Section Eight

Safety issues

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Risk management

Risk management is concerned with ensuring that thought has been given to what might go wrong and taking action to prevent possible accidents and undesirable events. It is about being alert to danger and taking preventative action by establishing risk management processes to avert danger as far as possible.

The law requires people with a duty of care over others, as coaches have over children they are coaching, to take reasonable steps to avoid risk of harm or injury to those in their charge. Generally the younger the person in care the greater the duty of care that is owed.

To help establish those ‘reasonable steps’ to avoid injury or harm a risk management plan should be developed. Some potential hazard areas that a risk management plan or checklist should address are:

Pre-training
- Warm-up equipment.
- Facilities/change rooms.
- General environment.

During training
- Training equipment.
- General environment.
- Ground surface.
- Children’s physical condition.
- Children’s inexperience.
- Children’s attire/adornments.
- Climate.

Post training
- Children’s physical condition.
- General environment.

Please note that various State Legislation should be complied with at all times when working with children.

It is also our strong recommendation that multiple parents/volunteers be nominated to assist children in a non-open environment (ie. assisting children to toilets, pre-presentation nights, overnight camps etc). Under NO CIRCUMSTANCES should an adult be allowed a one-on-one opportunity with a child in a non-open environment.
Health and safety checklists

Players

- Health (check for medical conditions, medication needs. Ensure full recuperation before resuming activity).
- Instruct (highlight risks to avoid and stress safety practices with children).
- Approved dress (ensure children are appropriately dressed. Check boots and for jewellery that could cause injury).
- Correct protection (e.g. insist on a mouthguard and encourage use of shin guards).
- Warm up (provide adequate warm-up exercise).
- Supervision (provide adequate supervision at all times).
- Activities (activities should be appropriate for skill levels).
- Injury management (have a process for managing injuries).
- Group management (appropriate strategies are needed to manage large groups of children).
- Grading (match players of similar size, strength and skill levels).
- Rehydrate (encourage regular drinking to ensure children do not become dehydrated).
- Warm-down (provide adequate warm-down exercise).
- Physical conditioning (don’t over-tire children).
- Food handling (please refer to food handling website – www.safefood.net.au).

Activities

- Intensity (avoid stressful and high intensity activities. Avoid over training).
- Appropriateness (avoid activities which may cause injury).
- Procedures (stay within recommended procedures and conform to all rules. Quickly intervene if children engage in potentially harmful behaviour).

Responding to injuries or emergencies

- First aid (have a trained first aid person and appropriate first aid equipment).
- Contacts (have emergency telephone numbers in a prominent location).
- Communication (have a telephone handy).
- Transport (have emergency use transport available).
A checklist for providing a safe environment

Playing/Training equipment
- Approved equipment (use only approved equipment).
- Training aids (ensure markers and other training aids are safe – e.g. mats are non-slip).
- Equipment in good condition (keep equipment in good condition).
- Training (train children in the use of all equipment and where necessary monitor equipment use).

Playing field
- Correct marking (is there sufficient distance between the boundary and the fence? Is there ample area for the numbers involved to play safely?).
- Safe surface (check for holes, protrusions, debris. Is the surface level of appropriate firmness? If training at night, is the ground adequately lit?).
- Safe perimeter (e.g. ensure goal posts and light poles are highly visible and padded. Ensure all equipment is removed from near the boundary).
- Zones (use zone markings to increase safety).

Weather
- Extremes (e.g. avoid training or playing in lightning, severe cold and heat, thick fog or dust).
- Sun (protect children from sunburn. Move into shade where available).
- Heat (ensure players drink plenty of water before, during and after activity).
- Cold (warm up after breaks. Wear warm clothing when not active).

General environment
- Spectators (e.g. ensure all spectators are outside the boundary/fence).
- Car park (is it well controlled? Are child pick-up areas safe?).
- Busy roadways (is there a need to escort children across roads?).
- Change rooms (e.g. are they clean, tidy and safe? Is furniture safe?).
- Strangers (be alert to strangers around young children. Warn children about approaching strangers).
Expectations of the coach  (G. Nygaard 1981)

- Provide a safe environment.
- Facilities and equipment must be safe for both the users and the others involved in the competition. Adverse weather conditions must also be taken into consideration during competition and practice sessions.
- Activities must be adequately planned.
- Impaired learning ability and injury may be the result of unplanned practice sessions.
- Use appropriate progressions in the teaching of new skills, especially potentially dangerous skills.
- Players must be evaluated for injury and incapacity.
- Players with an injury or incapacity should not be expected to perform any potentially harmful activity. No players should ever be forced to take part in any activity that they do not wish to. Individual differences must be accounted for. Injured players should be withdrawn from contests and none should be allowed to put themselves back into the competition after an injury. All injuries should be referred to the trained first-aiders/sports trainers for assessment and appropriate management or referral.
- Young players should not be mismatched.
- Young athletes should be matched not only according to age, but also height, weight and maturity. Skill levels and experience should also be considered.
- Safe and proper equipment should be provided.
- Existing codes and standards for equipment should be met and all equipment should be kept in good order. It should always be adequately repaired so that it is safe to use at all times.
- Players must be warned of the inherent risks of the sport.
- The inherent risks of any sport can only be legally accepted by the participants if they know, understand and appreciate those risks.
- Activities must be closely supervised.
- Adequate supervision is necessary to ensure the practice environment is as safe as possible.
- Coaches should know first-aid (having completed a recommended qualification) or be supported by trained first-aiders/sports trainers.
- Coaches should have an up-to-date knowledge of basic emergency procedures. Coaches should know STOP and RICER procedures for managing injuries.
- Coaches and club officials should ensure that appropriate medical assistance is available and, at the very least, that appropriately qualified first-aiders/sports trainers are on hand to ensure that nothing is done which could aggravate any injury.
- Develop clear, written rules for training and general conduct.
- Many injuries are the result of fooling around in changerooms and training venues. Clear written rules should be developed for general conduct and behaviour in such situations.
- Coaches, supported by first-aiders/sports trainers, should keep adequate records.
- Records are useful aids to planning and are essential in all injury.
- Record cards should be kept on all players, including relevant general and medical information and progress reports. Accident reports (not diagnosis) should be made as soon as possible after an injury has occurred.
Safety considerations

Research has shown that junior football is very safe. The incidence of injury in junior football is very low, and serious injury is extremely rare. To maintain this position, leagues and clubs should prepare adequately to deal with injuries or medical problems should they occur.

Risk management procedures include the provision of first aid support, safety equipment, and having policies in place for environmental and medical issues. These improve the safety of junior players.

Dealing with emergencies

Planning what to do when an emergency occurs is an essential part of risk management. Junior leagues must be conversant with procedures and able to deal with emergencies so young people are well cared for.

Junior leagues should ensure a person with current first aid qualifications is available at all junior games and seek medical opinion when:

• the health of a participant is questionable;
• recovery from illness/injury is uncertain; and
• a participant is injured during training/competition.

When medical advice cannot be obtained, the junior league and/or club should not allow the young person to participate. A first aid kit must be available at training and competition venues. Sport-specific rescue equipment should also be accessible. Emergencies should be formally reported, discussed, and changes made to procedures if needed.

First Aid Officer

For the safety of all junior players the following minimum levels of accreditation for providing first aid and trainer services will apply:

• AFL Auskick / AFL Junior (5-12 years) – basic first aid course;
• Community Youth (13-14 years) – sports first aid course/basic first aid course; and
• Community Youth (15-18 years) – Level 1 trainer/basic trainers course (must include current emergency first aid qualification).

Medical conditions

Special medical conditions

Some medical conditions may create concern for coaches and parents. Generally, active sports are beneficial to most people with medical conditions. However, a medical certificate should be provided if there is potential for the condition interfering with participation, or playing football could adversely influence the condition.

Some conditions may require coaches to be informed if specific medical assistance could be necessary. Common conditions such as asthma, epilepsy and diabetes require an emergency management plan to be provided. Players with heart problems or who have lost one of a paired organ system (e.g. eye, kidney, testicle) need a specific medical clearance to play.

Concussion

Concussion occurs when, after a blow to the head, there is a brain injury with some immediate disturbance of brain function. Any player showing the signs or symptoms of concussion should be removed from the field immediately and referred to a medical practitioner.

A player, who has suffered concussion with or without losing consciousness, should not participate in any match or training session until he or she is fully recovered and has been cleared by a thorough medical examination. Junior clubs must cite a medical clearance before allowing a player who has suffered concussion to resume playing.
Infectious diseases
Playing football, as with all team sports, involves players living and training in close contact with others. While this increases the risk of contracting common illnesses such as respiratory infections, skin infections or gastroenteritis. The following simple measures can reduce the chances of transmission of these infections:
• avoiding sharing drink bottles;
• washing hands regularly;
• avoiding spitting;
• a generally clean environment in change rooms.

These specific rules apply to players with acute bleeding during a game:
• they should be removed from the ground immediately and the bleeding controlled;
• they may require medical attention;
• all open wounds should be covered before returning to play;
• all clothing contaminated with blood should be removed and washed.

Weight control
In sports where muscle tone and low levels of fat are desirable, young people may attempt to control their weight through dangerous practices such as fasting, diet pills, laxatives and diuretics. A coach or other sport provider should not directly suggest to a young person that they lose weight as this might trigger an undesirable response with severe under-eating.

Positive messages must be provided to young people about healthy eating as an aid to performing well. If you notice a young person is losing weight and if it is believed participants at your club have issues with weight loss or unhealthy dietary practices, act promptly; they should be referred to appropriate health providers for assistance.

Facilities and equipment
Boundary line
In order to prevent injuries to players, officials and spectators, the distance between the boundary line and oval fencing should be a minimum of 3 metres.

Goal-post padding
In order to prevent injuries to players, officials and spectators, all fixed goal and behind posts must be padded as follows:
• a minimum of 35 millimetres thick foam padding, covered in canvas or painted;
• a minimum height of 2.5 metres from the bottom of each goal and behind post;
• a suitable width to allow the padding to be fixed around each goal and behind post; and
• The padding must be securely attached around each goal and behind post.

Mouth guards
It is recommended all children participating in any form of the game should wear an appropriately fitted mouth guard.

Protective head gear (helmets)
There is no strong evidence to suggest protective head gear is necessary in junior football. In the event that protective head gear (a helmet) is required because of a disability or medical condition, a medical certificate should be provided that states the protective head gear will provide adequate protection.

Spectacles
Junior footballers who wish to wear spectacles during matches and training sessions should wear spectacles with plastic frames and plastic lenses. A band must also hold the spectacles on securely. This will minimise the risk of injury to the player, teammates and opposition players.
Environmental conditions

In managing risk, consideration must be given to environmental factors and their impact on participants. Sometimes extreme weather conditions (e.g. heat, cold, rain or wind) make it best to postpone training or competition. Different regions of Australia vary in the weather conditions considered extreme, due to their residents’ acclimatisation to the local environment. When scheduling junior matches, junior leagues and schools must always consider the player’s health, giving careful consideration to the following environmental conditions.

Heat
Vigorous exercise in sport places some people at risk of heat illness. Even in cool weather, heat illness may occur in people exercising at high intensity for more than 45 minutes. The risk of heat illness is obviously greater in hot and humid weather because:
• during high-intensity exercise in hot weather people may not be able to produce enough perspiration to adequately cool themselves; and
• high humidity may prevent adequate evaporation of sweat.

Children perspire less and get less evaporative cooling than adults. In warm and hot weather, they have greater difficulty in cooling themselves; they look flushed, and feel hotter and more stressed than adults. Overweight children are particularly disadvantaged exercising in warm weather. Children should always be allowed to exercise at their preferred intensity, they should never be urged to exercise harder or compelled to play strenuous sport in warm weather. If children appear distressed or complain of feeling unwell, they should stop the activity.

In high temperatures and humid conditions, junior leagues and schools should consider postponing scheduled matches to a cooler part of the day or cancelling them. It is recommend junior football providers follow the Sports Medicine Australia guidelines available on their website sma.org.au.

Cold
In extremely cold temperatures, junior leagues and schools should consider postponing or cancelling scheduled matches. The AFL recommends junior leagues and schools apply common sense guidelines to climatic conditions that exist within their respective regions. Sports Medicine Australia (SMA) has state and territory branches and should be consulted when developing appropriate local policies to manage environmental conditions.

Fluid balance
Substantial amounts of water are lost through perspiration when exercising vigorously in the heat, so fluid balance is important at any time but needs more attention in some weather conditions. Junior participants do not instinctively drink enough to replace fluid lost during activity. Junior participants must be reminded to drink before, during and after training and competition.
• Water is the most appropriate drink for re-hydration. However, diluted cordial or sports drinks may be supplied. Flavoured drinks may be more palatable to children who have consistently poor drinking habits during exercise.
• Players should be encouraged to have their own drink bottles. This ensures that each player has access to an adequate level of replacement fluids and reduces the risk of contamination and passing on of viruses.
• Where cups and a large container are supplied, cups should not be dipped into the container. Used cups should be washed or disposed of after use.
• Cups should not be shared.
Sun protection
Junior leagues and clubs have a responsibility to protect junior participants, to the greatest extent practical, from the dangers of sun exposure. Junior participants should be encouraged to protect themselves against sun exposure by applying a 30+ sunscreen in warm weather.

Junior leagues and clubs should also maximise the provision of shaded areas at venues and events, and/or erect artificial shade.

Sports Medicine Australia has developed a policy related to preventing heat illness in sport. These general safety guidelines, which are specific to geographical locations, are available on the SMA website at sma.org.au.

Lightning
The AFL has produced a lightning policy for adoption by junior leagues and clubs. The policy provides a step-by-step process to assist volunteers when making the difficult decision to postpone matches and or remove participants from the playing surface. The full policy can be found at afl.com.au/policies.
First-aid for sports injuries

Everyone involved in sport has a responsibility to manage the risk of injury, keep it to a minimum and appropriately manage injuries that do occur. Inadequate first aid may aggravate the injury. The ‘golden rule’ in managing an injury is “do no further damage”. The following diagram outlines an effective procedure in the first-aid management of sports injuries.

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

| D | DANGER         | Check for danger to:                                      |
|   |                | • You.                                                     |
|   |                | • Others.                                                  |
|   |                | • The injured player.                                      |
| R | RESPONSE       | Is the player conscious?:                                 |
|   |                | • Can you hear me?                                        |
|   |                | • Open your eyes.                                          |
|   |                | • What is your name?                                       |
| S | SEND FOR HELP  | Call triple zero (000) for an ambulance.                  |
| A | AIRWAY         | Make sure the airway is:                                  |
|   |                | • Clear of objects.                                       |
|   |                | • Open.                                                    |
| B | BREATHING      | • Check if the player is breathing by observing chest      |
|   |                |   movements and/or air passing in or out of the mouth.    |
|   |                | • If not, give 2 initial breaths and begin CPR.            |
| C | CPR            | • CPR involves giving 30 compressions at a rate of around  |
|   |                |   100 per minute followed by 2 breaths.                   |
|   |                | • Continue CPR until the patient recovers or professional |
|   |                |   help arrives.                                            |
|   |                | • Stop any bleeding by placing firm pressure over          |
|   |                |   the injury site.                                         |
| D | DEFIBRILLATION | • Attach a defibrillator (if available).                   |
|   |                | • Follow voice prompts.                                   |
When an injury occurs, remember S.T.O.P.

**Stop**

STOP the athlete from participating or moving.

STOP the game if necessary.

**Talk**

TALK to the injured athlete.
- What happened?
- How did it happen?
- What did you feel?
- Where does it hurt?
- Does it hurt anywhere else?
- Have you injured this part before?

**Observe**

OBSERVE while talking to the athlete.

GENERAL
- Is the athlete distressed?
- Is the athlete lying in an unusual position/posture?

INJURY SITE
- Is there any swelling?
- Is there any difference when compared to the other side/limb?
- Is there tenderness when touched?
- Can the athlete move the injured part?

DO NOT TOUCH OR ASSIST THE ATHLETE IN ANY WAY.
(Only move the injured part to the point of pain)
- If yes,
  - does it hurt to move?
  - is the range of movement restricted?
  - how does it feel, compared to normal?
  - how does it feel, compared to other side/limb?

**Prevent further injury**

3 OPTIONS

**Get help**

GET PROFESSIONAL HELP
DON'T MOVE THE ATHLETE.
- Keep onlookers away.
- Comfort the athlete until professional help arrives.
- Immobilise and support.

**RICER regime**

THE FIRST 48 HOURS ARE VITAL IN THE EFFECTIVE MANAGEMENT OF SOFT TISSUE INJURIES
- Rest.
- Ice.
- Compression.
- Elevation.
- Referral.

**Play on**

A FEW WORDS OF ENCOURAGEMENT WILL HELP
- Monitor any such injuries.
- Minor injuries should also be managed using the RICER regime.

**1. SEVERE INJURY**
Suspected head, facial, spinal, chest, abdomen injuries, fractures or major bleeding.

**2. LESS SEVERE**
Soft-tissue injuries such as sprains, strains and muscle bruises

**3. MINOR INJURY**
Bumps and bruises which do not impair performance.
# Soft tissue injury management (R.I.C.E.R)

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<th>How</th>
<th>Why</th>
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<tr>
<td><strong>R</strong></td>
<td><strong>Rest</strong></td>
<td>Place the athlete in a comfortable position, preferably lying down. The injured part should be immobilised and supported.</td>
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| **I** | **Ice** | The conventional methods are:  
- Crushed ice in a wet towel/plastic bag.  
- Immersion in icy water.  
- Commercial cold packs wrapped in wet towel.  
- Cold water from the tap is better than nothing.  
Apply for 20 minutes every two hours for the first 48 hours.  
**CAUTION:**  
- Do not apply ice directly to skin as ice burns can occur.  
- Do not apply ice to people who are sensitive to cold or have circulatory problems.  
- Children have a lower tolerance to ice. | Ice reduces:  
- Swelling.  
- Pain.  
- Muscle spasm.  
- Secondary damage to the injured area. |
| **C** | **Compression** | Apply a firm wide compression bandage over a large area covering the injured part, as well as above and below the injured part. | Compression:  
- Reduces bleeding and swelling.  
- Provides support for the injured part. |
| **E** | **Elevation** | Raise injured area above the level of the heart at all possible times. | Elevation:  
- Reduces bleeding and swelling.  
- Reduces pain. |
| **R** | **Referral** | Refer to a suitably qualified professional such as a doctor or physiotherapist for a definitive diagnosis and ongoing care. | Early referral for a definitive diagnosis to ascertain the exact nature of the injury and to gain expert advice on the rehabilitation program required. |

This regime should be used for all ligament sprains, muscle strains and bruises. **Remember with injuries of this kind, you should avoid:**

- **Heat** – increases bleeding.
- **Running** – exercise too soon can make the injury worse.
- **Massage** – increases swelling and bleeding in the first 48-72 hours.
The management of concussion in Australian football

- In the best practice management of concussion in sport, the critical element remains the welfare of the player, both in the short and long term.

- Concussion refers to a disturbance in brain function that results from trauma to the brain. The changes are temporary and the majority of players recover completely if managed correctly.

- Complications can occur if the player is returned to play before they have recovered from their concussion. This is why any player with suspected concussion must be withdrawn from playing or training immediately. Furthermore, no player with concussion should be returned to play in the same game.

- Management of head injury is difficult for non-medical personnel. 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.

- Therefore, ALL players with concussion or suspected of concussion need an urgent medical assessment.

- In the days or weeks following concussion, a player should not be allowed to return to play or train until they have had a formal medical clearance.

- The key components of management of concussion include:
  a) Suspecting the diagnosis in any player with symptoms such as confusion or headache after a knock to the head;
  b) Referring the player for medical evaluation; and
  c) Ensuring the player has received medical clearance before allowing them to return to a graded training program.

IN GOOD HANDS: Carlton’s Matthew Kreuzer takes advice from Blues medical staff.
The AFL acknowledges NAB for its support of the NAB AFL Auskick program.