

First Aid and Injury Management Policy

Frankston Rovers Junior Football Club

PURPOSE

To provide a safe and healthy environment for Frankston Rovers Junior Football Club players, spectators, volunteers, coaches and officials. This policy encourages everyone to take a role in accident / incident prevention. This policy should be read in conjunction with other club policies and National Community Junior Football policy Handbook, AFLSE Junior competition By Laws, AFL Game Day Emergency and Safety Guide, Critical Response Guide and Medical Emergency Planning guide.

POLICY STATEMENT

Frankston Rovers Junior Football Club is committed to keeping all people associated with the Club, safe and to managing any accidents and /or incidents in a manner which minimizes harm to individuals and the organisation.

SCOPE

Frankston Rovers Junior Football Club members will support this clubs policies and risk Register in conjunction with FDJFL By-Laws including the provision of first aid support and safety equipment to be prepared for any emergency and to improve the safety and welfare of all our players.

The Club aims to have first aid equipment and adequately trained volunteers available for competition and training and will seek help for funding this where possible through grants and club funds to providing First Aid training to our coaching teams and trainers of each team. In the case of an accident occurring where there are no trained personnel present, club representatives will act on the side of caution and will seek medical assistance, or ambulance support.

The South East Junior Football Leagues guidelines are that each club ensures a person with current first aid qualifications is available at all junior games and seek medical opinion when:

- the health of a participant is questionable;
- o recovery from illness/injury is uncertain;
- a participant is injured during training/competition.

The Risk register is a live document for all concerns of emergencies by all club members, including the actions undertaken by Club personnel. This register will be kept by the Secretary and will be regularly viewed by the Committee to inform risk management strategies required. Also a useful tool for Debrief after a serious incident has occurred.





LEAGUE REQUIREMENTS

Minimum qualifications: See by-law 18 All leagues and clubs must ensure that trained are qualified in accordance with the AFL Trainers Policy

The Trainer wears an official uniform, be aged over 16 years old. Up to (2) First Aiders or ERC or Trainers on the field. One is permitted in the coach's box, unless an injured player is being attended to. The other must be located at least 20 meters from the coach's area.

First Aiders/ERC and Trainers may only be on the ground to assist any injured players and must leave the ground as soon as they have completed their duties.

First Aider/ERC or Trainers must not act as Runners or Coach while on the ground.

Qualifications:

U12 and below: Annual CPR, First Aid every 3 years, Current WWCC, AFL Head injury/Concussion Module annual, Child safety video annual.

U13 and above: Annual CPR, First Aid every 3 years, Sports Trainer Level 1, Current WWCC, AFL Head injury/Concussion Module annual, Child safety video annual.

ERC: Annual CPR, First Aid every 3 years, Sports Trainer Level 1 annual, Emergency Response Co Ordinator every 3 years, Current WWCC, AFL Head injury/Concussion Module annual, Child safety video annual.

Medical practitioners can be a trainer, provided they are in a current clinical practice and registered with the Australian Health Practitioner Regulation Agency (AHPRA).

All trainers have the Head Check Concussion Management App: https://www.headcheck.com.au/ and Completed the FREE AFL concussion module: AFL First Aider: Concussion & Injury Management in Community Football (androgogic.com.au)

All Trainers/First Aiders read, agree and completed the Volunteer Policy:

- 1. Agree to our clubs code of conduct
- 2. Hold a current Working with Children Check
- 3. Registered via PlayHQ as a volunteer.
- 4. View Child Safety Standards: (2) Taking Children's Safety Seriously: The 11 Child Safe Standards in Victoria YouTube
- 5. Emailed erc@frankstonrovers.com.au Erin Le Souef with All qualifications





TRAINERS/FIRST AIDERS ROLE

Sports trainers and first aiders have been part of Australian Football since the origins of the game. They are part of the fabric of every club and play a key role in player preparation and safety at all levels.

This is a volunteer role suitable to any parent or volunteer with a community care role who may already hold a current first aid certificate.

Availability: Pre-season seek volunteers

Pre-Game

- a) Introduction opposition team's Trainer, and/or ERC, wear your trainers vest.
- b) Ensure you are familiar with the games location details of and emergency equipment (emergency vehicle access on field and stretcher)
- c) Ensure access to a charged phone, Injury Reports and concussion assessment tools and emergency contact list of players.
- d) Access to ice/ ice packs and water, Sunscreen (UV over 3) First aid kit and trainers Vest is in team manager bag, and appropriately stocked (Refer Checklist Appendix 1)
- e) Check in with your coaching team for players re: injury concerns, asthma medication plans any strapping required should be applied prior to arrival, etc. or approval from players parents/guardians.
- f) Ensuring team warms up and cools down within the coaching team and understanding roles and responsibilities.

During Game

- a) Recognise, respond and treat injuries.
- b) If a player is unconscious follow the first aid guidelines of DRSABCD and call 000.
- c) Complete Injury Reports and concussion assessment tools for such incidents (Refer Appendix 2 and 3)
- d) Provide reassurance and educate health and safety of our players first.
- e) Provide first Aid treatment with at least two adults present when caring for an injured child or young person, in line with the club child safety and wellbeing policy

Post-Game

- a) Liaising with health professionals, coaches, staff and parents/guardians
- b) Email scanned forms within 24 hours to family email and erc@frankstonrovers.com.au
- Request any additional first aid supplies from the clubs Emergency Response Coordinator or Club Registrar
- d) Ensure you have access returned First aid kit and trainers Vest is in team manager bag.
- e) Follow concussion policy use assessment tools and email parents and ERC forms
- f) Debrief on any serious incidents or injuries to follow up with medical clearances with team manager and ERC.

EMERGENCY RESPONSE CO ORDINATOR

Emergency Response Co Ordinator for the duration of all home matches.

- Pre-Season safety briefing for trainers and coaches of this policy
- Apply for first aid grants for the club to ensure all teams have adequate first aiders and supplies
- · Build strong respectful relationships with players, families and coaching teams
- ERC continuous development of risk assessments and trained up to date qualifications and club emergency plans
- Support members health care needs and current Health advice for their teams and any preexisting illness care plans
- Regularly check fire extinguishers and Defibrillators, medicines, medical supplies
- · Stock take at home games and replenish first aid kits prior to season commencement
- Ensure access to a charged phone, Injury Reports and assessment tools for concussion and emergency contact list of players for each team.





- Ensure emergency equipment accessible and emergency vehicle access clear and displayed
- Assist and support trainers (FRJFC and opposing teams) in providing first aid and emergency care to players and all game attendees. Where there is multiple injuries.
- If a player is unconscious follow the first aid guidelines of DRSABCD and call 000
- Be present for the duration of the match in First Aid box (interchange) wearing uniform
- Monitor all team qualifications for first aid are current
- Provide confidential and secure storage of illness and injury forms, and head injury forms for 7
 years (Marsh Insurance)
- Provide support for Marsh Insurance support claims process.
- Maintain follow up with medical clearance before returning to play with coaching teams.
- · Support club members post incidents and debrief where needed.
- For serious incidents support all club members and follow league advice and AFL procedures.
- Offer support from the executive committee and/or external support services

PLAYERS AND FAMILIES

Individual medical information is obtained at registration and communicated to the ERC and Team Manager to share with the relevant trainers.

The club recommends families/players ensure any required medication or equipment is provided at each training session and match, such as Ventolin or Epi-pen, and ensure any pre-existing injury is appropriately "strapped" before commencement of the training session or match. The trainer is not responsible for the medication.

Common conditions such as asthma, epilepsy and diabetes require an emergency management plan to be provided. Players with heart problems or loss of one of a paired organ system (e.g. eye, kidney, testicle) need a specific medical clearance to play. (see concussion)

All medical clearance and information forms will be stored following the privacy and confidentiality guidelines.

COACHING TEAMS

Encourage health promotion approach to player welfare including adoption of good warm-up, hydration, SunSmart, and injury management practices.

Respect the Trainers decision based on the health and safety of our players on and off the field. Encourage and promote club volunteers during pre season for parents or carers who may suit a trainer first aider role. All medical forms email to erc@frankstonrovers.com.au for secure safe storage.

COMMITTEE MEMBERS

Promotes Health and Safety for our players through website, discussions, email or Registration Forms encouraging everyone to take a role in off field accident prevention and on field injury/illness procedures. Reorder First Aid supplies and training for First aid where a team does not have a qualified first aider. See Bi Law 30.

In the case of an accident occurring where there are no trained personnel present, club president/vice president/Secretary will employ medical edge for medical assistance, prior to the game commencing Maintain a clear access for Emergency vehicles Bi Laws 15.6

Inspect playing surfaces to determine safety prior to play including the removal of any temporary hazards. Ensure immediate access to a defibrillator and stretcher on sideline of each game in case of an emergency. Bi LAW 15.3 and 15.2

Where a club member has breached these policies disciplinary action may be taken by the executive committee of the following steps in conjunction with the Complaints and grievances policy. Works with external organisations recommendations by the league to network and support of serious incidents.





ENTERING AND EXITING THE FIELD

If a player is injured or ill, they may exit the field through the interchange or at any other place. However, the interchange player must not enter the field until the injured or ill player has exited the field and must only do so through the interchange. See by-law 17. If a player is injured or ill, the grounds medio or a second or third trainer may access the field, as well as the trainer rostered on for the match.

PRE EXISTING MEDICAL CONDITIONS

To support all our players with any preexisting medical conditions such as diabetes, asthma, anaphylaxis, epitepsy the Registrar will advise the ERC and Trainer to discuss how to support each player to reach their full potential.

During enrolment registrar and/or ERC discuss any pre existing medical condition (Asthma, anaphylaxis diabetes ie) with the Team manager and Trainer to provide a medical certificate or medical plan if there is potential for the condition interfering with participation or playing football could adversely influence the condition.

CONCUSSION POLICY

Please refer to concussion and Head injury policy and Bi law 30- A player who has suffered concussion with or without loss of consciousness should not participate in any match or training session until he/she is fully recovered and has been cleared by a thorough medical examination.

The player should not return until such time as a doctor's certificate has been obtained indicating they are fit to play. AFL Community Concussion Management Guidelines: https://bit.ly/3MHoFWD The guidelines are for trainers, first-aid providers, coaches, umpires, club officials and parents and should be understood and followed by all parties for the benefit and welfare of the players.

- 1. Player must have minimum 12-day mandatory break from training and playing any matches.
- Medical clearance from a Medical Practitioner (i.e. General Practitioner, Sports Doctor, Neurologist) to return to training and playing. The medical clearance must state that the player has been cleared from a concussion injury. See Appendix 4
- 3. Only recommence 'usual contact' training when symptom free. See Appendix 3 Return to Play
- Any player with symptoms persisting for more than 5 days (post the concussion) seek specialist
 opinion prior to resuming training and playing matches.

MOUTH GUARDS

FRIFC has a strict 'no mouthguard no play policy' the ensures teeth and minimises impact tackles for head injuries. All children participating in any form of the game or training should wear an appropriately fitted mouth guard.

PROTECTIVE HEAD GEAR (HELMETS)

There is no strong evidence to suggest protective head gear is necessary in junior football. In the event that protective head gear (helmet) is required due to a disability or medical condition, a medical certificate should be provided that states that the protective head gear will provide adequate protection

INFECTIOUS DISEASES

The risk of contracting common illnesses such as respiratory infections, skin infections or gastroenteritis, due to player close contacts are at high risk and FRJFC implements simple measures can reduce the spread of transmission of these infections by:

- ✓ Providing individual squirt drink bottles
- Encourage washing hands regularly and display hand washing techniques on restrooms





- ✓ Hand sanitiser
- ✓ Encourage players to keep their mouth guards clean
- ✓ Provide generally clean environments in change rooms and facilities
- ✓ Encourage players and families' members if your unwell to stay home

BLOOD RULE

If a player (or any other person on the field during match play) has blood on them, they must immediately leave the field and may be replaced by an interchange player. Once the bleeding has stopped and the blood cleaned or covered, the player may be interchanged back onto the field. The trainer must wear gloves when attending to bleeding players and separately bag and dispose of blood infected materials. See by-law 19. Law 24 of the Laws of the Game regulates the management of active bleeding in Australian Football. Note: FOR AWAY GAMES Trainers to have bags and spare Rovers tops

GLASSES /SPECTACLES

Glasses/spectacles worn during matches and training should wear spectacles with plastic frames and plastic lenses with a band to hold securely. This will minimise the risk of injury to the player, teammates and opposition players. Section 16.6

HYDRATION

Each Team Trainer and Team manager will ensure each player has access to their own drink bottle of water prior to the start of each match or training session. Coaching teams may remind players to have a drink before, during and after training and competition.

SUN PROTECTION

Our club supplies sunscreen and encourages all players to apply sunscreen if the UV rating is above 3. During home games sunscreen will be available in club rooms and supplied by the club. Hats are also encouraged during warmer weather training.

LIGHTNING AND EXTREME WEATHER

Following current advice from BOM <u>Victorian Warnings Summary (bom.gov.au)</u>. If the Team Manager of a team and / or both teams of an individual match wish to abandon a match due to severe weather, they must obtain permission from "The Committee" prior to declaring the match abandoned. Lightning storms

FDJFC follows the 30/30 Safety Guideline: Assuming that the light from the flash reaches the observer instantaneously, and knowing that sound takes approximately three (3) seconds to travel one (1) kilometre, the distance can be determined by using the following rule: distance (in km) = time from observing the flash to hearing thunder (in 3 seconds).

A safe distance is recommended 10km of a Match venue at the scheduled starting time, that Match may be delayed or suspended by club committee venue managers the relevant Controlling Body or Umpire. It is to be recommended that people wait a minimum of 30 minutes after the last sighting of lightning or sound of thunder.

		Approval Date:	1/8/2024
First Aid E	mergency and Injury management	Review Date:	1/8/2025
Pol	icy	Version No:	1.17
President:	Aaron Gale	Elek	ech
Vice- President:	Natasha Degrassi	M	





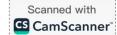
APPENDIX 1 FIRST AID KIT CHECK LIST

ITEM	QTY	ITEM	QTY
HYGIENE & PPE	- 1	DRESSINGS	
CPR FACE SHIELD	1	LOW/NON ADHERENT LARGE	2
TISSUES (PACK)	1	LOW/NON ADHERENT SMALL	3
NITRILE GLOVES (PAIR)	5	ISLAND DRESSING LARGE	2
ANTISEPTIC & CLEANING		ISLAND DRESSING SMALL	3
SALINE AMPULE	5	EYE PAD (STERILE)	2
ALCOHOL SWAB	4	GAUZE SWABS STERILE 7.5CM	4
IODINE SWAB	4	FLESH COLOUR STRIPS	20
HAND SANITISER	1	FABRIC STRIPS	20
SAFETY PINS (SMALL BAG)	1	WOUND CLOSURE STRIPS	5
FREEZER BAGS (PACKET)	1	MISC. GENERAL	
ADHESIVES		RIGID FIRST AID BOX	1
MICROPORE TAPE 2.5CM	1	THERMAL BLANKET	1
RIGID SPORTS TAPE	1	INSTANT ICE PACKS	4
BANDAGES		STAINLESS STEEL SCISSORS	1
COTTON CREPE, 5CM	2	NOTE PAD & PEN	1
COTTON CREPE, 7.5CM	2	DIABETIC	
HEAVY WEIGHT BANDAGE 7.5CM	2	JELLY BEANS (SMALL BAG)	1
TRIANGULAR 110CM	2		



APPENDIX 2 INJURY REPORT FORM

Name	Initials Positions	Circle Pla	yer/Umpire/Coach/Spectator
Tearn: Gr	ade DOB: _/_/_	Gender: M □ F □ Venue/area at which	hirjury occurred
Date of Injury/_/ Type of activity at time of injury trainingspractice competition other	Nature of Injury/Illness abrasion/graze open wound/aceration/tut bruss/contasion inflammation/swelling fracture (including suspected) dislocation/sublusation sprain eg ligamat tear strain eg muscle tear overuse injury to muscle or tendon bitistes corcussion card ac problem espiratory problem loss of corsciousness	Explain exactly how the incident occurred Were there any contributing factors to the incident, unsuitate footwar, playing surface expirement, foul play?	Advice Given immediate return unrestricted activity able to return with restriction unable to return at present time Referral no referral medical practitioner physiotherapist chiropractor or other professional antual arce transport hospital other
Tick or circle body parts injured & name	CAUSE OF INJURY Mechanism of Injury struck by ball (eq discased finger) collision with other player federe collision with other player	Protective Equipment Was protective equipment worn on the injured body part? yes no If yes, what type og moustryuard, arkle trace, taping Initial Treatment none given (not required) RICER dressing sling splint cruches massage marual thrapy CPR street/veardises stappnytaping only none-given - referred disewhere other	mid (1-7 days modified activity) middi-1-7 days modified activity) moderate (8-21 days modified activity) severe(>21 days modified or lost)





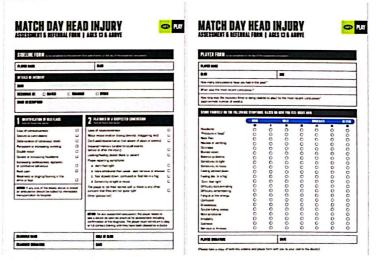
APPENDIX 3 CONCUSSION ASSESSMENT TOOLS

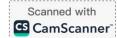
See FDJFC Head Injury and Concussion Return To Play Policy. Check Concussion Management App downloaded on phone: https://www.headcheck.com.au/

Players u12 and Under:



Players 13 and Above:







APPENDIX 4 MEDICAL CLEARANCE

	CLEARANCE FOR		
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