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Factors Affecting Risk Management of Indoor Campus Recreation Facilities

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Factors affecting risk management of indoor campus recreation facilities were studied. Campus recreation directors of 4-year colleges/universities in North America who held memberships in the National Intramural-Recreational Sports Association (NIRSA) responded to a paper survey consisting of 32 dichotomous yes/no and close-ended multiple-choice questions. Questions addressed staff certification requirements, use of waivers, number of automatic external defibrillators (AEDs) in the facility, communication and security devices, health screening of participants, and in-person supervision of the facility. Results showed that facilities are open to participants extensively throughout the 7-day week, thus requiring directors to ensure their risk management procedures are up to date—most notably staff members' CPR and first aid certification, as well as AED training.

Keywords: risk management, AED, indoor facilities

In today's litigious society, campus recreation directors and their staff should be aware of the various risks that could result in financial loss and an overall negative image of their department and institution. The campus recreational sports center was described by Sawyer and Lentz (2005) as the focus of campus interest. With interest comes a need for safety. Risk management is "the practices and systems that businesses put in place to reduce or limit their exposure to liability and financial loss" (Tharrett, McInnis, & Peterson, 2007c, p. 17). Campus recreation directors and personnel should be acutely aware of the potential for risk within their programs.

Background Information

A review of literature related to various factors affecting risk management of indoor campus recreation was undertaken. As a result of the literature search, a variety of information including, but not limited to, the following topics was

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uncovered: risk management policies, guidelines, plans, forms, insurance, responsibilities of directors to prevent risks, health prescreening procedures, CPR and first aid certifications, automatic external defibrillator (AED) training, methods of communication, security, and employee matters related to the facility.

In a study by Young and Ross (2000), it was pointed out that efforts to reduce liability through risk management plans will continue to be complex and will create challenges for recreational sport administrators. A basic responsibility of the facility manager is to make sure the facility is reasonably safe for its intended use (Fried, 1999; Mulrooney, Styles, & Green, 2002). Fried (1999) addressed the standard of "reasonably safe" and indicated that through proper inspection, it should be made sure that facilities and equipment are reasonably safe. The development and implementation of emergency response systems was also stated as an effective means of providing the highest reasonable level of safety for users (Tharrett et al., 2007c).

Upper administrators, according to Mulrooney et al. (2002), are aware of the impact that risk management programs have on liability reduction. Findings by Mulrooney et al. showed National Intramural-Recreational Sports Association (NIRSA) department heads have risk management plans in place. Styles and Mulrooney (2005) concluded that having comprehensive risk management procedures is a course of action protecting the facility from liability. In addition, Fried (1999) recommended the formation of an event safety committee to plan, establish, implement, and evaluate risk management policies as a way to help ensure safety of the facility.

Legal Protections Against Liability, Including Contracts

Releases, waivers, assumption of risk, informed consent, and insurance, in some capacity, have all served as deterrents to liability. As indicated by Fried (1999), indemnity clauses can be constructed in contracts in such a way that even administrators can protect themselves from anything other parties will agree to accept. Regarding the basic understanding of risk management forms, McFarland (2006) pointed out that because the average American adult reads at the eighth-grade level, they are no match for the vocabulary included in most risk management forms.

Woody (1998) advised participants to complete a waiver, release, and assumption of risk form before participation. Fried (1999) pointed out that a release is a contract freeing someone from future liability, usually after a settlement, whereas a waiver is a contract waiving a person's right to sue if injured and is signed before undertaking an activity. Voluntary assumption of risk is a protection against liability and is risk inherent to a particular activity assumed by participants when they choose to participate (McGregor & MacDonald, 2000). "Generally, the defense of assumption of risk can be used when a plaintiff (professional or amateur) voluntarily engages in an athletic or recreational activity involving open and obvious risks" (Drago, 2002, p. 583).

Traditionally, parents do not have the right to sign away the rights of their children for future negligence claims arising out of recreational injuries (Kozlowski, 2007). Commercial enterprises that attract children should take reasonable precautions to protect their safety. Permitting liability waivers might remove a

significant incentive for operators of commercial enterprises to provide a reasonably safe environment (Kozlowski).

Informed consent forms declare risks that are part of an activity but are not necessarily inherent to the activity, which allows participants to make an informed decision as to whether they want to assume the risks declared on the informed consent (McGregor & MacDonald, 2000). Medical releases are signed by medical doctors and provide evidence of a person assuming the risks of participating, despite their condition (Fried, 1999).

Having insurance is also a means used to protect administrators and the facility from liability (Styles & Mulrooney, 2005). McGregor and MacDonald (2000) concurred that the coverage of medical expenses through sport accidents is a key area of insurance related to recreation.

Negligence

McGregor and MacDonald (2000) discussed the "average person" and "reasonable person" measures when attempting to portray an understanding of how the laws of negligence can be applied to individuals involved in the supervision of recreational sports and athletic activities. Recreational sport and fitness facility administrators, as well as professionals, must have a basic understanding of and remain up to date in their particular areas. Voluntary assumption of risk was also pointed out by McGregor and MacDonald as a common way to escape negligence.

Additional Means of Protection Against Liability

There are various additional means of protection against liability beyond insurance coverage and legal forms that shift liability from the facility and administration to another party. Additional means of protection that campus recreation directors can pursue include, but are not limited to, physical examinations/prescreening, the inclusion of AEDs in emergency action plans, staff member certifications, communication strategies, surveillance systems, and appropriate or proper supervision of the facility.

Physical Examinations/Health Screening. Efforts to promote physical activity to the "beginner fitness" populations have heightened the need for careful safety policies such as prescreening, which identifies users who pose an increased risk of experiencing exercise-related cardiovascular incidents (Tharrett, McInnis, & Peterson, 2007a). The need for employers to provide training for staff members responsible for administering first aid and cardiopulmonary resuscitation (CPR) was pointed out by Connaughton, DeMichele, Horodyski, and Dannecker (2002).

The necessary implementation of blood-borne pathogen procedures will eliminate virtually any risk of infection to staff and participants in the sport and recreation area (McGregor & MacDonald, 2000). McGregor and MacDonald also outlined key areas related to the procedures of dealing with blood-borne pathogens. Training, according to Connaughton, DeMichele, et al. (2002), should be provided to those staff who have jobs dealing with bodily fluids or blood-borne

pathogens such as handling bloody towels, razors, or other types of potentially infectious waste.

Use of AEDs and Staff Member Certifications. Given the litigious nature of today's society, according to Connaughton, Connaughton, and Spengler (2002), it is incumbent upon supervisors of sport, recreation, and fitness programs to incorporate AEDs in their emergency action plans for life-threatening events. Only 10% of the recreation administrators surveyed in a study by Miller and Veltri (2003) indicated that an on-site AED was available in their recreation facilities/areas. According to Tharrett et al. (2007c), a facility must have at least one employee on duty at all times who has up-to-date training and certification to administer an AED.

A general ignorance about current AEDs and the laws concerning them was revealed in a study conducted by Blackburn and Waite (2006). Overcoming issues such as misusing the AED and liability, according to Blackburn and Waite, might require a social marketing campaign to educate the public before attempting to promote AED training.

Lahne (2006) claimed that, in most instances, student-staff acting as primary responders are required to hold current certifications in CPR and first aid. Miller and Veltri (2003) found that more than half of recreational administrators studied required their staff to be certified in first aid or CPR.

Communication Strategies and Surveillance Systems. Various forms of communication were found to be effective in helping to secure recreational facilities. During multiple events, two-way radios were the mode of communication most frequently used among staff (Veltri, Miller, & Scott, 2001). Readable signage used color to communicate and was placed in conspicuous locations as a means for facilities to communicate with the users (Tharrett, McInnis, & Peterson, 2007d). In addition, a good risk management plan, according to Fried (1999), should designate one media communications person who is trained to speak to the media in a facts-oriented manner.

In a study by Miller and Veltri (2003) in which public recreation facilities were examined, an entire section of a survey completed by facility administrators/supervisors was devoted to closed-circuit television (CCTV) use. It was discovered by Miller and Veltri (2001) that illegal entry by others contributed, at the highest rate, to criminal activities in recreation centers.

Supervision of the Facility. The duty to properly supervise an activity or a group of individuals, according to Fried (1999), is extended whenever a person puts his or her well-being into another's hands. It is also important that those employed at the facility must have an appropriate level of professional education, work experience, and/or certifications aligning with their responsibilities (Tharrett, McInnis, & Peterson, 2007b). Recreational directors at multimillion dollar facilities recognized the importance of establishing a plan of supervision that embraces routines for safety inspection (Styles & Mulrooney, 2005). Risk can also be decreased by maintaining the facility and staying up to date and informing participants of the safety and risk management standards associated with participation (McGregor & MacDonald, 2000).

The purpose of this study was to discover the risk management responsibilities and requirements of staff members at indoor recreation facilities at 4-year institutions of higher education. A further goal of this study was to shed light on the overall risks, based on the opinions of campus recreation directors, to which campus recreation programs might be susceptible. Ways to eliminate risk to campus recreation programs were also sought. Areas of risk reduction included staff certification requirements, the use of waivers, the number of AEDs in the indoor facility, communication and security devices, health screening of participants, and in-person supervision of the indoor facility.

Methods

Survey

The content of the questionnaire was determined based on the collaborative efforts of the five authors/researchers and the current literature as it pertained to policies, practices, and procedures of campus recreation programs. Insights from campus recreation directors/experts were also sought. To help establish content validity through expert feedback, the initial draft of the survey was forwarded to six directors who met the "expertise" criteria of having at least 10 years of experience in campus recreation programs. Following the feedback-based changes made by the researchers, the 32-question survey was considered to be in its final form. The questions were dichotomous yes/no and close-ended multiple-choice questions in which respondents were asked to select the best response.

Subjects

The subjects were 563 campus recreation directors who held memberships in NIRSA and were employed at 4-year colleges and universities in North America. A total of 213 surveys were returned from the 563 total for a 37.8% return rate. There were 153 directors from public institutions who returned surveys and 60 from private institutions who returned surveys. The number of campus recreation directors within regions returning surveys ranged from 19 (region 5) to 47 (region 1).

Mailing Process

Surveys were mailed to each subject via U.S. postal mail along with a cover letter describing the process of self-administering the survey. The self-administration process included completing the anonymous survey, placing it in the self-addressed, enclosed envelope, and mailing it back to one of the designated researchers. Procedures to ensure subject and institutional anonymity were confirmed to be appropriate by the researchers' institution's internal review board.

Results

Demographics

The subjects surveyed were members of NIRSA who were campus recreation directors of 4-year colleges and universities in the United States. Directors reported that their campuses were located in the following settings: urban (42.0%), suburban (32.6%), and rural (25.4%). The approximate enrollments of the institutions, when counting both undergraduate and graduate students, were reported to be as follows: less than 5,000 (22.9%); 5,001–15,000 (37.1%); 15,001–25,000 (21.4%); and greater than 25,000 (18.6%). The average number of staff members employed in campus recreation departments were as follows: full-time professionals (8.2), graduate assistants (2.3), and student employees (151.0). On average, 37.9% of undergraduate students at the institutions surveyed were reported to live on campus. The directors reported an average annual operating budget of $1,731,875.

Risk Management Factors

Waivers and Liability Forms. The directors indicated they used a font size of 12 most frequently (44%) on waiver and liability paperwork. In addition, 92% of the directors reported a font size between 10 and 12 was used on their waivers or liability paperwork forms. Of the 85% of directors stating they used a particular waiver form, 82.6% indicated it did not include the words *ordinary negligence*, whereas 17.4% revealed the waiver forms they used did include the words *ordinary negligence*. Of the 73% of directors who indicated they require recreation participants to sign a waiver, most directors (56.2%) acquire the signature at the point of purchase, whereas the lowest rate of directors (5.5%) accept the signature online.

Participants' Health. All (100%) of the directors indicated physical examinations were not required of their recreation participants. Generally, the rate of directors requiring participants to complete a PAR-Q and/or a health screening document before using the primary fitness facility was somewhat low for specific categories of users: students (8%), faculty/staff (14%), community members (12%), and alumni (12%). It was reported, on average, that there were 2.5 AEDs on the campus recreation facilities, and almost half (49%) are tested monthly for reliability. On the other hand, nearly one-fourth (23%) are tested semiannually, 14% are tested annually, and 4% are never tested.

Regarding medical insurance, it was reported that only 4% of campus recreation departments and/or institutions required participants to show proof of medical insurance. Of the 4% who required proof of medical insurance of their participants, 38% of those institutions offered medical insurance to their participants through a third party or institutional plan. Only 2% of campus recreation directors purchased additional medical insurance for their participants.

Communication and Alarm Systems. Various forms of communication were found to be used in campus recreation facilities. Used in the facilities were two-way radios (82%), cell phones (68%), and pagers (10%).

For the purpose of monitoring facilities, CCTVs were found to be used by 59% of the campus recreation facilities, whereas 41% of the facilities did not use them. Active alarm or security control systems were found in the nonsupervised entry/exit doors of 66% of the facilities, whereas 34% of the facilities did not have such systems in the nonsupervised entry/exit doors.

Certifications. Displayed in Table 1 are the four staff categories and the rate at which directors require each staff member category to have CPR certification. The rates for each staff category are shown for all institutions and are subdivided into the six NIRSA regions. Across regions, the directors indicated that CPR certification was required of staff members at the following rates: professional (86%), student (80%), graduate assistants (79%), and classified (49%). Within regions, CPR as a requirement ranged from a high of 100% for graduate assistants in region 5 to a low of 29% for classified employees in region 2. The category of classified employees was the only employee category containing regions in which less than half of their campus recreation programs required CPR: region 1 (41%), region 3 (41%), and region 2 (29%).

The rate of directors—by institution type (public or private) and by the size of the institution (number of undergraduate and graduate students enrolled)—who indicated they require CPR certification of staff members is displayed in Table 2. There was very little difference between public and private institutions in the area of requiring CPR of their employees. Public institutions require CPR of their professional employees at a rate of 85%, and 90% of private institutions require CPR, which at a difference of 5%, was the largest difference between public and private institution employee categories. It was generally found that institutions with higher enrollments tend to require higher rates of their employees to be certified in CPR. In two instances, however, it was discovered that small institutions (less than 5,000 students) required CPR certification at a higher rate than extra-large institutions (greater than 25,000 students). Professional employees were required to have CPR certification by 92% of campus recreation programs at small institutions, whereas 85% of campus recreation programs required it at medium institutions, 80% at large institutions, and 95% at extra-large institutions.

Table 1 Staff Categories and Rate Required to Have CPR Certification by Region

	NIRSA region						
Staff category	**All**	**R1**	**R2**	**R3**	**R4**	**R5**	**R6**
Professional employees	86	93	71	92	94	95	90
Graduate assistants	79	67	75	83	88	100	75
Student employees	80	63	74	96	94	95	77
Classified employees	49	41	29	41	66	75	71

Note. R = Region; All = All Regions. Numbers represent percentages of 100.

Table 2 Staff Categories and Rate Required to Have CPR Certification by Institution Type and Size

	Institution type		Institution size			
Staff category	Public	Private	Small <5,000	Medium 5,001–15,000	Large 15,001–25,000	Extra large >25,000
Professional employees	85	90	92	85	80	95
Graduate assistants	79	79	73	75	82	92
Student employees	79	82	74	78	82	90
Classified employees	49	49	56	43	49	57

Note. Numbers represent percentages of 100.

Table 3 Staff Categories and Rate Required to Have First Aid Certification by Region

	NIRSA region						
Staff category	All	R1	R2	R3	R4	R5	R6
Professional employees	74	69	67	74	83	83	77
Graduate assistants	65	42	67	78	77	86	53
Student employees	68	40	64	77	83	84	72
Classified employees	39	28	28	35	49	57	52

Note. R = Region; All = All Regions. Numbers represent percentages of 100.

Displayed in Table 3 are the four categories of staff members and the rate at which directors require each staff member category to have first aid certification. The rates for each staff member category are shown for all institutions and are also subdivided into the six NIRSA regions. First aid certification was required of the following categories of staff members: professional employees (74%), student employees (68%), graduate assistants (65%), and classified employees (39%). Of the six regions, region 5 required first aid certification at the highest rate for their graduate assistants at 86%. On the other hand, only 28% of departments from regions 1 and 2 required first aid certification of their classified employees, which was the lowest of the six regions.

The rates of directors indicating they required first aid certification of staff members by institution type and size are displayed in Table 4. Overall, rates of campus recreation directors indicating first aid certification was required of particular categories of staff members were similar to the rates specific for type and size of college/university. Regardless of institution type and institution size, the

Table 4 Staff Categories and Rate Required to Have First Aid Certification by Institution Type and Size

	Institution type		Institution size			
Staff category	Public	Private	Small <5,000	Medium 5,001–15,000	Large 15,001–25,000	Extra large >25,000
Professional employees	75	72	74	74	70	79
Graduate assistants	66	63	58	63	68	72
Student employees	68	67	57	67	69	79
Classified employees	42	33	41	36	40	42

Note. Numbers represent percentages of 100.

ranges of the rates of staff categories required to have first aid certification were as follows: professional employees (70–79%), graduate assistants (58–72%), student employees (57–79%), and classified employees (33–42%).

In-Person Supervision of the Facility. Rates of staff members supervising the indoor recreation facility on weekdays by designated times of day by regions are displayed in Table 5. It was found on weekdays that the overall rates of staff members who were responsible for in-person supervision of the indoor facility, generally, were similar to the rates expressed in the six specific regions. Across all regions, during the hours between noon and 4:00 p.m., campus recreation professional employees were the staff category who most frequently supervised the facility (44–64% of the time), whereas campus recreation student employees supervised the facilities at the highest rates before 8:00 a.m. (51–82% of the time) and after 8:00 p.m. (50–81% of the time).

On weekdays, across regions—regardless of the time of day, day of the week, size of the institution, and whether the institution was public or private—of the three types of staff categories employed in campus recreation programs, campus recreation student employees and campus recreation professional employees were the two employee categories found to supervise the facility most frequently (Table 6). When examining these two employee categories more closely, it was found that campus recreation student employees formed the category of staff primarily responsible for in-person supervision of the campus recreation indoor facility for both weekdays and weekends. The one exception, overall, took place from noon to 4:00 p.m., during which campus recreation professional employees supervised the facility, in-person, at a higher rate (54%) than campus recreation student employees (38%).

The other staff member employee category, campus recreation graduate assistant, regardless of day of the week or time, across all regions, types, and sizes of institutions, was found to be responsible for in-person supervision 10% or less of the time. Under the same conditions, in all cases, across regions, the two

Table 5 Rate of Staff Members Supervising the Indoor Recreation Facility on Weekdays by Designated Times of Day by Regions

	NIRSA region						
Staff category and Time of day	**All**	**R1**	**R2**	**R3**	**R4**	**R5**	**R6**
Early morning (before 8 a.m.)							
campus recreation student employee	63	51	66	59	61	82	60
campus recreation graduate assistant	4	5	0	4	12	6	0
campus recreation professional employee	20	24	21	21	14	6	30
no supervision	4	3	3	8	8	6	7
facility is not open at this time	9	17	10	8	5	0	3
Afternoon (noon–4 p.m.)							
campus recreation student employee	38	34	41	36	30	43	47
campus recreation graduate assistant	2	6	0	0	3	0	3
campus recreation professional employee	54	53	56	57	64	50	44
no supervision	5	6	3	7	3	7	6
facility is not open at this time	1	1	0	0	0	0	0
Evening (8 p.m.–closing)							
campus recreation student employee	70	50	78	71	68	71	81
campus recreation graduate assistant	10	12	13	10	10	17	3
campus recreation professional employee	17	35	6	14	20	6	16
no supervision	3	3	3	5	2	6	0
facility is not open at this time	0	0	0	0	0	0	0

Note. R = Region; All = All Regions. Numbers represent percentages of 100.

Table 6 Rate of Staff Members Supervising the Indoor Recreation Facility on Weekdays by Designated Times of Day by Institution Type and Size

	Institution type		Institution size			
Staff category and Time of day	Public	Private	Small <5,000	Medium 5,001–15,000	Large 15,000–25,000	Extra large >25,000
Early morning (before 8 a.m.)						
campus recreation student employee	61	66	62	60	63	67
campus recreation graduate assistant	6	0	0	5	5	8
campus recreation professional employee	22	18	28	15	20	0
no supervision	5	4	3	8	5	22
facility is not open at this time	7	12	8	12	7	3
Afternoon (noon–4 p.m.)						
campus recreation student employee	38	36	37	34	44	38
campus recreation graduate assistant	2	2	0	2	2	6
campus recreation professional employee	55	54	60	53	50	56
no supervision	5	5	3	11	2	0
facility is not open at this time	0	3	0	0	2	0

Table 6 *(continued)*

Staff category and Time of day	Institution type		Institution size			
	Public	Private	Small <5,000	Medium 5,001–15,000	Large 15,000–25,000	Extra large >25,000
Evening (8 p.m.–closing)						
campus recreation student employee	71	59	62	69	70	81
campus recreation graduate assistant	9	12	14	7	11	10
campus recreation professional employee	17	16	22	20	16	9
no supervision	3	4	2	4	3	0
facility is not open at this time	0	0	0	0	0	0

Note. Numbers represent percentages of 100.

categories of employees of campus recreation departments responsible for in-person supervision of the facilities were campus recreation student employees and campus recreation professional employees.

Overall, the facility was found to usually be open throughout the course of the day and evening on the weekends (Table 7). With the exception of two time increments, the facility was closed less than 10% of the time on weekends. Overall, the time period in which the facility was closed at the highest rate (37%) was during the early morning hours, before 8:00 a.m. on the weekends. In addition, at all of the institutions, after 8:00 p.m. on the weekends, the facility was closed 14% of the time. Overall, the facility was rarely unsupervised. It was supervised no less than 95% of the time, regardless of the day of the week, time period during the day, region, size of institution, and number of students attending the institution.

In all cases on the weekends, at least 93% of the directors indicated their facilities were supervised regardless of the day of the week, time, region, type of institution, and size of institution. As can be seen in Table 8, on the weekends, medium-sized institutions had the highest rate of unsupervised indoor facilities (6%), which took place during the time of day before 8:00 a.m.

Discussion

Factors related to indoor campus recreation areas of risk that were revealed in this study are presented and discussed in this section. Discussion includes the findings from other studies pertaining to similar areas of risk examined in this study.

It was found in this study that a font size of 12 or larger was the most commonly used font size on waiver forms. The readability of forms, including appropriate font size, is necessary to eliminate the potential for the reader to overlook important legal information. Research by White and Cardinal (2003) also supported having understandable waiver forms by indicating forms should be written at a reading level consistent with the intended audience. McFarland (2006) voiced similar concerns, stating the importance of making sure assumption of risk forms are written at a level easily understood by the average American adult.

Requiring participants to display proof of medical insurance at a rate of 4% appears to be somewhat low when viewed alongside Fried's (1999) description of insurance as a popular means of deflecting liability. Noting the difference between personal medical insurance held by participants and coverage held by the facility on behalf of the participants, the question begs as to whether participants who have medical insurance might perhaps be less likely to seek or sue for medical expenses from injuries incurred while participating in the facility.

Also somewhat surprising was the finding in this study that 4% of AEDs were never tested. Not conducting periodic AED testing could result in liability if it is found to be dysfunctional when used to save a life. Lahne's (2006) finding that certification in the use of AEDs is increasingly being required of student staff supports the emphasis being placed on the use of functional AEDs.

Nearly three-fourths of the directors surveyed in this study reported that their staff members were required to hold CPR certification. This finding is supported by McGregor and MacDonald (2000), who recommended all activity supervisors/instructors have basic first aid and CPR training. The current study's results were

Table 7 Rate of Staff Members Supervising the Indoor Recreation Facility on Weekends by Designated Times of Day by Regions

	NIRSA region						
Staff category and Time of day	**All**	**R1**	**R2**	**R3**	**R4**	**R5**	**R6**
Early morning (before 8 a.m.)							
campus recreation student employee	46	34	38	50	49	56	58
campus recreation graduate assistant	6	10	8	0	6	10	0
campus recreation professional employee	8	17	2	8	0	6	16
no supervision	4	2	2	4	3	6	6
facility is not open at this time	37	37	50	38	43	22	19
Afternoon (noon–4 p.m.)							
campus recreation student employee	71	63	68	78	71	76	72
campus recreation graduate assistant	8	11	11	0	15	6	0
campus recreation professional employee	13	15	14	17	3	6	22
no supervision	3	3	3	4	3	6	3
facility is not open at this time	5	8	5	4	6	0	3

(continued)

Table 7 *(continued)*

Staff category and Time of day	NIRSA region						
	All	R1	R2	R3	R4	R5	R6
Evening (8 p.m.–closing)							
campus recreation student employee	67	62	61	70	63	82	72
campus recreation graduate assistant	7	10	11	0	9	12	0
campus recreation professional employee	9	13	8	9	3	0	19
no supervision	3	3	3	4	3	6	3
facility is not open at this time	14	13	17	17	23	0	9

Note. R = Region; All = All Regions. Numbers represent percentages of 100.

Table 8 Rate of Staff Members Supervising the Indoor Recreation Facility on Weekends by Designated Times of Day by Institution Type and Size

	Institution type		Institution size			
Staff category and Time of day	Public	Private	Small <5,000	Medium 5,001–15,000	Large 15,001–25,000	Extra large >25,000
Early morning (before 8 a.m.)						
campus recreation student employee	47	40	49	35	50	58
campus recreation graduate assistant	6	6	5	6	5	5
campus recreation professional employee	9	8	10	8	10	5
no supervision	4	4	2	7	2	0
facility is not open at this time	35	42	34	44	33	32
Afternoon (noon–4 p.m.)						
campus recreation student employee	74	62	73	65	71	81
campus recreation graduate assistant	8	9	11	5	5	11
campus recreation professional employee	12	17	11	17	15	8
no supervision	3	4	3	6	2	0
facility is not open at this time	4	9	3	8	7	0

(continued)

Table 8 *(continued)*

Staff category and Time of day	Institution type		Institution size			
	Public	Private	Small <5,000	Medium 5,001–15,000	Large 15,001–25,000	Extra large >25,000
Evening (8 p.m.–closing)						
campus recreation student employee	68	63	64	61	69	78
campus recreation graduate assistant	7	8	10	6	5	6
campus recreation professional employee	9	10	10	10	10	6
no supervision	2	4	3	4	3	0
facility is not open at this time	14	15	13	18	13	11

Note. Numbers represent percentages of 100.

also supported by Veltri et al. (2001), who reported that over half of campus recreation directors of recreational facilities throughout the United States required their staff to be certified in CPR and first aid.

The 59% of campus recreation directors in this study who reported using CCTVs in their indoor facilities conveyed that the cameras were generally being used to monitor the facilities. Miller and Veltri (2003) delved deeper into the purpose behind the use of CCTVs in facilities and found it varied from facility to facility and within facilities by location placement, camera angle, and whether they were used as decoys instead of live cameras—all the time emphasizing their use as prevention mechanisms, not just as a record of a committed crime. The importance of using security cameras in monitoring facilities was further reinforced by Sawyer and Lentz (2005) who reported that security cameras were used in the planning stages of recreational facilities to compliment other forms of security.

Based on the wide range of in-person supervision by staff members, it generally was revealed that students have broad access to indoor campus recreation facilities 7 days a week throughout a substantial portion of the morning, day, and evening. It seems that given the extensive hours during which staff members of facilities have supervisory responsibility of the facility, areas of risk should be monitored closely to ensure the best possible reduction of liability to the programs.

Conclusions

Based on the results of this study, the following general conclusions were made. Information on waiver forms should be written in a font size of 12 or larger. Seemingly a font size of 12 or larger might help reduce the potential for the reader to overlook important information. On most waiver forms being used, the phrase *ordinary negligence* is not included in the form, which leads one to question the extent to which most waiver forms are truly protecting the provider from liability. Most campus recreation directors are operating their campus recreation departments in a way that protects them from liability. The testing of AEDs, generally, is taking place on a somewhat arbitrary basis by programs, ranging from being tested on a monthly basis to not being tested at all. Staff members, generally, are adequately meeting requirements of CPR and first aid certification. Two-way radios and cell phones were the most popular types of communication devices used. Alarm or security control systems and CCTVs were found to be used to deter crime in indoor facilities. Health screening of participants before they use a program's fitness facility is low.

Recommendations for Consideration

Directors should consider incorporating risk management assessments of their campus recreation programs on a regular basis for the purpose of identifying and treating any areas that might place their programs under unreasonable risk. Before implementing changes to current policies, directors should consult lawyers who specialize in risk management. In the interest of assuming a proactive approach to

risk management in indoor campus recreation facilities, the following recommendations are provided for consideration by campus recreation program directors:

- The validity of online signatures as legally binding should be confirmed by programs using them.
- Waiver forms, specific to programs, should undergo legal review to determine whether the forms, in fact, do remove liability from those affiliated with the campus recreation program.
- The requiring of physical examinations of participants and how they relate to legal reductions should be reviewed.
- The potential liabilities associated with not requiring medical insurance of participants before they participate in facility activities should be learned.
- AEDs should be tested on a consistent basis to ensure their reliability.
- The status of staff members' CPR and first aid certification should be reviewed.
- The potential for liability reduction through the health screening of participants before they participate in fitness facilities should be researched.
- Closed-circuit television systems and alarm or security control systems should continue to be used as deterrents to crime.

Future Research

Participants' perceptions of risk could vary widely from the views of directors obtained in this current study. To that end, future research related to risk management and campus recreation should survey the views of student participants, as well as community members who are participants. Furthermore, studies seeking legal feedback from attorneys who specialize in risk management related to sport/campus recreation facilities should be conducted. The attorneys should be asked to provide feedback related to the legal effectiveness of forms (i.e., waivers and medical releases) and certifications and training of staff members (i.e., CPR, first aid training, and AED training).

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