



INFERNO

NATIONAL TOUCH LEAGUE

NTL

CHAMPIONSHIPS

★ ★ ★



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ACKNOWLEDGMENT OF COUNTRY

Touch Football Australia acknowledges the Gumbaynggirr people, traditional custodians of the land on which we meet this week, and pays respect to their Elders, past, present and emerging.

Their Nation stretches from the Nambucca River in the south to around the Clarence River in the north and to the Great Dividing Range in the west.

INTRODUCTION

On behalf of Touch Football (TFA), we would like to welcome you to Coffs Harbour for The Championships, presented by Inferno.

The following manager's pack contains event information regarding The Championships 2024 and will be outlined in the tournament briefing. All tour leaders, coaches and managers will be required to view this briefing.

If there are any changes or clarifications to the items in this document, they will be outlined at the tour leader meeting.

TOURNAMENT OFFICIALS AND CONTACT

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

EVENT CONTACTS

Lauren Pruscino – National Events Manager

Mobile – 0432 672 675

Location – Event operations room/ tournament information area and roaming

Angela Trenerry – High Performance and Pathways Coordinator

Mobile – 0419 791 173

Location – Event operations room/ tournament information area and roaming

Lauren and Angela are the primary coordinators and points of contact for the tournament.

Luke Saldern – National Referees Program Manager

Mobile – 0413 355 470

Location – Roaming





Grace Cooper– National Inclusion & Diversity Manager (All Abilities)

Mobile – 0450 410 050

Location – Roaming

MEDICAL ASSISTANCE

Each entity is required to have their own medical staff in attendance for the event.

TFA will have an event medical team onsite for serious injuries comprising of a doctor, physiotherapists, and sports trainers.

TFA Medical will respond to serious injuries at the request of the entity's medical staff. Event staff will assist with this process via radio communication with the TFA medical team. If an ambulance is required to be called, the TFA medical team is to call the ambulance and coordinate with stadium staff to guide the ambulance to your location.

We remind entities that it is a requirement that Injury Report forms are completed, and copies provided to TFA medical staff for insurance purposes.

Process for reporting injuries at the event:

1. Fill in the [Injury Report form](#), available at the event medical tent, with the 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.sportscover.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:

Coffs Harbour Health Campus
Address: 345 Pacific Highway, Coffs Harbour 2450
Contact Number: (02) 6656 7000
Emergency: (02) 6656 7400

Other medical centres within the local area include:

Coffs Harbour District After Hours Medical Service
26/81 Park Beach Road, Coffs Harbour 2450
Phone: (02) 6652 3055

Park Beach Family Practice
Shop 303 / 253 Pacific Highway, Coffs Harbour NSW 2450
Phone: (02) 6656 3100





Coffs Central Medical Centre

113 West High Street, Coffs Harbour NSW 2450
Phone: (02) 6652 8699

Coffs Medical Centre

42-44 Gordon Street, Coffs Harbour NSW 2450
Phone: (02) 6648 5222

Entities are reminded the TFA medical team is for serious injuries only.

Concussion

TFA has released its own TFA concussion policy which will be used at all TFA events.

Please ensure all medical staff make themselves familiar with the new concussion policy:

https://touchfootball.com.au/media/11311/tfa_concussion-policy-july-2021_2.pdf. If in doubt, please flag down TFA event staff who will be able to contact the TFA Medical team.

TOUR LEADERS' COMMUNICATION

Tour leaders are to contact Lauren or Angela if they have any issues or questions.

All tour leaders are encouraged to join the WhatsApp Community Group through the invite link that was emailed to them previously.

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).

REGISTRATION INFORMATION AND TOUR LEADER MEETING

It is a requirement that all participants register via MySideline. All entity tour leaders have access to their club in MySideline Admin to view player and officials' registrations online.

Players can register and team details can be modified online up until **9am AEDT – Thursday, 7 March 2024**. After this time, information can only be modified manually at the tour leader meeting. Players who register after **5pm AEDT Wednesday, 28 February 2024** will incur a \$40 late registration fee.

The tour leader meetings will be conducted through individual appointments with tour leaders only from **12:00pm and 4:30pm AEDT on Thursday, 7 March 2024**.





The venue will be:

Upstairs central event spaces

C.ex Coffs International Stadium

Stadium Drive

Coffs Harbour NSW 2450

A report on the registered players and officials in each team will be available at the meeting. This report will only contain details of participants uploaded online as of **9am AEDT – Thursday, 7 March 2024**.

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

During the meeting, tour leaders are to complete their team's paperwork, ensuring the following details are included:

- Player numbers are written legibly on the team sheet.
- Relevant qualifications are listed on the team sheet, ie.
 - Team staff position ie. MO Coach or W40 Manager.

Once team sheets are completed tour leaders must sign off and date 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](#) at tournament control.

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

ONLINE REGISTRATION ISSUES

Some information may be highlighted and may need to be rectified before signing off on the final team lists. Some of the common issues include:

- Playing Number
 - Duplicate playing numbers in the one team (ie. 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
- General
 - If data is missing and is required, it will 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 with any requests and ask that you ensure your participants are aware of the TFA [Anti-Doping Policy](#)

AUSTRALIAN SPORTS COMMISSION HARASSMENT GUIDELINES

The Australian Sports Commission has put together several 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. TFA encourages individuals to abide by the code and promote it.

DISCIPLINE PROTOCOL

TFA has released documents relating to a discipline protocol, to combat the abuse and harassment of referees and officials. This document is included in the manager's pack.





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 instructions.

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. The emergency assembly point is fields five and six.

FOOD HANDLING

Entities are reminded, self-catering on-site at C.ex Coffs International Stadium is not permitted.

WATER SAFETY

Any recovery processes that involve using ice baths, bins, pools or spas are not to be done onsite at the C.ex Coffs International Stadium.

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

Showers in the changerooms will be available for use this year.

Water Supply

Several 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, fill containers straight from a tap.





ELECTRICITY AND APPLIANCES

TFA cannot guarantee access to electricity, nor can we provide support or equipment that is required to ensure it is compliant with legal requirements. If the area of electricity and appliances cannot be managed by both TFA and entities, then a determination to eliminate the issue could occur for future events.

Electrical equipment requirements are:

1. The event organiser is to obtain from each participant the electrical ratings of any appliance that will be plugged into the C.ex Coffs International Stadium power supply.
2. All portable equipment is to be tested and tagged in accordance with the Standards by an accredited person or licensed electrician.
3. Cabling across any vehicular access or roadways is to be at a minimum height of 5.5 metres.
4. Cabling in all other areas is to be at a minimum height of 2.5 metres.
5. Cabling on the ground is to be protected by suitable means and rated for pedestrian and vehicle traffic.
6. Flexible cords shall be heavy-duty rated with a minimum current rating of 15 amps and tested and tagged.
7. Cables exceeding 13 metres shall be fixed to a catenary wire.
8. Portable generators up to 25 kilowatts shall have RCD protection. Generators must be tested and tagged.

Compliance with these requirements will be conducted before and during the event to ensure these standards are maintained. This is a risk to all participants.

Hire company equipment should be tagged and tested but any external items will also need to be. Bringing in faulty items may not only endanger personal safety but may cause circuits to blow which will affect stadium power and lights. If entities need information on electricians or other suitable qualified individuals, please contact TFA.

Electricity in risky weather situations should be disconnected for safety reasons during the event. As stated above TFA takes no responsibility for spoiled items.

PARKING AND TRAFFIC MANAGEMENT

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

Vehicles parked outside of carparks, on roadsides and in areas that are not permitted will have their cars towed at the owner's expense.

Parking off Stadium Drive

Access to the main carpark will require extreme care from all drivers and pedestrians.





There is additional parking which can be accessed off Stadium Drive as well as other smaller carparks near the outside fields.

Phil Hawthorne Drive Parking - referees

There will be a designated referee parking area on the southern side of the C.ex Coffs International Stadium entry via Phil Hawthorne Drive. Please be careful and use common sense when using these areas as individual parking bays are not marked.

Vehicles that block gate access areas or park others in will be towed at the owner's expense.

Drop off Zones

There will be a designated drop-off zone in the main carpark. Please respect the areas which have been created for your benefit and do not park in these areas. They are strictly for drop-offs only.

VIP Parking

There will be a small number of bays reserved for VIP parking at the venue. Please respect these bays. All other parking will be on a first-come, first-served basis.

Phil Hawthorne Drive Pedestrians

There will be two places for individuals to cross to the hockey fields:

- Near the southern end of Phil Hawthorne Drive
- Opposite stadium gate 6 – this is an entry and exit point for all participants and spectators.

There will be passing traffic on this road and, therefore, individuals should take extreme care when crossing the road and use the footpaths provided.

GATE ACCESS

Main Gate (Gate 1) South Gate (Gate 4) South Eastern Gate (Gate 6)

There will be three gates open for the duration of the tournament. A security guard will be present that will look to prevent any commercially prepared food, beverages or alcohol from being brought into the venue. This is a condition of entry to the C.ex Coffs International Stadium.

Gate access will be for pedestrians only and will open from 7am each day of the event. There will be no vehicle access to the venue during the tournament with the exception of TFA medical and TFA event staff golf buggies and C.ex Coffs International Stadium staff.





C.ex COFFS INTERNATIONAL STADIUM CONDITIONS OF ENTRY

- No alcohol permitted
- No glass allowed
- No smoking permitted unless in designated smoking areas.
- No animals permitted with the exception of service animals. Individuals are required to carry documentation with them at all time
- All bags and eskies must be made available for inspection. Failure to do so may lead to refusal of entry
- No person deemed to be under the influence of drugs or alcohol will be permitted to enter
- Management reserves the right to remove any person deemed to be intoxicated, unruly or quarrelsome
- Stadium management reserves the right to refuse any individual or group.

SECURITY

There will be overnight security for the duration of the event. Although TFA recommends that valuables are not left on site and that all participants and spectators are vigilant with their belongings.

TRAINING FIELDS

Before the event

In order to have the venue in the best possible condition for the event, we will not allow training to occur at any of the fields at the C.ex Coffs International Stadium or surrounding precincts.

As an alternative, Coffs Harbour City Council is working on alternative training field options. For details please contact Lauren.

During the event

There is to be no training on the main playing surface at any time. Any teams doing this will be instructed to leave by event staff. 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. For those teams due to use fields one to three, they can warm up on field four.





COMMUNICATION

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 "The Championships" as pictured below.

NTL NATIONAL TOUCH LEAGUE CHAMPIONSHIPS

stack team app

The Championships

Join our app to stay up to date with our latest information - it's free!

Follow these steps to join our app:

1. Scan the QR code below & download Stack Team App or visit www.teamapp.com.
2. Sign up to Stack Team App and log in to your account.
3. Search for 'The Championships' and request to join.

SCAN ME

Contact:
Lauren
lauren.pruscino@touchfootball.com.au

Download on the App Store | GET IT ON Google Play





RESULTS

Results Information

All game results and division ladders will be available online only through the TFA Website under the Competitions tab or Team App under Fixtures and Results. Results will be updated online as soon as possible after games.

Finals progressions can take a bit longer to update. This is to ensure that the information that goes up online is correct. If you have any queries on finals progressions, please contact your tour leader.

VENUE INFORMATION

There are no ATMs at the venue. The closest ATM would be at the service station on the Pacific Highway north of the venue.

Ice Orders

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 C.ex Coffs International Stadium and entities will be invoiced post-event.

Rubbish Bins

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 of entities to clean their tent areas. Please leave the areas in the same clean state as you found them in. Team tents will be inspected after the event and entities may be invoiced for additional cleaning fees if rubbish is left behind.

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 C.ex Coffs International Stadium. All infrastructures would need to be in place before Friday morning.

FOOD AND BEVERAGE

Alcohol Service

The venue is a licensed area, and it is illegal under liquor licensing laws for any person to bring alcohol into the venue, or to consume alcohol other than that purchased from the venue bar.

The venue bar is next to the canteen as well as Gage Roads Brew Co beer garden.





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

C.ex Coffs International Stadium catering is managed by Coffs Harbour City Council. A selection of healthy, hot, and cold food and beverages suitable for the needs of athletes will be sold from the canteen on the concourse level of the stadium, The Hub café and other stadium approved food vans.

CONDITIONS OF ENTRY REMINDERS

It is each participant's responsibility to review and comply with the Conditions of Entry for the event. Tour leaders and team officials must remind themselves of the conditions for each event, as they adjust and change. Frequent considerations to remember include 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](#).

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.

Proof of Age and Eligibility

Proof of age and eligibility can be challenged up until the end of day one – **Friday, 8 March 2024**. Please ensure you have the appropriate information and documentation at the event and be ready to show evidence as required.

After Friday, 8 March 2024 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 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 scorecard, the nominated person has acknowledged and accepted the information on the scoresheet to be true and correct, on behalf of their team. 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 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). The official scoreperson for the team will keep their scorecard for future reference, if needed. The referees do not need the team scoresheets, they are only required to hand in the official scorecard.

If you do not agree with the information on the scorecard, do not sign the scorecard and lodge a protest via the tour leader as indicated above. Protests will be reviewed by tournament management.

If the scorecard has not been signed and the time has passed for a protest to be lodged, the information on the scorecard will be recorded. In the specific instances of a score dispute, the time to lodge a protest is 60 minutes.

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.





If the information on the scorecard 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.

Coaching Positions and Communication with the Referee

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.

SCORE SHEET PROCEDURE

The information on the score sheet must be correct, if not, it may lead to inaccuracies in statistics as well as 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 visit tournament control to rectify asap.
 - No names should be added to the list without tournament management's prior knowledge. If names are added without approval ie. John Smith example below, may result in a forfeit.
- Excess players
 - No more than 14 players can participate in a match.
 - Additional players must be crossed off the score sheet to indicate they did not participate in the match.
 - If this does not occur, it may result in a forfeit. See the example below - CQ Bulls 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 have your tour leader contact Lauren or Angela ASAP.





- No number changes should occur without tournament management’s prior knowledge. If numbers are changed without approval, it may result in a forfeit. See Bailey Wren example below.
- 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 ie. Sin Bin or Dismissal and it is clear who was dismissed.
- Signatures
 - An official from each team should sign the score sheet as well as the three referees.
 - If you do not agree with any information on the card, do not sign the card and lodge a protest with tournament management via your tour leader.
- Injuries
 - Please ensure that injuries are listed, and it is clear which player got injured. This will assist with the injury report and insurance process post-event.

An example of an incorrect score sheet with the errors listed above is below.



Touch Football Teams & Score Sheet
Competition: **Grand Final, All Ages 2020 NYC 18s Boys**

Venue **Sunshine Coast Stadium - Field No 1**
Date **03/10/20**
Time **14:30**

Home Team
CQ Bulls 18B

Coach Damien KELSO
Asst. Coach _____
Manager _____

Away Team
NQ Cyclones 18B

Coach Mark Edwards
Asst. Coach _____
Manager _____

Final Score **7**

Final Score **9**



No	Player's Name	1st Half	2nd Half	Injury	Sin Bin / Send Off	Games Played	Signature
1	Joshua Day						
3	Matthew LONG						
4	Lincoln SEIERUP		1				
5	Patrick CROW	1					
6	Zayne Cox	VC	1				
7	Brayden Huggers	1					
9	Jack Neucom						
10	Jason Stanhope		1				
11	Lachlan BLACK						
12	Mitchell Kerley						
14	Matthew FRANKY						
15	Jaymon Bob	C	1				
16	Jacob List		1				
19	Koby Boody						
21	Bailey WREN						
8	John Smith						
Tally		4	3				
Captain's Signature							

No	Player's Name	1st Half	2nd Half	Injury	Sin Bin / Send Off	Games Played	Signature
1	Clay SMITH						
2	Ragarive WAVIK	11	11				
5	Bradley Pardon						
6	Matthew HUNTER						
7	Connor CAMPBELL						
9	Brynn DU RAND						
11	Luke Maye	1					
13	Shameus EDWARDS	C					
14	Maverick Pegoraro		1				
15	Cathane Hill						
16	Thomas Olsen	C					
18	Jack THOMAS		1				
23	Jared Hellbron						
26	Riley PICKERING						
Tally		3	6				
Captain's Signature							

Referee 1 **Matt Lowery** Referee 2 **Darren Cappel** Referee 3 **Campbell Muir**
Referee 1 Signature Referee 2 Signature Referee 3 Signature

*If an injury/or incident has been sustained by any participant, please write the details on the back of this sheet and then complete a TFA Injury Report form



Below is a correct score sheet.



Touch Football Teams & Score Sheet
Competition: Grand Final, All Ages 2020 NYC 18s Boys

Venue Sunshine Coast Stadium - Field No 1
Date 03/10/20
Time 14:30



Home Team
CQ Bulls 18B

Coach Damien KELSO

Away Team
NQ Cyclones 18B

Coach Mark Edwards

Final Score 7

Asst. Coach _____

Final Score 9

Asst. Coach _____

Manager _____

Manager _____

No	Player's Name	1st Half	2nd Half	Injury	Sin Bin / Send Off	Games Played	Signature
1	Joshua Day						
3	Matthew LONG						
4	Lincoln SEIERUP		1				
5	Patrick CROW		1				
6	Zayne Cox VC	1					
7	Brayden Huggers	1					
9	Jack Neucom						
10	Jason Stanhope		1				
11	Lachlan BLACK						
12	Mitchell Kerley						
14	Nathanael HANNAY						
15	Jaymon Bob C	1					
16	Jacob List		1				
19	Robby Beedy						
20	Bailey WREN						
Tally		4	3				
Captain's Signature		<i>[Signature]</i>					

No	Player's Name	1st Half	2nd Half	Injury	Sin Bin / Send Off	Games Played	Signature
1	Clay SMITH						
2	Ragarive WAVIK	1	1				
5	Bradley Pardon						
6	Matthew HUNTER						
7	Connor CAMPBELL						
9	Brynn DU RAND						
11	Luke Maye		1				
13	Shameus EDWARDS C						
14	Maverick Pegoraro		1				
15	Cathane Hill						
16	Thomas Olsen C		1				
18	Jack THOMAS						
23	Jared Heilbronn						
26	Riley PICKERING						
Tally		3	6				
Captain's Signature		<i>[Signature]</i>					

Referee 1	<i>Matt Lawry</i>	Referee 2	<i>Darren Campbell</i>	Referee 3	<i>Campbell Martin</i>
Referee 1 Signature	<i>[Signature]</i>	Referee 2 Signature	<i>[Signature]</i>	Referee 3 Signature	<i>[Signature]</i>

*If an injury/or incident has been sustained by any participant, please write the details on the back of this sheet and then complete a TFA Injury Report form

Official Touch Football Australia Scorecard

Competition 2020 NYC 18s Boys **Field** 1
Match 03/10/20 **Time** 14:30

CQ Bulls 18B						1st	2nd
Captain's Signature							

NQ Cyclones 18B						1st	2nd
Captain's Signature							

Sin Bin/Send Off	Number/Team

Referee 1 _____

Referee 2 _____

Referee 3 _____





GRAND FINAL INTRODUCTIONS

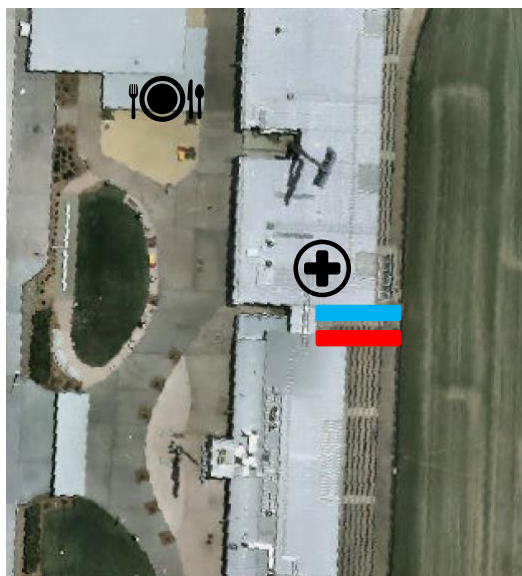
Grand Final Team Assembly

The All Abilities and Opens divisions' grand final teams and referees will need to marshal in the northern stadium tunnel, as indicated on the map below, 10 minutes before the start of the grand final so that the coin toss can be conducted and then players introduced onto 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.

On the map below the red rectangle represents the team that finished first or the winning team from semi-final one and the blue rectangle represents the team that finished second or the winning team from semi-final two.





Coin Tosses

The captain(s) of each grand final team will be required to undertake the coin toss for the grand finals.

Coin toss timing will be:

- All Abilities T1 and referees – 4:35pm

The coin toss will take place in the northern tunnel.

The captain of the first team will conduct the coin toss, and the captain of the second will call.

The winning captain's team has 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 of teams to turn up will result in the team present being awarded the toss.

Player Introductions

After the coin toss, referees and teams will be introduced onto the field.

The following are the times that participants will be required to be ready to run onto field one:

- All Abilities T1 and referees – 4:40pm

The referees will enter the playing surface first and run onto the field and when in the middle of the field turn to face the stadium. The first 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. The second 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. Once both teams are assembled, the national anthem will be played.

Finals Showcase – Men's Women's and Mixed Open's Divisions

To effectively position and promote The Championships 2024 Showcase, we will require the assistance of the opens divisions' grand final teams on Sunday, 10 March 2024, particularly with live streaming requirements.

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:

- Mixed Open and referees – 3:35pm
- Women's Open and referees – 4:30pm
- Men's Open and referees – 5:25pm

The coin toss will take place in the northern tunnel.

The winning captain of semi-final one will conduct the coin toss, and the winning captain of semi-final two will call.

The winning captain's team has 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 of teams to turn up will result in the team present being awarded the toss.

Player Introductions

After the coin toss, referees and teams will be introduced onto 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 onto field one:

- Mixed Open and referees – 3:40pm
- Women's Open and referees – 4:35pm
- Men's Open and referees – 5:30pm

The referees will enter the playing surface first and run onto the field and when in the middle of the field turn to face the stadium. The first 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. The second 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. Once both teams are assembled, the national anthem will be played.

If there is time before the tap-off commences teams will be allowed to warm up on F1. A one-minute and a 30-second warning will be given for players to make their way into position for tap-off.

Grand Final Teams – All other divisions





Unfortunately, due to the size and format of 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

All Abilities T1 and T2 – Saturday

Following your match, the winners will be presented with Champions shirts.

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

- 5:30pm Stage
 - All Abilities T2
 - All Abilities T1

Open's Divisions – Sunday

Following your match, the winners will be presented with Champions shirts.

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

- 6:20pm Stage
 - Rick Borg medallist
 - Mixed Open A
 - Women's Open A
 - Men's Open A
 - Champion Entity

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

All Other Divisions – Sunday

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





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 locations that participants will be required to be in attendance for their presentations:

- 1:15pm Stage
 - Women's Open B
 - Women's 50s
 - Men's 60s
- 2:00pm Stage
 - Men's 40s
 - Men's Open B
 - Senior Mixed
 - Women's 40s
 - Men's 55s
- 2:45pm Stage
 - Women's 20s
 - Men's 45s
 - Masters Mixed
 - Mixed Open B
 - Men's 50s
- 3:45pm Stage
 - Men's 20s
 - Women's 27s
 - Men's 30s
 - Men's 65s
 - Women's 45s

*Should these timings change between now and the event we will notify tour leaders.

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





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
SIN BIN
DISMISSAL

ALERT GROUND STAFF
NOTED ON SCORECARD
INCIDENT REPORT

OFFICIAL/ SPECTATORS
WARNING
FORCED SUBSTITUTION OF CAPTAIN
SIN BIN FOR CAPTAIN
DISMISSAL OF 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)

**SPORTS
GROUNDS**



No smoking in spectator areas at public sports grounds

**THE
FACTS**

Section 6A of the *Smoke-free Environment Act 2000* makes a number of outdoor public places smoke-free.

From **7 January 2013**, smoking is banned in spectator areas at public sports grounds and other recreational areas in NSW. However, smoking will only be banned when an organised sporting event is being held.

Major sporting facilities are included under the definition of a public sports ground and will be required to comply with the new law. Other outdoor sporting facilities, such as Local Council playing fields, are also covered by the new law.

Will smoking be banned only in spectator areas which are covered?

No. The smoking ban applies to all spectator areas at sports grounds and other recreational areas when they are being used for an organised sporting event. The law applies to both covered and uncovered spectator areas and whether seating is provided or not.

Will the ban only cover the time that the players are competing?

No. The smoking ban applies during the entire duration of the organised sporting event. This will include not just when the players are competing but pre match and half time games and entertainment that form part of the sporting event.

Will there be signage to indicate where smoking is not permitted?

Due to the vast array of different sports grounds and recreational areas, the new law does not require signs to be displayed to indicate that smoking is not permitted in spectator areas at sports grounds and other recreational areas during organised sporting events. However, signage may be required in the future if regulations are made requiring a class of sports grounds or other recreational area to display signs.

What is a spectator area?

A spectator area is an area set aside for or being used by spectators to watch an organised sporting event at a sports ground or other recreational area, but only when an organised sporting event is being held there.

How will this be enforced?

NSW Health is responsible for the administration and enforcement of the *Smoke-free Environment Act 2000*. NSW Health Inspectors are authorised to enforce the ban at public sports grounds and recreational areas during organised sporting events.

Some major sporting facilities have already banned smoking in outdoor seating areas but permit smoking in designated outdoor smoking areas within the facility. The new law will prohibit smoking in all spectator areas of the facility, regardless of whether seating is provided or the area is covered. Where major sporting facilities have already introduced smoke-free outdoor policies which extend beyond the new laws, these can continue to apply.

Penalties of up to \$550 apply to individuals who smoke in spectator areas at public sports grounds or other recreational areas during organised sporting events.

Why is this new Act in place?

Public sports grounds are a popular public outdoor setting for exercise and recreation and often attract large numbers of people, particularly families with children.

There is no safe level of exposure to second-hand tobacco smoke. This is the smoke which smokers exhale after inhaling from a lit cigarette.

In adults, breathing second-hand tobacco smoke can increase the risk of cardiovascular disease, lung cancer and other lung diseases. It can exacerbate the effects of other illnesses such as asthma and bronchitis. Exposing ex-smokers to other people's tobacco smoke increases the chance of relapsing to smoking.

For children, inhaling second-hand tobacco smoke is even more dangerous. This is because children's airways are smaller, and their immune systems are less developed, which makes them more likely to suffer negative health consequences of second-hand tobacco smoke such as bronchitis, pneumonia and asthma.

Creating smoke-free outdoor areas, such as in public sports grounds and recreational areas, can provide a supportive environment for those who have quit and make smoking less visible to children and young people.

How does this affect Local Council bans on smoking?

Many NSW councils, under the provisions of the *Local Government Act 1993*, have progressively introduced their own smoking bans. Where these bans are in place, they can continue to be enforced by Local Council rangers

NOTE: The ban on smoking in commercial outdoor dining areas and within 4 metres of a pedestrian entrance to or exit from licenced premises, restaurants and cafes does not apply until 6 July 2015.

For more information

Please contact the Tobacco Information Line on **1800 357 412** or visit the NSW Health website: **www.health.nsw.gov.au**

The Tobacco Information Line can be accessed by non-English speaking people via the Translating and Interpreting Service (TIS) on 13 14 50.



Health

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.

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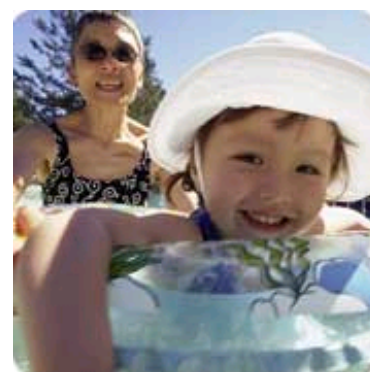
Email: info@foodstandards.govt.nz

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.

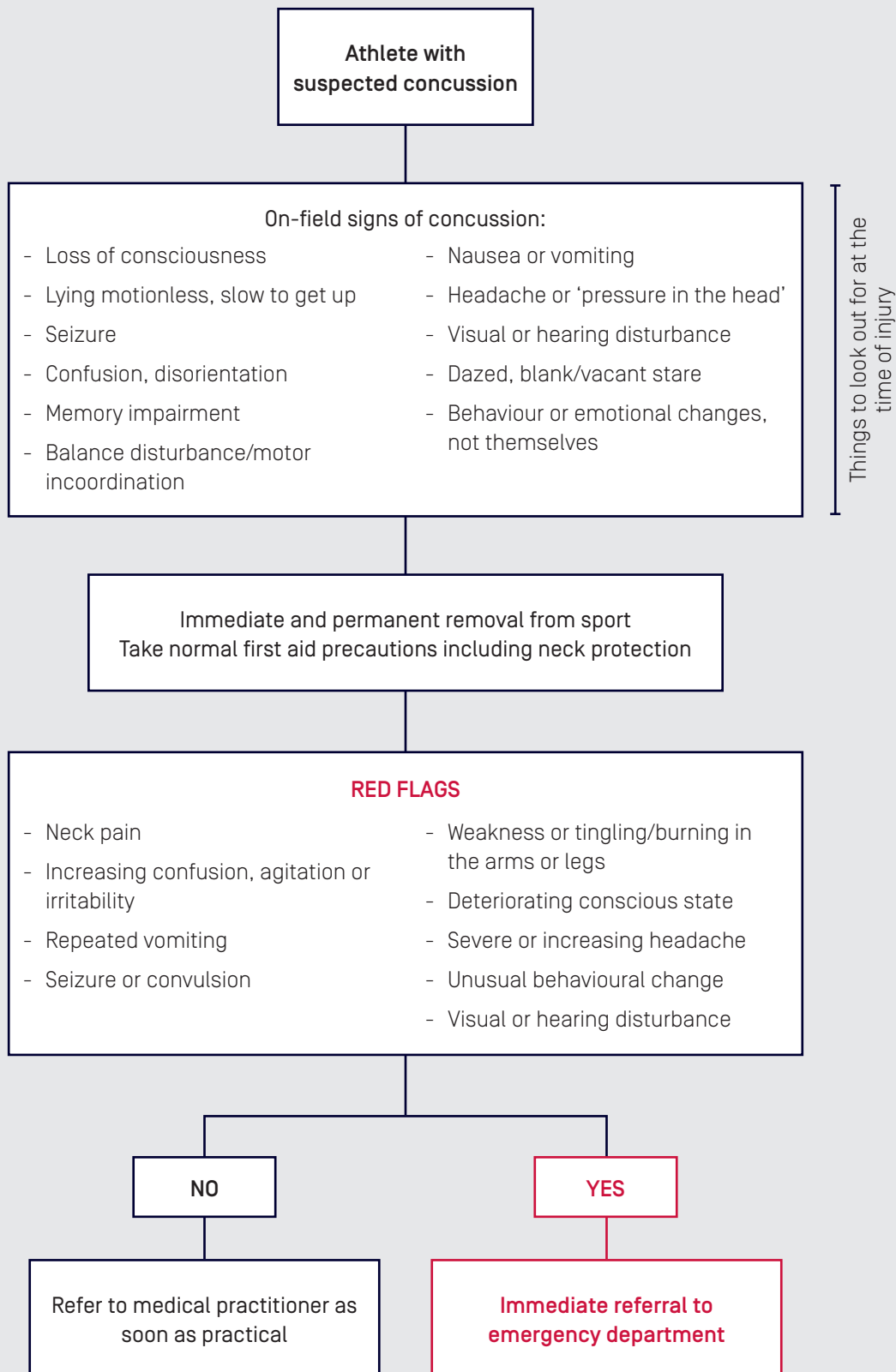
For more detailed information, visit or contact:

- 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

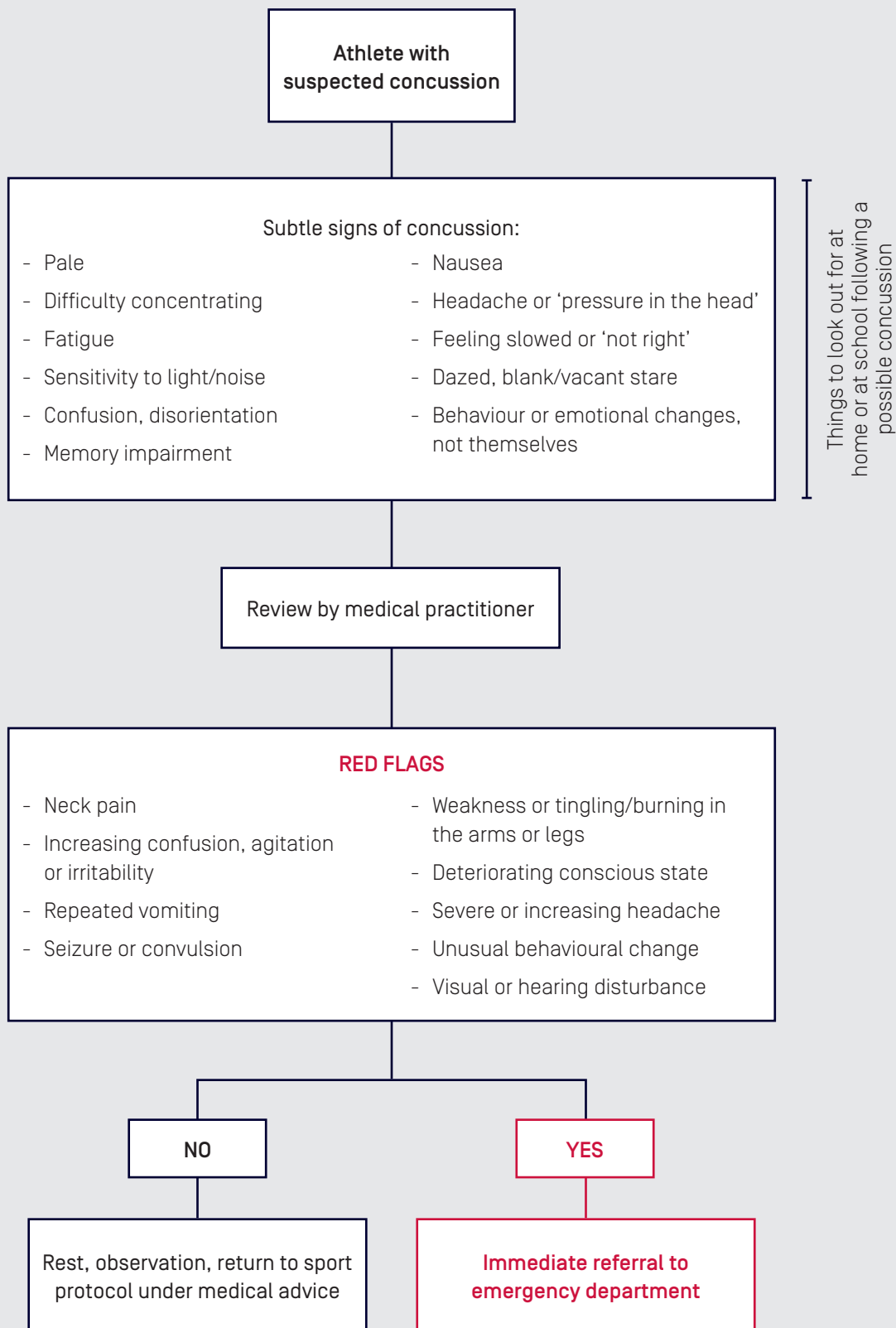
Concussion management flow chart – on field

(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

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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

Br J Sports Med published online April 26, 2017

Updated information and services can be found at:
<http://bjsm.bmj.com/content/early/2017/04/26/bjsports-2017-097506S>
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CONCUSSION RECOGNITION TOOL 5 ©

To help identify concussion in children, adolescents and adults



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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"
- Neck Pain
- Dizziness
- Nervous or anxious
- 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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