



Caulfield Bears
Junior Football Club

TRAINERS' HANDBOOK 2025

This handbook should be read in conjunction with the
SMJFL By-Laws which are available on the league website



1. Trainers Role and Responsibilities

1.1 Availability

Present for all team matches (home and away).

1.2 First Aid Training

Training is supplied by our partners at Colbrow Medics
<https://firstaidevents.com/first-aid-training/>

REQUIREMENTS:

U12 AND BELOW

- CPR annually
- First Aid every 3 years
- Current WWCC

U13 AND ABOVE

- CPR annually
- First Aid every 3 years
- AFL First Aid and Concussion Management online course (free)
- Current WWCC

1.3 Essential Duties

Pre-Game

- a) Make yourself known to the opposition team's Trainer, ground trainer and/or ground manager (if applicable).
- b) Ensure you are familiar with location of essential emergency equipment
- c) Ensure first aid kit is present, and appropriately stocked (strapping tape, bandages, gauze, etc.) (Refer Checklist - Appendix 1)
- d) Ensure you have access to ice
- e) Conduct pre-game check with players re: injury concerns, any strapping required should be applied prior to arrival, etc.
- f) Provide any feedback to coach on any individual player concerns

During Game

- g) Assess injuries and, if required, liaise with home ground Trainer and/or appropriate club personnel
- h) Complete an Injury Report for such incidents (Refer Appendix 2)
- i) Provide feedback to coach on any individual player concerns

Post-Game

- j) Diagnosis, management, rehabilitation (in conjunction with Head Trainer as necessary, and feedback to coach)
- k) Keep records as per club requirements. Request any additional first aid supplies from the clubs Trainer Coordinator

2. Player/Personal Protection and Medical Information

Individual medical information is obtained at registration and communicated to the TM to share with the relevant trainers. This information is to be held in confidence and not to be shared.

3. Club Committee & Key Contacts

Kerry Widjaja - President0438 090 680
Rebecca Hunt – Secretary0405 377 487
Joe Cremin – Trainer Coordinator0419 870 333

4. Relevant Policies

4.1 Trainers Role - Statement from the AFL

The AFL expects that football matches at all levels will be played in good quality environments and the safety of participants is central to that environment.

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.

In community Australian Football clubs, first aid is usually provided by sports trainers or by other volunteers with medical or higher level allied health (e.g. nursing, physiotherapy, occupational health & safety) qualifications and experience. Sports trainers are likely to play a more major role when there is no-one else with medical or allied health qualifications at a game or training. It is important that sports trainers, and others, are well trained in the first aid needs specifically relevant to Australian Football at the level at which they are involved (e.g. Auskick, juniors, youth, seniors, females, talent pathway, AFL clubs, veterans etc).

The Australian Football League (AFL) believes that planning and practicing what to do when an emergency occurs is an essential part of risk management. All football leagues and clubs must be conversant with first aid procedures and able to deal with emergencies so participants are well cared for. All leagues and clubs should ensure that:

- A person with current first aid qualifications is available at all football games and training sessions.
- An appropriately and adequately stocked first aid kit and well maintained sport-specific rescue/transport equipment are accessible at all training and competition venues.

4.2 South Metro Junior Football League (SMJFL) – Policy & By-Laws

The SMJFL supports the [Sports Trainers in Community Australian Football Policy](#) which is available on the AFL Victoria website.

Concussion (extract from SMJFL) – Policy & By-Laws

- 18.1. If a player is confirmed to have a concussion, they must have a Mandatory minimum of 21 days, prior to returning to training and games. They can then only return with a signed medical clearance from a doctor that will be given to the coach.

Blood Rule (extract from SMJFL) – Policy & By-Laws

- 19.1. Upon a player being noticed by an umpire to have blood on them, the player must leave the ground immediately via the designated interchange area to be attended to; and may be immediately replaced with an interchange player. Once the bleeding has stopped, and all blood cleansed or covered (including uniform), the player may be interchanged back onto the ground.
- 19.2. This rule applies to all persons entitled to be on the ground during game times.
- 19.3. Trainers must wear gloves when attending to bleeding players, and all blood infected materials must be bagged separately and disposed of in an appropriate manner.

4. Relevant Policies continued

Trainer (extract from SMJFL) – Policy & By-Laws

- 20.15. As per the Sports Trainers in Community Football Policy, all Member Clubs must appoint a minimum of one Trainer per team who holds a minimum qualification of Provide First Aid with an up to date CPR component.
- 20.16. It is recommended that a venue trainer is present at all matches. If there is no venue trainer with AFL First Aid and Concussion Management qualifications present, trainers for under 13 and above age groups must also have completed AFL First Aid and Concussion Management training.
- 20.17. A Trainer appointed pursuant to By-Law 20.15 must be present for the duration of all games in which the Trainer's team participates.
- 20.18. Each team must provide one first aid kit for use by the team Trainer(s). The trainer should source ice or icepacks prior to each game.
- 20.19. Medical Practitioners can act as a trainer provided, they are in a current clinical practice, are registered with the AHPRA and hold a current CPR qualification.
- 20.20. In the event of an injury to a player, a venue trainer or a second or third trainer may enter the field of play. Only 1 trainer is permitted on the team bench. Any additional trainers must be stationed off the field (outside the fence) and must be wearing the appropriate SMJFL bib.

4.3 COVID Safety Protocols

In order to ensure the safety of all players and trainers the following guidelines should be adhered to:

- Trainers should only be attending first aid incidents, that is emergency care or treatment for an ill or injured player prior to referral to a medical professional
- Players with pre-existing injuries should not receive treatment from a trainer for strapping or taping prior to games
- Trainers should not be massaging players
- Trainers must:
 - follow protocols as outlined in infection control training (i.e. disposal of gloves in between treatments,).
 - Medical equipment must be sterilised between uses, which includes disposable cover/sheet to be used for player massage tables.
 - Treatment equipment to be wiped down and sanitised before and after each use.
- As per DHHS guidelines further personal protective equipment may be used but is not compulsory

5. Location of Key Equipment

Item	Location
Defibrillator	KP - In Canteen ECRR – inside the canteen (Grounds Manager to access and retrieve)
Bag Valve Mask Resuscitators	Replaces Mouth to Mouth and located with the defibrillator
Stretcher	KP - In canteen ECRR – Next to the timers table
Ice or ice pack	To be provided by Trainer
Medical Supplies/ Tape	First Aid Kit

6. Emergency Information

6.1 Nearest Hospitals

PUBLIC

The Alfred Hospital
55 Commercial Road, Melbourne
or
Monash Medical Centre,
246 Clayton Road, Clayton,

PRIVATE

Cabrini Private Hospital
181 Wattletree Road, Malvern
or
The Avenue Private Hospital
40 The Avenue, Windsor

All SMJFL footballers will receive a 50 per cent discount on their attendance at a Cabrini Emergency Department and a bulk billed Sports Physician follow-up visit on the Monday.

6.2 Emergency Access to Grounds

Koornang Park - access is via the gate in the carpark close to the Grandstand. The Padlock has a universal key held by Ambulance Victoria.

East Caulfield Rec Reserve Access is via the gate on Dudley St. The Padlock has a universal key held by Ambulance Victoria.

6.3 Follow Up Procedures

In the event that a player is injured and seeks medical treatment, the club requires a clearance from a Medical Professional prior to returning to training and play, particularly in the case of suspected concussion.

7. Club Insurance

Club insurance details will be provided to the Parent/Guardian of any injured player requiring follow up treatment.

8. Handy Resources

SMJFL By-Laws

SMJFL By-Laws can be found under Rules, By-Laws and Policies on the SMJFL website: www.smjfl.com.au.

AFL Policy

The Sports Trainers in Community Australian Football Policy can be found on the AFL Victoria website: www.aflvic.com.au.

AFL Club Help

The following resources can be found on the AFL Community Club website: <https://www.afl.com.au/clubhelp>:

- **Player Welfare**
 - Concussion
 - Inclusion & Vilification
 - Mental Health
 - Social Media Usage
 - Respectful Relationships
- **Concussion Management**
- **Helmets & Mouthguards**
- **The Management of Injuries and Medical Emergencies in Community Australian Football**
- **Stretchers and Cervical Collars**
- **Musculoskeletal Screening for Australian Football**
- **Growth Related Injuries in Junior Footballers**
- **Soft Tissue Injuries**
- **Hamstring Strains**

Appendix 1 – First Aid Kit

The following checklist is provided as a guide of what the first aid kit should include but is by no means exhaustive, for example players with asthma may require a Ventolin inhaler. **Ice or ice packs should be sourced by the Trainer prior to the game.** The purchase of ice packs is reimbursable from the club upon emailing an invoice and bank account details to the club treasurer (treasurer@caulfieldbears.com.au).

ITEM	QTY	ITEM	QTY
HYGIENE & PPE		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		
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		

INJURY REPORT 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 _____

- ☐ Unspecified medical condition
☐ Other _____

Provisional diagnosis/es

REASON FOR PRESENTATION

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

CAUSE OF INJURY

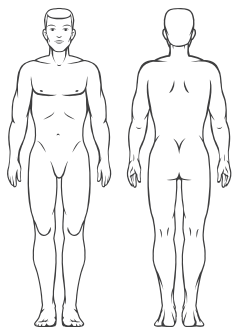
Mechanism of Injury:

- ☐ 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 or 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:

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

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, brace, taping?

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 treating person: _____

Signature of Team Manager: _____

Signature of player/guardian: _____

Date: / /

HEAD INJURY ADVICE CARD



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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SEE A DOCTOR QUICKLY

MATCH DAY HEAD INJURY

ASSESSMENT & REFERRAL FORM | AGES 13 & ABOVE



SIDELINE FORM (to be completed by the examiner (first aider/trainer) on the day of the suspected concussion)

PLAYER NAME	CLUB
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DETAILS OF INCIDENT

DATE

OCCURRED AT: ☐ MATCH ☐ TRAINING ☐ OTHER

BRIEF DESCRIPTION

1 IDENTIFICATION OF RED FLAGS (tick all those that apply)

- Loss of consciousness ☐
- Seizure or convulsions ☐
- Deterioration of conscious state ☐
- Persistent or increasing vomiting ☐
- Double vision ☐
- Severe or increasing headache ☐
- Increasing restlessness, agitation, or combative behaviour ☐
- Neck pain ☐
- Weakness or tingling/burning in the arms or legs ☐

ACTION: If any one of the boxes above is ticked, an ambulance should be called for immediate transportation to hospital.

2 FEATURES OF A SUSPECTED CONCUSSION (tick all those that apply)

- Loss of responsiveness ☐
- Motor incoordination (losing balance, staggering, etc) ☐
- Confused/disorientation (not aware of plays or events) ☐
- Impaired memory (unable to recall events before or after the injury) ☐
- Looking/feeling dazed, blank or vacant ☐
- Player reporting symptoms:
 - a. 'don't feel right' ☐
 - b. more emotional than usual - sad, nervous or anxious ☐
 - c. 'feel slowed down', confused or 'feel like in a fog' ☐
 - d. Sensitivity to light or noise ☐
- The player is not their normal self, or there is any other concern that they are not quite right ☐
- Other (please list):

ACTION: for any suspected concussion, the player needs to see a doctor as soon as practical for assessment, including confirmation of the diagnosis. The player must not return to play or full contact training until they have been cleared by a doctor.

EXAMINER NAME	ROLE AT CLUB
EXAMINER SIGNATURE	DATE

MATCH DAY HEAD INJURY

ASSESSMENT & REFERRAL FORM | AGES 13 & ABOVE



PLAYER FORM (to be completed on the day of the suspected concussion)

PLAYER NAME

CLUB

AGE

How many concussions have you had in the past?

When was the most recent concussion?

How long was the recovery (time to being cleared to play) for the most recent concussion?
(approximate number of weeks)

SCORE YOURSELF ON THE FOLLOWING SYMPTOMS, BASED ON HOW YOU FEEL RIGHT NOW.

NONE

MILD

MODERATE

SEVERE

0

1

2

3

4

5

6

Headache

"Pressure in head"

Neck Pain

Nausea or vomiting

Dizziness

Blurred vision

Balance problems

Sensitivity to light

Sensitivity to noise

Feeling slowed down

Feeling like "in a fog"

"Don't feel right"

Difficulty concentrating

Difficulty remembering

Fatigue or low energy

Confusion

Drowsiness

Trouble falling asleep

More emotional

Irritability

Sadness

Nervous or Anxious

PLAYER SIGNATURE

DATE

(Please take a copy of both the sideline and player form with you to your visit to the doctor)

MEDICAL CLEARANCE FORM

RETURN TO PLAY CLEARANCE FORM



PLAYER DETAILS

PLAYER NAME

PLAYER DOB

CLUB

The player (or parent / guardian on behalf of their child) must complete the declaration and take the form to a medical doctor to receive medical clearance before returning to full contact training or playing Australian Football.

The player (or parent / guardian on behalf of their child) must return the completed and signed form to their club, who may retain a copy and provide it to the league if requested.

PLAYER DECLARATION

I (or my child if applicable) sustained a concussion on / /

I (or my child if applicable) have successfully returned to school/study/work (if applicable) without any issues.

I (or my child if applicable) have progressed through all of the stages of the AFL Concussion Management Protocol (i.e. 1. Relative Rest, 2. Recovery and 3. Graded Loading Program) and have had no symptoms since entering the Graded Loading Program.

PLAYER SIGNATURE

DATE

(or parent / guardian if Player 18 or under)

MEDICAL PRACTITIONER CERTIFICATION

I assessed (player) on / /

Based on the information provided to me, and my clinical assessment, I can confirm that the player has recovered from their concussion (including full resolution of concussion-related symptoms and signs, return to work/study) and has completed a graded loading program without any recurrence of symptoms or signs.

I understand that the earliest that a player can return to play (following successful completion of a graded loading program and with medical clearance) is on the 21st day after a concussion, where the day of concussion is designated day "0".

I understand that a more conservative approach and specialist review may be required in the following:

- A second concussion within the same season (or three concussions within the previous 12 months),
- An apparent lower or reducing threshold for concussion (whereby the player appears to sustain a concussion or increasing symptoms with reduced force of head impact),
- Failure to progress through their return-to-play program due to a recurrence or persistence of symptoms, or
- Self-reported concerns with brain function.

In my opinion, the player is now medically fit to return to full contact training. If they complete full contact training without any issues or concussion symptoms, they can return to playing Australian Football

SIGNATURE

DATE

DOCTOR NAME

PROVIDER #