



Concussion and Injury Management Policy

Date: 17th June, 2024

Objectives

The Objective of the Concussion and Injury Management Policy to ensure that the Dingley Football Netball Club Players, Coaches and Officials understand medical protocols in place for Concussion and Injury Management. The Primary concern shall and always will be, the welfare of the Player.

The Australian Football League and Netball Victoria have set down new guidelines in 2024 to protect the long term welfare of players participating in Australian Rules Football and Netball. The Dingley Football Netball Club has adopted these guidelines detailed in the “**Concussion Policy**” section detailed below.

Responsibilities

The Dingley Football Netball Club will:

- Ensure that all practice matches, training and match days. have a healthcare professional present.
- That healthcare practitioners (including, but not limited to, general practitioners and physiotherapists), First Aiders and sports trainers, coaches, teachers, players and parents are accredited and understand how to recognise and manage concussion in Australian Football.
- Will create a culture that promotes honesty of reporting and safety to optimise the management of concussion and injury.
- Ensure that the Dingley Football Netball Club protects the short and long-term health and safety of players from concussion, repeated head trauma and injury.

Concussion Policy

The following concussion policies have been adopted by the Dingley Football Netball club and are detailed in the following links:

- **AFL Concussion Policy**
<https://play.afl/sites/default/files/2024-03/The-Management-of-Sport-Related-Concussion-in-Australian-Football-Mar-24.pdf>
- **Netball Concussion Policy**
<https://vic.netball.com.au/sites/vic/files/2022-02/NV%20Concussion%20Management%20Policy-%20Final.pdf>

Decision Making authority.

The senior healthcare practitioner on field or on site will have **total decision-making authority** for practice matches, training and match days with respect to whether a player should or should not return to the field of play.

No Dingley Football Netball Club Player, Coach or Official can override a medical decision on the day.

Reporting

If there is an injury, the Injury must be recorded in the Injury Register (Appendix – A-). This is the responsibility of senior healthcare professional and is to be sent to the Dingley Football Netball Club Secretary for recording no longer than 24 hours post incident.



Dingley Football Netball Club

ABN 71 844 518 008

Souter Oval, Marcus Road

P.O. Box 47

Dingley Village, Victoria 3172

<http://www.dingleyfc.com.au>

Dingley Football Netball Club.

Executive Committee

17th June, 2024



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APPENDIX – A -

Sports Injury Reporting Form



Name: _____ Address: _____

Sport: _____ Event: _____ Venue: _____ Team: _____

Today's date: ____/____/____ Time : ____ am/pm Gender: Male Female Date of Birth: ____/____/____

Injured person (please circle): Player / Referee / Coach / Spectator

<p>TYPE OF ACTIVITY AT TIME OF INJURY</p> <p><input type="checkbox"/> training <input type="checkbox"/> warm-up <input type="checkbox"/> competition <input type="checkbox"/> cool-down <input type="checkbox"/> other _____</p> <p>REASON FOR PRESENTATION</p> <p><input type="checkbox"/> new injury <input type="checkbox"/> aggravated injury <input type="checkbox"/> recurrent injury <input type="checkbox"/> illness <input type="checkbox"/> other _____</p> <p>BODY PARTS INJURED <i>circle and name</i></p> <div style="text-align: center;"> </div> <p>NATURE OF INJURY/ILLNESS</p> <p><input type="checkbox"/> bruise/contusion <input type="checkbox"/> cardiac problem <input type="checkbox"/> cold/flu <input type="checkbox"/> concussion <input type="checkbox"/> dislocation/subluxation <input type="checkbox"/> fracture (including suspected) <input type="checkbox"/> inflammation/swelling <input type="checkbox"/> loss of consciousness <input type="checkbox"/> overuse injury <input type="checkbox"/> respiratory problem <input type="checkbox"/> skin injury e.g. graze/cut/blisters <input type="checkbox"/> sprain e.g. ligament tear <input type="checkbox"/> strain e.g. muscle tear <input type="checkbox"/> unspecified medical condition <input type="checkbox"/> other _____</p>	<p>CAUSE OF INJURY</p> <p><input type="checkbox"/> collision with fixed object <input type="checkbox"/> collision with another player <input type="checkbox"/> fall from height/awkward landing <input type="checkbox"/> jumping to shoot or defend <input type="checkbox"/> overexertion <input type="checkbox"/> overuse <input type="checkbox"/> slip/trip/fall/stumble <input type="checkbox"/> struck by ball/object <input type="checkbox"/> struck by another player <input type="checkbox"/> temperature related <input type="checkbox"/> other _____</p> <p>Explain how the incident occurred</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Were there any contributing factors to the incident? e.g. unsuitable footwear, playing surface, equipment, foul play</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Was protective equipment worn on the injured body part? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what? e.g. mouth guard, brace?</p> <p>_____</p> <p>_____</p> <p>ACTION TAKEN</p> <p><input type="checkbox"/> none given (not required) <input type="checkbox"/> CPR <input type="checkbox"/> dressing <input type="checkbox"/> immobilization <input type="checkbox"/> RICER <input type="checkbox"/> sling/splint <input type="checkbox"/> strapping/taping <input type="checkbox"/> stretch/exercises <input type="checkbox"/> transport from field/court <input type="checkbox"/> other _____</p>	<p>ADVICE GIVEN</p> <p><input type="checkbox"/> immediate return to activity <input type="checkbox"/> return to play with restriction _____</p> <p><input type="checkbox"/> unable to return at present <input type="checkbox"/> referred for further assessment before returning to activity</p> <p>NOTICE The injured person told that if injury/illness does NOT improve in the following 24 hours they MUST seek further advice from their own medical professional. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>REFERRAL</p> <p><input type="checkbox"/> no referral <input type="checkbox"/> medical practitioner <input type="checkbox"/> physiotherapist <input type="checkbox"/> ambulance <input type="checkbox"/> hospital <input type="checkbox"/> other _____</p> <p>PROVISIONAL SEVERITY ASSESSMENT</p> <p><input type="checkbox"/> mild (1 - 7 days modified activity) <input type="checkbox"/> moderate (8-21 days modified activity) <input type="checkbox"/> severe (>21 days modified or lost)</p> <p>TREATING PERSON</p> <p><input type="checkbox"/> Sports Trainer/Sports First Aider (ID _____) <input type="checkbox"/> medical practitioner <input type="checkbox"/> physiotherapist <input type="checkbox"/> other _____</p> <p>Signature of injured person _____</p> <p>Signature of treating person _____</p> <p>Date: ____/____/____</p>
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