

FIRST AID FOR COACHES

The Really Short Version
(Hopefully)



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Goals

- This course is designed to instruct coaches very basic first aid techniques to protect the players under your guidance. This presentation only provides a brief overview of the issues that you may face during the time you are with these players.
- For a more complete course, I suggest that you attend a complete 8 hour first aid and CPR course nearest you. This could be the Fire Department, American Red Cross or other resources.





– Those courses teach you the following:

- Realize the Importance of Scene Safety and Body Substance Isolation
- Perform an Emergency Move and Place an Ill Person in the Recovery position
- Open and Maintain an Airway
- Provide Rescue Breathing
- Manage an Obstructed Airway
- Perform Scene Assessment
- Perform Initial and On-Going Assessments of the Injured/Ill Person
- Perform Adult One Rescuer CPR
- Recognize the "Warning Signs and Symptoms" of Medical Problems
- Recognize and Care for a Decreased Level of Responsiveness
- Control External Bleeding, Recognize Internal Bleeding, Recognize and Care for Shock
- Recognize and Stabilize Suspected Spinal Injury
- Recognize and provide Manual Stabilization of Suspected Skeletal Injuries

LEGAL PROTECTION

Good Samaritan Law

- o RCW 4.24.300

- Immunity from liability for certain types of medical care.
- (1) Any person, including but not limited to a volunteer provider of emergency or medical services, who without compensation or the expectation of compensation renders emergency care at the scene of an emergency or who participates in transporting, not for compensation, therefrom an injured person or persons for emergency medical treatment shall not be liable for civil damages resulting from any act or omission in the rendering of such emergency care or in transporting such persons, other than acts or omissions constituting gross negligence or willful or wanton misconduct.
- (2) Any person rendering emergency care during the course of regular employment and receiving compensation or expecting to receive compensation for rendering such care is excluded from the protection of this subsection.

Concussions:

Zachery Lystedt Law (RCW 28A.600.190)

- Youth athletes who are suspected of sustaining a concussion or head injury be removed from play. **"When in doubt, sit them out"**
- School districts to work with the Washington Interscholastic Activities Association (WIAA) to develop information and policies on educating coaches, youth athletes and parents about the nature and risk of concussion, including the dangers of returning to practice or competition after a concussion or head injury.
- All student athletes and their parents/guardians sign an information sheet about concussion and head injury prior to the youth athlete's initiating practice at the start of each season.
- Youth athletes who have been removed from play receive written medical clearance prior to returning to play from a licensed health-care provider trained in the evaluation and management of concussion.
- Private, nonprofit youth sports associations wanting to use publicly owned playfields comply with this law.

Concussions cont.

- **Concussion signs observed include:**
- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays, positions or past immediate performance
- Is unsure of game, score, or opponent
- Moves clumsily or displays lack of coordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Common Sence



"When in Doubt, Sit 'em Out!"

- **Late symptoms of concussion may include one or more of the following:**

- **IMMEDIATE TREATMENT**

- Remove from play
- Have child evaluated by qualified Health Care provider - MD, DO, PA, Trainer, ARNP
- Generally observe at home
- Any change in signs and Symptoms, immediate return to Emergency Room or Health Care Practitioner



- **SOME IMPORTANT PRINCIPLES WHILE COACHING**

- First DO-NO-HARM
- The short person under your care is a child - do not treat them as professional athletes
- Having fun is the primary priority
- Kids get injured
- The LOUDER a child cries the less injury they sustained
- The QUIET ones are the one that should worry you
- Most injuries are minor and can be treated with simple measures
- It will be highly UNLIKELY that you will encounter a life threatening injury

BASIC PRINCIPLES OF FIRST AID

- A,B,C-CALL 911
- Airway
 - Open and listen for air exchange
- Breathing
 - Look for obstruction - gum or sometimes food
- Circulation
 - Create a circulation
 - Control bleeding
- Call - 911

TYPES OF INJURIES

HEAD AND NECK

- HEAD - Skull Fractures or facial injuries
- Depressed or Penetrating
- Concussion
- Eye Injuries
- Foreign bodies
- Fingers into the eye
- Corneal Abrasions/lacerations

TEETH INJURIES- roughly 5 million teeth are knocked out in children & adults each year.

- Keep the tooth, touch by the crown not the root
- Keep the tooth moist- do not dry the tooth
- Try to re-implant if you have the whole tooth, not a joke – the sooner the better
- MAKE SURE IT POINTS THE RIGHT WAY
- Place in a cup of milk and have the parent transport to their dentist
or the ER ASAP ideally with in 30 min
- Water is not recommended because the root surface does not tolerate water for long periods of time

NECK - Neck Injuries

- Stabilize head with hand stabilization
- Obstructed Airway's need to be cleared ■ Do not manipulate the head

TYPES OF INJURIES Con't

NEUROLOGIC - Seizures

- Epileptic
- Head Trauma
- High internal temperatures - environmental

- Low Blood Sugar
- Current Medical Condition?

TYPES OF INJURIES - THE BOX

cont.

CHEST AND ABDOMEN

- CHEST - Chest Trauma
 - Fractures
 - Respiratory Distress
 - Respiratory Arrest
- CARDIAC ARREST - Hit by pitched ball in the chest
 - Cardiac Contusions
 - Pre-disposition with a hidden or occult cardiac defect

RESPIRATORY EMERGENCIES

- Asthma
- Allergic Reactions
 - Bee Stings
 - Peanuts
- ABDOMEN - Abdominal Injuries
 - Spleen
 - Liver
 - Penetrating Injuries

Cont.

ARMS AND LEGS

SKELETAL - Fractures

■ Fractures

- Management - splint, ice and transport

Sprains and Strains

Sprain involves the ligaments supporting a joint

Ligaments attach bone to bone

Strains involves muscles and tendons

Tendons anchor muscles to bone

THE WRAP

- SKIN - Soft Tissue Trauma
 - Lacerations
 - Abrasions
 - Puncture

EVERYTHING ELSE

ENVIRONMENTAL

Dehydration

Hypothermia

Hyperthermia

Heat Stroke

Heat Exhaustion

Sunburn

OTHER

Questions?

Summary

- INITIAL SCENE MANAGEMENT
- ABC -if child it is laying on ground resist the urge to pick them up
- Opening and maintaining an airway;
- Breathing for the ill or injured persons;
- Administering cardiopulmonary resuscitation;
- Providing first aid for simple and multiple system trauma
- Controlling hemorrhage,
- Bandaging wounds,
- Manually stabilizing injured extremities.
- Liberal Application of ICE on Sprains & Strains
ICE = Ice, Compression, Elevation
Real Ice or Chemical Packs?

Call 911 for the following

- **ACCESS EMS SYSTEM**
 - **Call 911 for the following**
 - Cardiac or respiratory Arrest
 - Difficulty in breathing
 - Uncontrolled bleeding
 - Fractures that stick through the skin
 - Unconsciousness
 - Seizures
 - Allergic Reaction
 - Things poking out of or into them
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- **REPORTING THE INCIDENT**
 - Liability Issues. Provide some sort of written documentation to league as per league protocol.

BIOLOGIC/INFECTIOUS DISEASE PROTECTION

- If it is red, wet and not yours, don't touch it
- Wash your hands after treating bloody or snotty kids
- Lots of product on the market
- Wear gloves if available
- Don't freak out if you get blood or body fluid on your skin
- Transmission of infectious disease is remote

Finally

- Play or Not Play
- This is a decision that you should make after evaluation of the child's injury. The safe course is to have them sit out for a period of time. DO NOT be influenced by parental desire for "Johnny or Janie" to gut it out - no blood no foul is not the rule of the day

First Aid Kit Essentials

- Band-Aids
 - Tape 1" or 1.5 inch
 - Ice Packs - Ziploc bags or chemical
 - Splinting material, something rigid
 - Newspapers
 - Magazines
 - Disposable gloves
 - 4x4 gauze pads
 - 2" or 3" Gauze Wrap
 - Neosporin
 - Safety Scissors
 - Tweezers
 - Cell Phone
- Paper Cup
- Small Water bottles
- Washing off cuts and scrapes Irrigating the eye

The END

