

Medical Emergency Policy

East Caulfield Reserve



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1. INTRODUCTION

The Caulfield Bears Junior Football Club (CBJFC) aims to create a safe and enjoyable environment for its players, officials and spectators whilst they are engaging in sports and physical activity.

This document outlines the procedures put in place at the CBJFC home ground (East Caulfield Reserve), in the event of a medical emergency to ensure that the Club is providing the best possible duty of care to its members.

It is important that all Committee Members, Team Managers, Trainers and Coaches are familiar with the document and their specific roles.

2. BACKGROUND

Each Team has to provide a Trainer who is present for the duration of the Team's matches. They are supplied with adequate first-aid equipment, which is replenished on demand.

Note: during training sessions, it is preferable to have a Trainer present. At a minimum, the person conducting the training session must have the Team First Aid kit with them and a rudimentary knowledge of basic first aid.

The Trainer must be duly accredited in line with SMJFL policy. The CBJFC keeps a record of all their Trainers along with details of their qualifications and renewal dates.

3. INJURIES ON GROUND - MINOR

The Trainer will attend to all minor injuries that arise on the field, within their scope.

If an incident arises that warrants treatment from the Trainer, or causes the player to leave the ground, the Trainer will complete a "CBJFC Injury/Incident" form that is signed by the relevant player, parent/guardian and Team Manager. This form is kept on file by the Team Manager Coordinator for the duration of the season.

If the Trainer feels that a player is unfit to play, their decision is final. The Trainer has the authority to override the wishes of the Coaches regarding the player's ability to continue playing.

If the player's parents do not wish their child to receive treatment from the Trainer, then this must be noted on the "CBJFC Injury/Incident form". Trainers are not permitted to administer medication to players, with the exception of Ventolin or Epi Pens.

3.1 Head Injuries/Concussion Management

The CBJFC follows the AFL Community level guidelines for the management of concussion and head injuries. Namely, any player who has suffered a concussion or is suspected of having concussion must be medically assessed by a qualified medical practitioner as soon as possible after the injury and must not be allowed to return to play in the same game or training session.

The player will not be able to return to playing or training until they are able to present a medical certificate giving them the all clear to resume.

If the incident was clearly not serious, the parents will be given a "Head Injury Advice form" from the Trainer and advised to seek medical attention if the condition changes.

4. MEDICAL EMERGENCY ON GROUND

In this context, a medical emergency is defined as "a situation arising where a player requires immediate medical attention that cannot be given by the Trainer as it is outside of their scope/level of training".

4.1 Ambulance Not Required

In some situations, the Trainer may deem it necessary for the player to be taken to hospital, but without the need for an ambulance. In this scenario, the player would be taken to the relevant hospital/medical centre accompanied by their parent/guardian. If the injured players parents aren't in attendance at the game to take the child to hospital, an ambulance will be called.

If there is any doubt about the severity of the case, an ambulance will be called.

4.2 Ambulance Required

If the player has sustained a serious injury and the Trainer deems it necessary to call an ambulance, the following protocol should be followed.

Note: the below section refers to incidents that occur at East Caulfield Reserve. If the incident occurs during an 'Away' match, these protocols may need to be modified. If it is an opposition player that is injured, the home team Trainer should offer their full assistance (providing it does not place CBJFC players in danger) and be able to guide them through our emergency plan.

4.2.1 Locate Ground Steward

It is not appropriate for the Trainer to leave the injured party, but they must send another team official such as the Runner to locate the on duty Ground Steward.

4.2.2 Call 000

The Ground Steward will make the 000 call, passing on any relevant information from the Trainer.

The Ground Steward should wait at the entrance to East Caulfield Reserve, ready to guide the paramedics to the scene. All paramedics carry a special key that will unlock the boundary gates, giving the ambulance full access to the playing field.

4.2.3 Moving The Player

An assessment will be made as to whether it is appropriate to move the injured player.

If the player is able to be safely stretchered off the ground, the Trainer will signal for the stretcher (both arms raised in the air). The Ground Steward will collect the stretcher, located next to the home team club rooms and organise for 6 people in total to stretcher the player from the field in accordance with correct medical procedure and wait for the ambulance to arrive.

Note: if the player is unconscious or is suspected of having sustained an injury to their neck or spine, under no circumstances should they be moved until directed to do so by the emergency paramedics at the scene.

If the player is not to be moved, the Trainer should remain with the player until the ambulance arrives, taking medical advice over the phone from the 000 operator if necessary.

4.2.4 Contacting Parents/Guardians

If the player's parents are not present at the Ground, the Team Manager should have responsibility to contact the parents.

Each Trainer should have emergency contact details for all their players, along with their medical history/allergies etc in their first aid kit (this information is available on the Sporting Pulse system and can be accessed by Team Managers). If this is not available, the Team Manager should call the Secretary who will be able to access these details.

4.2.5 Resuming The Match

In consultation with the field umpire(s), a decision will be made as to whether play can continue around a player receiving treatment. If the player is unable to be removed from the Ground and an ambulance is being called, then the game must be stopped.

Once the player has been taken from the Ground, it is at the discretion of the field umpire(s) and Team Managers from both teams as to whether the game will continue.

4.2.6 Debrief

After the event, the Club President should be contacted as a matter of urgency and advised of the situation.

At a later stage, the relevant parties should get together for a formal 'debrief' to discuss how the incident was handled and if there are any lessons to be learned. Depending on the nature of the incident, counselling will be made available to those involved.

5. MEDICAL EMERGENCY OFF GROUND

If a medical emergency occurs off the ground (ie a spectator is taken ill), the Ground Steward will provide medical assistance as required and if an ambulance is required, the Ground Steward will be responsible for calling 000 and following the protocols described in section 4.2.2.

The team Trainers cannot leave the ground to attend to a situation off the field whilst a match is in progress as they have a duty of care solely for their players.

6. MEDICAL EMERGENCY CHECKLIST

A medical emergency checklist has been compiled detailing key information that needs to be given to the ambulance. This is displayed within the Club Rooms for all to see.

| | |
|--|--|
| Club Name: | Caulfield Bears Junior Football Club |
| Address: | Dudley St, Crn Dandenong Rd Caulfield East |
| Closest Intersection for Ambulance: | Dudley St, Crn Dandenong Rd Caulfield East |
| Melways Ref: | 68 G2 |
| In Case of Emergency The Following Person is in Charge: | On-Duty Ground Steward |
| Urgent Medical Emergency | 000 |
| Local Doctor: | Carnegie & Malvern Medical Centre, 1036 Dandenong Road, Carnegie, Tel: 9572 2211. Open Sat 9am–3pm & Sun 10am–2pm. |
| Emergency Dentist: | The Royal Dental Hospital of Melbourne, 720 Swanston Street, Carlton. Tel: 1800 833 039. |
| Local Hospital (Public): | The Alfred Hospital, 55 Commercial Road, Melbourne or Monash Medical Centre, 246 Clayton Road, Clayton, |
| Local Hospital (Private): | Cabrini Private Hospital, 181 Wattletree Road, Malvern or The Avenue Private Hospital, 40 The Avenue, Windsor |
| First Aid Equipment Located: | First Aid Kit and Stretcher next to Home Team Club Rooms |
| Defibrillator Machine: | Yes – located in the canteen |
| Our Members Medical Information Stored: | With Team Trainer Kit or Club Secretary |
| Club President: | Peter Bremner: 0412 326 942 |
| Club Secretary: | Katherine Roberts: 0418 108 365 |

HEAD INJURY ADVICE CARD

Name: _____

Date of injury: _____

Minor head injury and knocks to the head are common particularly in children.

Following the injury, if the person is conscious (awake), and there is no deep cut or severe head damage, it is unusual for there to be any damage to the brain.

However, sometimes a knock to the head can cause damage to a blood vessel which may bleed next to the brain. This is uncommon, but can be serious. Symptoms may not develop for some hours, or even days, after a knock to the head. In rare cases, symptoms can develop even weeks after a head injury.

This is why this Advice Card is given to people who have had a head injury. There are symptoms to look out for following a knock to the head.

IN ANY OF THE FOLLOWING OCCURS AFTER A HEAD INJURY:

- Increasing drowsiness (the person cannot be roused)
- Worsening headache (a mild headache is normal – look out for it getting worse)
- Confusion or strange behaviour
- Two or more bouts of vomiting
- Loss of use of part of the body (eg, weakness in an arm or leg)
- Dizziness, loss of balance or convulsions
- Any visual problems such as blurring of vision or double vision.
- Blood, or clear fluid, leaking from the nose or ear
- Unusual breathing patterns

SEE A DOCTOR QUICKLY

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CBJFC INJURY REPORTING FORM



Name: _____

Initials: _____ Position: _____ Player Umpire Coach Spectator

Team: _____ Grade: _____ DOB: / / Gender: Male Female

Venue / Area at which injury occurred: _____

DATE OF INJURY: / /

TYPE OF ACTIVITY AT TIME OF INJURY

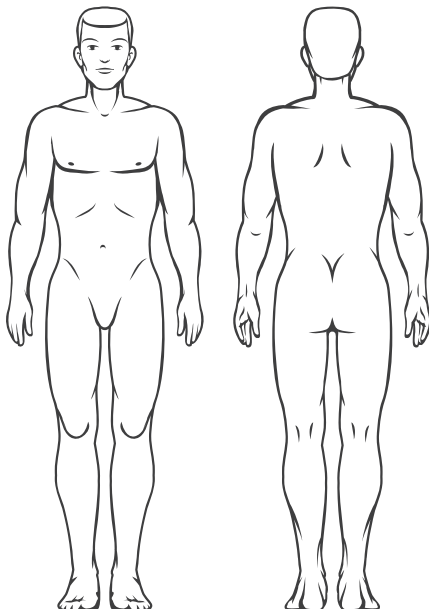
- Training/practice
- Competition
- Other _____

REASON FOR PRESENTATION

- New injury
- Exacerbated/aggravated
- Recurrent injury
- Illness
- Other _____

BODY REGION INJURED

Tick or circle body parts injured and name.



NATURE OF INJURY/ILLNESS

- Abrasion/graze
- Open wound/laceration/cut
- Bruise/contusion
- Inflammation/swelling
- Fracture (including suspected)
- Dislocation/subluxation
- Sprain eg. Ligament tear
- Strain eg muscle tear
- Overuse injury to muscle or tendon
- Blisters
- Concussion
- Cardiac problems
- Respiratory problems
- Loss of consciousness
- Unspecified medical condition
- Other _____

Provisional diagnosis/es

CAUSE OF INJURY

Mechanism of Injury:

- Struck by other player
- Struck by ball (eg. dislocated finger)
- Collision with other player/umpire
- Collision with fixed object (goal post)
- Fall/stumble on same level
- Jumping
- Landing from jump
- Slip/trip
- Twisting to pass or accelerate
- Overexertion (eg muscle tear)
- Overuse
- Temperature related eg. Heat stress
- Other _____

Explain exactly how the incident occurred:

Were there any contributing factors to the incident?
Eg. Unsuitable footwear, playing surface, equipment, foul play?

PROTECTION EQUIPMENT

Was protective equipment worn on the injured body part?

- Yes No

If yes, what type? Eg. Mouthguard, ankle, brace, taping?

Signature of treating person:

Signature of player/guardian:

INITIAL TREATMENT

- None given
- RICER
- Sling/splint
- Massage
- CPR
- Strapping/taping only
- None given – referred elsewhere
- Treatment declined
- Other _____

ADVICE GIVEN

- Immediate return unrestricted activity
- Able to return with restriction
- Unable to return at present time
- Head Injury Advice card given

REFERRAL

- No referral
- Medical practitioner
- Physiotherapist
- Chiropractor or other professional
- Ambulance transport
- Hospital
- Other _____

PROVISIONAL SEVERITY ASSESSMENT

- Mild (1-7 days modified activity)
- Moderate (8-21 days modified activity)
- Severe (>21 days modified or lost)

TREATING PERSON

- Medical practitioner
- Physiotherapist
- Nurse
- Sports trainer
- Other _____

Signature of Team Manager:

Date: / /