



OCTOBER 2019

Marsh Match Day Checklist Guidelines

This checklist is a basic pre-game inspection tool that helps to identify safety concerns and record your actions on match day.

What Are You Looking For?

The Checklist is a visual inspection tool only. It will help you to identify safety concerns, such as:

Extreme Weather

for example lightning, heat, rain, lack of visibility (fog), etc.

Playing Surfaces

for example holes, cracks, debris (glass, syringes), etc.

Game Formats

as per AFL "Laws of the Game" www.afl.com.au

Hazards

on or near pathways, exits or change rooms such as debris, protrusions, etc.

First Aid

including qualified personnel, first aid kits, ice, etc.

Other Factors

such as sun protection, spectator behaviour, signs, etc.

Important note: If safety concerns cannot be addressed to an acceptable level, the checklist should not be signed. Play should not commence until conditions are acceptable to both teams.

ACTION STATIONS

Safety concerns should be addressed to an acceptable level and recorded before you start play. Here are some examples of actions you might take:

- Control/reduce the risk with caution signs, witches hats, roping off hazards, modifying the rules/game, etc.
- Avoid harm by removing the risk/hazard/object from the area, delay/postpone the game, etc.
- Transfer responsibility by written notice to players, spectators, the Council or the Insurer. Ultimately, this should be done prior to game day.
- Accept and monitor when there is little chance an incident will occur. All safety concerns should be monitored throughout the day.

Duty of care

Clubs owe a duty of care to players, spectators and volunteers on match day. Insurance cover may not exist for clubs and/or officials who show deliberate negligence or disregard for these responsibilities.

Signing the checklist

Some people view the formal nature of signing a document relating to risk and insurance as formidable. This is simply not the case and if a reasonable attempt to identify risks has been made then no concern is warranted. If reasonable care has been taken to provide a safe environment then signing the checklist puts the club in a strong position to demonstrate it has complied with its duty of care.

- **If the conditions are not safe ...** and can't be made safe for play, then it may be negligent to start playing. To play in these conditions is placing the club in a poor position to demonstrate any duty of care has been complied with.
- **If something happens ...** and the checklist has been used properly and signed, the club remains in a strong position to demonstrate it has complied with its duty of care to provide a safe environment.
- **If the checklist isn't signed ...** and play commences in what appears to be normal conditions and an accident occurs resulting in serious injury, the club is in a poor position to demonstrate it has complied with its duty of care.
- **The basic message is ...** the club and its members, including the signatories, are in a better position if they complete and sign the checklist.

Protecting club officials

Legislation and insurance exists to protect club officials who complete the checklist, thereby demonstrating they have complied with their duty of care.

Insurance

An important part of your public liability insurance is that your club supports the use of match day checklists. By addressing risk before matches commence, you can reduce your club's exposure to injuries and/or legal action. Recording your actions on the checklist may also assist in the defence of legal action against your club.

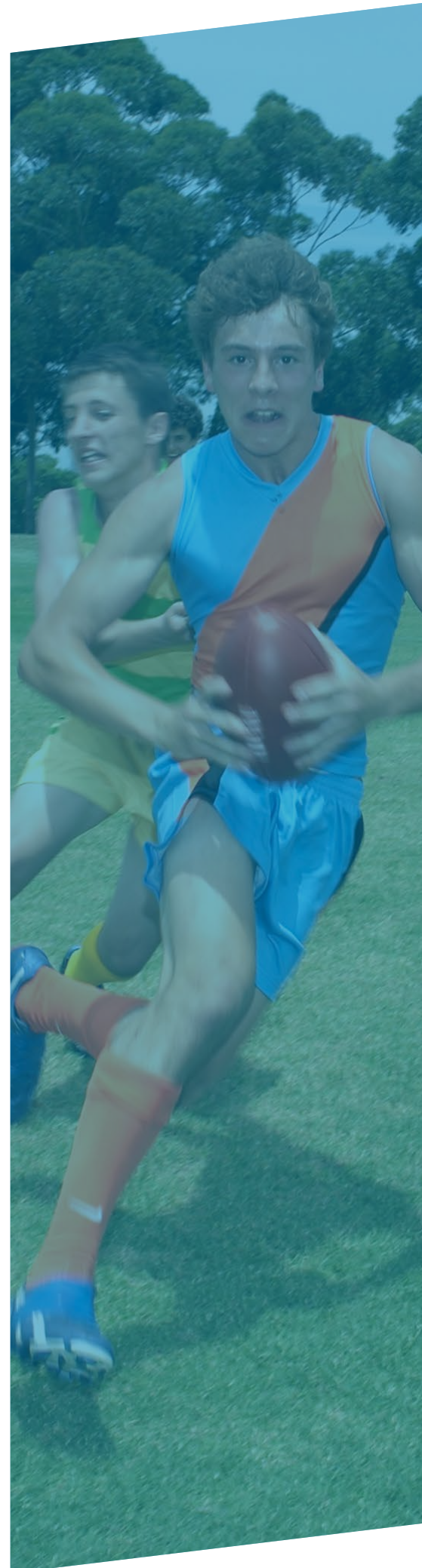
When should the checklist be completed?

You should complete the checklist before the first match of the day.

If conditions change, the checklist should be reviewed again (even if the checklist has been completed earlier).

Storing completed checklists

Marsh recommend original checklists are retained on file by the Home club (or association where required) for a minimum of seven (7) years for future reference.



Match Venue: Date of Inspection: Time:
DD/MM/YYYY HH:YY (24)

Home Team: Away Team:

Yes (Acceptable) If you are satisfied the conditions are safe to start play please mark (x) the "YES" column.
No (Action Required) If you find a safety concern please mark (x) the "NO" column and record your actions in the space provided
 Please refer to the [Match Day Checklist Guidelines for further information, terms and conditions.](#)

	(Acceptable) YES	(Action Required) NO
1. Weather Conditions:		
1.1 In regard to player safety, are the weather conditions satisfactory for play to commence?	<input type="checkbox"/>	<input type="checkbox"/>
2. Field of Play:		
2.1 In regard to player safety, are the playing surfaces satisfactory for play to commence?	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Has all visible debris, that may affect player safety, been removed?	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Are the game formats and ground markings in-line with the AFL "Laws of the Game"?	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Are all sprinkler covers intact and level with the playing field?	<input type="checkbox"/>	<input type="checkbox"/>
2.5 In regard to player safety, are the perimeter fences and/or signs free from visible hazards?	<input type="checkbox"/>	<input type="checkbox"/>
3. Facilities:		
3.1 In regard to safety, are the public areas (e.g. seating and walkways) free of visible hazards?	<input type="checkbox"/>	<input type="checkbox"/>
3.2 In regard to safety, are the player's areas (e.g. change rooms) free from visible hazards?	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Are First Aid facilities (e.g. First Aid Kit, qualified personnel and ice) on site and accessible?	<input type="checkbox"/>	<input type="checkbox"/>
4. Other Factors (please insert details of safety areas specific to your circumstances):		
4.1 Are the following area/s (below) satisfactory for play to commence? N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		

5. Please provide details of actions taken to address your safety concerns.

6. Declarations

I / We declare that I / We are authorised representatives of the nominated Teams.

I / We declare that after reasonable inquiry, the following statements are true and accurate

A. the above inspection (Match Day Checklist) was completed as per the above date and time
 B. all hazards, risks and safety concerns have been addressed to an acceptable level and recorded on this form (Sec. 5)
 C. both teams are satisfied that the playing conditions are acceptable prior to the commencement of play

Who Signs the Checklist?
 As the home club is responsible to ensure the greater environment of the venue is safe for members and guests, an authorised (18+ years of age) home club representative signs the form. As the away team players and entourage participate in the game under the same conditions, an authorised (18+ years of age) away team representative also signs the form.

Home Team Authorised Representative's Name (please print) <input type="text"/>	Away Team Authorised Representative's Name (please print) <input type="text"/>
Position at Club <input type="text"/>	Position at Club <input type="text"/>
Home Team Authorised Representative's Signature <input type="text"/>	Away Team Authorised Representative's Signature <input type="text"/>

The advice in this form is general advice only. To help you decide if the cover suits you, please read the Product Disclosure Statement. We can provide you with further information. Please contact us to request. This insurance is arranged by Jardine Lloyd Thompson Pty Ltd ABN 69 009 098 864, AFS Licence No. 226827 (JLT). JLT are not the insurer. JLT is a business of Marsh & McLennan Companies (MMC).

Marsh recommend a copy of this Game Day Checklist is retained on file for seven (7) years by the home team.

IMPORTANT INFORMATION

Insurance for Players

Australian Football National Risk Protection Programme

Players registered with an affiliated AFL Club enjoy the benefits of coverage under a Personal Accident Cover policy, however there are three very important points players should be aware of:

1. Personal Accident Cover **CAN** pay for Non-Medicare medical expenses

'Non-Medicare' means medical costs that can't be claimed through Medicare.

Items include physio, chiro, dental, ambulance transport and private hospital accommodation.

2. Personal Accident Cover is **NOT** Private Health insurance

It is law that Medicare items can't be claimed on Personal Accident Cover. These items can be claimed on Private Health Insurance and include services such as doctors and surgeons.

3. Personal Accident Cover is **NOT** intended to be Life Insurance

Personal Accident Cover is a policy for injuries occurring due to an accident. It is not a sickness or illness policy.

BENEFITS

The Personal Accident Cover **starts** at a standard level called Bronze. This includes:

- 50% reimbursement of non-Medicare expenses
- \$2,000 maximum per claim
- \$100 excess
- Capital Benefit maximum \$100,000
- Quadriplegia/Paraplegia maximum \$1,000,000

UPGRADES

Upgrading cover is **optional** and is available for teams or individuals. Upgrade options include:

- Increasing Non-Medicare benefits
- Adding Loss of Income cover

Some States and Leagues do this automatically so check with your club what level of benefits you qualify for.

RECOMMENDATIONS

It is **strongly** recommended that all players investigate their personal insurance needs. Players should consider the benefits of:

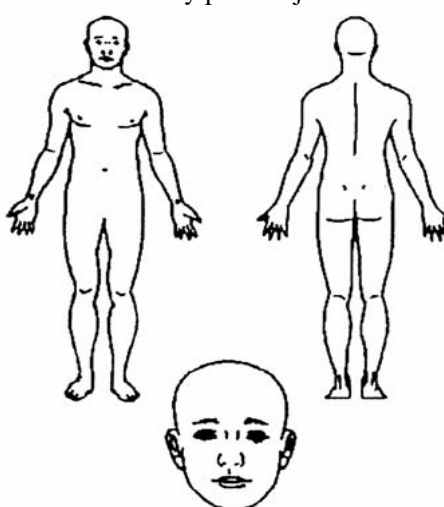
- Private Health insurance
- Life Insurance
- Loss of Income (particularly for self-employed players)
- Ambulance Subscription

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AUSTRALIAN FOOTBALL INJURY REPORTING FORM

Name: _____ Initials: _____ Position: _____ **Circle** Player/Umpire/Coach/Spectator
 Team : _____ Grade: _____ DOB: __/__/__ Gender: M F Venue/area at which injury occurred: _____

<p>Date of Injury __/__/__</p> <p>Type of activity at time of injury</p> <p><input type="checkbox"/> training/practice</p> <p><input type="checkbox"/> competition</p> <p><input type="checkbox"/> other _____</p> <p>Reason for Presentation</p> <p><input type="checkbox"/> new injury</p> <p><input type="checkbox"/> exacerbated/aggravated injury</p> <p><input type="checkbox"/> recurrent injury</p> <p><input type="checkbox"/> illness</p> <p><input type="checkbox"/> other _____</p> <p>Body Region Injured</p> <p>Tick or circle body part/s injured & name</p> <div style="text-align: center;">  </div> <p>Body part/s</p> <p>_____</p> <p>_____</p>	<p>Nature of Injury/Illness</p> <p><input type="checkbox"/> abrasion/graze</p> <p><input type="checkbox"/> open wound/laceration/cut</p> <p><input type="checkbox"/> bruise/contusion</p> <p><input type="checkbox"/> inflammation/swelling</p> <p><input type="checkbox"/> fracture (including suspected)</p> <p><input type="checkbox"/> dislocation/subluxation</p> <p><input type="checkbox"/> sprain eg ligament tear</p> <p><input type="checkbox"/> strain eg muscle tear</p> <p><input type="checkbox"/> overuse injury to muscle or tendon</p> <p><input type="checkbox"/> blisters</p> <p><input type="checkbox"/> concussion</p> <p><input type="checkbox"/> cardiac problem</p> <p><input type="checkbox"/> respiratory problem</p> <p><input type="checkbox"/> loss of consciousness</p> <p><input type="checkbox"/> unspecified medical condition</p> <p><input type="checkbox"/> other _____</p> <p>Provisional diagnosis/es _____</p> <p>_____</p> <p style="text-align: center;">CAUSE OF INJURY</p> <p>Mechanism of Injury</p> <p><input type="checkbox"/> struck by other player</p> <p><input type="checkbox"/> struck by ball (eg dislocated finger)</p> <p><input type="checkbox"/> collision with other player/referee</p> <p><input type="checkbox"/> collision with fixed object (goal post)</p> <p><input type="checkbox"/> fall/stumble on same level</p> <p><input type="checkbox"/> jumping</p> <p><input type="checkbox"/> landing from jump</p> <p><input type="checkbox"/> slip/trip</p> <p><input type="checkbox"/> twisting to pass or accelerate</p> <p><input type="checkbox"/> overexertion (eg muscle tear)</p> <p><input type="checkbox"/> overuse</p> <p><input type="checkbox"/> temperature related eg heat stress</p> <p><input type="checkbox"/> other _____</p>	<p>Explain exactly how the incident occurred</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Were there any contributing factors to the incident, unsuitable footwear, playing surface, equipment, foul play?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Protective Equipment</p> <p>Was protective equipment worn on the injured body part? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes, what type eg mouthguard, ankle brace, taping.</p> <p>_____</p> <p>Initial Treatment</p> <p><input type="checkbox"/> none given (not required)</p> <p><input type="checkbox"/> RICER <input type="checkbox"/> dressing</p> <p><input type="checkbox"/> sling, splint <input type="checkbox"/> crutches</p> <p><input type="checkbox"/> massage <input type="checkbox"/> manual therapy</p> <p><input type="checkbox"/> CPR <input type="checkbox"/> stretch/exercises</p> <p><input type="checkbox"/> strapping/taping only</p> <p><input type="checkbox"/> none given - referred elsewhere</p> <p><input type="checkbox"/> other _____</p>	<p>Advice Given</p> <p><input type="checkbox"/> immediate return unrestricted activity</p> <p><input type="checkbox"/> able to return with restriction</p> <p><input type="checkbox"/> unable to return at present time</p> <p>Referral</p> <p><input type="checkbox"/> no referral</p> <p><input type="checkbox"/> medical practitioner</p> <p><input type="checkbox"/> physiotherapist</p> <p><input type="checkbox"/> chiropractor or other professional</p> <p><input type="checkbox"/> ambulance transport</p> <p><input type="checkbox"/> hospital</p> <p><input type="checkbox"/> other _____</p> <p>Provisional severity assessment</p> <p><input type="checkbox"/> mild (1-7 days modified activity)</p> <p><input type="checkbox"/> moderate (8-21 days modified activity)</p> <p><input type="checkbox"/> severe (>21 days modified or lost)</p> <p>Treating person</p> <p><input type="checkbox"/> medical practitioner</p> <p><input type="checkbox"/> physiotherapist</p> <p><input type="checkbox"/> nurse</p> <p><input type="checkbox"/> sports trainer</p> <p><input type="checkbox"/> other _____</p> <p>Signature of treating person</p> <p>_____</p> <p>_____</p> <p>Today's Date: __/__/__</p>
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