CLYDE COUGARS FOOTBALL CLUB

TRAINER'S HANDBOOK

PURPOSE

The purpose of this handbook is to help Trainers understand the requirements and expectations for the role.

This handbook should be read in conjunction with the AFLSE By-Laws which are available on the Clyde Cougar Football Club's website https://clydefc.com.au/player-information/policies/

1. Trainer's Role and Responsibilities

1.1 Availability

Present for all team matches (home and away).

1.2 First Aid Training

Training courses are provided by CFC at no cost to club volunteers.

REQUIREMENTS:

U12 AND BELOW

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

U13 AND ABOVE

- **CPR annually**
- **First Aid every 3 years**
- **AFL ERC (Emergency Response Coordinator) every 3 years**
- **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, including venue's stretcher
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 via https://www.cognitoforms.com/ClydeFootballClub/InjuryReports or by scanning the Injury Reports QR code (Refer Appendix 2)
i) Provide feedback to coach on any individual player concerns

Post-Game

j) Diagnosis, management, rehabilitation (in conjunction with First Aid Coordinator as necessary, and feedback to coach)
k) Request any additional first aid supplies from the clubs First Aid Coordinator

2. Player/Personal Protection and Medical Information

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

3. Club Committee & Key Contacts

Craig Chapman – President ……..…. 0433 462 377

Tina Smith – Secretary …… 0409 100 442

Katie Atkin – First Aid Coordinator ……. 0414 422 439

Sue Connolly – Child Safety Officer …….. 0402 445 173

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 AFL South East (AFLSE) – Policy & By-Laws

The AFLSE supports the Sports Trainers in Community Australian Football Policy.

First Aid Requirements (extract from AFLSE policy & by-laws)

18.1 (a) All first aiders must be trained and qualified in accordance with the AFL Trainers Policy.

(b) Prior to the commencement of each season each First Aider/ERC or Trainer must be registered with the League through the Competition Management System including their WWC number.

(c) The First Aider/ERC or Trainer must wear an official uniform as determined by the League as described in the Junior League's Style Guide.

(d) There may be up to two (2) First Aiders or ERC or Trainers. One is permitted in the coach's box, unless an injured player is being attended to. The other must be located around the ground at least 20 meters from the coach's area.

(e) 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.

(f) A First Aider/ERC and Trainer may be penalised for loitering on the ground during general play and/or making comments to players and umpires.

(g) A Team may be penalised for a First Aider/ERC or Trainer loitering on the ground during general play and/or making comments to players and umpires.

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

Stretchers (extract from AFLSE policy & by-laws)

15.2 (a) The home club must ensure they supply a compliant stretcher for each game.

(b) The stretcher is to be located behind the fence at the Interchange Area. Any breach shall be subject to the relevant fine (Refer Appendix 3)

Defibrillator (extract from AFLSE policy & by-laws)

15.3 Match venues should have immediate access to a defibrillator in case of an emergency.

Emergency Access (extract from AFLSE policy & by-laws)

15.6 All access gates must be clear and accessible at all times. Access keys should be readily available during all League matches.

Concussion (extract from AFLSE policy & by-laws)

30 If a player has suffered a concussion or is suspected of having a concussion, they must be medically assessed as soon as possible after the injury and must NOT be allowed to return to play in the same game/practice session. There should be an accredited first aider at every game and the basic rules of first aid should be used when dealing with any player who is unconscious or injured.

The player should not return until such time as a doctor's certificate has been obtained indicating they are fit to play. This process is to be managed at Club level and is to be in line with the AFL Community Concussion Management Guidelines (Refer Appendix 4).

5. Location of Key Equipment

Item	Location
Defibrillator	Clyde Recreation Reserve - First Aid Room
CPR Face Shield	First Aid Kit & Bum Bag
Stretcher	Clyde Recreation Reserve - First Aid Room
Ice (instant)	First Aid Kit
Ice (frozen)	Clyde Recreation Reserve - canteen deep freezer
Medical Supplies/Tape	First Aid Kit

** For replenishment of medical supplies, please contact the First Aid Coordinator.*

6. Emergency Information

6.1 Nearest Hospitals/Medical Centres

PUBLIC
Casey Hospital
62-70 Kangan Drive, Berwick

PRIVATE
Peninsula Private Hospital
525 McClelland Drive, Langwarrin

Medical Centres

- The Avenue Family Medical Clinic
  (Mon-Fri 8.30am-6pm, Sun 9am-1pm), 8768 9091
  4 Stoneleigh Rd, Cranbourne Nth, VIC 3977

- Broad Oak Medical, Dental & Specialist Centre
  (Mon-Wed 9am-7pm, Fri & Sun 9am-5pm), 5995 1000
  14 Broad Oak Dr, Cranbourne East VIC 3977

- Pro Health Family Medical Centre
  (Mon-Fri 8.30am-10pm, Sun 9am-6pm), 5995 2233
  17/1A Linsell Blvd, Cranbourne East VIC 3977

6. Emergency Information Cont.

6.2 Emergency Access to Grounds

Clyde Recreation Reserve - access to all ovals is via Vestfold Drive , Clyde
Please inform the operator which oval to attend (oval 1, 2 or 3)
All ovals are locked by a universal key (see coach).

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

All Clyde Cougar Football Club players and volunteers are covered for personal injury through Marsh, the appointed insurance broker for the Australian Football League (Bronze level). The policy covers for accidental injuries that occur during club sanctioned, football related activities. By law, this policy can only cover medical costs that are not covered by Medicare.

Should a player incur an injury that may require additional medical treatment, parents will need to complete a Personal Accident Claim Form at https://au.marsh.com/sport/make-a-claim.html and keep medical receipts and paperwork within 180 days of the injury. Information regarding Marsh Insurance cover is available at https://au.marsh.com/sport/afl.html

Please advise the First Aid Coordinator if there are any injuries that may require an insurance claim and they will facilitate this process.

8. Additional Resources

AFLSE By-Laws

AFLSE By-Laws are available on the Clyde Cougar Football Club's website https://clydefc.com.au/player-information/policies/

AFL Club Help

The following resources can be found on the AFL Community Club website:

- **Concussion Management**
https://www.afl.com.au/clubhelp/policies/health-and-safety/concussion-management

- **Critical Incident Response**
https://www.afl.com.au/clubhelp/club-management/critical-incident-response

- **AFL Endorsed ERC providers**
https://www.afl.com.au/clubhelp/match-day-management/match-day-volunteers/emergency-response-coordinators

The National Community Football Policy Handbook

The National Community Football Policy Handbook includes community football policies across four key areas: eligibility and registration; member protection and integrity; health and safety; and disciplinary.

The policy handbook can be found at https://www.afl.com.au/clubhelp/policies/handbook and includes the following resources:

- **Member Protection and Integrity**
  - Vilification and Discrimination
  - Social Media

- **Health and Safety**
  - Injury Management
  - Protective Equipment
  - Concussion
  - Infectious Diseases and Active Bleeding

Appendix 1 - First Aid Kit

Trainers are to carry first aid kits with them at all games (both home and away). For convenience, a smaller bum bag is provided for quick treatment of injuries during games, whilst the bigger first aid box provides more products for larger injuries.

Kits should be inspected frequently to ensure the completeness and usability of all first aid supplies. Any supply beyond its expiration date should be discarded and reported to the First Aid Coordinator.

Should you require more supplies throughout the season, please contact the First Aid Coordinator.

ITEM	QTY		ITEM	QTY	
	Box	Bag		Box	Bag
Dressings/Adhesives			**Hygiene & PPE**		
Eye pad	1		Gloves	2	2
Non Adherent 7.5cm	1		CPR Face Shield	1	1
Universal Small/Wound Dressing	1		Tissues (pack)	1	1
Combine Dressing 10cm x 10cm	1		**Antiseptic/Cleaning**		
Gauze Swab 10cm x 10cm	1		Saline: Eye & Skin Wash	3	1
Adhesive Island Dressing	1		Alcohol Swabs/Cleansing Wipes	10	4
Fabric Knuckles	1		Safety Pins (small bag)	1	
Wound and Skin Closure	3		Hand sanitiser	1	
Adhesive Shapes (box)	1		**Misc General**		
Bandaids	1	1	First Aid Rigid Box	1	
Tapes			First Aid Bum Bag		1
Surgical Tape 2.5cm	1		Instant Ice Packs	2	
Zinc Oxide Dressing Tape 2.5cm	1		Vomit Bags	2	
Fabric Adhesive Dressing Tape (box)	1		Scissors Stainless Steel	1	
Bandages			Tweezers Stainless Steel	1	
Heavy Crepe (firm support) 7.5cm	1		Tweezers Plastic	1	
Heavy Crepe (firm support) 10cm	1		Splinter Probes Disposable	5	
Conforming (light support) 2.5cm	1		Dish: kidney plastic	1	
Conforming (light support) 5cm	1		Note Pad, Pen & Pencil	1	
Conforming (light support) 10cm	1		Emergency Shock Blanket	1	1
Triangular 110cm	1	1	Resuscitation Card	1	
			Cardboard Ventolin Spacer		1
			Ventolin		1
			** Ice Spray available upon request*		

Appendix 2 - Injury Reporting

Appendix 3 – AFL South East Fines Schedule

FINES SCHEDULE	
Breach	**Fine**
Administration	
Club changing official Match times or dates without agreement from the opposing Club and having not advised the Competition Manager seven (7) days beforehand or as agreed.	$100
Club not adhering to the player movement rules defined in these By-Laws	$250
Club playing ineligible, suspended, unregistered and/or over-age Players.	$100 plus loss of Match ratio.
Should a Team be found guilty of three (3) of any of the above in any one season.	$250 and the Team withdrawn from the competition.
Any Player playing under another name other than their own.	$250
Code of Conduct Breach.	Max $250
Withdrawal of a nominated Team within fourteen (14) days of competition commencement.	$250
Withdrawal of a nominated Team within seven (7) days of competition commencement.	$Half of full team fee
Withdrawal of team after start of competition	$Full team fee
Match Day	
Duplicate jumper number	$20 per breach
Jumpers not licensed or compliant with league style guide	$40 per breach
Incorrect short or socks	$20 per breach
No Ground Marshall	$50 per breach
Forfeiting a Match without correct prior notification.	$100 per breach
Officials sent off (16.1 – b)	$250
Failure of Team to enter the playing field after receiving a second warning from Umpire.	At the discretion of the league
Failure to complete Team Sheets and other match day paperwork - Completion on Match day in accordance with By-Laws	$20 per breach
Changes to team sheets after 14 days	$150 per team
Incorrectly attired Officials (non-wearing of appropriate uniform as provided for by the By-Laws) –2nd breach and each subsequent breach.	1st breach $25 2nd breach $75
Unauthorised persons inside the coach's box	$50 per breach
Failure to even up player numbers	$50 per breach
Starting or playing a Match without a qualified First Aider, ERC or Trainer (as defined).	Max $200
Failing to supply a stretcher at the ground.	$250
Incorrect football supplied	$100 per breach
Team Officials smoking during the match or whilst wearing their vest/bib	$250 per breach
Tribunal Fines	
Player found Guilty at Tribunal	$60
Accepting Set Penalty	$20
Official found guilty at disciplinary hearing (by-law 16.1 – c)	$500
Non-Appearance of Advocate at Tribunal (per offence)	$100
Non-Appearance of player at Tribunal (per offence)	$100
General Fines	
Failure to submit Club financials in line with By-Laws	$100

Appendix 4 - AFL South East/(AFLSE) AFL Community Concussion Guidelines

Purpose: AFLSE is committed to the health and safety of all participants who play/participate in Australian Football. The AFL has produced "The Management of Sport-Related Concussion in Australian Football with Specific Provisions for Children and Adolescents", based on guidelines developed by the AFL Concussion Working Group Scientific Committee. These guidelines will continue to evolve as new evidence is made available to ensure best practice.

The Issue: The game of Australian Football is a contact sport that involves high flying marks, extraordinary skills, and exhilarating tackles. The rules of Australian Football have always had a focus on protecting the safety of players, with the most important body part being a player's head. The 'high contact' rule aims to minimise the frequency in which players receive contact to their head that may lead to brain injuries.

Concussion is a brain injury that occurs from impact to a player's head, either through collision with another player (which includes whiplash from body contact) or with the ground. Whilst the skull is in place to protect the brain, in a high impact collision, the brain can move back and forward within the skull causing temporary dysfunction. Concussion is not always an immediate injury, and sometimes the symptoms may not present themselves until hours after the initial impact. Some concussion symptoms may include:

- Difficulty staying awake.
- Headaches or migraines
- Forgetfulness or memory problems
- Vomiting
- General unwell feeling or feeling a bit 'off'.
- Dizziness
- Confusion, slurred speech, or unusual behaviour
- Blurred or double vision

The appropriate management of concussion is essential in ensuring the brain has enough time to heal and recover. Therefore, anyone who experiences concussion type symptoms are encouraged to seek medical advice from their Doctor on how best to manage the injury. If any deterioration is observed, transport to an accident or emergency department should occur as soon as possible.

It is crucial that anyone with a diagnosed concussion does not immediately return to play.

As a temporary brain dysfunction, concussion will resolve with time. This may vary from an hour or so to several days. Occasionally the brain will recover even more slowly. The best MAJOR PARTNER treatment is rest from physical activity and work/study. The player should be seen by a doctor who will monitor the symptoms, signs and brain functioning.

The doctor must clear the player to return to sporting activity and this will usually involve a stepped approach with a gradual increase in activities over a few days. The doctor may arrange a specialist opinion (if the concussion is slow to resolve) or cognitive testing (brain functioning). If at any stage the symptoms or signs are getting worse seek urgent medical attention.

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.

Head impacts can be associated with serious and potentially fatal brain injuries. In the early stages of injury, it is often not clear whether you are dealing with a concussion or there is a more severe underlying structural head injury. For this reason, the most important steps in initial management include:

1. Recognising a suspected concussion.
2. Removing the player from the game; and
3. Referring the player to a medical doctor for assessment.

Any player who has suffered a concussion or is suspected of having a concussion must be medically assessed as soon as possible after the injury and must NOT be allowed to return to play in the same game/practice session. There should be an accredited first aider at every game and the basic rules of first aid should be used when dealing with any player who is unconscious or injured.

Appendix 4 - AFL South East/(AFLSE) AFL Community Concussion Guidelines Cont.

It is recommended that all trainers have the Head Check Concussion Management App downloaded on their phone
https://www.headcheck.com.au/

Purpose
Return to Training and Playing Guidelines for players following a Concussion:
1. Player must have a minimum 12-day mandatory break from playing any matches.
2. Player must obtain a written 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.
3. Player must only recommence 'usual contact' training when symptom free and physically able to complete full training sessions.
MAJOR PARTNER
4. Recommend that any player with symptoms persisting for more than 5 days (post the concussion) seek specialist opinion prior to resuming training and playing matches.

Sustaining a Concussion outside of AFLSE matches and/or Training:
If a Player sustains a diagnosed concussion outside of AFLSE matches or training, the Return to Training and Playing Guidelines for players following a Concussion, above are enacted for that Player.

DRSABCD Action Plan

In an emergency **call triple zero (000)** and ask for an ambulance

D DANGER

Ensure the area is safe for your self, others and the patient

↓

R RESPONSE

Check for response—ask name—squeeze shoulders

No response

↓

Response
Make comfortable
Monitor response

S SEND for help

Call triple zero (000) for an ambulance
or ask another person to make the call

↓

A AIRWAY

Open mouth—if foreign material present
Place in recovery position
Clear airway with fingers

↓

B BREATHING

Check for breathing—look, listen, feel

Not normal breathing
Start CPR

↓

Normal breathing
Place in recovery position
Monitor breathing

C CPR

Start CPR—30 chest compressions : 2 breaths
Continue CPR until help arrives
or patient recovers

↓

D DEFIBRILLATION

Apply defibrillator if available
and follow voice prompts

St John

ASTHMA FIRST AID

1 SIT THE PERSON UPRIGHT

- Be **calm** and reassuring
- **Do not leave** them alone

2 GIVE 4 SEPARATE PUFFS OF BLUE/ GREY RELIEVER PUFFER

- **Shake** puffer
- Put **1 puff** into spacer
- Take **4 breaths** from spacer
  - **Repeat** until **4 puffs** have been taken

OR give 2 separate inhalations of Bricanyl (6 years or older)
OR give 1 inhalation of Symbicort Turbuhaler (12 years or older)
OR give 2 puffs of Symbicort Rapihaler through a spacer (12 years or older)

If no spacer available: Take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given

3 WAIT 4 MINUTES

- If there is no improvement, **give 4 more separate puffs of blue/grey reliever** as above

OR give 1 more inhalation of Bricanyl
OR give 1 more inhalation of Symbicort Turbuhaler
OR give 2 puffs of Symbicort Rapihaler through a spacer

IF THERE IS STILL NO IMPROVEMENT

4 DIAL TRIPLE ZERO (000)

- Say **'ambulance'** and that someone is having an asthma attack
- Keep giving **4 separate puffs** every **4 minutes** until emergency assistance arrives

OR give 1 inhalation of a Bricanyl or Symbicort Turbuhaler every 4 minutes – up to a max of 4 more inhalations of Symbicort Turbuhaler
OR give 2 puffs of Symbicort Rapihaler through a spacer every 4 minutes – up to a max of 8 more puffs of Symbicort Rapihaler

CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it is asthma
- **the person is known to have anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid**

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.

Translating and Interpreting Service
131 450

ASTHMA AUSTRALIA

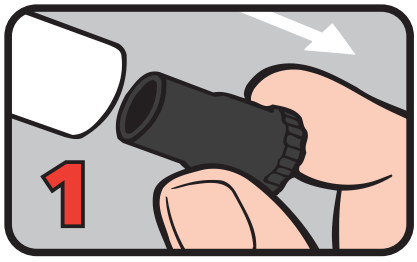
1800 ASTHMA
(1800 278 462)

asthma.org.au

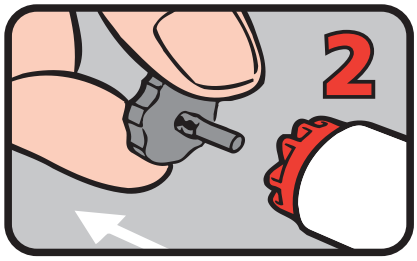
ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

How to give adrenaline (epinephrine) injectors

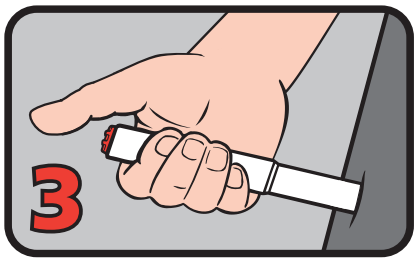
Anapen®



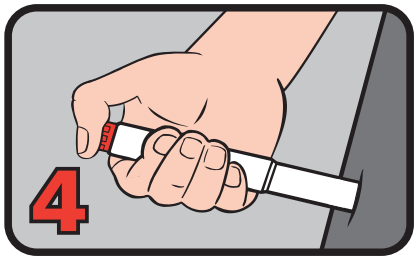
PULL OFF BLACK NEEDLE SHIELD



PULL OFF GREY SAFETY CAP from red button

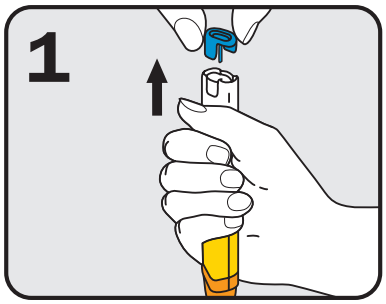


PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)

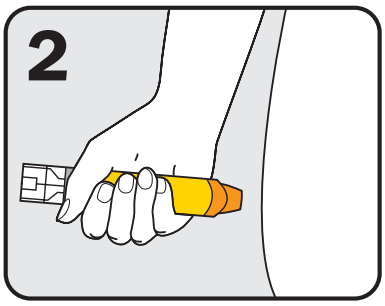


PRESS RED BUTTON so it clicks and hold for 10 seconds.
REMOVE Anapen®

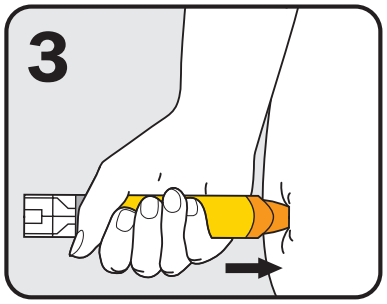
EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds
REMOVE EpiPen®

Follow the ASCIA Action Plan or First Aid Plan for Anaphylaxis.

Provide ambulance with the used injector and the time it was given.

ascia
australasian society of clinical immunology and allergy

www.allergy.org.au

FIRST AID PLAN FOR Anaphylaxis

For use with adrenaline (epinephrine) injectors - refer to the device label for instructions

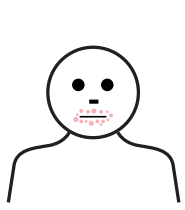
Translated versions of this document are on the ASCIA website www.allergy.org.au/anaphylaxis#ta5

MILD TO MODERATE ALLERGIC REACTIONS

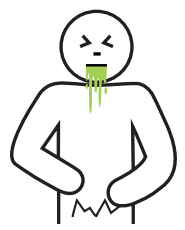
SIGNS

Swelling of lips, face eyes

Hives or welts



Tingling mouth



Abdominal pain, vomiting (these are signs of anaphylaxis for insect alllergy)

ACTION

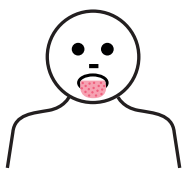
- For insect allergy flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline injector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before severe allergic reactions (anaphylaxis)

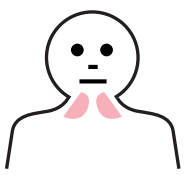
ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS

Difficult or noisy breathing



Swelling of tongue

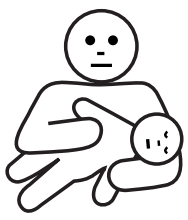


Swelling or tightness in throat

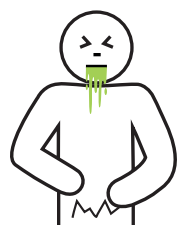
Wheeze or persistent cough

Difficulty talking or hoarse voice

Persistent dizziness or collapse



Pale and floppy (young children)

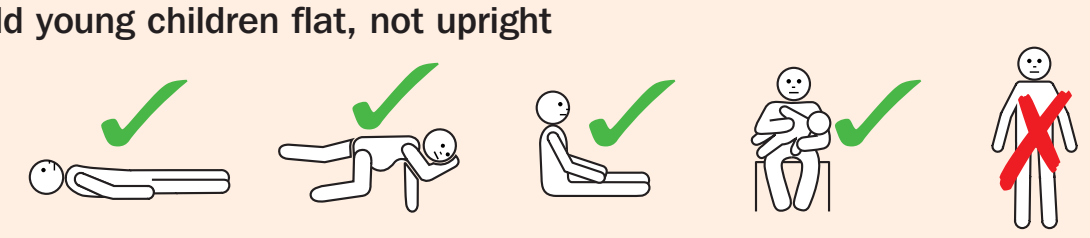


Abdominal pain, vomiting (these are signs of anaphylaxis for insect alllergy)

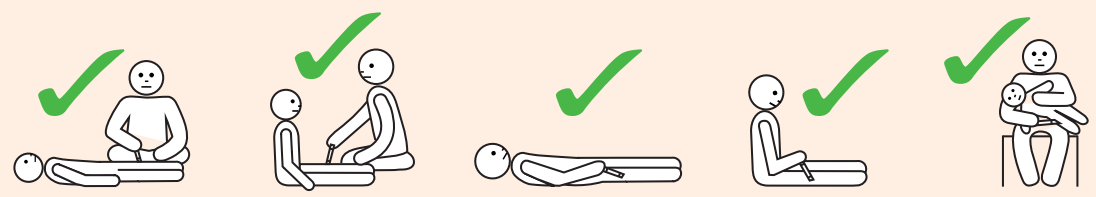
ACTION

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE INJECTOR as shown on the device label

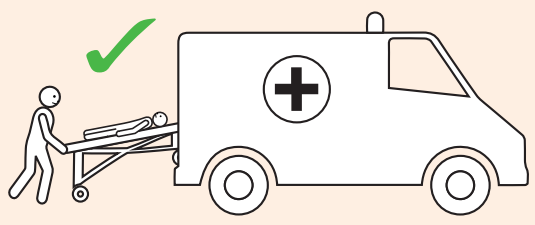


3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation



IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

Adrenaline injectors are given as follows:
- 150 mcg for children 7.5-20kg
- 300 mcg for children over 20kg and adults
- 300 mcg or 500 mcg for children and adults over 50kg

ALWAYS give adrenaline injector FIRST, if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this first aid plan for the person with the allergic reaction.

ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Allergic Reactions

Name: _____

Date of birth: _____

Confirmed allergens:

Family/emergency contact name(s):

1. _____

Mobile Ph: _____

2. _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

_____

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian, including use of adrenaline if available.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: _____

Date: _____

Note: This ASCIA Action Plan for Allergic Reactions is for people who have allergies but do not have a prescribed adrenaline (epinephrine) injector. For instructions refer to the device label or the ASCIA website www.allergy.org.au/anaphylaxis

Adrenaline injectors are given as follows:

- 150 mcg for children 7.5-20kg
- 300 mcg for children over 20kg and adults
- 300 mcg or 500 mcg for children and adults over 50kg

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Give antihistamine (if prescribed) _____
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- **Difficult or noisy breathing**
- **Swelling of tongue**
- **Swelling or tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking or hoarse voice**
- **Persistent dizziness or collapse**
- **Pale and floppy (young children)**

ACTION FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- **If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below**
- **If breathing is difficult allow them to sit with legs outstretched**
- **Hold young children flat, not upright**

2 GIVE ADRENALINE INJECTOR IF AVAILABLE

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

First aid fact sheet

Nose bleed

Many nose bleeds do not have an obvious cause, but some may be because of:

- a blow to the nose
- excessive blowing
- sneezing
- high blood pressure
- changes to altitude.

What to do

1. Ask the patient to breathe through their mouth and not to blow their nose. Encourage the patient to spit out blood rather than swallow it.
2. Help the patient to sit down with their head slightly forward.
3. Pinch the soft part of the patient's nostrils, just below the bridge of the nose, for at least 10 minutes.
4. Loosen any tight clothing around the patient's neck.
5. If bleeding persists, seek medical aid.

   Placing a cold pack on the patient's neck and forehead may help the bleed. A cold pack is unlikely to cause any harm.

In a medical emergency call Triple Zero (000)

DRSABCD Danger ▶ Response ▶ Send for help ▶ Airway ▶ Breathing ▶ CPR ▶ Defibrillation

You could save a life with first aid training • www.stjohn.org.au • 1300 360 455

First aid fact sheet

Fracture / dislocation

- It can be difficult to tell whether an injury is a fracture, dislocation, sprain or strain. If in doubt, always treat as a fracture.
- DO NOT try to force a broken or dislocated bone back into place.

Signs and symptoms

Fracture

- pain or tenderness at or near the site of the injury
- swelling
- deformity
- discolouration, redness, bruising
- loss of function
- the patient felt or heard the break occur
- a coarse grating sound is heard or felt as bones rub together

Dislocation

- pain at or near the site of the injury
- difficulty or inability to move the joint
- abnormal mobility of the limb
- loss of power
- deformity (such as an abnormal lump or depression)
- tenderness
- swelling
- discolouration and bruising

What to do

Fracture

1. Follow DRSABCD.
2. Ask the patient to remain as still as possible.
3. Control any bleeding, cover any wounds and check for other fractures.
4. Immobilise the broken bone by placing a padded splint along the injured limb.
5. Secure the splint by passing the bandages above and below the break to prevent movement. Tie the bandages firmly and away from the injured side.
6. For a leg fracture, also immobilise the foot and ankle. Support the limb while bandaging.
7. Check that the bandages are not too tight and watch for signs of loss of circulation to the limb every 15 minutes.
8. Seek medical aid.

Dislocation

1. Follow DRSABCD.
2. Rest and support the limb using soft padding and bandages.
   - For a **shoulder injury**, support the arm as comfortably as possible.
   - For a **wrist injury**, support the wrist in a sling.
3. Apply a cold pack directly over the injured joint, if possible.
4. Seek medical aid.
5. Check circulation of the limb. If circulation is absent, call triple zero (000) for an ambulance. Massage the limb gently to try to restore circulation.

In a medical emergency call Triple Zero (000)

DRSABCD Danger ▶ Response ▶ Send for help ▶ Airway ▶ Breathing ▶ CPR ▶ Defibrillation

You could save a life with first aid training • www.stjohn.org.au • 1300 360 455

First aid fact sheet

Fainting

Signs and symptoms

- pale, cool, moist skin
- numbness in the fingers and toes
- nausea
- faintness, dizziness
- confusion
- loss of consciousness

DO NOT sit the patient on a chair with their head between their knees.

What to do

1. Follow DRSABCD.
2. Lie the patient down on their back with their legs elevated.
3. Loosen any tight clothing.
4. Ensure plenty of fresh air – open a window if possible.
5. Treat any injury resulting from a fall.
6. If fainting is the result of an underlying medical condition, advise the patient to seek medical aid.

Fainting is a partial or complete loss of consciousness caused by a temporary reduction of blood flow to the brain.

People usually recover from fainting quickly, often within seconds, without any lasting effects.

Fainting can occur at any time and may be triggered by:

- emotional shock
- pain
- overexertion
- exhaustion
- lack of food
- sight of blood
- low blood pressure
- standing still in hot conditions.

In a medical emergency call Triple Zero (000)

DRSABCD Danger ▶ Response ▶ Send for help ▶ Airway ▶ Breathing ▶ CPR ▶ Defibrillation

You could save a life with first aid training • www.stjohn.org.au • 1300 360 455

First aid fact sheet

Sprain and strain

It can be difficult to tell whether an injury is a fracture, dislocation, sprain or strain. If in doubt, always treat as a fracture.

Signs and symptoms

Sprain

- intense pain
- restricted movement of the injured joint
- rapid development of swelling and bruising

Strain

- sharp, sudden pain in the region of the injury
- usually loss of power
- muscle tenderness

What to do

1. Follow DRSABCD.
2. Follow RICE:
   - **Rest** – rest the patient and the injured part
   - **Ice** – apply an ice pack or cold pack for 15 minutes every 2 hours for 24 hours, then for 15 minutes every 4 hours for 24 hours
   - Compression – apply a compression bandage firmly to extend well beyond the injury
   - **Elevation** – elevate the injured part.
3. Avoid HARM:
   - **H**eat
   - **A**lcohol
   - **R**unning or other exercise of the injured area
   - **M**assage.
4. Seek medical aid.

In a medical emergency call Triple Zero (000)

DRSABCD Danger ▶ Response ▶ Send for help ▶ Airway ▶ Breathing ▶ CPR ▶ Defibrillation

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First aid fact sheet

Spinal and neck injury

- If the patient is unconscious as a result of a head injury, you should always suspect a spinal injury.
- DO NOT move a patient with a suspected spinal injury unless they are in danger. Movement may cause further injury.
- Twisting, compressing or bending an injured spine may increase the damage. If the patient must be moved, take extreme care to keep the spine straight and avoid twisting or bending. Where the neck is involved, support the head and neck with your hands.
- Do not apply a cervical collar.

Signs and symptoms

- pain at or below the site of the injury
- tenderness over the site of the injury
- absent or altered sensation below the site of the injury, such as tingling in hands or feet
- loss of movement or impaired movement below the site of the injury

What to do

Unconscious breathing patient

1. Follow DRSABCD.
2. Call triple zero (000) for an ambulance.
3. Place the patient in the recovery position. Carefully support their head and neck, and avoid twisting or bending during movement.
4. Ensure the patient's airway is clear and open.
5. Hold the patient's head and neck steady to prevent twisting or bending of the spine.

Conscious patient

1. Follow DRSABCD.
2. Call triple zero (000) for an ambulance.
3. Keep the patient in the position found. Only move if in danger.
4. Reassure the patient. Ask them not to move.
5. Loosen any tight clothing.
6. Hold the head and neck steady to prevent twisting or bending of the spine.

In a medical emergency call Triple Zero (000)

DRSABCD Danger ▶ Response ▶ Send for help ▶ Airway ▶ Breathing ▶ CPR ▶ Defibrillation

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CONCUSSION MANAGEMENT IN AUSTRALIAN FOOTBALL

1. RECOGNISE AND REMOVE:

If a player displays concussion signs and/or reports symptoms after experiencing head trauma, the player should immediately be removed from the match or training session for assessment. The assessment should use the AFL-approved concussion management app HeadCheck, the Concussion Recognition Tool (CRT5) or an equivalent assessment tool.

COMMON SYMPTOMS

include headache, dizziness or balance problems, feeling dinged or dazed, feeling like in a "fog"or slowed down, having trouble concentrating or remembering, or not feeling "quite right".

COMMON SIGNS

include loss of responsiveness, lying motionless on the ground, unsteady on feet, dazed or blank look, confused or difficulty remembering, or the player is not their normal self.

2. REFER:

If there are any "red flags" e.g. confusion or incoherence, neck pain, double-vision, weakness or tingling/burning in the arms or legs, loss of consciousness, worsening headache or vomiting, an ambulance should be called and the player referred to hospital immediately.

Otherwise, the player should be referred to a medical doctor for assessment (at venue, local GP or hospital emergency department).

3. REVIEW:

The player (or parent) should provide the HeadCheck assessment to the medical doctor and as much information as possible to help the doctor to assess the player.

The doctor will review the player to confirm the diagnosis and decide on the best plan for management in the days after injury (including time off from driving, work, or school).

4. RETURN:

The player and Club should follow the advice provided by the medical doctor supported by the AFL Concussion return to play guidelines. The three phases of return are brief rest, recovery and a graded loading program. Players should not enter the loading program until they have fully recovered from their concussion. The minimum time to return to play is 12 days, but most cases will require longer with recovery varying by person and injury.

A conservative approach is particularly important in: children and adolescents, players with history of concussion, where there is a recurrence of symptoms or where there is any uncertainty about recovery.

Any concussed player must not be allowed to return to competitive contact sport (including full contact training sessions) before having a medical clearance.

For more details refer to "The Management of Sport-Related Concussion in Australian Football".

HeadCheck was developed in collaboration with the Murdoch Children's Research Institute and a panel of sport-related concussion experts led by Professor Vicki Anderson.

DOWNLOAD THE AFL-APPROVED HEADCHECK APP TODAY

Headcheck

murdoch children's research institute

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CONCUSSION RECOGNITION TOOL 5 ©

To help identify concussion in children, adolescents and adults

Supported by

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS — CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- **Neck pain or tenderness**
- **Double vision**
- **Weakness or tingling/ burning in arms or legs**
- **Severe or increasing headache**
- **Seizure or convulsion**
- **Loss of consciousness**
- **Deteriorating conscious state**
- **Vomiting**
- **Increasingly restless, agitated or combative**

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to so do.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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RETURN TO PLAY FOLLOWING CONCUSSION

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'Yes' must be answered to each question before moving onto the next phase and to all questions before returning to play.

Player: _____ **Date of concussion:** _____

PHASE	ACTIVITY	(please circle)
REST	Has the player had complete physical and cognitive rest in the first 24 – 48 hours?	Yes
RECOVERY	The player's symptoms have recovered COMPLETELY at rest and with activities of daily living (such as reading, walking, watching TV, etc) and they have successfully returned to full work and/or school, without restrictions or the need for medication.	Yes
	Has the player received medical clearance from a physiotherapist, sport trainer or first aider to confirm that they have had no concussion related symptoms for at least 1 day (with the player back doing ALL their usual activities)? Clearance provided by: Name: ..... Date: ..... / ..... /	Yes
GRADED LOADING – INDIVIDUAL TRAINING	Has the player completed a session of light / moderate aerobic exercise (e.g. walking, jogging, cycling at slow to medium pace)?	Yes
	Did the player remain free of concussion related symptoms during the completion of a light / moderate aerobic exercise session?	Yes
	Has the player had a recovery day after completing the light / moderate aerobic session?	Yes
	Has the player completed a session of sport specific exercise with higher intensity and higher duration (e.g. running at an increased heart rate, goal kick, stationary handball, light resistance training)	Yes
	Has the player received medical clearance from a physiotherapist, sport trainer or first aider to confirm that they have had no concussion related symptoms for at least 1 day whilst undertaking sport specific exercises? Clearance provided by: Name: ..... Date: ..... / ..... /	Yes
	Has the player had a recovery day after completing the sport specific session?	Yes
GRADED LOADING – FULL TEAM TRAINING	Has the player completed a session of full team non-contact training? *Training must be non-contact except drills with incidental contact – including tackling).*	Yes
	Did the player remain free of concussion related symptoms during the completion of full team non-contact training?	Yes
	Does the player feel confident to return to full contact training?	Yes
	Has the player had a recovery day after completing the full team non-contact training session?	Yes
	Has the player received clearance from a medical doctor? *Clearance must be received before returning to full contact training / playing.*	Yes
	Has the player completed a session of full contact training?	Yes
	Did the player remain free of concussion related symptoms during the completion of full contact training?	Yes
	Does the player feel confident to return to participate in a match?	Yes
	Has the player had a recovery day after completing the full contact training session?	Yes
	Have at least 12 days passed since the day the concussion was suffered?	Yes
IF ALL THE QUESTIONS HAVE BEEN ANSWERED 'YES' THE PLAYER MAY RETURN TO PLAY		

The earliest that a player may return to play (once they have successfully completed a graded loading program and they have obtained medical clearance) is on the 12th day after the day on which the concussion was suffered.

A more conservative approach is required if there is a lack of baseline testing and active medical practitioner oversight of each stage of the graded return to football. Section 4.4 of the guidelines also outlines the importance of a more conservative approach in certain situations including for children and adolescents, players with a history of concussion and where there is a recurrence of symptoms at any stage during the return to play program.

TOYOTA AFL CLUBHELP

MEDICAL CLEARANCE FORM

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RETURN TO PLAY CLEARANCE FORM

PLAYER DETAILS

Player: ..... **Club:** .....

Date of concussion: ..... / ..... / .....

The player must take this form to a Doctor to receive a medical clearance from any symptoms of concussion before returning to full contact training or playing Australian Football.

The player must return this form to their club who must retain a copy and provide to their League if requested.

DECLARATION OF FITNESS TO RETURN TO PLAY

I have examined ..... (player) on ..... / ..... / .....

By signing this document, I declare that the above player has recovered from their concussion (including full resolution of their concussion-related symptoms and signs) and has completed a graded loading program without recurrence of any clinical features.

In my opinion the player is now medically fit to return to full contact training or playing Australian Football.

Signed: ..... **Date:** ..... / ..... / .....

Doctor name: ..... **Provider #:** .....

Please note that the earliest that a player may return to play (once they have successfully completed a graded loading program and they have obtained medical clearance) is on the 12th day after the day on which the concussion was suffered.

MEDICAL CLEARANCE FORM

TOYOTA AFL CLUBHELP

PHASES OF RETURN TO PLAY FOLLOWING CONCUSSION:

Focus	Goal	Requirements to move to next stage
Rest		
Rest	• Help speed up recovery	• Complete physical and cognitive rest in the first 24 – 48 hours
Recovery		
Symptom limited activity	• Two days of activities that do not provoke symptoms	• No concussion-related symptoms at rest or with physical or brain activity for at least 1 day and the player has successfully returned to work/school • The player should also have a medical clearance (e.g. physiotherapist, sports trainer, first aider) to confirm that the player has had no concussion-related symptoms for at least 1 day
Graded Loading – individual program		
Light / moderate aerobic exercise	• Light / moderate aerobic exercise (e.g. walking, jogging, cycling at slow to medium pace) • No resistance training	• Remain completely free of any concussion-related symptoms
Recovery day		
Sport-specific exercise	• Increased intensity (e.g. running at an increased heart rate) and duration of activity • Add sports specific drills (e.g. goal kick, stationary handball) • Commence light resistance training	• Remain completely free of any concussion-related symptoms • The player should also have a medical clearance (e.g. physiotherapist, sports trainer, first aider) to confirm that the player has had no concussion-related symptoms for at least 1 day
Recovery day		
Graded Loading – full team training		
Limited contact training	• Return to full team training – non-contact except drills with incidental contact (incl. tackling)	• Remain completely free of any concussion-related symptoms • Player confident to return to full contact training
Recovery day ***Clearance by a medical doctor is required before returning to the final full contact training session and competitive contact sport***		
Full contact training	• Full team training	• Remain completely free of any concussion-related symptoms • Player confident to participate in a match
Recovery day		
Return to Play		

The earliest that a player may return to play (once they have successfully completed a graded loading program and they have obtained medical clearance) is on the 12th day after the day on which the concussion was suffered.

A more conservative approach is required if there is a lack of baseline testing and active medical practitioner oversight of each stage of the graded return to football. A more conservative approach is important in certain situations including for children and adolescents, players with a history of concussion and where there is a recurrence of symptoms at any stage during the return to play program.

DOWNLOAD THE AFL-APPROVED HEADCHECK APP TO HELP MANAGE CONCUSSION.

Download on the App Store

GET IT ON Google Play

HEADCHECK.COM.AU

Headcheck

murdoch children's research institute

TOYOTA AFL CLUBHELP

AUSTRALIAN FOOTBALL LEAGUE | BE SAFE • FEEL SAFE • PLAY SAFE

SAFEGUARDING CHILDREN AND YOUNG PEOPLE AT OUR CLUB

We promote a safe, inclusive and friendly environment for all children and young people

We have zero tolerance to mistreatment and abuse of children and young people

We have a Safeguarding Policy and Code of Conduct all members must abide by

We encourage all members to model safe behaviours (online and in person) with children and young people

We use positive reinforcement to support our children and young people

We encourage all children and young people to 'have a say' at our club

We will respond promptly to any concerns you may have. Remember to say something if you see or hear something.

For child safety queries contact:

Sue Connolly

childsafety@clydefc.com.au

0402 445 173

Alternatively use this QR code to raise a concern with the AFL.

CHILD SAFEGUARDING OFFICER (CSO)

NAME

Sue Connolly

PHONE

0402 445 173

EMAIL

childsafety@clydefc.com.au

WHAT DOES THE CSO DO?

- Acts as the first point of contact for all safeguarding matters.
- Help adults at the Club understand their obligations to protect children and young people and promote their rights.
- Helps members reports complaints, concerns and incidents to the Club, Committee, or the AFL State Entity/AFL for appropriate action.

HOW DO I RAISE SOMETHING?

If you have concerns about your safety or the safety of another child or young person, or have seen or heard something that just doesn't feel right, it is important you say something. Speak to your CSO, parent, carer, family member or trusted adult at your club.

Or you can report directly to the AFL Integrity team by scanning this QR Code.

EXPECTED BEHAVIOURS OF COACHES & VOLUNTEERS

WHAT ARE THE EXPECTED BEHAVIOURS OF ADULTS IN FOOTBALL?

Coaches and volunteers across AFL programs and community clubs are required to follow safeguarding policies, procedures and codes and should make themselves familiar with those relevant to their roles.

Any behaviour from a coach or volunteer that is considered unsafe (and in some cases, illegal) will be addressed by the AFL, a club, league, association or even the police.

This information sheet is not just here to provide you with a guide of how **you** should behave, but it is also informs you of how **other adults** should behave, so if you notice something that doesn't seem right, you should call it out.

DEFINITIONS

A Child: someone involved in footy who is 12 years or younger – usually a player but may also be a sibling of a player or child of an adult at the club.

A Young Person: someone involved in footy who is between the ages of 13 and 18 years old – usually a player but could also be an umpire or in another role at the club, or a sibling or child of a player.

Adult: someone involved in footy who is over the age of 18 – this could be a coach, manager, umpire, club official, AFL staff member, volunteer, and/or a parent.

know what is ok

do what is right

act when you notice something

ALL ADULTS ARE EXPECTED TO ENSURE CHILDREN AND YOUNG PEOPLE ALWAYS FEEL SAFE AND WELCOME IN AUSTRALIAN FOOTBALL

OK

Contact

Physical touch that is normal for football and happens in front of other people and WITH the child or young person's consent.

This can include tackling, demonstrating skills and techniques, preventing injury, or keeping them safe, or high fives or a pat on the back to celebrate a win.

Communication

Guidance that is positive, helpful, and focused on the child or young person's football skills and game, not them as a person.

Language that is calm and kind and that they can easily understand.

Online communication that includes a parent or carer and is used with the whole team.

Boundaries

When someone has safe, or good boundaries it means they:

- have made sure children and young people understand their role
- act professionally – friendly but not a friend
- treat everyone in the team fairly
- follow the rules with things like sharing information about a child or young person, or only taking photos of them with their permission and their parents or carer's permission, and when it is about football
- always behave appropriately when around the children and young people that they are responsible for.

Supervision

Coaches who are responsible for supervising children and young people in football should:

- always know where the children or young people are at all times
- give them privacy to use the bathroom or change rooms, but still make sure that they are safe
- wait with them until they have been collected only offer a lift if they have their licence and their car is insured, a parent or carer has provided written consent and another person from the club knows about it.

NOT OK

Contact

Any touch a child or young person does not consent to, or that makes them feel uncomfortable.

Any touch that seems sexual, involves a child or young person's private parts, or embarrasses them.

Any touch that happens in a private place like the changerooms or a car.

Communication

Any language or communication that leaves a child or young person feeling uncomfortable, worried, scared or embarrassed.

Any comment online or in person that is sexual or private.

Any contact that happens outside of training and match day hours (like late at night), or on private chat platforms (like socials or texting), is over the top or excessive, or is about personal stuff, nothing to do with football.

Boundaries

When someone has unsafe, or poor boundaries, it means they:

- favour, isolate or single out one person
- accept or give gifts to children, young people or their families (unless fairly distributed and prior consent has been obtained)
- contact a child or young person and/or their families (or former players) outside of football activities, including through social media unless an established relationship already exists (family or friends) and no boundaries are crossed as part of that contact
- offer to assist a child or young person or their family with things that are outside of their role (help around the house / money / buying them things)
- drink alcohol, take drugs, swear or smoke in front of young people at football.

Supervision

Coaches who are responsible for supervising children and young people in football should not:

- be distracted by their phones or other people
- let young children use a bathroom without making sure there are no risks first
- leave a child or young person alone, even if they are late to be picked up
- drive children or young people around in their car recklessly, under the influence of alcohol or drugs, or without permission.

OK

Environment

A safe environment for children and young people at football looks like:

- a space that people from different backgrounds and abilities can access and are comfortable to access
- football trips that are fun and safe for children and young people to attend
- camps where children and young people are given privacy, made to feel welcome and are able to communicate with home when they need to
- change facilities in grounds that are appropriate for any gender
- online spaces where communication is open and transparent and other adults can monitor.

NOT OK

Environment

An unsafe environment for children and young people at football looks like:

- a space that is difficult for children and young people with disabilities to access or where people from different cultural backgrounds feel left out
- footy trips or events that involve alcohol or drugs and easily get out of hand with no adults keeping an eye out for children and young people
- camps where children and young people are punished, humiliated or made to feel homesick and uncomfortable
- change facilities in grounds where there is no privacy and children, young people and those who identify as transgender or non-binary feel unsafe
- online spaces where communication is one to one and used to share inappropriate material not related to football.

WHAT TO DO NEXT

SAY SOMETHING

Even if you have not spoken directly with a child or young person but you have a **SUSPICION** that something is not right, it is important you say something.

You can:

Speak directly with someone you trust in football like a coach, team manager, umpire, official or club representative.

Write down your concerns and pass them onto your club or association via email or a letter.

Use this QR code to raise a concern with the AFL.

For any safeguarding queries email childsafety@afl.com.au

As always if anyone is in immediate danger contact the police on 000

We want all children and young people in football to be safe, feel safe, play safe.

RAISING SAFETY CONCERNS IN AUSTRALIAN FOOTBALL

WHAT IS A CONCERN?

A concern can be raised by anyone (a child, young person, family member, carer, umpire, official, senior player, coach, manager, club member or member of the community) and be about anything (facilities, behaviour of another child or young person, behaviour or actions of an adult).

If the concern raised by you is in relation to the safety of a child or young person it will be categorised, reported to authorities if required, and recorded in a register.

Concerns can be reported through the **AFL Integrity Unit** Further information can be found at the **AFL Safeguarding Children and Young People Complaints and Reporting Procedure**.

DEFINITIONS

A Child: someone involved in footy who is 12 years or younger – usually a player but may also be a sibling of a player or child of an adult at the club.

A Young Person: someone involved in footy who is between the ages of 13 and 18 years old – usually a player but could also be an umpire or in another role at the club, or a sibling or child of a player.

Adult: someone involved in footy who is over the age of 18 – this could be a coach, manager, umpire, club official, AFL staff member, volunteer, and/or a parent.

WHAT KIND OF CONCERN MIGHT SOMEONE RAISE WITH ME?

As a football coach or manager, you are likely to form connections with children or young people associated with football. This may mean that they view you as a trusted adult and could disclose information to you about their concerns of inappropriate behaviour or abuse, either at home, at any football related activity or location, or somewhere else.

This could be telling you that they are experiencing:

- physical abuse
- emotional abuse
- sexual abuse
- neglect
- bullying or harassment, or
- mental health issues.

The aim of this guideline is to arm you with the right tools so you can confidently and appropriately respond to these moments.

There is no expectation for you to play counsellor, psychologist or therapist. All that is asked of you is to listen, support, and respond to their concern.

To better understand inappropriate behaviours, and what to look out for, check out this fact sheet: **What Does Abuse in Footy Look Like?**

Some survivors of child sexual abuse have reported that the way an adult or organisation responded when they told them about the abuse was more traumatic than the abuse itself. This is not ok.

HOW WILL I KNOW?

DISCLOSURES

When a child or young person tells you about an incident that happened to **them** or that **they** were directly involved in.

They are raising a concern with you.

ALLEGATIONS

When a child, young person or any other person tells you about an incident that happened to **someone else** or that someone else was directly involved in.

They are raising a concern with you.

SUSPICIONS

When you have a reason to suspect an incident of abuse against a child or young person, based on observations, instinct or gut feeling, behaviours and indicators.

You are forming a concern.

HOW TO RESPOND IN THE MOMENT

If a child or young person has come to you with a **DISCLOSURE** or an **ALLEGATION** what you do with this information and how you respond is really important. The 3 R's below are an easy way to remember what to do in the moment. You don't have to be a professional or an expert in this, they just need you to be a safe and sensible adult.

RECOGNISE

Recognise when a child or young person is at risk. Know the signs, the indicators and the red flags. Listen to what a child or young person is telling you. Look out for **DISCLOSURES**, **ALLEGATIONS** or **SUSPICIONS**.

RESPOND

Respond calmly and sensitively to a child or young person if they tell you about something that has happened to them. Believe them, listen to them, reassure them, and take them seriously.

Avoid asking leading questions. Just make sure they are safe and let them know you will do something to help them.

REPORT

You must **SAY SOMETHING**. Follow the steps below.

STRATEGY – If you have to respond to a child or young person who is disclosing or alleging that something unsafe has occurred, respond as you would if they were your own child. This is the 'my own child' rule.

WHAT TO DO NEXT

SAY SOMETHING

Even if you have not spoken directly with a child or young person but you have a **SUSPICION** that something is not right, it is important you say something.

You can:

Speak directly with someone you trust in football like a coach, team manager, umpire, official or club representative.

Write down your concerns and pass them onto your club or association via email or a letter.

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FAQS TO HELP YOU GET YOUR HEAD AROUND IT....

WHAT IF A CHILD OR YOUNG PERSON TELLS ME SOMETHING BUT DOESN'T WANT ME TO TELL ANYONE?

Building trust is important, especially if a child or young person is experiencing something that is making them feel unsafe. You can encourage them to speak up, build their confidence, offer to come with them as support and reassure them.

IMPORTANT – As an adult, you are required in most cases, by state and commonwealth law, to report any concern about the safety of a child or young person to the relevant authorities, including Child Protection and/or Police.

However, even when you are not required by law, you still can, and you should.

WILL I LOSE MY JOB AS COACH IF I RAISE A CONCERN?

You should not be treated unfairly for raising a concern.

CAN I RAISE A CONCERN ANONYMOUSLY?

Yes, you can do this contacting the **AFL Integrity Unit** however, please remember that if you don't give us your name, we can't come back to you for further information or to update you on what we are going to do.

DO I NEED TO HAVE PROOF?

No, you don't need to have proof or evidence.

- If someone tells you it happened, say something.
- If you think something has happened, based on what you have seen, heard or felt, and have a 'reasonable belief' that it happened, say something.

For any safeguarding queries email childsafety@afl.com.au

As always if anyone is in immediate danger contact the police on 000

We want all children and young people in football to be safe, feel safe, play safe.

For more information on how to respond to a disclosure or allegation, go to **Australian Institute of Family Studies: Responding to Children and Young People's Disclosures of Abuse** or watch this video **Responding to Disclosures**