TIBS FC Medical Action Plan

- Information to assist Managers in completing their own team's FA emergency medical action plan
- Managers / Coaches are advised to complete the FA emergency medical action plan form as contained in the FA emergency aid course workbook
- Blank A4 copies of this form can be found online for this purpose
- Please then keep your completed own team's FA emergency medical action plan in your First Aid Kit / managers bag so that it is there ready should you ever need it.

Club Name:	TIBS FC Football Club
Club Address:	TIBS Thornaby Rd
First- Aider Information:	Please enter details for Manager, Coach, and any qualified assistants but please note FA Information regarding 'The FA Emergency Aid Bridging Document' and process for approved non- FA First Aid qualifications.
First Aid Equipment:	Each Team should have an FA approved first aid kit

At TIBS FC Thornaby Road there is an AED (Automated External Defibrator). This can be used by any person and instructions on how to use it can be found on the machine. It is located at

Access routes to guide in ambulances are as follows;

- TIBS FC Thornaby Road Stockton on Tees TS17 0HP
- St Patrick's Catholic College, Baysdale Road, Thornaby TS17 9DE
- Conyers School Greens Lane Yarm TS15 9ET

The FA Emergency Action Plan

By completing the Emergency Action Plan form below, clubs will have an effective medical response in the event of a player, member of staff, match official or spectator being injured or becoming ill whilst on their site(s) or hired pitches.

Club Name
Club Address
Postcode
First-Aider information
Name Mobile Number
First Aid EQUIPMENT & FACILITIES
Item Location
Defibrillator
Stretcher
First Aid Room
Access Routes:
1. For Ambulance
2. First Aid Room to Ambulance
3. Pitch to Ambulance
Other information
Nearest Hospital address:
(with A&E Department)

Note: include contact no.
Directions to Hospital
Journey Time
Nearest Walk in Centre
(WIC) address

General Guidance - On-Field Injury

Stop any activity if a player appears seriously injured. Players who are unconscious, oo who are not breathing 'normally', or are suspected to have a fracture, dislocation or spinal injury, require prompt medical intervention. Be particularly aware of the participant who is not moving.
In the lower leg, bleeding may conceal an 'open' fracture of the lower leg or a fracture/dislocation of the ankle joint; such injuries are usually apparent by the reaction of the casualty (and others in the vicinity) and require immediate first aid.
In football environments, life-threatening bleeding is very uncommon. However, scalp and nose bleeds are common and whilst obvious and occasionally dramatic they are usually insignificant (the more significant issue is that the head has been struck).
Call the emergency services if in doubt, or if you feel you are unable to manage an incident/injury.

Asthma

Asthma is a life-threatening condition that affects the small air passages (bronchioles) within the lungs. During an asthma 'attack' the air passages (which in individuals who have asthma are inflamed and swollen) become narrowed, making it difficult for air to travel through the lungs, causing breathlessness. In sports environments, such an attack can be 'triggered' as a result of the respiratory effort of the exercise ('exercise-induced-asthma' (EIA)); the attack may continue to worsen even after the exercise stops. Asthma may also be brought on by exposure to cold/dry air, pollen, dust, smoke, infection or as a result of stress. In a child a troublesome cough is often the first sign of the onset of their symptoms. In advance of an activity, you should know if any of the players have asthma. They should carry their medication at all times; particularly the aerosol 'reliever' inhaler that will be required to open up the air passages in times of respiratory distress. The inhaler is sometimes used in conjunction with a 'spacer' device; this is a large plastic chamber with a mouthpiece at one end and a hole for the inhaler's aerosol dispenser at the other end, although there are smaller, more practical devices that young people can use. A spacer makes it easier for the medicine to reach the lungs. The medication should be used as prescribed before they begin to exercise (it should be promoted as part of the player's pre-activity/warm up routine). During activity, the inhalers must be immediately accessible, preferably held by the first aider/parent/next of kin (the player's specific prescribed medication must be clearly labelled with player's name). Participation in activities should not be allowed if the player's medication is not immediately available to them. It is recommended that the first aider carries (and keeps confidential) a 'Player Medical Information Card' that would detail specific features, e.g. 'triggers', that are relevant to the player. The First Aid Consent Form should also be completed to indicate that a parent / guardian/next of kin has given consent for the first aider to assist in the administration of the asthma medication. This is particularly important where the child is too young or is unable to self-manage their medication

<u>Recognition</u>
- Coughing
- Difficulty in breathing (player may be bent over supporting arms on legs to assist breathing)

- Difficulty speaking and completing sentences
- Wheezing
- Anxiety / distress
- Blueness of lips
- Exhaustion / collapse
- Unconsciousness.

First Aid
- Stay calm and reassure player (inexperienced 'helpers' can make the situation worse by increasing anxiety and causing agitation to the player)
- Support the player in most comfortable position (sitting down and leaning forwards with arm support / 'tripod position' may be preferred to loosen any tight clothing
- Assist the player to self-administer the usual dose (e.g. "two puffs" / one puff at a time) of their own prescribed medication from their reliever inhaler
- Monitor breathing / do not leave player unattended
- If there is no improvement after taking the first dose of medication contact the emergency services (see below). The player should take "two puffs every two minutes" (up to a maximum of 10 puffs) If the player is a child, a parent/guardian/next of kin must be notified that it was necessary to administer their medication.

Call the Emergency Medical Services (112 or 999) if:
- After using the inhaler, the player's condition does not improve
- The player is deteriorating quickly and becoming exhausted
- The player has blueness of lips, collapses or becomes unconscious
- At any time, you become concerned about the state of the player
- If an ambulance does not arrive within 10 minutes further medication should be administered at two-minute intervals.

The FA's Advice on the Management of Players who are Experiencing an Acute Asthma Attack on the Field of Play
- If a player experiences any signs or symptoms of asthma whilst engaged in activity, they should leave the field of play in order to self-treat ("rolling substitutions" can facilitate this).
- It is good practice to inform the referee prior to the start of a game if any of your players have asthma and may require medication. Although it is best to practice that any medication is immediately accessible on the pitch side, if the player has to return to the changing room to obtain their medication, they should be escorted to/from the room and ensure they remain safe.
- Only when a player's symptoms have settled, and they are well enough to continue (this may take several minutes) should they then be allowed to return to the activity. Should the player continue to experience the signs or symptoms of asthma they should cease activity for that particular day.
- Note: in 'elite' sport, medications used in the treatment of asthma may require a Therapeutic Use Exemption (TUE) certificate for doping control purposes.
- Caution: medications must be kept out of the reach of children.

How to Deal with an Asthma Attack

Step 1:
- Help the player to take their usual dose of reliever (usually blue) inhaler immediately, preferably through a spacer

Step 2:
- Sit the player upright
- Get them to take slow steady breaths
- Keep calm and try to keep them calm

- Do not leave them unattended

Have the symptoms improved immediately?
- YES Continue to sit with the player until they are feeling completely well and can go back to previous activity
- NO Contact their parents or carers and inform them about the situation if they are a child

Step 3:
- Continue to give two puffs of reliever inhaler every two minutes, up to 10 puffs

Step 4:
- If the player does not start to feel better after taking the reliever inhaler as above or if you are worried at any time call 999

Step 5:
- If an ambulance does not arrive within 10 minutes repeat step 3 while you wait

Signs of an asthma attack can include any of these:
- Coughing
- Being short of breath
- Wheezy breathing
- Being unusually quiet
- Tightness in their chest – some children express this as tummy ache

Head Injury/Concussion

- No head injury should be considered 'minor'. A blow to the head is potentially serious, and can, result in a significant brain injury and even death. It is important that those involved in sport are aware of the management of head injury and concussion for a child, youth or adult.
- A concussion is caused as a result of a brain injury, which can be a result of relatively minor trauma to the head, or more significant trauma, causing loss of consciousness.
- Any player with a suspected concussion must be removed from the field of play and assessed by a medical professional. The emergency medical services may need to be called. The player should not return to play the same day.
- Players with concussion should not be allowed to drive, and should be monitored in case their condition deteriorates.
- A gradual return to play of not less than 6 days in length should be monitored by a medical professional. The player should not return to play until cleared to do so by a medical professional.

Delayed response:

- It is well recognised that the symptoms and signs of concussion can be delayed in onset. Internal bleeding, not evident at the time of injury can cause pressure on the brain, leading to death.
- It is therefore best practice to ensure the player is monitored, especially in the first 24 hours. The carer (which in the case of a child will be a parent/guardian), should be given a head injury card, and advised that any change in the players' condition should herald an urgent assessment at the accident and emergency department.

A player should be sent accompanied to hospital if they exhibit the following:

- "Don't feel right"
- A headache which develops or increases in severity / "pressure in the head"
- Repeated vomiting
- Slurred speech
- Confusion / cannot recognise people or places / memory loss / "in a fog"

- Abnormal behavior / restlessness / irritability / aggression / more emotional
- Blurred/double vision / pupils which vary in size / Sensitivity to light or noise
- Acutely painful/stiff neck develops which increases in severity
- Weakness/tingling/pins and needles in arms or legs
- Lethargy / increasingly drowsy / difficulty concentrating
- A fit/seizure/'convulsion' (arms and legs jerking uncontrollably)
- Develops slow 'noisy breathing' / snoring / can't be woken up
- Anything of unusual medical nature occurs
- If at any time following a head injury the player has any signs or symptoms that are of concern, always seek the help of a doctor or medical specialist, send the player to hospital (accompanied), or call the Emergency Medical Services (112 or 999).

Recognition:
The use of the pocket SCAT 3 guidance is recommended as an aid to concussion diagnosis. This should be an integral part of any first aid kit and is downloadable at:

http://www.fifa.com/mm/document/footballdevelopment/medical/01/42/10/50/130214_pocketscat3_print_neutral.pdf and should be printed, laminated and kept available in medical kits for use at all times (see overleaf).

First Aid for Head Injury/Concussion
- Do not be rushed in your assessment of the player or intimidated into moving them
- Do not be distracted by other injuries, e.g. a bleeding wound
- Conduct an initial assessment of the player in the position they are found (if player is upright and unsteady on their feet, sit them down)
- Is the player conscious, are they breathing 'normally'?
- If unconscious (treat as taught on first aid course)
- Do not attempt to move the player (other than to open and maintain the airway and normal breathing) unless trained and equipped to so do
- Unconscious players who regain consciousness must not be returned to play
- If withdrawn from activity, reassure the player and keep them warm
- Issue 'Head Injury Card' to a responsible 'carer' of the player if the player is a child ensure parents are aware of injury