



First Aid, Emergency Response, Medical and Concussion Treatment Policy

1 Introduction

1.1 General

The Club works to ensure the safety and well being of each and every player and coach, at every playing and training venue.

The Club does not have the personnel or resources to provide a qualified first aid practitioner at every playing or training venue, however the Club is committed to ensuring that suitably designated Club officials (coaches and team managers) are present at each venue when playing or training occurs. The club will conduct regular first aid courses open to attendance by volunteers, parents and friends of the Club. The Club will keep a register of all known and accredited First Aiders.

The Club seeks to ensure that players, coaches and team managers are provided with an awareness of safety practices as part of their personal development.

Coaches and team managers in charge of players are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of players at the Club. It is worthwhile to remember that, in general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

1.2 Principles

- 1.2.1 Training and resources will be provided to coaches and team managers to enable them to provide rudimentary first aid effectively in the event of accident or injury to players. This assistance will normally be confined to injuries involving minor soft tissue, potential concussion and minor blood letting. Injuries of a more serious nature will require the attendance of a suitably qualified para-med or medical practitioner.
- 1.2.2 All coaches and team managers have a duty of care to players to provide assistance when required, including calling on qualified assistance when necessary as set out in this policy.
- 1.2.3 In every instance, first aid/emergency assistance is a means of supporting player health and safety, while awaiting professional medical assistance.
- 1.2.4 Coaches and team managers should not be involved in the general management of pre-existing or ongoing medical conditions.
- 1.2.5 It is the responsibility of parents/guardians to ensure that players do not play or train if they have known medical conditions for which the playing/training of Australian Rules Football would potentially be of further detriment to the player's health. Coaches/team managers have the right to refuse to play or train a player who may fall into this category.



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1.3 Definitions

First aid: the emergency treatment of illness and injury. It includes emergency treatment, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards and participation in safety programs.

Accident/Injury Reporting Form: Official Club document that must be completed after an accident or injury occurs.

Player: a player registered with the Club or being trialed with a view to joining

Parents: includes carers, guardians and legal guardians.

Resuscitation masks: one-way mouthpieces, suitable for mouth-to-mouth resuscitation

Venue: includes all locations used by the Club in the course of its normal Australian Rules Football playing and training functions

Volunteers: includes all parents given a designated responsibility on a match day or training session function by the coach or manager. This includes, but is not limited to:

- | | | |
|----------------------|--|----------------|
| Runners | Trainers | Water Carriers |
| Trainers | First Aiders | Goal Umpires |
| Boundary Umpires | BBQ Operators | Timekeepers |
| Interchange Stewards | Other roles for the operation of training or match day | |



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2. Coaches' and Team Managers' Responsibilities

- 2.1 Designated Club officials will ensure that all coaches and team managers are made aware of rudimentary first aid procedures.
- 2.2 If a player becomes unwell at a Club venue, the Coach, Manager or a Volunteer must contact the parent of the injured player immediately.
- 2.3 The Club staff will arrange for the player to be cared for until a parent or suitable guardian is able to reach the venue and assume responsibility for care, or until transfer to hospital is available.
- 2.3 In cases of illness or injury, coaches and team managers will use their best endeavours to:
- In response to an unconscious player, an ambulance should be called immediately
 - undertake the procedures necessary to protect life and limb within their expertise and experience
 - protect the player from further injury
 - protect others, if necessary, from injury
 - summon suitably qualified personnel or call an ambulance as soon as it is practicable
 - remain with the ill or injured player except when necessary to obtain assistance
 - assist as necessary with arrangements for ambulance transfer, attendance by a medical practitioner or other care
 - club member who initiated response to the incident must notify the Club President or Secretary at the earliest possible opportunity
 - assist as necessary to notify the player's parents
 - **take steps to prevent a players with a serious injury from eating or drinking anything, as this may delay anaesthesia, if required**
- 2.4 Where a player's condition precludes transfer to a hospital or Health Centre, the club member will obtain assistance and remain with the player.
- 2.5 In circumstances where an ambulance is called for a player, parents are strongly encouraged by the club to consult a qualified medical practitioner for the best course of treatment.
- 2.5 It is the Coaches and Managers responsibility that for every training and session and game the following is available and accessible as a minimum:
- | | | | |
|---------------|-----------|------------|-----|
| First Aid Kit | Stretcher | Neck Brace | Ice |
|---------------|-----------|------------|-----|



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3. Parent Responsibilities

- 3.1 It is essential that parents must provide the Club with details of any medical conditions which may impact on their child's ability to play or train and of any medications which might require coach awareness.
- 3.2 It is the parent's responsibility to ensure that any medical condition information is kept up-to-date throughout the entire duration of their child's participation at the Club. This will include any changes to a child's health which may affect ability to play or train, and any changes to personal details, such as contact telephone numbers or addresses.
- 3.3 Parents must provide sufficient contact details to the Club to enable the Club to contact them or another appropriate person if it is necessary to collect an unwell player.
- 3.4 If a player has an infectious disease, the player is to be excluded from playing or training. Parents must notify the Club immediately once they become aware that their son or daughter has contracted an infectious disease.
- 3.5 It is the parents responsibility to advise of any specific first aid requirements in the event of an injury or accident, including the preference not to receive emergency first aid treatment.
- 3.6 In the event of an injury requiring treatment by a qualified medical practitioner, a player must obtain a formal medical clearance before participating in training or a game



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4. Player Health Information

- 4.1 Parents are required to supply written notice for children with any medical condition(s) which may impact on the child’s ability to play sport, (e.g. asthma, diabetes, epilepsy) or who take medication which may impact on their ability to play.
- 4.3 The Club will inform coaches and team managers of all relevant information received from Parents concerning their child’s health.
- 4.4 The Club will collect health information on players to enable it to meet its duty of care to players at club sanctioned events. This information will be collected in accordance with the National Privacy Principles, as set out in the Privacy Act 1988, and other applicable privacy legislation.
- 4.5 Information is submitted by Parents on the following documentation:

Athlete Medical Profile - Personal Record

*All information on this sheet is confidential.
Access to this sheet is limited to Director, Sports First Aider, Sports Trainer and Coach.*

Personal Details	
Surname	Given Names
Address	
Home Phone	Mobile / Business Phone
Sex	Date of Birth
Blood Group	Do you object to transfusions?
Emergency Contact	
Surname	
Given Names	
Home Phone	
Mobile / Business Phone	
Relationship	
Health Care Details	
Medicare Number	Private Health Insurance
Private Doctor	
Address	
Can Doctor be contacted at all times?	
Private Dentist	
Address	
Can Dentist be contacted in emergency?	



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Current History		
Current medical problems:		
Regular medications including supplements, stating name and dosage		
Allergies		
Sports injuries (Please list any injury which is current/recurring or requires surgery)		
Past History		
Have you had ... Epilepsy Yes <input type="checkbox"/> No <input type="checkbox"/> Diabetes Yes <input type="checkbox"/> No <input type="checkbox"/> Heart Problems Yes <input type="checkbox"/> No <input type="checkbox"/> Heart Murmur Yes <input type="checkbox"/> No <input type="checkbox"/> Asthma/Bronchitis Yes <input type="checkbox"/> No <input type="checkbox"/> Hernia Yes <input type="checkbox"/> No <input type="checkbox"/> Concussion Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you wear ... Glasses Yes <input type="checkbox"/> No <input type="checkbox"/> Contact Lenses Soft Yes <input type="checkbox"/> No <input type="checkbox"/> Hard Yes <input type="checkbox"/> No <input type="checkbox"/> Protective Equipment Yes <input type="checkbox"/> No <input type="checkbox"/> Mouth Guard at training Yes <input type="checkbox"/> No <input type="checkbox"/> at competition Yes <input type="checkbox"/> No <input type="checkbox"/> Other Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	Have you sustained ... A fracture in last 3 years: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where? <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> A dislocation Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where? <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> Do you suffer from ... Recurring pain in any joint or muscle with play/practice? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where? <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> Back / Neck pain Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been treated for a head, neck or spinal injury? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Details		
Does this condition affect your performance?		
<i>To the best of my knowledge, all information contained on this sheet is correct (if under 18 please have parent or legal guardian sign)</i>		
Signature	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Date

4.6 Why We Collect this Information

What do we do with the medical information?

The manager of the team retains this information so it can be passed on to a qualified medical practitioner if required. The manager will retain this information for the duration of the season and then destroys it at the end of the season. It will be necessary for the manager to take it in a file to each game / training in the event a qualified first aider / medical practitioner needs to administer care – especially in the absence of a parent / carer.

Who has access to it?

Only the manager / coach and the parent. The information will only be shared outside this group with a medical practitioner in the event of an injury / incident / emergency treatment.

Would we make a player ineligible to play if the information was not provided and there was no medical condition?

No. There is no compulsion for a player or parent to disclose information only that we ask them to sign off on the form. The player (parent) only needs to provide the information they want to provide. However, in the event an incident occurs, and a pre-



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existing condition is unknown, it could affect the capacity to give treatment in an emergency. From the SMA website, *“a thorough medical profile of participants is essential in identifying pre-existing injuries, medical conditions or medications which may affect a participant’s performance or prohibit their participation. Information collected through a medical profile form may be vital in emergency situations resulting in a player being injured and requiring urgent medical care or hospitalisation.”*

The form requires parents to supply medical information which affects the player’s ability to play the sport. If the child has no such medical condition, why do we need their Medicare and private health funds details?

The requirement to provide medicare info etc. is simply in the event hospitalisation is required that it can be done with as little administrative disruption as possible. It may not be prevalent in all teams often family members cannot attend every game or training session. Having this information will allow quick response in the event of injury / emergency response. Despite this if a parent is not willing to provide the information requested we won’t exclude the player.



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5. Portable First Aid Kits & Blood Spill Kits

- 5.1 A portable first aid kit will be available at the playing and training venues for use in circumstances where immediate care is required, or when it is inappropriate to move a player. This kit will comprise:

Item	Quantity
ANTISEPTIC HEAL AID CREAM 25G	x 1
SODIUM CHLORIDE PODS 20ML EACH	x 5
EMERGENCY THERMAL BLANKET	x 1
CONFORMING BANDAGE W5CM	x 2
CONFORMING BANDAGE W7.5CM	x 1
COTTON BUDS PK100	x 1
RESUS MANIKIN FACE SHIELD FAC IN SACHET	x 1
MEDIUM SUPPORT CREPE BANDAGE W7.5CM	x 2
EYE PAD SINGLE	x 2
GAUZE PIECES 7.5CM PK100	x 1
NON-ADHERENT DRESSINGS 7.5X10CM PK10	x 1
NON-ADHERENT DRESSINGS 5X7.5CM PK10	x 1
3M STERI-STRIP ADH SKIN CLOSURE 6X38MM	x 1
FINE FORCEPS 12.5CM	x 1
POVIDONE IODINE U.S.P PREP PAD	x 5
CHLORHEXIDINE ANTISEPTIC 30ML	x 3
SAFETY PINS ASSORTED PK12	x 1
SHARP/BLUNT SCISSORS	x 1
DISPOSABLE SPLINTER PROBE SINGLE	x 2
TFA FIRST AID BOOKLET	x 1
SPORTS TAPE W2.5CM	x 1
SPORTS TAPE W3.8CM	x 1
ADHESIVE TAPE PAPER 2.5CMX5M	x 1
TRIANGULAR BANDAGE DISP 110CMX155CM	x 1
DAY-LEE TOWEL SINGLE	x 3
FABRIC DRESSING STRIP 6CMX0.5M	x 1
PREMIUM PLASTIC STRIPS BOX 50	x 1
LATEX POWDER GLOVE LRG BOX 100	x 1

- 5.2 All first aid containers must be clearly identifiable, and their contents must be checked after every use and weekly. It is the Coach or Managers responsibility to advise the President or Secretary of items requiring replenishment. First aid containers will be maintained by designated Club officials.

- 5.3 Blood spill kit will comprise:

Disposable surgical gloves
Paper towels
Empty Spray container to contain Domestos or other hospital grade disinfectant
Plastic disposal bags.



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6. Reporting of Incidents

- 6.1 Every incident which results in a player being referred to a medical practitioner or hospital will be reported to the player's team manager.
- 6.4 Any players or any other witnesses to serious injuries should supply information to the Team Manager, so it can be recorded forwarded on to the Club Secretary or President. Information should be limited to simple factual details.
- 6.5 The details required in the incident reporting form include:
- date and time of the incident
 - whether the player lost consciousness or not
 - site of the incident
 - names of those in attendance
 - names of any witnesses
 - nature of the incident
 - brief description of the injury sustained
 - any treatment provided
 - whether any further treatment was required and, if so, where
 - how the player was discharged from care (e.g. home with parent, to hospital by ambulance, etc.)
- 6.6 If the coach or team manager believes that there is any possibility of a claim for compensation of any sort being made against the Club, a Club member or against the East Perth District, the incident should be reported, as soon as possible, to the Club President. Any report of an incident by a coach, parent or manager is made without prejudice. The President will then make an appropriate report to the Club's insurers, if necessary.



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7. Managing Blood Spills

Blood spills are a potential and unpredictable source of serious blood-borne infections. To clean up a blood spill you will need:

7.1 Equipment

- disposable surgical gloves
- absorbent material, such as paper towels, cloth or sawdust
- household bleach
- hot water and detergent
- a plastic bag
- hot water

7.2 Procedure

- **DO NOT TOUCH THE BLOOD WITH ANY PART OF YOUR BODY**
- put surgical gloves on both hands
- using absorbent material, mop up the bulk of the blood or body fluids
- place waste materials in a plastic bag, secure, and place bag inside a bio-hazardous waste bag
- clean contaminated surfaces with paper towels which have been soaked in the strongest recommended solution of household bleach. Remove and place in a plastic bag, secure, and place bag inside the bio-hazardous waste bag
- wash the wet areas with water and household detergent and dry them as thoroughly as possible
- arrange for safe disposal of all waste materials
- remove gloves by turning inside out
- place gloves in the plastic bag, tie securely, then place inside a second bag which should then also be tied securely
- wash hands thoroughly with soap and running water, taking care to avoid splashing
- ensure First Aid staff are aware of the material in the plastic waste bag



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8. Concussion Management in Australian Rules Football

Concussion refers to a disturbance in brain function that results from trauma to the brain. The changes are temporary and the majority of players recover completely if managed correctly.

8.1 Key Components of Concussion Management

1. **Recognise the injury**
2. **Remove the player from the game**
3. **Refer the player to a medical doctor for assessment**
4. **Ensure the player has received medical clearance for a graduated return to training**

There should be a trained first aider at every game and the principles of first aid, including management of the cervical spine, should be used when dealing with any player who is unconscious or injured.

8.2 Recognise Concussion

8.1.1 Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

• Loss of consciousness or responsiveness	• Lying motionless on ground / Slow to get up
• Dazed, blank or vacant look	• Grabbing / Clutching of head
• Unsteady on feet / Balance problems or falling over / Incoordination	• Confused / Not aware of plays or events

8.1.2 Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

• Loss of consciousness	• Headache	• Seizure or convulsion	• Nervous or anxious
• Dizziness	• Balance problems	• Confusion	• Neck Pain
• Nausea or vomiting	• Feeling slowed down	• Drowsiness	• "Don't feel right"
• "Pressure in head"	• More emotional	• Blurred vision	• Sensitivity to noise
• Irritability	• Sensitivity to light	• Sadness	• Difficulty remembering
• Amnesia	• Fatigue or low energy	• Feeling like "in a fog"	• Difficulty concentrating

8.3 Manage Concussion

- ✓ Any player who has suffered a concussion or is suspected of having a concussion must be **IMMEDIATELY REMOVED FROM PLAY** and medically assessed as soon as possible after the injury. **They must not be allowed to return to play in the same game or practice session.**
- ✓ A concussed player must not return to school or return to training or playing **before having a formal medical clearance.**
- ✓ A concussed child (player aged 5-17) is not to return to play or sport until they have successfully returned to school / learning, without worsening of symptoms. Symptom assessment in the child often requires the addition of parent and/or teacher input.
- ✓ The concussion rehabilitation program should be supervised by the treating medical practitioner and should follow a graded, symptom limited progression.

In the best practice management of concussion in football, the critical element remains the welfare of the player, both in the short and long term.

“IF IN DOUBT, SIT THEM OUT”



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9. Management of Strains and Sprains

The following first aid measures should be commenced as soon as possible after an injury:

R	Rest	move and use the injured part as little as possible
I	Ice	apply an ice pack to reduce swelling and bruising, for 10-20 min every 2 hours, for up to 48 hours.
C	Compression	apply a firm bandage to reduce swelling and encourage rest
E	Elevation	raise the injured part as gravity will decrease the swelling e.g. If arm injured, wear a sling. If leg injured, sit with foot on a pillow.
R	Referral	advise injured player to seek advice or further treatment from their medical practitioner

By using R.I.C.E.R. method, you will keep swelling and bruising to a minimum. Therefore, there will be less pain and better healing.

Heat can applied after 48-72 hours for comfort.

If pain persists after 24 hours or is not tolerable at any stage, seek medical advice.



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10. Personal Clean-up

(EXPOSURE TO BLOOD OR BODY FLUIDS & PROCEDURE WITH CONTAMINATED CLOTHING)

10.1 Exposure to Blood or Body Fluids

If a player or other club member has an exposure to blood or body fluids, the following action should be taken:

10.2 Immediately:

- wash away the blood or body fluid with soap and running water
- if the eyes are contaminated, rinse eyes while open with sterile saline solution or tap water
- if blood gets into the mouth, spit it out and then repeatedly rinse with running water
- seek advice from the Club's First Aid Co-ordinator in relation to the need for further action
- complete an Incident Report Form if deemed appropriate

10.3 Contaminated Clothing

Contaminated clothing should be removed and stored in leak-proof double plastic bags until it can be treated as follows:

- white clothing should be soaked in 1:10 solution bleach for 30 minutes. Bleach should be rinsed off after use
- coloured clothing should be soaked in disinfectant for 30 minutes
- after soaking, clothes should be washed separately in a domestic washing machine at high temperature on a long cycle



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12. Defibrillator

The club has installed an Automated External Defibrillator (AED). It is located inside the main clubrooms.

12.1 Definitions

Defibrillation - Ventricular fibrillation is the rapid irregular and uncoordinated contraction of the heart. Defibrillation involves delivering an electrical shock to revert the heart to its normal (sinus) rhythm.

Automated External Defibrillator (AED) - An automated external defibrillator is a portable device able to recognize shockable rhythms in a casualty in cardiac arrest and deliver a shock to revert the heart back to its normal rhythm.

12.2 Public Access Defibrillation (PAD)

Defibrillation technology and training has reached a level in society where it is making an extremely positive impact in the survival chain. AEDs are simple for members of the public to use and are widely available through PAD programs in public places such as airports, train stations, stadiums and shopping centres.

The types of AED installed at the Coolbinia Bombers JFC is endorsed for use in volunteer sporting clubs and is appropriate for use in PAD programs. Public access to junior sporting clubs AEDs is supported by Australian Resuscitation Council (ARC) Guideline 10.1.3 Public Access Defibrillation:

“The evidence to date supports the premise that early defibrillation delivered within a PAD mode may improve survival following cardiac arrest which occurs outside of hospital and in public places. Accordingly it is acceptable that PAD programs be implemented wherever feasible adopting the following principles:

- ✓ *Public Access Defibrillation represents an important link in the Chain of Survival for a person experiencing a sudden cardiac arrest. Any initiative in this area should promote the other links in that chain.*
- ✓ *Defibrillation should preferably be undertaken by trained lay people or health professionals. As trained personnel may not be available immediately, untrained bystanders should also have access to the use of public access defibrillators.*
- ✓ *Programs are needed to support the broader education of the Australian community in emergency response and cardiopulmonary resuscitation (CPR).*
- ✓ *Implementation of Public Access Defibrillation should be developed in partnership with local emergency medical services and provide for data collection and audit of events.*



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In line with ARC Guidelines, clubs wishing to make their AEDs available for public access should:

Guideline	CBJFC Status
Ensure the AED is in a readily accessible location and continuously maintained.	✓
Clearly identify the AED using the ARC approved AED sign	✓
Ensure any use of the AED is recorded and reported through the Incident Reporting Database	✓

12.3 Training Required to enable Use of the AED

Coolbinia Bombers Junior Football will conduct Emergency Response and/or First Aid Courses for its coaches, managers and volunteers which will include use of the AED

The AED installed at the CBJFC is fully automatic and includes a step by step video display which provides detailed instruction in the case of an Emergency. The CBJFC is committed to conducting regular First Aid Courses for its coaches, managers and volunteers which will include use of the AED.

The CBJFC will also advertise to all members the availability of the AED and recommend members educate themselves in its use by watching the online Training Video provided by the manufacturer here - <http://www.defibtech.com.au/lifeline-view-aed/guided-tour.htm>