Wanderens
JNR RUGBY LEAGUE

Player Name:	
Year:	
Team:	

Coach:

Welcome to the Wanderers Junior Rugby League Club 2025 Season

Wanderers Junior Rugby League Club (Mackay) was established in the 1970's. Originally based in Walkerston, the club relocated into Mackay in recent years. In 2023 our club will have teams from U6 to U12 mixed teams, U13, U14, U15 and U17 boys and, U12, U14, U16 and U18 girls in the Mackay District Junior Rugby League competition.

Wanderers has had much success both on and off the field, including the growing participation numbers year on year. This is a testament to the club culture; this culture ensures the club is a family-oriented club that develops not only rugby league players but good people as well.

The strong committee of dedicated volunteers are committed to creating a positive future for the club. This commitment will guide the committee to grow the club and increase player and volunteer numbers, increase finances, and overall provide a great experience for players and their families.

<u>Wanderers Junior Rugby League Club</u> <u>is committed to making a difference</u> <u>in our young people's lives.</u>



COMMITTEE

Wanderers Junior Rugby League Club could not run without the hard work and dedication of our committee members. We have regular General Meetings, which all families are more than welcome to attend. Team Managers will notify you by email of the meeting dates or please check our Facebook page for updates of upcoming events.

PRESIDENT

Shane Anderson

president.wanderers@outlook.com

DISPUTES

Trent Peno disputes.wanderers@outlook.com MERCHANDISE

Emily Rovelli merchandise.wanderers@outlook.com



TRAINING

Training sessions are held during the week after school at either Leprechaun Park near the airport or at the Mackay Junior Rugby League Grounds. Coaches determine training days, times and location. For more information please contact the club President.

2025 SEASON SUMMARY

Wanderers will have a home game played at Leprechaun Park, Milton Street, Paget and will also play some away games at Proserpine, Walkerston, Sarina and Moranbah. It is an expectation of the club that all players will support the away games and travel where needed.

The majority of games will be played at the MJRL fields on Casey Avenue, Paget.

<u>Scan the QR Code above for the 2025 summary.</u>



This booklet is a collection of information that you may find useful this season. There is an extensive list of first aid information, as well as a Season Tracker and Game Day Trackers for you to fill out and track your season.

There is a list of useful apps that you can download on your phone that you may want to access at any point.

Please remember the committee is there to assist you and to ensure that all our teams, players and families have a cracker of a season.

> FOR A DIGITAL COPY OF THIS BOOKLET, PLUS THE DOWNLOADABLE GAME TRACKERS, SCAN THE QR CODE.



FIRST AID INFORMATION IN THIS BOOKLET

Wanderers Rugby League has Sports Trainers and officers in our committee and they are always available on the field - the following advice is general and is designed to give you confidence to start First Aid in an emergency whilst the trainers, other first aid officers or ambulance officers are on the way to you.

THE FIRST AID INFORMATION IN THIS BOOKLET IS KINDLY DONATED BY FIRSTAID ADVANTAGE.





on bare skin Defib will tell nstructions In the event of an emergency, remember: urn AED on Defibrillator As soon as and follow pads must be placed available, Defib/ AED commence CPR <u>Jnresponsive</u> & Vot Breathing mmediately Rate: 100-120 f casualty is CPR of chest Not breathing not breathing If breathing, Look, Listen and **Feel** for normally is considered Breathing breathing. seconds Take 10 normal luid or solids, underside of and tap the Clear your casualty's Airways airway of eg vomit: their side Roll onto Maintain cheek. or if not sure: f responsive get consent defib at this time if avail. responsive, Send for Help and Defib Send for a Call 000 lf not Open your espond to hear me? Can you Does your Response casualty: casualty eyes! Ask the <u>Fouch</u>? \square <u>Talk</u>or place <u>before</u> measures in Hazards to: Casualty Yourself Put safety Check for Others providing you start Danger

call 000 for all emergencies

CPI

R

you exactly

willing, deliver 2

recovery position

with head tilt

and chin lift

open airway

& apply First

What's your

First Aid

1ame?

Aid

Squeeze my

hand!

roll into

If trained and

what to do

ASIC







firstaidadvantage.training



PPE DURING FIRST AID



Personal Protective Equipment (PPE) is important. It protects you from infection, it also protects your casualty from infection from you.



Protect yourself against infection by avoiding the blood, bodily fluid and breath of your casualty. wear gloves, face shields, hand sanitiser or eye protection. Remember to wash your hands and avoid putting your face too close to theirs. Please be aware that the risk of infection can be enough for you to discontinue care or not start. You will need to weigh these risks yourself depending on each individual scenario.

CALLING FOR HELP

When calling for assistance in Australia, remember the following numbers:

- 000 for Ambulance, Fire and Police
- **112** from a mobile phone especially when in low reception areas, also available internationally when the local number is unknown.

Those who are Deaf and have a National Relay Service, please scan the QR code for your options depending on your device.



Emergency Plus National Triple Zero Awareness Work Group communication

This app is not available for your device
Add to wishlist



This app helps give your EXACT location to emergency services when calling 000



THE RECOVERY POSITION

Once you have established that your casualty is breathing, your priority becomes maintaining their breathing regardless of other injuries. This will likely mean moving your casualty into the recovery position. If you suspect a spinal injury, please limit twisting but you may need to twist to clear the airway. If there are multiple rescuers, please nominate a First Aider to support the head and neck on the roll over.



The HAINES Recovery Position is in the picture beside this text. For a basic video on how to perform this, please scan this

code:



Does your casualty refuse to lay down? The Recovery Position can be different when your casualty is struggling to breath and <u>is responsive</u>. If your casualty doesn't want to lay down, seat them against a wall with their knees supported.

Infant Recovery Position

The Recovery Position for small infants who want or need to be held is:

- Cradle the baby in your arms, with their back against your chest (facing away from your body)
- Support the head and neck in a neutral position.
- When possible keep head tilted downwards to prevent them from choking or inhaling vomit. ensure you maintain a neutral head tilt.



Remember-pregnant women must go <u>onto</u> their LEFT side. This is achieved by standing at her right side, and rolling her AWAY from you. A rule of thumb could be "everyone on their left" just so you can be sure.

There are 2 exceptions to "everyone on the left"

 If someone is bleeding from the ear or abdomen, place them injury side down.

If there is a fracture, the injury goes up.
When in doubt, prioritise the most life threatening injury.

HOW TO PERFORM CPR



CPR should be performed on **any casualty** who is:

1.UNRESPONSIVE

2. NOT BREATHING NORMALLY

Card	Cardiopulmonary Resuscitation					
FirstAid Advantage	Infant (under the age of 1)	Child (between 1 and 18)	Adult (over 18 years)			
Head Tilt	No/Neutral Head Tilt	Full Head Tilt	Full Head Tilt			
Compression Ratio	30 Compression	s : 2 Breaths <u>if trai</u>	ned and willing			
Compression Position		he sternum. Centr ine with the ARMPI				
Compression Hands	lands 2 Fingers 1-2 Hands		2 Hands			
Compression Depth	1/3 Chest depth					
Compression Rate	100 - 120) compressions pe	r minute			
A.E.D (Defibrillator) Pads	As per child. As instructed by emergency services	As Indicated on pads. Usually 1 in the center of the chest and 1 in the center of the back.	As Indicated on pads. 1 on the upper right of the chest and 1 on the lower left of the abdomen			



SPORTING INJURIES

DRSABCD is the called the Primary Action Plan and is the FIRST assessment that a casualty must undergo. CPR is your priority in all injuries and accidents with the exception of life threatening bleeding.

Once the Primary Action Plan has been completed, in sporting injuries, the first aider can then move to the STOP and TOTAPS method. Whilst this is usually completed by the on-field sport medic, it is good to know so you can understand what is happening on the field.



Stop the athlete from participating in the game or moving

Stop the game if necessary.



Talk to the injured athlete

What happened, how did it happen, how do you feel, where does it hurt, does it hurt anywhere else, Can you play on? if no- arrange appropriate transport.



Observe whilst talking to the athlete. Observe their general behaviour and position Observe the injury site



Prevent Further Injury This is done by ensuring a detailed assessment happens using TOTAPS

TOTAPS



Once DRSABCD and STOP action plans have been me completed the injured athlete is assessed using TOTAPS.



Talk

History of:

- Individual
- Incident

Observe

Expose and compare for:

- Swelling
- Discoloration
- Deformity



Touch

Compare to uninjured side:

- Tenderness
- Temperature
- Pain



Active Movement

Athlete moves injured part through full range of movement - ONLY TO POINT OF PAIN



Passive Movement

Sports trainer moves injured part through full range of movement - ONLY TO POINT OF PAIN



Skill test

Athlete performs progress skill test appropriate for the sport



PROVIDING FIRST AID

First Aid is the initial care of a suddenly sick or injured person. It is the prompt care and attention of a casualty prior to the arrival of an ambulance.

You must remember that your casualty's AIRWAY is still the main priority in every case with the exception of life threatening bleeding. If your casualty ever becomes unresponsive and not breathing normally then you must leave First Aid Mode and commence CPR.

DO WE TREAT KIDS AND BABIES DIFFERENTLY?

Whilst this is always situationally dependent, there are a few cases where kids and babies are treated differently. These are: CPR, resolving choking and cooling down children under 5 during a over heating event. In most other circumstances, it is reasonable to treat kids and infants the same as adults.

RECOGNITION OF A SEVERELY UNWELL CHILD.



The Sydney Children's Hospital Network has created a checklist to assist parents and carers in recognising the signs and symptoms of a severely unwell child. Please scan the QR code to access the document on your phone.

TREATMENT OF SHOCK

- Lay the casualty down flat. We no longer raise the legs
- Call 000
- Place in the recovery position
- Treat the cause of shock
- Keep warm and comfortable and do not leave them alone
- Perform CPR if unresponsive and not breathing normally.



BLEEDING MANAGEMENT

With all bleeding, try not to be confused by the appearance of the volume of blood. Concentrate on "How is it stopping?"

Mild Bleeding:

Stops on its own and your priority is to clean the wound with saline or water and remove minor debris

Moderate Bleeding: Requires Direct Pressure. Seek immediate medical attention.

Severe/Life Threatening Bleeding:

Requires a 000 call, attempt to stop with direct pressure. If attempts at pressure fail, then an Emergency Bandage, Tourniquet or Haemostatic Dressing may be applied.

NOSE BLEED MANAGEMENT

- 1.Encourage the casualty to sit up straight and slightly lean forward
- 2. Pinch the soft part of the nostrils for at least 10 minutes
- 3. During this time encourage the casualty to spit the blood out of the mouth
- 4. After 10 minutes, check by lifting the fingers. If its still bleeding, apply pressure for another 10 minutes.
- 5.After 20 minutes, if the casualty is still bleeding, consider medical attention.
- 6.During this time, cool packs can be placed on the back of the neck.
- 7. Once the bleeding has ceased, encourage your casualty to breathe through their mouth to help set the clot in place.





(HEAT INDUCED ILLNESS AND HEAT STROKE)

Heat induced illness presents with a spectrum of severity. The casualty may show some of these indicators/red flags:

- Inability to continue the activity
- High body temperature
- Dizziness and faintness
- Nausea, vomiting or diarrhoea
- Pale skin and other signs of shock
- Dry skin
- Poor muscle control or weakness
- Decreasing levels of consciousness, confusion or seizures.

MANAGING HEAT INDUCED ILLNESS (5 YEARS OLD+)

Immersion in cold water, as cold as possible, for at least 15 minutes is the most effective treatment for Heat Stroke. This includes the use of ICE BATHS or the TACO Method of cooling

If immersion is not possible:

- Lay the casualty down and provide shade
- Cool them with damp cloths and fan
- If conscious, give a cool drink
- If they do not improve, call 000

Then whilst waiting for emergency services

• Continually monitor airways and breathing.

If immersion is still not available, a combination of the following methods should be used:

- Wet the person with cold or cool water, under a shower if safe, or with a hose or other water source
- Apply ice packs (groin, armpits, facial cheeks, palms and soles).
- Repeatedly moisten the skin with a moist cloth or atomizer spray.
- Fan continuously.

When using immersion- children aged 5 and under should be placed in tepid or lukewarm water







SPINAL INJURY

Even though spinal injuries can be scary it is important to remember that Airways and Breathing take precedence over these injuries. This means you must always prioritise the clearing of the airway or performing CPR over spinal management if you are alone. If there is more than one first aider- it is best to assign a first aider to focus on immobilisation of the spine and spinal care as their primary focus, whilst the other first aiders manage the other potential injuries.

MANAGEMENT OF SPINAL INJURIES:

- 1. Call 000
- 2. Cease the game and Rest and Reassure whilst monitoring airways and breathing
- 3. Spinal Care See below

SPINAL CARE

Specific spinal care management will look different depending on the injury and what caused it, whether the casualty is responsive, what other injuries there are an more. Just remember:

- Try to avoid approaching a responsive casualty from the side to avoid them twisting to look at you.
- Keep the head and neck in alignment where possible.
- Keep your casualty as still as possible. Encourage yes and no questions to be answered verbally with no head movement or nodding.
- Avoid "Twisting" movements.
- A head tilt and chin lift can help maintain airway whilst being careful of the spine.



HEAD INJURY

The assessment of head injuries has come a long way in the past few years. In previous years, there was a big focus on first aiders providing concussion assessment.

Current First Aid guidelines suggest that there is insufficient evident to support or refute the use of concussion scoring <u>as</u> <u>a first aider</u>. If in doubt, and you feel you HAVE to assess, **use the HeadCheck App.** This app has been created in conjunction with AFL Australia and the Murdoch Insititute and is an extremely simple tool to help non-trained individuals recognise the seriousness of the injury.

REMEMBER that your Sports Trainer IS TRAINED to assess for concussion and NRL Australia has forms to assist them in this. The NRL takes player welfare and safety including concussion very seriously. Any player removed from the field of play with a suspected concussion MUST be assessed by a medical practitioner.

The brain can reset quickly after a concussion it is important to act quickly and assess straight away. Ask the questions and fill out the form as soon as you suspect a concussion. The signs and symptoms will disappear as quickly as they appeared and can stay hidden for 3 days before returning.

Be aware that Loss of Consciousness is not common in concussion- in fact it only occurs in less than 10% of cases. <u>A player does not have to lose consciousness to have</u> <u>concussion!</u>



HEAD INJURY CONTINUED

It is important to not take anti-inflammatory medications with a suspected concussion as this increases the risk of brain bleeding.

A <u>Return to Play Strategy</u> should be followed for any head injury. Minimum time frame for returning to playing AND training after concussion:

Adults (19 years and over) 11 days;

Children (18 years and younger) 19 days

A head injury should be assumed if the first aider has witnessed a head injury or if there was a head injury reported.

The serious consequences of not recognising concussion in the first aid environment warrants advising all victims who have sustained a head injury, regardless of severity, to seek assessment by a health care professional or at a hospital.

Unrestricted Return to Sport can only occur once a player has been cleared using the NRL Head Injury/Concussion Medical Clearance Form. **FOR FURTHER CONCUSSION OR INJURY ADVICE:**

> Marc Newman ForeBode Health and Injury Management: Address 15 Ambrose Way, North Mackay QLD 4740 Phone 07 4942 0598

Email enquiries@forebode.com.au



This app gives you assistance to assess the severity of a head injury and give specific advice on what to do.





FRACTURE MANAGEMENT

- 1. Reassure the casualty and keep them as still as possible
- 2. Call 000 for ANY suspected break larger than a digit
- 3. Control any bleeding with pressure
- 4. Immobilise your casualty and help them support the injury as best you can- prop with pillows etc
- 5.If an ambulance is on the way, splinting or slinging is not of any further benefit than supporting
- 6.The casualty may be able to support the injury themselves.
- 7. Keep them comfortable until help arrives.
- 8. It can be difficult for a first aider to tell whether the injury is a fracture, dislocation, sprain or strain. If in doubt, always treat the injury as a fracture.

SOFT TISSUE INJURIES

- R Rest- take weight off the injury
 - Ice on the injury till it goes 'numb', then
- remove. If pain returns as the injury site warms up, reapply
- C <u>Compression</u> use a compression bandage on the area
- E Elevate- where safe and comfortable, elevate the injury
- R <u>Refer</u> to medical aid- RICER only works for 48 hours. Any longer requires medical attention.

SOFT TISSUE INJURY MANAGEMENT CONTINUED



NO HARM METHOD

For 48-72 hours after a soft tissue injury, you should apply the NO HARM method.

NO HEAT

this has the opposite effect to cold as it causes blood vessels to dilate which increases swelling

NO ALCOHOL

Alcohol also causes blood vessels to dilate and exacerbates inflammation and swelling. It also creates an imperception to pain which can lead to further injury.

NO RUNNING/REACTIVITY

Just like bones, ligaments and tendons need time to heal and recover their strength

NO MASSAGE

Although this can be beneficial for longstanding ailments, it should not be performed on the injured part in the first 48-72 hours after injury

DISLOCATION MANAGEMENT

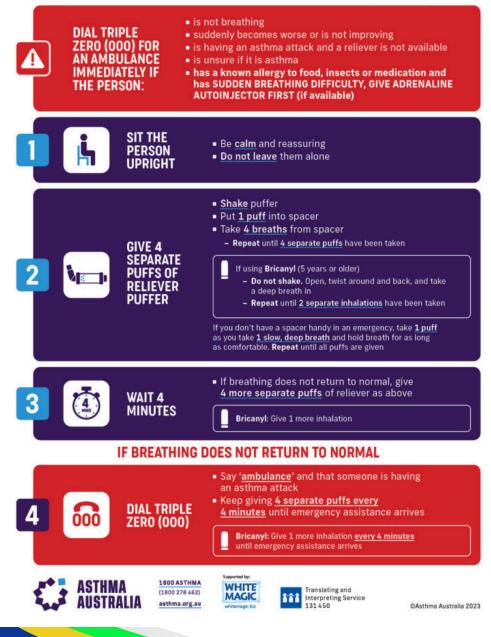
With any Dislocation- DO NOT attempt to replace. Call 000, rest and reassure and immobilise the area



ASTHMA FIRST AID

Blue/Grey Reliever

Airomir, Asmol, Ventolin or Zempreon and Bricanyl Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma







6

Time -

How long the seizure lasts



Protect

Protect from injury and danger Remove anything harmful Support or cushion head



Roll

Roll onto side if not aware and awake

Keep airway clear



Reassure –

Keep calm and explain what has happened



Stay

Stay until person is alert or support arrives

-Call 000

Call an ambulance 000 or 112 from mobiles

A seizure is a medical emergency if...

Seizure is longer than 5 minutes

Second seizure follows

Seizure occurs in water

Breathing is impaired

It's the person's first seizure



DON'T restrain them

DON'T put anything in mouth

DON'T give any food or drink



epilepsyqueensland.com.au

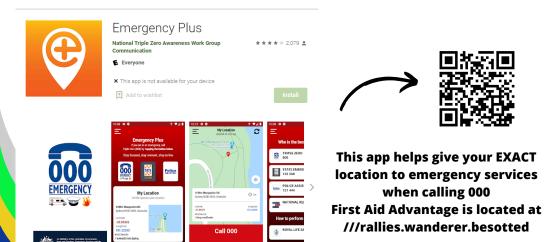


APPS RECOMMENDED BY FIRSTAID ADVANTAGE

FirstAid

Here are some great apps for your phone! Download these in case of emergency.





APPS RECOMMENDED BY FIRSTAID ADVANTAGE FirstAid Advantage











This app gives you assistance to assess the severity of a head injury and give specific advice on what to do.

This app is available for all of your devices

< Share

Install on more devices



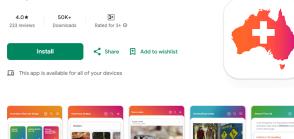
What's new

43 revi

Fixed a bug for push notifications reminders during the concussion recovery journey and more minor changes to make the app look

Australian Bites and Stings

Healthy limited





This app can give First Aid advice for bites and stings from Aussie Animals



Use this page to tally your tackles, tries and teams that you played against.

SEASON GAME COUNT:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

MY TACKLE TALLY:

MY TRY TALLY:

THE TEAMS I PLAYED AGAINST THIS SEASON:

WHAT I AM MOST PROUD OF THIS SEASON:



Self Reflection	What I want to work on	
Self Re	What I did well	
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	Versus	"It's hard to beat a person who never gives up!"
	Date	



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	Versus	"You miss 100% of the shots you	don't take"
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	Versus	"It's not whether you get knocked down; it's whether you get back up"
	Date	"I get wl



		_						
Self Reflection	What I want to work on							
Self Re	What I did well							
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	Date	t] ; ;



Self Reflection	What I want to work on	
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Final Score	Them	est, the cch cion t to
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Loca	Home	t to l leari play in yo hat y do"
	Versus	"If you want to be the best, you have to learn, watch the games and players, watch the person in your position or doing what you want to do"
	Date	Jf you ga the or



Self Reflection	What I want to work on	
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tion	Away	gam roes to bec e opp and v ebt to
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	Versus	"I'd like to thank the game of rugby league – it gave me heroes when I was a boy and a chance to become one myself. It's given me opportunity, security, friendship and values. For this, I am forever in debt to our game.
	Date	"I'c leag m sec this,



Other notes & things you want to remember!

7	
	nis booklet was created and esigned by Jess Richardson and
Ka	ate McKenna