



# **CANINE ACTIVITIES**

## **HEALTH & ENVIRONMENTAL SAFETY**

### **MANUAL**

#### **PREPARED BY**

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**INSURANCE BROKERS**

**For use by Canine Clubs and Associations**

This manual is for readers to identify, assess and form strategies relating to risk management. It covers issues relating to safety, education, insurance and the law and is applicable to all Canine sporting and recreation associations.

It provides practical examples and guidelines that can be easily incorporated into daily running and maintenance procedures according to the most practicable method.

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

Risk management relates to the process of making decisions that will help to avoid and reduce the impact of unexpected/undesired outcomes. People involved need to be fully aware of what can go wrong and be there to implement strategies to prevent them or at least manage them. To keep things running effectively these decisions need to become recognised rules for the running of the organisation on every level for everyone involved.

### **Who is affected?**

- Event organisers
  - clubs
  - parents and minders
- Venue providers/local government bodies
- Participants
- The Event Manager or Head Instructors, Trainers of dogs or individual
- Judges, Stewards or other Officials
- Doctors or other medical professionals
- The occupier
- Spectators
- Associations
- Committees
- Committee Members

### **PART A. NEGLIGENCE. WHAT IS YOUR DUTY OF CARE?**

At law, you must take reasonable care to avoid acts or omissions which you can reasonably foresee would be likely to injure your neighbour. Your neighbour is the person or persons who are so closely or directly affected by your act that you ought to reasonably have them in contemplation as being affected by your acts or omissions. The care and caution that you must show your neighbour is that which a normal prudent person would display.

It is important to note you can be negligent without having the intention of being negligent. Recently, courts have held that participants in events owe each other a duty of care.

All participants in a recreation/sport activity have a duty to:

- provide a safe place for recreation/sport;
- provide a safe system of rules;
- provide safe and adequate equipment;
- provide the participant with competent fellow participants, and
- provide adequate instructions and supervision for the recreation/sport.

### **Duty of care. Event organisers**

Liability can attach to sports organisers in a number of ways, especially in contract and in tort. Failure by organisers to honour their legal responsibilities will result in liability to compensate those injured.

The organisers of an event should ensure that the event is held in the safest possible conditions.

Event organisers:

- have a duty of care to call off an event if the weather conditions jeopardise the health of the participants;
- should seek medical opinion as to what other environmental hazards can be taken into account to reduce the risk of harm to the participants;
- have an obligation to ensure that the spectators are safe from injury;
- have an obligation to ensure that injury prevention strategies are in place as part of their duty of care;
- are obliged to educate their judges, stewards, officials, instructors trainers and participants on injury prevention, and
- have a duty to disclose information which may affect participants.

### **Duty of care. Venue providers/local government bodies**

Venue providers must ensure that the venue is safe for the event to be held

The venue provider should:

- provide a first-aid facility;
- provide ambulance access;
- have an established emergency procedure;
- provide a safe training and event surface;
- provide hygienic wash facilities;
- regularly attend to the maintenance and upkeep of the venue;
- obtain necessary insurance, and
- conduct regular independent safety audits.

### **Duty of care. Participants**

Participants and/or their dogs can injure other participants and/or their dogs while engaged in an event. Participants owe each other a duty of care.

Participants

- Have a duty to not cause foreseeable danger;
- Need to note the fact that if the opponent has some special condition, this does not necessarily diminish the duty of care owed, and
- Dealing with children need to take extra care. Persons in charge of children owe a duty to protect them from foreseeable dangers, whatever their source.

### **Duty of care. The Manager or Instructor**

The Instructor may be liable in circumstances, which involve the following issues:

- Dangerous techniques;
- Removal of injured participants or dogs;
- Encouraging aggression, and
- Drugs (legal and illegal).

Managers, Instructors have an obligation to ensure that all steps are taken to avoid injury. This means incorporating:

- Appropriate selection and grading;
- Appropriate preparation and correct instruction techniques;
- The use of protective equipment;
- Proper supervision and adjudication;
- Practice of ensuring participants and/or dogs have completely recovered from injury before returning to the activity, and
- Adequate self-education.

Managers and instructors should keep up to date with injury prevention and basic first aid. Instructors and several club officials should complete a course in First Aid.

#### **Duty of care. Judges or other event officials**

The judges or other event officials owe a duty of care to the participants to enforce the particular rules of the event.

#### **Duty of care. Doctors, Veterinarian or other medical professionals**

The associations doctor or veterinarian should be involved in all stages of the event: planning, pre-participation screening, training, the actual event, on-field management of injuries, evacuation procedures, returning to the event after injury and advising clubs and instructors on injury prevention such as technique modification and rule changes.

Doctors Veterinarian, when providing treatment, must consider the following.

- To act without explicit consent from the participants and in the case of minors, their parents
- Confidentiality;
- Adequate record-keeping;
- The pressure on doctors or veterinarian to let participants return to participation before they have completely recovers;
- Administering of local anaesthetics and 'pain-killers' on injured parts to allow participants back to the event;

- Educating participants and officials about drugs in the activity, and
- Prevention of injuries by advising organisations on probable contributing factors to injuries

### **Duty of care. The occupier**

An occupier must take reasonable care for the safety of persons entering the venue. An occupier's duty extends to that of a venue provider.

### **Duty of care. Spectators**

Spectators have no active part in the activity and should identify and follow the regulations adopted by the venue providers and/or occupier in relation to:

- First aid;
- Emergency procedures;
- Weather;
- Consumption of alcohol;
- Exits, and
- Prohibited zones.

### **Duty of care. Associations**

Associations have a duty to ensure this Code of Practice is implemented

### **Duty of care. Committee members**

Committees have a duty to ensure this Code of Practice is implemented.

**NB:** Committee members of unincorporated associations may carry personal liability for the acts or omissions of the committee.

## **PART B. HAZARD IDENTIFICATION, ASSESSMENT AND CONTROL**

### **First Aid**

First aid is a system for the emergency treatment of illness and injury and includes the following elements:

- Emergency treatment; maintenance of records;
- Redressing of a minor injury;
- Recognising and reporting health hazards, and
- Participation in safety programs.

Event organisers and venue providers, in consultation with first aiders, should consider the following to determine first aid requirements for their facility.

This review process should consider the following:

- First aid facilities
- Content of first aid kits;
- Number and location of first aid kits;
- Advice and training on first aid assistance;
- The number and training level of first aiders, and
- Languages in which information should be provided.

### **First aid facilities**

Appropriate first aid facilities and training should be determined according to the size and layout of the venue.

- Assess the size and layout of the place of activity and identify:
- The nature of hazards and severity of risk within the activity;
- The distance an injured or ill person has to be transported to first aid;
- Establish a routine for cleaning and checking equipment;
- The ease with which this can be undertaken, and
- The level of first aid available throughout the place of activity.

### **First Aid Kits**

It is recommended that kits include as a minimum

- Emergency services telephone numbers and addresses;
- Names and telephone numbers of club or venue first aiders;

- A first aid guide
- Individually wrapped sterile adhesive dressing;
- Sterile eye pads;
- Sterile pads for serious wounds;
- Triangular bandages;
- Clearly identified container with a white cross on a green background;
- List of kit contents;
- Reusable -instant icepack;
- Single use splinter probes;
- Plastic bags
- Paper towel;
- Note pad and pencil
- Safety pins
- Sterile un-medicated wound dressing;
- Adhesive tape;
- Rubber thread or crepe bandage;
- Disposable gloves, and
- Sharp -blunt scissors.

## **First Aid Officers**

### ***Responsibility***

First aid officers are responsible for taking positive action to prevent further injury and to render first aid management in accordance with their approved training, until medical help arrives.

### **Qualifications and allowances**

To be registered as a First Aid Officer, the requirement is to hold a certificate of proficiency in first aid issued within the previous three years by an approved State Training Board accredited agency such as St. John Ambulance Australia. On appointment, each first Aid Officer should be provided with a copy of the Association policies on first aid, HIV/AIDS and Hepatitis-B.

### **Number, competencies and distribution of First Aid Officers**

The appropriate number and competencies required of first aiders will vary from one facility to the next. Names, locations and phone numbers of First Aid Officers should be indicated on notice boards by a conspicuous sign or a white cross with green background which must be displayed in a position clear of general notices.

### **First aid records**

First Aid Officers are required to maintain a written record in a format that suits your situation of all first aid treatments.

Records of injury and illness are necessary to:

- Provide information which may assist in future treatment of the injured person;
- Serve as a data source for building a statistical picture on the occurrence of accidents/incidents;
- Provide data for evaluation of possible health effects when a casual relationship between exposure and illness is possible
- Monitor the effectiveness of the measures taken to control or, where possible, eliminate hazards, and
- All personal records are confidential and must be locked away.

### **Emergency plan and procedures**

There must be a plan of the stadium showing the location of:

- Fire bores and hoses;

- Hydro points;
- Hose reels;
- Fire extinguishers, by type
- Spare equipment;
- Pumps; exits, and
- The first aid room

Adequately fixed or portable fire fighting equipment should be provided in accordance with recommended guidelines of the Fire Authority. Ensure that emergency instructions displayed include

- Emergency telephone numbers;
- Fire suppression equipment supply contacts;
- Emergency evacuation procedures, and emergency evacuation assembly points.

### **Hygiene**

Appropriate policies and procedures must be applied to ablution blocks, in reference to dimensions, contents, and mode of cleaning toilets,

### **Rules**

Each activity exists on the basis of a set of rules outlining the nature of the activity and the manner in which it should be performed, taught and administered.

### **Safe Participation Environment**

Inspections are a useful method in identifying risks and must become an integral part of the manager, judge, instructor or other officials' responsibility prior to the commencement of the event.

A general inspection may identify normal wear, tear and general deterioration of physical assets and features such as equipment, facilities, grounds, waterways and pathways.

Individual activity checklists have been prepared to assist in identifying activity specific risks detailing:

- Metric measurement;
- Rings;
- Equipment;
- Participants' equipment; modified rules for children, and
- Other safety hints.

These checklists have arisen following risk assessment, which identified:

- Inappropriate size or strength;
- Inadequate fitness level;
- Lack of, or defective equipment;
- Poor footwear
- Poor facilities;
- Poor supervision and judging,

### **Personal protective equipment**

These questions should be considered in relation to personal protective equipment

- Is the use of protective equipment required for any operations or areas?
- If so, are there written procedures covering the specifications, purchase, storage, maintenance, issue and correct use of the protective equipment?
- Are participants trained in the use of the protective equipment?

Managers, Judges and officials should:

- Issue personal protective equipment and complete details in the personal protective equipment issue register;

- Instruct participants in the correct use and maintenance of personal protective equipment, as directed by the official;
- Ensure that personal protective equipment is worn by participants as specified in this Code of Practice and the Industry Guideline or the rules of the activity;
- Conduct periodic checks to ensure that personal protective equipment is being used as specified, and
- Report to the appropriate association any personal protective equipment considered inadequate protection.

Participants should:

- Use personal protective equipment as specified or directed;
- Take care of personal protective equipment and ensure that it is maintained to a serviceable condition;
- Store personal protective equipment as instructed, and
- Report any problems with personal protective equipment

## **General fabric and structural matters**

### **Inspections and tests**

Suitably qualified persons on behalf of the venue provider to ensure that the safety standards are maintained should carry out inspections and tests.

### **Annual inspection**

A detailed inspection of the ground, including all components and installations, should be arranged annually by the venue provider in order to ensure that load-bearing elements are capable of withstanding the pressures to which they are likely to be subjected and that they are fit for their intended purpose. Inspection should be carried out by a person with a relevant, recognised professional qualifications and experience in inspecting structures.

Engineers commissioned to assess structural safety of buildings should have specialisation in structural safety. Inspection and testing of crush barriers, handrails and other protective barriers should carry out by qualified persons.

### **Other inspections**

Warning, detection, lighting and public address systems are vulnerable to vandalism, and this should be taken into consideration when installing them. All automatic fire detection and fire warning, emergency lighting and public address systems should be tested 24 hours before each event.

There should be contingency plans in case any of these systems are not operating properly and cannot be rectified before the event. Such plans should be formulated in consultation with the local authority, police and fire services for the use of acceptable substitute measures or (if necessary) the closure of relevant areas of spectator accommodation until the fault is remedied.

The ground should be inspected before, during and after each event to ensure that there is no accumulation of combustible waste and that any hazardous materials (if it is essential that they be stored) are safely stored, well away from public areas.

### **Deformation/damage**

Following each event, a general visual inspection of the ground should be made for signs of damage, which might create potential danger. Particular attention should be paid to the condition of, viewing areas and stairways. Crush barriers and balustrades should be examined for deformation or any other overt signs of weakness. Fire precaution measures should also be inspected for damage. Alarms and other electrical installations should be checked to ensure continued compliance with the relevant Australian Standards.

### **Records**

Records of all inspections and tests, together with a record of remedial actions taken, should be kept and maintained. The required level of competence of those carrying out the tests should be specified.

### **Viewing areas**

All components, installations and structures such as terraces, stands, stairs, barriers and pylons should have the appropriate strength and durability and be maintained in such condition and arranged in such a manner as to perform their required functions properly.

## **Headroom**

All parts of the ground used by the general public should have minimum headroom of not less than two metres. Exit routes should, wherever possible, have headroom of 2.4m. Precautions should be taken to prevent people from climbing on roofs, pylons, hoardings and other structures. Where possible, such structures should be fitted with non climbable devices e.g. stout barriers or close-boarded enclosures

Spikes and barbed wire etc should only be installed above the minimum headroom and preferably at a minimum height of 2.4m from the base. Spikes or other similar devices should not be installed on ring perimeter barriers. Nor should such barriers have sections overhanging or returning inwards towards spectators.

## **Lighting**

Where natural lighting in any section of the ground accessible to the public is deficient, adequate artificial lighting should be provided. If the ground is to be used after dark, all parts accessible to the public should have adequate lighting to enable people to see their way into, around and out of the ground. These provisions are particularly important in relation to entry and exit routes and stairways used by the public. Emergency lighting should be provided and conform to the relevant Australian Standards.

## **Spectators with disabilities**

Proper safety provisions to accommodate people with disabilities should be made at all venues.

## **General**

The safety measures set out in this Code of Practice should not be construed in such a way as to place undue restriction on people with disabilities

## **People with impaired vision**

Signposting, especially fire or other safety signs, should be positioned so that, as far as possible, they can be easily seen and readily distinguishable by those with impaired vision or colour perception. Advice is available from the Royal Victorian Association of the Blind.

## **People with impaired hearing**

Although people with impaired hearing may experience difficulty in hearing messages broadcast on a system designed for those with normal hearing, a hearing impairment does not mean that in all cases a person is insensitive to sound and that they do not have sufficiently clear perception of all conventional alarm signals. Where this is not the case it is reasonable to expect spectators who have been alerted to prepare for evacuation to warn those with impaired hearing. Where they exist, electronic score boards and television monitors should be used to provide information on evacuation.

## **People with impaired mobility**

Although it is unlikely that anyone whose mobility is severely impaired will occupy standing accommodation, they will often wish to occupy seated accommodation, perhaps with friends or relatives, in stands. Arrangement should exist to meet such wishes where possible, e.g. by the provision of wheelchair spaces within seated areas, preferably in different parts so that there is a choice of seating position. Such provision should ensure occupants have an unrestricted view. Where possible, there should be more than one ingress/egress for those with impaired mobility. Although movement to and from accommodation at ground level is easier for users of wheelchairs, consideration should be given to means of accommodation on other levels without jeopardising safety.

## **Wheelchairs**

Where a person leaves a wheelchair in order to occupy a seat, provision should be made for the wheelchair to be readily accessible without it causing obstruction in a gangway or exit route. Those who choose to remain in a wheelchair should be accommodated so as not to obstruct the movement of others.

### **Support facilities**

Ramps which are to be used by wheelchair users should conform to Australian Standards. Support services and facilities for disabled people should also be available within the stand. New design work for existing stands should take Australian Standards into account. Where constraints are posed by existing buildings and it is not possible or practicable to apply the Code fully, other ways of meeting its objectives should be sought.

The arrangements described above should be in addition to any special provision made for the admission (often at pitch level) of vehicles used by people with impaired mobility.

The location of such vehicles should be arranged with the relevant safety authority to ensure access to the ground by emergency vehicles and means of escape are not compromised.

### **UV exposure**

The environment can significantly affect participants and performance. Participating in activities in a variety of environmental conditions can be safe, provided one understands the risk and is properly prepared. Effects of competing in excessive temperatures (bearing in mind that surface temperature is usually considerably higher than mean air temperatures by virtue of confinement of space, interaction of competitors and crowd 'warming') are well documented with associated symptomatology including heat exhaustion, dehydration, heat stroke and even skin cancer.

Heat illness can be prevented by the following pro-active measures including:

- Education/information programs in the form of:
- Brochures/posters;
- Presentation by a speaker from Sun Smart or the Anti-Cancer Council;

A first aid policy with:

- An adequate rehydration system with fluid available any time it may be requested during training, preparing for or participating in the event;
- An adequate first aid kit;
- First aid training;

- A first aid room;
- A written first aid policy/assessment, and
- A written emergency procedure;
- Providing access to shade while competing and/or or breaks by:
- Providing a shade cloth over areas of Participation or assembly;
- Planting shade trees, and building shade structures;

where practical and possible schedule events around peak radiation times (before 11 am and after 3pm, est) to minimise ultra violet exposure

Organise medical appraisals, and develop a written sun-protection policy appropriate to individual clubs.

### **H.I.V./A.I.D.S. and other infectious disease management**

According to statistics provided by the Australian Aids Council, there are 16030 persons in Australia who have contracted HIV, 7731 persons in Australia have contracted A I.D.S. 5500 are now dead.

Specifically, in 1997, in Australia, 697 men reportedly contracted HIV, 288 men and 24 women contracted A.I.D.S. 204 men and women died in 1997.

The stigma attached to HIV / A.I.D.S. is so great that the protection of the human rights and dignity of infected individuals is essential to prevention and control. The prevention and control of HIV / A.I.D.S., of all infectious disease is common sense and education

What are the causes of infectious diseases?

- a) Bacteria
- b) Protozoa
- c) Rickettsia
- d) Virus
- e) Fungus

## **What is HIV?**

Human Immunodeficiency Virus is the name of the virus which attacks a certain type of white blood cell that is a vital part of the body's immune system. HIV antibody is the protein produced by the body's immune system against the HIV virus. It serves as a marker for the presence of the virus and is the basis of the most common test for HIV. Persons who become infected with HIV usually develop HIV antibodies within 6-12 weeks of infection.

## **What is A.I.D.S. ?**

Acquired Immune Deficiency Syndrome. A.I.D.S. is caused by a virus called HTLV -III/LAV that attacks and destroys T -cell lymphocytes. T -Cell lymphocytes are white blood cells that protect the body against infections. When they are present in insufficient numbers, the body's ability to overcome bacterial, viral, or other harmful invaders is diminished.

## **How is HIV / A.I.D.S. transmitted?**

- Through sexual intercourse;
- Through blood (principally through blood transfusions);
- From infected mother to infant (during pregnancy).

HIV / A.I.D.S. transmission is not known to be involved with insects, food, water, sneezing, coughing, toilets, urine or swimming pools. There is no evidence to suggest that HIV can be transmitted by casual non-sexual, person to person contact in any setting.

## **HIV / A.I.D.S. and other infectious disease management**

The management of HIV / A.I.D.S. and other infections must be an integrated procedure involving all persons involved in recreational sport.

## **Event Organisers / Venue Providers / Local Government Bodies .**

- Provide suitable information regarding risk factors and prevention strategies.
- Increase awareness and education of:
  - Safe handling procedures
  - Policy regarding potentially infectious disease

### **Association / Committees (members)**

- Adopt a broad bases 'blood rule'
- appoint a trained first aid officer
- regular sanitation of toilets and shower facilities;
- supply soap, detergent, disinfectant, gloves, leak-proof plastic bags, paper hand towels, brooms, refuse disposal bins (including a 'sharps' container)
- provide a first aid kit
- provide latex disposable gloves
- display a 'blood rule' and first aid policy
- display an emergency plan and hygiene policy.

### **Managers, judges, instructors and officials**

- Acknowledge display of plans and policies.
- Report all open cuts and abrasions immediately to first aid officer.

### **First Aid Officer:**

In an incident or accident where bleeding occurs:-

- Wearing non-utility gloves (latex), clean the wound with soap and water;
- Bloodstained clothes should be changed for clean ones;
- If blood gets on skin, wash well with soap and water;
- If eyes are contaminated, rinse thoroughly with the eyes open with water or saline;
- If blood gets in mouth, spit it out and rinse the mouth repeatedly
- Where there is an additional concern about infection, medical advise should be sought from a physician or someone clinically experienced in the management of infectious diseases.

- Contaminated material should be contained in an appropriate waste contamination receptacle and disposed of under local health regulations.

### **Participants**

- Take responsibility for hygiene and personal care including 'safe sex';
- Vaccinate against Hepatitis A & B.
- Participants with a past history of infection should obtain confidential advice and clearance from a General Practitioner.

The overriding management skills in prevention and control arise from an understanding of hygiene and first aid and the promotion of awareness through education.

### **Proper Distribution of Alcohol**

A person serving alcohol to another person with the knowledge that that person could place themselves in a position of danger should they be intoxicated upon leaving the establishment where the alcohol was supplied will be considered negligent if they continue to supply the person with the means of greater intoxication without regard to the danger to which they are thereby contributing.

### **Immediate effects of alcohol**

The effect of any drug varies from person to person. It depends on how much you drink, whether you are used to drinking, your mood and many other factors such as your weight, sex and general health status.

The following effects are typical of alcohol consumption:

#### **After a few drinks.**

Effects: feel happy, relaxed, less concentration, slow reflexes

#### **A few more**

Effects: less inhibitions, more confidence, less coordination, slurred speech, intense moods -sad, happy, angry etc.

#### **And a few more**

Effects: confusion, blurred vision, poor muscle control.

#### **More still**

Effects: nausea, vomiting, and sleep

**Even more**

alcohol may cause coma or death

**PART C. DEFINITIONS**

As followed by a number and designation means the Australian Standard to which that designation relates, as published by Standards Australia @, and amended from time to time.

**Doctor, or other medical professional** a qualified practitioner of medicine.

**Event organiser** a person authorised to make arrangements for or give orderly structure to the activity.

**Hazard** potential to cause injury or illness

**Instructor** person qualified to instruct on dog training

**Judge** person chosen to decide the best dog

**Practicable** regarding:

- The severity of the hazard or risk in question;
- The state of knowledge about the hazard or risk and any ways of removing or mitigating that hazard or risk;
- The availability and suitability of ways to remove or mitigate that hazard or risk. and
- The cost of removing or mitigating that hazard or risk

**Participant** person taking part in an activity

**Risk** the likelihood of injury or illness arising from exposure to any hazard.

**Rule** principle to which action conforms or is required to conform, prevailing custom, standard.

**Spectator** person who watches an activity.

**The manager** person controlling the activities

**The occupier** owner and/or inhibitor of a venue.

**Veterinarian** a qualified practitioner of veterinary medicine

**VCA** Victorian Canine Association, as adopted in the rules and codes of practise of the Victorian Canine Association and the Australian National Kennel Council

## **Audit Checklist**

### **First Aid**

#### **A. Facilities**

- Stretcher
- Room/bed
- Accessibility (distance/obstacles from activity)

#### **B. Kits**

D Emergency services telephone numbers & addresses

Basic first aid notes

D Individually wrapped sterile adhesive dressing

D Sterile eye pads

D Sterile covering for serious wounds

D Triangular bandages

D Safety pins

D Sterile un-medicated wound dressing

D Adhesive tape

D Neck brace

D Ice packs

D Rubber thread/crepe bandage

Disposable gloves

Scissors

Sunscreen

#### **C, Officers**

Number (#)

Qualifications registration

Association policies on first aid- HIV/AIDS & other infectious diseases

First Aid records

Display of names, locations & phone numbers

## **Emergency Plan**

### **Procedures**

- Plan of the venue
- Fire emergency facilities -certification from MFB/CFA

### **Hygiene**

- Appropriate policies and procedures Rules

### **Rules**

- D Rules outlining how the activity should be performed, taught and administered

### **Safe Playing Environment**

- D Proper utilisation of inspection criteria

### **Personal Protective Equipment**

- Displayed list of required equipment
- Written procedures
- Participant training

### **General Fabric and Structural Matters**

- D Annual inspection -certification from building inspector
- D Records of all inspections & tests
- D Adequate lighting provisions
- D Adequate disability provisions

### **Playing in the heat**

- D First aid policy
- Shade accessibility -participants/spectators
- Written sun-protection policy

### **HIV / AIDS and other infectious disease management**

- Displayed blood rule
- Displayed first aid policy
- Displayed emergency plan
- Displayed hygiene policy

### **Proper distribution of alcohol**

- Displayed intoxication warning sign