

Government Notice No. 112 of 2022

THE ALLIED HEALTH PROFESSIONALS COUNCIL ACT

Regulations made by the Minister, after consultation with the Allied Health Professionals Council, under section 39 of the Allied Health Professionals Council Act

1. These regulations may be cited as the Allied Health Professionals Council (Sports Therapist) Regulations 2022.
2. In these regulations –
“Act” means the Allied Health Professionals Council Act.
3. For the purpose of section 5(d) of the Act, the Code of Practice for a sports therapist shall be the Code set out in the Schedule.
4. Every sports therapist shall comply with the Code of Practice.
5. (1) Where a sports therapist fails to comply with the Code of Practice, the Council may, by notice in writing served on him, require him to comply with the Code of Practice.

(2) A sports therapist who fails to comply with the Code of Practice may be called by the Council to explain his non-compliance with the Code of Practice.
6. These regulations shall come into operation on 1 June 2022.

Made by the Minister, after consultation with the Allied Health Professionals Council, on 16 May 2022.

SCHEDULE

[Regulation 3]

CODE OF PRACTICE**SPORTS THERAPIST****1. Definition**

(1) A sports therapist helps injured athletes return to full functionality, regardless of their age, sport or ability. Injuries treated vary according to the sport or activity involved. Clients include professional and amateur sports people, people who keep fit for fun, and accident victims.

(2) Using the principles of sport and exercise science, sport therapists incorporate physiological and pathological processes to make sure participants are training and competing safely and provide an immediate response when sport and exercise related injuries occur.

PART I – GLOSSARY

In this Code –

“ability to practice” means the composite of the sports therapist’s demonstrated possession of the requisite knowledge and skills earned through an approved sports therapist professional entry-level educational programme;

“accountability” means the active acceptance of the responsibility for the diverse roles, obligations, and actions of the sports therapist, including self-regulation and other behaviours that positively influence a patient’s/client’s outcomes, the profession and the health needs of society;

“AHPC” means the Allied Health Professionals Council;

“assessment” means a process that includes the examination of individuals or groups with actual or potential disabilities or other conditions of health by history taking, screening and the use of specific tests and measures and evaluation of the results of the examination through analysis and synthesis within a process of clinical reasoning;

“codes of practice/conduct” means the ethical rules and principles that form an obligatory part of professional practice. They may be established by the sports therapy profession or incorporated into national rules and laws;

“competence” means the proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development;

“diagnosis” includes the signs and symptoms commonly associated with a disorder, syndrome or category of impairments in body structures and function, activity limitations, or participation restrictions;

“rehabilitation”, means the treatment and training of a patient so that he may attain maximum potential for normal living, physically, psychologically, socially and vocally.

PART II – CODE OF ETHICS

2. Introduction

(1) One identifiable characteristic of a healthcare profession is the dedication of its members in providing a service to the patients they care for. In becoming a member of AHPC, an individual assumes obligations and responsibilities to act in accordance with the ideals and standards of the sports therapy profession.

(2) Every member of AHPC must adhere to the highest standards of conduct in attending to the needs of their patients/clients. AHPC embraces the belief that the ideals, standards and principles contained in these Code of Ethics must be adhered to by each member. Any member who violates any ideals, standards or principles set forth in the Standards may be subject to disciplinary action as set out in the disciplinary procedures of the Allied Health Professionals Council Act 2017.

3. Basic principles

(1) The essential principles of this Code of Ethics are honesty and integrity. A member who reflects these characteristics will be a credit to AHPC, the profession of sports therapy, the institutions or organisations they represent and to themselves. Every member of AHPC shall assume the obligations and responsibilities, specified in these Standards. AHPC may take appropriate action if any member violates these Standards, any other time other governing laws and regulation.

(2) Every member must –

- (a) always act in the best interests of his patients/clients;
- (b) always respect the confidentiality of his patients/clients;
- (c) always maintain high standards of personal conduct;
- (d) provide relevant information about his conduct, competence and health;
- (e) always keep his professional knowledge and skills up to date;

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- (f) act within the limits of his knowledge, skills and experience and, if necessary, refer the matter to another professional;
 - (g) maintain proper and effective communications with patients/clients and other professionals;
 - (h) obtain informed consent to give treatment (except in an emergency);
 - (i) effectively supervise any task he delegates to another person;
 - (j) keep accurate records of every patient;
 - (k) limit his work or stop practising if his health affects his performance or judgement;
 - (l) behave with integrity and honesty and ensure that his behaviour does not damage the public's confidence in him or his profession;
 - (m) deal fairly and safely with the risks of infection;
 - (n) follow published and accepted guidelines for the advertising of his services; and
 - (o) ensure that his behaviour does not damage the reputation of the profession;

4. Practice in general

- (1) A sports therapist must always act in the best interests of his patients/clients and must –
 - (a) have a personal responsibility to promote and protect the best interests of his patients/clients;
 - (b) respect and take account of these factors when providing care for his patients/clients. He must not

exploit or abuse his relationship with the patients/clients;

- (c) not allow his views about a patient's/client's, age, colour, race, disability, sexuality, social or economic status, lifestyle, culture or religious beliefs affect the treatment provided or the professional advice given;
- (d) try to provide the best possible care, either alone or with other health professions;
- (e) not do anything, or knowingly allow anything to be done that you have good reason to believe will put the health or safety of a patient/client at risk. This includes both his own actions and those of others;
- (f) take appropriate action to protect the rights of children and vulnerable adults if he believes they are at risk, including following national and local policies;
- (g) be responsible for his professional conduct, any care or advice he provides and any failure to act;
- (h) be able to justify his decisions if asked to; and
- (i) protect his patient/client if he believes that any situation puts them in danger, this includes the conduct, performance or health of a colleague. The safety of patients/clients must come before any personal or professional loyalties at all times. As soon as he becomes aware of a situation or circumstance that puts a patient/client at risk, he should discuss the matter with an appropriate person;

(2) A sports therapist must always respect the confidentiality of his patients/clients and must –

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- (a) treat information about patients/clients as confidential and use it only for the purpose given;
 - (b) not knowingly release any personal or confidential information to anyone who is not entitled to it;
 - (c) use information about a patient/client only when and where that person has given specific permission to be used;
 - (d) always check that people who ask for such information are entitled to it; and
 - (e) adhere to the conditions of any relevant data protection legislation and always follow best practice for handling and storing confidential information. Best practice is likely to change over time and it is his responsibility to stay up to date.
- (3) A sports therapist must always maintain high standards of personal conduct and must –
- (a) not do anything that may affect a patient's/client's treatment or confidence in him;
 - (b) keep high standards of personal conduct as well as professional conduct;
 - (c) be aware that poor conduct outside of his professional life may still affect someone's confidence in him and his profession;
 - (d) provide relevant information about his conduct, competence and health; and
 - (e) contact AHPC if he has any information about his conduct or competencies, or about that of other

therapists he works with. In particular he must forthwith inform AHPC if he is –

- (i) convicted of a criminal offence, has received a conditional discharge for an offence, or has accepted a police caution;
- (ii) suspended or placed under a practice restriction by an employer or similar organisation because of his conduct or performance; and
- (iii) provide information about the conduct or competence of other healthcare providers if someone who is entitled to know, asks him for it.

(4) A sports therapist must cooperate with any investigation or formal inquiry into his professional conduct. He must give every relevant information in connection with his conduct or competence to any authorised person who seeks for it.

(5) AHPC may take any decision required against a sports therapist who is convicted of a criminal offence or has accepted a police caution.

(6) AHPC will always consider each case individually, and in accordance with the disciplinary procedures, to determine if any further action is required against a sports therapist who is convicted by a court. It may terminate his membership if he is convicted of –

- (a) violence;
- (b) sexual misconduct;
- (c) an offence under the Dangerous Drugs Act;
- (d) child pornography;

- (e) an offence involving dishonesty; or
- (f) any offence for which he has been sentenced to prison

(7) Every sports therapist must always keep his professional knowledge and skills up to date and must –

- (a) make sure that his knowledge, skills and performance are of a high quality, up to date and relevant to his field of practice. AHPC is aware that a sports therapist may work in a variety of settings, including education, research and or clinical practice;
- (b) meet his standards of practice and proficiency;
- (c) ensure that whatever his area of practice, he is capable of practising safely and effectively. AHPC criteria for continuing professional development links his learning and development to his continued membership; and
- (d) act within the limits of his knowledge, skills and experience and if necessary, refer the matter to another professional.

(8) A sports therapist must keep himself within his scope of practice and –

- (a) Must practise only in the fields in which he has appropriate education, training and relevant experience. When accepting a patient he has a duty of care, including an obligation to refer the patient for further professional advice or treatment if the task is beyond his own scope of practice;
- (b) while referring a patient to another sports therapist, must make sure that the referral is appropriate and that

the patient is aware of the reason behind the referral and agrees to it;

- (c) if he accepts a referral from another sports therapist, must make sure that he fully understands the request and only provide treatment and or advice he believes is appropriate. If this is not the case he must discuss this with the referring practitioner and the patient/client;
- (d) must maintain proper and effective communication with patients/clients and other professionals;
- (e) must take all reasonable steps to ensure that he can communicate effectively with his patients/clients; and
- (f) must also communicate effectively, co-operate and share the knowledge and expertise with professional colleagues for the benefit of the patient/client.

(9) A sports therapist must obtain informed consent to give treatment (except in an emergency) –

- (a) he must explain to the patient/client the treatment he is carrying out, the risks involved (if any), and other treatments possible;
- (b) he must make sure that he gets the patient's/client's informed consent for any treatment that he carries out; and
- (c) he must make a record of the person's treatment decisions and, if appropriate, pass this information on to other professionals. A person who is capable of giving their consent has the right to refuse treatment. The sports therapist must respect this right. He must also ensure that he or she is fully aware of the risks and consequences of refusing treatment.

(10) A sports therapist must effectively supervise tasks he has asked other people to carry out –

- (a) people who consult him or receive treatment or services from him are entitled to assume that a person with appropriate knowledge and skills will carry out their treatment or provide services. Whenever he gives tasks to other persons to carry out on his behalf–
 - (i) he must be sure that they have the knowledge, skills and experience to carry out the tasks safely and effectively;
 - (ii) he must not ask them to do work which is outside their scope of practice;
 - (iii) he must always continue to give appropriate supervision to whoever he asks to carry out a task; and
 - (iv) he will still be responsible for the appropriateness of the decision to delegate. If someone tells him that they are unwilling to carry out a task because they do not think they are capable of doing so safely and effectively, he must not force them to carry out the task anyway. If their refusal raises a disciplinary or training issue, he must deal with that separately, but should never put the safety of the patient/client in danger.

(11) A sports therapist must keep accurate patient records –

- (a) the making of and keeping of records is an essential part of care and he must keep records for everyone he treats or who asks for professional advice or services;

- (b) whenever and wherever possible they should also be contemporaneous i.e. written at that time. Handwritten notes must be complete and legible and all entries should be signed and dated; and
- (c) he must protect information in records from being lost, damaged, accessed by someone without appropriate authority or tampered with. If he updates a record he must not delete information that was previously there or make that information difficult to read. Instead he must mark it in some way.

(12) A sports therapist must limit his work or stop practising if his health affects his performance or judgement –

- (a) he has a duty to take action if his physical or mental health could be harming his fitness to practise. He should get advice from a suitably qualified medical practitioner and act on it. This advice should consider whether, and in what ways, he should change his practice, including stopping practising if this is necessary.

(13) A sports therapist must behave with integrity and honesty and ensure that his behaviour does not damage the public's confidence in him or his profession –

- (a) he must carry out his duties and responsibilities in a professional and ethical way. Patients/clients are entitled to receive good and safe standards of practice and care;
- (b) he must make sure that he behaves with integrity and honesty and keep to high standards of personal and professional conduct at all times; and

- (c) he must not get involved in any behaviour or activity which is likely to damage his profession's reputation or undermine public confidence in it.

(14) A sports therapist must deal fairly and safely with the risks of infection –

- (a) he must not refuse to treat someone just because he or she has an infection. Also, he must keep to the rules of confidentiality when dealing with people who have infections. For some infections, such as those sexually transmitted, these rules may be more restrictive than the rules of confidentiality for people in other circumstances;
- (b) he must take appropriate precautions to protect his patients/clients and himself from infection. In particular he should protect his patients/clients from infecting one another; and
- (c) he must take precautions against the risk that he will infect someone else.

(15) A sports therapist must follow published and accepted guidelines for the advertising of his services –

- (a) any advertising that he does in relation to his professional activities must be accurate. Any advertisement must not be misleading, false, unfair or exaggerated;
- (b) he should not claim that his skills, equipment or facilities are better than anyone else's unless he can prove that this is true. If he is involved in advertising or promoting any product or service, he must make sure that he uses his scientific knowledge, clinical skills and experience in an accurate and responsible way; and

- (c) he must not make or support unjustifiable statements relating to particular products. Any potential financial rewards to him should play no part, at all, in his advice or recommendations for products and services that he gives to patients.

(16) A sports therapist must ensure that his behaviour does not damage the reputation of sports therapy –

- (a) he must not get involved in any behaviour or activity which is likely to damage his profession's reputation or undermine public confidence in it. He should not publicly discredit or lower the dignity of another member of AHPC or any other professional body, organisation or practitioner.

PART III – STANDARDS OF PROFICIENCY

5. Professional autonomy and accountability

(1) Sports therapists must –

- (a) be able to practise within the legal and ethical boundaries of their profession –
 - (i) understand the need to act in the best interests of their patients at all times;
 - (ii) understand the need to respect and so far as possible uphold the rights, dignity, values and autonomy of every patient including their role in the diagnostic and therapeutic process and in maintaining health sporting participation and wellbeing;
 - (iii) be aware of current legislation applicable to the work of their profession; and

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- (iv) be aware of the role of sports therapy within the context of the sports and exercise medicine team.
 - (b) be able to practise in a non-discriminatory manner –
 - (i) understand the importance of and be able to maintain confidentiality; and
 - (ii) understand the importance of and be able to obtain informed consent.
 - (c) be able to exercise a professional duty of care;
 - (d) be able to practise as an autonomous professional, exercising their own professional judgement;
 - (e) be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem;
 - (f) be able to initiate resolution of problems and be able to exercise personal initiative –
 - (i) know the limits of their practice and when to seek advice or refer to another professional;
 - (ii) recognise that they are personally responsible for, and must be able to justify their decisions.
 - (g) recognise the need for effective self—management of workload and resources and be able to practise accordingly; and
 - (h) understand the obligation to maintain fitness to practice –
 - (i) understand the need to practise safely and effectively within their scope of practice;

- (ii) understand the need to maintain high standards of personal and professional conduct;
- (iii) understand the importance of maintaining their own health; and
- (iv) understand both the need to keep skills and knowledge up to date and the importance of career-long learning.

6. Professional relationships

(1) A sports therapist must –

- (a) be able to work, where appropriate, in partnership with other healthcare professionals, managers and coaches, fitness trainers, relevant sports and exercise practitioners, support staff, patients and their relatives and carers –
 - (i) understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team;
 - (ii) understand the need to engage patients, carers and if appropriate coaches in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals;
 - (iii) be able to make appropriate referrals; and
 - (iv) understand the structure and function of health, education and social care services in Mauritius and current developments, and be able to respond appropriately.
- (b) be able to contribute effectively to work undertaken as part of a multidisciplinary team;

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- (c) be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinions to colleagues, patients, their relatives and carers –
- (i) understand how communication skills affect the assessment of patients and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability;
 - (ii) be able to select, move between and use appropriate forms of verbal and nonverbal communication with patients and others;
 - (iii) be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status;
 - (iv) understand the need to provide patients (or people acting on their behalf) with the information necessary to enable them to make informed decisions;
 - (v) understand the need to use an appropriate interpreter to assist patients whose first language is not Creole, English or French wherever possible; and
 - (vi) recognise that relationships with patients should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility.
- (d) understand the need for effective communication throughout the care of the patient –

- (i) recognise the need to use interpersonal skills to encourage the active participation of patients.

PART IV – SKILLS REQUIRED FOR APPLICATION OF PRACTICE

7. Identification and assessment of injury and risk factors associated with participation in exercise and competitive and/or recreational sport

- (1) A sports therapist must –
 - (a) be able to gather and synthesise appropriate information;
 - (b) be able to select and use appropriate assessment techniques –
 - (i) be able to apply, undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment;
 - (ii) be able to recognise the need to identify and take account of the physical, psychological, social and cultural needs of individuals, and specific sporting populations during the assessment process.
 - (c) be able to undertake or arrange investigations as appropriate; and
 - (d) be able to analyse and critically evaluate the information collected;

8. Formulation and delivery of plans and strategies for meeting sports and exercise injury prevention, management and rehabilitation needs

- (1) A sports therapist must –

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- (a) be able to use research, reasoning and problem-solving skills to determine appropriate actions –
 - (i) recognise the value of research to the critical evaluation of practice;
 - (ii) be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures;
 - (iii) be aware of a range of research methodologies;
 - (iv) be able to demonstrate a logical and systematic approach to problem solving;
 - (v) be able to evaluate research and other evidence to inform their own practice;
 - (vi) recognise the need to discuss, and be able to explain the rationale for the use of sports therapy interventions;
 - (vii) be able to form a clinical hypothesis on the basis of sports therapy assessment;
 - (viii) understand the need to plan and implement comprehensive prevention, rehabilitative and training programmes that involve an understanding of the components of sport and exercise science;
 - (ix) be able to identify injury and illness risk factors associated with participation in exercise and competitive and recreational sport;
 - (x) understand the need for appropriate administration and implementation of specific pre-participation physical examination and screening; and

- (xi) understand the components of a comprehensive rehabilitation programme.
- (b) be able to draw on appropriate knowledge and skills in order to make professional judgements –
 - (i) be able to change his practice as needed to take account of new developments; and
 - (ii) be able to demonstrate a level of skill in the use of information technology appropriate to his practice.
- (c) be able to formulate specific and appropriate management and rehabilitation plans including the setting of timescales –
 - (i) understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors;
 - (ii) be able to set goals and construct specific individual and group sports and exercise therapy programmes;
 - (iii) be able to determine patient specific goals and objectives in the rehabilitation process;
 - (iv) understand the need to agree the goals, priorities and methods of sports and exercise therapy interventions in partnership with the patient;
 - (v) be able to apply problem solving and clinical reasoning to assessment findings to plan and prioritise appropriate sports therapy interventions; and

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- (vi) be able to select, plan, implement and manage sports therapy treatment aimed at the facilitation and restoration of movement, function, sports activity and participation.
 - (d) be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skillfully –
 - (i) understand the need for the preparation, application and accomplishment of appropriate immediate first aid intervention and management in a sports and exercise environment;
 - (ii) understand the need and be able to apply basic life-saving techniques;
 - (iii) ensure the safe and effective handling and removal of a casualty from the competitive or recreational sport and exercise environment;
 - (iv) understand the need to maintain the safety of both patients and those involved in their care;
 - (v) ensure patients are positioned (and if necessary immobilised) for safe and effective removal from a sporting and recreational environment;
 - (vi) ensure patients are positioned (and if necessary immobilised) for safe and effective interventions, if appropriate;
 - (vii) be able to deliver and evaluate sports therapy interventions;
 - (viii) be able to select and apply safe and effective therapeutic exercise, manual therapy and

- electrotherapies in order to alleviate symptoms and restore optimum function and sports participation;
- (ix) be able to use manual therapy and massage techniques in a pre and post sports and exercise environment; and
 - (x) be able to use manual therapy and massage in a therapeutic and remedial context.
- (e) be able to maintain records appropriately –
- (i) be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines; and
 - (ii) understand the need to use only accepted terminology in making records.

9. Critical evaluation of the impact of, or response to, the therapist's actions

- (1) A sports therapist must –
- (a) be able to monitor and review the on-going effectiveness of planned activity and modify it accordingly –
 - (i) be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of patients to their care;
 - (ii) be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the patient;

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- (iii) recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes;
 - (iv) be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or rehabilitation programmes, and record the decisions and reasoning appropriately; and
 - (v) be able to evaluate treatment and rehabilitation plans to ensure that they meet the sports therapy needs of patients, informed by changes in circumstances, health status and sporting activity.
- (b) be able to audit, reflect on and review practice –
- (i) understand the principles of quality control and quality assurance;
 - (ii) be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures;
 - (iii) be able to maintain an effective audit trail and work towards continual improvement;
 - (iv) participate in quality assurance programmes, where appropriate; and
 - (v) understand the value of reflection on practice and the need to record the outcome of such reflection.

10. Knowledge, understanding and skills.

- (1) A sports therapist must –
 - (a) know and understand the key concepts of the bodies of knowledge which are relevant to their profession specific practice –
 - (i) understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction;
 - (ii) be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process;
 - (iii) recognise the role of other professions in sports and exercise therapy; and
 - (iv) understand the theoretical basis of, and the variety of approaches to, sports and exercise injury assessment and intervention.
 - (b) understand the following aspects of biological science –
 - (i) normal human anatomy and physiology, especially the dynamic relationships of human structure and function and the neuromuscular, musculoskeletal, cardio-vascular and respiratory systems within a sport. exercise and rehabilitation environment;
 - (ii) patterns of human growth and development related to the pre—adolescent, adolescent and adult sports person;

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- (iii) factors influencing individual variations in human ability, health status and sporting performance;
 - (iv) how the application of sports therapy can influence physiological and structural change following trauma;
 - (v) the principles and theories from physics, biomechanics, ergonomics and applied exercise science that can be applied to sports therapy;
 - (vi) the means by which the physical sciences can inform the understanding and analysis of movement and function of the sport and exercise participant;
 - (vii) the principles and application of measurement techniques based on sound biomechanical principals; and
 - (viii) the application of anthropometric and ergonomic principles.
- (c) understand the following aspects of clinical science –
- (i) the normal immediate and delayed pathophysiological responses to trauma and injury;
 - (ii) adaptations brought about by sport specific training, rehabilitation regimes and exercise programmes;
 - (iii) the pathophysiological responses to overtraining, overuse and poor or incorrect sports performance;

- (iv) physiological, structural, behavioural and functional changes that can result from sports therapy intervention, rehabilitation and sport and exercise participation;
 - (v) the specific contribution that sports therapy can potentially make to enhancing individuals' functional and sporting ability, together with the evidence base for this; and
 - (vi) the different concepts and approaches that inform the development of sports therapy interventions.
- (d) understand the following aspects of behavioural science –
- (i) psychological, social and cultural factors that can influence an athlete's injury, health and illness, including their responses to the management of their injury and related treatment and rehabilitation;
 - (ii) how psychology, sociology and cultural diversity inform an understanding of sports therapy and the incorporation of this knowledge into sport and exercise prevention, injury management and rehabilitation;
 - (iii) theories of communication relevant to effective interaction with patients, colleagues, coaches and other sports medicine professionals;
 - (iv) theories of team working and leadership; and
 - (v) know how professional principles are expressed and translated into action through a number

of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or sporting populations;

- (e) understand the need to establish and maintain a safe practice environment –
 - (i) be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, or sporting environment such as incident reporting, and be able to act in accordance with these;
 - (ii) be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation;
 - (iii) be able to select appropriate personal protective equipment and use it correctly;
 - (iv) be able to establish safe environments for practice, which minimise risks to patients, those treating them, and others, including the use of hazard control and particularly infection control; and
 - (v) know and be able to apply appropriate moving and handling techniques.
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