



North Rutherford Soccer **First Aid Guidelines**

In the event that first aid is needed, the coach or NRS board director shall be the first person to initiate first aid to the victim. The coach or board member will provide to the best of their ability first aid as established in the following guidelines.

This information is generalized. Specific action that must be taken at the scene of an accident or emergency cannot be predetermined and will necessarily be modified by the situation. It is important that directors and coaches be familiar with the contents of these procedures so as to be better prepared to assist players, coaches and fans in the event of an accident.

First aid supplies at Rotary Soccer Park are located at the concession stand. Directors should be familiar with the location and the contents. Each director and coach should learn to use these supplies so they can render treatment when needed. Think when responding to emergency situations and exercise common sense when there is potential exposure to blood or other body fluids. Keep all open cuts and abrasions covered with adhesive bandages, which repel liquids. Soap and water kill many bacteria and viruses on contact. If hands are contaminated with blood, then wash immediately and thoroughly. Hands should be washed even after gloves have been removed. Players can not play in a uniform that is contaminated with blood or other body fluids. Alternate uniforms are available in the concession stand, ask any director for one.

IN THE EVENT OF AN INJURY

1. In all injuries, every effort should be made to contact the parent or legal guardian to obtain consent to treat the injured child.
2. A minor child is anyone under the age of 18 who is not declared. However, a minor mother of a child may give consent for her child to be treated.
3. If the injury is life threatening, steps to preserve life and limb may be initiated under implied consent.
4. A minor child may not give consent nor shall they refuse medical treatment by any party.
5. In the event a parent or guardian is not available in person or via phone, the local EMS agency shall be called to take medical charge of the minor patient.

TREATMENT OF INJURIES

ABRASIONS:

1. Gently rinse the area with water.
2. Remove any loose dirt or grass from the abrasion while rinsing the area.
3. Apply a clean dressing and secure with a bandage or hypoallergenic tape.

BLISTERS:

1. Cool and rinse the area with water.
2. Apply dry dressing.
3. Do not pop, tear, or otherwise open blisters.

DISLOCATIONS:

1. No one except a physician or trained emergency personnel should attempt to reduce a dislocation of a joint.
 - A. Support the dislocated member in as comfortable position as possible.
 - B. Cold compress should be applied to the injured joint.
 - C. Seek medical attention immediately.

EYE INJURIES:

1. When a small foreign body such as dust is in the eye or eyelid, moderate efforts may be made to remove the foreign body with the edge of a clean handkerchief or lint-less cloth.
2. Objects embedded in the eye must not be removed except by a physician. The injured player should be told to relax and try not to move the eye. Cover both eyes loosely to reduce strain on the uninjured eye.
3. **Seek medical attention immediately. (call 911)**

CLOSED FRACTURES: (If in doubt: treat as a fracture)

1. Keep broken bones from moving.
2. Immobilize the closest joint.
3. Treat for shock.
4. Do not attempt to move the patient, unless the area is not secure and more harm or death is imminent if the patient stays in that area. (FIRE, LIGHTENING STRIKES, ELECTRICAL LINES, ASSAILANT AT LARGE)
5. **Seek medical attention immediately (call 911)**

OPEN FRACTURES

1. Keep the patient at rest and shield them from the view of the fracture site.
2. Immobilize patient and the joint above and below the fracture site.
3. Treat for shock when and where appropriate.
4. Do not attempt to move the patient, unless the area is not secure and more harm or death is imminent if the patient stays in that area. (FIRE, LIGHTENING STRIKES, ELECTRICAL LINES, ASSAILANT AT LARGE)
5. **Seek medical attention immediately (call 911)**

HEAD INJURIES:

1. If there is loss of consciousness, even momentarily, consider the individual to have sustained a possible head injury. (Concussion).
2. Designate someone to call for medical assistance. **(call 911)**
3. Put individual at absolute rest. Keep person lying down with head slightly elevated.
4. Maintain open airway.
5. Observe any bleeding from ears, nose, or mouth.
6. Observe for nausea, vomiting or weakness of extremity.
7. Control bleeding by direct pressure to wounds. Use caution when applying pressure over a possible skull fracture sight or in the area of the throat.
8. Apply cold compress to site.
9. Do not give anything by mouth.

HEAT EXHAUSTION:

Symptoms include: pale clammy skin, rapid weak pulse, headache, nausea, dizziness, severe cramps in the abdomen and legs. The temperature may be slightly elevated or below normal. (Note: Athletes in high heat and humidity conditions may have flushed faces and upper chest areas. This does not exclude heat exhaustion if other signs and symptoms are present.)

1. Move the person to a cool place, loosen clothing, and place in head-low position.
2. Keep person quiet and warm to prevent shock.
3. Give fluids slowly, if able to swallow.
4. Keep the patient away from exposure to high heat and humidity conditions for 24-48 hours.
5. Prepare for nausea and vomiting, and keep the airway open.
6. Seek medical attention if symptoms persist.

HEAT STROKE:

Symptoms: Sweating ceases, skin is dry and hot, bizarre behavior, combative, increased body temperature to dangerous levels, hallucinations, loss of consciousness.

1. This is a medical emergency! **Call 911!!**
2. Move the patient immediately to a cool area, preferably with air conditioning.
3. Lower body temperature by using ice-packs or immersion in cool water.

NOSE BLEEDS:

1. Spontaneous nosebleeds may be cared for by applying cold packs to the back of the neck and front of the face and pinching the sides of the nose against the septum. Placing a wet gauze under the upper lip (between lip and gum) is also helpful.
2. Keep the person sitting upright with the head up. Loosen the collar if it constricts the neck.
3. Advise the person not to breath or blow through the nose for an hour or two after the bleeding has stopped.
4. If bleeding does not stop within 10-15 minutes, arrange for medical care.

SEIZURES:

If a seizure is in progress (Epilepsy or Convulsive Disorder) do the following:

1. Loosen the clothing around the neck.
2. Pull the person away from any object against which they might injure themselves or remove objects which may injure the patient.
3. Remove bystanders
4. Do not try to control the seizure.
5. Clear the airway and keep the person warm and comfortable.

SHOCK:

Every injured person is potentially a shock victim and should be treated as such, whether the symptoms of shock are present or not.

The symptoms of shock are: Chalk-like appearance, dull or anxious expression, shallow breathing, weak rapid pulse, and/or cold, moist skin.

Recommended Treatment For Shock:

1. The victim should be kept warm and comfortable but not hot.
2. Keep the victim's body horizontal, or if possible, position them so the feet are at least six inches higher than their head. In any case, always keep the victim's head low.
3. Clear the victim's mouth of all foreign objects and make sure they are breathing properly.
4. Do not give the victim food or drink.
5. Loosen tight clothing at the neck, the chest, and the waist.

SPRAINS & STRAINS:

Treatment: **RICE**

1. Rest the injured part.
2. Ice should be applied for the first few hours.
3. Compression may help alleviate some swelling.
4. Elevate the injured part.

Failure of strains and sprains to respond to this means medical attention is needed.

UNCONSCIOUS VICTIM:

The unconscious victim will challenge our observation power.

1. Check for unresponsiveness. Kneel beside the person. Tap or gently shake the person, and shout “Are You O.K.?”
2. If person does not move or answer, **Call 911.**
(For untrained bystanders; follow the dispatcher’s instructions. For those trained in CPR; Follow the current American Heart Association and /or American Red Cross CPR Guidelines.)
3. Position the victim on a hard, flat surface. Place the victim onto his/her back. **To do this, roll the victim as a unit, this will help to avoid twisting the body and making any injuries worse.**
4. Immediately open the airway. If no head or neck injury is suspected, lift the chin with one hand and tilt the head back to open the airway. If a head or neck injury is suspected, use the alternate jaw thrust method by placing the hands on the angle of the jaw and lifting the jaw forward.
5. Check for breathlessness. Keep the victim’s head tilted back and the chin lifted in order to keep the airway open. Place your ear just above the victim’s mouth and nose and look at the victim’s chest. “Look, listen and feel”. Do this for 8-10 seconds.
6. Rescue breathing- If the victim is not breathing, you must start mouth-to-mouth breathing. For the adult patient, provide one breath every five seconds. For the child (1-8 years of age), provide one breath every 3 seconds.
7. Check for Signs of Circulation such as coughing, adequate breathing, twitching or other obvious movement of the body. If no signs of circulation are present, begin chest compressions. For the adult victim, 15 chest compressions followed by 2 slow breaths. For the child (1-8 years of age), 5 chest compressions followed by 1 slow breath. Repeat the sequence.
8. Continue CPR until emergency medical help arrives.

(This is a guide to the steps under the current AHA Standards. If there is a discrepancy between these guidelines and the American Heart Association CPR Standards, the American Heart Association Standards shall take precedence over these guidelines.)

WOUNDS AND CONTROL OF BLEEDING:

Types of Bleeding

1. Capillary bed bleeds are the most common and are the easiest to control. The blood is red in color and oozes from the wound. Direct pressure should control this type of bleed within 5 minutes.
2. Venous bleeds are more severe and depend on the size of the vein that is lacerated. The blood is dark red and flows from the wound. Direct pressure, pressure points and elevation may be required. Medical attention is a must and 911 shall be called.
3. Arterial bleeds are life-threatening until stopped and controlled. The blood is bright red and spurts from the wound with each beat of the heart. Immediate direct pressure is required and 911 shall be called. Pressure points and elevation may also be required. This is a serious problem until it is corrected.

LACERATIONS AND INCISIONS:

Protective gloves are available in the first aid kit in the concession stand.

1. Minor lacerations and incisions should be cleansed with clean water.
2. Apply a clean dressing to the wound.
3. Secure with a clean bandage.

CONTROL OF BLEEDING:

Protective gloves are available in the first aid kit in the concession stand.

1. Apply direct pressure to the wound. Use sterile dressing to cover the wound. In an emergency, use any dressing.
2. In addition to direct pressure, apply indirect pressure (pressure on the arterial pressure points in the arm or leg).
3. Elevate the wounded area above the level of the heart, if possible.

Caution!!!!!!

Remember to use good judgment when an accident occurs. If there is any question of the seriousness of an injury, always call 911 for emergency assistance.

Remember to always wear protective gloves when treating an open wound or bleeding victim.

Remind all involved that if someone is hurt, do not attempt to move him or her. Call for assistance.

The blood rule which our league follows is below, and may be revised as needed.

COMMUNICABLE DISEASE PROCEDURES

While the risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood borne diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should be included but not be limited to, the following:

1. The bleeding must be stopped, the open wound covered and if there is an excessive amount of blood on the uniform, it must be changed before the athlete may participate.
2. Routine use of gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
4. Clean all blood-contaminated surfaces and equipment with a solution made from proper dilution of household bleach (CDC recommends 1-100) or other approved disinfectants before competition resumes.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels, and other sharp instruments or devices.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
7. Athletic trainers or coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.
8. Contaminated towels should be properly disposed of or disinfected.
9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards, and other articles containing body fluids.