

*ASSOCIATED & CATHOLIC COLLEGES*

*of*

*Western Australia*

***D6 — RECOMMENDATION ON  
SPORTS INJURIES***

*Prevention  
Initial Assessment and Care  
Infection Control  
Injury Management*

(current as at 2 September 1993)

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**ASSOCIATED & CATHOLIC COLLEGES**

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**WESTERN AUSTRALIA**

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ACC Sport Injuries (Draft No. 4 as at 2 September 1993)

Accepted 1995 — dependent on legal advice.

Legal Advice gained February 1996.

This document is motivated by the need to ***ENCOURAGE THE ACQUISITION OF KNOWLEDGE TO GENERATE A FEELING OF CONFIDENCE AND COMPETENCE*** for all concerned when participating in physical education and sport.

It is created on an assumption of the positives, rather than of the negatives  
.....to promote participation.

It is recommended that a **PROACTIVE** approach is established to generate the acquisition of knowledge in order that care is delivered.

Common sense is the best guide.



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**D6 — RECOMMENDATION ON SPORTS INJURIES**

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## 2 INSTITUTIONS AND RELATED COURSES

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**INTRODUCTION**

From an early age children are engaged in a variety of physical activities ranging from play to elite sport. Some formal rules are applied to games and play activity, whilst sport is highly organised.

The importance of physical activity in normal development is generally acknowledged. It enables a child to improve motor skills, assist socialisation and the establishment of peer relationships, achieve success and subsequent praise. It may enable the child to cope with stress, help relieve aggression, improve fitness, increase self esteem and have fun, *when managed correctly*.

The importance of exercise for good health is valid, whilst regular exercise is associated with better control of obesity.

All aspects of activity contain an element of **risk**. Practice at taking risks and making a personal decision about how much risk to take, can be obtained on the sports field. It is probably more safely practiced in sport than in unstructured activity in exploratory play situations or on the streets.

As physical activity in the school setting is closely supervised by adults, they become the teachers, coaches, rule enforcers, decision makers and principal rewarders and punishers. The *structure of sport and the quality of adult leadership* are important and the examples set by supervising groups and individuals is significant.

**DUTY OF CARE**

Schools have an obligation to provide children with a safe learning environment for their mental and physical development.

The process of 'duty of care' involves the school environment owing care based on *a relationship of proximity*. A breach of that duty, coupled with an injury being suffered as a result of that breach, indicates a significant departure from the standard of care. Failure to implement recommendations from recognized groups may constitute a breach of care owed by individuals and organizations (as determined only by the courts). Importantly, this process also involves the care stemming from parents and students as well as the more easily recognizable care stemming directly from the school to student.

Despite having taken all reasonable care in providing a safe environment, an injury inevitably may occur. With this understanding the physical education teacher, general teacher, sports coach, manager, supervisor, umpire, parent and student may confidently fulfil his or her role whilst participation is encouraged.

Teachers are usually the first point of contact with an injured child. This person's assessment of the nature of what action to take, could mean the difference between a minor injury or a much more serious prognosis.

*It is recommended that schools adopt a proactive rather than a reactive response to care which may develop as a result of increased injury rates, issues of legal liability or at worst a serious injury.*

## **BASIS OF THE DOCUMENT**

This document outlines Planning, First Aid and First Aid Hygiene Procedures as an adjunct to maintaining general physical health and is based on the following components:

1. preventative measures;
2. initial injury assessment and care;
3. infection control procedures and
4. injury management.

.... for handling both routine and emergency sports related injury situations.

***Reducing the risk whilst promoting participation is paramount to effective care and is central to recommendations contained in this document.***

## **COMPONENTS OF CARE AND RELATED RECOMMENDATIONS**

### **1. PREVENTATIVE MEASURES**

#### **A. *Prevention through education***

The risk of injury is an inherent part of most sports. Everyone involved in sport (staff, coaches, managers, umpires, supervisors, parents and students) have a responsibility to manage that risk and keep it to a minimum. Inadequate first aid may aggravate the injury and cause an increase in the time necessary before the player returns to play. When an injury occurs, there are many decisions to be made. KNOWLEDGE of the Components of Care prepares all participants with the basic information to deliver care.

*1.0 It is therefore recommended that participants be involved in professional development, by attending courses to gain and update information to enable them to deliver care.*

Examples of courses (or their equivalent) with accreditation currently available and recommended include:

For Physical Education Teachers — the Sports Trainers' Course conducted by the Australian Sports Medicine Federation.

For Coaches and Students — the Level 0 Orientation Course conducted by the Australian Coaching Council.

- For All Staff and Students — First Aid conducted by the St John's Brigade.  
 — Sports Medicine Awareness Course (SMAC) conducted by the Australian Sports Medicine Federation.

1.1 *It is recommended that schools encourage all adult supervisors to attend courses and that they work out strategies to make this possible in order that the opportunity for students to participate in physical education and sport is presented.*

**B. *Playing areas and facilities.***

Inadequate playing surfaces and inappropriate areas for participation may place athletes and the public at risk.

1.2 *It is recommended that, as examples, playing areas be level and firm, free from obstructions (e.g. exposed sprinkler heads), permanent fixtures such as goal posts should be padded, flexible and highly visible, spectators should be kept well away from playing areas and adequate matting is provided where necessary (e.g. gymnastics).*

1.3 *It is recommended that boundaries and lines of demarcation are prescribed to cater for safety in physical education lessons and sports activities.*

**C. *Balanced competitions.***

To reduce the risk of injury when planning a balanced competition .....

1.4 *It is recommended that consideration should be given to the age, size, gender, strength, degree of proposed preparation and skill levels of the athletes as the basis for planning a balanced competition.*

**D. *Protective devices:***

Such devices are designed to reduce injury in sport. For instance, in close contact sports a properly fitted mouthguard will help reduce:

- a variety of dental injuries;
- soft tissue injuries in and around the mouth;
- bone damage to the jaw and
- concussion.

Other devices, that are specifically designed for their sports, include for example, goal post pads, individual player pads, eye goggles/glasses, helmets, gloves, shin guards, lifejackets and wetsuits. When protective equipment is being worn it is important that it is used for its correct purpose and is correctly fitted in order to reduce the risk of injury.

1.5 *It is recommended that protected devices be used where appropriate and that they are maintained and fitted correctly.*

1.6 *It is recommended that students wear the appropriate running shoes when participating in athletics and cross country events.*

**E. *Development of skills and techniques.***

Studies have shown that the higher the level of skill the lower the rate of injury. Therefore, importance should be placed on the development of skills and technique. For example, if an athlete does not know the correct technique or skill required to fall properly, they are more likely to injure themselves.

1.7 *It is recommended that students are taught appropriate skills in physical education lessons and training sessions and that accredited courses be conducted for coaches, managers and umpires whenever appropriate to enable them to correctly conduct learning sessions.*

**F. *Fitness.***

Physical fitness is a combination of many factors. Most sports are concerned with the development of strength, power, speed endurance and flexibility. An athlete's fitness should be gradually developed to gain

maximum benefit from the activity and to prevent injury. While injuries can occur at any time, they are more likely to occur towards the end of the sporting activity. This is due to the athletes being tired and unable to cope with the demands placed on their bodies. Fatigued athletes are also less capable of performing their skills to the desired level.

1.8 *It is recommended that for each individual sport, an acceptable level of fitness for athletes is achieved.*

**G. *Warmup, stretching and cool down.***

Warming up is an essential part of minimising the risk of injury in sport. It results in improved flexibility and prepares your mind, heart, muscles and

joints for the activity ahead. Warming up should involve a minimum of five to ten minutes of light activity (e.g. walking, jogging etc) before you start.

1.9 *It is recommended that warming up be included as a very important part of any competition or training session.*

Without stretching, muscles lose their flexibility and may fail to respond effectively during sporting activity.

1.10 *It is recommended that the following procedures be followed:*

- *warm up prior to stretching;*
- *stretch before and after exercise;*

- *stretch alternate muscle groups;*
- *stretch gently and slowly, never bounce or stretch rapidly;*
- *stretches should be held for a minimum of ten seconds;*
- *stretch to the point of discomfort, never pain and*
- *do not hold your breath when stretching , breathing should be slow and easy.*

Cooling down is also important as it prevents pooling of the blood in the limbs, which can lead to fainting or dizziness. Following exercise, cooling down and stretching improves the recovery of the muscles, heart and other tissue through the removal of waste products.

*1.11 It is recommended that an effective cool down be performed and that it consist of a gradual reduction in activity levels for five to ten minutes e.g. a slow easy jog or walk followed by general stretching.*

#### **H. Teaching, learning and obeying rules.**

Many of the rules of sport are specifically designed to create a safe playing environment for all those concerned.

*1.12 It is recommended that coaches and players learn and apply the rules of the activity, develop clear rules for training and general conduct and always discourage violence or dangerous techniques.*

All athletes should learn and apply both the written and unwritten rules of their sport.

#### **I. Managing existing injuries.**

Returning to sport too early can make the athlete susceptible to further related and unrelated injury.

*1.13 It is recommended that when commencing or returning to training or competition, the athlete be able to answer yes to the following questions:*

- *can you move the injured part easily through a full range of movement? (i.e. compared to the athlete's opposite side)*
- *has the injured area fully regained its strength?*
- *is the injured area free of pain?*

#### **J. Illness, medical conditions and participation.**

There are a number of conditions which when medically supervised, do not permanently preclude a person's involvement in sporting activity:

- chronic infections;

- cardiovascular abnormalities;
- musculo-skeletal problems e.g. arthritis and
- medical conditions e.g. diabetes, asthma, epilepsy.

While these conditions can be controlled through proper management and medication there are times when the athlete's participation may be limited by unforeseen changes in the condition.

*1.14 It is recommended that supervising staff be made aware of each student's medical history, whilst keeping such information confidential as necessary.*

During times of illness the athlete's body is particularly vulnerable, with the risk of damage to tissues or organs being very high.

*1.15 It is recommended that an unwell or feverish athlete should not participate.*

#### **K. Environmental conditions.**

When exercising in the heat, the most important thing to remember is fluid replacement. Dehydration can lead to serious problems including death.

Coaches and athletes should be aware of the following points:

- thirst is a poor indicator of fluid replacement;
- plain water is the best fluid replacement;
- wear loose, light coloured clothing and
- avoid intense activity in hot or humid conditions.

Sunburn is a major problem in Australia's harsh conditions.

*1.16 It is recommended that the Slip (on a tee shirt - preferably with long sleeves), Slop (on some sunscreen), Slap (on a hat) rules be applied.*

Cold weather conditions can also have life threatening consequences, however it more commonly causes injuries by cooling warm muscles. Long breaks will cause the body to cool down, thus athletes should be encouraged to wear adequate warm clothing when not actually competing e.g. tracksuits. Another warmup period may need to be considered if long rest periods cannot be avoided.

*1.17 If the weather conditions deteriorate to the extent that electrical activity is prevalent, it is recommended that outdoor activities be suspended.*

#### **L. Common sense.**

Common sense tells us that it is far better to prevent injuries than it is to treat them.

## 2. INITIAL INJURY ASSESSMENT AND CARE

Everyone involved in sport has a responsibility to manage risk and keep it to a minimum. They also have a responsibility to appropriately manage injuries that do occur under their supervision.

*2.0 It is recommended that, as a golden rule, to 'DO NO FURTHER DAMAGE'.*

Inadequate first aid may aggravate the injury and cause an increase in the time necessary before returning to play. When an injury occurs, there are many decisions to be made. The most important components of initial injury assessment and care include:

- is the area safe from any dangers?
- is there a threat to the injured athlete's life?
- is there a major injury for which help, such as the ambulance service, should be sought?
- is the athlete able to continue or should they be removed from the playing arena for further 1st aid and referral?

When a person responsible for an injured athlete considers the above questions.....

*2.1 It is recommended that the person responsible for an injured athlete should always err on the side of safety.*

Allowing the athlete to continue may cause further damage to the injured part.

*2.2 It is recommended that the person responsible be competent and confident in:*

- *First Aid Support (e.g. ASMF Accredited Sports Trainer course or equivalent);*
- *Expired Air Resuscitation (EAR) (e.g. ASMF Accredited Sports Trainer course or equivalent);*
- *Cardiopulmonary Resuscitation (CPR) (e.g. ASMF Accredited Sports Trainer course or equivalent) .....in order that DRABC (Danger, Response, Airway, Breathing, Circulation) procedures be performed .*

Once it has been established that there is no danger to the injured athlete's life, the severity of the other injuries should be assessed, using for example, the STOP regime:

- S        STOP
- T        TALK
- O        OBSERVE
- P        PREVENT FURTHER INJURY based on RICER...
- R        REST
- I        ICE
- C        COMPRESSION

E ELEVATION

R REFERRAL

(See section 4, Injury Management)

2.3 *It is recommended that:*

- *a hierarchy of authority be established to deliver care;*
- *information concerning a student's health be circulated to appropriate personnel and that this information be kept confidential;*
- *individual teams have immediate access to a first aid kit including ice;*
- *the location of the nearest school medical room is known;*
- *the school medical room is adequately stocked to cater for all situations;*
- *telephone facilities are at hand and that emergency numbers are known;*
- *that family contact numbers are at hand;*
- *the location of the nearest medical facility is known;*
- *gender differences are catered for when delivering care;*
- *vehicle access and use is at hand;*
- *the remainder of the group is not left to fend for themselves if the staff member is required to accompany the injured student;*
- *access by vehicle to playing fields and indoor facilities is practicable;*
- *that opposing staff and teams are provided with such information and*
- *injury records be kept e.g. the CCI handbook.*

### 3. INFECTION CONTROL PROCEDURES

A number of blood-borne infectious diseases can be transmitted during body contact and collision sports. They also can be transmitted due to a lack of hygiene associated with participation in sport's situations.

The aim of these recommendations is to prevent the spread of diseases via infected blood and other body fluids.

**All open cuts and abrasions must be reported and treated immediately.**

Schools:

3.0 *It is recommended that schools:*

- *should suggest to parents that they confer with their own medical advisor about the desirability of their children being vaccinated against hepatitis B;*
- *similarly, staff should consider vaccination and strategies might be initiated through the school to facilitate this process and*
- *provide the opportunity to involve participants in education programs concerning matters related to sports injuries.*

Players:

3. *It is recommended that players:*

- *accept the responsibility as participants to maintain strict personal hygiene as this is the best method of controlling the spread of disease;*
  - *participants involved in contact/collision sport and playing under adult rules, be vaccinated against hepatitis B;*
  - *with prior evidence of these diseases are advised to obtain confidential advice and clearance from a doctor prior to participation;*
  - *should have their own labelled drink container, of the type where a squeezing action is required to extract the drink via an extended straw, rather than the player making contact with the lip of the container or straw, with his/her mouth;*
  - *avoid sharing of any equipment, including use of another player's towel, or use of sporting clothing to stand/sit on whilst drying off is to be avoided*
- and*
- *should have a clean pair of thongs to wear to and from, and in shower/toilet areas.*

Team areas:

3.2 *It is recommended that in team situations:*

- *dressing rooms should be clean and tidy. Particular attention should be paid to hand-basins, toilets, and showers. Adequate soap, paper hand towels, brooms, refuse disposal bins and disinfectants, should be available at all times;*
- *all clothing, equipment and surfaces contaminated by blood must be treated as potentially infectious and dealt with accordingly;*
- *drains must run freely and*
- *sponges should not be used at any time.*

During the game and training:

3.3 *It is recommended that a player, injured in such a way that bleeding results, must before continuing in the game or at the training session:*

- *be treated so that the bleeding is stopped. If the bleeding cannot be stopped, the player is not to return to the field of play;*
- *have any open wound covered and*
- *change out of any clothing soiled with blood.*

3.4 *It is recommended that the personnel performing the first aid are to:*

- *wear gloves when treating body fluid injuries.*

Rules:

3.5 *It is recommended that rules:*

- *should be altered where necessary so that a player who needs treatment can be replaced by another player and so that the injured player can return to play at a later stage if the umpire is satisfied the above conditions have been complied with.*

3.6 *It is recommended that the umpire be the sole judge as to the suitability of a player with blood injuries to be permitted to continue in the game.*

#### 4. INJURY MANAGEMENT

Injuries may be classified as:

Life threatening

e.g. head , neck, chest, abdominal

Serious

e.g. head and facial, broken bones, soft tissue

Less serious

e.g. soft tissue, bruises, cuts, blisters, cramps and stitches, winding, bleeding nose

Overuse injuries

e.g. heel pain, shin soreness, knee pain, shoulder pain, elbow pain

A most typical injury which occurs is soft tissue injuries. The first forty eight (48) hours are vital in the effective management of any soft tissue injury. Injuries managed effectively in this time span will reduce the time spent on the sideline. This immediate management for example, should follow the RICER regime.

REST

ICE

COMPRESSION

ELEVATION

REFERRAL

Ice should be applied 20 minutes every 2 hours for the first 48 hours. This regime should be used for all ligament sprains, muscle strains, muscle bruises (corks etc) and in fact any bruises and bumps which occur in sport.

**Remember - HEAT increases bleeding, ALCOHOL increases swelling, RUNNING or exercising too soon can make the injury worse and MASSAGE in the first 48-72 hours increases swelling and bleeding.**

4.0 *It is recommended that staff gain the knowledge and competence to enable them to deliver with confidence the care necessary for the various levels of injury which may occur in physical education and sporting situations.*

#### FURTHER RECOMMENDATIONS

In addition to recommendations contained in specific sections of this document, the following recommendations are made:

The School:

5.0 *It is recommended that:*

- *the school adopts a whole school approach to the maintenance of general health, safety and sports injuries;*
- *the school generates its own policies based on recommendations contained in this document;*
- *schools generate the opportunity for staff and students to acquire the knowledge emphasized in this document (e.g. workshops, health education subject matter);*
- *students be involved to develop strategies;*
- *the school's document be periodically reviewed;*
- *parents be informed of the document and*
- *advises umpires of the recommendations contained in this document (particularly in regard to decisions to be made concerning players with blood related injuries).*

The Associated and Catholic Colleges:

*5.1 It is recommended that:*

- *periodic review of this document takes place;*
- *the association provides curriculum support, promotional activities and literature;*
- *the association coordinates professional development opportunities for all staff involved in physical education and sport (including multiple day inservice for physical education teachers and other appropriate personnel);*
- *the association's personnel be invited to schools to assist with the delivery of this document and*
- *the association communicates with tertiary education institutions, particularly those which provide teacher education studies, to highlight the need for the inclusion of subject matter included in this document in units of study, as an integral component of appropriate qualifications.*
- *advises umpires of the recommendations contained in this document (particularly in regard to decisions to be made concerning players with blood related injuries).*

*Appendix 1*  
*To "RECOMMENDATION TO SPORT INJURIES"*  
*SUMMARY OF RECOMMENDATIONS*

**INTRODUCTION**

*It is recommended that schools adopt a proactive rather than a reactive response to care which may develop as a result of increased injury rates, issues of legal liability or at worst a serious injury.*

**Components of Care and Related Recommendations**

**A. Prevention through education.**

*1.0 It is therefore recommended that participants be involved in professional development, by attending courses to gain and update information to enable them to deliver care.*

*1.1 It is recommended that schools encourage all adult supervisors to attend courses and that they work out strategies to make this possible in order that the opportunity for students to participate in physical education and sport is presented.*

**B. Playing areas and facilities.**

*1.2 It is recommended that, as examples, playing areas are level and firm, free from obstructions (e.g. exposed sprinkler heads), permanent fixtures such as goal posts should be padded, flexible and highly visible, spectators should be kept well away from playing areas and adequate matting is provided where necessary (e.g. gymnastics).*

*1.3 It is recommended that boundaries and lines of demarcation are prescribed to cater for safety in physical education lessons and sports activities.*

**C. Balanced competitions.**

*1.4 It is recommended that consideration should be given to the age, size, gender, strength, degree of proposed preparation and skill levels of the athletes as the basis for planning a balanced competition.*

**D. Protective devices.**

*1.5 It is recommended that protected devices be used where appropriate and that they are maintained and fitted correctly.*

*1.6 It is recommended that students wear the appropriate running shoes when participating in athletics and cross country events.*

**E. Development of skills and techniques.**

*1.7 It is recommended that students are taught appropriate skills in physical education lessons and training sessions and that accredited courses be conducted for coaches, managers and umpires whenever appropriate to enable them to correctly conduct learning sessions.*

#### **F. Fitness.**

*1.8 It is recommended that for each individual sport, an acceptable level of fitness for athletes is achieved.*

#### **G. Warmup, stretching and cool down.**

*1.9 It is recommended that warming up be included as a very important part of any competition or training session.*

*1.10 It is recommended that the following procedures be followed:*

- *warm up prior to stretching;*
- *stretch before and after exercise;*
- *stretch alternate muscle groups;*
- *stretch gently and slowly, never bounce or stretch rapidly;*
- *stretches should be held for a minimum of ten seconds;*
- *stretch to the point of discomfort, never pain;*
- *do not hold your breath when stretching , breathing should be slow and easy.*

*1.11 It is recommended that an effective cool down be performed and that it consist of a gradual reduction in activity levels for five to ten minutes e.g. a slow easy jog or walk followed by general stretching.*

#### **H. Teaching, learning and obeying rules.**

*1.12 It is recommended that coaches and players learn and apply the rules of the activity, develop clear rules for training and general conduct and always discourage violence or dangerous techniques.*

#### **I. Managing existing injuries.**

*1.13 It is recommended that when commencing or returning to training or competition, the athlete be able to answer yes to the following questions:*

- *can you move the injured part easily through a full range of movement? (i.e. compared to the athlete's opposite side)*
- *has the injured area fully regained its strength?*
- *is the injured area free of pain?*

#### **J. Illness, medical conditions and participation.**

*1.14 It is recommended that supervising staff be made aware of each student's medical history, whilst keeping such information confidential as necessary.*

*1.15 It is recommended that an unwell or feverish athlete should not participate.*

## **K. Environmental conditions.**

*1.16 It is recommended that the Slip (on a tee shirt - preferably with long sleeves), Slop (on some sunscreen), Slap (on a hat) rules be applied.*

*1.17 If the weather conditions deteriorate to the extent that electrical activity is prevalent, it is recommended that outdoor activities be suspended.*

## **2. INITIAL INJURY ASSESSMENT AND CARE**

*2.0 It is recommended that, as a golden rule, to 'DO NO FURTHER DAMAGE'.*

*2.1 It is recommended that the person responsible for an injured athlete should always err on the side of safety.*

*2.2 It is recommended that the person responsible be competent and confident in:*

- *First Aid Support (e.g. ASMF Accredited Sports Trainer course or equivalent);*
- *Expired Air Resuscitation (EAR) (e.g. ASMF Accredited Sports Trainer course or equivalent);*
- *Cardiopulmonary Resuscitation (CPR) (e.g. ASMF Accredited Sports Trainer course or equivalent) .....in order that DRABC (Danger, Response, Airway, Breathing, Circulation) procedures be performed.*

*2.3 It is recommended that:*

- *a hierarchy of authority be established to deliver care;*
- *information concerning a student's health be circulated to appropriate personnel and that this information be kept confidential;*
- *individual teams have immediate access to a 1st aid kit including ice;*
- *the location of the nearest school medical room is known;*
- *the school medical room is adequately stocked to cater for all situations;*
- *telephone facilities are at hand and that emergency numbers are known;*
- *that family contact numbers are at hand;*
- *the location of the nearest medical facility is known;*
- *gender differences are catered for when delivering care;*
- *vehicle access and use is at hand;*
- *the remainder of the group is not left to fend for themselves if the staff member is required to accompany the injured student;*
- *access by vehicle to playing fields and indoor facilities is practicable;*
- *that opposing staff and teams are provided with such information and*
- *injury records be kept e.g. the CCI handbook.*

## **3. INFECTION CONTROL PROCEDURES**

*3.0 It is recommended that schools:*

- *should suggest to parents that they confer with their own medical advisor about the desirability of their children being vaccinated against hepatitis B;*
- *similarly, staff should consider vaccination and strategies might be initiated through the school to facilitate this process and*
- *provide the opportunity to involve all participants in education programs concerning matters related to sports injuries.*

**3.1 It is recommended that players:**

- *accept the responsibility as participants to maintain strict personal hygiene as this is the best method of controlling the spread of disease;*
- *all participants involved in contact/collision sport and playing under adult rules, be vaccinated against hepatitis B;*
- *with prior evidence of these diseases are advised to obtain confidential advice and clearance from a doctor prior to participation;*
- *should have their own labelled drink container, of the type where a squeezing action is required to extract the drink via an extended straw, rather than the player making contact with the lip of the container or straw, with his/her mouth;*
- *avoid sharing of any equipment, including use of another player's towel, or use of sporting clothing to stand/sit on whilst drying off is to be avoided*
- *should have a clean pair of thongs to wear to and from, and in shower/toilet areas.*

**3.2 It is recommended that in team situations:**

- *dressing rooms should be clean and tidy. Particular attention should be paid to hand-basins, toilets, and showers. Adequate soap, paper hand towels, brooms, refuse disposal bins and disinfectants, should be available at all times;*
- *all clothing, equipment and surfaces contaminated by blood must be treated as potentially infectious and dealt with accordingly;*
- *drains must run freely and*
- *sponges should not be used at any time.*

**3.3 It is recommended that a player, injured in such a way that bleeding results, must, before continuing in the game or at the training session:**

- *be treated so that the bleeding is stopped. If the bleeding cannot be stopped, the player is not to return to the field of play;*
- *have any open wound covered and*
- *change out of any clothing soiled with blood.*

**3.4 It is recommended that the personnel performing the first aid are to:**

- *wear gloves when treating body fluid injuries.*

**3.5 It is recommended that rules:**

- *should be altered where necessary so that a player who needs treatment can be replaced by another player and so that the injured player can return to play at a later stage if the umpire is satisfied the above conditions have been complied with.*

**3.6 It is recommended that the umpire be the sole judge as to the suitability of a player with blood injuries to be permitted to continue in the game.**

#### 4. INJURY MANAGEMENT

*4.0 It is recommended that staff gain the knowledge and competence to enable them to deliver with confidence the care necessary for the various levels of injury which may occur in physical education and sporting situations.*

#### FURTHER RECOMMENDATIONS

The School:

*5.0 It is recommended that:*

- *the school adopts a whole school approach to the maintenance of general health, safety and sports injuries;*
- *the school generates its own policies based on recommendations contained in this document;*
- *schools generate the opportunity for staff and students to acquire the knowledge emphasized in this document (e.g. workshops, health education subject matter);*
- *students be involved to develop strategies;*
- *the school's document be periodically reviewed;*
- *parents be informed of the document and*
- *advises umpires of the recommendations contained in this document (particularly in regard to decisions to be made concerning players with blood related injuries).*

The Associated and Catholic Colleges:

*5.1 It is recommended that:*

- *periodic review of this document takes place;*
- *the association provides curriculum support, promotional activities and literature;*
- *the association coordinates professional development opportunities for all staff involved in physical education and sport (including multiple day inservice for physical education teachers and other appropriate personnel);*
- *the association's personnel be invited to schools to assist with the delivery of this document and*
- *the association communicates with tertiary education institutions, particularly those which provide teacher education studies, to highlight the need for the inclusion of subject matter included in this document in units of study as an integral component of appropriate qualifications.*
- *advises umpires of the recommendations contained in this document particularly in regard to decisions to be made concerning players with blood related injuries).*

*Appendix 2*  
*TO "RECOMMENDATIONS ON SPORT INJURIES"*  
*INSTITUTIONS AND RELATED COURSES*

Sports Medicine Federation

St John's Brigade/Red Cross

Australian Coaching Council

Ministry of Sport and Recreation

NB: specific information is being compiled and will be added to the document.