



Queenscliff Football Netball Club Injury management policy

Purpose: To put into place the necessary elements to minimise the likelihood of injury and in the event of injury, act to support the injured player effectively and in a timely manner to ensure their safe return to competition.

QFNC will ensure the following are considered by all teams prior to each season and each match.

Prevention:

- Pre match ground check to ensure ground and facilities are safe for play
- Personnel appointed and trained
- Player baseline assessments completed
- Medical information provided to club trainers
- Pre-season training: players should undertake appropriate pre-season conditioning, develop skills and technique before commencing competition

Game Day:

QFNC trainers and team managers will ensure the following are available at each ground on game day:

- Fully stocked First aid kit
- Stretcher
- Neck brace
- Ice
- sunscreen
- Contact numbers- emergency services, NOK
- Player medical information including signed authority to exchange information.
- Concussion app installed on the trainers phones
- Phone to call emergency services
- Qualified personnel (as per AFL guideline)
- AFL concussion guidelines, injury management fact sheets to give to player and medical officer, list of medical and allied health practices and concussion management providers.
- Concussion recognition tool

Players should ensure they warm up prior to play and arrive adequately hydrated, eat a balanced diet, wear appropriate footwear, have applied sunscreen and are fully aware of the rules of the game particularly as relates to safety.

Mouthguards should be worn (football) and strapping/protection worn if recommended by a health professional because of a previous injury.



Injury management:

In the event that an injury occurs, the designated First Aider/Trainer/primary Carer will:

- Undertake an on-field/ court assessment
- Remove the injured player from field/court if safe to do so
- Perform a sideline or change room assessment
- Decide on the course of action to take
- Provide First aid (see appendix-S.T.O.P. or “drabcd”, soft tissue injury management etc)
- Decide whether the player can return to play (non- concussion injuries) or requires referral for medical assessment
- AFL Concussion guidelines should be followed for any suspected concussion (see appendix) [2017 Community Concussion Guidelines.pdf \(aflcommunityclub.com.au\)](https://aflcommunityclub.com.au/2017-Community-Concussion-Guidelines.pdf)
- Players are requested to attend for medical assessment when suggested by club trainers
- Players must refrain from training and play until symptoms resolve and medical clearance is provided to the club from a medical doctor/specialist (required for all head/spinal injuries) or Treating Health Practitioner (for all soft tissue & structural injuries).
- Juniors are not to return to football, netball or other sport, until he/she has successfully returned to school/learning, is symptom-free, and has received medical clearance. Early introduction of limited physical activity is appropriate, as long as symptoms do not worsen.

Incident reporting

The designated trainer must complete the QFNC Incident Reporting Tool following an incident.

All sections should be completed including witness contact details, an objective description of the incident and injuries sustained and the course of action taken.

Incident reports must be forwarded to the head trainer for filing in the clubs records.

Communication

Injured players will be requested to give their permission for treating health professionals to release information related to their injury to club trainers for the purpose of managing readiness for team selection and a return to training and competition. If permission is not granted, the club, in line with our duty of care, may be unable to select the player for competition.

Trainers will record basic information on a spreadsheet in order to advise coaches and selectors of a player’s readiness for selection.

All personal information will be kept in strict confidence and in line with privacy requirements.



WHEN AN INJURY OCCURS, REMEMBER S.T.O.P.

<h1>S</h1> <p>STOP</p> <p>STOP the player from participating or moving.</p> <p>STOP the game if necessary.</p>	<h1>T</h1> <p>TALK</p> <p>TALK to the injured player.</p> <ul style="list-style-type: none"> • What happened? • How did it happen? • What did you feel? • Where does it hurt? • Does it hurt anywhere else? • Have you injured this part before? 	<h1>O</h1> <p>OBSERVE</p> <p>OBSERVE while talking to the player.</p> <p>GENERAL</p> <ul style="list-style-type: none"> • Is the player distressed? • Is the player lying in an unusual position/posture? <p>INJURY SITE</p> <ul style="list-style-type: none"> • Is there any swelling? • Is there any difference when compared to the other side/limb? • Is there tenderness when touched? • Can the player move the injured part? <p>DO NOT TOUCH OR ASSIST THE PLAYER IN ANY WAY. (Only move the injured part to the point of pain)</p> <ul style="list-style-type: none"> • If yes, <ul style="list-style-type: none"> - does it hurt to move? - is the range of movement restricted? - how does it feel, compared to normal? - how does it feel, compared to other side/limb? 	<h1>P</h1> <p>PREVENT FURTHER INJURIES</p> <p>3 OPTIONS</p>
<p>↓</p> <p>PROVIDE A FEW WORDS OF ENCOURAGEMENT</p>	<p>↓</p> <p>PROVIDE A FEW WORDS OF ENCOURAGEMENT</p>		
<p>1 SEVERE INJURY Suspected head, facial, spinal, chest, abdomen injuries, fractures or major bleeding.</p> <p>GET HELP</p> <p>GET PROFESSIONAL HELP DON'T MOVE THE PLAYER.</p> <ul style="list-style-type: none"> • Keep onlookers away. • Comfort the athlete until professional help arrives. • Immobilise and support. 	<p>2 LESS SEVERE Soft-tissue injuries such as sprains, strains and muscle bruises.</p> <p>RICER REGIME</p> <p>THE FIRST 48 HOURS ARE VITAL IN THE EFFECTIVE MANAGEMENT OF SOFT-TISSUE INJURIES.</p> <ul style="list-style-type: none"> • Rest. • Ice. • Compression. • Elevation. • Referral. 	<p>3 MINOR INJURY Bumps and bruises which do not impair performance.</p> <p>PLAY ON</p> <p>A FEW WORDS OF ENCOURAGEMENT WILL HELP.</p> <ul style="list-style-type: none"> • Monitor any such injuries. • Minor injuries should also be managed using the RICER regime. 	

UNCONSCIOUS PLAYER

If the player is unconscious it is a life threatening situation and the DRSABCD of first aid should be used by an accredited sports trainer.

DRSABC

D

Danger

Check for danger to:

- You.
- Others.
- The injured player.

R

Response

Is the player conscious?:

- Can you hear me?
- Open your eyes.
- What is your name?

S

Send for Help

Call triple zero (000) for an ambulance.

A

Airway

Make sure the airway is:

- Clear of objects.
- Open.

B

Breathing

- Check if the player is breathing by observing chest movements and/or air passing in or out of the mouth.
- If not, give 2 initial breaths and begin CPR.

C

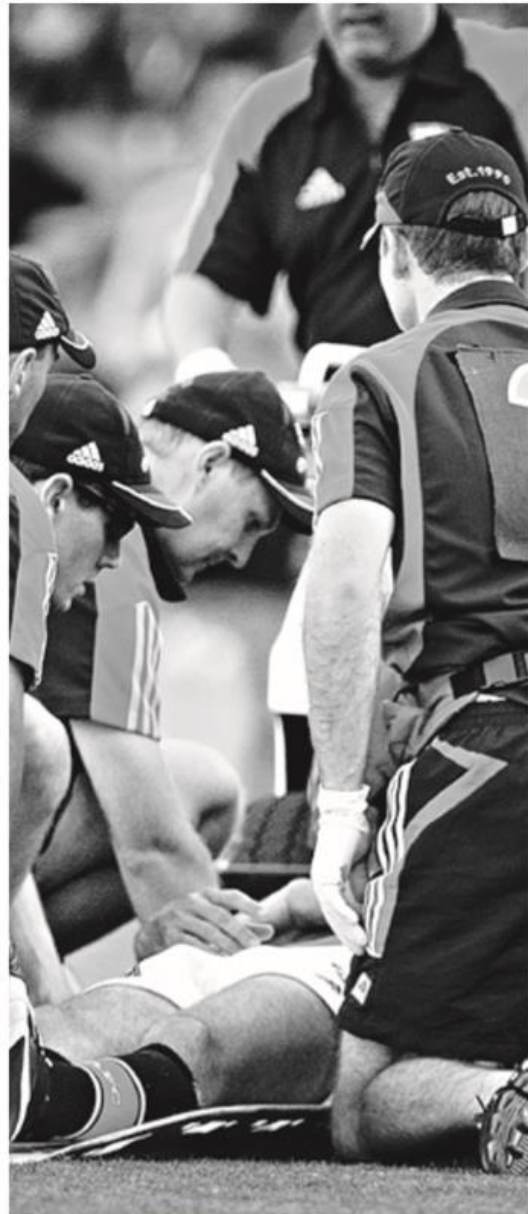
CPR

- CPR involves giving 30 compressions at a rate of around 100 per minute followed by 2 breaths.
- Continue CPR until the patient recovers or professional help arrives.
- Stop any bleeding by placing firm pressure over the injury site.

D

Defibrillation

- Attach a defibrillator (if available).
- Follow voice prompts..





MANAGEMENT OF INJURIES

When injuries occur, there are many decisions that need to be made. The most important of these for the coach is whether the player should continue to participate or not. Coaches should always err on the side of caution as resuming participation may cause further injury.

Before allowing a player to return to training and competition, the player should be able to answer yes to the following questions:

- Can the player move the injured part easily through a full range of movement (as compared to the other side of the body that was not injured) without pain?
- Has the injury area fully gained its strength?

The following diagram outlines the effective procedure in the first-aid management of sports injuries.

SOFT TISSUE INJURY MANAGEMENT (RICER)

	HOW	WHY
R Rest	Place the player in a comfortable position, preferably lying down. The injured part should be immobilised and supported.	Activity will promote bleeding by increasing blood flow.
I Ice	<p>The conventional methods are:</p> <ul style="list-style-type: none"> • Crushed ice in a wet towel/plastic bag. • Immersion in icy water. • Commercial cold packs wrapped in wet towel. • Cold water from the tap is better than nothing. <p>Apply for 20 minutes every two hours for the first 48 hours.</p> <p>CAUTION:</p> <ul style="list-style-type: none"> • Do not apply ice directly to skin as ice burns can occur. • Do not apply ice to people who are sensitive to cold or have circulatory problems. • Children have a lower tolerance to ice. 	<p>Ice reduces:</p> <ul style="list-style-type: none"> • Swelling. • Pain. • Muscle spasm. • Secondary damage to the injured area.
C Compression	Apply a firm wide compression bandage over a large area covering the injured part, as well as above and below the injured part.	<p>Compression:</p> <ul style="list-style-type: none"> • Reduces bleeding and swelling. • Provides support for the injured part.
E Elevation	Raise injured area above the level of the heart at all possible times.	<p>Elevation:</p> <ul style="list-style-type: none"> • Reduces bleeding and swelling. • Reduces pain.
R Referral	Refer to a suitably qualified professional such as a doctor or physiotherapist for a definitive diagnosis and ongoing care.	Early referral for a definitive diagnosis to ascertain the exact nature of the injury and to gain expert advice on the rehabilitation program required.

This regime should be used for all ligament sprains, muscle strains and bruises.

Remember with injuries of this kind, you should avoid:

Heat – increases bleeding.

Running – exercise too soon can make the injury worse.

Massage – increases swelling and bleeding in the first 48-72 hours.



Management guidelines for suspected concussion

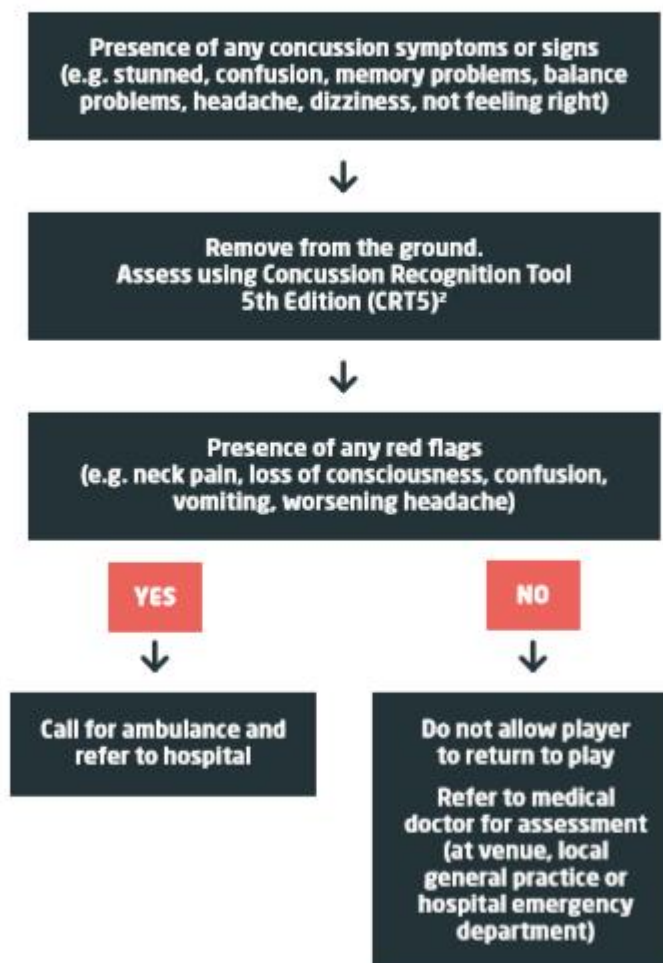
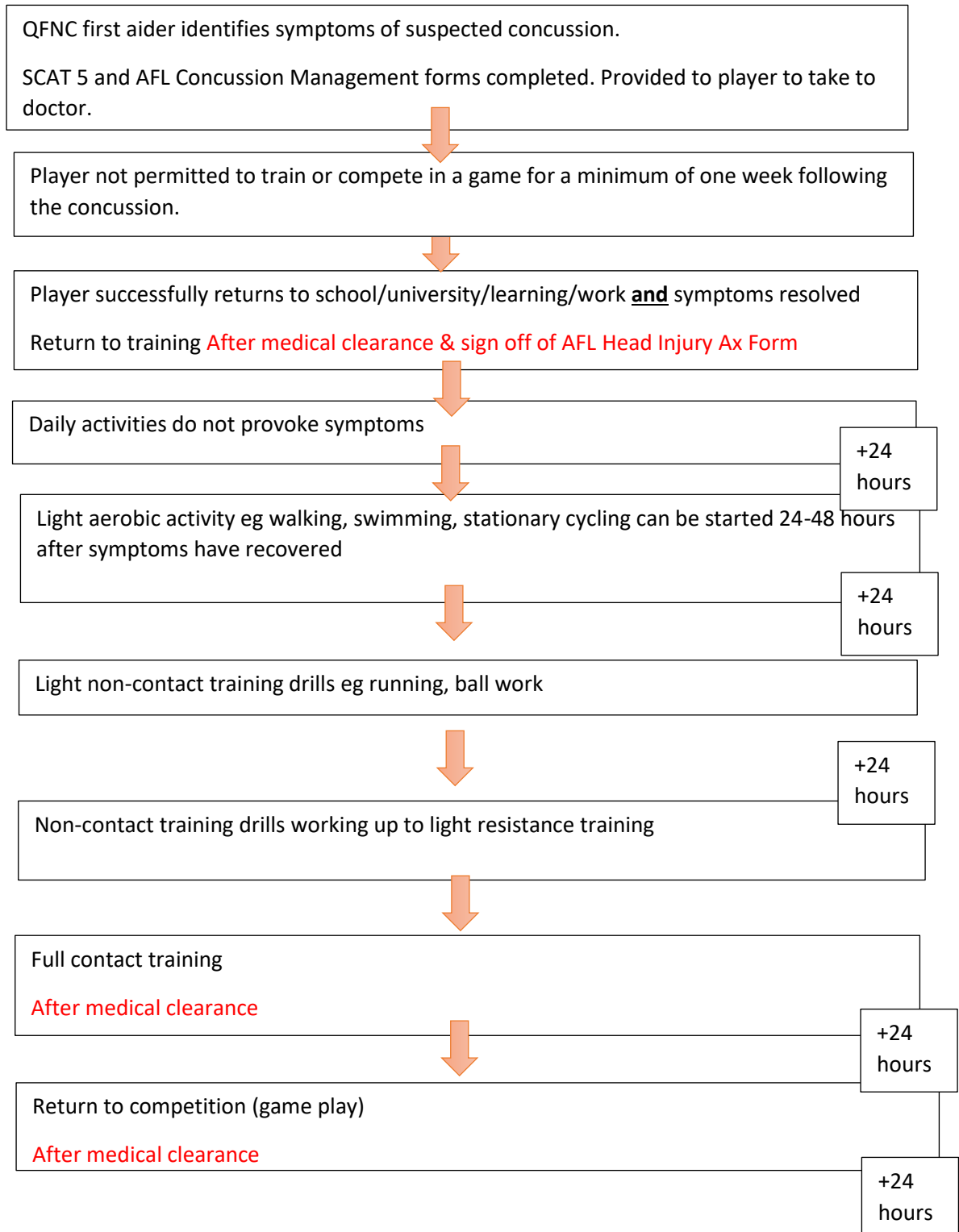


Figure 1. Summary of the management of concussion in Australian Football.

*Note: for any player with loss of consciousness, basic first aid principles should be used (i.e. airways, breathing, CPR ...). Care must also be taken with the player's neck, which may have also been injured in the collision. The unconscious player must not be moved by anyone other than a medical professional or ambulance officer. An ambulance should be called, and these players transported to hospital immediately for further assessment and management.



Concussion Management





If any symptoms worsen while exercising, player to go back to the previous step.

If player is symptomatic for 10-14 days (four weeks-children and adolescents)-recommend review by specialist doctor.

References

AFL Youth Coaching Manual

AFL Sports Trainers in Community Australian Football Policy

The Management of concussion in Australian Football, AFL concussion working group scientific committee

[2017 Community Concussion Guidelines.pdf \(aflcommunityclub.com.au\)](https://aflcommunityclub.com.au/2017-Community-Concussion-Guidelines.pdf)

Preventing netball injuries, Sports Medicine Australia

Concussion Recognition Tool

A guide to prevention and management Ankle Injury, Sports Medicine Australia

Related Documents

QFNC Medical information form

QFNC Incident reporting form

Emergency contact list

Baseline assessment sheet

AFL Barwon qualified personnel

Injury management fact sheets-Sports Medicine Australia