

TOUCH FOOTBALL AUSTRALIA



MANAGER'S PACK

2020

NATIONAL YOUTH CHAMPIONSHIPS

SUNSHINE COAST STADIUM

BOKARINA, QLD



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INTRODUCTION

The following Manager's Pack contains event information regarding the Touch Football Australia (TFA) 2020 National Youth Championships (NYC).

The official NYC Managers Meeting will be conducted through individual appointments with Tour Leaders only from **12:00pm and 3:00pm AEST on Wednesday, 30 September 2020**.

The venue will be:

Sunshine Coast Stadium

Sports House Level 1

Nicklin Way

Bokarina QLD 4575

The contents of this Managers Pack and other tournament information will be outlined in the online Tournament briefing. All tour leaders, coaches and managers will be required to watch this briefing.

At the Managers meeting Tour Leaders will cross reference, assign playing shirt numbers and sign off on your team lists and pick up team game balls, team MVP medals and any additional paperwork. Tour Leaders will be required to provide your signed Entity Declaration.

If there are any changes or clarifications to the items in this document, it will be outlined at this meeting and therefore important that the Tour Leader attends.

TFA wishes you every success and fulfilment during the tournament.

WELCOME AND THANK YOU

On behalf of Touch Football Australia (TFA), welcome to the *Naturally Refreshing Sunshine Coast*, the official destination partner and hosts for the 2020 National Youth Championships (NYC).

TFA acknowledges your ongoing dedication and commitment which continues to enable Touch Football to prosper across the country. Everyone has applied significant time and effort in preparing for this event and TFA greatly appreciates your support.

We trust that you have an enjoyable Touch Football experience at this event and in the future.

OBJECTIVE OF THE EVENT

The NYC is a unique event on the Australian sporting calendar.

The event continues to showcase emerging talent from teams across the country and provides a great opportunity for all participants to be identified for future Australian, State and/or regional representative teams.

HOST

TFA extends our sincere gratitude to our hosts, Sunshine Coast Council and Sunshine Coast Stadium. Many of you will be familiar with the destination and venue, however additional details are below:

- Accommodation
 - If you still require accommodation, please visit the Sunshine Coast Destination website. Contact details are below:
 - Website – www.visitsunshinecoast.com.au
 - Phone – 1300 847 481
- Attractions
 - The above website also has lots of useful information on:
 - Things to see and do whilst on the Sunshine Coast
 - Events
 - Travel Information
 - Deals on local attractions and tours



TOURNAMENT OFFICIALS AND CONTACT

Outlined below are the key TFA event staff members contact details should you need assistance during the event.

PRE-EVENT CONTACTS

Zoe Zinetti – National Events Manager

Mobile – 0418 497 273

Colette Ritchie – National Events Coordinator

Mobile – 0427 908 508

DURING-EVENT CONTACTS

Angela Trenerry – NYC Event Operations

Mobile – 0419 791 173

Location – Event Operations Room and Roaming

Zoe and Colette will be the primary coordination and points of contact for the tournament pre event. During the event however; Angela will be your on-site contact for the tournament.

Tournament Information Area will operate differently with draws and field maps and public information available at entry gates. Results and ladders will only be available online. Any manager issues, score disputes etc. are to report to the tour leader who will then contact Angela. Shirt number changes process will be communicated to tour leaders at the managers meeting.

INFRASTRUCTURE ASSISTANCE

James Sharp

Mobile – 0432 449 371

Location – Roaming

Please contact James for assistance with any event infrastructure requirements (i.e. Marquees, drinking water points etc.).

COVID-19 GUIDELINES

TFA will be implementing strict guidelines for the 2020 NYC.

Conditions of Entry to the NYC event venue include:

DO NOT ATTEND THE EVENT IF:



- In the last 14 days you have travelled from overseas or to a COVID-19 hotspot.
- You have been in close contact with a person who is positive for COVID-19.
- You are an active COVID-19 case; OR
- You are currently, or have recently experienced cough, fever, sore throat, fatigue or shortness of breath (COVID symptoms).

You will be required to check in and out to the event for contact tracing purposes via the event QR code at the Entry and Exit Gates.

Turn on the Australian Government COVID Safe App and leave it on while at the venue.

Hand sanitise upon entry and exit to the venue and practice regular hand hygiene throughout the event.

Maintain social distancing at all time throughout the venue.

Enter and Exit spectator area through marked entry/exit points only.

Do not stay longer than you must, following Touch Football Australia's return to play protocols - Get in, Play (watch), and Get out.

PARTICIPANT GROUP	RESTRICTIONS AND GUIDELINES
Teams	<ul style="list-style-type: none"> No contact between teams off-field Eliminate food sharing Frequent cleaning of team equipment Use hand sanitiser before, at half time and post match Sanitise game ball post match Get in, play, get out Hand sanitise on exit
Referees	<ul style="list-style-type: none"> Check into venue on arrival with the QR code at entry gates Hand sanitise on entry Sanitise game ball pre game and at half time (wipes provided) Frequent cleaning of scorecard holder and pencils Frequent cleaning of referees check in area Eliminate food sharing No gathering in groups and please social distance while at the venue between games

	<p>Get in, referee, get out</p> <p>Check out of venue on departure with the QR code at exit gates</p> <p>Hand sanitise on exit</p>
Medical	<p>Max 20 people in medical tent at the one time</p> <p>Increase spacing between medical beds</p> <p>Wait in line, socially distanced, to be called into the tent</p> <p>Hand sanitise on entry</p> <p>Clean beds and equipment between patients</p> <p>Hand sanitise on exit</p>
Spectators	<p>Check into venue on arrival with the QR code at entry gates</p> <p>Turn on Australian Government COVID safe app and leave it on while at the venue</p> <p>Hand sanitise on entry</p> <p>Practice social distancing and follow signage and PA announcement at all time while at the NYC event venue</p> <p>Do not go within 5 metres of a playing field</p> <p>Do not entre entity team tents</p> <p>Get in, watch, get out.</p> <p>Check out of venue on departure with the QR code at exit gates</p> <p>Hand sanitise on exit</p>

All staff, volunteers athletes and officials are to follow the Touch Football Australia COVID-19 Return to Play Protocols and Guidelines found at <https://touchfootball.com.au/coronavirus-return-to-play/>

MEDICAL ASSISTANCE

As outlined in the Conditions of Entry, each Entity is required to have their own medical assistance in attendance for the event.

Entity medical staff or team manager in most cases will be the first responders to any injuries. It is highly recommended that each Entity ensures their medical staff are suitably qualified.

TFA will have an event medical team onsite for serious injuries comprising of a Doctor, Physiotherapists and Sports Trainer.

- Doctor – TBA
- Physiotherapists – Blair Middlemiss and Emma Armfield
- Sports Trainers – Justin Cridland and Adam Vickery

TFA medical will respond to serious injuries on the request of Entity medical staff. Event staff will assist this process via radio communication with the TFA Medical team. If an ambulance is required to be called, the person closest to the patient is to call the ambulance and have someone else notify the nearest event staff so that they can coordinate with stadium staff to guide the ambulance to your location once on site.

We remind Entities that it is a requirement that Injury Reports Forms are completed, and copies provided to TFA medical staff and injured individuals for insurance purposes.

Injury Report Form can be downloaded from the TFA website (scroll to the very bottom of the home page) within the Insurance section with the relevant claim's procedures.

Process for reporting injuries at the event:

1. Fill in the [Injury Report Form](#), available at the event medical tent, with help of medical staff, leaving section six blank.
2. Hand over to TFA Event Medical.
3. Post event TFA staff members will fill in section six and email back to you the completed injury report form with the relevant scorecard.
4. Go to <https://www.sportscovers.com/claims/#claimsaus> within 30 days and follow the steps to lodge a claim.

HOSPITALS AND MEDICAL ASSISTANCE

If medical assistance is required before, during or after hours, the nearest hospital to the Stadium is:

Sunshine Coast University Hospital
Address: 6 Doherty Street, Birtinya QLD 4574
Contact Number: (07) 5202 0000

More Hospitals and medical centres within the local area include:

Caloundra Hospital

Address: West Terrace, Caloundra QLD 4551

Contact Number: (07) 5436 8500

Caloundra Bulk Billing Surgery

68 Bullock St, Caloundra QLD 4551

Phone: (07) 5438 1488

Apollo General Practice

75 Bowman Rd, Caloundra QLD 4551

Phone: (07) 5438 1200

Kawana Waters 7 Day Medical Centre

Nicklin Way & Kensington Drive, Minyama QLD 4575

Phone: (07) 5444 7544

Kawana Family Clinic

Kawana Shoppingworld

Phone: (07) 5444 1211

Golden Beach Medical Centre

34 Landsborough Parade, Golden Beach QLD 4551

Phone: (07) 5492 1044

Although the majority of Entities provide an exceptional duty of care towards their athletes, Entities are reminded the TFA Medical team is for serious injuries only.



Concussion

It is a reminder that TFA approved concussion in Sport Policy aligns with the Australian Institute of Sport (AIS) and Australian Medical Association (AMA) joint Position Statement on Concussion in Sport. Please ensure all medical staff make the selves familiar with the www.concussioninsport.gov.au website. Sports Concussion Assessment Tool (SCAT5) and other helpful information is contained at the back of this pack. If in doubt, please flag down TFA event staff who will be able to contact our trained event medical team.

TOUR LEADERS' COMMUNICATION

Tour Leaders are encouraged to contact Angela if they have any issues, problems or questions.

A Tour Leader meeting may be called at any time during the event if required for urgent and/or matters that affect all entities (i.e. contingencies in the event of poor weather).

2020 EVENT FEEDBACK

The evaluation process for the 2020 NYC will include an online survey to all participants who have registered online. The survey provides TFA with critical planning information for future tournaments.

The results of the survey will be published and circulated to Entities after the tournament.

REGISTRATION INFORMATION AND MANAGER MEETING

It is a requirement that all participants register via MySideline. To complete the process, please [Click Here](#). Your Tour Leader has step by step instructions on how to register for the different roles at this event

Team details can be modified online up until **5:00pm AEST – Monday, 28th September 2020**. After this time, information can only be modified manually at the Managers Meeting where you will submit all paperwork.

A report on the registered players (Final Team Sheet) in each team and registered officials (Final Officials Sheet) will be available at the Managers Meeting. This report will only contain details of participants uploaded online as of 5:00pm AEST – Monday, 28th September 2020.

Handwritten changes to the team sheets can be made during the Managers Meeting after which no further changes are permitted.

During the Managers Meeting, Tour Leaders are to complete their team's paperwork, ensuring the following details are included:

- Player numbers written legibly on the team sheet:
- Relevant qualifications are listed on the team sheet, i.e.:



- o Team staff position i.e. 18B Coach or 18G Manager.

Once team sheets are completed Tour Leaders must sign off on each team sheet.

Any changes to player shirt numbers after this time may result in a \$20 (GST free) fine per offence to a maximum of \$100.

Entities must notify TFA of any player shirt number changes or issues as soon as possible. Fines may still be applicable. Changes to player shirt numbers can occur by filling out a Change of Number Request Form provided at the Managers Meeting.

It is the responsibility of each Entity that participants have met all eligibility requirements and submitted all relevant documentation before taking part in the tournament in any capacity.

If TFA finds issues with Entity paperwork, it will seek to resolve the matter in a common-sense approach however if found to be a serious breach, fines or further action may result.

All Entities must complete an Entity Declaration form stating that all their players and officials qualify for the division they have nominated for and that all relevant policies and conditions have been officially communicated.

This is to be submitted to TFA at the Managers Meeting.

The following provides an outline of the authority required for the endorsement of team lists:

QTF Entities must be endorsed by QTF.

TFA staff will audit all submitted paperwork on Wednesday afternoon/ evening. Event staff will contact Tour leaders if there are any issues or outstanding paperwork.

NO TEAM OR OFFICIAL WILL BE ABLE TO PARTICIPATE UNTIL THE ABOVE DOCUMENTS HAVE BEEN SUBMITTED.

Upon the submission of all completed and required paperwork, TFA event staff will distribute to each tour leader their relevant allocation of match balls and team MVP Medals. The manager's pack and Hard Wrap magazines will be digital, and both be accessible online.

ONLINE REGISTRATION ISSUES

Some information may be highlighted and may need to be rectified prior to signing off on the Final Team Lists.

Some of the common issues include:



- Playing Number
 - Number higher than 50
 - Duplicate playing numbers in the one team (i.e. 2 x number 7s)
- Date of Birth
 - Player too old or too young to participate
- Gender
 - A male player is listed in a female division or vice versa
- Suburb
 - The suburb is well outside the respective Entities boundaries
- Affiliate
 - Affiliate is not within the respective Entities boundaries
 - Affiliate is un-financial
 - A club, team or region is listed as opposed to an actual Affiliate
- Coach Level
 - A zero is listed whereas at least a foundation level or higher is required to coach at the event
- General
 - If data is missing and is required, it would be highlighted
 - If full rows are highlighted it is because at least ten players need to be registered for the event.

DRUG TESTING

As a national sport we remind all participants that Sports Integrity Australia (SIA) could conduct random Drug Testing at any time. We recommend full compliance to any requests and ask that you ensure your participants are aware of the TFA [Anti-Doping Policy](#)

PHOTOGRAPHS

TFA are pleased to advise that NRL Films and Photos are once again the official photographers of the 2020 National Youth Championships.

NRL Films and Photos will be taking action shots at the event, which will be available for purchase from Touch Football's Photoshelter, the online photo shop [here](#).

Please note: Team photos will not be offered by NRL Films and Photos at the National Youth Championships.

IMAGES AND FILMING

All persons accept that, by participating in this event, they may be photographed/filmed and that these images may be used by TFA and our funding partner (Sunshine Coast Council) for promotion of the sport and/or event.



TFA will not pass any image(s) onto a third party (outside of our event funding partner) unless prior approval is sought. If you do not wish for TFA or our funding partner to use your image(s) or be filmed, you must notify TFA in writing to zoe@touchfootball.com.au

With the use of social media, it is now important TFA has regulations around the filming of players and games at events. To protect the privacy and images anyone filming games or players will be required to be registered with Tournament Management and have permission to film. In allowing filming they must comply with relevant permissions on the use of the footage. These will be provided on the registration sheet.

All field one games will be Livestreamed to TFAs YouTube channel and Facebook.

TFA requires that individuals and entities, **wherever possible, obtain permission from a child's parent/guardian** before taking an image of a child that is not their own. They should also make sure the parent/guardian understands how the image will be used.

To respect people's privacy, we do not allow camera phones, videos and cameras to be used inside changing areas, showers and toilets.

LEGAL GUARDIANSHIP ISSUES

In most instances' persons under the age of 18 will be in attendance at the event. In understanding our expectations around your role and responsibilities we provide you some additional information related to legal guardianship.

This communication contains general advice only and does not take into account individual objectives, circumstances and or a legal view. The information contained in this communication is only to offer some additional information on this particular area and individual research and advice should be sort for your personal circumstance.

Guardians

A guardianship is a legal right given to a person to be responsible for the food, health care, housing, and other necessities of a person deemed fully or partially incapable of providing these necessities for him or herself.

What Are a Guardian's Duties?

The guardian makes decisions about how the person lives, including their residence, health care, food, and social activity. The guardian is intended to monitor the person, to make sure that the person lives in the most appropriate, least restrictive environment possible, with appropriate food, clothing, social opportunities, and medical care.



Communication with the Parents

Ensure you are informed of any medical concerns, including food allergies. In addition, you'll need to agree on things like sleeping arrangements, the administration of over-the-counter medications, and procedures for contacting the parents in an emergency.

AUSTRALIAN SPORTS COMMISSION HARASSMENT GUIDELINES

The Australian Sports Commission has put together a number of guidelines for harassment free sport as outlined in the links below.

<https://www.playbytherules.net.au/online-courses/harassment-and-discrimination-online-course>

<https://www.playbytherules.net.au/>

<https://www.playbytherules.net.au/got-an-issue/inclusion-and-diversity/inclusion-and-diversity-what-is-it>

TFA RESPONSIBILITY CODE

TFA has developed a Responsibility Code for Affiliate use. A copy is available in the **Manager's Pack** and will be displayed around the venue. TFA encourage individuals to abide by the code and promote it.

DISCIPLINE PROTOCOL

TFA has released documents relating to a Discipline Protocol, to combat that Abuse and Harassment of Referees and Officials. This document will be included in the Managers Pack.

RISK MANAGEMENT NOTES

TFA has in place various policies and processes for dealing with Risk Management and Crisis Management. With these organisational polices we hope to provide prompt, effective emergency responses to reduce accidental losses from natural and man-made disasters.

EVENT EMERGENCY PROCEDURE

Evacuation Procedure

If a decision is made to evacuate the following process will be undertaken:

Stadium and Event Staff will ensure general exits are open with instructions communicated.

Event/Stadium Staff will notify nearby patrons where possible and instruct them to the nearest safe emergency assembly area.

Event Patrons will then be notified via the stadium loudspeaker system with the following where relevant:

***LADIES AND GENTLEMEN, THE MANAGEMENT HAVE REQUESTED THAT ALTHOUGH YOU ARE IN NO IMMEDIATE DANGER, FOR YOUR SAFETY WE HAVE TO STOP THE GAMES TEMPORARILY AND EVACUATE**



THE STADIUM. PLEASE ASSIST BY REMAINING CALM AND MOVE IN THE DIRECTION INDICATED BY THE NEAREST EXIT SIGNS OR EVENT STAFF.”

Patrons will be asked to remain in the designated emergency assembly area, if it is safe to do so, until the threat has been eliminated.

There are three emergency assembly points, one at the north end of Fields One and Two and the other two at either side East and West of Field Five. These emergency assembly areas are indicated on the event map.

FOOD HANDLING

Many Entities and teams arrange lunches or snacks for participants during their touring levies and or pooling groceries and food. It is important to note that handling food for groups can be a major risk factor with food poisoning or spoiling. TFA reminds Entities that they need to have processes and policy around the individuals that are responsible for these aspects. Included in your hard copy pack will be a fact sheet on food handling. Please also visit www.foodstandards.gov.au for more information.

Entities are reminded that in 2020 due to COVID shared food, platters/cocktail style food and self-sever buffets are not to be brought into the stadium neither is food to be prepared on site.

WATER SAFETY

In 2020 any recovery processes which involves using ice baths, bins, pools or spas are not to be done onsite at the Sunshine Coast Stadium. Water recover items must comply with local water safety laws, a copy is provided within this pack for further reference.

Water usage should be conducted in a safe and responsible matter at all times and must comply with any water restrictions enforced at the time of the event.

Unsupervised bodies of water are located near the venue. TFA reminds all spectators and participants to supervise children at all times.

Water Supply

A number of permanent fixed water supply points are available around the venue.

Please note that some hoses are made of polyvinyl chloride (PVC), which uses lead as a stabiliser and therefore is not suitable to drink from. Please do not fill up water containers using these types of hoses and fill up these containers straight from a tap.

ELECTRICITY AND APPLIANCES

Entities will not have access to electricity/power at the stadium this year, nor can we provide support or equipment that is required, to ensure it is compliant to legal requirements. Therefore, all Entities management must follow the direction of event staff and or council employees on these matters. We will not entertain compensation nor support in these areas.

Compliance to these requirements will be conducted prior to and during the event to ensure these standards are maintained.

TRAFFIC MANAGEMENT AND PARKING

Parking may become difficult at peak times; therefore, we recommend you allow additional time in all preparations to find a car park and walk into the venue.

Vehicles parked outside of car parks, on roadsides and areas that are not permitted will have their cars towed at their costs.

Parking off Nicklin Way

Access to the main car park is off Nicklin Way and will require extreme care from all drivers and pedestrians. All drivers are encouraged to adhere to the speed limit, directions of signage, temporary barriers or traffic control staff. This is for the safety of all participants and pedestrians in particular. This car park will have one entry point and a separate exit point.

Parking off Sportsmans Parade

A 300 bay temporary car park off Sportsmans Parade will be set up and will require extreme care from all drivers and pedestrians. Please be careful and use common sense when using this car park as individual parking bays are not marked. Please do not park other vehicles in or block the entry and exit points. All drivers are encouraged to adhere to the speed limit, directions of signage, temporary barriers or traffic control staff. This is for the safety of all participants and pedestrians in particular.

There are also marked on street parking bay. Please pay attention and obey to all street parking signage to avoid receiving a parking ticket.

Bus Parking

12 and 18 seater buses are asked to please park in the temporary car park on Sportsmans Parade. Please be careful and use common sense when using these areas as individual parking bays are not marked. Do not park in muddy areas as you may not be able to get out when you want to. Please do not park other vehicles in or block gate access areas. Larger buses are to park in parking bays along the road on Sportsmans Parade.



Drop off Zones

A designated drop-off zone is also available off Sportsmans Parade. This will also be the point for bus drop offs and all bus drivers are to use this point to limit risk of a pedestrian/vehicle accident to their participants during the competition.

VIP Parking

There will be no VIP Parking at the venue. Parking will be on a first come, first serve basis.

General

Vehicles are requested to slow down when approaching the car-park and give way to pedestrians. Please proceed with caution and low speed around the event precinct as pedestrians in this area have right of way at all times.

GATE ACCESS

There will be two main gates open for the duration of the tournament. One on Nicklin Way and the other on Sportsmans Parade between the south side of the main stadium and the Aquatic Centre.

Gate access will be for pedestrians only and will open at 7:00am each day of the event. There will be no vehicle access to the venue during the tournament except for Event Staff Golf Buggies and Sunshine Coast Stadium staff.

TFA Event Staff may be available to assist with Entities dropping off pop up tents on Wednesday, 30th September 2020.

SUNSHINE COAST STADIUM CONDITIONS OF ENTRY

- No alcohol permitted
- No glass allowed
- No smoking permitted unless in designated smoking areas.
- No person deemed to be under the influence of drugs or alcohol will be permitted to enter
- Management reserve the right to remove any person deemed to be intoxicated, unruly or quarrelsome
- Stadium management reserve the right to refuse any individual or group.

SECURITY

There will be overnight security for the duration of the event. Although there is security present, TFA recommends that all valuables are not left at the fields overnight. There have also been issues during the day with bags and uniforms going missing and we ask for all participants and spectators to be vigilant with their belongings.



TRAINING FIELDS

Prior to the event

We understand that some teams will train on the Sunshine Coast prior to the event. Due to COVID, a prior event bump out and in order to have the venue in the best possible condition for the conduct of a National event, we will not allow training to occur at any of the fields at the Sunshine Coast Stadium NYC precincts.

As an alternative, Tour Leaders have been provided with a booking form to pre book training fields which will allow training to occur at a number of other Council owned fields.

During the event

Warm up areas for this years event will be:

Fields 1 and 2, on the mini mod field North of these fields.

Fields 3 and 5, on field 4, unless there has been a serious injury and a game has been relocated there. If field 4 is in use due to serious injury, please use the space available over on the school fields.

Fields 6 and 7, on the school field south of these fields.

No team should be on the main playing surface unless they are scheduled to participate in that relevant timeslot.

Therefore, teams are not permitted to enter the main playing surface until after the full-time siren has occurred in the preceding game and should be off the field before the following game starts.

MEDIA AND COMMUNICATION

The Wrap Up (NYC Event Program)

The National Youth Championships event program with team lists enclosed will now be an online program and will be located on the Touch Football Australia website.

Website

TFA's website can be viewed from www.touchfootball.com.au

The event also has a dedicated specific website:

National Youth Championships – <https://touchfootball.com.au/national-youth-championships-nyc/>

Social Media

The TFA Facebook, YouTube, Instagram and Twitter and Snapchat accounts will also be used extensively for the event:



www.facebook.com/touchfootballaustralia



<http://instagram.com/touchfootballaustralia>



www.youtube.com/touchfootballaus



www.twitter.com/touchfootyaus



tfaofficial

TEAM APP

The primary source of Information and results for the tournament will be the TFA Team app. Please ensure all officials and players download the app before the tournament to ensure you receive tournament information and push notifications.

Once you have downloaded the app search for "National Youth Championships"

NATIONAL YOUTH CHAMPIONSHIPS

NOW HAS ITS OWN APP

Download our awesome new app now and stay up to date with all the latest information!

Install the National Youth Championships App on your smartphone or tablet now!

Follow these steps:

1. Download Team App from the Apple or Google Play app store.





2. Sign up to Team App. You will be sent an email to confirm your registration.
3. Log into the App and search for "National Youth Championships".
4. Choose your applicable access group(s).
5. If you don't have a smartphone go to nationalyouthchampionships.teamapp.com to sign up and view this App online.





Need Help?
 Contact: Colette
 Email: Colette.ritchie@touchfootball.com.au

teamapp.com

RESULTS

Results Information

With the move to MySideline and due to COVID, there will not be a Results Area at the venue. All game results and division ladders will be available online through Team App under Fixtures and Results or the TFA Website under the competitions tab.

Results will be updated online as soon as possible after games (approximately 30 minutes after games). There can be some delays due to the time taken for scorecards to be brought back from the fields and entered.

Mistakes can be made in recording or entering scores so if you wish to query a result, feel free to do via your Entities Tour Leader.

Finals Progressions can take a bit longer to update (approximately 60 minutes after games). This is to ensure that the information that goes up online is correct. Again, if you have any queries on finals progressions, please contact your Tour Leader.

VENUE INFORMATION

There are no ATM's at the venue. A number of ATM's are available at the nearby Kawana Shopping World north of the venue on Nicklin Way. Most vendors at the venue will accept efpos payments.

This year Entities won't have access to everything they have in the past and is limited. We thank you for your patience and courtesy in advance.

Ice deliveries will occur at specified times during the tournament as previously advised to those who have ordered. No responsibility is taken for ice if Entities do not have someone present to accept it. Ice will be organised by Sunshine Coast Stadium and payment terms will need to be complied with.

There will be rubbish bins around the venue, and we ask for your cooperation to ensure the cleanliness of the venue. It is the responsibility for Entities to clean their own "tents/changeroom" areas. Please leave the areas in the same clean state as you found them in. If there are other areas of the venue that need cleaning, please contact an Event Staff member.

Additional Infrastructure

Additional infrastructure will not be accommodated outside of approved submitted tent requests. Authorisation and placement of approved infrastructure will be in consultation with Sunshine Coast Stadium on where it is to be located. All infrastructures would need to be in place prior to Thursday morning.



FOOD AND BEVERAGE

Alcohol Service

Due to the youth aspects associated with the event, the whole precinct is an alcohol-free zone. Alcohol will not be sold at the event or be able to be brought into the venue.

All participants are to refrain from bringing glass containers of any type into the venue.

You are reminded that by law a player under 18 years of age is not permitted under any circumstances to enter a licensed premise or to partake in the consumption of alcohol while at the event, or while travelling to or from the event.

Food and Beverage

Sunshine Coast Stadium will organise vendors for the event which will be located across the facility.

Two canteens, one on the ground floor of the sports house at fields 1 and 2 and the other at the clubrooms next to field 3. A Coffee Vendor, Boost Juice and Whips & Co are intended to be at the event.

Self-Catering

As per previous advice Entities are not to self-cater at the event venue this year and are advised that no BBQS or cooking devices permitted on site.

Under no circumstances are Entities to sell food or drinks at the venue.

CONDITIONS OF ENTRY REMINDERS

It is each participant's responsibility to review and comply with the Conditions of Entry for the event. It is important that Tour Leaders and Team Officials remind themselves of the Conditions for each event, as they do adjust and change. Frequent considerations to remember including but are not limited to:

Drop-off

The 8th Edition of the TFA Playing Rules Drop-Off process will be used. Please read page 17 Number 24. Drop-Off [here](#).

7 Metre Zone Penalties

18.8 If the Defending Team is penalised three (3) times upon entering their Seven Metre Zone during a single Possession, the last offending player will be given an Exclusion until the end of that Possession.

10.13 When a player from the Defending Team enters its defensive Seven Metre Zone, the Defending Team must move Forward at a reasonable pace until a Touch is Imminent or made.



Ruling = A Penalty to the Attacking Team at the point of the Infringement.

10.14 When a player in Possession enters the Defending Teams' Seven Metre Zone the Defending Team is not obliged to move Forward but cannot retire back towards their Try Line until a Touch is Imminent or made.

Ruling = A Penalty to the Attacking Team at the seven (7) metre line in line with the point of the Infringement.

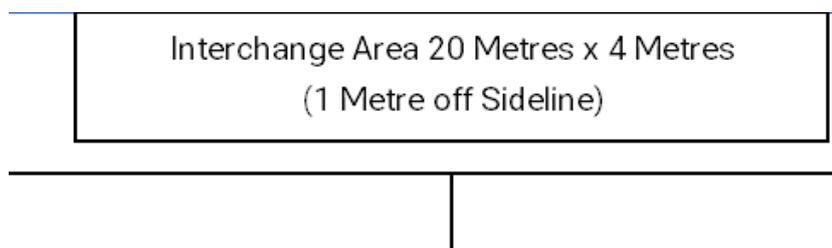
Reminder - 15th and 16th Player Process

Only 14 players can participate in each game. For teams with more than 14 players registered, a representative from the team must cross off any individual not participating in that particular game. Failure to comply with this may result in a forfeit.

Interchange Area

The interchange area will be positioned on both sides of the fields (20m x 4m), a minimum of 1 metre from the sideline, which substitution to occur within.

Substitute players must remain in their interchange area for the duration of the match. All interchanges must occur in the interchange area, and only after the substituted player has crossed the field of play boundaries and entered the interchange area.



Uniforms

All players and officials need to be in full Entity uniforms including entity hats, socks and wear enclosed footwear. Event Staff have been instructed to inform individuals of this and ask them to resolve immediately.

TFA Staff will look to enforce uniform compliance as they have at previous events. In addition to being advised to rectify the issues / situations, a \$20 (GST free) fine per offence to a maximum of \$100 (GST free) may be issued for breaches of not wearing the correct uniform including non-conforming Entity / Other hats.

Dispute Resolution

Protest Forms or Incident Report Forms can be obtained from your Tour Leader.

Further information can be found from the TFA website – [TFA Disciplinary Regulations](#)



Timeframes for submitting reports (i.e. length of time after matches) are noted in the Conditions of Entry and will be strictly adhered to and require a fee.

Protests against general referee decisions will not be considered.

Proof of Age and Eligibility

Proof of Age and Eligibility can be challenged up until the end of day two **6:00pm – Friday, 2 October 2020**. Please ensure you have the appropriate information and documentation at the event and be ready to show evidence as required.

After 6:00pm – Friday, 2 October 2020, eligibility protests will not be heard.

Scoresheets and Disputes

It is the responsibility of each team to allocate an official score person for each game. Both scorers are required to score the game this year from their respective interchange areas.

The official score persons are to see the referees before the game to check the scorecard for correct playing shirt numbers and cross off any players not participating in each game, check the scorecard at half time with the referees to ensure that the information is correct and then again to sign the score card at the end of each game. In signing the score card, the nominated person on behalf of their team has acknowledged and accepted the information on the score sheet to be true and correct. This information includes:

- Full time and half-time scores
- Playing Shirt Numbers
- Try scorers recorded correctly
- Dismissals or Sin Bin sanctions.

Each team is required to complete a Team and Score Sheet for every game they participate in. The information that is required is player numbers and try scorers for both teams. This information needs to match up with the official scorecard (i.e. number of try scorers' matches the final score).

TFA encourages all referees and the official score persons to communicate throughout the game to make sure that the score sheet is correct.

If you do not agree with the information on the score card, do not sign the score card and lodge a protest via the Tour Leader as indicated above. Protests will be reviewed by Tournament Management.



If the score card has not been signed and the time has passed for a protest to be lodged, the information on the score card will be recorded. In the specific instances of a score dispute, the time to lodge a protest is 60 minutes, as this is an appropriate amount of time for video review to occur prior to progressing with a formal process if required.

If the information on the score card is unclear, the relevant parties may be contacted to confirm.

Teams who do not provide an official score person negate their right to dispute the score.

If a team does not agree with the score on the score sheet it should be noted on the official score sheet and a protest lodged via the Tour Leader as indicated above.

The following information is to be provided with the protest:

- The team that tapped off first and direction of play.
- The order the scoring occurred (including player numbers of both teams).
- The half time and full-time scores.

The opposing team will be called to verify the score. In the event of inconclusive evidence, the score will be recorded as the score that the referees have recorded.

Alternatively, video evidence or equivalent can be provided (if available) and the evidence will be used only if conclusive.

Coaching Positions and Communication with the Referee

A coach may position themselves at the end of a field. If they are at the end of the field they must remain five metres behind the dead ball line. Where a fence, spectator line or advertising signage prevents this they must remain behind the fence or advertising signage.

Any coaching / management staff at the end of a playing field cannot issue any verbal or physical commands directly to the team they are observing and can only communicate to the team or other coaching/management staff in the interchange area by returning to the interchange area or by use of electronic communication equipment.

Any person found to be disregarding this tournament rule will be asked to return to the interchange area. Coaches are reminded that they are under the jurisdiction of the Tournament Conditions and the referee regardless of being either in the interchange area or at the end of the field.



Failure to comply with this will result in individuals being asked to leave the venue for the duration of the game and may result in further action.

During a match, only the team captain can communicate with a referee.

During the game, at halftime and after the conclusion of a match, the team manager or coach can approach the referees to communicate on the score and to sign the score sheet but are not to engage in “heated” discussion.

WEATHER

TFA reserves the right to organise affected games in whatever format which will assist the games to occur in as equal conditions as possible.

TFA will use the Extreme Weather Guidelines in the case of Hot Weather, Wet Weather and Storms.

Match Reschedule

If, due to any extraordinary circumstances, a game cannot be completed to full time the game may be rescheduled as soon as possible at a time and on a ground arranged by Tournament Management.

If the game has commenced and cannot continue prior to half time the following will apply to rescheduled matches:

1. The game will start from the beginning and must be completed up to the regulation full time.
2. The score will commence at 0–0.

If half time has occurred and the game cannot continue, the following will apply to rescheduled matches:

1. The game will start from the beginning of the second half and must be completed up to the regulation full time.
2. The score will commence at the score that was recorded at half time. If a team refuses to complete the game when it has been resumed, that team shall forfeit the game.

If the second half has started and the game cannot continue, the following will apply to rescheduled matches:

1. The game will recommence with the team that had possession of the ball, from the place on field and at the touch count at the point in time the match was abandoned.
2. The score will commence at the score that was recorded at the time the game was abandoned at. If a team refuses to complete the game when it has been resumed, that team shall forfeit the game.

If, due to time constraints or any other reason, a game that cannot be rescheduled the following will occur:



1. Games that did not continue prior to half-time will be abandoned and a 0-0 score will result.
2. The result of games that did not continue after and including half time, will be the score recorded at half time.
3. Games that were abandoned during the second half, the score recorded at the time of abandonment will be the final result.

NOTE: Tournament Management reserves the right to judge and adjust to suit the conditions as required.

SCORE SHEET PROCEDURE

Please find enclosed some tips for correctly completing a score sheet for this year's event.

It is important that the information on the sheet is correct, if not, it may lead to the inaccuracies in statistics as well as the possibility of a forfeit being recorded against your team.

- Player names
 - Please ensure that all the players participating in the game are listed. If this is incorrect, please see the Results Area
 - No names should be added to the list without Tournament Managements prior knowledge. Please see your Tour Leader as soon as possible if this occurs. If names are added without approval i.e. Jane Smith, it may result in a forfeit.
- Excess players
 - No more than 14 players can participate in a match.
 - Therefore, if you have more than 14 registered players, they must be crossed off the score sheet to indicate anyone does not participate.
 - If this does not occur, it may result in a forfeit i.e. New Zealand have 15 players listed
- Player numbers
 - Please ensure that all the players participating in the game have their unique number listed. If this is incorrect, please see the Results Area.
 - No number changes should occur without Tournament Managements prior knowledge. Please see the Results Area as soon as possible if this occurs. If numbers are changed without approval i.e. Emma Skyes, it may result in a forfeit.
- Scoring
 - Please ensure that the correct individual has been awarded with a Try.
 - Please ensure that the half time score and the full-time score is correct and Try scorers add up to the respective totals.
- Dismissals
 - Please ensure that any dismissals are listed i.e. Sin Bin or Dismissal and it is clear who was dismissed.

GRAND FINAL INTRODUCTIONS

Finals Showcase – 18s Boys and 18s Girls

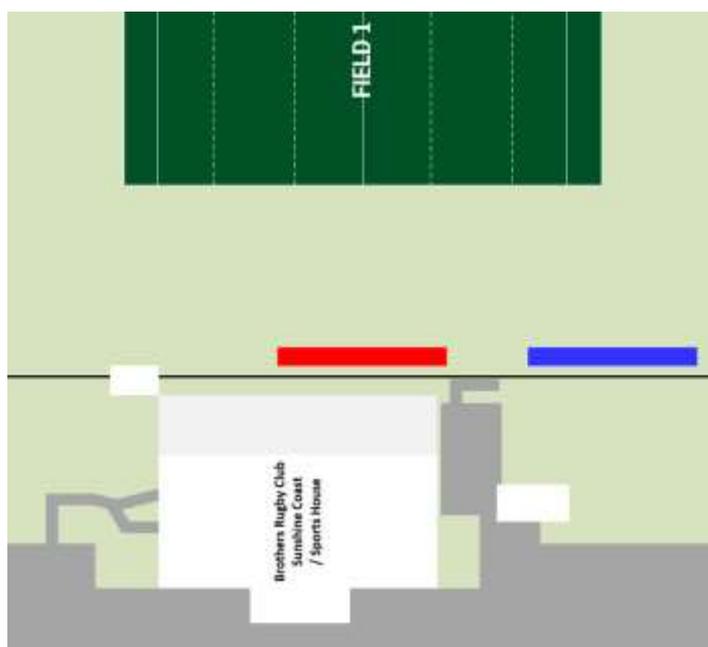
In order to effectively position and promote the 2020 National Youth Championships Showcase, we will require the assistance of the 18s Boys and Girls Grand Final teams on Saturday, 3 October 2020, particularly with live streaming requirements.

Grand Final Team Assembly

The 18s divisions Grand Final teams and referees will need to marshal next to the fence of Field One, as indicated on the map below, prior to the start of the Grand Final so that the coin toss can be conducted and to be introduced on to the field.

Teams will be required to line-up in number order with the captain(s) at the front.

While lining up and waiting in this area please do not interfere with the game or teams in the interchange area currently playing on Field One.



The red rectangle represent the winning team from Semi Final One and the blue red rectangle represent the winning team from Semi Final Two.

Coin Tosses

The captain(s) of each Semi-Final winner will be required to undertake the coin toss for the Grand Finals.

Coin toss timing will be at 2:18pm for the 18s Boys and 3:18pm for the 18s Girls.

The coin toss will take place on the inside of the fence to field One as indicated on the map above.

The winning captain of Semi Final One will conduct the coin the toss, the winning captain of Semi Final Two will call.

The winning captain's Team having the choice of the direction the Team wishes to run in the first half; the choice of Interchange Areas for the duration of the match, including any extra time; and the choice of which team will commence the match in Possession.

Please ensure that the captain knows what they will choose if they win the toss.

Failure for teams to turn up will result in the team present being awarded the toss.

Player Introductions

After the coin toss teams will be introduced on to the field in number order with the captain(s) at the front.

The following are the times that participants will be required to be ready to run on to Field One:

- 18s Boys and referees – 2:20pm
- 18s Girls and referees – 3:20pm

The referees will enter the playing surface first and run on to the field and when in the middle of the field turn to face to the stadium. The first team and captain will run out to the left of the referees with the captain standing on the northern side of the referees facing the stadium with the team to assemble in a line. The second team and captain will run out to the right of the referees with the captain standing on the southern side of the referees facing the stadium with the team to assemble in a line. Once both teams are assembled, the National Anthem will be played.

Grand Final Teams – 12s, 14s and 16s divisions

Unfortunately, due to the size and format on this year's event, we will be unable to have all Grand Finals on Field One.

There will be no announcements of players and the Grand Final procedure will be the same as any other game during the tournament.



PRESENTATION INFORMATION

Following your match, the winners will be presented with Champions shirts and runners up presented with runners up medals at the field.

Due to COVID only Participants from the winning team, referees and the Player of the Final are requested to be in attendance for the official presentation.

The following are times and fields that participants will be required to be in attendance for their presentations:

- 1:30pm Field 2
 - 12s Boys
 - 16s Girls
- 2:30pm Field 2
 - 14s Boys
 - 16s Boys
- 3:30pm Field 2
 - 12s Girls
 - 18s Boys
- 4:20pm Field 1
 - 14s Girls
 - 18s Girls

The referees will be presented with their medallions first and pose for a photo. The Player of the Final will be announced at this time and pose for a photo and in the 18s divisions the Player of the Series will be announced and pose for a photo. **The winning captain will come forward to receive the winner's trophy followed by the winning participants to receive their medallions and pose for a photo.**

You will need to ensure social distancing is being adhered to while presentations are occurring. Unfortunately shaking of hands with the presentation party cannot occur however, elbow or foot taps may take their place.

Cooperation will be required by all to ensure that following presentations commence on time.

Champion Entity

The Champion Entity will be awarded at the completion of the 18s Girls presentations.







NRL PHOTOS

THE OFFICIAL EVENT
PHOTOGRAPHERS FOR THE NYC

To view and order action images from the event, go to
bit.ly/photoshelterNYC2020



Discipline Protocol

Touch Football Australia (TFA) reaffirms the requirement for a safe and harassment free environment for all participants.

TFA is committed to ensuring all parties are afforded respect and courtesy for their roles within the game.

This protocol summarises the conditions and policies within the Events Conditions of Entry, TFA Membership Protection Policy and TFA Responsibility Code. This protocol applies to all of those involved in the tournament, including players, coaches, managers, officials and spectators.

TFA Responsibility Code Extracts

- Operate with the rules and spirit of our sport, promoting fair play over winning at all costs.
- Display control and courtesy to all involved with our sport.
- Respect the rights and worth of every person regardless of their gender, ability, cultural background or religion.
- Respect the decisions of officials, coaches and administrators in the conduct of our sport.
- All interactions whether in person or through other mediums must adopt appropriate and responsible behaviour.

Abuse: includes physical abuse and emotional abuse. Examples of abusive behaviour include bullying, humiliation, verbal abuse and insults.
TFA Member Protection Policy, 2017 (version2)

Harassment: is any type of behaviour that the person does not want and that is offensive, abusive, belittling and threatening.
TFA Member Protection Policy, 2017 (version2)

Referees are encouraged to follow the below sequence of disciplinary protocols when dealing with instances associated with ensuring an abuse and harassment free environment.

PLAYERS

WARNING

FORCED SUBSTITUTION

PERIOD OF TIME

SEND OFF

ALERT GROUND STAFF

NOTED ON SCORECARD

INCIDENT REPORT

OFFICIAL/ SPECTATORS

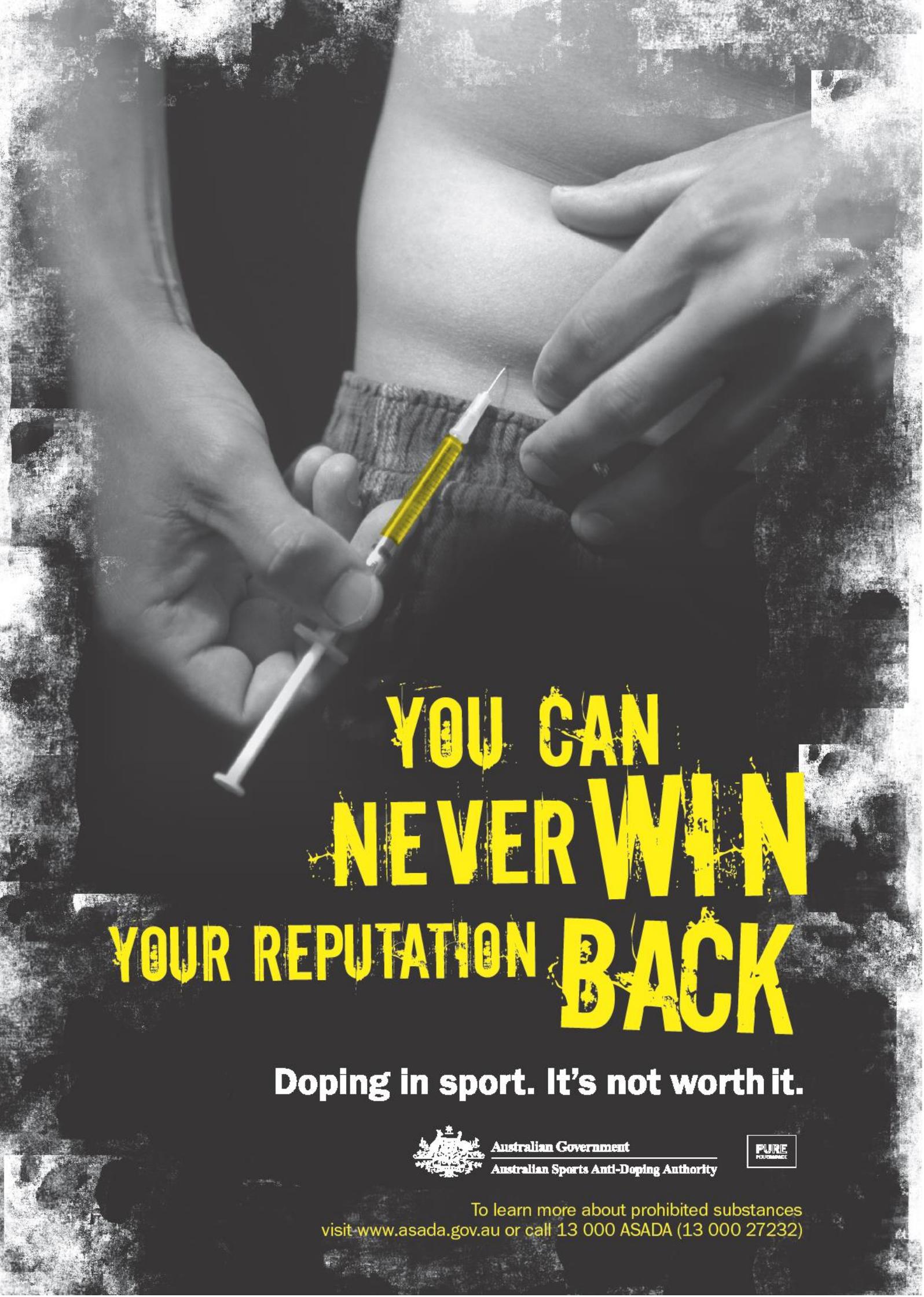
WARNING

FORCED SUBSTITUTION OF CAPTAIN

PERIOD OF TIME FOR CAPTAIN

SEND OFF CAPTAIN

The lodging of an Incident Report by a referee may lead to a suspension or a sanction including but not limited to a fine or suspension to the offending party. This will be determined in accordance with the TFA Events Conditions of Entry and the TFA Disciplinary Regulations.



**YOU CAN
NEVER WIN
YOUR REPUTATION BACK**

Doping in sport. It's not worth it.



Australian Government

Australian Sports Anti-Doping Authority



To learn more about prohibited substances
visit www.asada.gov.au or call 13 000 ASADA (13 000 27232)

Health and hygiene for food handlers

The Food Safety Standards contain requirements that apply only to food handlers. These requirements relate to health and hygiene and have been included to ensure that food handlers take steps to avoid contaminating food. A food handler is anyone who handles food or items that may come into contact with food, such as eating and drinking utensils. All food handlers are legally obliged to comply with the health and hygiene requirements set out in the Food Safety Standards.

Food businesses must inform all food handlers of their health and hygiene obligations under the Food Safety Standards. To help food businesses comply with the requirement, a copy of the health and hygiene requirements has been included as part of this fact sheet. You could ask all food handlers to sign a form, to say that they have received this fact sheet and the attached requirements. This is a good way of keeping checks on who has been advised. It also provides evidence that this requirement has been fulfilled. You may want to delegate this responsibility to one person in your organisation so that a consistent approach is taken and no volunteers are missed.

Health requirements

If you are ill or have an infection you can easily transfer harmful bacteria or viruses to food.

Do not handle food if:

- you are ill with vomiting, diarrhoea, fever or sore throat with fever; or
- your doctor has diagnosed that you have or carry a foodborne illness.

If you have volunteered for an event and then become ill with any of the above symptoms, let the event organiser know that you can no longer work. This is very important, no matter how short-staffed the event may be. Food handlers who are ill can easily make food unsafe. Not only is it against the law, it is not worth the risk. If you start to feel unwell while you are at an event, stop handling food and let the event organiser know immediately.

If you have:

- infected sores on your hands, arm or face; or
- any discharges from your ear, nose or eyes (such as a cold)

you can continue to handle food provided you take extra precautions to prevent food being contaminated. For example, cover the skin sore or take medication to dry up the discharge.

Hygiene requirements

General hygiene

Each food handler must take all precautions to ensure that food or surfaces that come in contact with food are not contaminated by his or her body or anything he or she is wearing. This includes hair, saliva, mucus, sweat, blood, fingernails, clothes, jewellery or bandages.

You are required to:

- avoid handling ready-to-eat food such as salads and cooked food use tongs or other implements instead;
- wear clean outer clothing;
- make sure bandages and dressings on exposed parts of your body (such as the hands, arms or face) are covered with waterproof coverings;
- not eat over uncovered food or equipment and utensils;
- not sneeze, blow or cough over uncovered food or equipment and utensils; and
- not spit, smoke or chew tobacco where food is handled.

Handwashing

The most important measure to protect food from contamination is proper handwashing because clean and dry hands limit the transfer of harmful organisms to food. The Food Safety Standards require food handlers to wash their hands whenever hands are likely to be a source of contamination of food, including:

- before handling food;
- between handling raw food and food that is ready to eat, such as cooked food and salads;
- after using the toilet;
- after smoking, coughing, sneezing, blowing the nose, eating or drinking;
- after touching hair, scalp, mouth, nose or ear canal; and
- after handling rubbish and other waste.

There are five steps that should be followed when washing hands. These are:

- wet hands under warm running water;
- soap hands, lathering well;
- rub thoroughly, including the wrists and between the fingers;
- rinse in clean water; and
- dry thoroughly on paper towel, leaving no moisture on the hands.

Division 4 - Health and hygiene requirements

Subdivision 1 - Requirements for food handlers

13 General requirement

A food handler must take all reasonable measures not to handle food or surfaces likely to come into contact with food in a way that is likely to compromise the safety and suitability of food.

14 Health of food handlers

(1) A food handler who has a symptom that indicates the handler may be suffering from a food-borne disease, or knows he or she is suffering from a food-borne disease, or is a carrier of a food-borne disease, must, if at work:

- (a) report that he or she is or may be suffering from the disease, or knows that he or she is carrying the disease, to his or her supervisor, as the case may be;
- (b) not engage in any handling of food where there is a reasonable likelihood of food contamination as a result of the disease; and
- (c) if continuing to engage in other work on the food premises - take all practicable measures to prevent food from being contaminated as a result of the disease.

(2) A food handler who suffers from a condition must, if at work:

- (a) if there is a reasonable likelihood of food contamination as a result of suffering the condition - report that he or she is suffering from the condition to his or her supervisor; and
- (b) if continuing to engage in the handling of food or other work - take all practicable measures to prevent food being contaminated as a result of the condition.

(3) A food handler must notify his or her supervisor if the food handler knows or suspects that he or she may have contaminated food whilst handling food.

15 Hygiene of food handlers

(1) A food handler must, when engaging in any food handling operation:

- (a) take all practicable measures to ensure his or her body, anything from his or her body, and anything he or she is wearing does not contaminate food or surfaces likely to come into contact with food;
- (b) take all practicable measures to prevent unnecessary contact with ready-to-eat food;
- (c) ensure outer clothing is of a level of cleanliness that is appropriate for the handling of food that is being conducted.
- (d) only use on exposed parts of his or her body bandages and dressings that are completely covered with a waterproofed covering;
- (e) not eat over unprotected food or surfaces likely to come into contact with food;
- (f) not sneeze, blow or cough over unprotected food or surfaces likely to come into contact with food;
- (g) not spit, smoke or use tobacco or similar preparations in areas in which food is handled;
- and
- (h) not urinate or defecate except in a toilet.

(2) A food handler must wash his or her hands in accordance with subclause (4):

- (a) whenever his or her hands are likely to be a source of contamination of food;
- (b) immediately before working with ready-to-eat food after handling raw food; and
- (c) immediately after using the toilet.

(3) A food handler must, when engaging in a food handling operation that involves unprotected food or surfaces likely to come into contact with food, wash his or her hands in accordance with subclause (4):

- (a) before commencing or re-commencing handling food;
- (b) immediately after smoking, coughing, sneezing, using a handkerchief or disposable tissue, eating, drinking or using tobacco or similar substances; and
- (c) after touching his or her hair, scalp or a body opening.

(4) A food handler must, whenever washing his or her hands:

- (a) use the hand washing facilities provided;
- (b) thoroughly clean his or her hands using soap or other effective means, and warm running water; and
- (c) thoroughly dry his or her hands on a single use towel or in another way that is not likely to transfer pathogenic micro-organisms to the hands.

(5) A food handler who handles food at temporary food premises does not have to clean his or her hands with warm running water, or comply with paragraph (4)(c), if the appropriate enforcement agency has provided the food business operating from the temporary food premises with approval in writing for this purpose.

Australia

55 Blackall Street
BARTON ACT 2600
Ph: +61 2 6271 2222 Fax: +61 2 6271 2278

PO Box 7186
Canberra BC ACT 2610
Australia

Email: info@foodstandards.gov.au

New Zealand

Level 6 108 The Terrace
WELLINGTON NEW ZEALAND
Ph: +64 4 473 9942 Fax: +64 4 473 9855

PO Box 10559
The Terrace, Wellington 6036
New Zealand

Email: info@foodstandards.govt.nz

Safe fun with water

By Raising Children Network

Young children love water and it can be fun for everybody, as well as great exercise. It's vital that you or another adult always watches your child around the bath or any water, though, because drowning can occur in less than a minute, and without you hearing a thing.

- Even when children can swim, 100% supervision is the key to preventing drowning, which is the number one cause of death for children under five.
- A young child can drown in as little as 5 cm of water – remove any containers with water in them from around the house and make sure your child can't get to any bodies of water, including the bath, on her own.
- It is always best for an adult, not an older child, to supervise.



Drowning: what you need to know

Babies and toddlers are top-heavy, which makes them susceptible to drowning. If a baby falls into even shallow water, she cannot always lift herself out. Drowning can occur in less than a minute, and without any warning noises.

In Australia, children drown in:

- swimming pools (16 children drowned in pools in 2006-07)
- baths (six children drowned in the bath in 2006-07)
- rivers, creeks and oceans (six children drowned in a river or in the ocean in 2006-07)
- dams and lakes (three children drowned in dams in 2006-07).

did you know ?

About 15% of child drownings happen in the bath. Stay with your child, even if she's only splashing in a couple of centimetres of water in an inflatable pool or in the bathtub.



The majority of drowning deaths in Australia result from the child falling or wandering into the water, particularly into a backyard pool. Read a fact sheet on [home pool safety](#) at the Royal Life Saving Society website.

Children also drown in less obvious locations, such as nappy buckets, water tanks, water features and fish ponds – even pets' water bowls. Nine children drowned in these locations during 2005-06.

For every drowning, approximately three other children are hospitalised from a near-drowning incident, some of which result in severe brain damage. Prevention and 100% supervision are the keys to

keeping your child safe around water.

Water safety: what to do

It's important to always stay with your child and watch her whenever she is near water – even when she can swim.

[Keep her in sight](#) and within arm's reach at all times, whether you're at the beach or the swimming pool, near dams, rivers and lakes, or at home when the bath or spa is full. Hold her hand when you are near waves or paddling in rivers.

You can also teach your child about [water safety and how to swim](#). Many children can learn to swim by the time they are four or five.

Learning [CPR](#) and what to do in an emergency could also save your child's life. You might like to keep a copy of our guide to [CPR for babies under one](#) and our [CPR guide for children](#), or enrol in a CPR course and update your skills annually.

Other practical tips for water safety

Around the house

- Use a nappy bucket with a tight-fitting lid and keep the bucket closed and out of your child's reach.
- Always empty the baby bath as soon as you're finished with it so older siblings can't climb in.
- Drain sinks, tubs, buckets, baths and paddling pools when you're finished with them.
- Cover ponds and birdbaths and other water features with wire mesh or empty them until your child is at least five years of age.
- Keep aquariums and fishbowls out of reach of small children. If you have an inflatable pool that is more than 300 mm in height, [pool fencing](#) laws apply. Outdoor spas also have to be fenced.

Outside the house – dams, ponds and tanks

- Create a fenced child-safety area around your house to prevent your child from wandering near dams, creeks or other bodies of water.
- Fence off the area between the house and any bodies of water.
- Teach your child not to go near the dam, creek or water tank without you.
- Secure a toddler-proof lid over any water tanks.
- Fence off, drain or seal ponds while your child or visiting children are less than five years of age.
- Make sure there are no trellises, ladders, windows or trees that your child could climb on to gain access to the water tank.

Beaches, lakes and rivers

- Always stay with your child when she is playing in or near the sea, lakes or rivers. Hold your toddlers' hand near waves and when paddling in rivers.
- Only take your child to patrolled beaches where surf lifesavers are present, and only swim between the flags at beaches.

- Teach your school-age child what to do if she needs help: to stay calm, float, and raise an arm to signal to a lifeguard or lifesaver.

Rated ★★☆☆☆ (9 ratings)

GLOSSARY

CPR

Cardio Pulmonary Resuscitation; an emergency life-support procedure using mouth-to-mouth resuscitation (blowing air into the lungs) and chest compressions to get the heart pumping if it has stopped; can save a child's life by restoring breathing and circulation until advanced life support is available.

More to explore

- ▶ Bath safety
- ▶ Swimming pool safety
- ★ Baby CPR
- ★ Child CPR

Web links

- ▶ St John Ambulance - CPR and resuscitation poster (PDF doc: 709kb)
- ▶ Royal Life Saving Society Australia Keep Watch website
- ▶ Royal Life Saving Society - Fact sheets
- ▶ Infant Aquatics

Last updated

14-08-2008

Last reviewed

04-05-2006

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Touch Football Responsibility Code

The Touch Football Responsibility Code is an educational tool of the Touch Football Australia (TFA) Code of Conduct. This Code reflects TFA's support and implementation of the sport industry principles and values outlined by the Australian Sports Commission's **The Essence of Australian Sport** – of fairness, respect, responsibility and safety.

The full code can be found in the policy section of the Touch Football Australia website www.austouch.com.au

- 1. Operate within the rules and spirit of our sport, promoting fair play over winning at all cost**
- 2. Encourage and support opportunities for people to learn appropriate behaviours and skills through recognised TFA Coaching, Refereeing and Selecting courses**
- 3. Support opportunities for participation in all aspects of Touch Football**
- 4. Display control and courtesy to all involved with our sport**
- 5. Respect the rights and worth of every person regardless of their gender, ability, cultural background or religion**
- 6. Respect the decisions of officials, coaches and administrators in the conduct of our sport**
- 7. Wherever practical, avoid unaccompanied and unobserved one-on-one activity (when in a supervisory capacity or where a power imbalance will exist) with people under the age of 18 years**
- 8. All interactions whether in person or through other mediums must adopt appropriate and responsible behaviour**
- 9. Adopt responsible behaviour in relation to alcohol and other drugs**
- 10. Ensure your decisions and actions contribute to a safe environment**

As a registered member of your affiliate and Touch Football Australia, all policies apply to you.

This Responsibility Code applies to all individuals and entities affiliated with Touch Football Australia. The Code must be observed by all without exception. Failure to observe the Code may result in disciplinary action by your affiliate, as per the Touch Football Australia Disciplinary Regulations.

Know the Code! It's Your Responsibility!

Help us deliver the best possible experience for everyone. If you believe this Code is not being adhered with please direct your concerns to your local affiliate representative or administrator.



Ethical Rights and Responsibilities – Coaches

Coaching can be a thoroughly enjoyable and rewarding experience. Coaches have a unique opportunity to help athletes develop the skills, knowledge and confidence they need to improve and succeed in their sport.

The role of the coach has changed considerably over the years. Increasingly, coaches are being required to deal with complex ethical issues such as sportsmanship, drugs in sport, cheating, bullying, respect for officials, abuse of power and harassment and discrimination. As the role of the coach has become more complex and challenging, the legal and moral expectations placed on the coach have also changed considerably.

It is therefore essential that coaches operate professionally and with integrity in their relationships with those who participate in or associate with their sport.

This information sheet clarifies for coaches their ethical:

- **RIGHTS** – just and fair entitlements due to a person in a coaching role
- **RESPONSIBILITIES** – obligations a person in a coaching role would be expected to meet.

The ethical rights and responsibilities listed below are general and universal in nature. All coaches should be provided with these rights and should be required to meet these responsibilities in conducting their duties as coaches. Coaches may be obliged, however, to meet other or additional ethical requirements as stated in other documents such as [member protection policies](#) or [codes of conduct](#). Coaches who are accredited with the [National Coaching Accreditation Scheme \(NCAS\)](#) are also bound by their sport's Code of Ethics. For more information on NCAS visit <http://www.ausport.gov.au/coach/ncas.asp>

It is important that there is a balance between the rights due to a coach and the responsibilities a coach is required to fulfil. This will assist coaches to meet legal obligations and community expectations, ensure the safety of participants and enjoy the work they do as a coach.

From an ethical perspective, every coach has the RIGHT to:

- A safe environment free from discrimination, harassment and abuse.
- Be treated fairly and with respect and dignity by players and participants (including parents, managers, officials, club members, supporters) in carrying out the duties required of a coach.
- Guidance and support from club officials, board and staff members.
- Encouragement and courtesy from the sporting community.
- A fair process and the principles of natural justice being consistently applied, should the coach become the subject of or involved in a complaint, allegation or investigation within the sport.
- Access to clearly articulated legal and moral standards and requirements through codes, policies, rules, regulations, guidelines and procedures manuals as defined by the sporting organisation.

- Training, development and educational opportunities, so that the coach's techniques, methods and skills remain current and effective.

From an ethical perspective, every coach is RESPONSIBLE for:

- Providing a safe environment for players and participants (including officials, parents, team and club members and opponents) that is free from discrimination, harassment and abuse.
- Treating all players and participants fairly, with respect and dignity regardless of gender, race, place of origin, athletic potential, colour, sexual orientation, religion, political beliefs, socio-economic status and other conditions.
- Ensuring any physical contact with players is appropriate to the situation and necessary for the player's skill development.
- Being acutely aware of the power they have as a coach over players and the trust the players put in them. Avoiding any situations with players that could be construed as compromising, inappropriate or intimate.
- Developing the sporting skills, knowledge and experiences of players and participants.
- Ensuring they provide all athletes equal time, attention and sporting opportunities whenever possible.
- Maintaining an uncompromising adherence to their sport's standards, rules, regulations, codes and policies and encouraging players to do likewise. Coaches must accept both the letter and spirit of the rules.
- Understanding and complying with their state child protection requirements.
- Not using their involvement with the sport, a member association or an affiliated club to promote their own beliefs, behaviours or practices where these are inconsistent with those of the sport or club.
- Refraining from any behaviour that may bring their sport or club into disrepute.
- Providing feedback to players and other participants in a manner sensitive to their needs and avoiding overly negative feedback.
- Accepting and respecting the role of officials and encouraging players to do likewise.
- Maintaining and improving coaching skills and qualifications through development, training and education opportunities.

For more detailed information, visit or contact:

- ASC [Sport Ethics Unit](http://www.ausport.gov.au/ethics/coachofficial.asp): contains specific information on [ethical issues and coaching](http://www.ausport.gov.au/ethics/coachofficial.asp).
- ASC [Coaching and Officiating Unit](http://www.ausport.gov.au/coach/index.asp): has a broad collection of information and tools for coaches, including information on the [National Coaching Accreditation Scheme](http://www.ausport.gov.au/coach/index.asp) and the [National Coaching Scholarship Program](http://www.ausport.gov.au/coach/index.asp).
- [Play by the Rules](http://www.ausport.gov.au/coach/index.asp): Provides information and online training on harassment, discrimination and abuse issues for coaches www.playbytherules.net.au



Ethical Rights and Responsibilities – Directors/Managers

Directors and managers have a unique opportunity to contribute to the operation and future planning of their organisation and assist all those that participate to develop and succeed in the sport. The roles of director and manager have evolved considerably over the years. Increasingly, directors and managers are required to implement, monitor and review policies and procedures to address complex ethical issues such as harassment and discrimination, drugs in sport, child protection, violence and gambling. As the roles of director and manager become more complex and challenging, the legal and moral expectations placed on them have also changed considerably.

It is therefore essential that directors and managers operate professionally and with integrity in performing their duties and in their relationships with those who participate in or associate with their sport.

This information sheet clarifies for directors and managers their ethical:

- **RIGHTS** – just and fair entitlements due to a director or manager
- **RESPONSIBILITIES** – obligations a director or manager would be expected to meet.

The ethical rights and responsibilities listed below are general and universal in nature. All directors and managers should be provided with these rights and should be required to meet these responsibilities in conducting their duties. Directors and managers may be obliged, however, to meet other or additional ethical requirements as stated in other documents such as codes of conduct, employment contracts and certified agreements. Directors who are members of the [Australian Institute of Company Directors](http://www.companydirectors.com.au/) are also bound by their Code of Conduct. For more information on the Australian Institute of Company Directors visit <http://www.companydirectors.com.au/>

It is important that there is a balance between the rights due to a director or manager and the responsibilities a director or manager is required to fulfil. This will assist directors and managers to meet legal obligations and community expectations, ensure the sustainability of their organisation and enjoy the work they do.

From an ethical perspective, every Director and Manager has the RIGHT to:

- A safe environment free from discrimination, harassment and abuse.
- Be treated fairly and with respect and dignity by players, participants (including parents, managers, officials, club members, supporters) and colleagues (sponsors, key stake holders, other directors and members of management) in carrying out the duties required of a director or manager.
- Support and encouragement from organisation officials, board and staff members.
- A fair process and the principles of natural justice being consistently applied, should the director or manager become the subject of or involved in a complaint, allegation or investigation within the sport.
- Access to clearly articulated legal and moral standards and requirements through codes, policies, rules, regulations, guidelines and procedures manuals as defined by the sporting organisation and government agencies such as departments of sport and recreation and the Australian Sports Commission.

- Professional development opportunities, so that the director or manager's knowledge and skills remain current and effective.

From an ethical perspective, every Director or Manager is RESPONSIBLE for:

- Providing a safe environment for players and participants (including coaches, officials, parents, team and club members and opponents) that is free from discrimination, harassment and abuse.
- Treating all players and participants fairly, with respect and dignity regardless of gender, race, place of origin, athletic potential, colour, sexual orientation, religion, political beliefs, socio-economic status and other conditions.
- Being acutely aware of the authority they have as a director or manager and the trust members put in them. Avoiding any situations that could be construed as compromising, inappropriate or a conflict of interest or duty.
- Acting with honesty, care, responsibility, diligence and in good faith.
- Acting in the best interests of the organisation now and in the future. Taking responsibility for their actions
- Taking improper advantage of the position of director or manager or making improper use of information acquired as a director or manager.
- Maintaining an uncompromising adherence to their sport's standards, rules, regulations, codes and policies and encouraging members to do likewise.
- Understanding and complying with legislation which apply to their organisation, including environmental protection, child protection, occupational health and safety, equal opportunity, association incorporation and privacy laws.
- Not using their involvement with the sport, a member association or an affiliated club to promote their own beliefs, behaviours or practices where these are inconsistent with those of the sport or organisation.
- Maintaining and improving skills, and knowledge through development, training, education and networking opportunities.
- Promoting fair play, team work and appropriate sporting behaviour.
- Refraining from any behaviour that may bring the sport or club into disrepute.
- Conducting themselves with integrity and honour and being a positive role model for others.

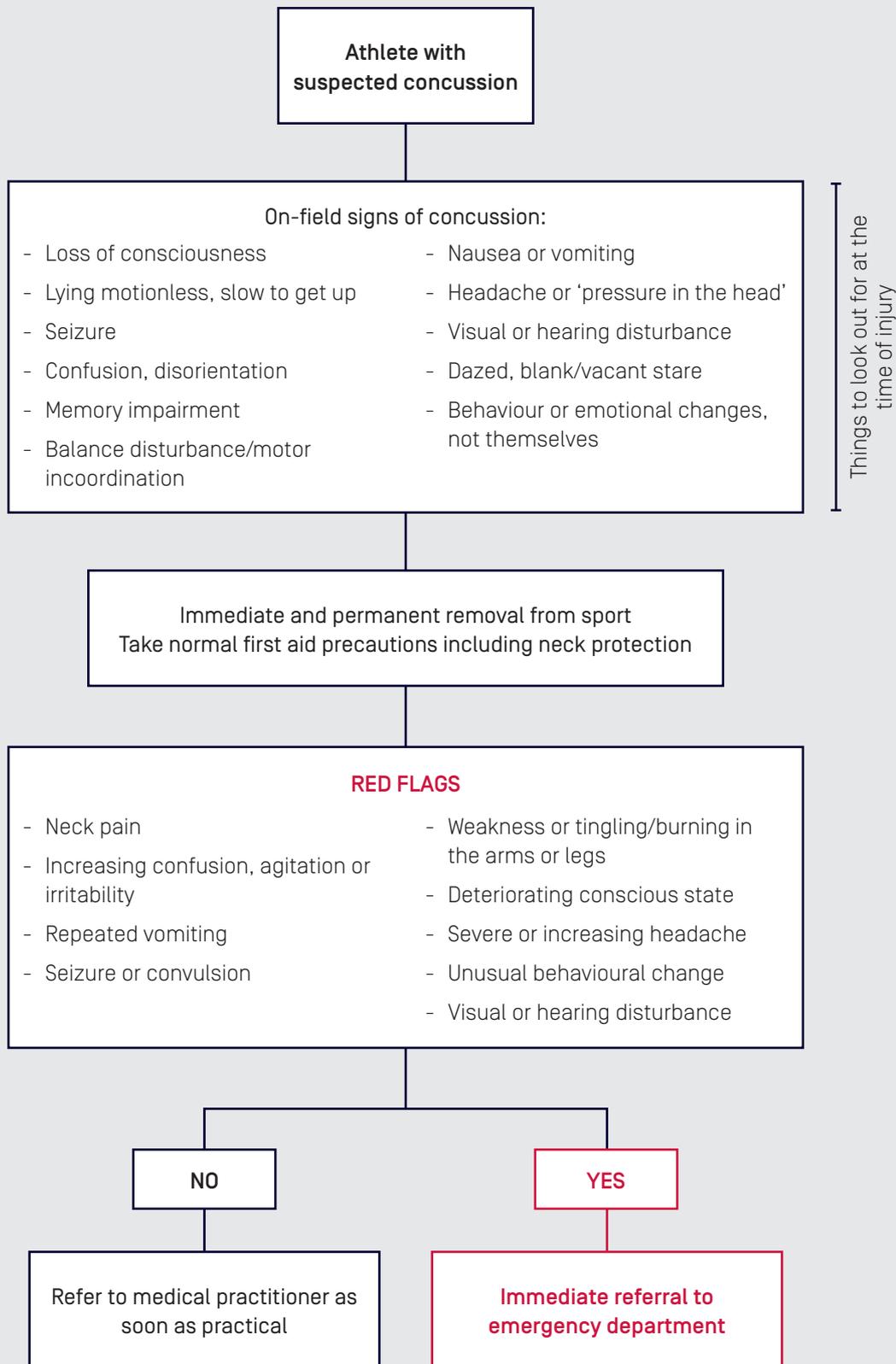
For more detailed information, visit or contact:

- ASC [Sport Ethics Unit](http://www.ausport.gov.au/ethics): contains resources and information on ethical issues in sport.
- ASC [Sport Innovation and Best Practice Unit](http://www.ausport.gov.au/ibp/index.asp): provides support and assistance to national sporting organisations on governance and business management issues.
- [Play by the Rules](http://www.playbytherules.net.au): provides information and online training on harassment, discrimination and abuse issues.

Concussion in Sport Australia

Concussion management flow chart – on field

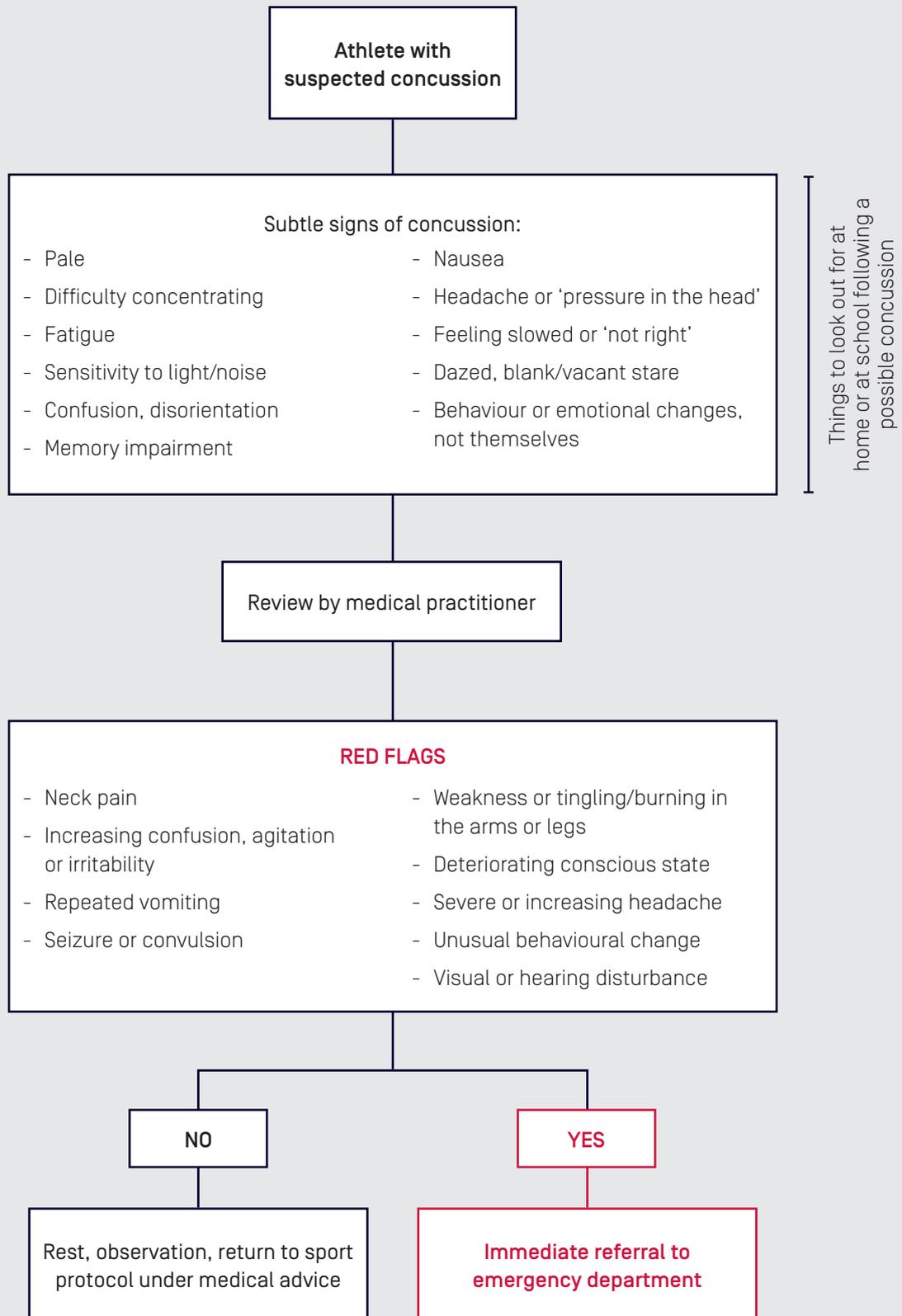
(for parents, coaches, teachers, team-mates, support staff)



Concussion in Sport Australia

Concussion management flow chart – off field

(for parents, coaches, teachers, team-mates, support staff)



SCAT5[©]

SPORT CONCUSSION ASSESSMENT TOOL – 5TH EDITION

DEVELOPED BY THE CONCUSSION IN SPORT GROUP
FOR USE BY MEDICAL PROFESSIONALS ONLY

supported by



FIFA[®]



FEI

Patient details

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date of Injury: _____ Time: _____

WHAT IS THE SCAT5?

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals¹. The SCAT5 cannot be performed correctly in less than 10 minutes.

If you are not a physician or licensed healthcare professional, please use the Concussion Recognition Tool 5 (CRT5). The SCAT5 is to be used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please use the Child SCAT5.

Preseason SCAT5 baseline testing can be useful for interpreting post-injury test scores, but is not required for that purpose. Detailed instructions for use of the SCAT5 are provided on page 7. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in italics. The only equipment required for the tester is a watch or timer.

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Recognise and Remove

A head impact by either a direct blow or indirect transmission of force can be associated with a serious and potentially fatal brain injury. If there are significant concerns, including any of the red flags listed in Box 1, then activation of emergency procedures and urgent transport to the nearest hospital should be arranged.

Key points

- Any athlete with suspected concussion should be REMOVED FROM PLAY, medically assessed and monitored for deterioration. No athlete diagnosed with concussion should be returned to play on the day of injury.
- If an athlete is suspected of having a concussion and medical personnel are not immediately available, the athlete should be referred to a medical facility for urgent assessment.
- Athletes with suspected concussion should not drink alcohol, use recreational drugs and should not drive a motor vehicle until cleared to do so by a medical professional.
- Concussion signs and symptoms evolve over time and it is important to consider repeat evaluation in the assessment of concussion.
- The diagnosis of a concussion is a clinical judgment, made by a medical professional. The SCAT5 should NOT be used by itself to make, or exclude, the diagnosis of concussion. An athlete may have a concussion even if their SCAT5 is "normal".

Remember:

- The basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the athlete (other than that required for airway management) unless trained to do so.
- Assessment for a spinal cord injury is a critical part of the initial on-field assessment.
- Do not remove a helmet or any other equipment unless trained to do so safely.

1

IMMEDIATE OR ON-FIELD ASSESSMENT

The following elements should be assessed for all athletes who are suspected of having a concussion prior to proceeding to the neurocognitive assessment and ideally should be done on-field after the first first aid / emergency care priorities are completed.

If any of the "Red Flags" or observable signs are noted after a direct or indirect blow to the head, the athlete should be immediately and safely removed from participation and evaluated by a physician or licensed healthcare professional.

Consideration of transportation to a medical facility should be at the discretion of the physician or licensed healthcare professional.

The GCS is important as a standard measure for all patients and can be done serially if necessary in the event of deterioration in conscious state. The Maddocks questions and cervical spine exam are critical steps of the immediate assessment; however, these do not need to be done serially.

STEP 1: RED FLAGS

RED FLAGS:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

STEP 2: OBSERVABLE SIGNS

Witnessed Observed on Video

	Y	N
Lying motionless on the playing surface	Y	N
Balance / gait difficulties / motor incoordination: stumbling, slow / laboured movements	Y	N
Disorientation or confusion, or an inability to respond appropriately to questions	Y	N
Blank or vacant look	Y	N
Facial injury after head trauma	Y	N

STEP 3: MEMORY ASSESSMENT MADDOCKS QUESTIONS²

"I am going to ask you a few questions, please listen carefully and give your best effort. First, tell me what happened?"

Mark Y for correct answer / N for incorrect

	Y	N
What venue are we at today?	Y	N
Which half is it now?	Y	N
Who scored last in this match?	Y	N
What team did you play last week / game?	Y	N
Did your team win the last game?	Y	N

Note: Appropriate sport-specific questions may be substituted.

Name: _____
 DOB: _____
 Address: _____
 ID number: _____
 Examiner: _____
 Date: _____

STEP 4: EXAMINATION

GLASGOW COMA SCALE (GCS)³

Time of assessment			
Date of assessment			
Best eye response (E)			
No eye opening	1	1	1
Eye opening in response to pain	2	2	2
Eye opening to speech	3	3	3
Eyes opening spontaneously	4	4	4
Best verbal response (V)			
No verbal response	1	1	1
Incomprehensible sounds	2	2	2
Inappropriate words	3	3	3
Confused	4	4	4
Oriented	5	5	5
Best motor response (M)			
No motor response	1	1	1
Extension to pain	2	2	2
Abnormal flexion to pain	3	3	3
Flexion / Withdrawal to pain	4	4	4
Localizes to pain	5	5	5
Obeys commands	6	6	6
Glasgow Coma score (E + V + M)			

CERVICAL SPINE ASSESSMENT

Does the athlete report that their neck is pain free at rest?	Y	N
If there is NO neck pain at rest , does the athlete have a full range of ACTIVE pain free movement?	Y	N
Is the limb strength and sensation normal?	Y	N

In a patient who is not lucid or fully conscious, a cervical spine injury should be assumed until proven otherwise.

OFFICE OR OFF-FIELD ASSESSMENT

Please note that the neurocognitive assessment should be done in a distraction-free environment with the athlete in a resting state.

STEP 1: ATHLETE BACKGROUND

Sport / team / school: _____

Date / time of injury: _____

Years of education completed: _____

Age: _____

Gender: M / F / Other

Dominant hand: left / neither / right

How many diagnosed concussions has the athlete had in the past?: _____

When was the most recent concussion?: _____

How long was the recovery (time to being cleared to play) from the most recent concussion?: _____ (days)

Has the athlete ever been:

	Yes	No
Hospitalized for a head injury?		
Diagnosed / treated for headache disorder or migraines?		
Diagnosed with a learning disability / dyslexia?		
Diagnosed with ADD / ADHD?		
Diagnosed with depression, anxiety or other psychiatric disorder?		

Current medications? If yes, please list:

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

2

STEP 2: SYMPTOM EVALUATION

The athlete should be given the symptom form and asked to read this instruction paragraph out loud then complete the symptom scale. For the baseline assessment, the athlete should rate his/her symptoms based on how he/she typically feels and for the post injury assessment the athlete should rate their symptoms at this point in time.

Please Check: Baseline Post-Injury

Please hand the form to the athlete

	none	mild	moderate	severe			
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6
Trouble falling asleep (if applicable)	0	1	2	3	4	5	6

Total number of symptoms: _____ of 22

Symptom severity score: _____ of 132

Do your symptoms get worse with physical activity? Y N

Do your symptoms get worse with mental activity? Y N

If 100% is feeling perfectly normal, what percent of normal do you feel?

If not 100%, why?

Please hand form back to examiner

STEP 3: COGNITIVE SCREENING

Standardised Assessment of Concussion (SAC)⁴

ORIENTATION

What month is it?	0	1
What is the date today?	0	1
What is the day of the week?	0	1
What year is it?	0	1
What time is it right now? (within 1 hour)	0	1
Orientation score	of 5	

IMMEDIATE MEMORY

The Immediate Memory component can be completed using the traditional 5-word per trial list or optionally using 10-words per trial to minimise any ceiling effect. All 3 trials must be administered irrespective of the number correct on the first trial. Administer at the rate of one word per second.

Please choose EITHER the 5 or 10 word list groups and circle the specific word list chosen for this test.

I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order. For Trials 2 & 3: I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before.

List	Alternate 5 word lists					Score (of 5)		
						Trial 1	Trial 2	Trial 3
A	Finger	Penny	Blanket	Lemon	Insect			
B	Candle	Paper	Sugar	Sandwich	Wagon			
C	Baby	Monkey	Perfume	Sunset	Iron			
D	Elbow	Apple	Carpet	Saddle	Bubble			
E	Jacket	Arrow	Pepper	Cotton	Movie			
F	Dollar	Honey	Mirror	Saddle	Anchor			
Immediate Memory Score						of 15		
Time that last trial was completed								

List	Alternate 10 word lists					Score (of 10)		
						Trial 1	Trial 2	Trial 3
G	Finger	Penny	Blanket	Lemon	Insect			
	Candle	Paper	Sugar	Sandwich	Wagon			
H	Baby	Monkey	Perfume	Sunset	Iron			
	Elbow	Apple	Carpet	Saddle	Bubble			
I	Jacket	Arrow	Pepper	Cotton	Movie			
	Dollar	Honey	Mirror	Saddle	Anchor			
Immediate Memory Score						of 30		
Time that last trial was completed								

Name: _____
 DOB: _____
 Address: _____
 ID number: _____
 Examiner: _____
 Date: _____

CONCENTRATION

DIGITS BACKWARDS

Please circle the Digit list chosen (A, B, C, D, E, F). Administer at the rate of one digit per second reading DOWN the selected column.

I am going to read a string of numbers and when I am done, you repeat them back to me in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7.

Concentration Number Lists (circle one)					
List A	List B	List C			
4-9-3	5-2-6	1-4-2	Y	N	0
6-2-9	4-1-5	6-5-8	Y	N	1
3-8-1-4	1-7-9-5	6-8-3-1	Y	N	0
3-2-7-9	4-9-6-8	3-4-8-1	Y	N	1
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	Y	N	0
1-5-2-8-6	6-1-8-4-3	6-8-2-5-1	Y	N	1
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	Y	N	0
5-3-9-1-4-8	7-2-4-8-5-6	9-2-6-5-1-4	Y	N	1
List D	List E	List F			
7-8-2	3-8-2	2-7-1	Y	N	0
9-2-6	5-1-8	4-7-9	Y	N	1
4-1-8-3	2-7-9-3	1-6-8-3	Y	N	0
9-7-2-3	2-1-6-9	3-9-2-4	Y	N	1
1-7-9-2-6	4-1-8-6-9	2-4-7-5-8	Y	N	0
4-1-7-5-2	9-4-1-7-5	8-3-9-6-4	Y	N	1
2-6-4-8-1-7	6-9-7-3-8-2	5-8-6-2-4-9	Y	N	0
8-4-1-9-3-5	4-2-7-9-3-8	3-1-7-8-2-6	Y	N	1
Digits Score:					of 4

MONTHS IN REVERSE ORDER

Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November. Go ahead.

Dec - Nov - Oct - Sept - Aug - Jul - Jun - May - Apr - Mar - Feb - Jan	0	1
Months Score	of 1	
Concentration Total Score (Digits + Months)	of 5	

4

STEP 4: NEUROLOGICAL SCREEN

See the instruction sheet (page 7) for details of test administration and scoring of the tests.

Can the patient read aloud (e.g. symptom check-list) and follow instructions without difficulty?	Y	N
Does the patient have a full range of pain-free PASSIVE cervical spine movement?	Y	N
Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?	Y	N
Can the patient perform the finger nose coordination test normally?	Y	N
Can the patient perform tandem gait normally?	Y	N

BALANCE EXAMINATION

Modified Balance Error Scoring System (mBESS) testing⁵

Which foot was tested (i.e. which is the non-dominant foot) Left Right

Testing surface (hard floor, field, etc.) _____

Footwear (shoes, barefoot, braces, tape, etc.) _____

Condition	Errors
Double leg stance	_____ of 10
Single leg stance (non-dominant foot)	_____ of 10
Tandem stance (non-dominant foot at the back)	_____ of 10
Total Errors	_____ of 30

Name: _____
 DOB: _____
 Address: _____
 ID number: _____
 Examiner: _____
 Date: _____

5

STEP 5: DELAYED RECALL:

The delayed recall should be performed after 5 minutes have elapsed since the end of the Immediate Recall section. Score 1 pt. for each correct response.

Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order.

Time Started _____

Please record each word correctly recalled. Total score equals number of words recalled.

Total number of words recalled accurately: _____ of 5 or _____ of 10

6

STEP 6: DECISION

Domain	Date & time of assessment:		
Symptom number (of 22)			
Symptom severity score (of 132)			
Orientation (of 5)			
Immediate memory	_____ of 15 _____ of 30	_____ of 15 _____ of 30	_____ of 15 _____ of 30
Concentration (of 5)			
Neuro exam	Normal Abnormal	Normal Abnormal	Normal Abnormal
Balance errors (of 30)			
Delayed Recall	_____ of 5 _____ of 10	_____ of 5 _____ of 10	_____ of 5 _____ of 10

Date and time of injury: _____

If the athlete is known to you prior to their injury, are they different from their usual self?

Yes No Unsure Not Applicable

(If different, describe why in the clinical notes section)

Concussion Diagnosed?

Yes No Unsure Not Applicable

If re-testing, has the athlete improved?

Yes No Unsure Not Applicable

I am a physician or licensed healthcare professional and I have personally administered or supervised the administration of this SCAT5.

Signature: _____

Name: _____

Title: _____

Registration number (if applicable): _____

Date: _____

SCORING ON THE SCAT5 SHOULD NOT BE USED AS A STAND-ALONE METHOD TO DIAGNOSE CONCUSSION, MEASURE RECOVERY OR MAKE DECISIONS ABOUT AN ATHLETE'S READINESS TO RETURN TO COMPETITION AFTER CONCUSSION.

CLINICAL NOTES:

Name: _____
 DOB: _____
 Address: _____
 ID number: _____
 Examiner: _____
 Date: _____



CONCUSSION INJURY ADVICE

(To be given to the person monitoring the concussed athlete)

This patient has received an injury to the head. A careful medical examination has been carried out and no sign of any serious complications has been found. Recovery time is variable across individuals and the patient will need monitoring for a further period by a responsible adult. Your treating physician will provide guidance as to this timeframe.

If you notice any change in behaviour, vomiting, worsening headache, double vision or excessive drowsiness, please telephone your doctor or the nearest hospital emergency department immediately.

Other important points:

Initial rest: Limit physical activity to routine daily activities (avoid exercise, training, sports) and limit activities such as school, work, and screen time to a level that does not worsen symptoms.

- 1) Avoid alcohol
- 2) Avoid prescription or non-prescription drugs without medical supervision. Specifically:
 - a) Avoid sleeping tablets
 - b) Do not use aspirin, anti-inflammatory medication or stronger pain medications such as narcotics
- 3) Do not drive until cleared by a healthcare professional.
- 4) Return to play/sport requires clearance by a healthcare professional.

Clinic phone number: _____

Patient's name: _____

Date / time of injury: _____

Date / time of medical review: _____

Healthcare Provider: _____

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Contact details or stamp

INSTRUCTIONS

Words in *Italics* throughout the SCAT5 are the instructions given to the athlete by the clinician

Symptom Scale

The time frame for symptoms should be based on the type of test being administered. At baseline it is advantageous to assess how an athlete "typically" feels whereas during the acute/post-acute stage it is best to ask how the athlete feels at the time of testing.

The symptom scale should be completed by the athlete, not by the examiner. In situations where the symptom scale is being completed after exercise, it should be done in a resting state, generally by approximating his/her resting heart rate.

For total number of symptoms, maximum possible is 22 except immediately post injury, if sleep item is omitted, which then creates a maximum of 21.

For Symptom severity score, add all scores in table, maximum possible is 22 x 6 = 132, except immediately post injury if sleep item is omitted, which then creates a maximum of 21x6=126.

Immediate Memory

The Immediate Memory component can be completed using the traditional 5-word per trial list or, optionally, using 10-words per trial. The literature suggests that the Immediate Memory has a notable ceiling effect when a 5-word list is used. In settings where this ceiling is prominent, the examiner may wish to make the task more difficult by incorporating two 5-word groups for a total of 10 words per trial. In this case, the maximum score per trial is 10 with a total trial maximum of 30.

Choose one of the word lists (either 5 or 10). Then perform 3 trials of immediate memory using this list.

Complete all 3 trials regardless of score on previous trials.

"I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order." The words must be read at a rate of one word per second.

Trials 2 & 3 MUST be completed regardless of score on trial 1 & 2.

Trials 2 & 3:

"I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before."

Score 1 pt. for each correct response. Total score equals sum across all 3 trials. Do NOT inform the athlete that delayed recall will be tested.

Concentration

Digits backward

Choose one column of digits from lists A, B, C, D, E or F and administer those digits as follows:

Say: *"I am going to read a string of numbers and when I am done, you repeat them back to me in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7."*

Begin with first 3 digit string.

If correct, circle "Y" for correct and go to next string length. If incorrect, circle "N" for the first string length and read trial 2 in the same string length. One point possible for each string length. Stop after incorrect on both trials (2 N's) in a string length. The digits should be read at the rate of one per second.

Months in reverse order

"Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November ... Go ahead"

1 pt. for entire sequence correct

Delayed Recall

The delayed recall should be performed after 5 minutes have elapsed since the end of the Immediate Recall section.

"Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order."

Score 1 pt. for each correct response

Modified Balance Error Scoring System (mBESS)⁵ testing

This balance testing is based on a modified version of the Balance Error Scoring System (BESS)⁵. A timing device is required for this testing.

Each of 20-second trial/stance is scored by counting the number of errors. The examiner will begin counting errors only after the athlete has assumed the proper start position. The modified BESS is calculated by adding one error point for each error during the three 20-second tests. The maximum number of errors for any single condition is 10. If the athlete commits multiple errors simultaneously, only

one error is recorded but the athlete should quickly return to the testing position, and counting should resume once the athlete is set. Athletes that are unable to maintain the testing procedure for a minimum of five seconds at the start are assigned the highest possible score, ten, for that testing condition.

OPTION: For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50cm x 40cm x 6cm).

Balance testing – types of errors

- | | | |
|---------------------------------|---|---|
| 1. Hands lifted off iliac crest | 3. Step, stumble, or fall | 5. Lifting forefoot or heel |
| 2. Opening eyes | 4. Moving hip into > 30 degrees abduction | 6. Remaining out of test position > 5 sec |

"I am now going to test your balance. Please take your shoes off (if applicable), roll up your pant legs above ankle (if applicable), and remove any ankle taping (if applicable). This test will consist of three twenty second tests with different stances."

(a) Double leg stance:

"The first stance is standing with your feet together with your hands on your hips and with your eyes closed. You should try to maintain stability in that position for 20 seconds. I will be counting the number of times you move out of this position. I will start timing when you are set and have closed your eyes."

(b) Single leg stance:

"If you were to kick a ball, which foot would you use? [This will be the dominant foot] Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

(c) Tandem stance:

"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

Tandem Gait

Participants are instructed to stand with their feet together behind a starting line (the test is best done with footwear removed). Then, they walk in a forward direction as quickly and as accurately as possible along a 38mm wide (sports tape), 3 metre line with an alternate foot heel-to-toe gait ensuring that they approximate their heel and toe on each step. Once they cross the end of the 3m line, they turn 180 degrees and return to the starting point using the same gait. Athletes fail the test if they step off the line, have a separation between their heel and toe, or if they touch or grab the examiner or an object.

Finger to Nose

"I am going to test your coordination now. Please sit comfortably on the chair with your eyes open and your arm (either right or left) outstretched (shoulder flexed to 90 degrees and elbow and fingers extended), pointing in front of you. When I give a start signal, I would like you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose, and then return to the starting position, as quickly and as accurately as possible."

References

1. McCrory et al. Consensus Statement On Concussion In Sport – The 5th International Conference On Concussion In Sport Held In Berlin, October 2016. British Journal of Sports Medicine 2017 (available at www.bjsm.bmj.com)
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3. Jennett, B., Bond, M. Assessment of outcome after severe brain damage: a practical scale. Lancet 1975; i: 480-484
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5. Guskiewicz KM. Assessment of postural stability following sport-related concussion. Current Sports Medicine Reports. 2003; 2: 24-30

CONCUSSION INFORMATION

Any athlete suspected of having a concussion should be removed from play and seek medical evaluation.

Signs to watch for

Problems could arise over the first 24-48 hours. The athlete should not be left alone and must go to a hospital at once if they experience:

- Worsening headache
- Drowsiness or inability to be awakened
- Inability to recognize people or places
- Repeated vomiting
- Unusual behaviour or confusion or irritable
- Seizures (arms and legs jerk uncontrollably)
- Weakness or numbness in arms or legs
- Unsteadiness on their feet.
- Slurred speech

Consult your physician or licensed healthcare professional after a suspected concussion. Remember, it is better to be safe.

Rest & Rehabilitation

After a concussion, the athlete should have physical rest and relative cognitive rest for a few days to allow their symptoms to improve. In most cases, after no more than a few days of rest, the athlete should gradually increase their daily activity level as long as their symptoms do not worsen. Once the athlete is able to complete their usual daily activities without concussion-related symptoms, the second step of the return to play/sport progression can be started. The athlete should not return to play/sport until their concussion-related symptoms have resolved and the athlete has successfully returned to full school/learning activities.

When returning to play/sport, the athlete should follow a stepwise, **medically managed exercise progression, with increasing amounts of exercise.** For example:

Graduated Return to Sport Strategy

Exercise step	Functional exercise at each step	Goal of each step
1. Symptom-limited activity	Daily activities that do not provoke symptoms.	Gradual reintroduction of work/school activities.
2. Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3. Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4. Non-contact training drills	Harder training drills, e.g., passing drills. May start progressive resistance training.	Exercise, coordination, and increased thinking.
5. Full contact practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.
6. Return to play/sport	Normal game play.	

In this example, it would be typical to have 24 hours (or longer) for each step of the progression. If any symptoms worsen while exercising, the athlete should go back to the previous step. Resistance training should be added only in the later stages (Stage 3 or 4 at the earliest).

Written clearance should be provided by a healthcare professional before return to play/sport as directed by local laws and regulations.

Graduated Return to School Strategy

Concussion may affect the ability to learn at school. The athlete may need to miss a few days of school after a concussion. When going back to school, some athletes may need to go back gradually and may need to have some changes made to their schedule so that concussion symptoms do not get worse. If a particular activity makes symptoms worse, then the athlete should stop that activity and rest until symptoms get better. To make sure that the athlete can get back to school without problems, it is important that the healthcare provider, parents, caregivers and teachers talk to each other so that everyone knows what the plan is for the athlete to go back to school.

Note: If mental activity does not cause any symptoms, the athlete may be able to skip step 2 and return to school part-time before doing school activities at home first.

Mental Activity	Activity at each step	Goal of each step
1. Daily activities that do not give the athlete symptoms	Typical activities that the athlete does during the day as long as they do not increase symptoms (e.g. reading, texting, screen time). Start with 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2. School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3. Return to school part-time	Gradual introduction of school-work. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4. Return to school full-time	Gradually progress school activities until a full day can be tolerated.	Return to full academic activities and catch up on missed work.

If the athlete continues to have symptoms with mental activity, some other accommodations that can help with return to school may include:

- Starting school later, only going for half days, or going only to certain classes
- More time to finish assignments/tests
- Quiet room to finish assignments/tests
- Not going to noisy areas like the cafeteria, assembly halls, sporting events, music class, shop class, etc.
- Taking lots of breaks during class, homework, tests
- No more than one exam/day
- Shorter assignments
- Repetition/memory cues
- Use of a student helper/tutor
- Reassurance from teachers that the child will be supported while getting better

The athlete should not go back to sports until they are back to school/learning, without symptoms getting significantly worse and no longer needing any changes to their schedule.



Sport concussion assessment tool - 5th edition

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Updated information and services can be found at:
<http://bjsm.bmj.com/content/early/2017/04/26/bjsports-2017-097506S>
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Child SCAT5[®]

SPORT CONCUSSION ASSESSMENT TOOL
FOR CHILDREN AGES 5 TO 12 YEARS
FOR USE BY MEDICAL PROFESSIONALS ONLY

supported by



Patient details

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date of Injury: _____ Time: _____

WHAT IS THE CHILD SCAT5?

The Child SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals¹.

If you are not a physician or licensed healthcare professional, please use the Concussion Recognition Tool 5 (CRT5). The Child SCAT5 is to be used for evaluating Children aged 5 to 12 years. For athletes aged 13 years and older, please use the SCAT5.

Preseason Child SCAT5 baseline testing can be useful for interpreting post-injury test scores, but not required for that purpose. Detailed instructions for use of the Child SCAT5 are provided on page 7. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in italics. The only equipment required for the tester is a watch or timer.

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Recognise and Remove

A head impact by either a direct blow or indirect transmission of force can be associated with a serious and potentially fatal brain injury. If there are significant concerns, including any of the red flags listed in Box 1, then activation of emergency procedures and urgent transport to the nearest hospital should be arranged.

Key points

- Any athlete with suspected concussion should be **REMOVED FROM PLAY**, medically assessed and monitored for deterioration. No athlete diagnosed with concussion should be returned to play on the day of injury.
- If the child is suspected of having a concussion and medical personnel are not immediately available, the child should be referred to a medical facility for urgent assessment.
- Concussion signs and symptoms evolve over time and it is important to consider repeat evaluation in the assessment of concussion.
- The diagnosis of a concussion is a clinical judgment, made by a medical professional. The Child SCAT5 should **NOT** be used by itself to make, or exclude, the diagnosis of concussion. An athlete may have a concussion even if their Child SCAT5 is "normal".

Remember:

- The basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the athlete (other than that required for airway management) unless trained to do so.
- Assessment for a spinal cord injury is a critical part of the initial on-field assessment.
- Do not remove a helmet or any other equipment unless trained to do so safely.

1

IMMEDIATE OR ON-FIELD ASSESSMENT

The following elements should be assessed for all athletes who are suspected of having a concussion prior to proceeding to the neurocognitive assessment and ideally should be done on-field after the first first aid / emergency care priorities are completed.

If any of the "Red Flags" or observable signs are noted after a direct or indirect blow to the head, the athlete should be immediately and safely removed from participation and evaluated by a physician or licensed healthcare professional.

Consideration of transportation to a medical facility should be at the discretion of the physician or licensed healthcare professional.

The GCS is important as a standard measure for all patients and can be done serially if necessary in the event of deterioration in conscious state. The cervical spine exam is a critical step of the immediate assessment, however, it does not need to be done serially.

STEP 1: RED FLAGS

RED FLAGS:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

STEP 2: OBSERVABLE SIGNS

Witnessed Observed on Video

Lying motionless on the playing surface	Y	N
Balance / gait difficulties / motor incoordination: stumbling, slow / laboured movements	Y	N
Disorientation or confusion, or an inability to respond appropriately to questions	Y	N
Blank or vacant look	Y	N
Facial injury after head trauma	Y	N

STEP 3: EXAMINATION

GLASGOW COMA SCALE (GCS)²

Time of assessment			
Date of assessment			

Best eye response (E)

No eye opening	1	1	1
Eye opening in response to pain	2	2	2
Eye opening to speech	3	3	3
Eyes opening spontaneously	4	4	4

Best verbal response (V)

No verbal response	1	1	1
--------------------	---	---	---

Name: _____
 DOB: _____
 Address: _____
 ID number: _____
 Examiner: _____
 Date: _____

Incomprehensible sounds	2	2	2
Inappropriate words	3	3	3
Confused	4	4	4
Oriented	5	5	5
Best motor response (M)			
No motor response	1	1	1
Extension to pain	2	2	2
Abnormal flexion to pain	3	3	3
Flexion / Withdrawal to pain	4	4	4
Localizes to pain	5	5	5
Obeys commands	6	6	6
Glasgow Coma score (E + V + M)			

CERVICAL SPINE ASSESSMENT

Does the athlete report that their neck is pain free at rest?	Y	N
If there is NO neck pain at rest , does the athlete have a full range of ACTIVE pain free movement?	Y	N
Is the limb strength and sensation normal?	Y	N

In a patient who is not lucid or fully conscious, a cervical spine injury should be assumed until proven otherwise.

OFFICE OR OFF-FIELD ASSESSMENT STEP 1: ATHLETE BACKGROUND

Please note that the neurocognitive assessment should be done in a distraction-free environment with the athlete in a resting state.

Sport / team / school: _____

Date / time of injury: _____

Years of education completed: _____

Age: _____

Gender: M / F / Other

Dominant hand: left / neither / right

How many diagnosed concussions has the athlete had in the past?: _____

When was the most recent concussion?: _____

How long was the recovery (time to being cleared to play) from the most recent concussion?: _____ (days)

Has the athlete ever been:

Hospitalized for a head injury?	Yes	No
Diagnosed / treated for headache disorder or migraines?	Yes	No
Diagnosed with a learning disability / dyslexia?	Yes	No
Diagnosed with ADD / ADHD?	Yes	No
Diagnosed with depression, anxiety or other psychiatric disorder?	Yes	No

Current medications? If yes, please list: _____

STEP 2: SYMPTOM EVALUATION

The athlete should be given the symptom form and asked to read this instruction paragraph out loud then complete the symptom scale. For the baseline assessment, the athlete should rate his/her symptoms based on how he/she typically feels and for the post injury assessment the athlete should rate their symptoms at this point in time.

To be done in a resting state

Please Check: Baseline Post-Injury

2

Child Report³

	Not at all/ Never	A little/ Rarely	Somewhat/ Sometimes	A lot/ Often
I have headaches	0	1	2	3
I feel dizzy	0	1	2	3
I feel like the room is spinning	0	1	2	3
I feel like I'm going to faint	0	1	2	3
Things are blurry when I look at them	0	1	2	3
I see double	0	1	2	3
I feel sick to my stomach	0	1	2	3
My neck hurts	0	1	2	3
I get tired a lot	0	1	2	3
I get tired easily	0	1	2	3
I have trouble paying attention	0	1	2	3
I get distracted easily	0	1	2	3
I have a hard time concentrating	0	1	2	3
I have problems remembering what people tell me	0	1	2	3
I have problems following directions	0	1	2	3
I daydream too much	0	1	2	3
I get confused	0	1	2	3
I forget things	0	1	2	3
I have problems finishing things	0	1	2	3
I have trouble figuring things out	0	1	2	3
It's hard for me to learn new things	0	1	2	3
Total number of symptoms:				of 21
Symptom severity score:				of 63
Do the symptoms get worse with physical activity?			Y	N
Do the symptoms get worse with trying to think?			Y	N

Overall rating for child to answer:

	Very bad	Very good
On a scale of 0 to 10 (where 10 is normal), how do you feel now?	0 1 2 3 4 5 6 7 8 9 10	

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

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

Parent Report

The child:

	Not at all/ Never	A little/ Rarely	Somewhat/ Sometimes	A lot/ Often
has headaches	0	1	2	3
feels dizzy	0	1	2	3
has a feeling that the room is spinning	0	1	2	3
feels faint	0	1	2	3
has blurred vision	0	1	2	3
has double vision	0	1	2	3
experiences nausea	0	1	2	3
has a sore neck	0	1	2	3
gets tired a lot	0	1	2	3
gets tired easily	0	1	2	3
has trouble sustaining attention	0	1	2	3
is easily distracted	0	1	2	3
has difficulty concentrating	0	1	2	3
has problems remembering what he/she is told	0	1	2	3
has difficulty following directions	0	1	2	3
tends to daydream	0	1	2	3
gets confused	0	1	2	3
is forgetful	0	1	2	3
has difficulty completing tasks	0	1	2	3
has poor problem solving skills	0	1	2	3
has problems learning	0	1	2	3
Total number of symptoms:				of 21
Symptom severity score:				of 63
Do the symptoms get worse with physical activity?			Y	N
Do the symptoms get worse with mental activity?			Y	N

Overall rating for parent/teacher/coach/carer to answer

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

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

STEP 3: COGNITIVE SCREENING

Standardized Assessment of Concussion - Child Version (SAC-C)⁴

IMMEDIATE MEMORY

The Immediate Memory component can be completed using the traditional 5-word per trial list or optionally using 10-words per trial to minimise any ceiling effect. All 3 trials must be administered irrespective of the number correct on the first trial. Administer at the rate of one word per second.

Please choose EITHER the 5 or 10 word list groups and circle the specific word list chosen for this test.

I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order. For Trials 2 & 3: I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before.

List	Alternate 5 word lists					Score (of 5)		
						Trial 1	Trial 2	Trial 3
A	Finger	Penny	Blanket	Lemon	Insect			
B	Candle	Paper	Sugar	Sandwich	Wagon			
C	Baby	Monkey	Perfume	Sunset	Iron			
D	Elbow	Apple	Carpet	Saddle	Bubble			
E	Jacket	Arrow	Pepper	Cotton	Movie			
F	Dollar	Honey	Mirror	Saddle	Anchor			
Immediate Memory Score						of 15		
Time that last trial was completed								

List	Alternate 10 word lists					Score (of 10)		
						Trial 1	Trial 2	Trial 3
G	Finger	Penny	Blanket	Lemon	Insect			
	Candle	Paper	Sugar	Sandwich	Wagon			
H	Baby	Monkey	Perfume	Sunset	Iron			
	Elbow	Apple	Carpet	Saddle	Bubble			
I	Jacket	Arrow	Pepper	Cotton	Movie			
	Dollar	Honey	Mirror	Saddle	Anchor			
Immediate Memory Score						of 30		
Time that last trial was completed								

Name: _____
 DOB: _____
 Address: _____
 ID number: _____
 Examiner: _____
 Date: _____

CONCENTRATION

DIGITS BACKWARDS

Please circle the Digit list chosen (A, B, C, D, E, F). Administer at the rate of one digit per second reading DOWN the selected column.

I am going to read a string of numbers and when I am done, you repeat them back to me in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7.

Concentration Number Lists (circle one)					
List A	List B	List C			
5-2	4-1	4-9	Y	N	0
4-1	9-4	6-2	Y	N	1
4-9-3	5-2-6	1-4-2	Y	N	0
6-2-9	4-1-5	6-5-8	Y	N	1
3-8-1-4	1-7-9-5	6-8-3-1	Y	N	0
3-2-7-9	4-9-6-8	3-4-8-1	Y	N	1
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	Y	N	0
1-5-2-8-6	6-1-8-4-3	6-8-2-5-1	Y	N	1
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	Y	N	0
5-3-9-1-4-8	7-2-4-8-5-6	9-2-6-5-1-4	Y	N	1
List D	List E	List F			
2-7	9-2	7-8	Y	N	0
5-9	6-1	5-1	Y	N	1
7-8-2	3-8-2	2-7-1	Y	N	0
9-2-6	5-1-8	4-7-9	Y	N	1
4-1-8-3	2-7-9-3	1-6-8-3	Y	N	0
9-7-2-3	2-1-6-9-	3-9-2-4	Y	N	1
1-7-9-2-6	4-1-8-6-9	2-4-7-5-8	Y	N	0
4-1-7-5-2	9-4-1-7-5	8-3-9-6-4	Y	N	1
2-6-4-8-1-7	6-9-7-3-8-2	5-8-6-2-4-9	Y	N	0
8-4-1-9-3-5	4-2-7-3-9-8	3-1-7-8-2-6	Y	N	1
Digits Score:					of 5

DAYS IN REVERSE ORDER

Now tell me the days of the week in reverse order. Start with the last day and go backward. So you'll say Sunday, Saturday. Go ahead.

Sunday - Saturday - Friday - Thursday - Wednesday - Tuesday - Monday	0	1
Days Score	of 1	
Concentration Total Score (Digits + Days)	of 6	

4

STEP 4: NEUROLOGICAL SCREEN

See the instruction sheet (page 7) for details of test administration and scoring of the tests.

Can the patient read aloud (e.g. symptom check-list) and follow instructions without difficulty?	Y	N
Does the patient have a full range of pain-free PASSIVE cervical spine movement?	Y	N
Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?	Y	N
Can the patient perform the finger nose coordination test normally?	Y	N
Can the patient perform tandem gait normally?	Y	N

BALANCE EXAMINATION

Modified Balance Error Scoring System (BESS) testing⁵

Which foot was tested Left (i.e. which is the non-dominant foot) Right

Testing surface (hard floor, field, etc.) _____

Footwear (shoes, barefoot, braces, tape, etc.) _____

Condition	Errors	
Double leg stance	_____ of 10	
Single leg stance (non-dominant foot, 10-12 y/o only)	_____ of 10	
Tandem stance (non-dominant foot at back)	_____ of 10	
Total Errors	5-9 y/o _____ of 20	10-12 y/o _____ of 30

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

5

STEP 5: DELAYED RECALL:

The delayed recall should be performed after 5 minutes have elapsed since the end of the Immediate Recall section. Score 1 pt. for each correct response.

Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order.

Time Started _____

Please record each word correctly recalled. Total score equals number of words recalled.

Total number of words recalled accurately: _____ of 5 or _____ of 10

6

STEP 6: DECISION

Domain	Date & time of assessment:		
Symptom number Child report (of 21) Parent report (of 21)			
Symptom severity score Child report (of 63) Parent report (of 63)			
Immediate memory	_____ of 15 _____ of 30	_____ of 15 _____ of 30	_____ of 15 _____ of 30
Concentration (of 6)			
Neuro exam	Normal Abnormal	Normal Abnormal	Normal Abnormal
Balance errors (5-9 y/o of 20) (10-12 y/o of 30)			
Delayed Recall	_____ of 5 _____ of 10	_____ of 5 _____ of 10	_____ of 5 _____ of 10

Date and time of injury: _____

If the athlete is known to you prior to their injury, are they different from their usual self?

Yes No Unsure Not Applicable

(If different, describe why in the clinical notes section)

Concussion Diagnosed?

Yes No Unsure Not Applicable

If re-testing, has the athlete improved?

Yes No Unsure Not Applicable

I am a physician or licensed healthcare professional and I have personally administered or supervised the administration of this Child SCAT5.

Signature: _____

Name: _____

Title: _____

Registration number (if applicable): _____

Date: _____

SCORING ON THE CHILD SCAT5 SHOULD NOT BE USED AS A STAND-ALONE METHOD TO DIAGNOSE CONCUSSION, MEASURE RECOVERY OR MAKE DECISIONS ABOUT AN ATHLETE'S READINESS TO RETURN TO COMPETITION AFTER CONCUSSION.



For the Neurological Screen (page 5), if the child cannot read, ask him/her to describe what they see in this picture.

Name: _____
DOB: _____
Address: _____
ID number: _____
Examiner: _____
Date: _____

CLINICAL NOTES:



Concussion injury advice for the child and parents/caregivers

(To be given to the person monitoring the concussed child)

This child has had an injury to the head and needs to be carefully watched for the next 24 hours by a responsible adult.

If you notice any change in behavior, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please call an ambulance to take the child to hospital immediately.

Other important points:

Following concussion, the child should rest for at least 24 hours.

- The child should not use a computer, internet or play video games if these activities make symptoms worse.
- The child should not be given any medications, including pain killers, unless prescribed by a medical doctor.
- The child should not go back to school until symptoms are improving.
- The child should not go back to sport or play until a doctor gives permission.

Clinic phone number: _____

Patient's name: _____

Date / time of injury: _____

Date / time of medical review: _____

Healthcare Provider: _____

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Contact details or stamp

INSTRUCTIONS

Words in *Italics* throughout the Child SCAT5 are the instructions given to the athlete by the clinician

Symptom Scale

In situations where the symptom scale is being completed after exercise, it should still be done in a resting state, at least 10 minutes post exercise.

At Baseline	On the day of injury	On all subsequent days
<ul style="list-style-type: none"> The child is to complete the Child Report, according to how he/she feels today, and The parent/carer is to complete the Parent Report according to how the child has been over the previous week. 	<ul style="list-style-type: none"> The child is to complete the Child Report, according to how he/she feels now. If the parent is present, and has had time to assess the child on the day of injury, the parent completes the Parent Report according to how the child appears now. 	<ul style="list-style-type: none"> The child is to complete the Child Report, according to how he/she feels today, and The parent/carer is to complete the Parent Report according to how the child has been over the previous 24 hours.

For Total number of symptoms, maximum possible is 21

For Symptom severity score, add all scores in table, maximum possible is 21 x 3 = 63

Standardized Assessment of Concussion Child Version (SAC-C)

Immediate Memory

Choose one of the 5-word lists. Then perform 3 trials of immediate memory using this list.

Complete all 3 trials regardless of score on previous trials.

"I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order." The words must be read at a rate of one word per second.

OPTION: The literature suggests that the Immediate Memory has a notable ceiling effect when a 5-word list is used. (In younger children, use the 5-word list). In settings where this ceiling is prominent the examiner may wish to make the task more difficult by incorporating two 5-word groups for a total of 10 words per trial. In this case the maximum score per trial is 10 with a total trial maximum of 30.

Trials 2 & 3 MUST be completed regardless of score on trial 1 & 2.

Trials 2 & 3: *"I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before."*

Score 1 pt. for each correct response. Total score equals sum across all 3 trials. Do NOT inform the athlete that delayed recall will be tested.

Concentration

Digits backward

Choose one column only, from List A, B, C, D, E or F, and administer those digits as follows:

"I am going to read you some numbers and when I am done, you say them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1, you would say 1-7."

If correct, circle "Y" for correct and go to next string length. If incorrect, circle "N" for the first string length and read trial 2 in the same string length. One point possible for each string length. Stop after incorrect on both trials (2 N's) in a string length. The digits should be read at the rate of one per second.

Days of the week in reverse order

"Now tell me the days of the week in reverse order. Start with Sunday and go backward. So you'll say Sunday, Saturday ... Go ahead"

1 pt. for entire sequence correct

Delayed Recall

The delayed recall should be performed after at least 5 minutes have elapsed since the end of the Immediate Recall section.

"Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order."

Circle each word correctly recalled. Total score equals number of words recalled.

Neurological Screen

Reading

The child is asked to read a paragraph of text from the instructions in the Child SCAT5. For children who can not read, they are asked to describe what they see in a photograph or picture, such as that on page 6 of the Child SCAT5.

Modified Balance Error Scoring System (mBESS)⁵ testing

These instructions are to be read by the person administering the Child SCAT5, and each balance task should be demonstrated to the child. The child should then be asked to copy what the examiner demonstrated.

Each of 20-second trial/stance is scored by counting the number of errors. The This balance testing is based on a modified version of the Balance Error Scoring System (BESS)⁵.

A stopwatch or watch with a second hand is required for this testing.

"I am now going to test your balance. Please take your shoes off, roll up your pants above your ankle (if applicable), and remove any ankle taping (if applicable). This test will consist of two different parts."

OPTION: For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50cm x 40cm x 6cm).

(a) Double leg stance:

The first stance is standing with the feet together with hands on hips and with eyes closed. The child should try to maintain stability in that position for 20 seconds. You should inform the child that you will be counting the number of times the child moves out of this position. You should start timing when the child is set and the eyes are closed.

(b) Tandem stance:

Instruct or show the child how to stand heel-to-toe with the non-dominant foot in the back. Weight should be evenly distributed across both feet. Again, the child should try to maintain stability for 20 seconds with hands on hips and eyes closed. You should inform the child that you will be counting the number of times the child moves out of this position. If the child stumbles out of this position, instruct him/her to open the eyes and return to the start position and continue balancing. You should start timing when the child is set and the eyes are closed.

(c) Single leg stance (10-12 year olds only):

"If you were to kick a ball, which foot would you use? [This will be the dominant foot] Now stand on your other foot. You should bend your other leg and hold it up (show the child). Again, try to stay in that position for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you move out of this position, open your eyes and return to the start position and keep balancing. I will start timing when you are set and have closed your eyes."

Balance testing – types of errors

- | | | |
|---------------------------------|---|---|
| 1. Hands lifted off iliac crest | 3. Step, stumble, or fall | 5. Lifting forefoot or heel |
| 2. Opening eyes | 4. Moving hip into > 30 degrees abduction | 6. Remaining out of test position > 5 sec |

Each of the 20-second trials is scored by counting the errors, or deviations from the proper stance, accumulated by the child. The examiner will begin counting errors only after the child has assumed the proper start position. The modified BESS is calculated by adding one error point for each error during the 20-second tests. The maximum total number of errors for any single condition is 10. If a child commits multiple errors simultaneously, only one error is recorded but the child should quickly return to the testing position, and counting should resume once subject is set. Children who are unable to maintain the testing procedure for a minimum of five seconds at the start are assigned the highest possible score, ten, for that testing condition.

Tandem Gait

Instruction for the examiner - Demonstrate the following to the child:

The child is instructed to stand with their feet together behind a starting line (the test is best done with footwear removed). Then, they walk in a forward direction as quickly and as accurately as possible along a 38mm wide (sports tape), 3 metre line with an alternate foot heel-to-toe gait ensuring that they approximate their heel and toe on each step. Once they cross the end of the 3m line, they turn 180 degrees and return to the starting point using the same gait. Children fail the test if they step off the line, have a separation between their heel and toe, or if they touch or grab the examiner or an object.

Finger to Nose

The tester should demonstrate it to the child.

"I am going to test your coordination now. Please sit comfortably on the chair with your eyes open and your arm (either right or left) outstretched (shoulder flexed to 90 degrees and elbow and fingers extended). When I give a start signal, I would like you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose as quickly and as accurately as possible."

Scoring: 5 correct repetitions in < 4 seconds = 1

Note for testers: Children fail the test if they do not touch their nose, do not fully extend their elbow or do not perform five repetitions.

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- Ayr, L.K., Yeates, K.O., Taylor, H.G., Brown, M. Dimensions of postconcussive symptoms in children with mild traumatic brain injuries. Journal of the International Neuropsychological Society. 2009; 15:19-30
- McCrea M. Standardized mental status testing of acute concussion. Clinical Journal of Sports Medicine. 2001; 11: 176-181
- Guskiewicz KM. Assessment of postural stability following sport-related concussion. Current Sports Medicine Reports. 2003; 2: 24-30

CONCUSSION INFORMATION

If you think you or a teammate has a concussion, tell your coach/trainer/parent right away so that you can be taken out of the game. You or your teammate should be seen by a doctor as soon as possible. YOU OR YOUR TEAMMATE SHOULD NOT GO BACK TO PLAY/SPORT THAT DAY.

Signs to watch for

Problems can happen over the first 24-48 hours. You or your teammate should not be left alone and must go to a hospital right away if any of the following happens:

- New headache, or headache gets worse
- Neck pain that gets worse
- Becomes sleepy/drowsy or can't be woken up
- Cannot recognise people or places
- Feeling sick to your stomach or vomiting
- Acting weird/strange, seems/feels confused, or is irritable
- Has any seizures (arms and/or legs jerk uncontrollably)
- Has weakness, numbness or tingling (arms, legs or face)
- Is unsteady walking or standing
- Talking is slurred
- Cannot understand what someone is saying or directions

Consult your physician or licensed healthcare professional after a suspected concussion. Remember, it is better to be safe.

Graduated Return to Sport Strategy

After a concussion, the child should rest physically and mentally for a few days to allow symptoms to get better. In most cases, after a few days of rest, they can gradually increase their daily activity level as long as symptoms don't get worse. Once they are able to do their usual daily activities without symptoms, the child should gradually increase exercise in steps, guided by the healthcare professional (see below).

The athlete should not return to play/sport the day of injury.

NOTE: An initial period of a few days of both cognitive ("thinking") and physical rest is recommended before beginning the Return to Sport progression.

Exercise step	Functional exercise at each step	Goal of each step
1. Symptom-limited activity	Daily activities that do not provoke symptoms.	Gradual reintroduction of work/school activities.
2. Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3. Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4. Non-contact training drills	Harder training drills, e.g., passing drills. May start progressive resistance training.	Exercise, coordination, and increased thinking.
5. Full contact practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.
6. Return to play/sport	Normal game play.	

There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen while exercising, the athlete should go back to the previous step. Resistance training should be added only in the later stages (Stage 3 or 4 at the earliest). The athlete should not return to sport until the concussion symptoms have gone, they have successfully returned to full school/learning activities, and the healthcare professional has given the child written permission to return to sport.

If the child has symptoms for more than a month, they should ask to be referred to a healthcare professional who is an expert in the management of concussion.

Graduated Return to School Strategy

Concussion may affect the ability to learn at school. The child may need to miss a few days of school after a concussion, but the child's doctor should help them get back to school after a few days. When going back to school, some children may need to go back gradually and may need to have some changes made to their schedule so that concussion symptoms don't get a lot worse. If a particular activity makes symptoms a lot worse, then the child should stop that activity and rest until symptoms get better. To make sure that the child can get back to school without problems, it is important that the health care provider, parents/caregivers and teachers talk to each other so that everyone knows what the plan is for the child to go back to school.

Note: If mental activity does not cause any symptoms, the child may be able to return to school part-time without doing school activities at home first.

Mental Activity	Activity at each step	Goal of each step
1. Daily activities that do not give the child symptoms	Typical activities that the child does during the day as long as they do not increase symptoms (e.g. reading, texting, screen time). Start with 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2. School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3. Return to school part-time	Gradual introduction of school-work. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4. Return to school full-time	Gradually progress school activities until a full day can be tolerated.	Return to full academic activities and catch up on missed work.

If the child continues to have symptoms with mental activity, some other things that can be done to help with return to school may include:

- Starting school later, only going for half days, or going only to certain classes
- Taking lots of breaks during class, homework, tests
- More time to finish assignments/tests
- No more than one exam/day
- Quiet room to finish assignments/tests
- Shorter assignments
- Not going to noisy areas like the cafeteria, assembly halls, sporting events, music class, shop class, etc.
- Repetition/memory cues
- Use of a student helper/tutor
- Reassurance from teachers that the child will be supported while getting better

The child should not go back to sports until they are back to school/learning, without symptoms getting significantly worse and no longer needing any changes to their schedule.



Sport concussion assessment tool for childrens ages 5 to 12 years

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Updated information and services can be found at:
<http://bjsm.bmj.com/content/early/2017/04/28/bjsports-2017-097492c/hildscat5.citation>

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CONCUSSION RECOGNITION TOOL 5 ©

To help identify concussion in children, adolescents and adults



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FEI

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS — CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Severe or increasing headache
- Deteriorating conscious state
- Double vision
- Seizure or convulsion
- Vomiting
- Weakness or tingling/ burning in arms or legs
- Loss of consciousness
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Disorientation or confusion, or an inability to respond appropriately to questions
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Slow to get up after a direct or indirect hit to the head
- Blank or vacant look
- Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
- Blurred vision
- More emotional
- "Pressure in head"
- Sensitivity to light
- More Irritable
- Balance problems
- Sensitivity to noise
- Difficulty remembering
- Nausea or vomiting
- Fatigue or low energy
- Sadness
- Drowsiness
- "Don't feel right"
- Nervous or anxious
- Dizziness
- Neck Pain
- Feeling like "in a fog"
- Difficulty concentrating
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

- Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:
- "What venue are we at today?"
 - "What team did you play last week/game?"
 - "Which half is it now?"
 - "Did your team win the last game?"
 - "Who scored last in this game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

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ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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