



# Walk Leader Training Manual

How to Kit...

## **How Can We Sustain A Walking Group?**



# How can we sustain a walking group?

## **1 Leadership**

Walking group members look to the walk leaders for guidance and encouragement. Therefore, the personality and style of the walk leader is important in sustaining the group's enthusiasm and ensures longevity of the group<sup>1</sup>. Other groups that have been successful have found that the walk leader encouraged a 'family type' atmosphere where everyone felt included and valued as part of the group<sup>1</sup>. In summary, to sustain the walking group, the walk leaders should attempt to create a:

**'Positive, trusting and caring atmosphere within the group'**

## **2 Support from Local Government / Health Service**

Walking groups need to feel support from organisations within the community in which they walk. For example, groups that walk in the outdoors need to have support from local government to ensure footpaths and walkways are well maintained. Groups that walk within shopping centres need to feel support from the centre management. Some local councils have provided subsidies for walk group members to participate in various activities in the local government area, such as water classes at the local pool<sup>1</sup>. This is not only an incentive for joining the walking group, but also a good way of sustaining the group's involvement. Of course, ongoing funding is often required to ensure sustainability of the groups and local government and health services are well placed to provide such funding.

## **3 Local facility to meet before and after the walk**

Providing a 'base' for the walking group to meet before and after the walks is important for warm up and cool down exercises and also provides a social opportunity for the walkers. It is important that this 'base' is consistent as the group is unlikely to continue coming regularly if the 'base' is always moved. Constant changes are confusing and it makes it difficult for the walkers to know where to meet every week<sup>1</sup>. The meeting point can also provide an opportunity for morning or afternoon teas following the walks which is another opportunity to build friendships and networks amongst the walkers. Some groups have incorporated health talks into the morning teas such as the Walk Friendly Garden City group which meets at a café within Garden City to have morning tea and a health talk on a regular basis.

## **4 Collaboration between organisations to support the walk group**

Collaboration between organisations strengthens programs and assists in the sustainability and expansion of projects such as walking groups. Sharing of skills, networks and experiences helps to link the walk group to existing networks and extend the level of support offered to the group. Furthermore, the more organisations involved in the walking group, the greater the level of participation as public recognition and awareness of the program is enhanced<sup>1</sup>.

## **5 Opportunities for participation in other social and community activities**

Offering activities other than walking are important to sustain the group. These activities should provide a social aspect to the group which in turn enhances relationships and networks amongst the participants.

## **Reference**

<sup>1</sup> Bayly, L. & Bull, F. (2001). How to build social capital: a case study of an enduring community walking group. Eastern Perth Public and Community Health Unit and Department of Public Health, University of Western Australia: Perth.

## **Introduction**

Congratulations on your efforts to organise a walking group. This 'How To Kit' is designed for the coordinating organisation to assist with what you need to know in order to train volunteer walk leaders.

So you have organised a community walk and you need to train volunteer walk leaders? Now you need to present the walk leader program to others.

But...what do you need to organise and how are you going to do this?

There are four main steps you need to remember to help you run a successful program:

- 1 Plan**
- 2 Prepare**
- 3 Present**
- 4 Evaluate**

Much of the effort required to run the program successfully is in the planning and preparation and this will be approximately 80 per cent of your workload. However all four steps are important in ensuring your event runs smoothly.

The following pages of this 'How to' Kit are designed to give you some ideas and guidance on how to make this process simple but effective.

Notes



### **PLEASE NOTE**

This 'How to Kit' and accompanying Walk Leader Training Manual is specifically targeted at older people. If you are intending to target other groups, you may need to adapt the manual accordingly.

## **Plan**

When you begin to plan your program consider the following points:

- What do you want to achieve?
- What issues did you want to cover?
- Who is the presentation aimed at?
- Who can help?
- Will there be a cost?
- Time required to present the program – you will need at least one whole day or 2 ½ days.

## **Prepare**

- Decide on a date and time. Take into account school and public holidays.
- Choose a venue.
- What speakers/subjects need to be covered?
- Organise catering.
- How will you advertise the event?

## **Getting a presenter/s**

Before you get someone to present to your group ask the following questions:

- What is the purpose of the presentation?
- How relevant is the presentation topic for your group?
- What do you want to get out of your speaker's presentation?
- Ask group members what topics they would like to see presented.
- Some presenters will charge a fee – are people happy to contribute to this?

Once you have decided this, you need to go about finding the right speaker(s) for your program

- Contact various speakers (see attached suggestions) to see who is available and what information they can provide for your group.
- Discuss with the speaker what your aim is and what you would like included in the presentation.
- Ask speaker/s to bring along handouts/brochures for the group to take away with them (if available). Ensure you have all the brochures listed in the resources sections of the walker's manual.
- Confirm time, date, subject and location of the presentation with them.
- Check with the speaker/s if they require equipment and if so will they provide it themselves.
- Provide each speaker with a copy of the training manual so they can link their talk with the material in the training manual.

### **Essential Topics**

The topics listed below are areas that are an essential part of ensuring that your walk group is safe and well run and need to be included in any program that you undertake:

- **Role of Walk Leader and Stay on Your feet WA.**
- **Risk Management.**
- **Healthy Walk Program – Warm-up exercises, safe stretching.**
- **Injury First Aid.**

For an example of a training day agenda see the sample training day session agenda.

### **Additional Topics**

The subjects of How to be a Walk Leader, Risk Management, Injury Prevention and First Aid are a vital part of the Walk Leader Training Program. However once these areas have been covered you and your group may wish to explore other topics that you find appealing. Below are some ideas that you may wish to consider:

- **Walk locations** – if you are wanting suggestions for suitable walk locations or if you are looking for ideas on more unusual locations:
  - **Local Councils** can give you ideas of what walking venues are available in your area. Look in the *White Pages* under the name of your council.
  - **Department of Conservation & Land Management (CALM)**  
Telephone: 9334 0333  
Website: [www.calm.wa.gov.au](http://www.calm.wa.gov.au)

- **Advanced First Aid Training** – general first aid training should be a part of the essential topics included in the program, however if you wish to gain more advanced or specific first aid training contact the organisations listed in the section ‘First Aid Information and Training’ (page 11).
- **Including a person with a disability in your walk group** – a general guide on how to include a person with a disability in your walk group is included in the manual, however if you want more information please contact:

**Disability Services Commission**  
Community Access and Information Branch  
Telephone: 9426 9384  
Website: [www.dsc.wa.gov.au](http://www.dsc.wa.gov.au)

### **Time**

- A half day session is too short to cover the essential topics adequately
- It is suggested that you either run a full day session or two half day sessions
- This way participants will not feel rushed

### **Venue**

When choosing a venue take into account the following checklist:

- ☒ Is it an easily accessible location?
- ☒ Is there on-site parking. Is it free?
- ☒ Are facilities available on site or do you have to provide i.e. catering, whiteboards?
- ☒ Cost of using facility?
- ☒ Is the venue appropriate for your group?
- ☒ What seating is available and are tables necessary?
- ☒ What is the best seating layout relative to the number of people attending?
- ☒ If using a *PowerPoint* or overhead projector, where will the screen be best placed?
- ☒ Is there a power source close to the projection equipment or will an extension cord be required?
- ☒ Will the acoustics or lighting create difficulties?
- ☒ Are the toilet facilities as part of the venue area or is it necessary to organise for them to be unlocked?
- ☒ If operating in mid summer or mid winter, is heating or cooling adequate?

### ***Finding a venue:***

- Local Councils – this is an ideal place to start when searching for a venue. Your council will be able to advise of meeting rooms available in the area including those at community centres and public libraries.
- ***Yellow Pages*** – has a variety of listings that may give you some ideas. Look under ‘Halls’ or ‘Convention Centres’.
- Major sporting venues:
  - Challenge Stadium: Telephone: 9441 8222 ***www.challengestadium.wa.gov.au***
  - State Tennis Centre: Telephone: 9361 1112 ***www.tenniswest.com.au***
  - Arena Joondalup: Telephone: 9300 3355 ***www.arena.wa.gov.au***

### **Equipment**

Check with the speakers to see what equipment they will need. Many will provide their own, but you may need to provide notepads and pens for group members to take notes during the session.

### **Catering**

Steps to follow:

- 1 What type of catering do you need?
  - Morning tea, lunch, afternoon tea?
  - Beverages?
  - Can catering be arranged through the venue or ordered in?
  - What is your catering budget?
- 2 How many people are attending?
- 3 Choose a caterer:
  - Local cafes or bakeries – these offer a range of foods and are ideal when catering for smaller groups.
  - *Yellow Pages* – Look under ‘Catering’ for a list of possible caterers.
- 4 Place your order with the caterer:
  - Confirm the time and date required with them.
  - Provide number of attendees.
  - Confirm how payment is to be arranged.
  - Ask for a breakdown of the costs involved.
  - Can they provide extras: cutlery, plates, etc.
- 5 Delivery – will someone collect it or will you have it delivered? Is this an extra charge?



## **PR and Promotion**

- Information Flyers/Posters – see if these can be displayed in public libraries, community centres and sporting/recreation venues.
- Newspaper notices in the local papers.
- Radio – most stations will do community announcements for free.

## **Present**

### **1 Before the presentation**

Ideally complete this stage a day or two before the presentation to allow enough time to make any last minute changes.

- Confirm with speaker/s the time and venue. Make sure they are clear on where it is. If possible provide them with a telephone number of who to call if they have difficulty finding it.
- Confirm all bookings and arrangements i.e. venue, equipment, catering.
- Confirm with group members who are assisting in set-up. Provide them with a contact number with which they can reach you if necessary.
- Check with the venue if you need a key to get in. Where is it collected from?

### **2 At the presentation**

- Be there early to ensure you have time to set-up without being rushed.
- Have a list of who is bringing equipment and who has been assigned to do various tasks.
- Be on hand to welcome speaker/s when they arrive.
- Have a list of attendees.

### **3 After the presentation**

- Allow group members time to ask the speaker/s questions.
- Thank the speaker/s for his/her time and invite them along to any socialising after the event.
- Ensure all equipment is collected, venue tidied and secured as necessary.

## **Evaluate**

An excellent way of finding out what the attendees thought of the program is to use an evaluation form to record feedback. When putting together an evaluation form consider asking the following questions:

- 1 What did you like/dislike about the program?
- 2 Did the presenters speak for too long/about right/not long enough?
- 3 Was the information presented relevant and easy to understand?
- 4 How useful do you think the information presented will be to you?
- 5 Was the cost too high/about right/ too cheap? (if applicable)
- 6 How did you find the venue?

Remember to include a space on the sheet for any extra comments.

Encourage everyone to fill in their evaluation forms and let them know the benefits of getting their feedback.

It is important to remember to ask yourself these questions too and note where you think changes could be made in the future.

You may like to use the Evaluation Form included with this 'How to' Kit (see Page 12).

Notes



## **Suggested Presentation Subjects and Presenters**

It is important to look in your local community for expertise and knowledge when selecting speakers. This way the speaker will be familiar with your area. For example hospital staff such as physiotherapists or occupational therapist and local emergency volunteers can all be of assistance. Contact your local Population Health Unit they have a vast range of expertise that can support your walking group.

### **Risk Management**

The Department of Sport and Recreation is one of the main government bodies to be able to offer you advice and information on incorporating Risk Management into your group. Also listed are other government agencies and peak industry organisations that can help you in this matter.

Department of Sport and Recreation  
Telephone: 9387 9700, [www.dsr.wa.gov.au](http://www.dsr.wa.gov.au)

Fitness WA  
Telephone: 9383 7734, [www.fitness.asn.au](http://www.fitness.asn.au)

Insurance Commission of WA  
Telephone: 9264 3333, [www.icwa.wa.gov.au](http://www.icwa.wa.gov.au)

Leisure Institute of WA (Aquatics)  
Telephone: 9364 0665, [www.liwaquatics.net.au](http://www.liwaquatics.net.au)

Outdoors WA  
Telephone: 9409 5632, [www.wn.com.au/outdoorswa](http://www.wn.com.au/outdoorswa)

Parks and Leisure Australia (WA Region)  
Telephone: 9277 9538, [www.parks-leisure.com.au](http://www.parks-leisure.com.au)

Volunteering WA  
Telephone: 9420 7288, [www.volunteer.org.au](http://www.volunteer.org.au)

WA Sports Federation  
Telephone: 9387 8100, [www.wasportsfed.asn.au](http://www.wasportsfed.asn.au)

### **Balance Exercises – Leaders**

Australian Physiotherapists Association (WA Branch)  
Telephone: 9389 9211

Community Physiotherapy Services  
Telephone: 9224 1783

## **Sports Injury Management**

For resources, further information or to get in contact with a presenter on sports injury management:

Sports Medicine Australia (WA Branch)

Education Manager

Tel: 9285 8033

Fax: 9284 9239

Website: [www.smawa.asn.au](http://www.smawa.asn.au), Email: [info@smawa.asn.au](mailto:info@smawa.asn.au)

## **First Aid Information and Training**

Knowing first aid is a vital ingredient to making your walk a safer and more enjoyable. Guidelines to general first aid are listed in the manual, however if you would like more first aid training for yourself or even the group many courses are available to cater for all age groups and requirements.

St John Ambulance of Australia

Telephone: 9334 1222

Website: [www.stjohn.org.au](http://www.stjohn.org.au)

Heart Foundation of Western Australia – CPR Training

Telephone: 9388 3343

Website: [www.wa.heartfoundation.com.au](http://www.wa.heartfoundation.com.au)

Australian Red Cross - First Aid and CPR Training

Telephone: 9325 5111

Website: [www.redcross.org.au](http://www.redcross.org.au)

Notes





# Workshop Evaluation

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ VENUE: \_\_\_\_\_

## WALK FRIENDLY MANUAL

How strongly do you agree or disagree with the following statements about the *Walk Friendly Walk Leader Training Manual (WFWLTM)*?

	STRONGLY AGREE	AGREE	UNSURE	DISAGREE	STRONGLY DISAGREE
1. The WFWLTM is very clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The WFWLTM is easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The WFWLTM is relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The WFWLTM is practical e.g. topics are presented in a practical way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The terminology in the WFWLTM is suitable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The WFWLTM is comprehensive If Disagree to Question 6:  What would you like to see in it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## WORKSHOP DELIVERY

How strongly do you agree or disagree with the following statements about the delivery of the workshop

	STRONGLY AGREE	AGREE	UNSURE	DISAGREE	STRONGLY DISAGREE
7. The speakers were clear and easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The presenters style of delivery was suitable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The course content was comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. There was adequate time set aside for discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The course was easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The session included practical components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The resources kit provided was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate each presentation below and make comments:

SPEAKER:	SPEAKER:	SPEAKER:	SPEAKER:	SPEAKER:
A Good Leader	Risk Management	Injury First Aid	Warm Up and Cool Down Exercises	Stay on Your Feet
<input type="checkbox"/> Very relevant	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Very relevant
<input type="checkbox"/> Mostly relevant	<input type="checkbox"/> Mostly relevant	<input type="checkbox"/> Mostly relevant	<input type="checkbox"/> Mostly relevant	<input type="checkbox"/> Mostly relevant
<input type="checkbox"/> Not relevant	<input type="checkbox"/> Not relevant	<input type="checkbox"/> Not relevant	<input type="checkbox"/> Not relevant	<input type="checkbox"/> Not relevant

Comments:

---



---

### WALK LEADER ROLE

How strongly do you agree or disagree with the following statements about your role as a walk leader

	STRONGLY AGREE	AGREE	UNSURE	DISAGREE	STRONGLY DISAGREE
14. The training will assist you as a walk leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My input was valued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. This workshop has raised my awareness of the issues of being a walk leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The workshop has raised my awareness of the roles and responsibilities of a walk leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If AGREE to Question 17 Please expand					
18. The workshop has developed my confidence to take on the role of a walk leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any further comments about the workshop or the Walk Friendly Manual are appreciated.

---



---



---

**Thankyou for taking the time to fill in this survey!!**

Please return completed forms to:

ICCWA City West Lotteries House, 2 Delhi Street West Perth WA 6005



# Walk Leader Training Day



Walk Leader Training for Volunteer Walk Leaders

FRIDAY 21<sup>ST</sup> MARCH 2003

VENUE :-CITY WEST LOTTERIES HOUSE, 2 DELHI STREET, CONFERENCE ROOM

9.00 am Registration

9.15am Introduction: - Principles of "Stay on Your Feet" Kate Smith  
(20min)

9.45am Why Walking the Health Benefits / Stretching Exercises –Jemma Aldridge  
Physiotherapist (30min)

10.15 am Risk Management Issues: - Michael Cutler Department of Sport and  
Recreation (30min)



10.45 am Morning Tea

11.00am Sports Medicine Awareness Course: Ian Crawford, Department of Sport and  
Recreation - (90min)



12.30 pm Lunch

1.15pm Leading and Organising - Dennis Martin Department of Sport and Recreation  
(45min)

2.00pm Access & Disability Consideration: - Mark Hudson, Disability Services  
Commission

3.00 pm Evaluation and Participant Feedback

A joint training day put on in partnership with ICCWA, North Metropolitan Health  
Unit and Department of Sport and Recreation



# **Contents**

## **Chapter 1: Why Walking?**

1.1	What is Physical Activity?	4
1.2	Why Physical Activity – Why Walking?	4
1.3	What Will Walking and Being Physically Active Do for Me?	5
1.4	Age Related Changes?	6
1.5	What is Stay on Your Feet?	9
1.6	What Stops People from Walking?	10
1.7	Staying Motivated	11

## **Chapter 2: Role of the Volunteer Walk Leader**

2.1	The Role of the Volunteer Walk Leader	12
2.2	What Does a Walk Leader Do?	13
2.3	Health and Safety	17
2.4	Risk Management	18
2.5	What is Duty of Care?	21
2.6	Legal Protection for the Volunteer	22
2.7	How can you include People with Disabilities as part of your walk?	23

## **Chapter 3: Planning Your Walk**

3.1	Getting Started	24
3.2	How Much Walking is Enough?	25
3.3	Planning the Walk Route for an Outdoor Community Walk	26
3.4	Choosing the Best Route	27
3.5	Program Promotion	30
3.6	What Do I Wear?	31

## **Chapter 4: A Healthy Walk Program**

4.1	Warm Up	32
4.2	Stretches	32
4.3	Balance Exercises	36
4.4	The Walk Posture and Action	38
4.5	Cool Down	39



## **Chapter 5: Injury First Aid**

5.1	General Safety for the Leader and Participants	40
5.2	R.I.C.E.R and H.A.R.M Injury Management	41
5.3	First Aid – Emergency – DRABC	43
5.4	First Aid – Asthma	44
5.5	First Aid – Dehydration and Heat Exhaustion	46
5.6	First Aid – Hypothermia	48
5.7	First Aid – Diabetes	49
5.8	First Aid – Fractures	51
5.9	First Aid – Angina	52
5.10	Bleeding	53
5.11	What to do if someone falls	54
5.12	Accident Guidelines	55

## **Chapter 6: Walk Leader Sample Forms**

Walk Route Planning – Checklist	56
Incident Report Form	57
Readiness for Physical Activity Questionnaire	58
Weekly Attendance Sheet	59
SOYFWA Community Walks Planning	60
Registration Form	61
Position Description of Volunteer Walk Leader	63
Agency/Volunteer Agreement Form	65
Leader Resource	66
Further Information	67
References	68
Certificate - Walk Leader	



When you see this symbol displayed throughout the manual it indicates an activity that may involve risk management issues. Refer to page 18 of the manual for further information on how to incorporate risk management into your walking group and the Risk Management Video specifically developed for walking groups.

# Acknowledgements

This Walk Leader Training Manual is based on the Walking the Way to Health program developed by the British Heart Foundation & The Countryside Agency and the Walking Group Manual developed by the East Perth Public and Community Health Unit and the Department of Sport and Recreation.

We wish to acknowledge that in the development of this manual the Injury Control Council of Western Australia (ICCWA) and the North Metropolitan Health Service, Population Health Program worked in partnership to develop this Walk Leader's Training Manual suitable for older people.

This manual has been compiled by Kate Smith, ICCWA as a part of the Seniors Assistance Fund Grants provided by Melville City Council and Helen Butterfield, North Metropolitan Health Service, Population Health Program as a part of the "Physical Activity for Older People-Sustainable Partnerships Toward Sustainable Programs" with funding provided by the Physical Activity Unit and Injury Prevention Unit of the Department of Health Western Australia. Additions to the manual have been completed by Kim Allen, Department of Sport and Recreation with funding provided by the Department of Sport and Recreation.

We wish to acknowledge contributions by:

- Denis Martin, Department of Sport and Recreation
- Julie Headford, Community Physiotherapy Association
- Kim Buttfield, Albany Population Health Service
- Anthony Lynch, Sports Medicine Australia (WA)
- Ian Crawford, Department of Sport and Recreation
- Michael Cutler, Department of Sport and Recreation
- Disability Services Commission
- Trench Sportz

We wish to acknowledge information sharing by:

- Margaret Sanderson, Karingal Hub Health Walks
- Lydia Fernandez, Women's Health Works Be Active Stepping Out At Whitford City

We wish to acknowledge the working group who reviewed the manual.

© March 2004

ISBN 0-9751022-8-1

## PLEASE NOTE

This Walk Leader Training Manual and accompanying 'How to Kit' is specifically targeted at older people. If you are intending to target other groups, you may need to adapt the manual accordingly.

## **1.1 What is Physical Activity?**

Physical activity is defined as body movement, which results in energy expenditure<sup>1</sup>. This includes body movements in everyday life including work and household activities, recreational activities, exercise and sporting activities<sup>2</sup>. One example of physical activity is exercise that works your heart and lungs (cardiopulmonary or aerobic exercise) and it is important for people of all ages. Your heart and lungs are muscles, so to keep them fit they need exercise such as raising your heart level for 15 to 60 minutes at a time. Physical activity could also include exercise for strengthening, flexibility and coordination.

## **1.2 Why Physical Activity – Why Walking?**

Literature supports walking as a beneficial form of physical activity for seniors. “Walking is the easiest, most achievable and certainly the most popular way to accumulate the required amount of physical activity. It is a natural part of daily routine; it is a sign of independence and does not require costly outlay to begin<sup>3</sup>”. Pre-activity screening is not always necessary for older people wanting to commence moderate intensity physical activity such as walking, however those with pre-existing health problems are encouraged to check with their doctor before starting<sup>3</sup>.

Regular physical activity can impact on three of the most important risk factors for falls injuries, balance, muscle strength and osteoporosis. Regular physical activity is associated with a decreased risk of losing mobility for older people<sup>3,4</sup>. Furthermore, regular moderate intensity physical activity can reduce the risk of diseases including cardiovascular disease, Type II diabetes, some cancers, osteoporosis and obesity. Physical activity has also been shown to facilitate better stress management, alleviate depression, strengthen self-esteem and enhance mood. Group exercise may be an effective strategy for improving both physiological and psychological functioning in older people<sup>4</sup>.

Many older adults are physically inactive. However, physical activity can have a protective effect from all causes of mortality, even if it is not adopted until middle or later life. Regular physical activity contributes to a healthier, independent lifestyle, greatly improving the functional capacity and quality of life for older people<sup>3</sup>.

## 1.3 What Will Walking and Being Physically Active Do for Me?

Our bodies generally respond well to physical activity and walking is one of the easiest forms of physical activity. Improvements may be anticipated in heart and lung function, muscular strength and endurance, flexibility and one's ability to respond to stimuli. Not only will our physical functions improve but physical activity improves how we feel, increasing our sense of well being, relieves stress and tension and it improves the quality of our sleep.

Walking being a form of physical activity offers people many health benefits which can be divided into five categories. The sixth category focuses on the benefits of walking for the community:



- 1 Health benefits for older people
- 2 Reduction in falls
- 3 Reduce symptoms of disease
- 4 Makes you feel better
- 5 Weight management
- 6 Benefits the environment by walking and not using transport



Notes



## 1.4 Age Related Changes?

As we age there are many changes to our hair, skin, hearing and vision, all of which will take place regardless of physical activity. Some body changes that were thought to be a result of ageing such as a loss of muscle strength are actually a result of inactivity — not enough movement and exercise. Exercise can have a profound effect upon older people with the most “unfit” usually experiencing the greatest benefits<sup>5</sup>.

### 1.4.1 Health benefits

- Improves overall physical condition and mental wellbeing<sup>9,5</sup>, and it increases one’s ability to perform physical work.
- Increases longevity<sup>10</sup>, extends life and reduces the risk of premature death<sup>5</sup>. Studies have shown that the death rate is halved in retired men who walk for more than two miles every day<sup>11,12</sup>. Even small improvements in physical fitness are associated with lower risk of death<sup>11</sup>.
- Increased joint range of motion or flexibility; increased joint suppleness<sup>5</sup> and reduced pain from arthritis<sup>9,11</sup>.
- Regular physical activity is associated with a 40 per cent decreased risk of losing mobility for older people<sup>13</sup>.
- Reduced risk of falls and fractures and an increased ability to maintain functional independence<sup>9</sup>.
- Improved sleep patterns and reduced levels of anxiety<sup>5, 11,12</sup>.
- Decreased blood pressure<sup>7,11</sup>.
- Reduced depression<sup>9</sup>.
- Lifelong exercise has been shown to lessen the chances of developing Alzheimer’s disease<sup>11</sup>.
- Walking has the lowest rate of injury than any other form of exercise<sup>14</sup>.

### 1.4.2 Reduction in falls



Research into the causes of falls has shown that reduced muscle strength, a reduction in coordination and flexibility and a reduction in balance, all increase the risk of falling, which can result in serious injury such as a hip fracture. By increasing physical activity it helps to reduce the risk of falls by:

- Improving leg muscle strength<sup>1,5</sup>.
- Improving balance<sup>5,11</sup>.
- Improving posture<sup>5</sup>.
- Improving coordination<sup>11</sup>.
- Can contribute to increases in bone strength<sup>11</sup>.

**1.4.3 Reduces risk of symptoms of diseases**

Regular physical activity has been found to assist in:

- Reducing the risk of heart disease by 50 per cent<sup>1</sup>. The heart is worked by physical activity making it stronger so it can pump more blood with less effort<sup>7</sup>.
- Contributing to improving bone strength — weight bearing exercise and making the muscles pull against the bone stimulates bone building cells. For increased benefit, strength building exercises are recommended in addition to walking.
- Reducing cancer — regular exercise has been shown to reduce the risk of developing colon cancer by up to 40 per cent<sup>11</sup>.
- Reducing the risk of diabetes (Type II) by 50 per cent. Physical activity helps the body to use glucose efficiently.
  - Maintaining blood glucose levels within normal limits for people with Type II diabetes<sup>1,7,11</sup>.
  - Reducing the risk of stroke — the risk of having a stroke is higher in those people who do little or no exercise<sup>11</sup>.
  - Reducing the incidence of high blood pressure (hypertension) by 30 per cent. Physical activity helps to lower blood pressure by increasing blood circulation and opening narrowed arteries<sup>7,12</sup>.
  - Reducing blood cholesterol levels<sup>5</sup>. Regular physical activity can help to increase high-density lipoproteins (HDL). These lipoproteins work to remove 'bad' cholesterol from the arteries<sup>7</sup>.
  - Reducing the incidence of obesity by 50%<sup>1, 11,12</sup>.

**1.4.4 Makes you feel better**

Regular physical activity can help to make you feel better by:

- Reducing stress, anxiety and depression A chemical endorphin is released in your body during physical activity which gives you a natural high feeling<sup>11,12</sup>.
- Decreasing the likelihood of depression by increasing social contact with other people, promotes feeling of neighbourliness and community<sup>12</sup>.
- Making you feel more confident, happy and relaxed<sup>5, 12</sup>.
- Improving mental alertness<sup>12</sup>.
- Helping you to maintain independence and the ability to look after themselves<sup>12</sup>.
- Increasing your energy levels and your stamina<sup>11, 12</sup>.

**1.4.5 Weight management**

Walking increases your physical activity levels and when combined with healthy eating can help to:

- Reduce body weight as regular physical activity helps to 'burn off' excess body fat<sup>7</sup>.
- The rate at which the body burns kilojoules (calories) increases with physical activity and continues for hours afterward<sup>7</sup>.

**1.4.6 Benefits for the environment by walking instead of taking transport**

By walking instead of using the car you can help to:

- Reduce air pollution<sup>11,12</sup>.
- Reduce noise pollution<sup>11, 12</sup>.
- Reduce traffic congestion<sup>11,12</sup>.
- Reduce petrol consumption<sup>11,12</sup>.
- Improve quality of urban life with more people walking and cycling around the community. It discourages antisocial behaviour and promotes a safer community<sup>12</sup>.

Notes



## 1.5 What is Stay on Your Feet?



'Stay on Your Feet WA' is a campaign that promotes positive, healthy and active ageing. The aim is to reduce people's risk of falling and reduce fall related injuries so older people can remain active and independent in their community. The program aims to improve older people's knowledge and change attitudes of the belief that falls are an inevitable part of ageing. Steps can be taken to reduce the risk of falling and to reduce the risk of injury in the event of a fall.

There are many reasons why people fall as they get older; there is no one factor that causes all falls. Often older people are not aware of what can cause falls. They may not recognise the warning signs and do not report these to their doctors. Falls can be caused by:

- Lack of muscle strength due to reduced physical activity
- Taking multiple medications
- Reduced balance and change in walking pattern
- Changes and deterioration in eyesight
- Foot problems and inappropriate footwear
- Health conditions for example problems with blood pressure, cold, flu, arthritis
- Hazards in home and public places ie slippery floors
- Poor nutrition.

The **Stay on Your Feet WA** campaign is based on research evidence of the causes of falls, and how people can stay healthy and active and reduce their risk of falling. The key element of the campaign are the **Stay on Your Feet** Volunteers; who are older people that want to maintain their independence in the community and assist other older people to do the same. Walking can assist with falls prevention by improving muscle strength, joint mobility, and flexibility that in turn helps to improve balance and prevent falls.

The steps to **Stay On Your Feet** are:

- Identify, Remove and Report Hazards
- Manage your health
- Manage your medications
- Eat Well For Life
- Regularly Check Eyesight
- Foot Care and Safe Footwear
- Improve Your Balance
- Walk Tall
- Stay Active





## **1.6 What Stops People from Walking?**



- No footpath in street or footpaths that are in disrepair.
- Anxiety about health status, body image, personal safety and appropriateness of dress and equipment<sup>12</sup>.
- Limited or inappropriate opportunities.
- Too competitive.
- A lack of confidence.
- Stereotypical images of ageing; 'older people do not do that sport or activity'; people do not feel sporty.
- Negative attitudes by older people to towards sport.
- Doubts as to whether they can perform the activity.
- Fear of injury.
- Fear for safety, ie. being attacked in public places<sup>11</sup>.
- Lack of time due to other commitments.
- Cost constraints.
- Poor accessibility, lack of public transport, steep steps, poor lighting.
- Medical conditions which require modified activity.
- Lack of information.
- Lack of family support or understanding from family members about the benefits of physical activity<sup>12</sup>.
- Roads are barriers for day-to-day movement for older people, heavy road traffic is perceived as dangerous, heightened feelings of insecurity, fear and stress<sup>1</sup>.
- Fear of falling restricts physical activity levels<sup>9</sup>.
- Attitudes that older people, retirees or pensioners should put their feet up<sup>6</sup>.
- Taking part viewed as difficult, unpleasant and of little point for sedentary people.
- Bad weather — too hot, too cold, too wet, too windy.

## 1.7 Staying Motivated

The best thing is that lost fitness can be regained with regular physical activity<sup>6</sup>. Walking is the most common form of physical activity for older people<sup>1</sup>. But how do we motivate people to be physically active and join the walking group? Studies into what motivates people to walk in the community have found that:

- People are 50 per cent more likely to walk for recreation or transport if they have a footpath in their street.
- People are twice as likely to walk if they have a pleasant physical environment<sup>17</sup>.
- People are twice as likely to walk if they have friends or encouragement to walk<sup>17</sup>.

The walking group needs to:

- Be fun and enjoyable.
- Be informal.
- Provide a moderate level of exercise.
- Provide companionship.
- Encourage walkers to bring a friend or meet a friend for the walk.
- Increase self esteem.
- Provide social activities in addition to participating in the walk, such as joining for a drink after the walk or organising a guest speaker to talk about a topic of interest for the group.
- Be at an affordable level.
- Provide information on suitable clothing, shoes and equipment.
- Hold activities at the most convenient times for older people.
- Have leaders, coaches, trainers, volunteers who understand older people and their needs.
- Hold activities close to public transport, encourage car pooling, work with the local community bus transport system<sup>12</sup>.
- Ensure the walking route is safe and predictable.
- Use a walking route that has seating, access to toilets and some shade.
- Share any jobs that the walking group needs to do so everyone feels involved.
- Create walks such as 'Wear a funny Hat Day', support health days like Red Nose Day whilst walking and celebrate people's birthdays<sup>7</sup>.
- Be positive and encouraging for those starting out and encourage all members to keep coming back<sup>7</sup>.

## **2.1 The Role of the Volunteer Walk Leader**

As a Walk Leader you are an important and crucial part of the success of a walking program or group. Your involvement in the program is greatly appreciated. Without people like you, this program could not exist.

A good walk leader is someone who:

- Is friendly and easy to talk with.
- Makes the walk feel like a fun social occasion.
- Is reliable and punctual.
- Is observant of people's wellbeing and hazards.
- Exhibits experience based competencies across a range of walks.
- Is enthusiastic.
- Has a warm approach and welcoming.
- Has knowledge of basic first aid procedures.
- Is familiar with the route (and alternatives).
- Fills in appropriate paperwork.
- Attends meetings and education or update sessions.
- Informs the Program Co-ordinator immediately if any changes or problems occur.
- Incorporates health information from the Find Thirty and Stay on Your Feet Campaigns as appropriate.
- SMILES!

The following information will be provided to you through training, this manual and handouts. In summary, Walk Leaders should ideally know about:

- The aims and objectives of the overall program.
- Basic first aid and how to respond to incidents.
- Basic safety precautions related to walking.
- Identifying those individuals who may need to see their doctor before commencing the program.
- Warming up, stretching and cooling down activities.
- Map reading skills and compass use for 'bush' or 'trail' walking.
- The basic routine for every walk and the walk leader's role in this.
- General benefits of walking – health and social.
- Falls prevention for older people.
- The recommended pace and the amount of walking required for health benefit.
- Communicating with a wide variety of people.
- Local history and/ or points of interest on route (optional).
- The specifics of each route they take a group.

## 2.2 What Does a Walk Leader Do?

### BEFORE THE WALK



Before you begin a walk, complete the Walk Leader Six Point Check:

- ☐ Check 1 – **See your GP**  
Encourage new participants to see their doctor before commencing their exercise program.
- ☐ Check 2 – **Level of Activity**  
Ask the participant about their current level of activity, or what activity has been recommended by their doctor.
- ☐ Check 3 – **Information Flyer**  
Hand out the information flyer to new participants and brief each person on your role, contact details, and their responsibilities.
- ☐ Check 4 – **Walk Route**  
Be aware of the hazards and dangers on the route.  
Walk the route yourself before taking your group.  
Look for toilets, water, points of interest.  
Obtain maps and information from the local Council.
- ☐ Check 5 – **Attendance List**  
Record names and numbers attending.  
Record emergency contact details of new walkers.
- ☐ Check 6 – **Clothing and Safety**  
Remind walkers about correct clothing and footwear, to lock vehicles and take care of valuables.

**As well as completing the six-point check list it is a good idea to do the following BEFORE the walk commences:**

- Familiarise yourself with the walk and the map before you lead the walk. Be aware of local information that is not on the map that could impact on the walk e.g. wet ground conditions or extreme wind conditions during winter or extreme glare from sand on clear days. These affect clothing-accessories choice.
- Arrive in good time to welcome early arrivals and discuss any problems, suggesting alterations in walk if necessary.
- Introduce yourself – give your name and greet all walkers at the meeting point.
- Welcoming new participants and introduce them to other walkers.
- Ensure new walkers complete all registration papers, health questionnaire and Readiness for Physical Activity questionnaire.
- Distribute information as required eg. maps, next education talk, promotional flyers, etc.
- Inform group of walk route, length of the walk, time, and social activity after walk, etc.
- Ask walkers to notify the Walk Leader should they wish to leave the group during the walking.
- Don't cancel – if you can't be there arrange a substitute.
- Wear your Walk Leader t-shirt and identification swing tag.
- Inform people of what to expect.
- Check that all walkers feel well and are injury free before starting.
- If anyone is unwell or injured, recommend they do not to start the walk but visit their GP for a check up.



**ON THE WALK:**

- **Warm up** – commence the walk at a slower pace for 5–10 minutes.
- **Stretching Exercises** – conduct stretching exercises after a few minutes of gentle walking. (See pages 32–37 for stretching and balance exercises).
- Pace the walk at a speed for the whole group.
- Remind people of rest areas.
- Position yourself amongst the group to observe those who may have problems. Don't march off too far ahead of your group.
- Be friendly and approachable, chat along the way.
- Encourage people to appropriately progress their walking speed and/or distance.
- Remind people that they should be breathing a little faster but still able to hold a conversation, feel a little warmer and their heart rate should increase.
- Observe for signs of distress and inform walkers to stop exercising immediately if they experience:
  - **Sickness or dizziness**
  - **Excessive sweating**
  - **Excessive fatigue**
  - **Unsteadiness**
  - **Chest pain, discomfort or chest heaviness or tightness**
  - **Muscle strain or cramp**
  - **Significant breathlessness**
- Carry a First Aid Kit and mobile phone.
- Above all don't forget to enjoy yourself!

**AT THE END OF THE WALK:**

- The walk needs a definite ending.
- Encourage walkers to finish with a few gentle stretches. (See pages 32–37 for stretching and balance exercises).
- Check that all walkers have returned.
- Check that all walkers feel well.
- Thank people for attending, ask them to register for the next walk and suggest they bring a friend or family member.
- Invite everyone to have a drink at the coffee shop.
- Mention the date and time of the next walk.
- Allow time for questions and an informal chat.
- Keep all records to hand onto the Program Coordinator.

**EVALUATION:**

It can be useful to record how well you think the walk went. The following points can be a good way to do this:

- Record the number of walkers in the group.
- Encourage people to give feedback about the walk; jot down a few suggestions to improve the walk.
- Give feedback to Volunteer Walk Leader Coordinator or Manager.

**SUBSTITUTE LEADER:**

If you are unable to take your walk please try to arrange a substitute leader. Make sure that this person is a trained walk leader and not just a fill in.

**WHEN A NEW WALKER JOINS THE GROUP**

First impressions can be a vital deciding factor for people to continue in a walking program:

- Always be observant and seek out new participants to make them feel welcome and introduce them to other walkers.
- Ensure that they complete the Readiness for Physical Activity Questionnaire prior to the walk and that they understand that they walk at their own risk if they choose to participate.
- Give each participant a handout pack.

***Highlight to the new walker the importance of the following:***

- Walk within your own capabilities at a comfortable pace. Remember, it's not a competition.
- Drink plenty of water before, during and after walking, especially in summer.
- If outside wear a hat, sunscreen and appropriate loose, comfortable clothing.
- Wear appropriate well fitting shoes.
- Explain the warm up, stretching and cool down components of the walk.
- Encourage them to have fun, meet new people and invite them to a group coffee at the end if part of the program.

## 2.3 Health and Safety

### HEALTH INFORMATION



- Take appropriate safety precautions so that participants are not at risk at any time.
- Lead the group in warm up, stretches and cool down, explaining why these are important (See pages 32–37 for stretching and balance exercises).
- Provide incidental health information from the *Find Thirty* and *Stay on Your Feet* campaign as required.
- Encourage walkers to attend health information session and to bring a friend.
- Explain the importance of comfortable footwear and clothing and sun protection for outdoor walks, hat, sunscreen, sunglasses.
- Drink water – encourage walkers to drink plenty of water before, during and after the walk, suggest they bring their own water bottles.
- Medication – ensure walkers with certain medical conditions (i.e. asthma, diabetes) bring along appropriate medication.

### TO HELP MAKE YOUR WALK A SAFE ONE:



- Advise walkers to stay within the group but to walk at an appropriate pace.
- Encourage walkers to pair up with people who walk at a similar pace.
- Allocate a front and back marker for the walk.
- Explain to the group the role of the leader and safety precautions taken and those which the walkers should take.
- Discuss risk factors for falls and how to prevent them.
- Advise participants that they take part in the walks "*at their own risk*".

Notes





## **2.4 Risk Management**

Extracted from *Risky Business – A Club Guide to Risk Management* from the Club Development Series (No.13), Department of Sport and Recreation.

With Australian sport and recreation organisations facing the increasing risk of litigation, many organisations are recognising the need to provide protection for their volunteers, members and participants.

### **2.4.1 What is risk?**

The Australian/New Zealand Standard for Risk Management (AS/NZS 4360) defines risk as:

*“The chance of something happening that will have an impact upon objectives. Risk is measured in terms of the likelihood of something happening and the consequences if it does.”*

### **2.4.2 What is risk management?**

The Australian/New Zealand Standard for Risk Management (AS/NZS 4360) defines risk management as:

*“The culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects.”*

### **2.4.3 Benefits of risk management**

Identifying potential risk(s) and creating a risk management policy for your club, group or event can have a number of benefits. These can include:

- Good business and management practices.
- Assistance with strategic planning.
- Reducing unexpected and costly surprises.
- More effective and efficient allocation of resources.

**2.4.4 Why do we need risk management?**

- Helps you to clearly define insurance needs.
- Compliance with regulatory requirements.
- Assists in preparation for auditing.
- Lessening risk may encourage more people to participate in your activity.
- Better results from projects and programs.
- Better information for decision making.
- Balancing opportunity and risk.

**2.4.5 When do we need to manage the risk?*****ALL THE TIME***

Risk management is an ongoing process applied to all aspects of your activities. Any new project, event or competition should have a risk assessment completed.

Risk management is a five step process. The five steps are:

- 1 Establishing the context.
- 2 Identify the risk(s).
- 3 Assess the risk(s).
- 4 Treat the risk(s).
- 5 Ongoing monitoring and review.

Notes





Below is a sample table of how to assess the activities your walking group will be undertaking and how you can measure potential risks and identify strategies to overcome these.

<b>1 PROJECT</b> <i>Describe the activity/function</i>	Weekly walking group meeting at local park
<b>2 THE RISK</b> – <i>What can happen?</i> – <i>How can it happen?</i>	A broken footpath causing a group member to trip and sprain ankle.  The hazardous part of the path is hard to see and therefore avoid, or make the group aware of the potential danger.
<b>3 CONTROLS</b> <i>What controls will be used in this activity?</i>	Walk in areas where paths are well-maintained and any faults easily seen.  Advise group members of hazards of uneven/broken footpaths and how to avoid them.  Advise group members to wear sturdy, supportive shoes to minimise risk of falling.
<b>4 LIKELIHOOD</b> <i>What is the likelihood of the event occurring?</i>	Unlikely (the event could occur at some time).
<b>5 CONSEQUENCES</b> <i>What would the consequences be?</i>	Minor – First aid treatment may be required.
<b>6 LEVEL OF RISK</b> <i>What is the level of risk?</i>	Low – managed by routine procedures.

The above information is intended as an introduction only to the issue of Risk Management. To obtain further information about Risk Management or if you would like a guide to planning your own Risk Management Strategy please contact the **Department of Sport and Recreation** on telephone (08) 9387 9700 or via the website: [www.dsr.wa.gov.au](http://www.dsr.wa.gov.au)

## **2.5 What is Duty of Care?**

An individual, group or organisation, undertaking an activity, has a duty in law to make certain that all reasonable steps are taken to ensure the safety, health and well being of others likely to be affected by the activity.

### **2.5.1 Your responsibility in providing Duty of Care**

Your Duty of Care extends to events and circumstances that are 'reasonably foreseeable'. For example a meteor hitting someone is not 'reasonably foreseeable' but what about walking on a damaged footpath? Could this prove to be a potential hazard that a group member may trip on and hurt themselves?

In the case of a Walk Leader your Duty of Care will need to be considered:

- Before the walk.
- During the walk.
- After the walk.

Be aware that a walking group will naturally split into three groups a slower pace, a middle paced and a faster paced group.

As a Walk Leader your duty of care is outlined in point 2.2 "What does a walker leader do?"

### **2.5.2 What will happen if something goes wrong?**

Even with the best planning mishaps do occur. Fortunately most will be minor and easily resolved. However, if someone has suffered personal injury or loss on a walk and is contemplating taking legal action, these are the hurdles they will have to overcome first before the matter can progress further:

- That a Duty of Care existed (advice, action, activities).
- They have to prove that you were negligent. Hurting themselves isn't enough proof to show that you didn't do what you were supposed to do.
- More importantly they have to be able to prove that it was failure on your part that directly contributed to them hurting themselves. For example, if someone tripped over a broken footpath because you chose to walk in a poorly lit area, it is not the same as someone tripping on a footpath, because they were running backwards to show off in front of their friends at the time.
- Furthermore, they have to prove that your negligence was actually significant to their injury. Someone with lifelong chronic back pain would have a hard time proving that tripping over during the walk made a big difference to their condition.

## 2.6 Legal Protection for the Volunteer

***On 1 January 2003 the Volunteers (Protection from Liability) Act 2002 was proclaimed and it outlined the following relating to the activities that volunteers undertake:***

- Someone who is volunteering for an organisation and operates in good faith when doing community work and within the organisation's guidelines has some protection from liability.
- The intent is that the liability will transfer to the community organisation with which they are involved.

### 2.6.1 What does that mean for me?

This means that volunteers cannot be sued for something they did or failed to do, *if they are acting within the scope of the work and directions given to them by the community organisation*. Liability will be transferred to the community organisation that they work for.

### 2.6.2 Where can I get some advice?

- Department of Sport and Recreation – Telephone: 9387 9700
- Insurance Commission of WA – Telephone: 9264 3333
- Your local Council

Notes



## 2.7 How can you include People with Disabilities as part of your walk?



\* Information provided by Disability Services Commission

People with disabilities, like everyone else, may want and expect to participate with their friends, families or carers. Below are various points you may want to consider as a walk leader if one of the members of your group has a disability.

- Know who will participate beforehand:
  - *What are their needs? If you are unsure, check with them or their carer.*
- Walk the course beforehand so you are aware of available facilities, potential obstacles and suitable alternatives.
- Potential obstacles may include:
  - *Overhanging branches, glare, reflective surfaces, noisy environments.*
  - *Trip hazards – uneven surfaces, berries, twigs, steps.*
- Steep gradients, no steeper than 1:14.
- Beware of narrow pathways and aisles.
- If it is an indoor walk, is the floor surface firm and non-slip to allow wheelchair users ease of access.

If possible, incorporate the following considerations into your walk route. Not only will it make it possible for a person with a disability to be part of your walk, it can be of benefit to the whole group.

- Continuous accessible paths of travel at least 1000mm (1200mm preferred) wide.
- Rest stops, eating, shade, unisex accessible toilets.
- Routes that are well lit, clearly signposted and protected from the weather.
- Routes with Ground Surface Tactile Indicators, colour contrasted edges, steps and changes in levels.

***Communicating with a person with a disability is no different to anyone else.***

***In general terms:***

- Smile.
- Listen to the person.
- Maintain eye contact.
- Watch for a person's body language.
- Speak clearly and naturally.
- Wait for a response to questions.
- See the person not the disability.
- Avoid 'jargon'.
- Do not talk down to anyone.
- If you are unsure what has been said, ask the person to repeat it.

To obtain further information on including people with disabilities in physical activity please refer to the **Disability Services Commission** website: [www.dsc.wa.gov.au](http://www.dsc.wa.gov.au) or call (08) 9426 9200

## **3.1** Getting Started

Before you begin your walking program it is a good idea to:

- Visit your General Practitioner for a quick check up to see that you are fit and well to start exercising.
- Inform the local Council that a walking group is starting in their area.
- Ensure that you have a suitable pair of walking shoes.
- Get into a routine by setting specific times to walk and keeping to them.
- Start gradually do not try to do too much too soon.
- Build up the number of days that you walk.
- Build up the length of time that you walk, begin with a shorter length of time and aim for 30 to 40 minutes.
- Begin walking slowly, gradually increasing your speed and distance each time you walk.
- Do not build up the number of days, length of time walked, the pace and distance all at once, as you may over exert yourself.

Notes



## 3.2 How Much Walking is Enough?

Walking can be a great low cost activity for the improvement of health. The National Physical Activity Guidelines for Australians and the Department of Health's *Find Thirty* campaign recommend a total of at least 30 minutes of moderate intensity activity, such as walking on most days of the week to gain health benefits. These 30 minutes can be accumulated in shorter sessions of at least 10 minutes if you are just starting out. However, any walking is better than none. Some people may need to start gradually and slowly build up their level of activity. For inactive people, gentle strolling may be a good start.



### 3.2.1 How fast do I need to walk?

The intensity of activity is relative to an individual's fitness level. What is appropriate for one individual may be too slow or too fast for someone else. To gauge the correct pace, the individual should aim for:

- A pace that is enjoyable.
- A pace that they can continue for at least 30 minutes with the overall aim to complete a walk route set by leader (40–50 minutes). The longer the walk the better, but do not over do it at first.
- An intensity that makes you breathe a little faster, feel warmer, have a slightly faster heart beat, but still allows you to have a conversation, but not sing.

As a guide, the Royal Adelaide Hospital suggests you use the conversation test. When walking, if you talk and need to gasp for air you may be walking too quickly; so slow down. At the right walking speed you should be able to hold a conversation, your breathing will be a little faster, your heart rate will increase and you will feel warmer. After your walk you should feel that you have exercised slightly hard.

Notes





### **3.3 Planning the Walk Route for an Outdoor Community Walk**

#### **Set a time**

- Consider the time of the year. Walks in summer may need to be earlier or later in the day than during winter to avoid the heat.
- Choose a time that you can regularly commit to.
- Consider what time of the day most people would normally walk for fitness. Often people prefer to walk at either the beginning or the end of the day during daylight hours.
- Consider finishing the walk at a café to provide a social option for participants at morning or afternoon tea time.

#### **Place**

- The walk needs to be comfortable. This means taking into account the walking path, its width and whether it is an even surface, hills, obstacles and overhanging trees/ bushes etc. Check with the Local Council if any walk path maintenance or replacement is planned.
- Can the walk route be used by people with disabilities? For example, are there sloping curbs or ramps when crossing a road?
- The starting and finishing point needs to be convenient and accessible to local people. Is there adequate parking and access to public transport if needed?
- It is ideal to choose a starting place that offers a place to meet before and after the group so that you can socialise after your walks. Venues include meeting rooms, park with table chairs under shade, near a coffee shop or near the supporting organisation that may be able to provide a meeting room.
- Are there toilets, shade, water and rest areas?
- Are there any hazards or dangers along the route?
- Is the scenery of the walk interesting and varied?

## 3.4 Choosing the Best Route

### **Keep them simple**

- Each walk route should be easy to follow by those unfamiliar with them. Difficult routes may become frustrating and discourage individuals from participating.

### **Make them easy to follow**

- Clear mud maps with easy to follow directions can be a useful tool for all participants. List on the map a name for the walk, start time, distance, pace and approximate time to complete.

### **Consider the target group when planning**

- It is important to measure your walk route and time. Walk at the specific pace so that participants can select a walk of an appropriate length and time.
- Walks should be a minimum of 30 minutes with a maximum of 1 hour.
- The maximum distance (depending on the pace) should be approximately 4–5km.
- Design a walk route that is an appropriate challenge for the target group, some of whom may be sedentary. Don't forget, some people have very busy schedules. See Figure 1.0 for pace and distance.

**FIGURE 1.0: WALKING DISTANCE TABLE**

NOTE: This information should be used as a guide only and may vary amongst individuals and different ages.

<b>WALKING SPEED</b> (kilometers per hour)	<b>TIME</b>		
	<b>10 minutes</b>	<b>20 minutes</b>	<b>30 minutes</b>
<b>SLOW</b>	0.6km	1.2km	1.8km
<b>MEDIUM</b>	0.9km	1.8km	2.7km
<b>FAST</b>	1.1km	2.2km	3.3km

**Cater for all abilities**

Consider variable options within your walk route. Ideally there will be different walks for different fitness levels. However this is not always possible and needs to be taken into consideration to appeal to a wider target group.

Consider the surroundings. Are they interesting and varied? Walking a route with boring surroundings can discourage individuals from participating. Check with your local Council for local history and points of interest information.

- Walking routes can be designed to cater for various fitness levels. A combination of flat areas and slight hill areas can work well. For example, if you are conducting an easy to medium walk, consider if you can safely incorporate alternate variations within the one walk route. Is there an option for a short cut? After reaching a certain point, can walkers pair up, turn around and meet the group back at the starting point?
- Resist the temptation to design longer and longer routes as the more experienced walkers can do this for themselves. It is non walkers that should be the target group and long walks will put them off.
- Consider changing the walk route every two to three months to maintain interest and motivation.
- Beware of starting on a hill.

**Make the walks appealing**

- Easy access.
- Identify rest spots for the less fit, especially when they are first starting out.
- Look for an interesting physical environment.
- Consider a contrast in scenery e.g. open spaces, historical homes, etc.
- Keep hills to the middle of the walk when people have warmed up and before they get too tired.
- Try to have open views at the start of the walk when they can be stimulating.
- Talk to participants to see if they have any suggestions of places to walk when designing your next route.

**Watch out for**

- **Inaccessible locations** – This can be a particular problem for individuals who do not have their own transport, especially if locations are not regularly serviced by public transport.
- **Poor surface conditions** – Uneven surfaces can cause falls, also be aware of surface changes, especially in the wet.
- **Busy roads** – Avoid major roads and heavy traffic if possible. Aim for quieter streets and locations. If unavoidable, ensure that a safe place is identified if needing to cross a busy road.
- **Unsafe surroundings** – Avoid walking through areas which people may find worrying i.e. dark narrow alleyways.
- **Too many steep inclines** – Remember the main focus of the program is to encourage non-walkers to get out and be active. If there are a number of steep inclines, this will easily tire and frustrate those who aren't fit, and discourage them from returning.

Notes



## **3.5 Program Promotion**

### **The power of Word of Mouth**

- If walkers enjoy a fun social activity they are bound to tell their friends. This is one of the best forms of program promotion. Always encourage participants to bring a friend, even if they just come for a coffee in the first week. In addition tell people you know and new people that you meet about the walking program.
- Look for local opportunities to promote where possible. This may include putting up posters at local shops, putting a brief article in a local club or school newsletter and making further suggestions to the Program Coordinator.
- Have flyers on hand if people ask you about the group when you are out and leading walks.
- Promote your walking group to Local Government, Sport and Recreation, Population Health Unit

### **Exercise thoughts of the day**

These one-liners can be used to promote physical activity messages on flyers, letters and other printed materials.

- Use it or lose it!
- Have you had your 30 minutes of exercise today?
- Exercise you only have to take it regularly not seriously.
- Regular exercise helps you to live longer... and better.
- Walking is a great way to meet friends.

Notes



## 3.6 What Do I Wear?

### Clothing



- Choose clothing that is light, comfortable and not restrictive.
- Wear light layers so that when you are feeling warm you can remove a light jacket or top and tie it securely around your waist or shoulders.
- You may choose to wear shorts, ¾ pants or tracksuit pants, long pants, skirt or dress; whatever is comfortable for you.
- Choose light bright coloured clothes such as white and yellows which can be easily seen.
- For outdoor walking wear a hat and sunscreen.

### Walking Footwear



Comfortable, sturdy, light-weight walking shoes are the most important piece of equipment needed. Choose shoes that do not give you blisters.

When choosing the right walking shoes, check for:

- Shoes with a tough outer layer of rubber and a soft mid-sole that runs the full length of the sole.
- Uppers of high quality, breathable material, such as leather and/or nylon mesh.
- **Fastenings:** lace up shoes are preferable. Shoes need to be fastened by elastic, velcro or laces.
- **Collar:** comfortable padded heel collar.
- **Heel:** a firm heel that is slightly raised and holds your foot well for stability.
- Substantial arch supports.
- Entire shoe should be designed to absorb shock.
- **Toe box:** your toes should be able to spread freely and not feel squashed or tight.
- A sole designed specifically to enhance smooth heel-to-toe motion.
- **Socks:** choose natural fibre socks that allow for air circulation such as cotton or woollen socks.

## 4.1 Warm Up

Before you undertake stretches and physical activity you need to warm up your body which will increase the heat through your muscles and reduce the risk of tearing or straining muscles and tendons<sup>20</sup>. A warm up includes 5 to 10 minutes of slow walking. This will:

- Increase your heart rate.
- Increase respiration rate.
- Distribute blood to where it is needed e.g. in leg muscles.
- Increases body temperature making it easier for muscles and tendons to stretch.

## 4.2 Stretches

Stretches are included after you have warmed up your body to:

- Increase flexibility.
- To reduce muscle tension.
- To reduce the risk of muscle or tendon injuries<sup>20</sup>.

### **There are Eight Rules for Safe Stretching**

- 1 Warm up before stretching.
- 2 Stretch before and after you exercise.
- 3 Stretch alternate muscle groups.
- 4 Stretch slowly and gently, ***never bounce or stretch rapidly.***
- 5 Stretch should be held for a minimum of 15–20 seconds.
- 6 Stretch to the point of tension never pain.
- 7 Do not hold your breath when stretching, breathing should be slow and easy.
- 8 Stretch all major muscle groups and make sure you perform each stretch on both limbs.

### **4.2.1 Stretching Exercises**

#### **STANDING CALF STRETCH**

Stand with both feet pointing forward, front knee bent and back leg straight, and hands on hips.

Press the heel of the back leg into floor and gently push down until a gentle stretch is felt in lower calf muscle.

Keep back straight and head and shoulders lifted.

Try to increase the length of the stride while keeping your back foot flat.

Alternate leg.

- Hold for 20 seconds
- Do not bounce
- Do not force a stretch



#### **LOWER CALF STRETCH**

Stand with both feet pointing straight ahead, heels touching the ground.

Bend both knees forward slowly lean forward.

Alternate leg.

- Hold for 20 seconds
- Do not bounce
- Do not force a stretch





### **SHIN STRETCH**

Stand with both feet pointing straight ahead.

Support your body with the aid of a tree, or similar, bend both knees.

Keeping the front heel on the ground and the back leg resting on the toe, lean forward.

Alternate leg.

- Hold for 20 seconds
- Do not bounce
- Do not force a stretch



### **QUADRICEP STRETCH**

Stand with one foot in your hand and draw your knee and hip back as far as possible towards the buttocks.

You may need to support yourself with the aid of a partner or chair.

Alternate leg.

- Hold for 20 seconds
- Do not bounce
- Do not force a stretch



### HIP EXTENSION

Stand with both feet pointing straight ahead.

With one hand resting on a chair/bench for support, slowly lower your hips towards the floor until resting on one knee.

Keep back straight and lean forward.

Alternative leg.

- Hold for 20 seconds
- Do not bounce
- Do not force a stretch

*(NOTE: participants who have knee problems or had knee surgery may find this stretch difficult and are advised to avoid it)*



### HAMSTRING STRETCH

Keep a proper curve in low back — as shown.

Bend one foot upward as you straighten your knee.

Feel the stretch at the back of your thigh.

Repeat the stretch with the other leg.

Do not allow lower back to lose the curve.

- Hold for 20 seconds
- Do not bounce
- Do not force a stretch



## 4.3 Balance Exercises

These exercises have been approved as suitable activities for balance improvement by a qualified physiotherapist.

The use of balance activities will assist participants to:

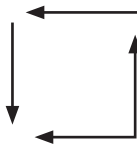
- 1 Reduce falling.
- 2 Reduce injuries.
- 3 Increase confidence.

The following activities can be performed at any time. Furthermore, participants should be encouraged to complete these activities daily. The more they practice the better the outcomes.

As part of the walk program it is suggested that a warm up is undertaken before the activities are attempted. Warm up examples below.

### Warm Up (10–15 minutes)

- Slow walk – change length of stride (normal – small – large).
- Step – pause – step, repeat.
- Walk side on.
- Grapevine.
- Walk a box formation.
- Stretches – have participants hold on to stable object (e.g. fence, partner, etc) if they are at all unstable.



### ACTIVITY 1

Stand with feet approximately shoulder width apart, feet forward, body upright, eyes open, head up.

- Move hands in different directions slowly (like Tai Chi).
- Close eyes and repeat.
- Feet closer together, eyes open, repeat hand movements.
- Close eyes and repeat.
- Bring feet together and repeat with eyes open and then closed.
- Introduce mirror activity. Each person stands facing partner. One person moves their hands slowly and the other one follows (mirrors) them. With eyes closed touch hands.

**ACTIVITY 2**

Stand on one foot, body upright, eyes open, head up (a lot of people will have difficulty with this — even teenagers).

- Arms outstretched to balance.
- Arms by side.
- Eyes closed, arms outstretched.
- Eyes closed, arms by side.
- Repeat above and move hands in different directions slowly (like Tai Chi).
- Introduce mirror activity. Each person stands facing partner. One person moves their hands slowly and the one follows (mirrors) them. With eyes closed touch hands.

*PLEASE NOTE: As this is a more challenging balance exercise, participants are advised that it may be a good idea to begin with their eyes open while doing it and/or perform the exercise next to a chair, table, wall which they can lean on for support if they become unsteady. Alternatively the exercise can be performed with a supporting partner to minimise the risk of falling.*

**ACTIVITY 3**

- To increase the challenge and variety of the above activities, include partner activities like catching balloons or balls etc.

**SAFETY NOTES**

- ✓ If participants feel unwell or experience pain when they participate in ANY activity they should stop immediately and seek medical attention.
- ✓ All the activities should be performed on a flat surface.
- ✓ Instruct participants to open their eyes if they start to fall. This may sound ridiculous but people do forget.
- ✓ Walk leaders should understand that participants will be at different ability levels. As such, they should be prepared to offer different levels of activities. The examples below are set out from the easiest to the more difficult. Inform participants only to perform activities they feel comfortable with.
- ✓ It is worth doing these activity in pairs, where one does the activities and the other provides support and feedback. This allows for positive social contact and confidence when performing the activities.

## **4.4 The Walk Posture and Action**

### ***Checklist for good walking posture:***

#### **Head**

The head should be centred, in line with the spine and held in a neutral position. The chin should be parallel with the floor. Eyes should be looking forward (2–3 metres).

#### **Shoulders**

The shoulders need to be down and back and not rounded, however they do need to be relaxed.

#### **Chest**

The chest should be lifted and expanded.

#### **Arm action**

The arm swing should be natural and comfortable. The forward swing should be relaxed and close to the side of the body. It is important that the arm swing should not cross the centre of the body.

#### **Leg action**

The length of each stride should be comfortable and efficient. Stride length will vary amongst individuals and will depend on leg length, hamstring tightness and the rotation of the hips.

#### **Foot placement**

With each stride the heel touches the ground first, the forefoot and the toes are raised toward the shins. The forefoot is then lowered to the ground with control (avoid pounding or slapping). The foot rolls from heel to toe. The faster the rear leg is brought forward, the faster the rate of walking (stride frequency).

Notes



## **4.5 Cool Down**

After each walk you should include a cool down session, which will take about 5–10 minutes. A cool down should include slower paced walking and gentle stretching of the main muscle groups used during the physical activity.

### **Why Cool Down?**

- To help reduce muscle stiffness and soreness by removing waste products from the muscles (lactic acid).
- To return body temperature to normal level.
- To prevent pooling of blood in lower limbs which can cause dizziness and fainting.
- To stretch main muscle groups.

### **Socialise**

- After each walk to make people feel welcome and want to come back.
- Enjoy a drink and a talk with other walkers in the park or at a coffee shop.
- Enjoy a talk by a health professional.



## 5.1 General Safety for the Leader and Participants



Physiological changes do take place with ageing and these need to be considered when undertaking a physical activity<sup>12</sup>.

- Before commencing the walking program walkers are encouraged to consult their GP for advice, particularly if they have been inactive or have a medical condition.
- Start gradually.
- Always warm up, stretch and cool down (See *pages 32–37* for stretching and balance exercises).
- Drink plenty of water before, during and after physical activity.
- Walkers shouldn't participate if unwell or injured<sup>12</sup>.
- Wait at least 45 minutes after a meal before commencing physical activity.
- For outdoor walks; protect yourself from the sun with appropriate clothing, hat and sunscreen.
- Avoid walking in the hottest part of the day.
- Be aware of your environment when walking.
  - For outdoor walkers e.g. busy roads, on coming traffic, other walkers, dual path users on bikes and rollerblades etc.
  - For mall walkers e.g. cleaners and slippery floors, trolleys, shop displays in different locations, signs.
- Encourage participants to be realistic about their abilities and fitness level, set gradual goals and gradually build up their levels of walking.
- Be aware of your group and ensure all participants complete the walk or inform you if they are leaving the walk before it concludes.
- Encourage participants to buddy up with others of similar walking pace. This can be highly beneficial for the less fit who need to take rest breaks or short cuts.
- Take a mobile phone with you or know the locations of the nearest public phones.
- ALWAYS carry the First Aid Kit provided.
- Stop exercising if you experience chest pain, discomfort or pressure, dizziness, light headedness, nausea<sup>12</sup>.

**Injury First Aid**

Extracted from *Hamstrung by Hamstring Injuries — A practical guide to prevent and manage hamstring injuries* and *Rolled over by an ankle sprain — A practical guide to prevent and manage ankle sprains*, Sport Medicine Australia (WA).

## 5.2 R.I.C.E.R and H.A.R.M Injury Management

The first course of action in the event of an ankle injury, hamstring strain or soft tissue injury should be the R.I.C.E.R method and **avoidance** of the H.A.R.M method of injury management. Both methods are listed below. Remember that the first 48 to 72 hours are important for the effective management of any ankle, hamstring or soft tissue injury.

**R.I.C.E.R Regime**

- |                    |   |
|--------------------|---|
| <b>REST</b>        | Stop the walker from continuing and get them to lie down.   |
| <b>ICE</b>         | <p>Methods include:</p> <ul style="list-style-type: none"> <li>– Crushed ice/commercial cold packs or frozen peas wrapped in a wet towel/ plastic bag; or</li> <li>– Cold water from a tap is better than nothing.</li> </ul> <p>For the first 48 hours, apply ice for 20 minutes every 2 hours with rest and compression between applications.</p> |
| <b>COMPRESSION</b> | Apply a firm, wide compression bandage over a large area, making sure to cover the injured area as well as above and below the injured area.  |
| <b>ELEVATION</b>   | In a comfortable position, raise the injured area above the level of the heart.   |
| <b>REFERRAL</b>    | Seek advice from a suitably qualified health professional, such as a sports physician or physiotherapist, for specific and ongoing care.  |

Notes





**Remember to avoid the following H.A.R.M factors**

<b>HEAT</b>	Saunas, spas and hot water bottles all increase bleeding to the injury site.
<b>ALCOHOL</b>	Alcohol increases swelling.
<b>RUNNING</b>	Any form of exercise can make the injury worse as blood flow is increased.
<b>MASSAGE</b>	Massage to the injury site in the first 72 hours increases internal bleeding.

**Hamstring Strains and Ankle Sprains**

The immediate management of a hamstring injury or ankle sprain should follow the **R.I.C.E.R** and NOT the **H.A.R.M** regime (see above).

Be sure to apply a firm, wide compression bandage over a large area, making sure to cover the injured area as well as above and below the affected area. The compression will provide support for the injured muscle, minimise any bleeding at the site and reduces swelling.

To obtain further information on injury treatment and prevention contact  
Sports Medicine Australia (WA) on (08) 9285 8066 or via the website: [www.smawa.asn.au](http://www.smawa.asn.au)

Notes



## **5.3 First Aid – Emergency**

Guidelines for Basic First Aid as per St John Ambulance Australia Guidelines

### **D.R.A.B.C Action Plan**

***This Action Plan is a vital aid to the first aider in assessing whether the casualty has any life-threatening conditions and if any immediate first aid is necessary.***

#### **D – check for DANGER**

- To you.
- To bystanders.
- To the casualty.

#### **R – check RESPONSE**

- Is casualty conscious or unconscious?  
(shout loudly, then shake firmly, but gently at the shoulders).

#### **A – check AIRWAY**

- Clear airway then open (if on their back turn casualty onto side, clear mouth, tilt head back and support jaw to open airway). If in an upright position and head slumped forward, clear mouth, gently tilt head back ensuring head is supported.

#### **B – check for BREATHING**

- Check for up to 10 seconds.
- Look for chest rise and fall.
- Listening for sounds of breathing.
- Feeling for breath, chest rise and fall.

#### **C – check for CIRCULATION**

- Look for movement, including swallowing or breathing.
- Observe colour of skin on face.
- Check if carotid pulse is present (located on side of neck).

Any unconscious person needs to be put in the Alternative Recovery Position, as it maintains airway, provides drainage and is a stable side position.

## **5.4 First Aid – Asthma**

\* Extracted from Asthma Foundation of WA website – [www.asthmawa.org.au](http://www.asthmawa.org.au)

### **What are the symptoms of an asthma attack?**

- Wheezing – a high pitched raspy sound on breathing.
- Coughing.
- Shortness of breath.
- Tightness in the chest.

These symptoms vary from person to person, and from time to time within the same person. Some people have all the symptoms, while some may only have a cough or wheeze. Symptoms can also vary considerably in intensity.

### **Asthma attack – What to do?**

#### **STEP 1**

Sit the person comfortably upright. Be calm and reassuring.

#### **STEP 2**

Give four puffs of a blue reliever inhaler — Ventolin, Airomir, Bricanyl\*, or Asmol.

- Use the person's own inhaler if possible. If not, use the First Aid Kit inhaler or borrow one from someone.
- Relievers are best given through a spacer, if available. Use one puff at a time and ask the person to take four breaths from the spacer after each puff.

#### **STEP 3**

Wait four minutes. If there is no improvement, give another four puffs.

Notes



**STEP 4**

If little or no improvement — **CALL AN AMBULANCE IMMEDIATELY — DIAL 000**

(\* if you cannot get any reception on a mobile phone when using 000 try dialling 112 instead)

and state that the person is having an asthma attack. Keep giving four puffs every four minutes until the ambulance arrives.

- Children: 4 puffs each time is a safe dose.
- Adults: up to 6–8 puffs every 5 minutes may be given for a severe attack while waiting for the ambulance.

**What if this is the FIRST ATTACK of asthma?**

- If someone collapses and appears to have difficulty breathing, **CALL AN AMBULANCE IMMEDIATELY**, whether or not the person is known to have asthma.
- Give 4 puffs of a reliever and repeat if no improvement. Keep giving 4 puffs every 4 minutes until the ambulance arrives.
- No harm is likely to result from giving a reliever to someone who does not have asthma.

Notes



## **5.5 First Aid – Dehydration and Heat Exhaustion**

Extracted from *Beat the Heat – Playing Safely in Hot Weather* (Sports Medicine, Western Australia) and *Smart Play – Drink Up* (Sports Medicine, Victoria)

Dehydration and heat exhaustion during physical activity are not conditions that should be taken lightly – both can pose a serious risk to health. Factors such as a high air temperature, solar radiation, humidity and inadequate hydration can all increase the likelihood of dehydration or heat exhaustion occurring during physical activity – even walking. Dehydration and heat injury can be prevented and should be part of every participant's pre-activity plan.

### **Signs that someone has become dehydrated?**

The participant may experience one or several of the following:

- Fatigue.
- Severe thirst.
- Nausea.
- Headache.
- Confusion.
- Light-headedness.

### **What to do if someone becomes dehydrated?**

- Get the participant to stop the activity immediately.
- Drink more fluids – cool water is best.
- Take them somewhere they can cool down and recuperate.

If dehydration is not quickly brought under control it can easily lead to heat exhaustion, which can pose a very serious risk to someone's health. In addition to the above symptoms heat exhaustion is marked by dizziness, loss of endurance/skill, muscle cramps and a high heart rate.

Notes



**What to do if the participant's condition does not improve quickly?**

- SEEK MEDICAL HELP IMMEDIATELY – call a doctor or an ambulance.
- Lie the victim down.
- Loosen and remove excessive clothing.
- Cool by fanning.
- Give cool water to drink if conscious – small amounts.
- Apply wrapped ice packs to groin and armpits.

**What can I do to prevent dehydration/heat exhaustion?**

**Timing of a walk** – Exercising in hot weather can dramatically increase the risk of dehydration and heat exhaustion. Where possible, particularly in the summer months, walks should be scheduled in the early morning or late afternoon to avoid being outside during the hottest part of the day.

**Hydration** – The more you sweat during exercise, the more fluid you must consume. Drink water (cool water is the best) before, during and after you walk. Do not wait until you feel thirsty before you start drinking – it is a sign that you have already begun to dehydrate.

**Clothing** – Wear light clothing – light in colour and light in weight. A hat or visor is also a good idea.

Notes



## **5.6 First Aid – Hypothermia**

Hypothermia – lowered core body temperature due to exposure or immersion.

### **DANGER SIGNS:**

- Unreasonable behaviour.
- Stumbling.
- Slurring of speech.
- Slowing down of mental and physical responses.

### **MANAGEMENT:**

- Follow DRABC.
- Shelter from the environment.
- Warm the casualty – warm clothing, wrap in blankets or sleeping bag.
- Give warm drinks if conscious.
- Give oxygen if available.
- If hypothermia is severe seek urgent medical aid.

Notes



## **5.7** First Aid – Diabetes

Diabetes – A disturbance in the blood sugar level.

**LOW BLOOD SUGAR** – not enough sugar in the blood because:

- Too much insulin.
- Not enough food.
- Excessive exercise.

### **Signs and symptoms:**

- Moist skin.
- Disorientation.
- Rapid pulse.
- Shallow breathing.
- Unconsciousness.

### **Management if *conscious*:**

- Give something sweet or a sweet drink (not artificially sweetened) every 15 minutes until recovered.

### **Management if *unconscious*:**

- DRABC – Alternative Recovery Position.
- Give oxygen if available.
- Seek urgent medical attention.

**\* *Low Blood Sugar is potentially fatal***

Notes





**HIGH BLOOD SUGAR** – too much sugar in the blood because:

- Not enough Insulin.
- Undiagnosed diabetes.

**Signs and Symptoms:**

- Dry skin.
- Excessive thirst.
- Acetone breath.
- Change in conscious level.

**Management if *conscious*:**

- Give oxygen if available.
- Seek medical aid.

**Management if *unconscious*:**

- Follow DRABC – Alternative Recovery Position.
- Give oxygen if available.
- Seek urgent medical aid.

***Never assist a drowsy casualty to give insulin***

It is safe to give any conscious person with diabetes sugar.

Notes



## **5.8** First Aid – Fractures

### **Signs and symptoms**

- Pain, especially if moved.
- Swelling or bruising.
- Loss of function.
- Deformity – it looks wrong.
- Shortening of a limb.
- Sounds as bone ends 'grate' against each other.
- Broken bone penetrating the skin.

### **Management:**

- Follow DRABC.
- Take care of unconscious casualty.
- Control of bleeding.
- Rest and reassure.
- Handle gently.
- Immobilise in the most comfortable position.
- Check circulation.
- Give oxygen if available.
- Seek medical aid.

Notes



## **5.9 First Aid – Angina – Chest Pain**

### **Signs and Symptoms**

- Pain – may radiate to jaws and arms, may mimic indigestion.
- Breathlessness.
- Apprehension.
- Rapid pulse.

### **They may also have:**

- Cold, pale, clammy skin.
- May collapse.

### **Management if conscious:**

- Rest and Reassure (sit up).
- Heart medications – casualty self-administers.
- Give oxygen if available.
- Medical aid if pain or discomfort persists for longer than 10 minutes after rest and/or medication, or earlier if condition deteriorates.

Notes



## **5.10 Bleeding**

### **Managing an External Bleed**

- Wear gloves if available for your own safety and the casualty's safety.
- Control the bleed:
  - Direct pressure over the wound.
  - Elevation.
  - Rest/reassure.
  - Apply clean bandage.
  - Check circulation.

**\* Do not put ice on open wounds**

### **Managing a Nose Bleed**

- Apply firm pressure with thumb and index finger over lower half of nose for 10 minutes.
- Sit person up and lean head forward and make casualty comfortable.
- Instruct them to breathe through their mouth.
- **DO NOT** blow nose.
- Seek medical aid if bleeding is not controlled after 10 minutes.

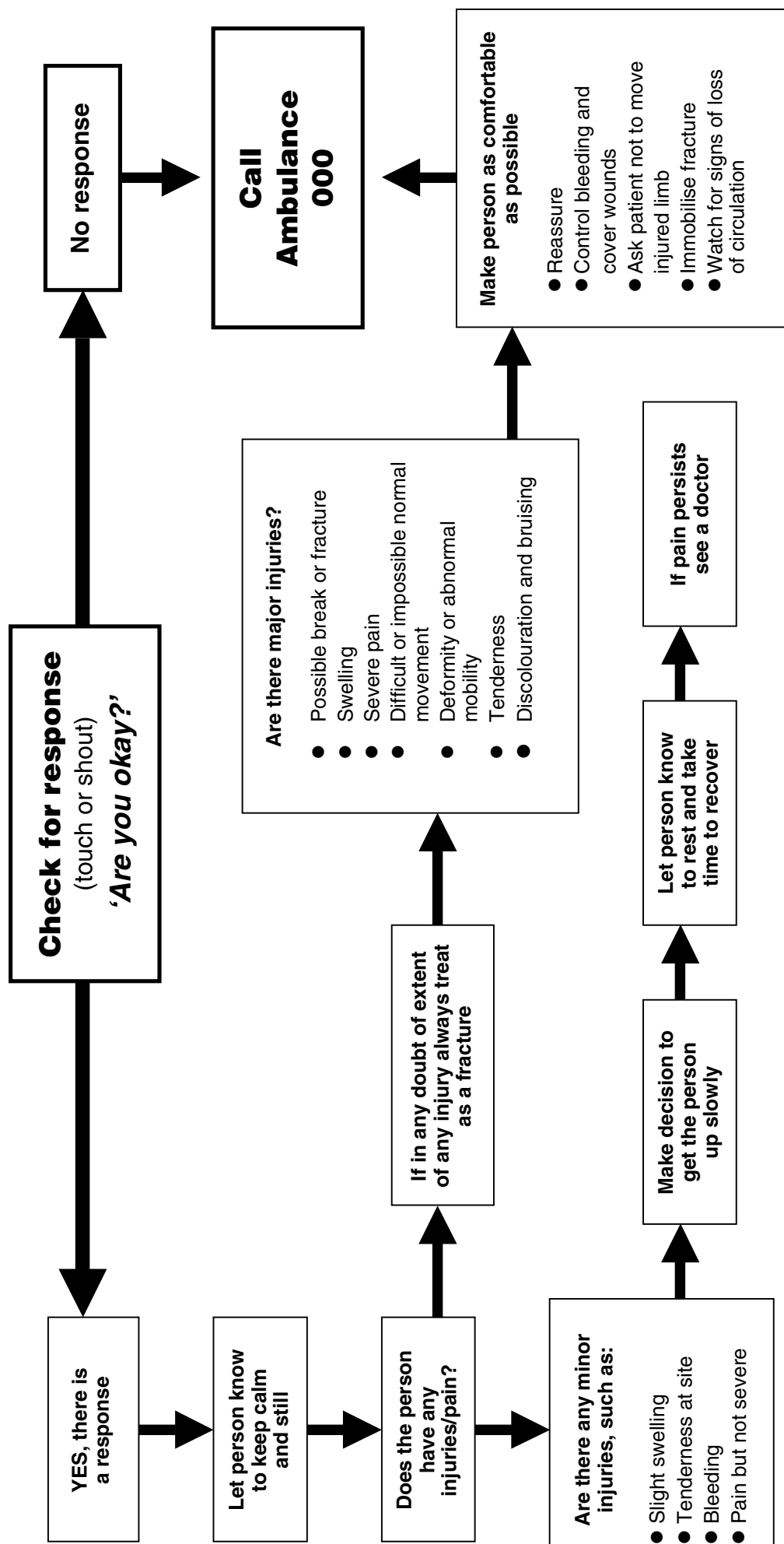
### **Management of Soft Tissue Injuries**

The immediate management of a soft tissue injury should follow the **R.I.C.E.R.** and No **H.A.R.M.** injury method (see above).

Notes



## 5.1 What to do if someone falls



## 5.12 Accident Guidelines

- Know the locations of public telephones or carry a mobile phone with you as you may need to call an ambulance.
- It is recommended that you attend basic first aid training appropriate to walking. The leader may choose to participate in more advanced first aid training in their own time.
- In the unlikely event of an accident that results in injury to one of your walkers ensure that you remain calm, that the injured person and other walkers are not in further danger and assess the situation. Follow basic first aid principles of **DRABC** (see above).
- If medical assistance is not required encourage the person to relax and recover in a safe place and to seek follow up medical attention if necessary.
- If medical assistance is required do not attempt to move the person. Keep them safe, warm and away from harm. Ensure someone remains with the injured person and call for medical assistance.
- If an accident occurs, ensure that you take appropriate action; assist the person using the DRABC method, call for emergency assistance if necessary; complete the Accident Report Form as soon as the incident has been dealt with and inform the Program Co-ordinator for record purposes.

Notes



## Walk Route Planning CHECKLIST

Name of Walk: ..... Day: .....

Start and finish point: ..... Start time: .....

Walk duration: ..... Approx length of walk: .....

Date commencing: ..... Date finishing: .....

✓ **Tick when checked**

- ☐ Adequate parking
- ☐ Access to public transport
- ☐ Contacted local council regarding any path maintenance planned
- ☐ Availability of public toilets
- ☐ Shade
- ☐ Points of interest on route (check with Council if unsure eg. History brochure or a recently renovated house for example)
- ☐ Check walk route for dangers eg. Uneven path, tree roots, overhanging bushes/trees, busy roads, slippery surfaces, obstacles
- ☐ Rest spots for the less fit
- ☐ Pre-walk route, time the walk and pace
- ☐ Grade route (consider hills, distance and speed to walk in less than 1 hour)
- ☐ Are there public telephones on route or do you have a mobile phone in case of an emergency?
- ☐ Can the route accommodate shorter alternatives for the less fit. Can they turn around at a shorter point? Are there any short cuts? Include these on your mud map
- ☐ Organise time and table numbers with café for social coffee option
- ☐ Draw mud map, identify any key landmarks, toilets, rest spots, water fountains etc meeting point, day, time start and finish dates
- ☐ Liaise with Co-ordinator to confirm and approve walk route
- ☐ Photocopy mud map for participants
- ☐ Inform current participants of upcoming route change, date and meeting point

## Incident Report Form

Walk Leader's Name \_\_\_\_\_

Name of Casualty \_\_\_\_\_

Contact Details \_\_\_\_\_

Date/Time of incident \_\_\_\_\_

Place of Incident \_\_\_\_\_

Description of incident: \_\_\_\_\_

\_\_\_\_\_

Action taken by Leader \_\_\_\_\_

\_\_\_\_\_

Action taken by medical assistance (e.g. GP, ambulance) \_\_\_\_\_

\_\_\_\_\_

If a hazard has the local council or management organisation been informed

☐ Yes ☐ No

Indicate who was informed of the hazard \_\_\_\_\_

Further action required? ☐ Yes ☐ No

If Yes, what action is required? \_\_\_\_\_

Complete the above and:

1. Phone the Injury Prevention Coordinator to report (*phone No. here*)
2. Fax form to Injury Prevention Coordinator - (*fax No. here*)



## Readiness for Physical Activity QUESTIONNAIRE

***The information that you provide on this questionnaire will remain confidential and kept for records of this program only.***

Thank you for your interest in our walking program. Before commencing in the program please answer the questions below. For most people physical activity should not pose any problem or hazard. This questionnaire has been designed to identify people for whom it would be wise to have medical advice before starting. Especially if you are increasing your level of physical activity.

☒ ***Please tick Yes or No for each of the following questions.***

**Yes      No**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor or health professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel pain in your chest when you do physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | In the past month have you had a pain in your chest when you were not doing physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you lose your balance because of dizziness or do you ever lose consciousness?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a joint or bone problem that could be made worse by a change in your physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you know of any reason why you should not do physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been inactive for a long period of time?   |

***Please advise the walk leader of any other conditions you feel they might need to know about.***

*I understand that if I answered YES to one or more of the above questions, I should seek medical advice before undertaking a walking program.*

*If I answered NO honestly to all questions and I am planning to increase my levels of physical activity, I understand that I need to begin slowly and build up gradually.*

I understand that although reasonable care is undertaken by the organisers to maximise safety, it is understood that I participate at my own risk.

Signed: .....

Name (please print): ..... Date: ...../...../.....



## Planning

**The following prompts might help you with planning your community walk.**

**Name** \_\_\_\_\_

1. Where will you walk?
2. What day and time will you walk?
3. How long will you walk?
4. Can you cater for different fitness levels on the walk?
5. Are there any hazards or dangers on route?
6. Are there toilets, safety, parking, benches on route?
7. What can you do to promote your walk?
8. What support might you need?  
(eg media release, first aid kit, recruit walkers, SOYF flyers)

## Registration Form

Walk Friendly program is a voluntary group activity and a certain level of mobility is required.

Title \_\_\_\_\_ First Name \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

I want to be a (please circle) Walker or Walk Leader

### Medical History

Please list any medical conditions that you may have and medication you are taking that we may need to know in the event of an incident or emergency. For example Diabetes, Heart Disease, Epilepsy or other condition.

CONDITION	MEDICATION

### Local Doctor

Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone Number \_\_\_\_\_

### Emergency Contact Details

In the event of an emergency we will notify the person listed below.

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

If an incident arises where I may need medical attention I authorise for medical attention to be sought on my behalf. I will bear the cost of ambulance transport.

Signed: .....

Name (please print): ..... Date: ...../...../.....

Which of the following applies to you?

You may tick more than one box

- ☐ I use a walking aid yes/no if yes, describe\_\_\_\_\_
- ☐ I have been inactive i.e. walk less than 15 minutes per day for 12 months
- ☐ I walk with the support or supervision of another
- ☐ I participate in other activities. Please describe these
- ☐ \_\_\_\_\_

**Before commencing the Walk Friendly Program we suggest that you consult your doctor to discuss any health concerns.**

Reasonable care will be taken by the organisers to maximise safety, it is understood that I participate in the walking groups at my own risk.

Signed\_\_\_\_\_ Date\_\_\_\_\_

## **Position Description of Volunteer Walk Leader**

### **DUTIES**

- Attend Walk Leader Education Sessions and updates
- Facilitate a group of people on walks around the community or in a shopping centre
- To lead the group in warm up, stretching, the walk and cool down exercises.
- Raise awareness of falls prevention and the Stay On Your Feet WA campaign
- Keep a written record of people attending each walk and forward this to Health Organisation
- To wear walking group t-shirt and first aid belt so to be identified as the walk leader
- To carry a mobile phone where possible
- In the event of a medical emergency to call an ambulance and administer basic first aid
- Organise a social gathering for the walking groups. For example a morning tea after the walk
- Organise guest health speakers for periodic health session after walks
- Liaise with Volunteer Coordinator/ Manager at Health Organisation
- *Complete the SOYFWA Evaluation whenever you undertake your SOYFWA role*
- Provide a verbal progress report at SOYFWA support meetings
- Write a brief, bullet-point report every six months on your activities and progress.

### **SKILLS REQUIRED**

- Core Skills
- Open friendly, approachable manner
- Punctual
- Enjoy walking and physical activity
- Ability to complete warm up and cool down exercise and to walk for 30 minutes
- Ability to motivate others
- Good interpersonal skills explaining listening and being open and approachable

### **TRAINING REQUIRED**

- Stay on Your Feet WA Orientation Training level 1,2,3
- Stay On Your Feet WA Walk Leader Training, 4e,
- Ongoing Support of Volunteers 5

**RESOURCES**

- Stay On Your Feet WA educational materials
- Stay On Your Feet Book
- Stay On your Feet WA information resources
- Stay On Your Feet WA Walk Leader training materials
- T-shirt
- Waist bag, first aid kit, pen, Book, water bottle, asthma travel spacer and medication

**TIME REQUIREMENT**

It is estimated that there will be two walks per week, for the duration of an hour. In addition there is attendance at regular support meetings, campaign events and ongoing training. Allow time to attend the Volunteer Christmas Party and other events of interest.

**EVALUATION**

To support the organisation in compiling the end of year written report for the Department of Health, each Stay On Your Feet WA Volunteer Walk Leader will need to complete a Walking Group evaluation form. The form records the date of each walk, the number of participants attending each walk. At regular progress meetings provide a verbal progress report.

**REIMBURSEMENT**

The organisation in line with their Reimbursement Policy, can reimburse expenses associated with being a Stay on Your Feet Volunteer if you keep records and receipts. For example this may cover mileage and morning tea.

## AGENCY/VOLUNTEER AGREEMENT FORM

*[Agency name] has undertaken to deliver specific services to the community. We have a duty of care to clients and to volunteers who are delivering these service. This agreement signifies the importance we place on your volunteer effort and our commitment to ensuring that it is a positive experience for you.*

**AGENCY:**                    *[Agency name]*

This agency accepts the services of \_\_\_\_\_ as a

Volunteer Walk Leader from \_\_\_\_/\_\_\_\_/\_\_\_\_ and this *[Agency name]* is committed

to provide information, training and support to enable the volunteer to meet the responsibilities of being a volunteer Walk Leader;  
to provide professional supervision and feedback on performance of the volunteer;  
to respect the skills, dignity and individual needs of the volunteer, and make every effort  
to ensure satisfaction and mutual respect as an equal partner with ICCWA staff in the workplace;  
to accept feedback and constructive suggestions for our mutual benefit from the volunteer, in joint responsibility for achieving the agency mission.

**VOLUNTEER:** \_\_\_\_\_

I agree to accept the volunteer opportunity offered by *[Agency name]* being a Volunteer Walk Leader

as from \_\_\_\_/\_\_\_\_/\_\_\_\_, and I am committed

to carry out the tasks assigned me as a volunteer walk leader to the best of my ability;  
to recognise the principles of volunteering, the codes of practice and policies of the agency;  
to complete all record keeping requirements and maintain confidentiality of all agency and client records;  
to meet all allocated commitments on time and with due diligence, or provide adequate notice if unable to do so in order that alternative arrangements can be made;  
to recognise my responsibilities and act at all times as a member of the agency team in accomplishing the mission of the agency.

**AGREEMENT SIGNED:**

Volunteer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency Representative: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Based on © 1997 Volunteering Western Australia incorporated as Volunteer Centre of Western Australia



## Leaders Resources

Walk Friendly Walk Leaders Training Manual	ICCWA-Phone (08) 9420 7212 <a href="http://www.iccwa.org.au">www.iccwa.org.au</a>
	Dept. Sport & Recreation Ph: (08) 9387 9722 <a href="http://www.dsr.wa.gov.au">www.dsr.wa.gov.au</a>
Find 30 Campaign Resources	Dept. of Health Publications Phone 1300 135 030 <a href="http://www.public.health.wa.gov.au">www.public.health.wa.gov.au</a> click on On-line ordering
Stay on Your Feet Resources	Dept. of Health Publications Phone 1300 135 030 <a href="http://www.public.health.wa.gov.au">www.public.health.wa.gov.au</a> click on On-line ordering
National Physical Activity Guidelines	1800 020 103 Ask for the PHD publications request line
Eat Well for Life	NHMRC 1800 020 103 ext 8654
Walk There Today Find thirty Walking Guide	Heart Foundation (08) 9388 3383
Seniors Recreation Council Add Life to Your Years	Seniors Recreation Council Phone (08) 9387 8811
Hamstring Injuries, Ankle Injuries	Sports Medicine Australia WA Branch Phone (08) 9285 8033 <a href="http://www.smawa.asn.au">www.smawa.asn.au</a>
Risk Management Video	ICCWA-Phone (08) 9420 7212 <a href="http://www.iccwa.org.au">www.iccwa.org.au</a>
	Dept. Sport & Recreation Ph: (08) 9387 9722 <a href="http://www.dsr.wa.gov.au">www.dsr.wa.gov.au</a>

## **Further Information**

### **WEBSITES**

These are some websites that we have found which may be of interest to you. Always check information with a health professional.

Injury Control Council of WA

**[www.iccwa.org.au](http://www.iccwa.org.au)**

Heart Foundation Just Walk It

**[www.justwalkit.com.au/](http://www.justwalkit.com.au/)**

Physical Activity Task Force

**[www.patf.dpc.wa.gov.au/](http://www.patf.dpc.wa.gov.au/)**

Walking Sisters Together Move More Eat Better

**[www.niddk.nih.gov/health/nutrit/pubs/walksis.htm](http://www.niddk.nih.gov/health/nutrit/pubs/walksis.htm)**

Strengthen Your Walking Ability

**[www.pletal.com/Consumer/3\\_2.asp](http://www.pletal.com/Consumer/3_2.asp)**

Ten Walking Mistakes to avoid

**[walking.about.com/library/weekly/aa013100f.htm](http://walking.about.com/library/weekly/aa013100f.htm)**

Walking The Way To Health

**[www.whi.org.uk/](http://www.whi.org.uk/)**

For contact names of other walking groups please refer to *Walk There Today Find Thirty Walking Guide 2003–2004*

## References

1. World Health Organisation. (2002). *Move for Health: World Health Day 2002 Physical Activity and Transport*. Fact Sheet. April 7 Copenhagen. <http://www.who.int/en/>
2. International Congress Meeting. (1996). *The Heidelberg guidelines for promoting physical activity among older persons*. 4th International Congress Meeting on Healthy Ageing, Activity and Sports. August 1996 Heidelberg, Germany.
3. NSW Health Department. (1999). *Healthy ageing and physical activity*. NSW Health Department, North Sydney.
4. Bauman, A., Bellew, B., Vita, P., Brown, W., Owen, N. (2002). *Getting Australia Active: Toward better practice for the promotion of physical activity*. National Public Health Partnership. Melbourne, Australia, March 2002.
5. Royal Adelaide Hospital Health Services. (2001). *The benefits of exercise*. Centre for Physical Activity in Ageing. [http://www.cpaa.sa.gov.au/benefit\\_exer.html](http://www.cpaa.sa.gov.au/benefit_exer.html)
6. McMurdo, M. (2000). *A healthy old age: Realistic of futile goal*. British Medical Journal. November; 321(4): 1149-1151.
7. NSW Health Department. (2001). *Preventing injuries from falls in older people*. NSW Health Department, North Sydney.
8. Ministry of Sport and Recreation, The Eastern Perth Public Health Unit, Heart Foundation of Australia. (1999). *Walking group manual: A leader's resource*. Department of Health. ISBN 0 7307 1252 4.
9. World Health Organisation. (2002). *30 minutes for a healthy lifespan*. Press Release. April 7 Copenhagen and Rome. <http://www.who.int/world-health-day>
10. Bruce, D.G., Devine A., Prince, R.L. (2002). *Recreational physical activity levels in healthy older women: The importance of fear of falling*. American Geriatrics Society. January 50(1): 84-89.
11. Hakim, A.A., Pettrovitch, H., Burchfield, C.M. (1998). *Effects of walking on mortality among non-smoking retired men*. New England Journal of Medicine 388:94-99.
12. British Heart Foundation and Countryside Agency *Walking the Way to Health*. January 1999. *Practical guidelines for developing walking health schemes*. Version 1.1. England.
13. Australian Sports Commission and the Department of Veterans Affairs. (2001). *Older, smarter, fitter: A guide for providers of sport and physical activity programs for older Australians*.
14. Presidents Council of Fitness and Sports. (1991). *Pep up your life: A fitness book for midlife and older persons*. American Association of Retired Persons.
15. World Health Organisation. (1999). *World Health Day: Active ageing makes all the difference*. Ageing and Physical Activity. Geneva Switzerland.

[http://www.who.int/world-health-day/fact\\_sheets1.en.shtml](http://www.who.int/world-health-day/fact_sheets1.en.shtml)

16. Ministry of Sport and Recreation. (1999). *Walk Friendly in Western Australia: a resource for walkers*. Ministry of Sport and Recreation, Perth, Western Australia.
17. Premier's Physical Activity Taskforce. (2001). *Getting Western Australians More Active: A Strategic Direction Report*. Department of Premier and Cabinet, Perth, Australia.
18. Department of Health. (2002). *Find 30 campaign*. Perth, Western Australia.
19. Active Australia. (2001). *Physical activity facts. A summary of information about physical activity for physical activity stakeholders*. Queensland Health.
20. Central Great Southern Health Services. *Stretches for walking*. Physiotherapy Department.
21. Sports Medicine Australia. (1997). *Warm up guidelines: Seven rules of safe stretching*. South Australian Branch.
22. Sports Medicine Australia. (2003). *SmartPlay: Fact Sheet – Stretching*. South Australian Branch.



## *Walk Friendly Walk Leader Training*

ICCWA and the Department of Sport and Recreation award this certificate of appreciation to

*for their time, effort and dedication to being a Volunteer Walk Leader*

Signature

Date

