

GLOBAL SOCCER MINISTRIES INTERNATIONAL COACHING EDUCATION

First Aid Guide for Coaches

These procedures are from the American Red Cross and are a guide ONLY. It is recommended that you consult a physician when necessary and set-up a calling system for emergencies.

EMERGENCY ACTION PRINCIPLES

1. Stay calm.
2. Survey the scene for safety (yours).
3. Check player for response – “tap and shout” – if no response, send someone to call our emergency system for medical help.
4. Look, listen and feel for breathing for about five seconds.

IF THE PLAYER IS NOT BREATHING OR YOU CANNOT TELL

1. Position the player on his or her back, while supporting the head and neck.

2. Tilt the head back and lift the chin.
3. Look, listen for breathing for about five seconds.

IF THE PLAYER IS NOT BREATHING

1. With the player's head tilted back and chin lifted, pinch the nose shut. With a child, do not tilt the head back as far. Give two slow breaths. Breathe into the player until the chest gently rises.
2. Check the pulse for five to ten 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. Call emergency number.

BASIC FIRST AID TECHNIQUES

Bleeding:

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

1. Direct pressure – place a dressing over the 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 the level of the heart. Continue direct pressure.
3. Apply a pressure bandage as a last resort.
4. Pressure points – if direct pressure and elevation do not stop 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 player 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.

Heat exhaustion:

The player may have pale and clammy skin, profuse perspiration, weakness, rapid pulse, nausea, dizziness, headache and possible cramps.

1. Give the player cool water.
2. Move the player into the shade or a cool place.
3. Have the player lie down with the feet elevated eight to twelve inches.
4. Loosen the players clothing.
5. Cool victim by using wet cloths and fanning the player or by moving to an air-conditioned area. Do not allow the player to chill.
6. The players should avoid sports activities for at least 24 hours.

Heat stroke:

The player may have hot, red, dry skin (if sweating from heavy exercise skin may be wet), rapid and strong pulse, nausea and vomiting, possible unconsciousness, loss of muscle control, high body temperature (105°F or more). This is an immediate and life threatening emergency.

1. Send someone to call emergency number immediately.
2. Get the person out of the heat and into a cooler place.
Remove outer clothing.
3. Cool the player fast. Wrap wet sheets around the body and fan.
4. Watch for symptoms of shock.
5. Keep the player lying down with the head elevated.
6. Give nothing by mouth.
7. The player should return to activity only when given written approval by a physician.

Blisters:

It is best to leave a blister unbroken if you can relieve all pressure from the blister by using moleskin or other type of padding. If

pressure must be relieved ask a family member of the player to seek proper medical help.

Scrotum:

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

Fractures:

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

1. Do a primary survey.
2. Phone your emergency numbers 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 the 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 the player 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 player 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 player 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 the player for shock.

Head, neck and spinal injuries: Injuries to the head, neck and/or spine are very serious. Look for 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.
 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 the player 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 fluids block airway, place the player on a backboard and turn on side. If a backboard is unavailable, the player may be turned on his or her side as a unit, supporting the head and neck, to clear the mouthy.

Etiology: Make sure you are watching the players at all times during training as well as matches. Avoid distractions including unnecessary conversation. This will not only help you to act more effectively during the emergency, but you may also be better prepared to prevent one if you are paying close attention to the players.

Team Sport Safety: Parity of opponents, correct equipment and proper warm-up and cool-down will greatly enhance the safety of the players. A carefully designed program which gradually develops fitness, sound basic skills and sportsmanship will enhance the players overall wellness. Remember, never allow players to return from an injury unless they have been properly rehabilitated.

Equipment: Always supervise field and player equipment. Movement of soccer goals and other large pieces of field equipment require care and supervision.

***Treatment of
Injuries (initial
actions) Action***

How

Why

R

Rest

Injured player should cease activity immediately. Continuation of play will further injure the player.

I

Ice

Ice reduces:

- ☒ Crushed ice in a wet towel or plastic bag.
- ☒ Pain (Analgesic effect)
- ☒ Swelling
- ☒ Bleeding at the site of injury

Ice application should be for 20 minutes every 2 hours for the first 24 hours. Never apply ice directly to the skin.

(Vascular contraction)

- ☒ Muscle spasm

C

Compression

A firm elastic bandage, which should be applied both during and after the ice application, over the injured part.

Compression:
☒ Reduces bleeding
☒ Reduces the swelling
☒ Provides support to the injured part

E

Elevation

Raise the injured part above the level of the heart.

Elevation:
☒ Reduces bleeding
☒ Reduces swelling
☒ Reduces pain