

YMCA Geelong – Head Injury and Concussion Policy

(Including potential, suspected and diagnosed concussion)

OFFICE USE ONLY

Policy Number	Date Approved	Date Last Amended	Status
YG167-O		06/02/2024	REVIEW CONSULTATION

YMCA Geelong – Head Injury and Concussion Policy (Replaces “Head and Neck Injury Policy)

1. INTRODUCTION

YMCA Geelong (“the Y”) is committed to providing a safe environment for participants. This policy is designed to provide Y staff with guidelines to ensure the safety of participants and coaches when dealing with a potential head or neck injury.

Head & Neck Injury Background

The brain is composed of soft tissue and is protected by the skull, which is a strong, outer framework. The strength of the skull is sufficient to protect the head from injury in a minor fall or a light blow to the head. If stronger forces are involved e.g., falling from a height, hitting two heads together or hitting head on a hard surface e.g. concrete, the skull may crack or fracture.

Symptoms & Signs of Head injury

- Altered conscious state, often deteriorating over time
- Blurred or double vision
- A thumping or pounding headache
- Nausea or vomiting
- Loss of balance and hand-eye coordination
- Altered sensation in the fingers or down one side of the body
- Loss of short-term memory e.g. the memory or recent events
- Noisy breathing
- A slow but strong pulse
- Unequal pupils

Head injuries can easily mislead by not exhibiting the expected signs and symptoms immediately after the incident.

NB. Patience and understanding are required from parents, friends and staff as an individual who has suffered concussion may suffer for months after a fall with: headaches, tiredness, memory problems and inability to concentrate.

2. POLICY

2.1 Casualty complains of back, neck or head pain:

The following steps describe how to manage a casualty who has suffered head or neck injury on the premises:

2.1.1. Assess the casualty; all injuries reported **MUST** be taken seriously.

- Ask the casualty the following questions:

a) Where does it hurt?

b) What were you doing when you fell?

This question is very important. A good rule of thumb is that if the casualty falls a distance, which is more than their own height, it could mean major head trauma and you should call an ambulance immediately.

c) What did you have for breakfast this morning?

If the casualty cannot tell you anything, which has happened in the morning, then you must call an ambulance immediately.

2.1.2. Check for Symptoms & Signs of neck/head injury

- Altered conscious state, often deteriorating over time
- Blurred or double vision
- A thumping or pounding headache
- Nausea or vomiting
- Loss of balance and hand-eye coordination
- Altered sensation in the fingers or down one side of the body
- Loss of short-term memory e.g. the memory or recent events
- Noisy breathing
- A slow but strong pulse
- Unequal pupils
- Restlessness and irritability
- Leaking fluid from the nose or one ear

If symptoms and signs are NOT present, provide first aid if required. Ensure you fill out an accident report. Continue to monitor the casualty.

2.1.3. Conscious Patient- **DO NOT** move the casualty.

2.1.4 Unconscious Patient or not fully conscious and alert:

- With the help of other staff members roll the casualty (whilst supporting head and neck) onto their back as it may be necessary to start CPR.
- Call for the Duty Manager, **DO NOT** attempt to walk the casualty or carry them to another place.
- If there is any discharge from the ear, place a sterile or clean pad underneath, but do not pack the ear canal.
- Check the, **Airway, Breathing, and Circulation** every few minutes and be prepared to begin resuscitation if breathing fails.

2.1.5 If symptoms and signs are present

- Carefully lay the casualty down immediately.
- Follow the Safe Work Practices for a Suspected Spinal Injury.

2.2 Suspected Spinal Injury

2.2.1 If the casualty has fallen from a height higher than their personal height, and landed on their head, **then it is procedure to call an ambulance immediately.**

2.2.2 Ensure Safe Work Practice for Suspected Spinal Injuries and Safe Work Practice for removal of a patient from the water who has a suspected spinal injury are followed.

- 2.2.3 Observe the casualty.
- Observe the casualty closely for any change in condition. Note any change in conscious state, breathing and pulse rates and be ready to begin resuscitation if any deterioration occurs.
 - Check the pupils of the eyes and note any changes in size or differences in size and reaction to light.
 - Check for and treat any other injuries that may have been overlooked.
 - Arrange for parents to be contacted and advise them of the accident.
 - Treat for shock
 - Minimise shock by covering the casualty lightly with clothing or a blanket.
 - Stay with the casualty and continue to observe the conscious state, pupils, breathing and pulse rates for any change.
- 2.2.4 Incident Reporting
- Fill out a INCIDENT report as well as attaining statements from witnesses as soon as possible after the patient has been transported to hospital.
 - Follow YG 142-O Incident Reporting Procedure.
- 2.2.5 Complete a risk assessment form:
- Forward the risk assessment to Management within 24 hours for evaluation under the Occupational Health and Safety Policy.

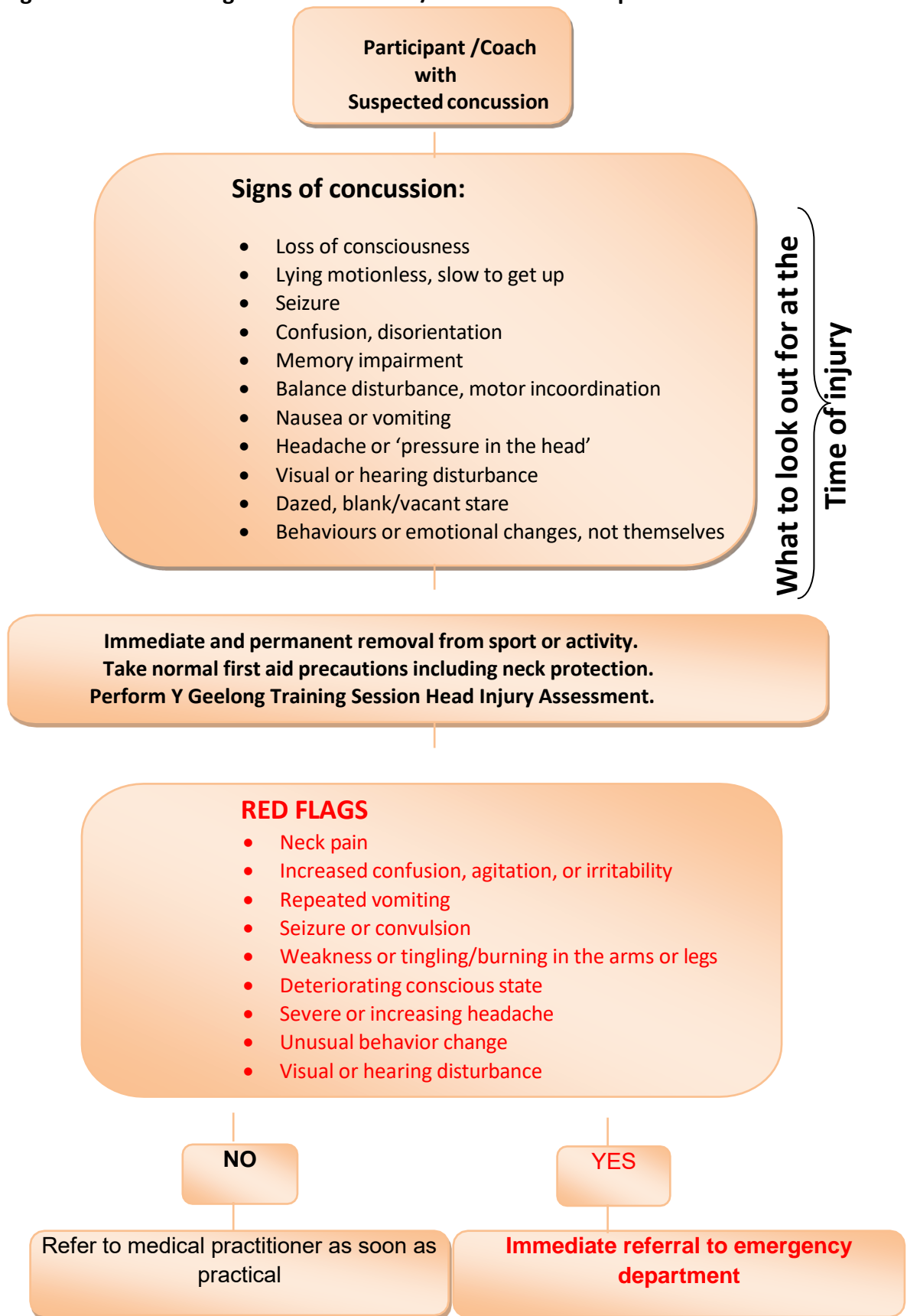
2.3 Concussion Management Protocols

Concussion is a traumatic brain injury, induced by biomechanical forces to the head, or anywhere on the body which transmits an impulsive force to the head. Such injuries have the potential to cause sudden or delayed-onset concussion. Concussion causes short lived neurological impairment, and the symptoms may evolve over the hours or days following the injury.

Recognising concussion

Recognising concussion can be difficult. The signs and symptoms are variable, non-specific and may be subtle. Only a medical professional/practitioner can diagnose a concussion. Coaches, athletes, participants, members, staff and volunteers are responsible for recognising a suspected concussion. The flow chart below should be the immediate management of a suspected or potential concussion.

2.3.1 Y Geelong -Concussion Management Flow Chart / Guidelines for Suspected Concussion



There may be obvious signs of concussion such as loss of consciousness, brief convulsions or difficulty balancing or walking. However, the signs of concussion can be more subtle.

The Sport Concussion Assessment Tool (SCAT5) identifies 22 possible symptoms:

- Headache
- 'Don't feel right'
- 'Pressure in the head'
- Difficulty concentrating
- Neck pain
- Difficulty remembering
- Nausea or vomiting
- Sensitivity to light
- Fatigue or low energy
- Dizziness
- Confusion
- Blurred vision
- Drowsiness
- Balance problems
- More emotional
- Sensitive to noise
- Irritability
- Feeling slowed down
- Sadness
- Feeling like 'in a fog'
- Nervous or anxious
- Trouble falling asleep (if applicable)

Recognising concussion is critical to the correct management and prevention of further injury.

For Adults: **Medical practitioners** can use the Concussion in Sport Group [Sport Concussion Assessment Tool 6 \(SCAT6\)](#) as part of an overall clinical assessment to assess potential concussions.

For Children: The [Child Sport Concussion Assessment Tool \(Child-SCAT6\)](#) can be used to assess concussion in children aged 5 – 12 years.

People without medical training can use the [Concussion Recognition Tool](#), also developed by the Concussion in Sport Group.

The tool is designed to help those without medical training, detect and recognise concussion.

[Concussion Recognition Tool](#) is designed to help guide immediate management of a suspected concussion. This assessment is not intended for diagnostic purposes and does not replace medical advice. When completing the assessment, if there are abnormal neurological signs, or signs of a head or neck injury, an ambulance must be called immediately.

When a participant is suspected of having a concussion, first aid principles still apply and a systematic approach to assessment of Airway, Breathing, Circulation (ABC) applies in ALL situations. Cervical spine injuries should be suspected if there is any loss of consciousness, neck pain or a mechanism that could lead to spinal injury. A medical practitioner should review any participant with a suspected concussion. If there is no medical practitioner present at the facility, the participant must not return to sport on the same day a concussion is suspected. If there is any doubt about whether a participant is concussed, the participant should not be allowed to return to sport that day. A participant with suspected concussion should be reassessed to look for developing symptoms and cleared by a medical practitioner before returning to sport. Due to the evolving nature of concussion, delayed symptom onset is not unusual. Therefore, any participant cleared to return to sport after medical assessment for suspected concussion should be monitored closely during training/competition, for developing symptoms or signs. **If symptoms develop, the participant should be removed from sport.**

YG167-O Head and Neck Injury Policy V6 (Approved)

Created: 09/11/2009

Reviewed: 07/07/2014, 03/06/2016, 14/07/2016, 30/07/2023 11/01/2023, 06/02/2024

Approved: SLT 29/02/2024

Next Review: 01/03/2027

2.4 Red Flags – Monitor participant closely and refer for medical assessment

Sometimes there will be clear signs that a participant has sustained a concussion.

Participants displaying any of the following clinical features should be immediately removed from sport:

- Loss of consciousness
- No protective action taken by the participant in a fall to the ground, directly observed or on video
- Impact seizure or tonic posturing
- Confusion, disorientation
- Memory impairment
- Balance disturbance or motor incoordination
- Participant reports significant, new or progressive concussion symptoms
- Dazed, blank/vacant stare or not their normal selves
- Behaviour changes atypical of the participant.

2.5 Red Flags – Refer to nearest Emergency Department

Some features suggest more serious injury and participants displaying any of these signs should be immediately referred to the nearest emergency department:

- Neck pain (do not move participant, call an ambulance)
- Increasing confusion, agitation, or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in the arms or legs
- Deteriorating conscious stage
- Severe or increasing headache
- Unusual behaviour change
- Double vision

Urgent hospital referral is necessary if there is concern regarding the risk of structural head or neck injury. Contact 000 immediately and do not move the participant.

3. Removal from participation/sport

First Aid Principles and the primary survey should be considered and completed in the first instance where a participant is unconscious or falls heavily on their head, back or neck. It is extremely important to manage all participants in this scenario as though they have a neck or spinal injury.

Urgent hospital referral is necessary if there is concern regarding the risk of structural head or neck injury. Ring 000 immediately.

A participant who is unconscious or falls heavily on their head, neck or back, must only be moved by qualified health professionals trained in spinal immobilisation (e.g., Paramedic). If no qualified person is present, do not move the participant, call 000, follow their advice and wait for the ambulance to arrive.

Participants with any of the symptoms outlined in clause 2.4 & 2.5 above, should be referred to

an emergency department immediately. If the participant is unconscious or has fallen heavily on their head, neck or back, do not move them.

A participant with a suspected concussion must not be allowed to return to participation on the same day unless cleared by a medical practitioner. Without a medical clearance, the participant is unable to return to training or competition despite any suggestion from the parent, participant, or coach.

Participants with suspected concussion should:

- Be immediately removed from participation
- Not be left alone initially
- Not drink alcohol
- Not use recreational drugs
- Not take certain prescription medications including aspirin, non-steroidal anti-inflammatory drugs, sleeping tablets and sedating pain medications
- Not be sent home by themselves
- Not drive a motor vehicle
- Be referred for an appropriate medical assessment

4. Referral for Medical Assessment

All participants/Coaches with concussion, suspected concussion, or other head injury, must have a medical assessment by a medical practitioner. If one is not present at, the participant should be referred to a local general practice or hospital emergency department. Once the diagnosis of concussion has been made, immediate management is physical and cognitive rest for around 24- 48 hours. This may include time of school or work and relative rest from cognitive activity. Most concussive symptoms should resolve in 10 – 14 days. However, recovery will vary from person to person, and from injury to injury.

4.1 Concussion in Children and Adolescents

Children and Adolescents (up to 18 years of age) have a slower rate of recovery from concussion. A more conservative approach to concussion is recommended and ***return to learn*** should take priority over return to sport. School programs may need to include more regular breaks, rests and increase time to complete tasks. The child's return to sport program should be extended so that the child does not return to full training less than 14 days from the resolution of all symptoms.

4.2 Concussion in Participants with Disabilities

There is limited evidence or theoretical underpinnings to suggest that a participant living with a disability requires a modified concussion management strategy. A participant living with a physical disability requires the same concussion management strategy to any other participant of the same age and gender. A participant living with an intellectual disability may take longer to recover than other participants and therefore should be managed

conservatively.

5. GRADED RETURN TO SPORT FRAMEWORK FOR COMMUNITY AND YOUTH

The risk of complications from concussion is increased if a player/athlete is permitted to return to sport before they have fully recovered. It is important that player/athlete do not return to contact activities or competition, until they have fully recovered.

The graded return to sport framework (GRTSF) for community and youth assists athletes/coach/parents/teachers with concussion management through the recovery process and time frames for a safe return to sport/learn.

The Y Geelong has adopted the AIS return to sport protocol for community and youth sport which includes;

- > Introduction of light exercise after an initial 24-48 hours of relative rest.
- > Several checkpoints to be cleared prior to progression.
- > Gradual reintroduction of learning and work activities. As with physical activity, cognitive stimulation such as using screens, reading, undertaking learning activities should be gradually introduced after 48 hours.
- > At least 14 days symptom free (at rest) before return to contact/collision training. The temporary exacerbation of mild symptoms with exercise is acceptable, as long as the symptoms quickly resolve at the completion of exercise, and as long as the exercise-related symptoms have completely resolved before resumption of contact training.
- > A minimum period of 21 days until the resumption of competitive contact/collision sport.
- > Consideration of all symptom domains (physical, cognitive, emotional, fatigue, sleep) throughout the recovery process.
- > Return to learn and work activities should take priority over return to sport. That is, while graduated return to learn/work activities and sport activities can occur simultaneously, the athlete should not return to full contact sport activities until they have successfully completed a fully return to learn/work activities.

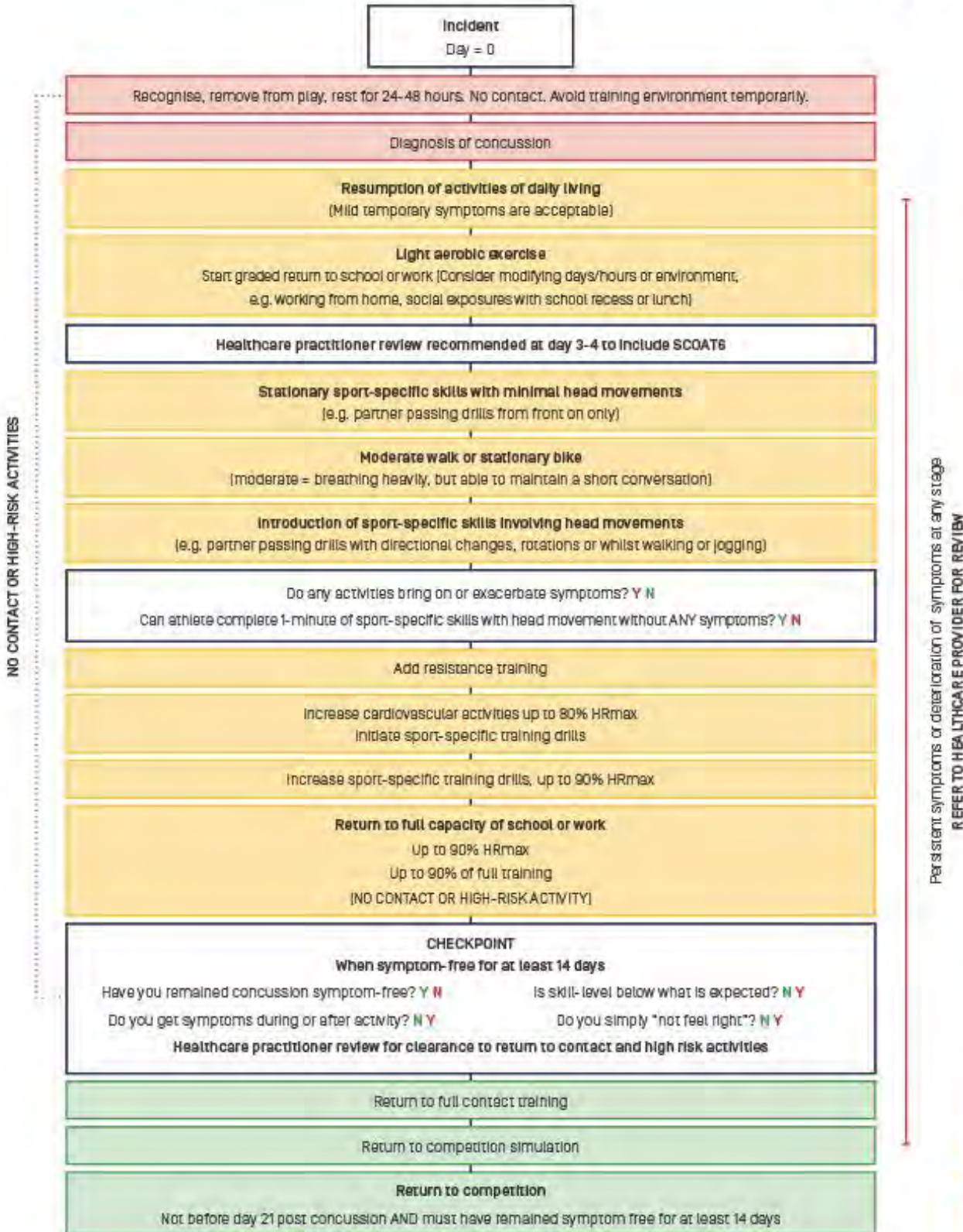
Refer to Figure 3 Graded return to sport framework for community and youth sport

Source Australia concussion guidelines for youth and community sport – February 2024

GRADED RETURN TO SPORT FRAMEWORK FOR COMMUNITY AND YOUTH



Each stage, highlighted in orange or green below, should be at least 24 hours and symptoms should return to baseline prior to commencing the next activity or stage.



Some high-performance athletes may have access to appropriately trained Healthcare Practitioners experienced in multi-system concussion rehabilitation. These athletes may be cleared earlier if their sports concussion protocol allows. Refer to the graded return to sport framework for advanced care settings. Note, athletes aged under 19 years should NOT have access to earlier clearance available in advanced care settings.



6. Return to Sport following a diagnosis of Concussion

Managing concussion is a shared responsibility between the participant, coach, club, parents and medical practitioner. Open communication is essential, and information should be shared between all parties involved with the participant. In every case, the decision regarding timing of return to gymnastics should be made by a medical practitioner. A concussed participant must not be allowed to return to training or competition before having a medical clearance.

A conservative approach (i.e., longer time to return to gymnastics) is used in cases where there is any uncertainty about the participants recovery. The Y Geelong supports the ***“if in doubt, sit them out”*** approach.

Y Geelong members should follow the recommendations below with a participant returns to training:

- Participants should not return to training until they have returned to school/learning without a worsening in symptoms
- Participants should return to gymnastics training in a gradual-staged approach. A medical clearance must be provided to enter the graded loading program
- A rehabilitation program should be supervised by the treating medical practitioner and should follow a graded symptom limited progression
- Participants should be symptom free during their rehabilitation program. If they develop symptoms at any stage, then they should step down to the previously symptom free level and try to progress again after a further 24 hours rest
- If symptoms progress or worsen, a review is recommended by a medical practitioner

The activity phase should proceed as outlined below, with a minimum of 24 hours spent at each level. The activity should only be upgraded if there has been no recurrence of symptoms during that time. If there is a recurrence of symptoms, there should be a ‘step down’ to the previous level for at least 24 hours (after symptoms have resolved). Each participant is different; therefore, it may take a longer for some individuals.

The steps in the activity phase are:

- **Step 1** – Symptom limited activity – Perform everyday activities without symptoms
- **Step 2** – Light aerobic activity (at an intensity that can easily be maintained while having a conversation) until symptom free
 - Walking, jogging, cycling at a slow to medium pace
 - No strength training or inversion
- **Step 3** – Moderate aerobic exercise (increased heart rate)
 - No strength training or inversion
- **Step 4** – Sport specific exercise
 - Increase duration and intensity of activity

- Basic skills training can commence
- Commence light strength training
- **Step 5** – Restricted inversion training (**Clearance required to enter this stage**)
 - Return to full training with limits placed on the number of times of inversion
 - Monitor symptoms
- **Step 6** – Further relaxation of inversion training
- **Step 7** – Full training

It is important that the participant does not become disoriented or lose balance. The participant should be able to stay focused on the assigned skills, and the coach should closely monitor all activity to ensure concussion symptoms do not return. The graded exercise program should be managed by a medical professional.

Prior to the return, parents must provide a written clearance to The Y Geelong with the information below. A written medical certificate by the treating physician:

- Injury information
- Medical advice sought (who, where and when)
- Any recommendations or advice from medical professional about the return to sport.

7. Training

- The Y Geelong will ensure that its people are trained in the identification and management of concussion and suspected concussion and head injury protocols via: [Sport Related Concussion Short course](#)

8. Confidentiality and Reporting

Breaches of this policy must be reported to Y Geelong within 14 days of any occurrence. Breaches of this policy must be kept confidential and disclosure to any third party beyond Y Geelong management is not permitted.

9. Notifying Parent/Guardian or Emergency Contact

Contact must be made by telephone to a parent/guardian or emergency contact as soon as practical to do so, regardless of the severity. Contact may simply be to inform of the injury and to advice of steps undertaken and the current state of the child/person.

10. Concussion Protocols for Coaches

What to do first

- Report the injury: Notify your manager as soon as possible, in writing, and within 30 days of the injury.
- See a GP: A general practitioner for assessing the injury and getting a referral to other healthcare providers.

What to expect with a WorkSafe claim

- Claim notification: Your employer must notify their WorkSafe agent.
- Treatment and rehabilitation: WorkSafe can pay for the reasonable costs of approved treatment and rehabilitation services. This can include specific programs if your claim is approved.
- Specific programs:
 - Epworth Concussion Program: If your injury is work-related, WorkSafe can pay for the reasonable costs of this program, which requires prior approval.
- Occupational rehabilitation: An occupational rehabilitation provider may be assigned to help create a return-to-work plan by assessing the workplace, identifying suitable duties, and working with you, your employer, and your doctor.
- Y Geelong Return to Work Co-ordinator will work with the injured coach and medical practitioners to ensure the Fit for Work Plan is developed and implemented with the coach, manager and supervisors.

11. DEFINITIONS

Head Injury- a hit, fall, trauma, bump to the head area

Neck Injury- a hit, fall, trauma, bump to the neck area

Suspected Spinal Injury- Where a participant has sustained a hit, fall, trauma, bump to the head or neck area and have signs and symptoms that indicate a suspected spinal injury.

12. SCOPE

This policy applies to all YMCA Geelong Inc. operations inclusive of clubs sport such as YMCA Geelong Gymnastics, YMCA Geelong Basketball Club, YMCA Geelong Judo Club and any other Y activities inclusive of camps.

13. ROLES AND RESPONSIBILITIES

Department/Area	Role/Responsibility
People and Culture	<ul style="list-style-type: none"> • Reporting all incidents of Coaches or staff of concussion to People and Culture Director to develop a Fit for Work and return to work plan.
Managers and Co-ordinators	<ul style="list-style-type: none"> • Ensure the policy is adhered to at all YMCA sites. • Report any breaches of the policy to the CEO • Ensure all staff at each site are trained in the policy. • Ensure all reports of concussion, suspected concussion or head injuries are reported to CEO • Requirement to manage athlete/players with concussion, suspected concussion or head injuries as per the policy.
Duty Managers/Head Coaches	<ul style="list-style-type: none"> • Ensure all reports of concussion, suspected concussion or head injuries are reported immediately to Managers. • Incident Reports completed and provided to managers

	<ul style="list-style-type: none"> • Manage athletes and players as per training and policy requirements • Notify Parents/ guardians
Coaches /Athletes/Parents	<ul style="list-style-type: none"> • Required to report to Y Geelong program co-ordinator in writing within 24 hrs if the player/athlete has concussion, suspected concussion or head injuries that has occurred outside the Y program so they can be managed correctly when returning to the Y.
Customer Service	<ul style="list-style-type: none"> • Record notification of the player/athlete has concussion, suspected concussion or head injuries in the relevant Client Relationship Management system for the Service (IClass/ QK/ Venue 360/ Employment Hero)

14. MONITORING, EVALUATION AND REVIEW

The site manager will monitor the implementation of the policy through the incident reporting system. Managers/coordinators and Staff who breach the policy will be counselled as to the correct procedure. Failure to comply may result in disciplinary action.

Recommended changes to this policy may be submitted to YMCA Geelong for consideration. Management will review the recommendations and make changes to this policy if necessary. Should changes be accepted, the policy would be updated, dated and circulated as per Y Geelong Policy Framework.

Policy will be reviewed on a three-year basis.

15. SUPPORTING DOCUMENTS (LINKS TO PROCEDURES, LEGISLATION, FORMS, WORK PRACTICES)

YMCA Geelong Safeguarding Children and Young People Policy

Recruitment and Selection Policy

[Australian Institute of Sport – Concussion in Sport](#)

Sport Australia Position Statement

[Concussion in Sport Australia Position Statement - October 2018](#)

(Adobe PDF File)

[Concussion in Sport Australia website](#)

Resources

[GA Concussion Management Protocol](#)

(Adobe PDF File)

[GA Concussion Symptom Checklist](#)

(Adobe PDF File)

[GA Return to Training Protocol Post Concussion](#)

(Adobe PDF File)

[Video for Parents and Teachers](#)

[Video for Coaches and Support Staff](#)

[Learning Modules for Coaches and Support Staff](#)

- [Video for Medical Practitioners](#)
- [Learning Modules for Medical Practitioners](#)
- [Return to Learn\(PDF • 1.0 mb\)](#)
- [Non HCP Off-Field Concussion Management Decision Tree\(PDF • 46.3 kb\)](#)
- [Non HCP On-Field Concussion Management Decision Tree\(PDF • 52.4 kb\)](#)
- [Poster for athletes - Basketball\(PDF • 1.4 mb\)](#)
- [Poster for athletes - Rugby\(PDF • 2.0 mb\)](#)
- [Poster for athletes - Soccer\(PDF • 975.4 kb\)](#)
- [Poster for athletes - Basketball - Child\(PDF • 695.1 kb\)](#)
- [Concussion referral and return form\(PDF • 597.6 kb\)](#)
- [Graded Return to Sport Framework \(Community & Youth\)\(PDF • 73.8 kb\)](#)
- [Australian Concussion Guidelines for Youth and Community Sport\(PDF • 1.5 mb\)](#)

16. DOCUMENT HISTORY

Approved by: CEO

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Resolution number: NA

Effective date:01.03.2024

Review date:11.01.2024

Next Review: 01.03.2027

Policy Owner: CEO YMCA Geelong

Contact Details policy owner: Ph: 5221 83 44 E: shona.eland@ymca.org.au

Amendment history:

Version	Date	Author	Change Description
V1	09/11/2009	Claire Matthews	Head and Neck Policy
V2	01/07/2014	Shona Eland	Updated to new policy template, added Safe Work Practices for suspected spinal injuries.
V3	03/06/2016	Kimberley Maher	Added Section 2.3.1. to include statement about contacting parent/guardian or emergency contact as soon as practical regardless of severity.
V4	14/07/2016	Rebecca Johnson	Change to Safe Work Instructions for task/activity on page 9 to include reference to 'pool, in confined water and also open water.'
V5	30/07/2023	Shona Eland	Title changed from Head and Neck Policy to Head Injury and Concussion Policy" Included Clauses 2-10 referencing Concussion Recognition Tool 5©. (2017). <i>British Journal of Sports Medicine</i> , 51, 872.Elkington, L., Manzanero, S., & Hughes, D. (2019). Concussion in Sport Australia: Position Statement. <i>Australian Institute of Sport</i> . Gymnastics Western Australia. (2018). Concussion Management Policy. Sport Concussion Assessment Tool – 5 th Edition. (2017). <i>British Journal of Sports Medicine</i> , 51(11), 851-858. Sports Medicine Australia. (2018). Concussion in Sport Policy

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Next Review: 01/03/2027

V6	06/02/2024	Shona Eland	Following AIS release of the new Australian Concussion Guidelines for Youth and Community Sport, Policy clause 5. GRADED RETURN TO SPORT FRAMEWORK FOR COMMUNITY AND YOUTH has been added
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As Adopted by YMCA Geelong on 01/03/2024



Shona Eland
Chief Executive Officer YMCA Geelong Inc.

SAFE WORK PRACTICE- First aid for a suspected spinal injury

Title of SWP:	First aid for a suspected spinal injury		
Related equipment / product names:	Spinal Collar/ Towel to immobile		
Responsible Department:	Duty Manager Newtown Stadium, North Geelong, Bannockburn Recreation Centre, Camp Wyuna		
SWP developed by:			
In consultation with:		Reviewed By:	SLT
Date:		Review Date:	
Date and location of relevant Risk Assessment:	<location of Risk Assessment>		
Level of training required:	First Aid		

Basic Description of Activity / Task:

Treating somebody who has a suspected spinal injury

- Recognise that the person may have a spinal injury. The signs and symptoms are as follows
 - Pain in or near the back
 - Head or neck injuries- bleeding, bruising etc.
 - History- The way they injured themselves may suggest their back may be injured
 - Loss of feeling, movement or strength in any limb
 - Tingling or numbness in any limb
 - Nausea, giddiness and loss of balance
- If there is any doubt treat the patient as though they have a spinal injury
- Check the patients level of consciousness
 - Unconscious- Airways take priority
 - Turn the victim onto their side into the recovery position-If possible have somebody help support the head during this. DO NOT DELAY ROLLING THE PATIENT TO WAIT FOR SOMEBODY TO ASSIST
 - D-R-S-A-B-C-D
 - Conscious
 - Ask the patient to remain still
 - Reassure the patient, try to keep them calm
 - Patient Standing
 - Inform the patient you are about to place your hand on their forehead to assist in keeping them still
 - Place your hand gently on their forehead
 - Call for assistance

If a Spinal Collar is available-

- Get a staff member to bring the spinal collar
- If the patient's head is on an angle do not attempt to fit the collar as you will move the head in doing so
- Measure the patient for a spinal collar from the left-hand side
- Fit the collar to the patient from the left-hand side
- If the area behind the patient is clear continue with the next steps. Otherwise keep the patient still until the ambulance arrives
- Wait for the ambulance to arrive- Do not apply the strapping

If there is no Spinal Collar available

- Use a towel to immobilise the neck

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Safe Work Instructions for task/activity:**Patient Sitting**

- Inform the patient you are about to place your hand on their forehead to assist in keeping them still
- Place your hand gently on their forehead
- Call for assistance
- Leave the patient sitting. Do not move them
- Get a staff member to get a spinal collar/ towel
- Respond according to standard lifeguarding procedures
- If the patient's head is on an angle do not attempt to fit the collar as you will move the head in doing so
- Measure the patient for a spinal collar from the left-hand side
- Fit the collar/rolled towel to the patient from the left-hand side
- First lifeguard leaves their hand on the forehead until the ambulance arrives
 - Patient Laying Down
- Ask the patient to remain still
- Call for assistance
- If it is possible to slide a collar under the neck without moving the head or neck
 - Person 1 places their hand on the patient's forehead
 - Person 2 measures the collar from the left-hand side
 - Person 2 fits the collar- Be very careful not to move the head or neck. If in doubt do not attempt to fit the collar
 - Keep the patient immobilised and stable until an ambulance arrives
- If it is not possible to fit a collar or the neck is on an angle
 - Person 1 lays behind the patient and applies the full trapezius grip to stabilise the head
 - Keep the patient immobilised and stable until an ambulance arrives
 - In all circumstances once the patient is immobilised and stabilised
 - Keep the patient warm and keep reassuring them
 - Give the patient oxygen therapy at a flow rate of 8 LPM
 - Monitor patient carefully as they can easily go into shock or fall unconscious

Associated Hazards / Controls / Precautions:

Safety to yourself is paramount- Always check for dangers before treating a patient

Instructions for Emergency Situations: (include any Emergency Equipment)

Airways always take priority. If the patient falls unconscious or is not breathing DRABC

SAFE WORK PRACTICE- Removal of a patient from the water who has a suspected spinal injury

Title of SWP:	Removal of a patient from the water who has a suspected spinal injury
Related equipment / product names:	Spinal board, spinal collar, spider straps, head blocks, oxygen equipment
Responsible Department:	
SWP developed by:	

YG167-O Head and Neck Injury Policy V6 (Approved)

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Reviewed: 07/07/2014, 03/06/2016, 14/07/2016, 30/07/2023 11/01/2023, 06/02/2024

Approved: SLT 29/02/2024

Next Review: 01/03/2027

In consultation with:	
Date:	
Date and location of relevant Risk Assessment:	
Level of training required:	

Basic Description of Activity / Task:
Removal of a patient from the water who we suspect has spinal injuries

Safe Work Instructions for task/activity:

Spinal injury can occur in both the pool, in confined water and also open water, example:

- In the pool diving into shallow water
- Out of the pool slipping on the pool deck

We always suspect spinal injury when a person is laying face down in shallow water. Spinal injury can also occur in deep water and out of the water you can find the person in a standing or sitting or laying down position.

Recognise, Immobilise, Stabilise

Step 1: First responder, enters water and with minimal water movement approaches casualty.

Using either a Vice Grip (water waist deep or higher) or Extended Arm Rollover (shallow water), turn the patient face up maintaining the casualty's head and neck in a neutral position.

- If the patient is in deep water and the Responder cannot stand then this additional step will be required
 - Second responder swims to the first responder and tows the lifeguard and patient to shallower water using the lifeguards collar to grip. Once in shallower water continue as normal

Step 2: Second responder, approaches casualty with minimal water movement, checks the patient is breathing (if breathing continue strapping if not remove casualty from water and commence CPR) and with both hands supports casualty's hips keeping them in line with the water.

Step 3: Third responder brings equipment (spinal board, collar, head blocks, straps) enters the water with minimal water movement.

If vice grip rollover was used

Step 4: Responder 3 applies a half lateral head clamp, by placing the left hand on the shoulder (trapezius muscle) then positions the right hand above the ear. When in position instruct responder 1 to release vice grip.

If extended arm rollover was used

Step 4: Responder 3 applies the vice grip to the patient. Responder 1 then applies the half lateral head clamp. Responder 1 and 3 have now effectively changed roles. From now responder 1 will do all roles assigned to responder 3 and responder 3 will do all roles assigned to responder 1

Step 5: Responder 1, measures the casualty's key dimension and selects appropriate size of cervical collar.

Step 6: Responder 1, fits collar to chin then returns to vice grip.

Step 7: Responder 3 after responder 1 is in position, adjusts and tightens collar. Then applies a full lateral head clamp.

Step 8: Responder 1 knifes the spinal board into position.

Step 9: Responder 2, when the board is in position supports the board at the hips to stop it moving around.

Step 10: Responder 1, applies spider straps, shoulder straps, chest, hips, thighs then calves.

Step 11: Responder 1, checks for gaps between the head and spinal board (if needed applies padding) reapplies the vice grip. If patient is a small child then check for gaps under the torso (if needed applies padding)

Step 12: Responder 3, when responder 1 is ready releases head clamp, and then fits the speed blocks and locks into position and applies strap over the eye brows and chin. When fitted holds the board at the head and responder 1 releases vice grip.

Step 13: Re-check straps,

Step 14: Move the patient to the edge of the pool in a forward direction.

Step15: Responder 1 and 2 move to the head of the board and Responder 3 to the feet.- This order can be changed so that the strongest person is at the feet or if required get additional staff or patrons to assist and position them accordingly

Step 16: Lift the board evenly and gently place the front edge of the board on the edge of the pool

Step 17: Responder 1 gets out and hold the board still. Responder 2 then gets out

Step 18: Responder 1 and 2 keep their backs straight and using their legs while Responder 3 gets under the feet of the board and does the same, lift the board out of the water and onto the pool deck

Step 19: Put a blanket on the patient and give oxygen therapy at 8 LPM. Monitor the patient and keep calm and reassured until the ambulance arrives

NOTE: special consideration may be required when dealing with children, padding may need to be placed under the torso to keep the head in a neutral position.

Associated Hazards / Controls / Precautions:

Manual handling injuries to staff – always follow training protocols, bend the knees and keep the back as straight as possible

Instructions for Emergency Situations: (include any Emergency Equipment)

Always call '000' for suspected spinal injuries or if the patient lost consciousness even for a brief moment

PPE Required for use:

Other: