



SPORT SCIENCE & SPORTS MEDICINE FRAMEWORK 2017



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VERSION CONTROL REGISTER

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2	May 2017	Update of framework to include new AIS Concussion Policy information	TFA Board of Management	

Touch Football Australia policies and procedures are living documents which reflect progress in administrative requirements and industry standards. As such, these documents to maintain currency, policy and procedures, are periodically reviewed and updated.

It is important the reader ensures that they are reading and using the most recent version. Updated versions and extracts of this handbook will be provided to affiliates. To confirm the version please contact TFA.

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INTRODUCTION

For Touch Football Australia, (TFA) the Australian Sports Commission (ASC) and Australian Institute of Sport (AIS), integrity in sport is paramount.

TFA have created a comprehensive Sports Science and Sports Medicine (SSSM) Framework which is designed to outline the requirements for Affiliate, Regional and State and the National organisation, from Participation through to the High Performance level.

TFA also have a comprehensive anti-doping policy and educational tools for members on anti-doping. The SSSM Framework is designed to be utilised in conjunction with the anti-doping policy.

This framework, for ease of application and understanding is split into two key areas

Section A – National Framework

Section A is designed for implementation and use at ALL levels. It incorporates Best Practice Guidelines for the following areas:

1. Appointed Personnel
2. Injury Treatment Process
3. Injury Report Process
4. Athlete Screening Process
5. Concussion Protocol

Section B – High Performance Framework

Section B is more specific to the TFA High Performance Program, however TFA encourage and promote the use and adoption of the Framework if relevant to the level or organisation. It incorporates Sports Science and Sports Medicine Best Practice Principles in the following areas:

1. Staff Integrity and Capability
2. SSSM Policy Framework
3. Education
4. Detection and Enforcement
5. Oversight and Reporting

SECTION A- NATIONAL FRAMEWORK

The implementation of practices to deal with any injuries or medical requirements should be a fundamental strategy within an associations Risk Management Plan.

In the occurrence of an injury appropriate treatment by a trained and qualified professional should be administered and injury recorded then reported via the appropriate Injury Report Forms. The administration of this is important as outlined in the TFA National Insurance Scheme.

The TFA Insurance Scheme is a National Scheme, which is a vital requirement of delivering our sport. The Scheme, and policy information states the following: Full information available via [TFA Insurance Scheme](http://www.touchfootball.com.au) at www.touchfootball.com.au

“Affiliated member associations are directly responsible for risk management at the local level. As an important function of any club or association, a sports risk management process is to protect its assets, financial resources and members by reducing risk and potential for loss. There is a constant need to identify risks, deal with them and then evaluate mitigation strategies.

The National Insurance Scheme requires that all affiliated members are diligent in the process of risk management. Touch Football Australia has a Policy Framework available to support affiliate operations, while state organisations support implementation, education and monitoring of requirements.

Included in this document is a summary of areas for affiliates to consider as they relate to risk management.”

TFA also have a comprehensive Introduction to Risk Management Framework available via the [TFA Clubhouse](#) AMRI section of the website which includes information on the following areas

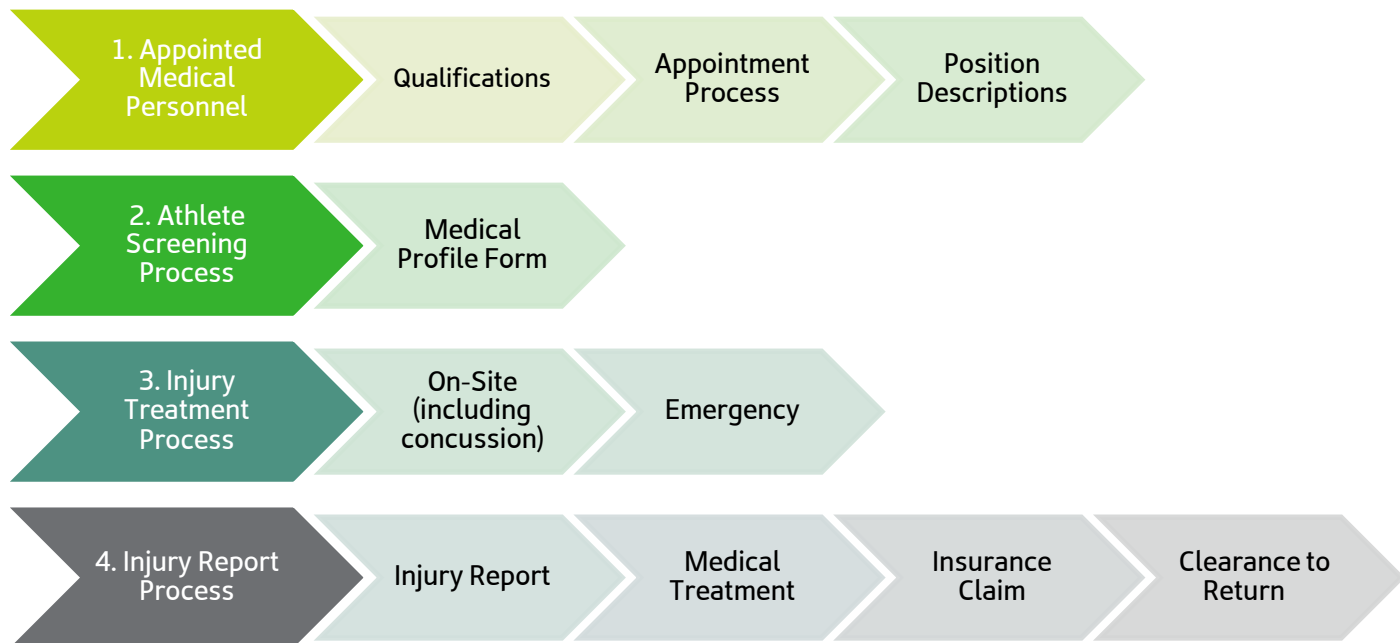
1. Identify Hazards
2. Assess Risks
3. Control Risks
4. Review Control Measures

The **Best Practice Sports Medicine Guidelines** will include information relating to the following areas:

1. Appointed Medical Personnel
2. Athlete Screening Process
3. Injury Treatment Process
4. Injury Report Process
5. Concussion Protocol

Best Practice Sports Medicine Guidelines - Overview

The following diagram provides an overview of the various considerations required to ensure best practice is achieved by your Affilite / Region or State organisation.



1. Appointed SSSM Personnel

It is important to ensure that affiliates identify the roles required and appoint suitably qualified personnel to fulfil these roles. All sports science and sports medicine staff and volunteers must maintain minimum qualifications and constantly review procedures and practices along with ensuring the highest standards of operation in both their own field to meet TFA requirements.

There must be qualified personnel in attendance at any time where there may be a foreseeable risk to ensure best practice. In the occurrence of an injury, appropriate treatment by a trained and qualified professional should be administered, the injury recorded and reported via the appropriate injury report forms.

By having the correct education an appointed medical practitioner is able to make the sport safer by preventing injury, preparing athletes for competition, providing appropriate immediate injury management, informed referral of injuries to more qualified health professionals. They also provide a level of education for athletes and coaches to ensure a safe return to play. Without the use of qualified and experienced medical staff/volunteers, athletes run the risk of further injury from what could be a preventable injury.

It is important for affiliates to understand the difference in qualification, roles and responsibilities and therefore limitations of each of the qualifications below, which are outlined in this document.

1. First Aid
2. Sports Trainer
3. Physiotherapist

1.1 First Aid Qualification

First Aid qualifications provide the skills, knowledge and confidence to successfully treat **common injuries and possibly save a life**. Courses are run by Accredited Training Organisations such as St Johns Ambulance, and can be tailored to suit the needs of participants, for example in a sporting context.

1.2 Sports Trainer Qualification

Sports Medicine Australia offers the following Sports Trainer courses:

- [Level 1 Sports Trainer](#)
- [Level 2 Sports Trainer](#)
- [Sports Trainer Re-Accreditation](#)

Sports Trainers are the product of SMA™'s Safer Sport Program. The Safer Sport Program (SSP) was developed by SMA with the philosophy of providing a safe environment for all Australians who engage in sport and to maximise participation in physical activity. The SSP aims to achieve this by providing courses for all people involved or interested in sport with a distinct emphasis on gaining practical skills, such as sports injury prevention, immediate injury management and crisis management techniques, that can be used in a sporting environment

Sports Trainers graduating from the SSP are for the most part volunteers. The actual training comes from SMA™'s professional members and provides practical skills and knowledge that enables the Sports Trainer to help reduce the incidence and limit the severity of sports injuries to participants.

The Sports Trainer provides a crucial link between the coach, player and health professional. The Sports Trainer's prime responsibility is to make sport safer. This is achieved by:

- Implementing appropriate injury prevention protocols
- Preparing athletes for competition
- Providing the appropriate immediate management of injuries
- Providing immediate crisis management of severe injuries
- Informed referral of injuries to a more qualified health professional for further advice and management

- Working in conjunction with health professionals (e.g. physiotherapist or GP) to ensure a safe return to play for injured athletes
- Educating athletes and coaching staff in relation to return to play principles.

SMA's experience is that without the appropriate immediate care provided by accredited Sports Trainers, athletes/athletes at the community level run the risk of suffering from an otherwise preventable injury.

1.3 Physiotherapist Qualification

Physiotherapists are qualified to deal with the treatment of muscular injuries. Physiotherapy is a healthcare profession that assesses, diagnoses, treats, and works to prevent disease and disability through physical means.

Physiotherapy can help recover from injury, reduce pain and stiffness, and increase mobility. A physiotherapist can also help prevent further injury by listening to the patients needs and working with them to plan the most appropriate treatment for their condition, including setting goals and treatment outcomes.

Physiotherapists are trained to assess the condition, diagnose the problem, and help understand what's wrong. The treatment plan will take into account lifestyle, activities, and general health.

The following are common treatment methods physiotherapists may use:

- exercise programs to improve mobility and strengthen muscles
- joint manipulation and mobilisation to reduce pain and stiffness
- muscle re-education to improve control
- airway clearance techniques and breathing exercises
- soft tissue mobilisation (massage)
- acupuncture
- hydrotherapy
- assistance with use of aids, splints, crutches, walking sticks and wheelchairs.

Physiotherapy courses vary across the country and entry may be through a bachelor, masters or professional doctorate program. Physiotherapists are required by law to be registered with the Physiotherapists Registration Board in the state or territory in which they are practising for more information visit <http://www.physiotherapyboard.gov.au/>

1.4 Appointment Process

TFA recommend the following processes apply to all appointed medical staff or volunteer roles (see appendix for position description examples):

1 Ensure TFA SSSM Framework is adopted by affiliate/organisation.

2. Position Description developed.

3. Advertise and seek eligible applicants - provide Policy and Framework documents including SSSM Framework, Code of Conduct, Anti Doping Policy, Member Protection Policy

4. Select suitably qualified individual/s.

5. Provide Letter of Offer/Appointment.

6. Letter of Offer signed off to accept position including confirmation of qualification and registration number, , and agree to abide by policies.

2. Athlete Screening Processes

For Organisations coordinating representative teams, it is encouraged that you have each athlete complete a Player Medical Profile Form, to ensure that Tour Management, Coaching and Support staff have all the relevant information required with regard to duty of care and Risk Management Practices.

With any gathering of information or data, ensure that you are complying with the **TFA Privacy Policy** at all times. To ensure an organisation is meeting Privacy Policy requirements the following summary is provided:



TFA have a partnership with CareMonkey to utilise this tool to capture information for the TFA High Performance Program along with TFA State Based programs. Caremonkey provide a cost effective tool which can be explored for use by affiliates and competitions to assist with the secure capture of medical information. For more information visit www.caremonkey.com.au

Collection

- Health and medical information is regarded as 'sensitive information.'
- An Organisation is required by law to obtain consent when collecting sensitive information
- If obtaining information for a person under 18, a parent or guardian must provide the consent.

Data Security

- Organisations must take steps to protect the information from misuse, loss, unauthorised access, modification or disclosure.
- Data should be appropriately destroyed following the conclusion of its intended purpose - eg following a tour, and not kept on record.

Use and Disclosure

- Organisations may use health information to ensure that programs are operated safely and in accordance with participants' needs.
- Health information may be kept for insurance purposes for a reasonable period of time - eg post event/tour.
- Information must only be used in the way disclosed and for what consent was provided for.

Player Medical Profile - Personal Record

all information on this sheet is confidential.

Access to this sheet is limited to TFA Medical Personnel, TFA Doctor & the TFA

Personal Details

Surname		Given	
Address			
Telephone (h)		(w)	
DOB		(m)	
Family Doctor:		Phone Number	
Medical Cover	Private	Medicare	
I give permission to call an ambulance in an emergency		YES/NO	
Blood Group		Do you object to transfusions	YES/NO

Emergency Contact

Surname		Given	
Telephone (h)		(w)	
Relationship		(m)	

Current History

Current Medical Problems
Regular medications including Supplements, stating name and Dosage
Allergies
Sports Injuries (please list any injury you have had in the past 6 months)

Past History

Do you suffer from	Management
Diabetes	
Asthma	
Epilepsy	
Heart Problems	
Previous Injuries	Treatment
Fracture	
Dislocation	
Ankle Sprain	
Knee Problems	

To the best of my knowledge, all information contained on this sheet is correct

(if under 18 please have a parent or legal guardian sign)

Signature

Date

3. Injury Treatment Process

3.1 Onsite Treatment

There should be at a minimum standard a qualified First Aid Officer on site to treat any minor injuries or assist in enacting further response for a more serious occurrence. TFA and Sports Medicine Australia also recommend having a defibrillator on site at any competition, as this can be a vital tool which can save a life, and at the very least a basic First Aid Kit.

Injuries

Sports Medicine Australia has produced the Injury Fact Sheet Series highlighting prevention and management for 12 common sporting injuries. These Fact Sheets can be downloaded below or from the SMA website:

- [Achilles Tendon Injury](#)
- [Acromioclavicular \(AC\) Joint injury](#)
- [Ankle injury](#)
- [Anterior Cruciate Ligament injury](#)
- [Asthma management](#)
- [Dental injuries](#)
- [Eye injuries](#)
- [Exercise and breast support](#)
- [Gastrocnemius \(calf\) strain](#)
- [Hamstring strain](#)
- [Meniscus injury](#)
- [Plantar Fasciitis](#)
- [Quadriceps Contusion \(cork thigh\)](#)
- [Shin pain](#)
- [Soft tissue injuries](#)

Concussion

Concussion is a brain injury and is defined as a complex physiological process affecting the brain, induced by biomechanical forces. Concussion may be caused by either a direct or indirect blow to the head, face, neck or body causing an impulsive force transmitted to the head.

It is important that all first aid personnel are aware of how to recognise and safely manage concussion.

- [Pocket Concussion Recognition Tool](#)
- [Sports Medicine Australia Concussion Resources](#)

Each medical personnel will be issued with a pocket concussion recognition tool (PCRT) and will apply to any player with a suspected concussion. Should there be any signs the player will be removed from the game immediately and will be assessed with a Sport Concussion Assessment Tool- SCAT3 over 12 and Child-SCAT3 for children 5-12 years. The Doctor or senior medical personnel will complete this. Please be comfortable with the use of the PCRT.

Any player who is suspected **IS NOT** to continue in any further play for the rest of the day and will be required to seek medical advice (written) before any return to play. Any player that is deemed unable to play the tournament director will be informed.

What do I need to do?

Our testing tool is the Sports Concussion Assessment Tool 3 (SCAT-3) or child SCAT3

Any athlete suspected of having a concussion should immediately be removed from participation and a SCAT-3 performed. The intent of the concussion examination is to establish if the athlete should be removed from further participation.

What is childSCAT3?

The ChildSCAT3 is a standardized tool for evaluating injured children for concussion and can be used in children aged from 5 to 12 years. It supersedes the original SCAT and the SCAT2 published in 2005 and 2009, respectively. Specific instructions can be found on the sport concussion assessment tool handout, please read through these instructions carefully.

NOTE: The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The ChildSCAT3 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their ChildSCAT3 is "normal".

What is the SCAT3?

The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older. It supersedes the original SCAT and the SCAT2 published in 2005 and 2009, respectively. For younger persons, ages 12 and under, please use the Child SCAT3. The SCAT3 is designed for use by medical professionals. Specific instructions for use of the SCAT3 are provided on the sport concussion assessment tool handout. If you are not familiar with the SCAT3, please read through these instructions carefully.

For more information see Section 5 – Concussion Protocol

3.2 Emergency Treatment

In the case of any emergency situation, an ambulance should always be called. An emergency would be considered if an individual has lost consciousness, sustained a head or neck injury, or any other occurrence whereby they cannot physically be moved. It is always recommended you consider any unknown injury or incident to be more severe than it may be, and treat it in that way.

4. Injury Report Process

In the event of an injury, participants are encouraged to ensure this is recorded at the game time on the back of the scorecard, and signed off by the Referee, and recorded with the Competition Coordinator/Ground Controller.

5.1 Injury Report Form

Complete the TFA [Injury Report Form](#) at the time of incident regardless of the nature of the injury. This can be downloaded from the link above or found on following page.

5.2 Medical Treatment

If further treatment is required seek the appropriate medical assistance and keep a record of all receipts and information regarding treatment of the injury.

5.3 Insurance Claim

To make an insurance claim you must firstly report to Sportscover via www.sportscover.com.au within 30 days of injury occurring. You will find a [Claims Procedure](#) fact sheet provides further information. Further information regarding the National Insurance Scheme and coverage can be found via the [Insurance](#) section of the TFA website.

5.4 Clearance to Return

The Touch Football Medical Clearance Form is to be used by Tour Leaders, Coaches, Team Managers and Competition Administrators to ensure that the person(s) participating with a 'pre-existing' medical condition (i.e. Heart problems, Broken Arm, Concussion, Pregnancy etc.) understand that the TFA Insurance cover will not respond to some pre-existing medical conditions, but agree/consent to participate in Touch Football competitions and/or Touch Football related activities at their own risk.

Only a participant that has indicated a pre-existing medical condition on the initial Player Medical Profile – Personal Record form or any other similar document alike is **required** to complete the **Touch Football Medical Clearance Form**.

It is **recommended** if an individual has sustained an injury in any of the above categories mentioned that they also obtain Clearance and provide this information to the relevant organisation, which may assist the individual in the injury of a further injury occurring.



INJURY REPORT FORM

National Office: p. 02 6212 2800 | f. 02 6212 2822 | Suite 1/18 Napier Close, Deakin ACT 2600
www.austouch.com.au | Touch Football Australia Inc | IA 1092 | ABN 55 090 088 207

This form must be completed for all injuries which occur at Touch Football Australia affiliated associations or events. The injury form and game sheet must be forwarded to Sportscover within 30 days from the date of injury for a claim to be recognised. This is particularly important from an insurance prospective, to assist in streamlining injury claims.

1. Recommended Injury Action Plan

Step 1:

R – Rest the injured area
I – Ice (20mins on, 20mins off for 48hrs minimum)
C – Compress the injured area (eg. with a bandage)
E – Elevate the injured area above heart level

Step 2:

Complete all areas on this form (as soon as practical on the date the injury occurs) with assistance from a representative of your affiliate and attach a photocopy of the game sheet with record of the injury.

Step 3:

Log onto www.austouch.com.au, under the "Membership" section, click on "Insurance", then click "Insurance Claim Application Form – Sports Cover" (this will take you to the Sportscover website). Alternatively, call 1300 134 956.

Step 4:

Complete the Sports Claim Form Request.
Sportscover will then communicate with you directly.

2. Personal Details

Name:

Address:

P/C

Contact Phone Numbers:

H W

M F

Email:

3. Incident Report Details

Date: / / Time: am/pm

Team Name:

Opposition Team Name:

Venue: Field Number:

4. Injury

Nature of Injury:

Brief Report of How Injury Occurred: *

* Attach further information on separate page if insufficient room.

5. Injured Participant Declaration

To the best of my knowledge, the above details surrounding my injury are true and accurate.

Signature:

Date: / /

6. Affiliate Representative Declaration

To the best of my knowledge, the details surrounding the injury are true and accurate. The injured participant is a registered and financial member of our association.

Name of Affiliate Representative:

Position (e.g. committee member):

Affiliate Name:

Affiliate COC Number:

Signature:

Date: / /

Contact Phone Numbers:

H W

M F

Email:

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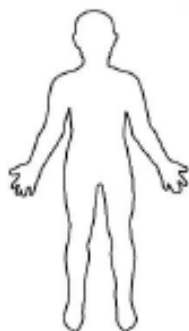


TOUCH FOOTBALL MEDICAL CLEARANCE FORM

Doctor

My patient _____, wishes to participate/ continue to participate in Touch Football competitions and/or Touch Football related activities, after having discussed their medical condition(s) with me. He/ She has been advised of all risks associated with participating and understands the possible consequences.

Provide information relating to the condition. Use the interactive diagram of the body to indicate injured body parts.



Physician's Recommendations

1.

2.

3.

Signature: _____

Contact Number: _____

Name (please print): _____

Date: _____

Patient Consent/ Disclaimer

I _____, consent to participate in Touch Football competition(s) and/or Touch Football related activities coordinated by (insert affiliate name) _____.

I have sought medical advice by the above physician, and have been advised of all risks and consequences associated with my pre-existing and/or current medical condition(s).

I also understand whilst participation is actively encouraged at all levels in Touch Football, the insurance cover purchased by Touch Football Australia (TFA) will not respond to some pre-existing medical conditions and that I continue my involvement at my own risk.

Signature: _____

Date: _____

FOR STATE/ TERRITORY ADMINISTRATOR (OFFICIAL USE ONLY)

Date Received:	/ /
Office Approved:	
Approved by:	

5. Concussion Management Protocol

Touch Football Australia actively endorses the current policy of concussion management as recommended by Sports Medicine Australia (SMA) and as such is strictly enforced.

For TFA events each medical personnel will be issued with a pocket concussion recognition tool (PCRT) and will apply to any athlete with a suspected concussion. Should there be any signs the athlete will be removed from the game immediately and will be assessed with a Sport Concussion Assessment Tool-SCAT3 over 12 and Child-SCAT3 for children 5-12 years. The Doctor or senior medical personnel will complete this. Please be comfortable with the use of the PCRT.

Any athlete who is suspected IS NOT to continue in any further play for the rest of the day and will be required to seek medical advice (written) before any return to play. Any player that is deemed unable to play the tournament director will be informed.

Concussion in Sport

The AIS In conjunction with SMA have developed a website with more specific tools and information <https://concussioninsport.gov.au/>

This AIS/AMA website on Concussion in Sport brings together the most contemporary evidence-based information for athletes, parents, teachers, coaches and medical practitioners. Funded by the Australian Government, this site seeks to ensure that all members of the public have rapid access to information to increase their understanding of sport-related concussion and to assist in the delivery of best practice medical care.

Concussion affects athletes at all levels of sport from the part-time recreational athlete to the full-time professional. There has been growing concern in Australia and internationally about the incidence of sport-related concussion and potential health ramifications for athletes.

If managed appropriately most symptoms and signs of concussion resolve spontaneously, however complications can occur including prolonged duration of symptoms and increased susceptibility to further injury.

Certified sports trainers, team physicians, and other health care providers responsible for the management of patients with sport-related concussion should be aware of potential liabilities involved with delivering medical coverage and making return to play (RTP) decisions for players.

Concussion management has medical and legal implications, and the threat of breaching duty of care is increasing for sports medicine professionals. Previous legal against medical personnel have addressed the premature clearing of patients and, surprisingly, withholding patients from play after concussion. Therefore, it is imperative for clinicians to manage these injuries in a systematic manner, using objective assessments, while documenting the findings. It is, however, the responsibility of the medical professional to follow the best-practice guidelines. Our guidelines will be based on Sports Medicine Australia recommendations (see relevant policy guidelines)

What is standard of care is expected?

The “*standard of care*” in athletic training is defined as a person’s “legal duty to provide health care services consistent with what other health care practitioners of the same training, education, and credentialing would provide under the circumstances

Legal action against medical personnel often involve the evaluation or testing of the patient (or lack thereof), documentation of an injury, communications with the patient or with a physician about a patient,

and education of the patient.

What do we need to do?

- Document “all pertinent information” surrounding concussions.

The documentation of information surrounding the evaluation and management of any suspected concussion should include but not be limited to

- (1) mechanism of injury;
- (2) initial signs and symptoms;
- (3) state of consciousness;
- (4) findings of the physical and neurologic examinations, symptoms, neurocognitive function, and motor control (noting any deficits compared with baseline);
- (5) instructions given to the patient or parent (or both);
- (6) recommendations provided by the physician;
- (7) graduated RTP progression, including dates and specific activities; and
- (8) relevant information on the patient's history of prior concussion and associated recovery pattern(s).

- Educate athletes about the dangers of concussion and continuing to play while still symptomatic is to require them to read and sign a standard acknowledgment form indicating that they understand the signs and symptoms of concussion which should translate into more informed participants, which should lead to fewer catastrophic injuries.

Evaluation and Return to Play

Approach to Concussion Evaluation.

The clinical presentation of concussion varies considerably both between individuals and between injuries in individuals. Additionally, the degree of brain dysfunction manifested by concussion often produces signs and symptoms that fall within the range of normal experiences in the population (e.g., dehydration, fatigue, anxiety).

For these reasons, a concussion-assessment model that uses objective baseline testing and careful post injury testing is recommended.

Our testing tool is the Sports Concussion Assessment Tool 3 (SCAT-3) or child SCAT3

Care should be taken to provide each athlete with an environment that is designed to maximize test performance and be easily reproduced in the post injury setting.

Things to consider

As discussed concussion-like symptoms are also commonly reported in athletes who are dehydrated and those who have performed strenuous activity the presence of these symptoms does not mean the athlete will demonstrate balance or neurocognitive impairments.

Athletes may be motivated to underreport symptoms so they can continue activity after injury.

The diffuse effects of concussive injuries on brain function can often lead to deficits in motor control, including gait, postural control and hand movement.

A change in mental status is the hallmark of concussion, yet concussed athletes rarely present with easily identifiable signs of injury. In fact, loss of consciousness is present in fewer than 10% of patients and posttraumatic amnesia in 25% of patients.

Diagnosing Concussion. What to do on field

Concussion diagnosis in the athletic environment can be difficult given the pressures and time restrictions of competition. Some sports allow for unlimited injury- evaluation time, but others do not. Regardless of the time allotment, the medical person should never feel pressured to complete a concussion assessment.

At the time of suspected injury, the initial evaluation should assess acute trauma. If the athlete is unable to leave the field under his or her own power, the medical staff should perform a primary survey, including evaluation of airway, breathing, and circulation (i.e., the ABCs).

Whether the patient is conscious or not, the medical personnel should suspect and, if possible, rule out a cervical spine injury and other more severe injuries.

Once no life-threatening injuries are determined to be present, the concussion examination should begin. Any athlete suspected of having a concussion should immediately be removed from participation and a SCAT-3 performed. The intent of the concussion examination is to establish if the athlete should be removed from further participation.

The clinical examination should include an injury history (including symptoms), observation of the patient, palpation for more severe orthopedic or neurologic injury, and special tests for mental status and motor control according to the SCAT-3).

Brief assessments that rely on the patient's response to such simple questions such "Are you OK?" or "Can you go?" are not supported and should not be used.

The concussion assessment (SCAT-3) conducted by the medical person should be implemented in a consistent fashion as part of a comprehensive neurologic evaluation (better at the medical facility set up at the tournament initially). When a physician is not readily available, the medical person/allied health person should be more conservative when interpreting the clinical-examination results and making the injury diagnosis.

Transport to a medical facility for a concussion is not typically required but may be necessary if the patient is unconscious for a prolonged period of time (>1 minute), shows declining mental status during or after the injury evaluation, or demonstrates signs and symptoms of an injury more severe than a concussion.

Post injury management.

Once an athlete has been diagnosed with a concussion, he or she should be removed from the sport and not allowed to return to physical activity until cleared by a physician or designate, no sooner than the next day. The patient should not be left unattended on the sideline, and mental status should be regularly monitored.

A notable decline in mental status may reflect more severe trauma and indicate that transport to a medical facility is necessary.

In most instances, however, the patient can be sent home with appropriate post-injury instructions

Although the duration of recovery demonstrated by individual patients on neurocognitive and motor-control tests varies, young adult males typically return to pre injury levels of functioning within 2 weeks. Female patients and younger patients may suffer from post injury declines for 14 days or longer.

Those reporting dizziness at the time of injury may have a protracted recovery, and those suffering from concussion symptoms beyond 30 days may be diagnosed with post concussive syndrome.

Return-to-Play (RTP) Decision Making

After an athlete is diagnosed with a concussion, the RTP progression should not start until he or she no longer reports concussion-related symptoms, has a normal clinical examination, and performs at or above preinjury levels of functioning on all objective concussion assessments. The RTP timing is case dependent, but most patients diagnosed with a concussion can expect to be withheld from competition for at least 1 week.

Regardless, NO patient diagnosed with concussion should return to physical activity on the day of injury. Generally the player's physician will be the decision maker

Other Considerations

Pediatric Concussion.

Sport-related concussion is a significant concern in the pediatric population. Sport-related concussions – accounted for 58% of all emergency department visits in children (8–13 years old) and 46% of all concussions in adolescents (14–19 years old). Structural brain development occurs during childhood and adolescence with increased brain volume and connectivity, as reflected by increased white matter volume, which is apparent.

A primary concern of premature RTP among pediatric athletes is diffuse cerebral swelling with delayed catastrophic deterioration, commonly referred to as *second-impact syndrome* or *malignant cerebral edema*.

It is suggested that children younger than 10 years may report concussion symptoms differently from adults; therefore, we use a Child SCAT-3.

SECTION B- HIGH PERFORMANCE FRAMEWORK

Monitoring and oversight of a sporting organisation's Sports Science and Sports Medicine (SSSM) activities are essential elements of the respective roles of the organisation's board and senior management. In performing this function, *risk management processes are critical*.

Oversight of SSSM practices must form part of the organisation's risk management process, specifically, understanding risks to the organisation and to the health of athletes and developing appropriate integrity safeguards to mitigate these risks.

These SSSM Best Practice Principles have been developed by the AIS, and adopted by Touch Football Australia as a practical guide to assist sporting organisations in performing their oversight function in relation to SSSM practices.

The Principles can be categorised under five key areas:

1. **Staff integrity and capability**
2. **SSSM policy framework**
3. **Education**
4. **Detection and enforcement**
5. **Oversight and reporting.**

These SSSM Best Practice Principles are intended to operate in conjunction with, and without limitation of, the other components of an organisation's anti-doping framework.

1. Staff Integrity and Capability

Principle 1: *Sporting organisations should ensure that all SSSM staff members are appropriately qualified, supervised and subject to the organisation's SSSM policies, anti-doping policy and code of conduct.*

Employment of High Performance SSSM staff should be by an open and competitive process with high selection standards. There should be adequate checks to exclude individuals with current or past anti-doping rule violations or a history of inappropriate conduct in relation to supplements and/or medications.

All SSSM staff should be bound to comply with the organisation's SSSM policies, anti-doping policy and code of conduct.

Any independent contractors engaged to provide SSSM services should be obliged under a service agreement to comply with the organisation's SSSM policies, anti-doping policy and code of conduct.

SSSM staff should:

- attain minimum standards for professional qualifications and, if applicable, professional accreditation, that will be discipline specific
- undergo constant peer-review including annual peer-review of new and existing practices and procedures
- work to written and approved protocols in relation to ethical research
- adhere to industry quality assurance standards and actively engage in continual professional development, thereby reducing: isolation of practitioners working in the field
- potential conflicts of interest for practitioners embedded entirely within a sport.

An accreditation body for sports scientists is currently being developed, although some disciplines of SSSM do have accreditation (for example, sports medicine).

2. SSSM Policy Framework

Principle 2: *Sporting organisations should implement, periodically review and enforce a robust SSSM policy framework, including the following SSSM policies:*

1. *Supplementation policy ;*
2. *Medication policy;*
3. *Injection policy.*

1.1 Supplementation Policy

Athletes are vulnerable to inadvertent anti-doping rule violations if they obtain supplements from their own sources.

TFA have a Supplementation Policy, incorporating a Supplementation Provision Protocol as advised by the AIS, which governs the use of supplements by athletes.

The AIS has in place best practice protocols for each supplement which, combined with the publicly available AIS Supplementation Group Classification System, delivers world's best practice for the use of sports supplements.

AIS Supplement Group Classification System

In the Australian Institute of Sport (AIS) Sports Supplement Program, supplements are classified into four groups according to their effectiveness and safety. TFA adopts this Classification for use of TFA Athletes.

Group A

Supplements are supported for use in specific situations in sport and provided to AIS athletes for evidence-based uses.

These sports foods and supplements:

1. provide a useful and time source of energy or nutrients in the athlete's diet; or
2. have been shown in scientific trials to benefit performance, when used according to a specific protocol in a specific situation in sport.

Group B

Supplements are deserving of further research and considered for provision to AIS athletes only under a research protocol or clinical monitoring activity.

These sports foods and supplements:

1. have received some scientific attention, sometimes in populations other than athletes, or have preliminary data which suggest possible benefits to performance
2. are of particular interest to athletes and coaches.

Group C

Supplements have little proof of beneficial effects and are not provided to AIS athletes.

This category includes the majority of supplements and sports products promoted to athletes. These supplements, despite enjoying a cyclical pattern of popularity and widespread use, have not been proven to provide a worthwhile enhancement of sports performance. Although we can't categorically state that they don't 'work', current scientific evidence shows that either the likelihood of benefits is very small or that any benefits that occur are too small to be useful. In fact, in some cases these supplements have been shown to impair sports performance, with a clear mechanism to explain these results. We have named many of the products that belong in this category, but others that have not been named in our supplement system more than likely belong here.

Group D

Supplements should not be used by AIS athletes.

These supplements are banned or are at high risk of being contaminated with substances that could lead to a positive drug test.

Further information on the classification system is available at the ASC's website at www.ausport.gov.au/ais/nutrition/supplements

2.2 Supplementation Provision Protocol

TFA utilise the AIS Supplement Group Classification System and in line with this system apply the following:

1. permit the use of all supplements in Group A and Group B of the AIS Supplement Group Classification System
2. permit limited use of supplements in Group C of the AIS Supplement Group Classification System where there is specific approval from the organisation's Supplementation Panel
3. prohibit the use of all supplements in Group D of the AIS Supplement Group Classification System

The protocol is based on the core principles of: athlete safety, evidence-based science, and compliance with the World Anti-Doping Agency (WADA) Prohibited List, and agreed upon after careful consideration by the TFA.

This protocol cannot be altered except by agreement with the TFA, and must be

- applied consistently, regardless of personnel changes within the coaching, nutrition, science, medical or strength and conditioning staff.
- draw on external supplementation or anti-doping expertise, where there is any doubt about the capacity of the organisation to deliver such a protocol

The type of supplements used should be defined by the AIS supplement group classification system <http://ausport.gov.au/ais/nutrition/supplements/classification> which is based on athlete safety, evidence based science and compliance with the world anti-doping agency (WADA) prohibited list.

Athletes are responsible for ensuring any supplement they are using is suitable as per this Framework and TFA Anti Doping Policy.

2.3 Medication Policy

Athletes frequently require medication for the treatment of illness or injury. Such medications may include prescription medication or over-the-counter medication.

The TFA Medication Policy require:

1. athletes to seek their own medical practitioner
2. athletes to be responsible to following the ASADA/WADA code and checking any medication issued prior to utilising.
3. athletes must appropriately use of anti-inflammatory, pain relieving and sleep inducing medications
4. only appointed and suitably qualified medical staff (eg physiotherapist) can issue suitable medication (eg anti inflammatory, pain relief) in the absence of the medical practitioner.

2.4 Injection Policy

There is no role for injection of substances as a routine part of any supplementation program.

TFA prohibits athletes self-injecting and prohibits individuals other than a medical practitioner administering injections to an athlete.

Unauthorised individuals are prohibited from being in possession of hypodermic needles. Acupuncture needles, solid needles used for treatment of soft tissue injuries, are acceptable. They are not used for injection of substances.

No substances should be injected into athletes except where the treatment of a documented medical condition requires such injection.

No injectable substances should be administered to an athlete by any individual other than a qualified medical practitioner. An exception to this rule may be made where the athlete has a well-documented medical condition (for example, diabetes, anaphylaxis-risk), in which case the medical practitioner may provide written permission for the athlete to self-inject within specific parameters.

TFA will keep a register of any athletes in the organisation who have permission to self-inject for medical purposes. Athletes may be provided with written permission to possess needles for medical reasons, as outlined above.



3. Education

Principle 3: *Sporting organisations should educate athletes, coaches and staff in relation to the organisation's SSSM policies, specifically in relation to the appropriate use of prescription medications and supplements.*

The most valuable integrity safeguard is to prevent incidents from occurring in the first place. This is best achieved through effective education programs to underpin strong and current SSSM policies containing highly visible consequences for their breach.

TFA High Performance Athletes, Coaches and Staff are to be educated on TFA's Sports Science and Sports Medicine Framework, through appropriate induction processes. TFA encourage that States, and Regions and Affiliates also educate relevant personnel through the tools available.

3.1 Touch Football Australia Anti-Doping Education Plan

Taking into consideration the structure of the sport, staffing resources available, and the support and services provided by ASADA, Touch Football Australia plans to undertake the following activities in order to educate its members about anti-doping issues:

Audience	Activity	Target
National Open Teams and associated Officials	Pure Performance Online: mandatory completion of level 1 and level 2 certificates before competing for Australia.	100% of national team members hold level 2 certificate.
National Youth Teams and associated Officials	Pure Performance Online: mandatory completion of level 1 and in first year then level 2 in second year. Face-to-face workshop: Touch Football Australia staff member to complete facilitator training and deliver anti-doping education at national youth camps.	100% of national youth team members hold level 1 certificate.
Elite Eight Teams and associated Officials	Pure Performance Online: recommend online education to Elite Eight teams at National Touch League 2014 with the view to making this compulsory in 2015.	100% of team members offered education.
AusSquad – Junior Development Program and associated Officials	Pure Performance Online: first year athletes to complete modules 1 to 3 of the level 1 course. Second year athletes complete modules 4 to 6 to complete the level 1 course. Third year athletes complete the level 2 test.	100% of AusSquad members are offered online education.
National Events and associated Officials	Pure Performance Online: recommend online education to competitors prior to major events.	100% of competitors offered education.

4. Detection and Enforcement

Principle 4: *Sporting organisations should ensure that SSSM policies are enforced, including appropriate sanctions for breaches, and that confidential processes are available to allow reporting of suspected breaches.*

If in the incident of any alleged or suspected breaches of any of the SSSM policies, the *Touch Football Australia Disciplinary Regulations* will outline the process for:

1. Reporting
2. Investigation Process
3. Disciplinary Action

These Regulations will cover any breach by, athletes, and volunteers, under the organisations Code of Conduct, and employees through Certified Agreement contract.

Any form of reporting will be dealt with in a confidential manner.

Investigations of alleged anti-doping violations will be covered under the organisation's anti-doping policy. Where applicable, the organisation must refer a matter directly to ASADA or relevant law enforcement agency as appropriate.

5. Oversight and Reporting

Principle 5: *Sporting organisations should implement a reporting framework to assist their board and senior management to discharge their obligations to be informed about and to oversee the organisation's SSSM practices.*

Responsibilities of the Organisation

TFA have an annual reporting system whereby Senior Management, and if requested the Board of Management is provided with information detailing the use of supplements and prescription medications by athletes over the reporting period, and any variances over the preceding 12 months.

Reporting will be conducted in line with the conclusion of the HP Program Annual Cycle.

The Reporting process will provide:

1. How many new board members, employees, HP coaches and HP athletes have commenced with the organisation over the reporting period and of those, how many have undergone an induction process including familiarisation with the SSSM policies and anti-doping policy.
2. Any change in key personnel involved in the organisation's SSSM program.
3. If all SSSM staff are appropriately qualified and, if applicable, accredited by an industry accreditation body.
4. If all SSSM staff are employed on either employment agreements making them bound by the organisation's SSSM policies, or engaged under contracts requiring them to comply with the SSSM policies and including a right of termination in the event of breach.
5. If any external SSSM consultants have been engaged, and if so in what capacity.
6. If any policy breaches been detected in the reporting.

Appendix: Roles and Responsibilities Example Templates

First Aid Officer – Position Description

Role:

The service the First Aid Officer will provides the treatment for onsite common injuries, first response for major injuries or incidents (and refer to Emergency Medical Services), and be capable of performing CPR if required.

Responsibilities:

The First Aid officer will:

1. Adhere to all Touch Football Australia (TFA) policies and procedures.
2. Provide a comprehensive assessment for each assigned athlete.
3. Provide appropriate management to each athlete. This should be within current guidelines and accepted management practices. This also includes reassessment, conferring with colleagues and/or referral to other health professionals where necessary.
4. Allow the athlete a full opportunity to express why they have sought medical treatment, and ensure that the athlete's expectations of the treatment are reasonable. Where the athletes' expectations are not reasonable or unlikely to be met, the first aid officer must ensure that the athlete and coach is aware of the likely outcomes.
5. Ensure that their work environment is maintained in a clean, tidy and safe manner. This includes in assigned medical areas or on the field.
6. Record any for each treatment they provide. Assist in any data collection that will potentially increase the standard of injury prevention and management
7. Be available at reasonable times during any competition /tournament for athletes/tournament officials
8. Identify and provide feedback regarding any barriers/obstacles that prevent successful implementation of 1-8 above.

Other Requirements

The First Aid officer will at all times:

- Continue to be currently qualified in First Aid in Australia and provide evidence of this to TFA.
- Maintain appropriate Professional Indemnity Insurance, and provide evidence of this to TFA.
- Participate in education of the athletes, their families and officials in injury.
- Have a current CPR certificate.

Sports Trainer– Position Description

Role

The Sports trainer is a key person in our team. The service the Sports trainer provides to the athlete ensures that the excellent reputation of the medical services is maintained.

Responsibilities

The Sports trainer will:

1. Adhere to all TFA policies and procedures
2. Provide assistance to the other health professionals when treat each assigned athlete.
3. Provide appropriate management to each patient. This should be within current guidelines and accepted management practices. This should be under the supervision of the physiotherapists/doctor where necessary.
4. Allow the athlete a full opportunity to express why they have sought medical treatment, and ensure that the athletes expectations of the treatment are reasonable. Where the athletes' expectations are not reasonable or unlikely to be met, the Sports trainer should inform the medical coordinator
5. Ensure that their work environment is maintained in a clean, tidy and safe manner. This includes in assigned medical areas or in the field.
6. Record any for each treatment they provide. Assist in any data collection that will potentially increase the standard of injury prevention and management
7. Identify and provide feedback regarding any barriers/obstacles that prevent successful implementation of 1-6 above.

Other Requirements:

The Sports trainer will at all times:

- Continue to be registered as a Sports Trainer in Australia and provide evidence of this to TFA.
- Maintain appropriate Professional Indemnity Insurance, and provide evidence of this to TFA.
- Have a current CPR certificate.
- Be available for occasional weekend work and training/development camps over the appointment period.

Physiotherapist – Position Description

Role:

The Physiotherapist is the key person in the Medical Team. The service the Physiotherapist provides to the athlete ensures that the excellent reputation of the medical services is maintained.

Responsibilities:

The Physiotherapist will:

1. Adhere to all Touch Football Australia policies and procedures.
2. Provide a comprehensive assessment for each assigned athlete.
3. Provide appropriate management to each athlete. This should be within current guidelines and accepted management practices. This also includes reassessment, conferring with colleagues and/or referral to other health professionals where necessary.
4. Allow the athlete a full opportunity to express why they have sought physiotherapy treatment, and ensure that the athlete's expectations of the treatment are reasonable. Where the athlete's expectations are not reasonable or unlikely to be met, the physiotherapist must ensure that the athlete and coach are aware of the likely outcomes.
5. Must ensure that, where the athlete was referred by a GP, coach or other health professional ("the Referrer"), and where the athlete consents, the Referrer is kept informed of the athlete's progress. This communication may be verbal or written (including letter, fax or email).
6. Ensure that any athletes in the program have the information on their injury and recovery conveyed to the medical coordinator/coach as soon as able.
7. Ensure that their work environment is maintained in a clean, tidy and safe manner. This includes in assigned medical areas or in the field.
8. Record details for each treatment they provide.
9. Assist in any data collection that will potentially increase the standard of injury prevention and management.
10. Identify and provide feedback regarding any barriers/obstacles that prevent successful implementation of 1-9 above.

Other Requirements:

The Physiotherapist will at all times:

- Continue to be registered as a Physiotherapist in Australia and provide evidence of this to TFA.
- Maintain appropriate Professional Indemnity Insurance, and provide evidence of this to TFA.
- Participate in the education of the athletes, their families and officials on injury prevention.
- Have a current CPR certificate.
- Be available for occasional weekend work and training/development camps over the appointment period.

Medical Coordinator – Position Description

Role:

The Medical Coordinator is the key person in the Medical Team. The Medical Coordinator is responsible for coordinating all administrative and logistical coordination of the medical team for an event. The Medical Coordinator may also fulfill one of the Medical Staff roles. (eg Physiotherapist, Sports Trainer).

Responsibilities:

The Medical Coordinator will:

1. Adhere to all Touch Football Australia policies and procedures.
2. Coordinate all other appointed medical personnel during the appointment period.
3. Ensure all data collection in terms of Injury Reporting requirements is adhered to by the medical team.
4. Provide a comprehensive report to TFA as required, including at the completion of the appointment period.
5. Communicate effectively with the Medical Team, and TFA Staff, as required.
6. Ensure suitable Medical supplies are provided to treat personnel as required.
7. Complete all responsibilities of their Medical Position also (eg Physiotherapist, Sports Trainer) as outlined in Position Description.

Other Requirements:

The Medical Coordinator will at all times:

- Continue to be registered as a Physiotherapist/Sports Trainer in Australia and provide evidence of this to TFA.
- Maintain appropriate Professional Indemnity Insurance, and provide evidence of this to TFA.
- Have a current CPR certificate.
- Be available for occasional weekend work and training/development camps over the appointment period.

