



PETERBOROUGH CITY SOCCER ASSOCIATION

FIRST AID POLICY

August 2017

When you accept the role of coach or manager, you accept a major responsibility for the care and safety of your players. Although the athletes share in the responsibility for their protection and safety, their ability to understand what they can do, how they can do it, and whether they are doing it correctly, may be limited. It is your job to help them practice and play as safely as possible.

If you don't already have first aid certification, we encourage you to enrol in both CPR and first aid classes to help prepare yourself to handle accidents that may happen while you are coaching. The PCSA has committed to offering these courses in-house or we will reimburse you for the course costs.

Your job as a volunteer is to recognize an injury when it happens, to stabilize the injury as best you can, and to summon medical assistance if necessary. You need to understand the limitations of your training and knowledge. If you are not a trained medical professional, then it is your responsibility to call one immediately whenever you have any doubt as to what to do next.

For those emergencies that require immediate attention by a trained professional, call 9-1-1.

Whenever a player is injured, be certain to inform the parents or guardians of the injury, even if it seems minor. Continued participation does not mean that they should not be notified.

Here are some common soccer injuries and their methods of care:

1. emergency plan	2. injury prevention	3. preventing disease
4. heat emergencies	5. ankle injuries	6. knee injuries
7. dislocations	8. blisters	9. bleeding
10. nose bleeds	11. head & neck injuries	12. broken bones

1. Have an Emergency Plan

It is important to have a well thought out plan for dealing with injuries. It is best to have a written response plan for emergencies. Keep this in your coaching bag for easy access.

Some points to consider in your plan:

1. Is a first aid kit available?
2. Do I have all of my players' medical consent forms and emergency contacts with me at all times?
3. Where is the nearest phone?
4. How do I get first aid and paramedics/ambulance?
5. Do any of my assistant coaches or parent volunteers know first aid?
6. Who will go for help if I need to attend to an injured player?
7. Who will supervise other players if I need to summon help?
8. Do my assistant coaches and players know the emergency plan?

2. Injury prevention

Prevent injuries in every way possible. Some important steps that can help you in your injury prevention plan include the following:

Emphasize sound skill development

Inspect practice and game fields (e.g. holes, sprinkler heads, pools of water, tree branches, and other hazardous objects)

Teach your players sound conditioning habits (including proper warm-up, stretching, cool down, and access to water)

3. Preventing Disease Transmission

Place an effective barrier between you and the victim's blood when you give first aid.

Examples of such barriers are: the victim's hand, a piece of plastic wrap, clean folded cloth, rubber or latex gloves.

Wash your hands thoroughly with soap and water immediately after providing care.

4. Heat Emergencies

Have the athlete rest in a cool place.

Give cool water.

Stretch muscle and massage area.

Heat exhaustion

Player's skin will appear pale and clammy, perspiration is profuse, may experience nausea, weakness, dizziness, headache, cramps

FIRST AID FOR HEAT EXHAUSTION:

Have athlete lie down in a cool place with feet elevated 8 to 12 inches.

Give cool water.

Loosen tight clothing.

Remove clothing soaked with perspiration.

Apply cool wet cloths (such as towels) or ice packs (wrapped) to the skin.

Call 911 if player refuses water, vomits or if level of consciousness changes.

Heat stroke

Player will appear hot, red, will not be sweating (although skin may be wet from previous sweating), pulse will be rapid and strong, body temperature will be high (105 degrees Fahrenheit or more). This is an immediate and life-threatening emergency.

FIRST AID FOR HEAT STROKE:

Call 911

Get the athlete out of the heat and into a cooler place.

Cool the player fast – immerse in a cool bath, or wrap with wet towels and fan him/her.

Give nothing by mouth.

Preventing heat emergencies

PREVENTATIVE STEPS:

Avoid being outdoors during the hottest part of the day, if possible.

Reduce the activity level according to the rising temperature.

Take frequent breaks – engage with athletes regularly to see how they are feeling.

Drink large amounts of fluid – especially water.

Wear light-coloured clothing, if possible.

5. Ankle injuries

An injury to an ankle can take the form of a sprain or a break and may have different degrees of severity. Sprains are stretched or torn tendons, ligaments, and blood vessels around joints.

FIRST AID FOR ANKLE INJURIES:

Assume the injury is likely severe.

Immobilize the player (avoid any movement that causes pain).

Begin the ICE routine (Ice, Compression, Elevation – elevation helps slow the flow of blood, thus reducing swelling).

Have the player see a physician for assessment before returning to practice.

DON'T:

Remove athlete's shoe and sock until ice is available.
Have the player try to "walk it off".

6. Knee injuries

The knee is the most complicated joint in the body, as well as the joint most frequently injured. It requires a specialist to treat knee injuries properly. Your job is to limit further injury and to get the player to the hospital.

FIRST AID FOR KNEE INJURIES:

Help the player off the field.
Apply ice to the injured area.
Elevate the leg without moving the knee, if possible
Take the player to the hospital immediately

DON'T:

Move the knee to examine the injury.
Allow the player to get up and "walk it off".
Allow the knee to move freely.
Allow the athlete to continue participating until a physician has been consulted.

7. Dislocation

Dislocations and broken bones (fractures) are treated similarly. A dislocation is a displacement of a bone end from the joint. Dislocated joints will have pain, swelling, irregularity, or deformity over the injured area.

FIRST AID FOR DISLOCATIONS:

Leave dislocated joint in the position found.
Immobilize joint in the exact position it was in at the time of injury.
Apply ice and elevate to minimize swelling.
Have the player see a doctor immediately.

DON'T:

Attempt to relocate a dislocation or correct any deformity near a joint (movement may cause further injury).
Assume the injury is minor.
Assume there is no broken bone.

8. Blisters

Blisters typically appear as a raised bubble of skin with fluid beneath; the fluid may be clear or bloody. The blister may be torn with new skin exposed. Generally painful.

FIRST AID:

Rub ice over the area.

Place small moleskin doughnut over the outside edges of the blister and tape to prevent further friction.

If the blister is torn, wash area with soap and water; put ointment over the blister and cover with a protective dressing.

DON'T:

Treat a blister lightly; infection can result, causing serious problems.

Puncture blister – let a physician do so.

PREVENTATIVE STEPS:

Properly fitting shoes and socks are essential.

Proper conditioning is necessary to allow the skin to become accustomed to the activity load.

Wear two pairs of socks if friction is extremely bad.

9. Bleeding

In most cases, bleeding can be controlled by placing direct pressure over the wound. To reduce risk of infection, whenever possible wear latex gloves and wash hands before (and after) treating an open wound.

FIRST AID:

Apply direct pressure to the wound with a clean compress (use clothing if a clean compress is not available).

Elevate the wound above the level of the heart.

Keep the player lying down.

If bleeding is sufficient to soak through the compress, apply additional as necessary directly over the others.

Call 9-1-1 if bleeding is severe or persistent.

DON'T:

Remove old compresses; this may cause more bleeding.

Treat any bleeding lightly.

Let dirt get into the wound.

10. Nose Bleeds

A bloody nose is a common occurrence following a blow to the face, or in association with high blood pressure, infection, strenuous activity or dry nasal passages. Although usually more annoying than serious, any bloody nose resulting from an injury to the face should be considered as a potential fracture. If you suspect a head, neck, or back injury, do not try to control a nosebleed; instead, keep the player from moving and stabilize the head and neck.

FIRST AID:

Place the player in a sitting position leaning slightly forward.

Apply a cold compress to the athlete's nose and face.

Apply direct pressure by having the player pinch the nostrils with the fingers.

Take the athlete to the doctor if bleeding persists.

DON'T:

Allow the player to blow his/her nose for several hours.

Stick anything up the nose to stop the bleeding without the assistance of a medical professional or emergency personnel.

Lean head backwards (player may choke on blood running down the throat).

11. Head and Neck Injuries

These injuries can be the most devastating of all injuries. Permanent paralysis may result from any neck injury, so these injuries must be handled with extreme care.

SIGNS & SYMPTOMS:

Headache, dizziness.

Unconsciousness (immediate or delayed).

Unequal-sized pupils.

Tingling sensation or numbness in arms and/or legs.

Inability to move fingers, toes, or extremities.

Difficulty breathing.

Athlete not alert.

FIRST AID:

Call 9-1-1 for help immediately.

Make sure the athlete is able to breathe.

Keep the player still (stabilize head and neck as you found them)

Maintain body temperature.

Call parents or guardian immediately.

Pass all important information on to doctors.

DON'T:

Move the athlete.

Leave the player unattended.

Overstep the limits of your knowledge.

12. Broken Bones

Fractures come in a variety of forms and may occur any place in the body where there is a bone. Remember, you are not a trained medical professional qualified to handle these many different situations. Your job is to recognize the injury (or possible injury) and to limit further injury.

SIGNS & SYMPTOMS:

May have heard a pop or snap, or received a direct blow to the area.

A closed fracture will have pain, swelling, irregularity, or deformity over the injured area. An open fracture will have bone protruding.

FIRST AID:

Leave fractured bone in the position found.

Immobilize the joints above and below the suspected injury.

Cover an open fracture wound with a large clean dressing; control bleeding.

Apply ice to a closed fracture (not to an open fracture).

Transport the player to the hospital or call for an ambulance if you are unsure about moving the player.

DON'T:

Attempt to straighten injured limb or push back protruding bones.

Allow player to move the injured area.

Allow dirt into any injured area with protruding bones.