

Injury & First Aid Policy



Purpose

This policy is to guide the members, officials, sponsors, employees, service providers and volunteers of the *Leopold Football Netball Club Inc. (LFNC)* to help ensure the safety and wellbeing of club players, opponents, volunteers and spectators, both during matches, training, and events.

This policy demonstrates LFNC commitment to:

- Protect the health, safety and wellbeing of its members
- Reduce risk of injury where applicable
- Identify, treat and manage injuries when required

Applicable parties

This policy applies to players and participants, staff, volunteers, parents/guardians, officials, coaches, managers, medical/trainers/first-aiders/primary-carers umpires and spectators of the Club community, and broader AFL Barwon community.

For the purpose of this policy, the term 'senior' includes U18 Netball and Football teams and above. All age groups below this are 'junior/youth/' teams for this policy application (e.g., Auskick, U9, U10, U11, etc.).

Health and Safety

To reduce the risk of injury to LFNC and opposition players we require the following actions (players should also follow the relevant year AFL Barwon Handbook and resources) :

NETBALL SPECIFIC

- Netball players may choose to wear mouthguards but not required.
- Jewellery which cannot be removed for religious / medical reasons are to be covered with padding / tape as necessary to prevent injury.

FOOTBALL SPECIFIC

- It is strongly recommended that appropriately fitted mouth guards be worn by all football players whatever competition they are participating in (applies to junior and senior competitions).
- Players requiring spectacles for matches and training must wear plastic frame and lenses.

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- As per [AFL guidance](#), unless required for a specific injury (i.e.; facial/skull injuries) player helmets are not recommended.
- Additional protective equipment (e.g., shin guards) may be worn as long as approved by AFL Barwon rules and regulations.
- Football players must utilise safe tackling procedures as taught in training during both training and matches. Tackling in junior football must be in line with AFL Barwon's modified tackling rules.

ALL LFNC PLAYERS

- Sick players should not train or play.
- If an injury occurs during training or matches, the first aid officer, trainer, primary carer or coach should be contacted immediately.
- If there is bleeding, the player must be removed from the ground/court.
- A player with an injury must not return to training/play without appropriate injury assessment (see below).
- In the event of a junior or youth player (e.g., a player in a team below U18) requiring preventative taping, this is the responsibility of the player's family and will not be administered by club trainers or first aiders/primary carers.
- Players are required to notify their team manager/trainer/team first aid officer of any injury received outside of LFNC training/matches for appropriate return-to-play procedures to be administered.
- Each junior/youth team must nominate one person to field the role of primary carer or first aider, and this person should attend training and matches. For the purpose of this policy, a primary carer and first aider have the same duties, in that their role is to provide first aid and treatment and refer injuries where required. The role is not to diagnose injuries and must apply the 'if in doubt, sit them out' position.
- LFNC Senior teams are to have access to qualified First Aid or Sports Trainers or Physio/Medical professionals on match days and training

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nights. These roles are defined as 'trainers' in the following of this policy.

Trainers and First Aiders / Primary carers

- A minimum of one trainer or first aider/primary carer must be present at all training sessions and matches.
- In community football first aid is usually provided by sports trainers or other volunteers with medical or allied health experience. It is recommended this person is a qualified First Aider.
- Netball matches require one primary carer per match. As similar to football, their duties are to provide first aid to players.
- Appropriate first aid equipment must be available at all training sessions and matches.
- Football [First Aiders](#) are recommended to hold current Provide First Aid (HLTAID011) and have completed the AFL First Aid and Concussion Management online module within the previous 12 months.
- Trainers and first aider/primary carers should only provide first aid assessment and treatment in accordance with the above listed qualifications.
- When there is only one trainer or first aider/primary carer present and they are attending to an injured player, the team manager should monitor the game for any additional injuries.
- It is the responsibility of the trainer first aider/primary carer to record all injuries by club approved methods (this includes use of third-party databases).
- All players injured during training or matches must have their injury recorded by the first aider/primary carer at the time of injury or as close to.
- The team trainer / primary carer/first aider or team manager is to ask all players / parents / guardians to inform them if the player has the following:

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- Asthma (and provide you with the players Asthma Management Plan)
- Anaphylaxis (and provide you with the players Anaphylaxis Management Plan)
- Diabetes / Seizures / Contact Lens / Heart Condition / Other health condition

This information must be recorded using club approved methods.

- It is the responsibility of the trainer first aider/primary carer to contact the wellbeing team (wellbeing.leopoldfnc@gmail.com) to replenish first aid kits following use.

Concussion Management

There has been much development in the field of concussion. LFNC adopts [Netball Victoria's](#) alignment to Netball Australia Pathways Youth and Community Netball Concussion Guidelines (applicable to Netball) and the [Management of sport related concussion in Australian Football](#) (applicable to Football). No discussion will be entered into regarding deviating from AFL recommendations. The club adopts [AIS guidance](#) of ***IF IN DOUBT, SIT IT OUT.***

- ***AT TIME OF INJURY:***
As concussion affects decision making, any suspected concussion requires an off-field assessment. A player with suspected concussion (e.g., significant force to the head/body) must be removed from activity until assessed by the Primary Carer/First Aid officer/club approved medical team.
- A player with suspected concussion must be assessed by the trainer or first aider/primary carer by using the club approved methods (this may be the use of the 'HeadCheck' app or HURT app) or other third-

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party medical record system or Concussion Recognition Tool. If unavailable online, FOOTBALL should use report forms as found at APPENDIX A and B, while NETBALL can use the CRT6 Recognition Tool (CRT-6) (provided with First Aid kits and see APPENDIX E).

- Should a player be unconscious or complains of neck injury (a '**RED FLAG**' symptom) the player must be kept immobilised, and an ambulance called immediately. The player is **not to be moved** until the ambulance officers assess the situation.
- If there are signs of other **RED FLAGS** (e.g., double vision, intense headache or one getting worse, seizures, blacking out, becoming less alert or aware, repeated vomiting, getting more restless, being irritable or aggressive) then an URGENT transfer to hospital is required. This could be a more serious head injury.
- Concussion symptoms may not appear immediately. **For Junior teams:** It is important where a suspected concussion occurs, the player is not to return to activity, and they are monitored closely for deterioration or potential **RED FLAGS**. Referral for medical assessment must occur when **RED FLAGS** appear. **For Senior teams:** (U18/Colts, Reserves & Senior Football & U19 and Senior Netball), the physio/trainer in attendance will determine return to play status.
- All concussions and suspected concussions must be recorded by the Team Manager/Team First Aid officers using club approved methods (this includes use of third-party databases).
- **CONCUSSION RETURN TO PLAY:**
There are key stages to recovery. LFNC follows guidance as found in the [AFL Stages of Graded Return to Play](#) (FOOTBALL specific) and [AIS Graded Return To Sport Framework](#) (applicable to NETBALL guidance for concussion).
- Any player assessed as having a concussion or suspected concussion will be subject to mandatory 21-days absence from competitive team play.

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- A player must obtain a Medical Clearance from a healthcare professional (HCP) or GP before competing in a club match. The relevant Clearance Form must be returned to LFNC prior to play. For FOOTBALL see Appendix C for the AFL 'Return to play clearance form', for NETBALL see Appendix D for the Netball Medical Clearance form. Both forms can be accessed on the LFNC website.
- This must be provided to the Team Manager/Team First Aid Officer to be recorded using club approved methods.
- Any person (including coaches, players, managers, team officials) operating in opposition to this guidance will be subject to disciplinary action.

Sources relied upon include:

- AFL Concussion < <https://play.afl/concussion> >
- Netball Victoria <<https://vic.netball.com.au/sites/vic/files/2024-05/NA%20Pathways%20Youth%20and%20Community%20Netball%20Concussion%20Guidelines.pdf>>

All other Injury and Health Record Keeping

- The team manager / trainer / first aider/primary carer must record any notified medical conditions of players using club approved methods.
- Injuries sustained during a game or training session must be logged with the trainer, first-aider/primary carer, team manager or coach at the time of injury.
- If this cannot be done at the time, this should occur as soon as practical after the game or training session.
- All injuries must be recorded by club approved methods (this includes use of third-party databases).
- Team Managers/Team First Aid officers will be provided with instructions to record injuries by club approved methods (this includes use of third-party databases).
- Team manager / trainer / first aider/primary carer and any other person involved in the treatment of a player must keep information confidential with exception of communicating with the Wellbeing

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lead/emergency medical professionals/parents or partners of injured player.

- In **junior teams**, coaches will be kept informed to ensure they manage their duty of care responsibilities.
- In **senior teams**, coaches will be kept informed to ensure they manage their duty of care in the first instance, and then with consultation between player and club physio. The club medical team reserve the right to request a medical clearance without the need to disclose to coaches the nature of the medical condition.

All other returning from injury

- A player's return from injury will be overseen by the trainer or first aider/primary carer assigned to their team. This may be done in consultation with the club physiotherapist, wellbeing team and/or external registered health provider. Failure to comply with the directions of the trainer or primary carer, will be deemed non-compliance.
- If a player has been advised to seek external medical review at the time of injury, written clearance from the external provider is required before returning to training and match play. Trainers and primary carers/first aiders must record referral advice in club approved methods.
- Players who have missed at least one match due to physical injury (not illness) may be asked to supply a medical clearance to return to play, which is to be recorded using club approved methods.
- LFNC club physio has the final say on the return to play for all senior football players at LFNC (but excludes concussion which requires medical clearance).
- All players who have suffered a concussion must be cleared by an approved medical provider and produce written evidence of this clearance before returning to training or competition.
- Upon returning, dependent upon nature of injury and stage of rehabilitation, the trainer / physio / primary carer / first aider may

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request a bib may be worn as part of the players rehabilitation process to reduce risk of further physical injury.

Medication

- LFNC appointed club officials, including coaches, team managers, trainers and first aiders/primary carers, are not permitted to administer medication, unless they have prescribing rights as part of their occupation and are working in a professional capacity.
- Panadol / Paracetamol, nurofen, ibuprofen or similar medications will not be supplied or provided by trainers, first aiders / primary carers. Players and parents must supply and administer their own medication, but notify their trainer, first aider/primary carer in the event they have had to use medication immediately prior to or during training or matches.
- Medication required to manage asthma, anaphylaxis, diabetes, or seizures should be easily accessible to medical teams and the player during training and matches. Ideally, these must be administered by the player or their parent/guardian.

Medical events requiring defibrillation

- An Automated External Defibrillator (AED) can be found in the home team rooms.
- The AED must be operated in accordance with the instructions supplied with the unit.
- The first aid officer will check the unit once per month during the football season to ensure that it is in working condition.
- Trainers should also check the unit prior to matches played at home.
- In the event of defibrillation being required, it is the responsibility of the AED operator to ensure that no one is in contact with the patient when the shock is administered.
- If the defibrillator is required, it is the responsibility of the person who used the unit to contact the Wellbeing lead or President so that the unit can be replenished for future use.

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Non-compliance

- In the first incident of non-compliance with this policy an Official Notice of Warning will be issued, however further sanctions may also apply dependent upon severity and consequences of the offence.
- If a repeat offence occurs the player, parent/guardian in the case of minors, coach and/or trainer/primary carer will be required to meet with the appointed committee members and further sanctions may apply.
- Concerns about child safety and breaches of law will be referred directly to appropriate authorities.
- Any concerns of parents, coaches, managers, trainers, first aiders/primary carers, club officials or any member regarding this policy can be raised to wellbeing.leopoldfnc@gmail.com or submitted used the Child Safety Concern webform found on the LFNC website.

Authoritative sources informing this policy

- [Sports Trainers in Community Football](#)
- [Sports Integrity](#)
- [Uniform Guidelines – Netball Australia](#)
- [Netball Australia – Guidelines for the management of sports related concussion in netball](#)
- [AFL Concussion](#)

This policy was last updated on : 20 January 2026

The next review is due after : 01 January 2031

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Appendix A

MATCH DAY HEAD INJURY ASSESSMENT & REFERRAL FORM | AGES 12 & UNDER



| SIDELINE FORM | | Examiner to complete on the day of suspected concussion | |
|--|--|--|--|
| PLAYER DETAILS | | NAME <input type="text"/> | |
| | | CLUB <input type="text"/> | |
| INCIDENT DETAILS | | MATCH TRAINING OTHER | |
| DATE <input type="text"/> / <input type="text"/> / <input type="text"/> | | OCCURRED AT: <input type="radio"/> <input type="radio"/> <input type="radio"/> | |
| BRIEF DESCRIPTION <input type="text"/> | | | |
| IDENTIFICATION OF RED FLAGS <small>(tick all those that apply)</small> | | FEATURES OF A SUSPECTED CONCUSSION <small>(tick all those that apply)</small> | |
| Loss of consciousness <input type="radio"/> | | Loss of responsiveness <input type="radio"/> | |
| Seizure or convulsions <input type="radio"/> | | Motor incoordination (losing balance, staggering, etc) <input type="radio"/> | |
| Deterioration of conscious state <input type="radio"/> | | Confused/disorientation (not aware of plays or events) <input type="radio"/> | |
| Persistent or increasing vomiting <input type="radio"/> | | Impaired memory (unable to recall events before or after the injury) <input type="radio"/> | |
| Double vision <input type="radio"/> | | Looking/feeling dazed, blank or vacant <input type="radio"/> | |
| Severe or increasing headache <input type="radio"/> | | Player reporting symptoms: | |
| Increasing restlessness, agitation, or combative behaviour <input type="radio"/> | | a. 'don't feel right' <input type="radio"/> | |
| Neck pain <input type="radio"/> | | b. more emotional than usual – sad, nervous or anxious <input type="radio"/> | |
| Weakness or tingling/burning in the arms or legs <input type="radio"/> | | c. 'feel slowed down', confused or 'feeling foggy' <input type="radio"/> | |
| If any of these boxes are ticked, the player needs urgent transportation to a hospital. | | d. sensitivity to light or noise <input type="radio"/> | |
| | | The player isn't their normal self, or there's any other concern that they're not quite right: <input type="radio"/> | |
| | | Other (please list): <input type="text"/> | |
| All players with a suspected concussion need to see a doctor as soon as practical for medical assessment, including confirmation of diagnosis. | | | |
| Players cannot return to play or full-contact training until they have been cleared by a doctor. | | | |
| EXAMINER NAME <input type="text"/> | | SIGNATURE <input type="text"/> | |
| ROLE AT CLUB <input type="text"/> | | | |
| | | DATE <input type="text"/> / <input type="text"/> / <input type="text"/> | |

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MATCH DAY HEAD INJURY

CHILD REPORT | AGES 12 & UNDER



PLAYER FORM

To be completed on the day of suspected concussion

PLAYER DETAILS

NAME

AGE

CLUB

How many concussions has your child had in the past?

For their most recent concussion, how long was the recovery (time to being cleared to play)? (approximate number of weeks)

When was the most recent concussion?

WEEKS

SYMPTOM EVALUATION

Ask the child to rate their symptoms based on how they are feeling now:

| SYMPTOM | NOT AT ALL | A LITTLE | SOMETIMES | A LOT |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| | 0 | 1 | 2 | 3 |
| I have headaches | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel dizzy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel like the room is spinning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel like I'm going to faint | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Things are blurry when I look at them | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I see double | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel sick to my stomach | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I get tired a lot | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I get tired easily | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have trouble paying attention | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I get distracted easily | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have a hard time concentrating | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have problems remembering what people tell me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have problems following directions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I daydream too much | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I get confused | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I forget things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have problems finishing things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have trouble figuring things out | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| It's hard for me to learn new things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My neck hurts | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Do the symptoms get worse with physical activity? YES / NO

YES NO

Do the symptoms get worse when trying to think? YES / NO

YES NO

OVERALL RATING FOR CHILD TO ANSWER

VERY BAD

VERY GOOD

On a scale of 1 to 10 (where 10 is normal), how would you rate how you're feeling now?

1 2 3 4 5 6 7 8 9 10

If not 10, in what way do you feel different?

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MATCH DAY HEAD INJURY PARENT OR GUARDIAN REPORT | AGES 12 & UNDER



SYMPTOM EVALUATION To be completed by parent/guardian on the day of the suspected concussion

| | NOT AT ALL | A LITTLE | SOMETIMES | A LOT |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | 0 | 1 | 2 | 3 |
| has headaches | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| feels dizzy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| has a feeling that the room is spinning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| feels faint | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| has blurred vision | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| has double vision | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| experiences nausea | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| gets tired a lot | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| gets tired easily | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| has trouble sustaining attention | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| is distracted easily | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| has difficulty concentrating | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| has problems remembering what he/she is told | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| has difficulty following directions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| tends to daydream | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| gets confused | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| is forgetful | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| has difficulty completing tasks | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| has poor problem-solving skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| has problems learning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| has a sore neck | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Do the symptoms get worse with physical activity? YES NO Do the symptoms get worse when trying to think? YES NO

OVERALL RATING FOR PARENT/GUARDIAN %

On a scale of 0-100% (where 100% is normal), how would you rate the child now?

If not 100%, in what way does the child seem different?

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Appendix B

MATCH DAY HEAD INJURY ASSESSMENT & REFERRAL FORM | AGES 13 & ABOVE



| SIDELINE FORM | | Examiner to complete on the day of suspected concussion | |
|--|--------------------------------|--|--|
| PLAYER DETAILS | | NAME <input type="text"/> | |
| | | CLUB <input type="text"/> | |
| INCIDENT DETAILS | | MATCH TRAINING OTHER | |
| DATE / / | | OCCURRED AT: <input type="radio"/> <input type="radio"/> <input type="radio"/> | |
| <input type="text"/> | | <input type="text"/> | |
| <input type="text"/> | | <input type="text"/> | |
| IDENTIFICATION OF RED FLAGS (tick all those that apply) | | FEATURES OF A SUSPECTED CONCUSSION (tick all those that apply) | |
| Loss of consciousness <input type="checkbox"/> | | Loss of responsiveness <input type="checkbox"/> | |
| Seizure or convulsions <input type="checkbox"/> | | Motor incoordination (losing balance, staggering, etc) <input type="checkbox"/> | |
| Deterioration of conscious state <input type="checkbox"/> | | Confused/disorientation (not aware of plays or events) <input type="checkbox"/> | |
| Persistent or increasing vomiting <input type="checkbox"/> | | Impaired memory (unable to recall events before or after the injury) <input type="checkbox"/> | |
| Double vision <input type="checkbox"/> | | Looking/feeling dazed, blank or vacant <input type="checkbox"/> | |
| Severe or increasing headache <input type="checkbox"/> | | Player reporting symptoms: | |
| Increasing restlessness, agitation, or combative behaviour <input type="checkbox"/> | | a. 'don't feel right' <input type="checkbox"/> | |
| Neck pain <input type="checkbox"/> | | b. more emotional than usual – sad, nervous or anxious <input type="checkbox"/> | |
| Weakness or tingling/burning in the arms or legs <input type="checkbox"/> | | c. 'feel slowed down', confused or 'feeling foggy' <input type="checkbox"/> | |
| | | d. sensitivity to light or noise <input type="checkbox"/> | |
| If any of these boxes are ticked, the player needs urgent transportation to a hospital. | | The player isn't their normal self, or there's any other concern that they're not quite right: <input type="checkbox"/> | |
| | | Other (please list): <input type="text"/> | |
| | | All players with a suspected concussion need to see a doctor as soon as practical for medical assessment, including confirmation of diagnosis. | |
| | | Players cannot return to play or full-contact training until they have been cleared by a doctor. | |
| EXAMINER NAME <input type="text"/> | SIGNATURE <input type="text"/> | | |
| ROLE AT CLUB <input type="text"/> | | | |
| | DATE / / | | |

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MATCH DAY HEAD INJURY ASSESSMENT & REFERRAL FORM | AGES 13 & ABOVE



PLAYER FORM

Player to complete on the day of suspected concussion

PLAYER DETAILS

NAME

AGE

CLUB

How many concussions have you had in the past?

For your most recent concussion, how long was the recovery (time to being cleared to play)? (approximate number of weeks)

When was the most recent concussion?

WEEKS

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

| | NONE | 1 | MILD | 2 | 3 | MODERATE | 4 | 5 | SEVERE | 6 |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Headache | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling pressure in head | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Neck pain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nausea or vomiting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dizziness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Blurred vision | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Balance problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sensitivity to light | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sensitivity to noise | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling slowed down | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling foggy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| "Don't feel right" | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Difficulty concentrating | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Difficulty remembering | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fatigue or low energy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Confusion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Drowsiness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trouble falling asleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| More emotional | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Irritability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sadness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nervous or anxious | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Please take a copy of this **PLAYER** form and the **SIDELINE** form with you when you visit the doctor.

PLAYER SIGNATURE

DATE / /



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Appendix C – FOOTBALL CLEARANCE

MEDICAL CLEARANCE RETURN TO PLAY FORM



| | |
|-----------------------|------|
| PLAYER DETAILS | NAME |
| D.O.B. / / | CLUB |

The player (or parent/guardian on behalf of their child) must complete this declaration and take the form to a doctor for a medical clearance. The player can only return to full-contact training or playing Australian Football once they have been cleared. The player (or parent/guardian) must return the completed and signed form to the club, who may keep a copy and provide it to the league, if requested.

| | |
|--|--|
| PLAYER DECLARATION | |
| I (or my child, if applicable) sustained a concussion on | / / |
| I (or my child, if applicable) have successfully returned to school/study/work without any issues. | PLAYER SIGNATURE |
| I (or my child) have progressed through all of the stages of the AFL Graded Return to Play (Stage 1: Relative Rest, Stage 2: Recovery and Stage 3: Graded Loading Program) and have had no symptoms since entering the Graded Loading Program. | Or parent/guardian if player 18 or under |
| | DATE / / |

| | |
|--|-----------|
| MEDICAL PRACTITIONER DECLARATION | |
| I assessed _____ (player) on / / | |
| Based on the information provided to me, and my clinical assessment, I can confirm that the player has recovered from their concussion (including full resolution of concussion-related symptoms and signs, return to work/study) and has completed a graded loading program without any recurrence of symptoms or signs. | |
| I understand that the earliest that a player can return to play (following successful completion of a graded loading program and with medical clearance) is on the 21st day after a concussion, where the day of concussion is designated day "0". | |
| I understand that a more conservative approach and specialist review may be required in the following: | |
| <ul style="list-style-type: none">• A second concussion within the same season (or three concussions within the previous 12 months),• An apparent lower or reducing threshold for concussion (whereby the player appears to sustain a concussion or increasing symptoms with reduced force of head impact),• Failure to progress through their return-to-play program due to a recurrence or persistence of symptoms, or• Self-reported concerns with brain function. | |
| In my opinion, the player is now medically fit to return to full-contact training. | |
| If they complete full-contact training without any issues or concussion symptoms, they can return to playing Australian Football. | |
| DOCTOR NAME | SIGNATURE |
| PROVIDER # | |
| | DATE / / |

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Appendix D – NETBALL CLEARANCE

MEDICAL CLEARANCE FORM



Return to Play Clearance Form

Player Name: _____

Club: _____

Date of Concussion: _____

The player can take this form to a Doctor to receive a medical clearance from any symptoms of concussion before returning to full training or playing netball.

A clearance letter from a Doctor (on their letterhead) stating they are cleared to play would also suffice.

Return to Play Clearance Form

I have examined _____ on ____ / ____ / ____
(Player name)

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 loaded program without recurrence of any clinical features.

In my opinion, the player is now medically fit to return to full training or playing netball.

Signed _____ Date ____ / ____ / ____

Doctor name _____ Provider #: _____

Managed correctly, most cases of concussion in sport recover uneventfully within 10-14 days of injury. The process of recovery, however, varies from person to person and injury to injury. For children and adolescents, it is suggested the graduated return to play protocol should be extended such that a child does not return to contact/collision activities less than 14 days from the resolution of all symptoms.

A player is not to return to Netball or other sport, until he/she has successfully returned to school/learning or their place of employment, is symptom-free, completed the graded recovery process and has received medical clearance.

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Appendix E

CRT6™

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If ANY of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- Neck pain or tenderness
- Seizure, "fits", or convulsion
- Loss of vision or double vision
- Loss of consciousness
- Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
- Weakness or numbness/tingling in more than one arm or leg
- Repeated Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- Visible deformity of the skull

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation, look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for athlete support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of any one or more of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

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CRT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:

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Concussion Recognition Tool 6 - CRT6™

CRT6
Concussion Recognition Tool
To Help Identify Concussion in Children, Adolescents and Adults

1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

| Physical Symptoms | Changes in Emotions |
|-------------------------|--|
| Headache | More emotional |
| "Pressure in head" | More irritable |
| Balance problems | Sadness |
| Nausea or vomiting | Nervous or anxious |
| Drowsiness | |
| Dizziness | |
| Blurred vision | |
| More sensitive to light | |
| More sensitive to noise | |
| Fatigue or low energy | |
| "Don't feel right" | |
| Neck Pain | |
| | <h4 style="background-color: #004a99; color: white; padding: 2px;">Changes in Thinking</h4> <ul style="list-style-type: none"> • Difficulty concentrating • Difficulty remembering • Feeling slowed down • Feeling like "in a fog" |
| | <p>Remember, symptoms may develop over minutes or hours following a head injury.</p> |

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

"Where are we today?"

"What event were you doing?"

"Who scored last in this game?"

"What team did you play last week/game?"

"Did your team win the last game?"

Any athlete with a suspected concussion should be - **IMMEDIATELY REMOVED FROM PRACTICE OR PLAY** and should **NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY** until **ASSESSED MEDICALLY**, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional

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