FIRST AID & INJURY MANAGEMENT

POLICY & PROCEDURES

Lethbridge Football & Netball Club

DOCUMENT CONTROL	DETAIL
Club	Lethbridge Football & Netball Club
Policy owner	Caity Lane / Chief Medical Officer
Approval authority	Scott Fitzgerald / LFNC President
Version / status	Version 1.0 – Draft for club review and adoption
Approval date / review date	[Insert date] / annually, and whenever governing guidance changes
Applies to	All junior football and netball activities conducted, controlled or sanctioned by Lethbridge Football & Netball Club

A practical, child-centred framework for prevention, immediate response, communication, documentation and safe return to participation.

POLICY AT A GLANCE

NON-NEGOTIABLE CLUB STANDARD A currently qualified first aider must be physically present and identifiable at every Club training session, match and organised activity. If this requirement is not met, the activity must not commence or continue until suitable cover is arranged.

EMERGENCY For a life-threatening injury or illness, call 000 immediately. Do not delay an ambulance while seeking parent/guardian permission.

CONCUSSION Any suspected concussion: remove from play immediately, no same-day return, arrange medical assessment, notify the parent/guardian and follow the current sport-specific community concussion pathway.

AT EVERY ACTIVITY	THE RESPONSIBLE TEAM/ACTIVITY LEAD MUST CONFIRM
People	Named qualified first aider; coach/team manager; emergency contact arrangements.
Equipment	Accessible, stocked first aid kit; charged phone; ice/cold packs; gloves; emergency equipment appropriate to the venue.
Venue	Exact venue address and access point known; ambulance access route and gate arrangements known; AED location checked.
Player information	Relevant medical alerts and individual action plans available to authorised responders, with privacy protected.
Records	Injury/incident forms available and completed promptly; parent/guardian notification recorded.

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1. PURPOSE AND POLICY STATEMENT

Lethbridge Football & Netball Club is committed to providing a safe environment for junior footballers, netballers, coaches, officials, volunteers and spectators. This policy establishes a consistent club-wide approach to preventing injury, preparing for emergencies, providing prompt first aid, managing injuries and illness, communicating with families, recording incidents and supporting safe return to sport.

The policy is designed specifically for Lethbridge Football & Netball Club operating both Australian Football and netball. It adopts relevant AFL/AFL Victoria and Netball Victoria/Netball Australia guidance and sets minimum Club standards. Where a league, association, venue operator, insurer or governing body imposes a stricter requirement, the stricter requirement applies.

This policy does not authorise volunteers to diagnose injuries, provide treatment beyond their training, prescribe or administer medication outside an approved lawful arrangement, or override advice from a treating health practitioner.

2. SCOPE AND GUIDING PRINCIPLES

This policy applies to all Club-controlled or Club-organised training sessions, matches, clinics, camps, tournaments, travel where Lethbridge Football & Netball Club has responsibility, and other sanctioned activities. It applies to players, coaches, team managers, first aiders, officials, volunteers and relevant contractors.

- Children's safety and wellbeing take priority over match results, convenience or pressure to continue playing.
- Responders must act within their current qualifications, competence, role and consent arrangements.
- Any person may raise a concern or request that a player be assessed or removed from participation.
- Parents/guardians must be involved promptly in decisions affecting a junior player, except that emergency treatment and ambulance escalation must never be delayed.
- Medical and injury information is confidential and shared only with people who need it to keep the child safe or provide care.
- Lethbridge Football & Netball Club will follow current sport-specific concussion requirements and any updated governing-body directions.

3. DEFINITIONS

TERM	MEANING
First aider	A person with a current nationally recognised first aid qualification appropriate to the activity and the Club's minimum standard.
Sports trainer	A person holding a relevant sports trainer qualification/accreditation recognised by the applicable football governing body.
Suspected concussion	A head impact or body impact followed by signs or symptoms that could indicate concussion; it must be managed as concussion unless appropriately ruled out by a medical practitioner.
Individual Medical Action Plan (IMAP)	A current written plan for a player with a condition that may require urgent or specific action, such as asthma, anaphylaxis, diabetes or epilepsy.
Emergency Action Plan (EAP)	The venue/activity-specific plan setting out who does what in an emergency, how to call 000, where responders meet the ambulance and where equipment is located.
Return to sport	A staged process for resuming activity after injury or illness, guided by the treating health practitioner and applicable sport rules.
Parent/guardian	A person with legal parental responsibility or other authorised caregiver recorded by the Club.

4. ROLES AND RESPONSIBILITIES

ROLE	RESPONSIBILITIES

Club Committee	Approve and resource this policy; appoint a Safety & First Aid Coordinator/Chief Medical Officer; ensure insurance/affiliation obligations are checked; review serious incidents and corrective actions; maintain secure records.
Safety & First Aid Coordinator /Chief Medical Officer	Maintain first aid officer, kit, AED and medical-action-plan registers; verify qualifications; ensure venue EAPs are current; organise audits and policy reviews.
Qualified first aider / sports trainer	Lead immediate first aid within scope; assess and monitor; activate EAP/000 when required; direct others; document care; hand over to ambulance/parent/guardian; maintain confidentiality.
Coach	Do not start/continue without the required first aider; stop play when needed; remove injured players; prevent return where unsafe; assist with crowd/player management; follow medical restrictions.
Team manager	Carry emergency contacts and relevant player medical alerts as authorised; contact parent/guardian; support first aider; complete/submit reports; ensure a responsible adult remains with the child.
Parent/guardian	Provide accurate and updated medical information, action plans and emergency contacts; supply prescribed medication and ensure it is in date; seek medical assessment when advised; provide written clearance where required.
Player	Tell an adult promptly about pain, illness, head impact or feeling unwell; follow instructions; not conceal symptoms or return without approval.
All volunteers/officials	Know how to summon the first aider and call 000; report hazards and incidents; do not attempt care beyond competence.

5. MINIMUM FIRST AID COVERAGE AND QUALIFICATIONS

Club minimum: at least one person holding a current nationally recognised Provide First Aid qualification (or a higher relevant qualification that includes current first aid competencies) must be present, accessible and identified at every training session, match and organised activity. The Club should aim to have a second trained person available at larger events or where teams are spread across separate venues.

This is a Club-wide minimum and does not replace sport-specific accreditation or league rules. The Club must check current AFL/AFL Victoria, league, Netball Victoria, association and venue requirements for each age group and competition. Where a sports trainer qualification or higher level of coverage is required, it must be provided in addition to, or instead of, the basic first aid coverage as required.

- The first aider must not be simultaneously undertaking duties that prevent timely response (for example, coaching on-field or umpiring).
- A named first aider and a back-up must be recorded on the team/session checklist before activity begins.
- If the qualified first aider becomes unavailable, leaves the venue or their qualification is found to be expired, activity must pause until a replacement is present.
- The Club will maintain a register of name, role, qualification, issuing provider, certificate number where appropriate, expiry/renewal date and contact details.
- First aiders must understand their scope, DRSABCD, CPR/AED use, bleeding control, spinal precautions, concussion recognition, asthma/anaphylaxis response and the Club EAP.

IMPORTANT - A parent who happens to hold a first aid certificate does not count as the designated first aider unless the Club has confirmed their current qualification, appointed them to the role and confirmed they are available for the entire activity.

6. VENUE AND EMERGENCY PREPAREDNESS

6.1 VENUE EMERGENCY ACTION PLAN

A written EAP must be prepared for each regular venue and reviewed before use at an unfamiliar venue. A copy must be accessible to the first aider, coach and team manager. It must include:

- Full street address, venue name, oval/court number and best ambulance entry point.
- Exact gate/access instructions, gate key or access code arrangements and a person assigned to meet the ambulance.
- Nearest AED location, access hours and who will retrieve it.
- First aid kit, treatment area, phone and emergency equipment locations.
- Roles for the caller, first aider, ambulance marshal, parent/guardian contact and crowd control.
- How to keep the playing area clear and preserve access for emergency vehicles.
- Procedure for severe weather, evacuation and loss of venue access.

6.2 EMERGENCY ROLES

TASK	ASSIGNED PERSON (assign prior to match commencement)
Lead first aider / clinical lead	
Call 000 and provide details	
Meet ambulance at gate and guide crew in	
Contact parent/guardian	
Control players, spectators and playing area	
Retrieve AED / first aid equipment	

6.3 EMERGENCY ESCALATION

Call 000 for any life-threatening or potentially life-threatening condition, including unconsciousness, collapse, difficulty breathing, suspected spinal injury, seizure requiring emergency response, severe allergic reaction, severe bleeding, chest pain, serious head injury, suspected fracture with significant deformity or any situation where the first aider is concerned. If uncertain, call 000.

Provide the operator with the exact location, access gate, nature of emergency, patient age/condition, hazards and callback number. Follow the operator's instructions. Do not move a person with a suspected spinal injury unless there is immediate danger or movement is necessary to maintain airway/life.

6.4 AED AND EMERGENCY VEHICLE ACCESS

- Lethbridge Football & Netball Club will identify the nearest AED at every venue and confirm whether it is accessible during the activity, including after-hours.
- Where the venue has no accessible AED, the Club will document the risk and consider an event-specific AED arrangement.
- Emergency vehicle routes, gates and access lanes must remain unobstructed. No equipment, cars or spectators may block access.
- A stretcher or other suitable rescue/transport equipment must be available where required by the applicable league/association rules, venue risk assessment or event conditions. Volunteers must not use equipment unless trained and it is safe to do so.

7. INJURY & ILLNESS RESPONSE

7.1 GENERAL RESPONSE SEQUENCE

1. Stop play/activity and make the area safe. Do not expose the injured person or responders to further danger.
2. Summon the designated first aider. Keep other players and spectators clear.
3. Assess the person within the limits of training. Use DRSABCD for an unresponsive person or suspected life-threatening emergency.
4. Call 000 when indicated. A bystander should call while the first aider provides care.
5. Provide first aid within current training and follow emergency operator instructions.
6. Do not leave a junior player alone. Arrange continuous supervision and privacy.
7. Notify the parent/guardian as soon as practicable; for serious incidents, do so while emergency care is being arranged.
8. Record the incident, treatment, advice, handover and notifications before the end of the day where practicable.

7.2 MINOR INJURIES

Examples include minor abrasions, small cuts, mild bruising or a minor sprain where no red flags are present. The first aider may provide basic care within their training, monitor the player and advise the parent/guardian. The player must not return if pain, restricted movement, dizziness, altered behaviour or other symptoms make participation unsafe.

7.3 SIGNIFICANT INURIES

Examples include suspected fracture/dislocation, significant soft-tissue injury, deep wound, suspected concussion, eye injury, dental trauma or injury with inability to bear weight. Remove the player from activity, arrange prompt medical assessment and notify the parent/guardian. Do not attempt to diagnose, manipulate a suspected fracture/dislocation or force movement.

7.4 SERIOUS OR LIFE-THREATENING INCIDENTS

Activate the EAP and call 000. Provide care within training, use an AED as soon as available when indicated, preserve the scene where relevant, and ensure a responsible adult accompanies the child or meets them at hospital. The first aider must provide a clear handover to ambulance personnel.

7.5 BLOOD AND INFECTION CONTROL

- Use disposable gloves and appropriate barrier protection when contact with blood or body fluids is possible.
- Stop bleeding with direct pressure where appropriate and cover wounds securely.
- A player with active bleeding must leave the playing area; they may return only when bleeding is controlled and any contaminated clothing/equipment is cleaned or replaced in accordance with sport rules.
- Dispose of contaminated materials safely, clean affected surfaces and wash hands. Do not share drink bottles, towels or personal medication.

8. CONCUSSION MANAGEMENT AND RETURN TO SPORT

STRICT RULE - If concussion is suspected, the player is removed immediately and must not return to the same match or training session. Treat a suspected concussion as a concussion unless a suitably qualified medical practitioner rules it out.

8.1 RECOGNISING POSSIBLE CONCUSSION

Possible signs and symptoms include headache, dizziness, balance problems, nausea or vomiting, confusion, memory difficulty, feeling slowed or foggy, dazed or blank appearance, unsteadiness, loss of responsiveness, lying motionless, seizure, unusual behaviour or simply not feeling right. Symptoms may be delayed.

8.2 IMMMEDIATE ACTION

9. Remove the player from play immediately and do not leave them alone.
10. Do not allow same-day return, even if symptoms appear to settle.
11. Call 000 for loss of consciousness, seizure, worsening condition, neck pain, repeated vomiting, severe headache, deteriorating alertness, weakness/numbness or other emergency red flags.
12. Arrange prompt assessment by a medical practitioner/healthcare professional in line with current sport guidelines. Provide the parent/guardian with the observed signs, mechanism and time of injury.
13. Document the incident and advise the Club Safety & First Aid Coordinator.

8.3 COMMUNITY RETURN-TO-SPORT REQUIREMENTS

The current community protocols for both Australian Football and youth/community netball require a minimum 21-day period before return to competitive contact sport, and completion of the required graduated return-to-sport process and medical clearance. Twenty-one days is the earliest possible date, not an automatic clearance date.

- A child/adolescent must return to learning/school or usual activities before progressing to the sport return pathway, as directed by the current clinical guidance.
- The player must be symptom-free for the required period before commencing graded return-to-sport. Current Netball Australia youth/community guidance specifies at least 14 symptom-free days before return to any contact training.
- The player must complete each stage of the current Graduated Return to Sport Framework, with no recurrence of symptoms. If symptoms recur, stop progression and return to the previous tolerated stage under healthcare guidance.
- Medical clearance must be obtained in the form and from the practitioner required by the current governing-body guidance. Lethbridge Football & Netball Club must sight and record the clearance before full-contact training or competition.
- Lethbridge Football & Netball Club may require a more conservative return where advised by the treating practitioner, where symptoms persist, or where there is a history of concussion.
- Coaches and team managers must not independently clear a player, shorten stages or permit participation because a match is important.

The first aider/team manager should provide the parent/guardian with the current AFL community concussion information for football and the Netball Australia Pathways, Youth and Community Netball Concussion Guidelines for netball. If a player participates in both sports, Lethbridge Football & Netball Club will apply the more conservative pathway and confirm requirements with the relevant governing bodies before return.

8.4 HEAD IMPACT WITHOUT OBVIOUS SYMPTOMS

Any concerning head impact must be reported to the first aider and parent/guardian. The player should be monitored and removed for assessment if there is any doubt. A delayed symptom report must be treated seriously. Coaches must never encourage a player to hide symptoms or ‘play through’ a head knock.

9. MEDICAL CONDITIONS, MEDICATION AND INDIVIDUAL ACTION PLANS

At registration and when circumstances change, parents/guardians must provide relevant medical information, emergency contacts and an individual action plan where a condition may require urgent or specific response. Examples include asthma, anaphylaxis, diabetes, epilepsy/seizures, cardiac conditions and other significant conditions.

- Lethbridge Football & Netball Club will request current plans prepared or endorsed by the player's treating health practitioner where appropriate.
- The coach, team manager and first aider must know where the plan is held and the immediate actions relevant to their role.
- Parents/guardians are responsible for supplying the player's prescribed medication, clearly labelled, in date and in its original packaging where possible, and for advising the Club of changes.
- Medication is not to be shared between players. Club volunteers must not administer medication unless legally permitted, appropriately trained/authorised and acting under the relevant action plan and consent.
- For an emergency such as anaphylaxis or severe asthma, follow the player's action plan, call 000 when indicated and do not delay emergency care.
- Lethbridge Football & Netball Club will agree with the family how medication will be stored and accessed promptly. Medication must not be locked away where this would delay emergency access.
- If required medical information or an essential action plan is not provided, Lethbridge Football & Netball Club will discuss safe participation arrangements with the family before the player takes part.

9.1 ASTHMA

Players with asthma should have an up-to-date asthma action plan and their prescribed reliever available at every activity. The first aider and relevant team officials must know how to access the plan and medication and follow the plan and current first aid training. Severe breathing difficulty or poor response to reliever treatment requires 000.

9.2 ANAPHYLAXIS

Players at risk of anaphylaxis must have a current ASCIA Action Plan and their prescribed adrenaline autoinjector immediately accessible. The Club will identify trained responders and ensure the autoinjector is not inaccessible in a distant vehicle or locked facility. Follow the ASCIA plan and call 000.

9.3 DIABETES, EPILEPSY AND OTHER CONDITIONS

Lethbridge Football & Netball Club will document the player-specific warning signs, emergency actions, medication/access arrangements, emergency contacts and participation restrictions supplied by the family/health practitioner. Volunteers must follow the plan and not improvise treatment.

10. INJURY REPORTING, RECORDS & PRIVACY

10.1 WHAT MUST BE RECORDED

All injuries, illnesses, suspected concussions, first aid treatments, ambulance attendances, near misses and significant hazards arising during Club activities must be recorded. The record should include:

- Player name and team; date, time and venue.
- Activity and circumstances/mechanism of injury; surface/weather/equipment factors where relevant.
- Observed signs/symptoms and the player's own words where relevant.
- First aider's name and qualification; first aid provided and times.
- Whether 000 was called, ambulance/hospital transfer and handover details.
- Parent/guardian contacted, by whom, when and what information was provided.

- Return-to-activity decision, restrictions, medical referral and clearance received.
- Witnesses, photographs or follow-up actions where appropriate.

10.2 REPORTING & REVIEW

The team manager or first aider must submit the report to the designated Club officer as soon as practicable, preferably within 24 hours. Serious incidents must be reported to the President/Secretary and Safety & First Aid Coordinator immediately. Lethbridge Football & Netball Club will review serious incidents and recurring injury patterns, identify corrective actions and record completion.

Lethbridge Football & Netball Club must also check whether the incident triggers notification to the league/association, venue owner, insurer or a regulator. Any statutory notification obligation must be assessed promptly; this policy does not replace legal advice or mandatory reporting requirements.

10.3 PRIVACY AND CONFIDENTIALITY

- Medical records and incident reports must be stored securely with access restricted to authorised Club officers who need the information.
- Do not place medical details in public team chats, social media, open spreadsheets or general committee minutes.
- Only share the minimum necessary information with the first aider, coach or team manager to keep the child safe.
- Obtain and record parent/guardian consent for collection and use of health information, and explain why it is collected and who may access it.
- Retain and securely dispose of records in accordance with applicable privacy, child-safety, insurance and recordkeeping obligations.

11. EQUIPMENT, KIDS AND FACILITIES

11.1 FIRST AID KITS

Each venue/activity must have a suitably stocked, clearly identified and readily accessible first aid kit. The kit must be appropriate to the number and age of participants, the activity, venue risks and expected access to emergency services. The first aider must be able to access it without delay.

- A designated kit custodian will inspect the kit weekly during the season and after every significant use.
- Replace used, damaged, contaminated or expired items promptly; record inspections.
- The kit should include disposable gloves, sterile dressings and gauze, wound dressings, adhesive strips, roller and crepe bandages, triangular bandages, saline/eyewash, tape, scissors, tweezers, instant cold packs, resuscitation face shield, hand sanitiser, waste bags and a first aid record pad.
- Add sport/venue-specific equipment following a risk assessment, such as a suitable stretcher or splinting equipment where required and where trained users are available.
- Personal prescription medication, relievers, autoinjectors and other participant-specific medication are supplied by the family and managed under the individual action plan; they are not replaced by general kit stock.

11.2 TREATMENT AREA

Where practicable, the venue should provide a clean, private and accessible treatment area with seating or a couch, handwashing facilities, suitable lighting and access for ambulance personnel. Netball Victoria recommends a designated treatment area with privacy, access to toilets, hot/cold water and ambulance access.

11.3 ICE AND COLD PACKS

A supply of ice or reusable/instant cold packs should be available. Apply only in accordance with first aid training, with a barrier between cold source and skin and for an appropriate duration. Do not use cold treatment as a substitute for assessment.

12. TRAINING, REVIEW & COMPLIANCE

- All coaches, team managers and relevant volunteers must receive a briefing on this policy, the EAP, how to summon the first aider, concussion red flags, parent notification and incident reporting.
- Lethbridge Football & Netball Club will maintain current first aid qualification records and provide refresher training or updates when guidance changes.
- The Safety & First Aid Coordinator will audit first aid kits, EAPs, AED access and registers at the start of each season and periodically during the season.
- The Committee will review this policy at least annually, after a serious incident, or when AFL, Netball Australia/Netball Victoria, league, association, legal or medical guidance changes.
- Any failure to provide the required first aid coverage, equipment or emergency access must be escalated to the Club Committee and corrected before activity proceeds.

This policy should be read with Lethbridge Football & Netball Clubs Child Safety and code of conduct policies, in addition to the applicable league and association rules.

APPENDIX A – EMEGENCY ACTION PLAN

Complete this page for every regular venue and retain a copy with the first aid kit and team manager's match-day information.

VENUE DETAILS	COMPLETE BEFORE SEASON/EVENT
Club / team / activity	Lethbridge Football & Netball Club
Venue name and full street address	8 Stephenson Street, Lethbridge, Victoria, 3332
Oval / court / facility location	Front Oval
Best ambulance entry gate and access instructions	Access via Stephenson Street, First Driveway.
AED location and access hours	In club room during game day hours.
First aid kit / treatment area location	At team bench / in club room.
Nearest hospital / urgent care (non-emergency reference only)	Geelong University Hospital
Emergency coordinator / first aider	Caity Lane – 0409 709 011
Back up first aider	Varying volunteers on match day- refer to Volunteer First Aid Personnel Register.
Person to call 000	First aider to delegate on match day.
Person to meet ambulance at gate	First aider to delegate on match day.
Person to contact parent/guardian	First aider to delegate on match day.
Person to supervise team / clear area	First aider to delegate on match day.

EMERGENCY CALL SCRIPT

CALL 000 "We need an ambulance at [Lethbridge Football & Netball Club], [8 Stephenson Street, Lethbridge 3332]. Enter via [First driveway on Stephenson Street behind local playground]. The emergency is [brief nature]. The patient is [age] and is [conscious/breathing/condition]. A person will meet the ambulance at [meeting point]. My callback number is [number]."

DRSABCD REMINDER

D	**Danger – check for danger to yourself, bystanders and the patient.**
R	Response – check for response.
S	Send for help – call 000 / direct someone to call; get AED.
A	Airway – open and clear airway.
B	Breathing – check for normal breathing.
C	CPR – commence CPR if not breathing normally; follow training and 000 instructions.
D	Defibrillation – apply AED as soon as available and follow prompts.

APPENDIX B – FIRST AID KIT AND INSPECTION CHECKLIST

Inspection frequency: weekly during the season, before major events and after use. Record shortages and the date replenished.

ITEM	OK	REPLENISH / ACTION
First aid kit clearly labelled, clean, accessible and in serviceable condition	☐	
Disposable gloves (multiple sizes)	☐	
Sterile gauze / wound dressings	☐	
Adhesive dressings / strips	☐	
Conforming / roller bandages	☐	

Crepe / compression bandages	☐	
Triangular bandages	☐	
Medical tape	☐	
Saline / eyewash	☐	
Scissors and tweezers	☐	
Instant cold packs / access to ice	☐	
Resuscitation face shield / pocket mask	☐	
Hand sanitiser / antiseptic wipes	☐	
Waste bags / sharps arrangements if relevant	☐	
Emergency contact and EAP sheet	☐	
Injury report forms and pen	☐	
Splint / suitable stretcher where required by risk assessment or rules	☐	
Expiry dates checked; used items replaced	☐	

INSPECTION RECORD	DETAILS
Venue / kit ID	[Insert]
Inspected by / date	[Insert]
Items replaced / action required	[Insert]
Completed by / date	[Insert]

APPENDIX C – INJURY AND INCIDENT REPORT FORM

FIELD	DETAILS
Player / injured person	Name: _____ DOB/age: _____ Team: _____
Incident details	Date: _____ Time: _____ Venue/court/oval: _____
Activity	☐ Training ☐ Match ☐ Event ☐ Other: _____
Injury / illness	Body area / nature: _____
What happened?	Mechanism and brief factual description: _____ _____
Signs / symptoms observed	_____
First aid provided	Treatment, times, monitoring and by whom: _____ _____
Escalation	☐ Parent called ☐ 000 called ☐ Ambulance ☐ Hospital ☐ Medical referral
Notifications	Parent/guardian name: _____ Contacted by: _____ Time: _____
Witnesses	Names / contact details (if appropriate): _____
Outcome	☐ Returned to activity (minor issue only) ☐ Did not return ☐ Sent home ☐ Medical review advised ☐ Ambulance transfer
Follow-up / clearance	Restrictions, medical advice, clearance required/received: _____
Reporter	Name / role / signature: _____ Date: _____

Record facts, not assumptions or diagnoses- Above form can be completed in addition to, or in replacement of, the General Injury Report Form sourced via AFL Barwon.

Attach additional pages if needed. Submit securely to the designated Club officer.

APPENDIX D – REGISTERS AND SESSION CHECKLIST

D1. FIRST AID PERSONNEL REGISTER-

Please refer to LFNC Document Volunteer First Aid Personnel Register.

D2. PLAYER MEDICAL INFORMATION REGISTER (RESTRICTED ACCESS)

Please refer to the LFNC Medical Condition Action Plan.

Maintain in a secure, access-controlled location. Include only information needed for safe participation and emergency response. Keep detailed plans separately and link to the player record.

D3. PRE-ACTIVITY SAFETY CHECK

- ☐ Named qualified first aider present, current and not occupied with another duty.
- ☐ Backup first aider identified (where available).
- ☐ First aid kit present, stocked and accessible.
- ☐ Phone available and charged; emergency contact details accessible.
- ☐ Venue EAP reviewed; full address and ambulance gate confirmed.
- ☐ AED location and access confirmed.
- ☐ Emergency vehicle access clear.
- ☐ Relevant player medical alerts/action plans accessible to authorised responders.
- ☐ Parent/guardian contact details current.
- ☐ Weather, playing surface, court/oval and equipment hazards checked.
- ☐ Any missing control corrected before activity begins.

SESSION RECORD	DETAILS
Date / venue / team	[Insert]
Coach / team manager	[Insert]
Designated first aider / qualification	[Insert]
AED location checked by	[Insert]
Issues / corrective action	[Insert]
Completed by	[Insert]

APPENDIX E – SOURCE DOCUMENTS AND IMPLEMENTATION NOTES

This policy has been drafted with reference to the following official guidance available at the time of preparation (15 November 2026). The Club should check the live source pages and download the current versions before formal adoption, and at each annual review.

AFL – Community concussion FAQs and return-to-play information

https://www.afl.com.au/concussion/faqs

Confirms removal, referral, no same-session return, and minimum 21-day return-to-play for community football, subject to completion of stages and medical clearance.

AFL – Management of Sport-Related Concussion in Australian Football (March 2024)

https://play.afl/

Current community football concussion guideline and graded return-to-play framework; access via AFL concussion hub.

Netball Victoria – Concussion Policy page

https://vic.netball.com.au/concussion-policy

Netball Victoria states it aligns with the current Netball Australia concussion guidelines.

Netball Australia – 2026 Guidelines for Management of Sport-Related Concussion, Pathways, Youth and Community Netball (effective 8 December 2025)

https://netball.com.au/sites/netballnation/files/2025-12/MED002%202026%20Guidelines%20for%20Management%20of%20SRC%20NA%20Pathways%20Youth%20and%20Community.pdf

Current national community/youth netball concussion guidance; minimum 21 days post-concussion before return to play, provided all stages are completed safely.

Netball Victoria – Risk Management and Insurance

https://vic.netball.com.au/risk-management-and-insurance

Club duty of care, accessible first aid kit, weekly inventory, emergency information, treatment area, injury and incident reporting and confidentiality.

Netball Victoria – Policies and Guidelines

https://vic.netball.com.au/policies-guidelines

Official hub for current Netball Victoria policies and sport guidance.

WorkSafe Victoria – Volunteer health and safety for community service organisations

https://www.worksafe.vic.gov.au/volunteer-health-and-safety-community-service-organisations

Guidance on volunteer roles, emergency plans, training, records and first aid facilities.

Before the Committee adopts this policy

- ☐ Insert the Club's name, policy owner, approval date and review date.
- ☐ Confirm applicable AFL Barwon / league bylaws, Netball Victoria / association competition regulations and any venue requirements, including stretcher/rescue equipment and accreditation rules.
- ☐ Nominate the Safety & First Aid Coordinator and appoint qualified first aiders for every team/activity.
- ☐ Complete a venue-specific EAP for each ground and court; verify AED access and ambulance access arrangements.
- ☐ Approve the medical information collection and secure storage process, including parent/guardian consent.
- ☐ Distribute the policy and emergency quick-reference information to coaches, team managers, first aiders and families.
- ☐ Review the current concussion source documents before the season and whenever either governing body updates its protocols.

IMPORTANT GOVERNANCE NOTE - This is a comprehensive draft policy for Club adaptation, not legal or medical advice. Current governing-body rules and the treating practitioner's advice take precedence where they impose a higher or different requirement.