PLAYER SAFETY

&

FIRST AID

First Aid / Injury Information

At most games and practice sessions there is rarely a fully trained doctor, physiotherapist or first aider present to administer first aid to injured players. Coaches, therefore, are likely to be the first to respond to a player's injury.

Most injuries that occur will be minor in nature, but some can be major injuries that do not occur often but, will require recognition and prompt, appropriate action.

Your role may involve the following tasks:

- Informing parents or guardians of the injury
- Transporting or arranging for transportation of an injured player to hospital or the nearest suitable medical facility.

For this reason, all coaches are strongly encouraged to take a first aid course organized by one of the voluntary services (i.e. St. John Ambulance or Red Cross). Attending such a course and holding a valid certificate will put both the coach and his/her players at ease with the knowledge that their medical interests are not being overlooked.

This information is aimed at an introductory level to offer general advice on the "do's & do not's" and give an insight into the signs and symptoms of several injuries that may be encountered.

Player Safety Essentials

Every coach/team staff for ALL Abbotsford Soccer Association teams is responsible for making sure that the following items are present at ALL practices and games:

- Properly stocked First Aid kit
- Medical History Cards for ALL players and ALL team staff (carded coaches & managers)
- Medical Consent Forms for ALL players and ALL team staff (carded coaches and managers)
- Emergency Action Plan
- Identified First Aid person (can be a parent)

Coaches are also responsible for making sure that the following items are checked prior to ALL team practices and games:

- ✓ Equipment is safe for players to use (balls, cones, goals etc…)
- ✓ Field conditions (free of pot-holes, dangerous objects, dog duty…)
- ✓ Weather Conditions (lightning, excessive heat/rain/cold)
- ✓ All players are wearing shin guards.
- ✓ All players are wearing appropriate footwear.
- ✓ All jewelry/hats are removed (except for religious headwear)
- ✓ First Aid kit is present.
- ✓ Medical History Cards are present.
- ✓ Medical Consent Forms are present.
- ✓

******If there are any safety concerns with the field conditions, please report them to the Club IMMEDIATELY******

****IMPORTANT***

IF A PLAYER'S INJURY/SYMPTOMS ARE SEVERE DO NOT TOUCH OR MOVE THE PLAYER.

Call 911 Immediately, if a player is showing any of the following symptoms;

A) Loss of consciousness

B) Broken leg or arm or any suspected fractures,

C) Severe neck pain with or without any arm pain numbness or tingling,

D) Dislocations – shoulder, knee, hip, ankle (finger – may drive to hospital)

E) Severe abdominal pain,

F) Chest pain,

G) Difficulty breathing

H) Seizure

Recognition of Injury and Testing

There is a set procedure for 'recognizing' an injury and the degree of injury. For example, minor (1st degree) or major (3rd degree) on the field of play. A simple reminder of this procedure is the word **"S.A.L.T.A.P.S."**

It is easy to miss out aspects of the assessment and to fall in to bad habits. Generally, if a player has suffered a major injury (e.g. fracture, dislocation or severe muscle or ligament injury) he/she will not be 'rolling about'. They will remain still and will probably tell you something is wrong.

Remember, there are five (5) signs of inflammation: Heat, Swelling, Pain, Discoloration and Loss of Function.

The term **"S.A.L.T.A.P.S."** explains the assessment procedure and stands for:

S ***See the initial injury.***

A ***Ask for the history.*** The therapist/coach asks the player what is wrong, where the injury is etc... He/she does not touch or move the injured part yet.

L ***Look for signs of inflammation, deformity, etc***. The therapist/coach looks at the injury site. This may mean taking the sock down to look at an ankle. You can't see through socks, although some therapists seem to think you can. You are looking for signs of inflammation. Do not ask for movement. There may be visible deformity which signifies a major injury. If so, you would not proceed further but call for an ambulance. Emergency Action Plan (EAP).

T ***Touch for tenderness, pain, swelling, pins & needles, etc.*** If there is no visible deformity of the at the injury site the injured part can be exposed and gently palpated. The objective is quickly to establish whether there are any signs or symptoms such as:

- Palpable pain/tenderness
- Swelling
- Loss of skin sensation
- Altered skin sensation such as 'pins and needles'
- Any obvious deformity of the part compared to the other limb.

When palpating the part, remember to observe the player's face for response (e.g., a grimace caused by discomfort or pain). Also, remember that verbal communication is vital in order to establish whether palpation causes pain, exactly where the problem is, and the grade or perceived level of injury (see below). No movements are asked for at this stage. You may decide to go no further at this stage and ensure that the player takes no further part in the training session or game.

A ***Active: ask for active movements from the player.*** Up to this point, no movements of the injured part have been asked for. It may well be that the injury is of such a level that, having been through the previous testing procedures, it would be unwise to ask for active movements.

The player will be asked to carry out all the major movements associated with the nearest joint or joints. While he/she is carrying out these purely active movements, the 'therapist' notes the range of movement gained in each direction and again checks the injured player's facial expression, looking out for signs of discomfort or pain.

P ***Passive: coach/ therapist moves the part passively***. You never move the players injured part unless he/she has demonstrated a good range of active movement. A passive movement is where the therapist performs the desired movement of a body part for the player. The player takes no active part in this at all. With knowledge of how far the player has moved his/her joint or body part actively, the therapist moves the part through this range and a little further, checking all the time for facial reaction. If this causes no undue problem, then the therapist will move on to strength testing. All movements available are tested.

S ***Strength: therapist resists movements of the injured part by the player.*** If the player responds well to these then functional weight-bearing tests can be carried out. You may decide that the player is not going to continue the game or training session and therefore there is no need for strength testing. The therapist resists the action of muscles working over the injured part. All movements available are tested. Again, the therapist checks for pain or discomfort, through facial expression and questioning.

If the player passes through the seven (7) areas covered by the **"S.A.L.T.A.P.S."** assessment, he/she is then helped into the standing position for application of weight-bearing functional tests. For a minor ankle injury, the following progressive activities could be used;

- Assisted standing
- Standing unaided
- Walking forward unaided
- Jogging on the spot
- Jogging forwards (straight line)
- Jogging backwards (straight line)
- Quarter-pace running
- Half-pace running
- Three-quarter pace running
- Stopping and starting
- Full pace sprinting
- Side to side running (zig-zag, figure of eights etc..)

Summary

Before leaping into action, the following guided 'on-field' recognition testing must always be followed…

- ✓ Remember, it is very important to realize that in minor injuries, where the player will carry on, all stages of the assessment will be carried out. However, in moderate to severe injuries, the assessment will not be completed as the coach/therapist realizes that the signs and symptoms are substantial and that to continue would cause further injury.

- ✓ As the grade of injury rises, so do the signs and symptoms of injury. At some point, a decision will be needed: Is the player fit to carry on? Sometimes, this is a clear-cut decision but, sometimes it is not so clear! Be guided by what you see, touch, feel and what the player's active movement state is.

- ✓ Never stray from the **"S.A.L.T.A.P.S."** testing routine.

- ✓ Never continue progression through the **"S.A.L.T.A.P.S."** testing routine when a player's signs and symptoms, lack of movement or unwillingness to move the affected part indicates termination at the point reached.

Head Injuries/Concussions

What is a Concussion?

A concussion is a brain injury that affects the way you think and remember things for a short time. It can cause many symptoms but they can't be seen on x-rays or computed tomography (CT) scans.

What Causes a Concussion?

Any blow to the head, face or neck, or somewhere else on the body that causes a sudden jarring of the head, may cause a concussion, such as being hit in the head with a ball or being checked into the boards in hockey.

What are the symptoms and signs of concussion?

A person does not need to be knocked out (lose consciousness or pass out) to have had a concussion. Some of the problems that may happen with a concussion are shown in Table 1.

Table 1: Symptoms and Signs of Concussion

Cognitive Features (thinking problems)	Symptoms	Signs
1. Not knowing the time, date, place, time of game, opposing team or score of game 2. General confusion 3. Not being able to remember things that happened before or after the injury 4. Being knocked out	1. Headache / Dizziness 2. Feeling "dazed" "dinged" or stunned - "having my bell rung" 3. Seeing stars or flashing lights 4. Ringing in the ears 5. Sleepiness 6. Loss of vision 7. Double vision or blurry vision 8. Stomach ache, stomach pain or nausea	1. Poor coordination or balance 2. Blank or glassy-eyed stare 3. Vomiting 4. Slurred speech 5. Slow to answer questions or follow directions

What should you do if a child gets a concussion?

The child should stop playing the sport right away. Do not leave him/her alone. A doctor should see him/her as soon as possible that day. If a child is knocked out, call an ambulance to go to the hospital immediately. Do not move the child or remove sport equipment, such as a helmet. Wait for the paramedics to arrive.

How long will it take to get better?

The signs & symptoms of concussion often last for seven (7) to ten (10) days but may last much longer. In some cases, children may take many weeks or months to heal. A child who has had a concussion before may take longer to heal.

How is a concussion treated?

The most important treatment for a concussion is rest. That means not exercising, bike riding, play wrestling with family or friends, playing video games or working on the computer. Children may have to stay home from school because schoolwork may make their symptoms worse. Children who go back to school or resume activities before they are completely better are more likely to get worse and to have symptoms longer. Even though it is very hard for an active child to rest, this is the most important step. Once a child is completely better at rest, he/she can start a gradual increase in their activities. It is important to see a doctor before returning to activity to ensure they are completely better.

When can children return to school after a concussion?

Sometimes children who have a concussion find it hard to concentrate in school and may get a worse headache or feel sick to their stomach if they try to learn. Children should stay home from school if their symptoms get worse while they are in class. Once they feel better, they can try going back to school for half days at first. If they are okay with that, then they may go back full-time.

When can a child return to sport after a concussion?

Children should not go back to sports if they have any concussion symptoms or signs. They must rest until they are completely back to normal. After they have been back to normal and have been to see a doctor, they can then go through the steps to gradually increase activity:

- ✓ Complete rest until all symptoms have subsided
- ✓ Light exercise, such as walking or stationary cycling for 10-15 minutes.
- ✓ Try a sport-specific activity (such as skating in hockey or running in soccer) for 20-30 mins.
- ✓ Move to 'on-field' practice, such as ball drills, shooting and other activities with no contact (e.g. no tackling and no heading the ball)
- ✓ Once cleared by a doctor, move to 'on-field' practice with body contact.
- ✓ Game play.

Note: Each step must take at least one day. If a child has any symptoms of a concussion (headache or feeling sick to the stomach) that come back during activity, he/she should stop the activity immediately and rest for 24-48 hrs. The child should be seen by a doctor and cleared before starting the step-wise plan again.

When should a child go to a doctor?

Every child who gets a head injury should be seen by a doctor as soon as possible. A child who has been diagnosed with a concussion should see a doctor immediately if symptoms get worse, such as:

- Being more confused;
- Worsening of a headache;
- Vomiting more than once;
- Not waking up;
- Having trouble walking;
- Experience a seizure; or
- Behaving strangely.

Problems caused by a head injury can get worse later that day or night. A child should not be left alone and should be checked on through the night. If there are concerns about a child's breathing or sleep, wake them up. Otherwise, let them sleep. If a child seems to be getting worse, see a doctor immediately. No child should go back to a sport until they have been cleared to do so by a doctor.

RTRN2PLAY
Head Injury & Concussion
Tracking Form

The following multi-section tracking form must be completed IN FULL & IN SEQUENCE by the appropriate personnel. When all sections are completed the athlete can **RTRN2PLAY**.

SECTION A – DETAILS

PLAYER NAME: ……..… **GENDER: ……..**

DATE of BIRTH: ……

VENUE of INCIDENT: …… **MATCH OR TRAINING**

DATE of INCIDENT: …… **TIME of INCIDENT: ……..……**

Provide a brief description of the incident:

……
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……
……

Given the guidance of FIFA – "SCAT3" the following symptoms were observed;

- ☐ **Loss of consciousness**
- ☐ **Seizure or convulsion**
- ☐ **Amnesia**
- ☐ **Headache**
- ☐ **"Pressure in head"**
- ☐ **Neck Pain**
- ☐ **Nausea or vomiting**
- ☐ **Dizziness**
- ☐ **Blurred vision**
- ☐ **Balance problem**
- ☐ **Sensitivity to light**
- ☐ **Sensitivity to noise**
- ☐ **Feeling slowed down**
- ☐ **Feeling like "in a fog"**
- ☐ **"Don't feel right"**
- ☐ **Difficulty concentrating**
- ☐ **Difficulty remembering**
- ☐ **Fatigue or low energy**
- ☐ **Confusion**
- ☐ **Drowsiness**
- ☐ **More emotional**
- ☐ **Irritability**
- ☐ **Sadness**
- ☐ **Nervous or anxious**

Following initial assessment at the field,

- ☐ Emergency services were called
- ☐ The athlete was transported to hospital via ☐Ambulance ☐Parent (indicate appropriately)
- ☐ The athlete remained 'at-field' for a period of observation.

SECTION B – AT FIELD OBSERVATION

The athlete was observed for a further time period of ……..minutes.

- ☐ No changes in condition were observed/noted
- ☐ The athlete's condition changed. Give details:

  ……
  ……
  ……
  ……

The athlete was instructed to visit his/her family MD and was supplied with this Tracking Form

COACH NAME: …… **SIGNATURE: ……**

PARENT NAME: …… **SIGNATURE: ……**

RTRN2PLAY
Head Injury & Concussion
Tracking Form

SECTION C - **INITIAL MD ASSESSMENT**

DOCTOR NAME: ……

PRACTICE ADDRESS: ……

……

……

……

DIAGNOSIS:

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RTRN2PLAY – INITIAL PLAN (MD)

Following a possible period of complete rest, the athlete is cleared to undertake the following 'steps' in their recovery;
The athlete must be symptom free before progressing on to each subsequent next step.

1. **Light aerobic exercise such as walking or stationary cycling. NO resistance training**
2. **Sport specific training (e.g. skating in hockey, running in football/soccer), progressive addition of resistance training. NO PHYSICAL CONTACT.**
3. **Non-contact training drills.**

MD NAME: …… SIGNATURE: …… DATE: ……

SECTION D - **RTRN2PLAY INITIAL PLAN (TECH)**

Following a successful, symptom free period of ……. days (insert appropriate number) the athlete has completed all 3steps of the RTRN2PLAY INITIAL PLAN.

COACH NAME: …… SIGNATURE: …… DATE: ……

SECTION E – **SIGN-OFF**

Following a successful RTRN2PLAY –Initial Plan, the athlete is cleared to undertake the following 2 Steps in their recovery;
The athlete must be symptom free before progressing on to each subsequent next step.

1. **Full contact training.**
2. **Competitive Match Play**

MD NAME: …… SIGNATURE: …… DATE: ……
An athlete is **NOT PERMITTED** to return to any team activity without this **RTRN2PLAY** Tracking Form being completed in full including all signatures and MD official stamp.

EMERGENCY ACTION PLAN

Emergency Action Plan

Although serious injuries or accidents are rare, you must be ready to deal with them if and when they occur.

As a first step, formal training in 1st Aid and CPR will give you the confidence and knowledge you need to deal with emergencies effectively.

You should maintain a complete 1st Aid Kit, to help you deal with minor injuries.

Develop an **Emergency Action Plan** and write it down, so that everyone involved, with your team, is clear with the procedure and responsibilities of key personnel.

Designate a **'Person in Charge'** and also a **'Call Person'.**

Person in Charge:

- Most qualified in 1st Aid and emergency procedures.
- Know what? and where? the emergency equipment is located
- Secure a controlled and calm environment.
- Assess and tend to the injured player.
- Direct others involved until medical personnel arrive.

Call Person:

- Keep a record of emergency phone numbers and know the location of facility telephone, if mobile's are not available.
- Make the telephone call, for assistance.
- Guide the ambulance (if required) in and out of the facility.

PLAYER MEDICAL FORM

PLAYER'S NAME:	**D.O.B:** / / day month year
ADDRESS:	
TEL #:	**HEALTH INSURANCE #:**
MOTHER'S NAME:	**MOBILE #:**
FATHER'S NAME:	**MOBILE #:**
FAMILY DOCTOR:	**TEL #:**

IMPORTANT

Is the player allergic to any drugs, if so what?
Does the player have any other allergies?
Does the player suffer from any serious illness? (please tick) **1. Asthma_____ 2. Diabetes____ 3. Epilepsy____ 4. Others____(please advise):**
Is the player on any regular medication, if so what?
Does the player wear glasses/contact lenses?
Any other relevant information?

Parental Signature:	Date: