

Policy - Medical & First Aid



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Revised	Alexander & Simon Zavros-Orr	Revision Info.	April 2022
Other info.	Must be read in conjunction with other relevant policies/processes, including but not limited to the Club's Child Safety and Hot weather policies	Revision	Yearly
Related Parties			
<ul style="list-style-type: none">All players, parents, team managers and coaches			
Requirements			
<ul style="list-style-type: none">Annual completion of a medical formAnnual completion of register of current accredited first aiders			

1 INTRODUCTION

This policy sets out the principles by which Ringwood City SC (hereinafter 'the Club') officials will respond to first aid and medical needs and requirements of players.

Its purpose is to ensure the safety of all players in the instance that first aid or other medical treatment is required, especially where a parent/guardian is not present.

2 PRE-SEASON

A major focus of this policy is pre-season planning and preparation before any first aid incident occurs.

2.1 First Aid Volunteers

When players aged 17 or below are being enrolled, their parents/guardians shall be invited to nominate themselves for a voluntary role within the club. One of these is the role of a First Aid Volunteer.

Individuals who have nominated for the role of First Aid Volunteer shall be contacted before the start of each season to identify what relevant qualifications or first aid certificates they may hold and the expiry date of these. They must hold, or are willing to apply for, a current Victorian Working with Children Check ('WWCC') or a valid exemption that has been verified by the Club.

The role can be split between several people by agreement with the expectation that at least one of these shall endeavour to attend each training session and game. Players aged 16 or above may also nominate for this role although the potential impact of first aid incidents on player availability during game time needs to be considered. If no parent/carer is willing to accept the role of First Aid Volunteer, the Team Manager and Coach will be asked if either is willing to be designated as the First Aid Volunteer.

Senior and JBNPL teams are required, as a condition of licencing, to have a First Aider with a current first-aid certificate. It is recommended, but not mandatory that First Aid Volunteers for other teams have a current first-aid certificate. The Club may contribute to the cost of first aid training as set out in section 2.3.

2.2 First Aid Coordinator

A volunteer shall also be sought each year for the role of First Aid Coordinator. The responsibilities of this role are detailed in a separate position description. The Coordinator oversees the:

- Administration of the first aid room.
- Supply and restocking of first aid kits.
- Recruitment and support of first aid volunteers.
- Appropriate documentation of first aid incidents.

This is an administrative role. The First Aid Coordinator is not expected to have specialist medical or first aid expertise or be capable of providing a higher level of first aid care than any First Aid Volunteer. The First Aid Coordinator can be reached at firstaidcoordinator@ringwoodcitysc.com.au.

2.3 First Aid Training

Subject to budget constraints, the Club may contribute to the cost of accredited first aid training for volunteers without qualifications. If there is sufficient demand, the club may host a first aid course.

Volunteers who receive subsidised training are expected to attend training sessions and games throughout the season to provide first aid assistance as needed.

Coaches, managers, and first aid volunteers are encouraged to attend a training session at the start of each season which will (among other content) review the Club First Aid Policy and may provide a refresher on the treatment of most common sporting injuries.

2.4 First Aid Equipment

Stretchers, first aid kits and ice packs are provided by the Club. Each team has a first aid kit provided to the Team Manager.

Team Managers or coaches can replace used stock from supplies in the First Aid Room, or request the replacement of any used stock throughout the season by contacting the First Aid Coordinator.

A first aid kit and stretcher are kept in the first aid room (Jubilee Park) and storage locker (JW Manson Reserve). Emergency information including phone numbers and street address will be recorded on a sign on the first aid room door (Jubilee Park) or by the first aid kit (JW Manson Reserve).

The standard contents of team and club first aid kits are documented in Appendix One.

An Automatic External defibrillator (AED) is located within the clubrooms as per the diagram in Appendix Two.

During all scheduled training sessions and games, the Jubilee first aid room and Manson's storage locker **must** be unlocked

A key to the bollards at the entrance of Jubilee Park is to be stored on the wall of the First Aid room, to allow ambulance access to the pitch.

2.5 Medical Declaration

Members are required to disclose any medical condition which could have an impact on them personally or any other member of the Club. Disclosures are to be made via the *Medical Form* before the commencement of pre-season training. Members are required to inform their Coach and Team Manager of any medical condition that requires a specific medical action plan.

Medical information is to be retained securely by the Team Manager and disclosed to other parties including the Team Coach only where there is a legitimate operational requirement to do so. Team officials are required to maintain the confidentiality of disclosures relating to the medical condition of members at all times and destroy all copies of player medical information at the end of each season.

The Club will attempt to accommodate any special requirements, but it is not responsible for providing or arranging specialist support.

3 FIRST AID TREATMENT

3.1 Duty of Care

When any Club representative (or member of the public) chooses to provide first aid assistance, a Duty of Care begins. Duty of Care in First Aid is the legal responsibility to look after a person when they are injured or ill.

Whilst all teams are issued with a first aid kit and a first aid room is maintained at Jubilee Park, the club does not make assurances that a First Aid Volunteer shall be available whenever teams practice and play games. The Club's position is that the **primary duty of care lies with the member/player, and in case of minors rests with the parents/carers/guardians.**

In the context of Club activities, this Duty of Care would continue until one of the following occurs:

1. The casualty recovers and no longer needs help
2. A parent/carer indicates that they shall take over the provision of care.
3. A Paramedic or other medical professional takes over.

3.2 Consent

3.2.1 Parental / Guardian consent

The Medical Declaration requests that parents/guardians provide consent for players below the age of 18 to receive first aid treatment. In the case of serious injury or a medical emergency where either a parent or guardian is not present, this includes consent for the Coach, Team Manager, or other members of the Club to seek and obtain medical treatment or hospitalisation.

If the parents/guardians have failed to return the Medical Declaration to the Club, the above consent **is still implied**. Should the parents/guardians of a child withhold consent, their attendance will be strictly enforced whenever their child is at Club facilities or involved in Club activities.

3.2.2 Patient consent

Players have the right to withhold consent to be treated. Should this occur, the First Aid Volunteer should, in general, not touch the player but could provide them access to first aid supplies and equipment. In practice, this is unlikely to arise with younger players but an older player may elect to treat themselves and have the right to insist on this. Patient consent is implied if a person is unable to speak due to their injuries or lack of consciousness.

3.2.3 Consent to meet the costs of treatment

Members agree to meet all medical expenses for urgent medical attention which is required and is not covered by the insurance policy held by the Club. They acknowledge that the insurance policies held by the Club may not cover all costs, any shortfall in the cost of obtaining urgent and/or continuing medical treatment shall be borne by them.

3.3 Entry to pitch on game day

Consistent with Football Victoria requirements, access to the pitch is restricted during game days. First aid volunteers are authorised to enter the pitch on game days provided that they are:

- registered as first aid volunteers with the Club.
- given approval by the match referee.

The team first aid volunteer should also be recorded on the team sheet for the match by the team manager.

3.4 Blood Rule

Under Football Victoria rules, any player who suffers an injury or wound that results in the loss of blood must leave the pitch immediately to obtain treatment.

A player may not return to the field of play until the injury or wound has been safely covered and contained. A player may be required to change their uniform before returning to the field of play if it has blood on it.

3.5 Immobilising Injuries

If a player is unable to pick themselves up off the ground the game must stop. **Under no circumstances are First Aid Volunteers, parents or team officials to move any player that has a serious injury.**

If the injury is not serious, or life-threatening, i.e. twisted ankle, fractured arm etc., the stretcher can be used to remove the player safely from the ground, otherwise, an ambulance will be called.

3.6 Head Injuries

There is growing evidence of the potential for a pattern of repeated sporting concussions to increase the likelihood of cognitive functioning issues in later life. The Club is monitoring this issue including any guidance provided by Football Victoria and Football Australia. The Club's position is that headers are not to be taught or encouraged in players below the age of 12.

If a player incurs a knock to the head, play (or training) must be stopped immediately to ensure the player is OK.

If:

- That player is below the age of 12 **or**
- The judgement of the coach, manager or first aider is that the injury is of concern **or**
- The head injury has any other symptoms associated with it,

Then the player is required to leave the playing field to be further assessed by a first aid volunteer.

Mild head injury	Moderate / Severe head injury
<ul style="list-style-type: none"> • May have altered level of consciousness at the time of the injury but the player is subsequently alert and interacts with you. • may have vomited, but only once. • may have bruises or cuts on their head. • is otherwise normal. 	<ul style="list-style-type: none"> • loss consciousness • be drowsy and not respond to your voice • be dazed or shocked • not cry straight after the knock to the head and this is considered abnormal by the parents (younger children) • be confused or have memory loss. • experience visual disturbance • have unequally sized pupils or weakness in their arm or leg • have something stuck in their head, or a cut causing bleeding that is difficult to stop, or a large bump or bruise on their head • have a seizure, convulsion or fit • vomit more than once.
<p>Keep player off the field. Recommend medical check. The player is not able to play the following week unless the club receives a medical certificate stating the player is fit to play.</p>	<p>Call ambulance NOW</p>

3.7 Asthma

Team managers and coaches **must** maintain awareness of any players on their team diagnosed with Asthma and be familiar with any Asthma Management Plan that has been provided to the Club.

Players or their parents/carers in attendance at training and games are expected to carry an asthma puffer when the use of this is prescribed in a management plan.

3.8 Anaphylaxis

Team managers and coaches **must** maintain awareness of any players on their team diagnosed with anaphylaxis and must be familiar with any Anaphylaxis Management Plan that has been provided to the Club.

Players or their parents/carers in attendance at training and games are expected to carry an EpiPen when the use of this is prescribed in a management plan. Anaphylactic triggers will not normally be encountered

on a soccer pitch however the possibility exists that a bee sting or consumption of food could trigger an attack.

The key to the successful treatment of anaphylaxis is to act before symptoms become severe. First Aid Volunteers should be aware that individuals may sometimes suffer from both asthma and anaphylaxis and there is the potential for anaphylaxis to be misdiagnosed as asthma with potentially disastrous results.

In the event of suspected anaphylaxis, an ambulance must be called **immediately**.

3.9 Injury Reporting

Injury reports are required for any significant injuries. This includes any:

- head, neck or back/spine injuries
- injury that may potentially require medical attention or a break from future training/play

If in doubt, a report should be submitted. These reports are used to assess whether:

- A formal report is required for insurance purposes
- Follow-up is required with the parent/guardian or player
- We need to change practices to reduce particular injuries

The attending first aid volunteer, and in their absence the team manager, are responsible for submitting an injury report and should do so within 24 hours (2 hours for serious injuries). A simple online injury report form is available on the Club's website (www.ringwoodcitysc.com.au) under the 'Resources' tab.

If a player below the age of 18 incurs an injury whilst a parent/guardian is not present, the team manager is responsible for advising a parent/guardian (eg by SMS or in-person) and should do so immediately after the training or game. This is **mandatory for any head injuries**.

3.10 First Aid Records

When using supplies from the first aid kit the 'first aid kit logbook' must be completed. The logbook is to be kept inside the first aid kit. The following details must be entered into the log:

- Date and time
- Name of the injured person
- Nature of injury/illness
- Treatment provided

- Supplies used
- Name of attending First Aid Volunteer, if applicable.

4 AFTER AN INCIDENT

4.1 Insurance

The Club is covered by the FFA National Insurance Program (NIP).
The FFA NIP consists of three policies:

- Personal Injury
- Public and Products Liability and Professional Indemnity
- Management Liability

Gow Gates is the insurance broker for the FFA NIP.

Please refer to the following link for information on

- who is covered,
- when they are covered,
- the types of expenses covered,
- how to lodge a claim; and
- frequently asked questions.

<http://www.gowgatessport.com.au/football/claims/>

5 Related Documents

1. Annual Register of First Aid Accredited people at the Association
2. First Aid resupplies log (if taking items from first aid room)
3. Online Injury Reporting Form

APPENDIX 1 Standard contents of Team First Aid Kits

It is suggested that a team first aid kit should have the following contents. Larger club first-aid kits are also available at Jubilee Park and JW Manson Reserves

- Emergency/CPR flashcards
- List of emergency phone numbers
- A small notebook and pen
- Sterile (hypoallergenic or latex) surgical gloves (at least 2 pair)
- Four bottles of saline solution (15 ml)
- Ten injury cleaning wipes
- One pack of band aids
- Two single use splinter probes
- Six Wound dressings - non-sticky, 5x5 cm
- Triangular bandage (2)
- Strapping tape
- Safety pins
- Scissors
- Splinter forceps (tweezers)
- One rescue blanket
- One 10x10 cm-sized injury pad/dressing
- Two cotton bandages (5 cm-sized)
- Two 7.5 cm Conforming cotton bandage
- One 10 cm Crepe bandage
- One roll of hypoallergenic adhesive tape
- Two single-use eye pad
- Several Instant ice packs

APPENDIX 2 Location of Defibrillator / AED

