



# HEALTH, INJURY AND INCIDENT POLICY

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## **First Aid and medical conditions**

GGLAC is run entirely by parent volunteers. Apart from very basic first aid for minor injuries, GGLAC is not able to manage injuries or illness suffered by athletes. It is for this reason (as well as to supervise and assist athletes when competing, and before, after and between events) GGLAC insists on parents of athletes remaining with their children at all times.

GGLAC has an appropriately trained first aid officer at all home meets. This person is identified by a green first aid vest. Several other Committee members hold first aid qualifications and these are listed on the Committee contact list in the canteen. It is the duty of the first aid officer to maintain the first aid kit (See attachment 1 for recommended requirements in the first aid kit). It is acknowledged that some Children may be allergic to various medical preparations, adhesive plasters and antiseptic solutions. These allergies should be listed on the athlete's registration form. The first aid kit is located in the canteen during all home meets and training sessions.

It is quite normal for athletes who may have medical conditions, for instance asthma and epilepsy, to compete in little athletics. If a child has a medical condition which may require urgent treatment or medication (e.g. asthma, bee sting allergy), it is the parent/guardians responsibility to notify our Registrar at the time of registration. The athletes or the parent/guardian are required to take responsibility for management of the medical condition and have the necessary medication available at all home and away meets. Refer also to the SALAA Asthma policy.

## **Treatment and recording**

If your child requires treatment for an injury or medication for any medical condition, it is the responsibility of the parent/guardian to seek or supply such medication/treatment as necessary. All injuries, no matter how trivial, should be reported on the day of occurrence to our first aid officer, who will record the injury on the injury report form (see attachment 2) and assist with the treatment as necessary.

Any injuries or accidents that may be subject to immediate claims through the Associations Insurance Policy, will be fully detailed on the Track and Field Injury Reporting Form (see attachment 3) or the Incident Report Form (see attachment 4). SALAA will be notified as soon as practicable. The appropriate Insurance Claim forms will then be completed by the first aid officer in conjunction with the President, the Secretary and the injured party once they have been received from SALAA.

### **Blood and bodily fluids**

Members and athletes need to report bleeding injuries as soon as possible. Disposable gloves are available and always worn by a person working with bodily fluids. Mouth pieces, resuscitation bags, and other ventilation devices are in the first aid kit and available for use. If bleeding occurs during competition or practice, the wound should be covered with a closed to the air dressing (occlusive) as soon as possible. Any Clothing or equipment covered in blood is to be changed, before the athlete returns to competition. If the athlete is able to continue competing, dressings should be suitable to withstand the demands of competition.

### **Safe disposal of waste**

GGLAC has a biohazard kit containing safety gloves, tongs, and solid plastic biohazard container for the disposal of all medical waste. If an item such as a syringe is found, when examining the venue prior to activities, it should not be picked up by hand. The biohazard container should be taken to the syringe and tongs need to be used to place it in the container. At the end of the season the biohazard container will be taken to a local chemist for correct disposal.

### **Review**

This policy will be reviewed annually by the Committee.

Policy developed: Jan 2016

Policy reviewed without change: Jan 2017, Jan 2018, Jan 2019, Feb 2020, Feb 2021, Feb 2022

Date for next review: Feb 2023

## Attachment 1

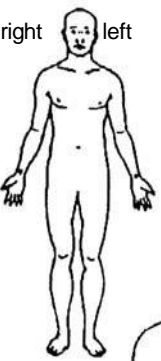
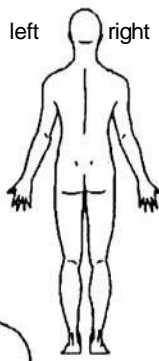

# RECOMMENDED REQUIREMENTS OF A FIRST AID KIT

- First Aid Manual
- Large and medium sized sterile wound dressings
- 1 x 25mm roll of hypo-allergenic tape (Micropore Tape.)
- 30ml plastic ampoule of saline for cleaning wounds
- Pair of blunt/sharp ended scissors
- Anti-irritant solution for bites & stings
- Antiseptic solution swabs (single use)
- Assorted roller bandages (50mm & 75mm)
- Sterile combine dressings
- Assorted safety pins
- Sterile non-adherent dressings
- Band-Aids
- Sterile packets of tulle gauze dressing to be used for cleaning around wounds, not used as a dressing
- Betadine swabs (single use)
- Cold pack/ice pack
- Triangular bandages/sling
- Disposable gloves (prefer gloves with NO latex eg: Kimberley-Clark, many are allergic to latex.)
- Tubular-gauze finger dressing set
- Eye pads
- Eye wash container a small cup that fits over the eye, when filled with water it help rinse the eye.
- Tweezers
- Kidney dish
- Various sized adhesive dressing strips

(Taken from the SALAA risk management plan 2014)

## Attachment 2

# INJURY REPORT FORM

Injury details: <i>This report reflects an accurate record of the injured person's reported symptoms of injury</i>			
Name of person injured: _____		Date Of Birth:     /     /	
Date when injury occurred:     /     /		Date when injury is evident:     /     /	
Person injured: Athlete   Coach   Other: _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Chaperone: _____ (Signature)		Witness: _____ (Signature)	
First aid provided by: _____ (Signature)		Time of first Aid :	Initial treatment:  <input type="checkbox"/> No treatment required <input type="checkbox"/> CPR <input type="checkbox"/> RICER <input type="checkbox"/> Crutches <input type="checkbox"/> Sling/splint <input type="checkbox"/> Dressing <input type="checkbox"/> Strapping <input type="checkbox"/> Massage <input type="checkbox"/> Stretching
Nature of injury: <input type="checkbox"/> New <input type="checkbox"/> Aggravated <input type="checkbox"/> Recurrent			
Did the injury occur during <input type="checkbox"/> Training <input type="checkbox"/> Event <input type="checkbox"/> Other: _____			
Symptoms of injury: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Blisters</div> <div style="width: 33%;"><input type="checkbox"/> Inflammation/swelling</div> <div style="width: 33%;"><input type="checkbox"/> Spinal injury</div> <div style="width: 33%;"><input type="checkbox"/> Bleeding nose</div> <div style="width: 33%;"><input type="checkbox"/> Cramp</div> <div style="width: 33%;"><input type="checkbox"/> Cardiac problem</div> <div style="width: 33%;"><input type="checkbox"/> Bruising/contusion</div> <div style="width: 33%;"><input type="checkbox"/> Suspected bone fracture/break</div> <div style="width: 33%;"><input type="checkbox"/> Electrical shock</div> <div style="width: 33%;"><input type="checkbox"/> Cut</div> <div style="width: 33%;"><input type="checkbox"/> Dislocation</div> <div style="width: 33%;"><input type="checkbox"/> Burn</div> <div style="width: 33%;"><input type="checkbox"/> Graze/abrasion</div> <div style="width: 33%;"><input type="checkbox"/> Concussion/head injury</div> <div style="width: 33%;"><input type="checkbox"/> Insect bite/sting</div> <div style="width: 33%;"><input type="checkbox"/> Sprain</div> <div style="width: 33%;"><input type="checkbox"/> Loss of consciousness</div> <div style="width: 33%;"><input type="checkbox"/> Poisoning</div> <div style="width: 33%;"><input type="checkbox"/> Strain</div> <div style="width: 33%;"><input type="checkbox"/> Respiratory problem</div> <div style="width: 33%;"><input type="checkbox"/> Other _____</div> </div>			
Body part injured:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             right   </div> <div style="text-align: center;">             left   </div> </div> <div style="text-align: center; margin-top: 20px;">  </div>		How did the injury occur? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Collision with a fixed object</div> <div style="width: 50%;"><input type="checkbox"/> Overbalance</div> <div style="width: 50%;"><input type="checkbox"/> Collision/contact with another person</div> <div style="width: 50%;"><input type="checkbox"/> Overstretch</div> <div style="width: 50%;"><input type="checkbox"/> Fall from height/awkward landing</div> <div style="width: 50%;"><input type="checkbox"/> Slip/trip</div> <div style="width: 50%;"><input type="checkbox"/> Fall/stumble</div> <div style="width: 50%;"><input type="checkbox"/> Other _____</div> </div>	
		Extra detail regarding how the injury occurred:  <div style="height: 100px;"></div>	
		Follow up action: <input type="checkbox"/> None <input type="checkbox"/> Medical practitioner/physiotherapist <input type="checkbox"/> Hospital <input type="checkbox"/> Ambulance <input type="checkbox"/> Other: _____	
Signature of person completing form: _____		Date:     /     /	
Name of person completing form: _____			

## Attachment 3

# SALAA INCIDENT REPORT FORM

To be used to record details of incidents

Date: \_\_\_\_\_

Person/s Involved: (Please complete as applicable i.e. Centre, Age, Position)

Name:	(1) _____	(2) _____
Centre:	(1) _____	(2) _____
Age:	(1) _____	(2) _____
Position:	(1) _____	(2) _____
Name:	(3) _____	(4) _____
Centre:	(3) _____	(4) _____
Age:	(3) _____	(4) _____
Position:	(3) _____	(4) _____

Details of Incident:

Other Relevant Information:

Witnessed by (name): \_\_\_\_\_

Phone: \_\_\_\_\_

Parent / Guardian Notified			
Time: _____		Date: _____	
YES	NO	N/A	
Comments			

Parent / Guardian Notified			
Time: _____		Date: _____	
YES	NO	N/A	
Comments			

Report completed by :

(Taken from SALAA risk management policy 2014)

**Attachment 4**  
**SALAA FIRST AID/INCIDENT RECORD SHEET**

**CENTRE** \_\_\_\_\_

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age Group: \_\_\_\_\_

Injury/Accident/Medical: \_\_\_\_\_

Location: \_\_\_\_\_ Event: \_\_\_\_\_

Treatment: \_\_\_\_\_

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age Group: \_\_\_\_\_

Injury/Accident/Medical: \_\_\_\_\_

Location: \_\_\_\_\_ Event: \_\_\_\_\_

Treatment: \_\_\_\_\_

(Taken from SALAA administration file 2014)