FIRST AID GUIDE

These procedures are from the American Red Cross and are a guide ONLY. CYSA is not responsible for this guide and recommends consulting a physician when necessary or calling 911 for emergencies.

Emergency Action Principles

1. Stay Calm.
2. Survey the scene for safety (yours).
3. Check victim for response - "tap and shout"- if no response, send someone to call 911.
4. Look, listen and feel for breathing for about 5 seconds.

If the athlete is not breathing or you cannot tell:

1. Position the victim on his or her back, while supporting the head and neck.
2. Tilt the head back and lift the chin.
3. Look, listen and feel for breathing for about 5 seconds.

If the athlete is not breathing:

1. With the victims head tilted back and chin lifted, pinch the nose shut. With a child, do not lift the head back as far. Give 2 slow breaths. Breathe into the victim until the chest gently rises.
2. Check the pulse for 5 to 10 seconds.
3. Check for severe bleeding.
4. Give care for the conditions you find.
5. If no breathing, begin rescue breathing (artificial respiration). If no pulse, find qualified person to begin CPR.

Basic First Aid Techniques:

Bleeding:

To reduce the risk of infection, whenever possible wear latex gloves and wash hands before and after treating an open wound.

1. Direct Pressure - place a dressing over wound and apply direct pressure. If dressing is not available, use towel, clothing, or bare hand.
2. Elevate the wound if no suspected fracture. Elevate the wound above level of heart. Continue direct pressure.
3. Apply pressure bandage as a last resort.
4. Pressure Points - if direct pressure and elevation does not stop the bleeding, apply pressure to a pressure point while maintaining direct pressure. Note: Any place there is a pulse is a pressure point.

Internal Bleeding:

Any victim with a deep puncture wound or deep bruise, who becomes restless, nauseated, faint, cool, pale or weak.

1. Maintain an open airway. Send someone to get medical help.
2. Treat for shock - maintain normal body temperature.
3. Do not give fluids.

   Always phone 911 if necessary!

Heat Exhaustion:

Victim may have pale and clammy skin, profuse perspiration, weakness, nausea, dizziness, headache, and possible cramps.

1. Give victim cool water.
2. Have victim lie down with feet elevated 8-12 inches.
3. Loosen victim's clothing.
4. Cool victim by using cool wet cloths and fanning the victim or by moving to an air-conditioned area.

Head Stroke:

Victim may have hot, red, dry skin, (if sweating from heavy exercise, skin may be wet), rapid and strong pulse, high body temperature (105F or more).

This is an immediate and life threatening emergency.

1. Send someone to call 911 immediately.
2. Get the person out of the heat and into a cooler place.
3. Cool the victim fast. Wrap wet sheets around the body and fan.
4. Watch for symptoms of shock.
5. Give nothing by mouth.

Blisters:

It is best to leave a blister unbroken if you can relieve all pressure from blister by using moleskin or other type of padding. If pressure must be relieved, ask a family member of the victim to seek proper medical help.

Scrotum:

1. Gently roll victim on back and bend knees or elevate legs.
2. Loosen belt and gently rub abdominal muscles. Don't lift victim and drop on his backside. A testicle, which has already been driven into the pelvis, may complicate the problem.

Fractures:

An open fracture will have a bone protruding through the skin. A closed fracture will have pain, swelling, irregularity, or deformity over injured area. A dislocation is a displacement of a bone end from the joint.

1. Do a primary survey.
2. Phone 911 for assistance.
3. Treat a dislocation as a fracture. Do not attempt to reduce a dislocation or correct any deformity near a joint as movement could cause further injury.
4. Leave fractured bone in the position found. Do not push bone back through skin.
5. Cover an open fracture wound with a large clean cloth or dressing.
6. Gently apply pressure to control bleeding.
7. Use pressure points if bleeding continues.
8. Apply splint, keep broken part in as normal a position as possible.
9. Observe victim for signs of shock.
10. Do not wash or clean wound.
11. Monitor breathing and pulse.
12. Apply a cold pack to a closed fracture. Do not apply a cold pack to an open fracture or dislocation.

Nosebleed:

1. Place victim in sitting position with head forward.
2. Apply pressure by pressing the bleeding nostril toward the middle of the nose.
3. If you suspect a head, neck, or back injury, do not try to control a nosebleed. Instead, keep the victim from moving and stabilize the neck and head.

Sprains & Strains:

Sprains are stretched or torn tendons, muscles, ligaments and blood vessels around joints, often at the ankle. There may be swelling, tenderness, discoloration, and pain upon motion. Any possible injury to muscles or joints should be treated like a fracture.

1. Do a primary survey.
2. Phone 911 if necessary.
3. Immobilize the injury area.
4. Apply well-padded ice bags.
5. Elevate affected area.
6. Any serious injury should receive medical attention.
7. Observe victim for shock.

Head, Neck and Spinal Injuries:

Injuries to the head, neck and/or spine are very serious. Look at the following when caring for a possible victim:

- Bumps, bruises or wounds on the head.
- Headache, dizziness, unconsciousness (immediate or delayed half an hour or more).
- Unequal pupils.
- Sleepiness or inability to be wakened.
- Bleeding or fluid draining from the mouth, nose or ears.
- Facial muscles or other body parts paralyzed or working abnormally.
- Numbness, loss of sensation or unable to move fingers, toes, or extremities.
- Deformity of neck or spine.
- Stabilize the head and neck as you found them.

1. Stabilize the head and neck as you found them.
2. Phone 911 for assistance.
3. Do a primary survey.
4. Continue to monitor breathing and pulse.
5. Do not move victim unless absolutely necessary.
6. Do not control bleeding from the nose or ears if a head injury is suspected. Ensure bleeding does not impair breathing. If airway becomes blocked by fluids, place victim on backboard and turn on side. If a backboard is unavailable, the victim may be turned on his side as a unit, supporting the head and neck, to clear the mouth.

First Aid Supplies:

- Absorbent cotton and adhesive tape: 1" and 1+" widths
- Alcohol - to cleanse and dry skin
- Arm sling/triangular bandage
- Bandage
- Band-aids - assortment
- Blanket
- Butterfly closures for cuts
- Gauze 4" x4" pads
- Gauze bandages, 1", 2" width rolls
- Ice packs
- Latex gloves
- Quarter (for phone call)
- Safety pins
- Scissors
- Sponge rubber for pressure/padding
- Tweezers

The following supplies should be used with utmost caution due to potential allergic reaction of the victim: analgesic balm, mercurochrome or iodine, neosporin antibiotic, non-aspirin, tincture of benzoine spray and vaseline petroleum jelly.

Use only as a guide... when in doubt, call 911!

Dangers from Concussions

- A ball hits the player in the head causing the player to be temporarily stunned.
- Two players accidentally hitting heads leaving one conscious but dazed and causing the other one to momentarily lose consciousness.
- A goalie's head hits the goalpost while diving for a ball and slumps to the ground unconscious.

These are examples of concussions. Medically, a concussion is defined as a temporary change in mental functioning such as awareness, visual abilities, equilibrium, etc., caused by trauma to the head. The injured individual may or may not lose consciousness.

The following are features frequently observed in individuals with a concussion:

- Vacant stare
- Befuddled expression
- Slowness in answering questions or following instructions
- Confusion
- Inability to focus and easy distractibility
- Disorientation, e.g., walking in the wrong direction, unaware of time, date and place
- Slurred or incoherent speech
- Loss of coordination, e.g., stumbling, inability to walk straight on a line
- Emotions out of proportion to circumstances, e.g., distraught, crying for no apparent reason
- Memory difficulties, e.g., doesn't remember questions
- Loss of consciousness, e.g., unresponsive to arousal
- Headache

A player who suffers a concussion should be removed from the game and assessed on the sideline. The player may or may not be allowed to continue depending upon the degree of the concussion and the sideline assessment. A major concern is the "second impact syndrome" if a player is struck again in the head without time to recover from the first event. In the second impact syndrome, a player who suffers a second impact develops swelling of the entire brain which can lead to death.

The following are methods to assess the injured player on the sideline:

Mental Function:

- Check to determine if the player know who she/he is, where she/he is, etc., in relation to time, place, person and situation
- Check for the ability to concentrate, e.g., have the player count backwards from 100 by 3 or 7 (or other number appropriate for age)
- Check for memory, e.g., ask for the name of team in previous game, recall three words or common objects immediately and again in five minutes, (e.g., white and black dog, yellow ball, name of other team), important recent events, etc.

Body Function (neurological function):

- Check for coordination and agility
- Check for strength
- Check for sensation to touch of face, arms, legs
- Check for ability to run to goal line and back from the coaches' area

When the player can return to play depends upon the severity of the concussion. The severity can be categorized into one of three grades.

Grade 1 Concussion:

- Temporary confusion
- No loss of consciousness
- Total recovery within 15 minutes from time of the injury
- This would be like a standing eight count

Grade 2 Concussion:

- Temporary confusion
- No loss of consciousness
- Not totally recovered within 15 minutes from time of injury

Grade 3 Concussion

- **Any** loss of consciousness
- Brief (seconds)
- Prolonged (minutes)

These are the recommendations for players who suffer a concussion.

Grade 1 Concussion:

- Remove from game
- Assess immediately and at five minute intervals
- Assess with exertional activities if appears to be totally recovered at rest
- May return to game if totally clear within 15 minutes

Grade 2 Concussion:

- Remove from game and evaluate as above
- Do not allow to return to game
- Send to physician for assessment no later than the next day
- Allow to play again only after one full week of being totally clear

Grade 3 Concussion:

- Transport player to emergency room
- Transport by ambulance if remains unconscious and/or has other injuries, e.g., possible neck injury
- Allow to play again only with clearance of physician
- Assume that player with a brief grade 3 concussion will not play for at least one week, that a player with a longer grade 3 concussion will not play for at least two weeks and that a player with multiple grade 3 concussions will not play for a least a month or longer.

The above article was adapted from the Quality Standards Subcommittee of the American Academy of Neurology. The Management of Concussion in Sports (practice parameters). *Neurology* 1997; 48:581-585.