is addressed informally. Four public schools (12.5%) reported the issue is not presently being addressed, and no public schools reported the question does not apply. The majority of private schools (52.6%) indicated the issue is addressed informally. Seven private schools (36.8%) indicated the issue is addressed formally, and two private schools (10.5%) reported the question does not apply. There

were no private schools reporting that the issue is not presently being addressed (see Table 28). Based on chi-square analysis, these differences between public and private schools in regard to notification of appropriate personnel during emergencies were determined to be statistically significant at the .03 level.

Table 28

Notification of Medical Personnel and Parents During
Emergency Situations by Response Selection

	Public scl	hools	Private schools		Overall	
Response selection	Frequency	¥	Frequency	8	Frequency	%
Addressed formally	20	59.3	7	36.8	27	51.6
Addressed informally	9	28.1	10	52.6	19	36.5
Not addressed	4	12.5	0	00.0	4	7.7
Not applicable	0	00.0	2	10.5	2	3.8

When asked if a specific person is responsible for maintaining the first aid kit, 38 schools (75.0%) indicated the issue is addressed either formally or informally, and 11 schools (21.2%) reported the issue is not presently being addressed. Two schools (3.8%) reported the question does not apply. Although the differences between public and

private schools were not reported as significant, there was a particular area that deserved attention (see Table 29).

Of the 32 public schools that responded, 10 public schools (31.3%) reported the question does not apply, while only 1 private school (5.3%) reported this same response.

Table 29

Specific Individual Responsible for Maintaining First Aid Kit by Response Selection

	Public schools		Private schools		Overall	
Response selection	Frequency	8	Frequency	8	Frequency	8
Addressed formally	14	43.8	11	57.9	25	49.0
Addressed informally	7	21.9	6	31.6	13	25.5
Not addressed	10	31.3	1	5.3	11	21.6
Not applicable	1	3.1	1	5.3	2	3.9

With regard to student enrollment, when respondents were asked if the physical education department has a first aid kit available at all times that contains adequate and proper first aid supplies, 48 schools (public and private) responded to this question. Thirty-one schools (64.6%) indicated the issue is addressed formally. Among the smaller schools (below 1,000), the majority (71.4%)

indicated the issue is addressed formally, although seven schools (33.0%) with enrollments of below 750 indicated the issue is addressed informally. Only four schools (8.3%) reported the issue is not presently being addressed (see Table 30). The chi-square analysis indicated that these differences in student enrollment with regard to having a first aid kit available were significant at the .04 level.

Table 30

Availability of First Aid Kit at All Times by Enrollment

Enrollment	Addressed formally	Addressed informally	Not addressed	Not applicable
Below 250	9	2	1	0
251- 500	5	4	o	O
501- 750	5	1	1	o
751-1,000	6	0	1	o
1,001-1,300	4	4	0	0
1,301-1,500	1	1	0	1
Above 1,500	1	0	1	0
Total	31	12	4	1
*	(64.6%)	(25.0%)	(8.3%)	(2.1%)

Respondents were also asked if emergency care drills are scheduled and conducted during which all employees are

provided the opportunity to practice specific emergency care procedures. Although the differences between public and private schools were not statistically significant in regard to this question, similarities between the two types of schools were noteworthy (see Table 31). Of the 51 schools (public and private) responding to the question, 14 public schools (43.8%) and 8 private schools (42.1%) reported the question of scheduling and conducting emergency drills is not presently being addressed.

Table 31

Conduction and Participation in Emergency Care Drills
by Response Selection

	Public schools		Private schools		Overall	
Response selection	Frequency	*	Frequency	*	Frequency	8
Addressed						
formally	7	21.9	4	21.1	11	21.6
Addressed						
informally	9	28.1	4	21.1	13	25.5
Not addressed	14	43.8	8	42.1	22	43.1
Not applicable	2	6.3	3	15.8	5	9.8

Respondents were asked if there is a basic injury treatment chart posted in physical education facilities. Of the 47 schools (public and private) that answered this

question, 27 schools (57.4%) reported the issue is not presently being addressed, and 11 schools (23.4%) reported the question does not apply. Of the seven schools with enrollment sizes of 501-750, five schools (71.4%) indicated the issue is addressed either formally or informally. Schools of larger student size (1,001-above 1,500) and smaller schools (below 500) all reported, with the exception of two schools, the issue is not presently being addressed or the question is not applicable to their programs (see Table 32). Based on chi-square analysis, these differences

Table 32

Posting of Basic Injury Treatment Chart
by Enrollment

Enrollment	Addressed formally	Addressed informally	Not addressed	Not applicable
Below 250	0	1	7	5
251- 500	0	1	5	1
501- 750	1	4	1	1
751-1,000	2	0	4	1
1,001-1,300	0	o	7	1
1,301-1,500	0	0	1	2
Above 1,500	0	0	2	0
Total	3	6	27	11
*	(6.4%)	(12.8%)	(57.4%)	(23.4%)

between enrollment sizes in regard to the posting of a basic injury treatment chart were determined to be significant at the .02 level.

In the medical standards and practices section of the questionnaire, respondents were asked if there is a policy which recommends or requires updating first aid and emergency medical care credentials for all physical education teachers. Table 33 shows that across all enrollment sizes, 19 schools (41.3%) reported the issue is not presently being addressed. Another five schools (10.9%)

Table 33
Updating of First Aid Credentials by Enrollment

Enrollment	Addressed formally	Addressed informally	Not addressed	Not applicable
Below 250	3	1	6	2
251- 500	o	3	3	1
501- 750	2	3	1	1
751-1,000	3	0	2	1
1,001-1,300	1	3	4	0
1,301-1,500	1	O	2	0
Above 1,500	0	1	1	0
Total	11	11	19	5
8	(23.9%)	(23.9%)	(41.3%)	(10.9%)

reported the question does not apply to their situations. The larger schools (1,001-above 1,500) reported higher instances of responding in this manner.

When asked if physical education students were required to pass a medical exam before participation in class activities, 37 schools (78.7%) reported the issue is not presently being addressed or the question is not applicable to their physical education programs (see Table 34). All schools responding with student enrollments of 1,001 or larger reported in this manner. Of the schools with

Table 34

Requirement to Pass Medical Exam Prior to Physical Education
Participation by Enrollment

Enrollment	Addressed formally	Addressed informally	Not addressed	Not applicable
Below 250	3	1	3	6
251- 500	0	0	6	1
501- 750	2	2	3	0
751-1,000	1	1	4	1
1,001-1,300	0	0	6	2
1,301-1,500	0	0	2	1
Above 1,500	0	0	2	0
Total	6	4	26	11
8	(12.8%)	(8.5%)	(55.3%)	(23.4%)

enrollments of less than 250, nine schools (69.3%) reported the issue is not presently being addressed or the question does not apply. Four schools (30.8%) in this same enrollment size indicated the issue is addressed either formally or informally. The enrollment category with the greatest percentage addressing the question was the 501-750 group. In this category, four schools (57.2%) responded that the issue is addressed formally or informally. These differences in student enrollment were not determined to be significantly different.

CHAPTER 5

Summary, Conclusions, and Recommendations

Summary

The purpose of this study was to determine the status of risk management policies and procedures in secondary school physical education within the state of Tennessee.

The study was conducted in the spring of 1994.

To obtain data for this study, the investigator modified and validated an already developed questionnaire that was used to determine the status of risk management in college and university athletics (Girvan, 1991). The instrument was sent to 160 (99 public and 61 private) secondary schools principals in Tennessee with instructions to deliver it to the physical education department chair. Of the 160 schools surveyed, 59 (37.0%) returned the questionnaire. A description of the risk management procedures was obtained by tabulation of frequencies and percentages. Further analysis of some items was carried out using chi-square analysis.

Conclusions

Characteristics of the Respondents

The majority of the schools returning usable questionnaires were public schools (63.0%) with an equal distribution across the various enrollment sizes, excluding the below-250 group, in which no public schools responded.

The majority of private school respondents (76.5%) had a student population of less than 250.

All respondents (100%) indicated that no physical education teachers at their schools have been found guilty of negligence in a court of law. The same result was indicated when respondents were asked if any physical education teacher has been formally accused of negligence. Over 98.0% of all respondents indicated, either formally or informally, that a specific person is responsible for risk management in physical education at their schools.

Accident Data

The gymnasium was listed by public school respondents as the most common area for accidents to occur in physical education class, with 27 schools (90.0%) indicating this response. However, the majority of private schools (52.6%) reported that outdoor facilities account for most of the accidents suffered in the physical education program. These differences between public and private schools regarding accident location were determined to be significant.

Risk Management Procedures Related to

Facility and Equipment Standards

When the issue of maintaining all equipment and facilities within federal guidelines (Americans with Disabilities Act, Public Law 94-142, etc.) was examined, significant differences between public and private schools were found. It is interesting to note that the public

schools addressed this issue much more formally than did the private schools. Twenty-eight public schools (87.5%) responded either formally or informally to this issue, compared to only nine private schools (47.3%). Ten private schools (52.7%) reported the issue is not presently being addressed or the question does not apply. These differences could most likely be attributed to the dependence of public schools on federal funds, whereas private schools may not have to meet these requirements. Similar differences were reported when the question was asked concerning the inspection of facilities with regard to keeping handicapped students in mind.

Another interesting result in the facilities and equipment section of the questionnaire concerned the use of a checklist for facility inspection. Over 45% of all schools surveyed responded that this issue is not presently being addressed or the question does not apply to their programs. It has been noted previously that the use of a documented facility checklist is a basic foundation to proper facility maintenance and safety.

Risk Management Procedures Related to the

Physical Education Program

When discussing the elimination of high-risk activities from the physical education program when qualified instruction is not available, significant differences between public and private schools were found. Twenty-five

public schools (over 78%) indicated the issue is formally addressed. Only six private schools (31.6%) responded in this manner.

The majority of the public schools (over 67%) indicated the issue of providing special supervision to less experienced teachers is formally or informally addressed. Only six private schools (31.6%) responded in this manner. The majority of private schools (over 68%) reported the issue is not presently being addressed or the question does not apply to their physical education program. differences are most likely due to smaller enrollment sizes at the private schools. The majority of private schools (76.5%) had student enrollments of less than 250. Because there are fewer students in the private schools, there would be a smaller number of teachers than in the large public schools. With fewer teachers in the private schools, there could be a limited opportunity to place student teachers in this setting. These differences between public and private schools, with regard to providing supervision to less experienced physical education teachers, were determined to be significant.

A questionnaire item that warrants attention focused on whether or not an annual review of accident data and trends in injury prevention is addressed at the secondary school level. Twenty schools (40.0%) reported this issue is not presently being addressed, and eight additional schools

(16.0%) reported the question does not apply. Therefore, the majority of schools do not address this issue at the current time. It has been noted previously that keeping accurate records of accidents and injury data is critical to the evaluation process. Data that are gathered by the implementation of an annual review can be used to shape future curriculum models and instructional strategies.

Over 82% of the respondents indicated the issue of developing a physical education philosophy is formally or informally addressed. However, differences between public and private schools may indicate that private schools need to place a greater emphasis on this issue. Only 7 private schools (36.8%) address this issue formally, compared to 22 public schools (71.0%).

It was revealed that public schools tend to address written policies for identifying and correcting hazards on a more formal level than do private schools. Over 71% of public schools address this issue either formally or informally, as compared to 53.0% of private schools. Of the private schools surveyed, 40.0% do not presently address this issue, while 25.0% of the public schools responded in the same manner. A total of over 31% of all responding schools do not presently address this issue of having written policies for identifying and correcting hazards. The importance of documentation when litigation arises from

an accident is critical. This is the foundation for a comprehensive risk management program.

Public school teachers attended legal liability seminars or workshops on a more regular basis. Of the public schools surveyed, 75.0% either formally or informally address this issue, as compared to only 42.0% of the private schools. Whether or not public school teachers have greater opportunity to attend such activities is uncertain.

An interesting result was noted when respondents were asked if waivers are used in the physical education department. Of the public schools surveyed, 47.0% either do not presently address the issue or indicated the question does not apply. Over 68% of the private schools reported the issue is formally or informally addressed. Waivers can be an invaluable resource if an accident in physical education class ends in litigation. These documents can be used by the defense to prove that the injured party had been warned of the risks involved in the activity. The use of waivers is especially important when the activity is considered high risk.

Risk Management Procedures Related to

Medical Standards and Practices

Private schools are provided with student medical records at a much greater instance than public schools.

Over 73% (14 schools) of all private schools responding indicated that student medical records are provided for

their use, compared to only 38.0% of the public school respondents (12 schools). These differences could be due to public school teachers having more students than the private schools. An important fact to remember is that of the 19 private schools that responded, 13 had enrollments of less than 250. There were no public schools with enrollments in this category of below 250.

When reporting and investigation of accidents were examined, over 95% (47 schools) of all schools surveyed indicated this issue is formally or informally addressed.

Only one respondent (2.0%) reported the issue is not presently being addressed at its school. It is interesting to note that although 95.0% of all schools surveyed addressed this issue of reporting and investigating accidents with some degree of formality, 31.0% of all respondents do not presently address the issue of having a written policy for identifying and correcting potential hazards in physical education.

Public schools more formally address the question of having a standard accident report form for physical education than do private schools. Over 81% of all public school respondents (27 schools) indicated this issue is formally addressed, compared to 47.0% of the private school respondents (9 schools). Over 30% of the private school respondents indicated the issue is not presently being addressed (six schools), compared to only 6.1% of public

school respondents (two schools). Standard accident report forms are reliable documents for defending against negligence charges when there is a dispute as to the facts involved in the litigation. These documents are especially important when considering the extended statutes of limitation that exist when minors file a complaint. It is in these cases that the preservation of facts can be critical to the outcome of the litigation.

Private schools more frequently reported having a specific person responsible for maintaining a first aid kit with adequate supplies. Of the private schools responding, over 89% formally or informally address this issue, compared to 67.0% of the public schools indicating this response.

Regardless of student enrollment, over 64% (31 schools) reported having a first aid kit available at all times.

Neither public nor private schools tend to formally address the issue of conducting emergency care drills. Over 42% in both types of schools report that this issue is not presently being addressed. The participation in such drills by physical education teachers can be a valuable learning experience should an emergency situation arise.

It was also noted that most schools (80.8%) do not post a basic injury treatment chart in the physical education facilities. Schools of mid-size, with respect to enrollment, tend to address the issue more formally than any other group, with over 71% either formally or informally

addressing this issue. Both larger and smaller schools tended to not presently address the issue or to report that the question does not apply.

The majority of all schools (78.7%) do not require students to pass a medical exam in order to participate in physical education class. Larger schools (above 1,000) tend to not address the issue when compared with other enrollment categories. Again, schools with student enrollments in the middle categories (501-750) formally or informally address this issue.

Over 50% of the schools responding indicated that there is not a policy requiring the updating of emergency care credentials for physical education personnel. Given the nature of physical education, teachers should be prepared to administer life-saving first aid, should the situation arise.

Based upon the results of this study, the risk
management process in Tennessee's secondary school physical
education programs should be revised to include certain
areas that are being overlooked. When examining the review
of related literature, many of the practices deemed
necessary to implement a comprehensive risk management plan
are absent in the data collected for this study. It seems
apparent that private schools tend to address issues of risk
management at a less formal level than the public schools.
It is difficult to determine if these differences are due to

type of institution (public or private) or student enrollments, since the majority of private schools were included in the below-250 category in regard to student enrollment.

There are positive aspects of the current status of risk management in Tennessee's secondary schools. In regard to the research questions examined in this study, all respondents indicated that there have been no physical education teachers found guilty of negligence in court, nor have any been formally accused of negligence. The fact that over 98% of the responding schools have a specific person responsible for risk management indicates that this issue is a concern to school administrators. However, the lack of addressing some issues on the questionnaire reveals that comprehensive risk management programs are not in place at many schools throughout Tennessee.

Recommendations

The purpose of this study was to determine the status of risk management policies and procedures in secondary school physical education within Tennessee. Little information about the status of risk management in secondary school physical education exists. Increased knowledge on this issue will provide insight that could lead to fewer instances of litigation and, more importantly, fewer injuries to physical education students. Based upon the

responses to the questionnaire, the following recommendations are suggested by the investigator:

- 1. Both public and private schools should develop and implement an annual review of physical education accident data to aid in reducing future accidents.
- 2. Both public and private schools should develop and implement a facility checklist to enhance the inspection process.
- 3. Both public and private schools should develop and implement the use of waivers in the physical education department, especially when activities involve a high degree of risk.
- 4. Both public and private schools should develop and implement emergency care drills for physical education faculty and staff.
- 5. Both public and private schools should require physical education teachers to be certified in basic first aid and cardio-pulmonary resuscitation.
- 6. Private schools should develop and implement standard accident report forms to ensure facts surrounding an accident are maintained on record.
- 7. Private schools should more formally address the issue of developing a physical education philosophy so that the mission of the program is evident to teachers, students, and parents.

- 8. Private school physical education teachers should attend more conferences, workshops, or seminars on the topic of legal liability.
- 9. Further research is needed to determine the status of physical education risk management policies and procedures on a larger geographical scale.

APPENDICES

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APPENDIX A

COVER LETTER

APPENDIX A

COVER LETTER

Dear

I am a doctoral student at Middle Tennessee State University and request your assistance in completing a portion of the research for my dissertation.

The purpose of my dissertation is to assess risk management procedures that are currently used in secondary physical education programs throughout the state of Tennessee. Results of this research may enable teachers and administrators to make more informed decisions regarding the risk management plan in their school. The instrument includes a number of standards and recommended practices validated by sport and educational law authorities. Questionnaires should be completed by the physical education department head or the individual you deem most appropriate to answer questions regarding risk management in physical education.

All information will be kept strictly confidential. If you have any questions, please feel free to contact me.

The following is a self-appraisal instrument designed to help school personnel identify potential safety and legal liability problems related to the operation of a school's physical education program. The instrument contains objective statements which represent established standards and practices against which secondary school physical education programs may be judged. Please consider each standard carefully and determine the extent to which your school conforms (meets) to each standard. Please check the number which best represents your opinion using the scoring scale. Answer each item based on your judgment; however, should you lack familiarity with an item, please research that area in order to make an appropriate rating.

Sincerely,

Travis L. Teague (Home: 615-459-0487; Work: 615-898-5545) Health, Physical, Recreation, and Safety Middle Tennessee State University Post Office Box 96 Murfreesboro, TN 37132

APPENDIX B FOLLOW-UP LETTER

APPENDIX B

FOLLOW-UP LETTER

Dear

I have received a limited number of questionnaires and sincerely need your assistance with the completion of my study. I have enclosed another copy of the survey and would greatly appreciate a few moments of time from your physical education department to complete it. I am aware this is an extremely busy time of the year for you, but your opinions on this issue are very important for maintaining a safe environment for future physical education students.

As a reminder, the purpose of my dissertation is to assess risk management procedures that are currently used in secondary physical education programs throughout the state of Tennessee. Results of this research may enable teachers and administrators to make more informed decisions regarding the risk management plan in their school. The instrument includes a number of standards and recommended practices validated by sport and educational law authorities. Questionnaires should be completed by the physical education department head or the individual you deem most appropriate to answer questions regarding risk management in physical education.

All information will be kept strictly confidential. If you have any questions, please feel free to contact me.

The following is a self-appraisal instrument designed to help school personnel identify potential safety and legal liability problems related to the operation of a school's physical education program. The instrument contains objective statements which represent established standards and practices against which secondary school physical education programs may be judged. Please consider each standard carefully and determine the extent to which your school conforms (meets) to each standard. Please check the number which best represents your opinion using the scoring scale. Answer each item based on your judgment; however,

should you lack familiarity with an item, please research that area in order to make an appropriate rating.

Sincerely,

Travis L. Teague (Home: 615-459-0487; Work: 615-898-5545)
Health, Physical, Recreation, and Safety
Middle Tennessee State University
Post Office Box 96
Murfreesboro, TN 37132

APPENDIX C

QUESTIONNAIRE

APPENDIX C

QUESTIONNAIRE

The following rating scale should be used to measure the extent to which your school conforms to the recommended standards tested:

- 1. <u>Addressed Formally</u> The practice is documented in writing in such ways as manuals, forms, signs, checklists, agendas, narratives, reports, logs, notes, certificates, financial statements, lesson plans, etc. The practice may also be verbally addressed.
- 2. <u>Addressed Informally</u> The practice is verbally addressed, but no documentation exists to verify the practice.
- 3. Not Addressed The practice is presently not being addressed.
- 4. Not Applicable The practice is not relevant.

<u>Demographics</u>			
1. Type of institution:	Public Frivate	2. High School Enrollment: (Check C Below 250 251-500 751-1000 1001-1300 Above 1500	One) 501-750 1301-1500
Gymnasium	most accidents occur in your physical e Weight Room Locker Room Outdoor Facilities	ducation program? (Check One) Other; Please Specify	
4. Have any physical edu	ication teachers in your school been for	mally accused of negligence?	YesNo
5. Have any physical edu	ication teachers in your school been fou	nd guilty of negligence in a court of law?	Yes N
6. Does your school have	a specific person responsible for safety	or risk management?	Yes N

Check the appropriate number (1, 2, 3, or 4) to mark how each practice is addressed. Use the enclosed rating scale card as a reference as you fill out the instrument. / / / /						
the enclosed rating scale card as a reference as you fill out the instrument.	' /					
FACILITIES AND EQUIPMENT STANDARDS	<u>/1</u>	<u>/2</u>	<u>/3</u>	4	/	
1. Equipment used in physical education activities is regularly and systematically inspected and repair on faulty equipment is done prior to any use.		۵				
2. Safety rules for use of facilities are posted. The rules orient students and staff to potential dangers in activities, facilities, and personal conduct.						
3. Physical education faculty are required to report unsafe facilities or equipment.						
 All catalogs and instructions that specify the way to install and use physical education equipment are followed and are on file for reference. 						
5. All equipment and facilities are within the guidelines of federal statutes. (Americans with Disabilities Act, Public Law 94-142, etc.)						
Inspection of facilities and equipment is done with handicapped students in mind in order to remove obstacles and provide them with adequate access and opportunity to participate.						
7. Safe play areas (Indoor and Outdoor) are carefully and continuously maintained.						
8. There is a specific person responsible for the inspection and repair of equipment.						
9. All equipment is safely secured when class is not in session.						
10. Adequate fire extinguishers are available in every facility.						
11. All physical education staff members are trained in the correct methods of fire extinguisher operation.	a			D		
12. Potential risks are presented to students in such a way that they know, understand, and appreciate those risks involved in the use of the equipment.	0					
 Sufficient equipment is purchased to ensure immediate replacement in case of damage or wear in activities presenting hazards to participants. 						
14. Swimming pools, shower rooms and locker rooms are maintained in a hygienic and safe condition. For example, procedures to control fungal infections and rules of behavior for students.						
15. When and if serious injuries occur, items of evidence associated with the injury, such as pieces of equipment, are preserved.						

	\angle_1	$\sqrt{2}$	<u>/</u> 3	/4	/
16. Protective padding and other protective devices are used around playing areas to prevent injuries from sharp objects, poles, sprinkler holes, etc.					
17. Radiators, slick floors, glass windows, fire extinguishers, etc., are considered when evaluating the safety of the playing area.	a				
18. An objective checklist is used for the inspection of facilities and equipment .					
19. Telephones are available within indoor physical education facilities, with emergency numbers clearly posted.					
20. Telephones are available at outdoor facilities, with emergency numbers clearly posted.		0			
Check the appropriate number (1, 2, 3, or 4) to mark how each practice is a the enclosed rating scale card as a reference as you fill out the instrument.		esse	d. L	Jse	/
THE PHYSICAL EDUCATION PROGRAM	-		/_3	7 4	
1. High risk activities are eliminated from the total program when qualified instruction is not available.					
Policies and procedures concerned with physical education safety are posted and distributed to students and faculty.					
 Each physical education position has a job description for selecting qualified personnel which stresses the importance of student safety. 				0	
Physical Education activities are never placed in the control of non qualified personnel for any reason.				□	
An attorney is consulted whenever there is uncertainty regarding the legality of a specific practice in physical education.					ļ
6. All physical education teachers attend seminars and/or workshops that deal with legal liability.					
7. Records are kept of all safety and liability seminars which are attended by physical education teachers.					
8. Administrators provide leadership in the development and implementation of sound policies, procedures, and safety regulations. This includes a standardized system of emergency care in the case of accidents; and a standard procedure for reporting accidents.					
9. The physical education department uses waiver forms, not as a means of negating responsibility for injury, but rather as a means of assuring that parents/guardians recognize the students' intent to participate in an activity and to inform them of the risks involved in the participation of that particular activity.					
10. Rules and policies have been established and are enforced for student safety in physical education.					
11. There are clear, written policies for identifying and correcting potential hazards within the physical education department.				Ģ	

	$\sqrt{_1}$	$/_{2}$	<u>/</u> 3	$\sqrt{4}$	/
12. There is an effort on the part of school officials to keep parents informed of the safety precautions that are undertaken to prevent accidents and provide a safe environment.				0	
13. The school's administration lends complete support and provides high priority to the school's safety program.					
14. Special supervision(Cooperating teacher, mentor, etc.) is provided for less experienced physical education teachers (student teachers) until they become more qualified.				o l	
15. The school district conducts an annual review of accident data and trends in physical education injury prevention.				0	
16. The physical education faculty are aware of special procedures for fire and other disasters.			ū		
17. There is an established philosophy, which includes objectives and policies related to the school's physical education program and interpretation of this philosophy is presented to the faculty, administrators, students, and parents.					
Check the appropriate number (1, 2, 3, or 4) to mark how each practice is addressed. Use the enclosed rating scale card as a reference as you fill out the instrument. $\begin{pmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $					
the enclosed rating scale card as a reference as you fill out the instrument.	ddre	essec	i. U	se 	/
	ddre	2	d. U	se 	/
the enclosed rating scale card as a reference as you fill out the instrument.	ddre	2	d. U		/
the enclosed rating scale card as a reference as you fill out the instrument. MEDICAL STANDARDS AND PRACTICES 1. All physical education faculty and student teachers are provided with printed	/1	${2}$	$\sqrt{3}$	4	/
the enclosed rating scale card as a reference as you fill out the instrument. MEDICAL STANDARDS AND PRACTICES 1. All physical education faculty and student teachers are provided with printed instructions on emergency care procedures. 2. Policies and procedures concerning safety in physical education are distributed to	1	2	3	4	/
the enclosed rating scale card as a reference as you fill out the instrument. MEDICAL STANDARDS AND PRACTICES 1. All physical education faculty and student teachers are provided with printed instructions on emergency care procedures. 2. Policies and procedures concerning safety in physical education are distributed to students.			<u>3</u>		/
the enclosed rating scale card as a reference as you fill out the instrument. MEDICAL STANDARDS AND PRACTICES 1. All physical education faculty and student teachers are provided with printed instructions on emergency care procedures. 2. Policies and procedures concerning safety in physical education are distributed to students. 3. All physical education teachers are certified in cardio-pulmonary recessitation (CPR) 4. There is a policy which recommends or requires updating first aid and emergency				_4 	/
the enclosed rating scale card as a reference as you fill out the instrument. MEDICAL STANDARDS AND PRACTICES 1. All physical education faculty and student teachers are provided with printed instructions on emergency care procedures. 2. Policies and procedures concerning safety in physical education are distributed to students. 3. All physical education teachers are certified in cardio-pulmonary recessitation (CPR) 4. There is a policy which recommends or requires updating first aid and emergency medical care credentials for all physical education teachers. 5. Physical education teachers are provided with accurate and up-to-date medical		2		4	/
the enclosed rating scale card as a reference as you fill out the instrument. MEDICAL STANDARDS AND PRACTICES 1. All physical education faculty and student teachers are provided with printed instructions on emergency care procedures. 2. Policies and procedures concerning safety in physical education are distributed to students. 3. All physical education teachers are certified in cardio-pulmonary recessitation (CPR) 4. There is a policy which recommends or requires updating first aid and emergency medical care credentials for all physical education teachers. 5. Physical education teachers are provided with accurate and up-to-date medical records on each student. 6. Physical education teachers have a policy on how to conduct first aid and emergency		2		4	/
the enclosed rating scale card as a reference as you fill out the instrument. MEDICAL STANDARDS AND PRACTICES 1. All physical education faculty and student teachers are provided with printed instructions on emergency care procedures. 2. Policies and procedures concerning safety in physical education are distributed to students. 3. All physical education teachers are certified in cardio-pulmonary recessitation (CPR) 4. There is a policy which recommends or requires updating first aid and emergency medical care credentials for all physical education teachers. 5. Physical education teachers are provided with accurate and up-to-date medical records on each student. 6. Physical education teachers have a policy on how to conduct first aid and emergency care. The policy specifies the limits to which they can go in treating injuries.		2		4	

	$\frac{1}{2}$			/4	/
10. There is a standard accident report form upon which all pertinent information may be recorded.				0	
11. All accidents requiring medical attention are reported to the school administration.				▫	
12. The physical education department has a first aid kit available at all times, which contains adequate and proper first aid supplies.					
13. A specific person is responsible for maintaining the first aid kit. (replacing supplies)					
14. Specific emergency personnel (school nurse, certified athletic trainer, etc.) are readily available during school hours for medical emergencies.			a		
15. There is a planned access to a medical facilityincluding a plan for communication and transportation between the school and medical facility.					
16. Ongoing in-service programs are provided to the physical education faculty on how to manage specific sport injuries.	٥		۵		
17. Procedures for handling emergencies include calling a nurse or doctor immediately and notifying parents.					
18. Special procedures have been adopted for handling suspected spinal cord injuries.					
19. Emergency care drills are scheduled and conducted during which all employees are provided the opportunity to practice specific emergency care procedures.					

Thank you very much for completing this questionnaire. If you would like a copy of the results, please indicate your address below. Thanks again.

Results to be sent to:

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