## South West Queensland Thunder Football Club

# INJURY PREVENTION AND MANAGEMENT POLICY

## **Purpose**

The Club is committed to ensuring the health and wellbeing of our players. This policy ensures that coaches, managers, players and parents understand the actions to be taken to reduce the occurrence of injuries and actions to be taken in the unfortunate event of an injury.

#### **Overview**

Football is the most popular team-based sport in Australia and worldwide. Statistics from the Australian Sports Commission's 2016 survey showed an estimated 1,086,986 Australians played outdoor football in the 12-month period prior to being surveyed.

Football places many demands on the technical and physical skills of players. During the course of play, football players accelerate, decelerate, jump, cut, pivot, kick and head the ball and, as a result, injuries can and do occur.

## How many injuries?

- From 2002-2003, 3,270 people were admitted to hospitals across Australia for football-related injuries.
- In Victoria, from 2002-2004, 3,376 people visited Victorian emergency departments for football-related injuries.
- The rate of injury for football players is up to 35 injuries per 1,000 playing hours.

#### The causes and types of injuries

- More injuries occur during games than training.
- Up to 35% of injuries are caused by foul play.
- The most common types of injuries are bruising, sprains, strains, fractures and dislocations.
- Injuries to the lower body, namely the ankle and knee, to the upper body and head are most common.
- Common causes of injuries are player contact, falls and tackles.
- The quality of playing areas due to drought conditions may contribute to injury.

## Factors increasing injury risk

- Previous injury.
- Age.
- Joint instability and pain.
- Poor physical conditioning.
- Inadequate rehabilitation.

- Exercise overload.
- Poor football skills.
- Amount and quality of training.
- Playing field conditions.
- Not wearing protective equipment.
- Rule violations.
- Inferior floodlighting for training purposes.

## **Injury prevention**

## Safety tips for football

- Good preparation is important
- Always warm up, stretch and cool down.
- Undertake training prior to competition to ensure readiness to play.
- Undertake fitness programs to develop endurance, strength, balance, coordination and flexibility.
- Gradually increase intensity and duration of training.
- Good technique and practices will help prevent injury.
- Know the rules and play fairly.
- Instruction on correct kicking, heading and tackling techniques must be available and reinforced.
- Coaches should undertake regular reaccreditation and education to ensure their knowledge is kept up-to-date.
- Officials should enforce game rules.

## Use appropriate equipment and check pitch safety

- Check and maintain the football pitch regularly to remove hazards.
- Replace balls once their water-resistant qualities are lost.
- Use appropriate sized balls for the age and gender of players.
- Ensure both permanent and portable goals are securely anchored to the ground.
- Ensure portable goals are made of lightweight material.
- Dismantle, remove or secure portable goals to a permanent structure after use.
- Standards Australia's Handbook, Portable Soccer Goalposts Manufacture, Use and Storage (HB 227:2003), aims to prevent deaths and serious injury occurring from football goalposts. To order a copy visit www.standards.org.au
- Wear the correct protective equipment
- Wear a mouthguard, preferably custom-fitted, at all times.
- Wear shock absorbent shin guards at all times. Seek professional advice on the correct fitting of shin guards.
- Consider preventive ankle taping or bracing to reduce risk of injury. Seek professional advice on footwear.

## Modify rules and equipment for children

- Children are encouraged to play Small-Sided Games at their local club to develop good skills and technique.
- Children should head the ball with the proper technique and use the correct sized ball for their age and weight. Younger children should use softer balls (Nerf ball) to head the ball.
   Once confidence is built, a regulation ball (under-inflated at first) can be introduced.

## Other safety tips

- Eat a well-balanced diet.
- Drink water before, during and after play.
- Apply broad-spectrum sunscreen when playing outdoors.
- Do NOT play in extreme heat, wet or slippery conditions.
- Ensure players are fully rehabilitated before returning to play.
- An ankle brace should be worn for at least three months after serious ankle injury.
- For further information, contact Smartplay Sports Medicine Australia. Visit www.smartplay.com.au or www.sma.org.au

## **Immediate Action**

If a player or member is injured during matches or training and there is any doubt as to the extent of the injury, or the injury is serious, the player should receive medical treatment immediately, either from their own medical practitioner or from the nearest hospital emergency department. If there is any doubt as to the extent of the injury, an ambulance should be called. A player should not be moved from the playing field if there is a possibility for further injury.

If it is safe to do so, bleeding players should be removed from the pitch immediately.

The injured player should seek treatment from a Sports Trainer or Physio on site if available. If they are not available, the player should seek assistance from the team coach or manager.

## Reporting

If the injury requires follow up medical treatment, the player is required to complete the Injury Report Form attached to this policy. A copy of the s Injury Report Form should be provided to the Team Manager and treating medical practitioner.

## **Suspected Concussion**

In accordance with <u>FFA Concussion Guidelines</u>, any player with a suspected concussion will be immediately removed from play, and will not be returned to activity until a medical assessment has been completed. Players with a suspected concussion should not be left alone and should not drive a motor vehicle.

Only a qualified medical practitioner can diagnose whether a concussion has occurred, or provide advice as to whether the player can return to play. There will be no return to play on the day of a suspected concussion. Any player with a suspected concussion will require written clearance from a qualified medical practitioner prior to returning to training and games.

## **Plaster Casts and Rigid Supports**

Plaster casts or hard support equipment when worn by a player can pose a risk of injury to opposition players and match officials. Plaster casts or any rigid support or other type of cast is not permitted to be worn by players when training or playing. This ruling is covered by FIFA Law 4 of the game.

## **Return to Activity from Injury**

The safety of all players should be a priority of all coaches, managers and clubs officials, and knowingly allowing a player to participate when injured could potentially result in legal action and/or a claim of negligence under the QLD Child Protection Act 1999.

If a player has sustained an injury that requires the player to miss training and/or games, the player is required to contact the team coach or manager by email or a phone call. The player will be required to providing a written clearance from their treating practitioner prior to returning to activity. If the player is able to commence training in a restricted capacity, the clearance should also include a rehabilitation program.

If a player sustains an injury outside of the program (e.g. at school or home), the player should notify the team manager as soon as possible to inform them of the injury and how it may impact on their participation. The same process for returning to activity will be applied as for an injury sustained during the football programme.

## NEVER ALLOW A PLAYER TO RETURN TO THE FIELD OF PLAY IF YOU HAVE ANY DOUBT OF FURTHER INJURY.

Conditions where a medical clearance is required:

- Any form of cardiac (heart condition)
- Hypertension (history of high blood pressure)
- Broken bones
- Significant soft tissue injuries (where a player has not recovered to a playing capacity one week post-insult)
- Any form of concussion
- Any form of unconsciousness, no matter how brief
- Any form of potential cervical (neck) injury
- Repeated episodes of illness of already diagnosed medical conditions such as
- Asthma, diabetes and epilepsy
- Any injury involving the eye itself
- Any player recovering from a significant illness, such as:
  - Chicken pox
  - Measles
  - Whooping cough
  - Glandular fever
  - Swine flu (H1/N1)

- Pneumonia
- Any form of influenza where it has caused the player to miss games and training greater than one week
- Any immune depressed conditions as deemed necessary by accredited Sports Trainers

The above points are not completely exhaustive, however it is expected that a common sense approach is applied by players when requesting a medical clearance. Many of the mentioned conditions can be exacerbated (made worse) by physical activity and cause the player further illness or discomfort. Some medical conditions can also be contagious and pose a risk to other players and coaching staff. Player welfare is the number one priority of the South West Queensland Thunder. The reason for medical clearances is not all about liability. It is ensuring that players seek medical attention for conditions that may cause them further serious health problems in the long term.

## **FFA National Insurance Programme**

All registered players are covered by the FFA National Insurance Programme. For a full outline of the programme, please refer to the website below.

http://www.gowgatessport.com.au/football/

Please take the time to read the policy Terms & Conditions carefully, paying close attention to submission timelines.

#### **Insurance Claims**

Any player that is admitted to hospital as a result of an injury must complete a <u>Serious Injury Report Form</u>. This form is to be submitted to the Gow-Gates within 48 Hours of the injury occurring.

#### **Private Health Insurance**

Whilst the FFA National Insurance Programme provides basic levels of cover for players and others participating in Football, it is not all encompassing (this is necessary to keep the cost of insurance affordable for players) and does not seek to replace the need for private health and other insurances.

We encourage all players and officials to take out their own private health insurance, life insurance and 'Top Up' coverage over and above the coverage provided under this plan. Gow-Gates can assist regarding 'Top Up' insurance and other insurance requirements.

## **Preferred Providers**

#### **General Practitioner**

The Club has a preferred supplier arrangement with the Grand Central Medical Centre. The standard consultation at this practice is \$65.00, however the practice will bulk bill all SWQ Thunder players. The contact details for the practice are:

 Grand Central Medical Centre 20 Hill Street, Toowoomba QLD 4350 Phone 07 4637 1000 Monday – Friday 8:00 am – 5:00 pm Saturday 9:00 am – 1:00 pm

## **Physiotherapy**

Toowoomba Physiotherapy and Massage Centre is a major sponsor of the Club. They provide a free 15 minute triage service (must be booked in advance) and discounted consultations.

The contact details for the practice are:

Toowoomba Physiotherapy and Massage Centre 63 Bellevue Street,
 Toowoomba QLD 4350
 Phone 07 4632 5002
 Monday – Wednesday
 8:30 am – 5:00 pm
 Thursday
 8:30 am – 6:00 pm
 Friday
 8:30 am – 4:00 pm

#### Radiology

Queensland X-ray is a team sponsor of the Club. Please support businesses that support us. Their Offices are located at:

- Medici Medical Centre
- 127 Russell Street Toowoomba
- St Andrew's Hospital Toowoomba
- St Vincent's Hospital Toowoomba
- 51 Wood Street Warwick

#### INJURY REPORTING FORM



Full Name:    DOB:   Gender: M   F   Player / Referee / Coach / Spectator	Event:				AUSTI
Date of injury / Nature of Injury/Illness   Explain exactly how the incident occurred   Advice Given   Immediate return unrestricted activity training practice   sprain eg ligament tear   strain eg muscle tear   tear	Full Name:	DOB: / /			
Type of activity at time of injury   paraine gligament tear   straine ge muscle tear   open wound/laceration/cut   bruise/contusion   other     Reason for Presentation   exacerbated/aggravated injury   exacerbated/aggravated injury   liness   other     Body Region Injured   Tick or circle body part/s injured & name   Treating protein     Ocausiston     CAUSE OF INJURY     Mechanism of Injury     struck by other player     Straine ge muscle tear     open wound/laceration/cut     bruise/contusion     dislocation/sublixuation     dislo		Team :			
□ shp/trip   □ temperature related eg heat stress   Today's date // □ other   □ other   □ temperature related eg heat stress   Time discharged   □ temperature related eg heat stress   Today's date // □   □ other   □ temperature related eg heat stress   □ temperature related eg heat stres	Date of injury Time of arrival Type of activity at time of injury training/practice competition other Reason for Presentation new injury exacerbated/aggravated injury illness other Body Region Injured Tick or circle body part/s injured & name	Nature of Injury/Illness   abrasion/graze   sprain eg ligament tear   strain eg muscle tear   open wound/laceration/cut   bruise/contusion   inflammation/swelling   fracture (including suspected)   dislocation/subluxation   overuse injury to muscle or tendon   blisters   concussion   cardiac problem   respiratory problem   loss of consciousness   unspecified medical condition   other   Provisional diagnosis/es   CAUSE OF INJURY   Mechanism of Injury   struck by other player   struck by ball or object   collision with other player/referee   collision with fixed object   fall/stumble on same level   jumping to shoot, defend/rebound   fall from height/awkward landing   gradual onset, no specific mechanism identified   slip/trip   temperature related eg heat stress	Grade:  Ex  Wina eq  Pr W boo If tap	Venue/area at which is explain exactly how the incident occurred  Vere there any contributing factors to the acident, unsuitable footwear, playing surface, quipment, foul play?  Protective Equipment Vas protective equipment worn on the injured ody part?  yes one of yes, what type eg mouthguard, ankle brace, pring.  In tital Treatment I none given (not required) I RICER I dressing I sling, splint I massage I manual therapy I cype / defibrillater I stretch/exercises I strapping/taping I none given - referred elsewhere I other	Advice Given

Privacy Statement - Sports Medicine Australia (WA Branch) abides by the relevant National Privacy Principles of the Privacy Act 1988. The information on this form is to be retained by SMA (WA Branch). The information is used for

but not limited to providing medical assistance, injury surveillance information and possibly legal and insurance purposes, You can get more information about the way SMA (WA Branch) manages your personal information by contacting the office on (08) 9285 8033. Please note you may gain access to your personal information in accordance with the Privacy Act 1988.

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