

MILTON YOUTH SOCCR CLUB – FIRST AID POLICY

The following document outlines the Milton Youth Soccer Club First Aid Policy. In addition to this policy, volunteer coaches and club staff must also refer to the MYSC Emergency Action Plan.

PREVENTION AND CARE

A vital stage of injury prevention is coach preparation. Session plans should identify any areas there may be injuries and the appropriate prevention and management of injury to players (and if possible coaches). There are many ways the coach can maintain the health of his or her players. Ensure that all parents and players are made aware of all of Milton Youth Soccer Clubs emergency procedures (injuries, accidents, weather problems) should we encounter them throughout the session. This procedure should be clear and concise and any missing information should be gathered at this time (phone numbers, battery-life of cell phone, and ensure phone reception at all playing sites).

Field Safety/Weather Conditions

Prior to beginning practice or a game, it is important to check the field for dangerous objects or hazardous areas. Dangerous objects can include but are not limited to glass, needles and tin cans. Hazardous areas on the field can include but are not limited to holes, mud pits and sprinkler heads sticking up. Goals need to be inspected and anchored properly, or moved away from the playing area if not being used. When moving goals, it is important to outline any potential dangerous situations, utilize adults and ensure all hands and feet are kept away from moving parts to avoid a compression injury. Supervise the movement as often it is the first time they are moving goals. They may not know how to move them or realize how heavy they are. At every field you need to know where you can seek shelter in case of lightning or heavy rain. Ensure you find that shelter prior to any incidents so you are prepared in all weather. At the first sign of lightning, get the players off of the field and into a safe environment. If the park is equipped with lightning detectors make sure you are aware of the meaning of all signals coming from this system. If you do not have a lightning detection system, seek out ways to get one installed.

Seeing all the Children

Ensure that throughout the session all players are participating within your sight lines. If young players need to go to the bathroom make sure they are supervised (preferably by their parent). Never allow a child out of your sight without adult supervision.

Second Adult Present

Always have a minimum of two adults at every practice for safety precautions. In case of injuries, bathroom breaks or emergencies this allows one adult to care for the situation and the other to monitor the group. Ensure both of the adults are present until the parents of the last child arrive.

Injury Prevention

At the first practice it would be ideal to see if you have a player whose parent is a doctor or nurse, and if any children have pre-existing conditions and how they normally deal with these conditions. The coach will have a simple first aid kit and ice (or ice packs) at all events in the equipment bins at practice or with them during a game. Players will always be required to wear shin-pads and bring water to every practice. Parents are advised to apply sunscreen on their children on sunny days. If players choose to wear a hat to protect their head from the sun it will need to be a soft-brimmed hat as baseball caps could cause eye injuries to other players.

What To Do In Case of Injury

When a player goes down with an injury, remain calm, and ask your assistant or a parent to take care of the team. Keep the unaffected players as far away from the injury as possible. Ensure it is safe for you to proceed to the child, then check for responsiveness and calling for help, it is important to check **ABC's**. ABC's stand for **A**irway, **B**reathing, and **C**irculation.

The most probable situation on a soccer field is two children running into each other and banging heads, heat exhaustion, prior medical issues (i.e. inhalers) and dehydration. Make sure to notify parents of the injured player and err on the side of safety.

Cuts – Wear latex gloves for protection. Clean the wound and apply a clean, sterile bandage. If a deep cut, apply light pressure to the wound to control bleeding. Recommend that the parent immediately take the child to the hospital for a professional opinion.

Head injuries – When approaching a player that has suffered an apparent blow to the head, do not try and move them until you have been able to establish communication with them and can confirm they are conscious and in no immediate severe pain. If the player is unresponsive, **immediately call 911**. Do not move a player who has suffered a head trauma as there may be internal damage. Only *consider* moving an unconscious player if their airway is obviously blocked due to the position of their head and body (.i.e., face down with face in the grass). If the player is responsive, ask them to identify where they were struck (head, face, jaw or neck area) and if and where they are experiencing any pain. If the player is experiencing any pain, dizziness, or nausea, they should be removed from the field and not be considered for re-entry into the game. Immediately contact the parents so that they are aware of the nature of the injury and can decide to take their child to the hospital or doctor. It is best for both safety and liability issues to ask the player to provide a doctor's note clearing him to play before allowing a head injured player to participate in any future training or game.

Heat exhaustion – A player with heat exhaustion may feel sick and dizzy, have a high body temperature, and is still sweating. This may come on suddenly. Have the player stop playing, find some shade, and cool him/her down by using cool water on his/her clothes, head and neck. Ice may shock the body and can be dangerous. Use cool water to gradually reduce body temperature. If the player is able, it is alright to have him/her take sips of water.

Heat cramp - Heat cramps are painful, brief muscle cramps that occur during exercise or work in a hot environment. Muscles may spasm or jerk involuntarily. Cramping may also be delayed and occur a few hours later. Heat cramps usually involve the muscles fatigued by heavy work such as calves, thighs, abdomen, and shoulders.

Abrasions - Abrasions are very common sports injuries that are usually caused by a fall on a hard surface. As the athlete falls or slides on the ground, friction causes layers of skin to rub off. General treatment of abrasions includes treating the area by cleaning the wound with mild soap and water or a mild antiseptic wash like hydrogen peroxide, and then covering the area with an antibiotic ointment and a dry dressing. Be sure to wear latex gloves before you treat the player!

Heat stroke – If a player shows signs of heat stroke their sweating will stop, the player may be confused or dizzy, have pale skin, an extremely dry mouth or be unconscious. It is important to call an ambulance immediately. This can be life threatening. While waiting for the ambulance, similar steps to that which are taken for heat exhaustion should be followed. Making sure your players are properly hydrated will help prevent heat injuries.

Nose Bleed - Place the player in a sitting position with the head forward. Apply pressure to just below the bridge of the nose. Use ice when necessary. Be sure to wear latex gloves before you treat the player! If you suspect a head or neck injury do not try to control the bleeding. Instead, stabilize the head and call 911.

Fractures & Dislocations - If a body part does not have a normal appearance or function then suspect a fracture. Do not move the player, keep warm and make comfortable, call 911. With a possible dislocation, the joint will have a marked deformity with intense pain. If a player can walk, immobilize the joint and immediately transport to hospital. If the player is unable to walk then call 911.

Sprains, Strains and Contusions –

Strains are injuries that affect muscles or tendons, thick bands that attach muscles to bones. They occur in response to a quick tear, twist, or pull of the muscle. Strains are an acute type of injury that results from overstretching or over contraction. Pain, weakness, and muscle spasms are common symptoms experienced after a strain occurs.

Sprains are injuries that affect ligaments, thick bands of cartilage that attach bone to bone. They occur in response to a stretch or tear of a ligament. Sprains are an acute type of injury that results from trauma such as a fall or outside force that displaces the surrounding joint from its normal alignment. Sprains can range from a mild ligamentous stretch to a complete tear. Bruising, swelling, instability, and painful movement are common symptoms experienced after a sprain occurs.

Contusions or bruise, is caused when blood vessels are damaged or broken as the result of a blow to the skin.

R.I.C.E. Principle (Rest, Ice, Compression, and Elevation) is the best method of dealing with these injuries. Using these 4 immediate first aid measures can relieve pain, limit swelling and protect the injured tissues.

The R.I.C.E. Method of Acute Injury Treatment

Rest: Resting is important as it will allow the injured area the time to heal itself as well as help prevent further injury.

Ice: Use ice bags & cold packs to limit swelling by reducing blood flow to the injured area. Do not leave ice on an injury for more than 20 minutes at a time.

Compress: or wrap the area with an ACE bandage around the swollen part of your body. If throbbing occurs, remove the bandage and re-wrap the area so the bandage is a little looser.

Elevation: Elevating an injury reduces swelling. It's most effective when the injured area is raised above the level of the heart. For example, if you injure an ankle, try lying on your bed or sofa with your foot propped on a couple of pillows.

Two important factors with dealing with field injuries of this nature:

- 1) If you see clear visual evidence of abnormal deformity to the injured area, call emergency professional care immediately.
- 2) If symptoms persist (pain, swelling, severe bruising) after 24-48 hours of using the R.I.C.E. method, consult your doctor.

