FA Learning

Emergency Aid Manual

Get into Football

Contents

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Welcome

Welcome to the Emergency Aid manual. This resource accompanies the Emergency Aid Workshop and is intended to be used both as a course manual and as a post course, easy-to-use reference guide.

The Emergency Aid Attendance Certificate is awarded by FA Learning. It is one of a number of qualifications awarded by FA Learning as part of The Football Association's education strategy. We hope you will find the course useful and enjoyable.

If you wish to further enhance your medical knowledge, other courses available to you at the present time include:

- FA First Aid for Sport.
- FA/1st4sport Level 2 Treatment and Management of Injury in Football.
- FA/1st4sport Level 3 Treatment and Management of Injury in Football.
- FA Diploma in Injury Treatment.
- First Aid for Football – Online course – Coming Soon!

Acknowledgement

In the United Kingdom it is the Resuscitation Council (UK) who publish the guidelines to assist those attempting resuscitation.

The Football Association's emergency aid guidelines, contained herein, are consistent with the guidelines of the Resuscitation Council (UK). It is recommended that all first-aiders wholly acknowledge these guidelines and act in accordance with and follow those recommendations when administering emergency aid.

Note:

The term 'player' is interchangeable with the term 'casualty'. It is acknowledged that the casualty may be a coach, parent or a spectator.

Introduction

In football, life-threatening events occur very infrequently. Understandably, this may lead the first aider responsible for the participants in training, matches and other football-related activities to think, 'I won't have to deal with serious life-threatening injury' and 'it won't happen to me'. However, you should not be complacent and need to be prepared to act if a serious injury occurs when you are 'on duty'. Undertaking The FA Emergency Aid course will provide you with the basic skills that will help you to respond appropriately when you intervene to carry out life-saving measures on an injured player.

By definition an accident is an unpredictable event; nonetheless if a poor outcome is to be avoided the first aider needs to be able to respond quickly, calmly and apply effective first aid in potentially difficult circumstances. Simple, basic first aid is effective first aid. Minimal equipment will be required to administer the necessary aid. Even when a casualty has a serious injury (or illness) the basic things still need to be done, whilst awaiting the arrival of the emergency services. 'Simple measures save lives!' Calling an ambulance on 999, or 112, is simple, but it saves lives.

Whilst anyone in the vicinity of an accident is considered to be a potential first-aider, a qualified first-aider or healthcare professional should deliver medical care where possible.

First aiders should be reassured that if they operate within the scope of their training, are judged to have acted 'reasonably' and in the best interests, they will not be subject to legal redress.

Aims and Objectives

This manual has been developed as a support resource for The FA Emergency Aid course which is intended to achieve the following:

Aims:

- To provide candidates with the knowledge and understanding of basic emergency first aid in the provision of appropriate care for life-threatening injury or illness.
- To train a candidate in the basic life-saving skills necessary to sustain the life of a player until the emergency services arrive and take over, or until an alternate healthcare professional assumes responsibility for the injured or ill player.
- To ensure the candidate is confident and competent to attend an emergency situation.

Objectives:

On completion of the course the candidates should be able to:

- Describe the duties, responsibilities, treatment principles and priorities of emergency care provision.
- Describe the elements preceding the provision of emergency care.
- Recognise, prioritise and be able to respond to the signs and symptoms of life-threatening injuries or illness.
- Demonstrate the skills required when intervening in an emergency situation to carry out life-saving procedures on an injured or ill player.

Principles of First Aid

First aid is the initial help given to individuals who are injured or suddenly taken ill. In the application of first aid you should:

- **P**rotect yourself, others and the casualty.
- **P**revent infection of yourself, others and the casualty.
- **P**reserve the life of casualty.
- **P**revent deterioration of the casualty.
- **P**romote recovery of the casualty.

The golden rule is 'first do no harm'. Do what is necessary to preserve the life of the player and prevent their deterioration whilst awaiting the arrival of the emergency services.

Responsibilities of a First Aider

If you are the nominated first aider and tasked with the 'duty of care' for the players (and Club staff) you must take that responsibility seriously. You must:

- Know your Club's Emergency Action Plan and the 'plans' at away venues.
- Carry and use only medical items that you have been trained to use.
- Limit your first aid treatment and/or advice to the knowledge and practice in which you are formally trained.
- Keep simple 'written' records of first aid incidents and your first aid management.
- Keep your first aid skills 'up to date' at all times.

Prevention of Cross-Infection

'Prevention is better than cure'. You can avoid self-infection and the infection of others by a few simple measures:

- Hand cleansing (as and when appropriate).
- Keep any personal wounds covered (particularly on your hands).
- Wear disposable gloves.
- Carry 'yellow' plastic bags for the disposal of 'contaminated' items.
- Confirm your own personal immunisation status, e.g. tetanus immunisation.

If you are concerned that you may have been infected during your first aid management of an injured player, seek professional medical help as soon as possible.

Age Group Classification

It is estimated that there are 7 million active adult and child footballers in England. From a first aid perspective there are a few adjustments that need to be made when dealing with a child. The organisations that define best practice in first aid within the United Kingdom have deemed the age classification to be as follows:

- Infant: 0 to 1 year of age.
- Child: 1 year to puberty.
- Adult: puberty and beyond.

It is inappropriate and unnecessary to conduct checks to establish if puberty has been reached. If you are uncertain of the injured player's age, treat the player as a child.

In areas where there are separate child (paediatric) and adult casualty departments, the emergency services can decide which department a casualty is taken to. If a casualty appears to be 16 years of age or older they are usually taken to the adult casualty department.

Process Overview

1. Pre-Activity Preparation.
2. Reacting to an Incident.
3. Approaching the Injured Player.
4. ‘Primary Survey’: Response/Airway/Breathing/Circulation.
5. ‘Secondary Survey’: ‘head to toe examination’.

1

Pre-Activity Preparation

What is your pre-arranged plan for dealing with an injured player?

All Clubs should have an Emergency Action Plan (EAP), which can be actioned in the event of a player(s) being injured. An EAP will take into account the staff required, medical equipment, communication and transport arrangements. It is important that you and any helper’s are fully acquainted with this plan and the ‘plans’ which are in place in locations away from your ‘home’ ground.

Are you dressed appropriately?

Make sure you are suitably dressed for extreme temperatures and weather conditions; you may be exposed to very hot or very cold environments. Wear appropriate footwear, e.g. studded footwear; you may be running on a surface that is wet and slippery! You too, do not want to become a casualty.

What resources are available to you?

As the first aider you should be equipped with basic first aid resources; you should only carry and use medical items that you have been trained to use. Are there any ‘helpers’ there to assist you? In advance, it is important that you advise an injured player’s teammates not to touch or move an injured teammate. You are the first aider who should make the first contact with the injured player.

2

Reacting to an Incident

What have you seen?

As a ‘pitchside’ first aider you should be in a location where you can see the field of play and all the participants. What have you witnessed? What was the mechanism of injury? Is anyone’s life in immediate danger?

Should I call for an Ambulance?

An ambulance should be called for as soon as it is recognised that a player has a life-threatening or serious injury/illness. It may be obvious that a serious injury has been sustained even before you make contact with the player. 999 and 112 calls are ‘free’.

It is good practice to nominate in advance a suitable person who will make the call if required. The ambulance ‘controller’ will want to know the caller’s name and telephone number, the location, the scope of the incident, the age, sex and number of injured players, and any suspected injury or illness. The caller should be as accurate, brief and clear as possible. Ensure that if you send someone away to get help, they return to confirm they have done so.

3

Approaching the Injured Player

You should be aware of any potential dangers that may affect you, any bystanders and the injured player. Running onto the field when the game is still on may result in you becoming a casualty if a player collides into you. Are there other environmental factors that need to be taken into account which may affect your initial reaction?

When a player appears to be injured, it is important that you respond promptly (when it is safe to do so). You should approach the player calmly and quickly to assess the situation.

As you advance towards the player, if you see that the player is not moving and may be unconscious, approach and position yourself so that you are kneeling down next to the head; this is the correct position to deliver emergency aid. If the player is clearly conscious, you should adopt the most appropriate position to deal with the injury that presents.

Skill 1: making an approach to an injured player.

4

The ‘Primary Survey’

A seriously injured player should be treated at the location they are found. Players should not be moved unless it is absolutely necessary, i.e. they are in danger of being injured further.

The primary survey is the first injury (illness) assessment of the player to determine if they have a life-threatening condition. The sequence relating to response, airway, breathing and circulation should be followed on each occasion and will help you to prioritise what needs to be done. You should not be distracted by an obvious injury (a wound on the player’s leg) at the expense of dealing with a life-threatening injury (the player is not breathing).

If there is more than one injured player, the ‘triage’ principle applies. You will need to conduct a quick initial assessment of all the players to decide who needs early first aid treatment and who can wait. Beware the player who is not moving!

Response of Player

To establish an injured player’s level of response (i.e. are they conscious or unconscious), you should speak clearly and with purpose. Using the player’s name, or nickname, ask the player ‘what happened’, ‘what is wrong’? If the player is responsive (conscious) it should be obvious and appropriate answers will be given to the questions. If the player remains unresponsive, they should be asked ‘open your eyes’ and be given a firm ‘pat’ on the shoulders. If the player still fails to react they are considered to be unresponsive (unconscious).

Skill 2: checking the ‘level of response’ of a player.

Player is Conscious

If the player is conscious, you should undertake a ‘secondary survey’ (‘head to toe’) if necessary, to establish if other injuries exist and then treat accordingly.

Player is Unconscious

If the player is unconscious, you should shout for further ‘on-field’ help. Your priority is to check the player’s airway. If the player is in a position that prevents you from doing this, with the aid of some helpers, you need to carefully reposition the player onto their back to ‘open’ their airway.

An Open Airway versus a Closed Airway

In order for effective breathing to take place there must be an open passage between the mouth/nasal cavity and the lungs. Often the passage is blocked or ‘closed’ by a casualty’s tongue which has lost muscular control, fallen back and caused an obstruction. Player’s cannot and do not ‘swallow their tongues’. It is simply a matter of the position of the head and neck, which if repositioned will remove the blockage. Opening the airway can save a player’s life.

To open the player’s airway:

- Place one hand on the player’s forehead and two fingers (of the other hand) under the chin.
- Gently tilt the player’s head back and lift the chin (the mouth should fall open).

Once the mouth is open, current recommendations are that it is unnecessary to check the mouth for any foreign bodies in the airway of an adult, but you should do so for a child.

However, if you have reason to suspect there may be something in the player’s mouth (it could be chewing gum – against best advice), check the mouth and remove any obstruction using a pincer-type grip between your finger and thumb.

Skill 3: opening the airway of a player.

Breathing

When the airway has been opened it is necessary to check if the player is breathing 'normally', or if their breathing is 'abnormal'. To check if the player is breathing normally, keep the airway open, position your cheek directly above the player's face and observe the chest to:

- **Look** for chest movement (rise and fall).
- **Listen** for sounds of breathing.
- **Feel** the breath on your cheek.

You should take no more than 10 seconds before deciding if breathing is 'normal' or 'abnormal'.

Normal breathing is rhythmical and at a rate of 12-20 breaths per minute (increased during physical exercise). Abnormal breathing may take the form of gasping, gurgling, wheezing or other unusual breath sounds. 'Agonal' gasps, which occur in individuals following cardiac arrest, should not be confused with normal breathing.

Skill 4: checking if a player is breathing 'normally'.

Player Is Breathing 'Normally'

If the player is breathing normally and is unconscious, call 999 or 112 for emergency assistance. You should conduct a check for any potential life-threatening injuries. In the absence of serious injury you should place the player in the 'recovery position' and monitor their level of response and their breathing.

Importantly, at this point, any circulatory problems, i.e. severe bleeding, needs to be identified and managed as a priority (see page 24).

Player Is Not Breathing Normally

If the player's breathing is considered to be abnormal, you should seek emergency assistance right away. Send a helper to dial 999 or 112 (if not already done). Ask them to get an automated external defibrillator (AED) and someone who is trained to use it.

- In an adult player, chest compressions should be started with minimal delay.
- In a child player, 5 rescue breaths should be delivered before starting the chest compressions.

If you are on your own and the player who is not breathing is an 'adult' you should place them in the recovery position and go for help immediately. If the player is a child, you should perform the CPR process for one minute before going for help, The rationale for this is that in an adult casualty, the reason for the collapse is likely to be related to the heart; in a child it is likely to be related the respiratory function.

'Chest Compression'

If chest compression, or 'heart pumping', is required the player needs to be on their back on a firm surface. You should:

- Kneel beside the player, alongside their chest.
- Place heel of one hand on the 'centre' of the player's chest (avoiding the tip of the breastbone or the upper abdomen).
- Place the heel of your other hand on top of the first hand and interlock your fingers (keeping them off the chest wall).
- Lean over the player with your elbows straight and your shoulders directly above hands.
- Apply downward pressure on the chest to a depth of 4-5cm approximately (1/3 the depth of the chest in a child).
- Release the pressure without removing hands from the player's chest or bending arms.
- Allow the chest to recoil to the start position before the next compression is applied.
- Compress the chest rhythmically 30 times, at a rate of 100 per minute (more than 1 per second).

Skill 5: applying 'chest compression' to a player.

Rescue Breaths

Having delivered the chest compressions, with minimal delay you should attempt to deliver 2 rescue breaths. You should:

- Make sure the player's airway is still open (one hand on forehead – two fingers of other hand under tip of chin).
- Move the hand that was on forehead to pinch the soft part of nose between finger and thumb.
- With the player's mouth open, take a breath and fill your lungs with air.
- Place your lips around the player's mouth, making sure you create a good seal.
- Blow into the player's mouth until chest rises (1 second). Whilst maintaining the player's airway, remove your mouth; the player's chest should fall.

If the player's chest rises and falls in line with your efforts a 'rescue breath' has been delivered. After the chest has fallen give the second rescue breath. If, after two attempts, you fail to deliver an effective rescue breath, move onto compression of the chest.

Skill 6: delivering a 'rescue breath' to a player.

Rescue Breathing Difficulties

If the chest does not rise when you blow into the player's mouth you have not delivered an effective rescue breath. You should:

- Recheck that the head tilt and chin lift position is correct.
- Recheck the player's mouth for any obvious obstruction, which should be removed using a pincer-type grip between two fingers (no finger sweep).
- Make no more than 2 attempts to achieve rescue breaths before returning to chest compressions.

The Resuscitation Cycle

After you have delivered 2 rescue breaths you should continue the 'cycle' of a 30:2 compression:rescue breath ratio. If there is another competent first aider with you, change every two minutes with minimal disruption.

Skill 7: performing effective resuscitation on a player.

Use of a Face Shield

If you have any concerns about cross-infection, or are unwilling to engage in 'mouth to mouth contact' with the player, you may use a protective 'face shield' or a 'pocket mask'. You should ensure you are competent in the use of the device, before being called upon to use it in a real-life situation.

CPR Modifications for Children

With children you should take care with your hand position when performing the 'chin lift'. Be careful not to apply too much pressure to the area at the front of the neck: you may block the airway. For a child you should deliver 5 'initial' rescue breaths before administering chest compressions, then continue with 30:2 compression/rescue breath ratio. When applying chest compressions to a child use one or two hands (as appropriate) and depress the chest to a 1/3 of its depth.

'Compression Only' CPR

Even when the heart has stopped oxygen levels in the bloodstream remain adequate for several minutes. Chest compressions delivered early will help circulate this oxygen around the body and provide sufficient oxygen to the vital organs for a short time. If you are unwilling or are unable to provide rescue breaths (e.g. facial injuries), you may apply chest compressions only. The compressions should be delivered in the same way as previously described, but continuously at a rate of 100 per minute. Do not stop to recheck the player, unless they start breathing normally.

The added benefit of administering chest compressions is that it serves to keep a heart that has stopped beating, "shockable", i.e. maintains the heart's potential to be shocked back into action by use of an automatic external defibrillator (AED). A stopped heart overfills with blood via the returning veins causing the heart to become swollen or 'engorged'. This increased pressure in the heart limits its potential to be restarted. So keep going; chest compressions do help.

When Should You Stop Your CPR Efforts?

- When emergency help arrives and takes over.
- The player starts to breathe normally.
- You become so exhausted that you cannot carry on.

Drowning

In all instances of drowning, give 5 'rescue breaths' before starting the 30:2 chest compression/rescue breaths ratio.

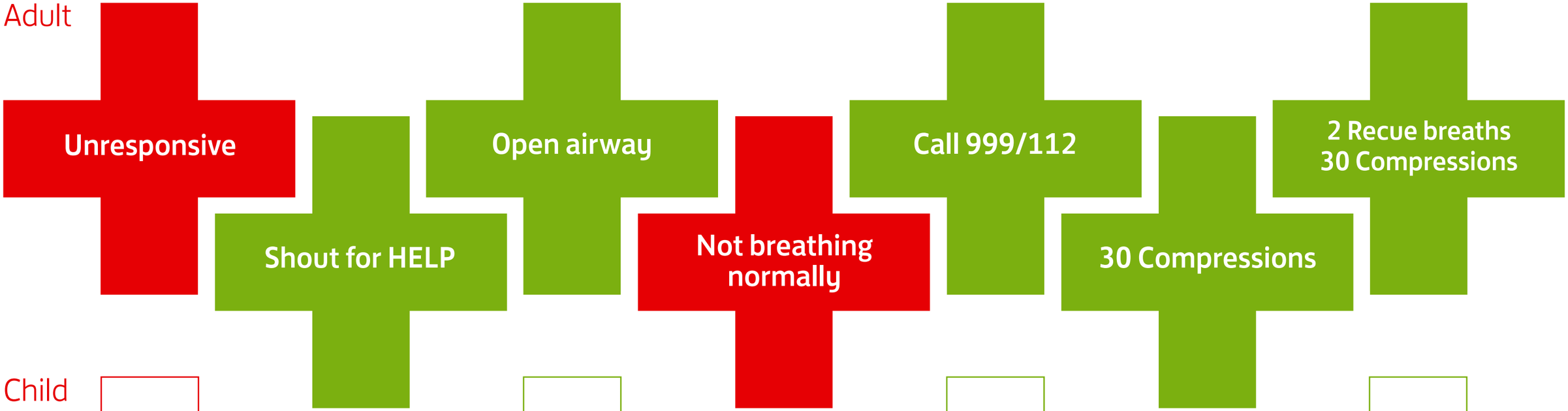
If you are on your own, you should deliver rescue breaths and resuscitation for 1 minute before leaving the injured player and going for help.

Defibrillators

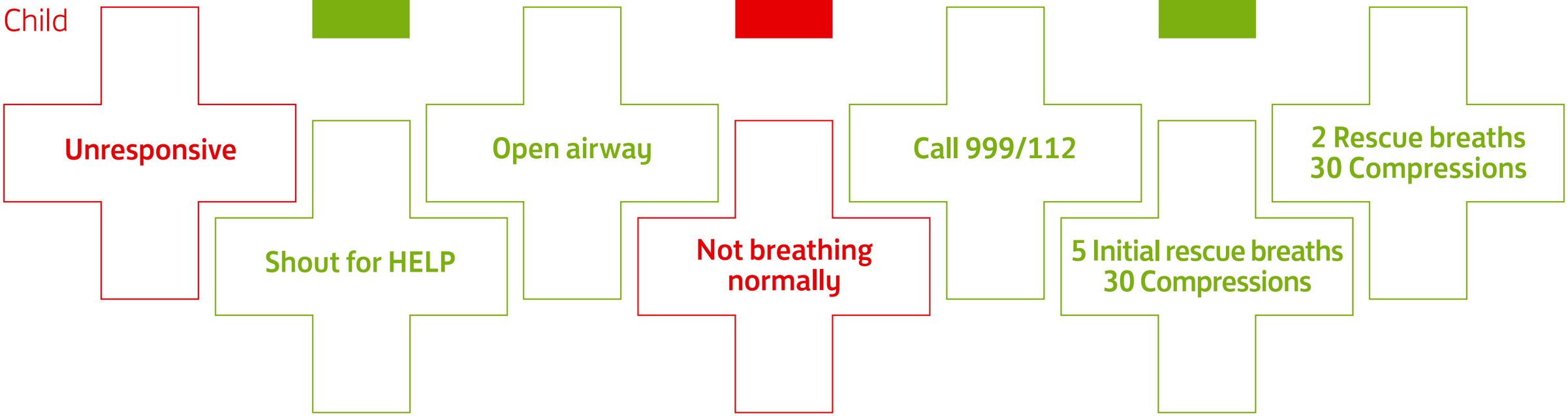
An automated external defibrillator (AED) unit is a piece of equipment that can be used to help restore a heart's rhythm. First aiders should be trained in the use of AED's. If one is accessible within your Club, you should ensure that you know where it is and that it is fully functional (check batteries) and ready for use.

Resuscitation Algorithm

Adult



Child



The ‘Recovery Position’

The ‘recovery position’ is a stable, side-lying position that is used to maintain the airway of an unconscious casualty who is breathing. It also allows the drainage of fluid or vomit from a casualty’s mouth. A casualty who is not breathing should not be placed in this position; breathing must be confirmed before doing so. You should ensure there is no pressure on the chest that would impair breathing.

How do I do it?

When the player is lying on their back:

- Kneel beside the injured player (if relevant remove any bulky objects from the pockets).
- Straighten the player’s legs.
- Place the arm which is nearest to you at right angles, elbow bent, palm upwards (do not force it).
- With your arm (that is nearest to the player’s head), bring the player’s arm that is farthest from you across the player’s chest and hold the back of the players hand against their cheek which is nearest to you.
- With your hand (that is nearest the player’s feet) grasp the player’s far leg above the knee and pull it into a bent position with the foot remaining flat on ground.
- Keeping the player’s hand against their cheek, pull on the far leg and roll the player towards you; they will then be on their side.
- Adjust the player’s upper leg so that hip and knee are at right angles and tilt the player’s head back so that airway remains ‘open’.

When the player is in this position continue to monitor their breathing and level of response. Reconfirm that a call for an ambulance has been made.

A player who remains in the recovery position for more than 30 minutes, should be rolled onto their back and turned onto the opposite side (unless injuries prevent otherwise).

If an injured player is initially found on their front a modified approach is required to place them in the recovery position.

Skill 8: moving a player into the recovery position.

Choking

Choking is caused by a 'foreign object', e.g. chewing gum, which gets stuck in the throat and may partially or completely block the airway. Airway obstruction is considered to be 'mild' if the player is able to breathe, cough and speak; they should be able to clear the blockage. A 'severe' airway obstruction is when the player is unable to speak, cough, or breathe; they will have difficulty clearing the obstruction. Be ready to call for emergency assistance if the player is unable to clear the obstruction.

Signs and symptoms:

- Coughing/distress.
- Difficulty breathing/speaking, grasping at neck, pointing to mouth or throat.
- Redness of face/neck.
- Cyanosis (blueness) of lips.
- Loss of consciousness.

Aims:

- To remove the obstruction.
- To restore normal breathing.

First aid:

Confirm the player is choking. If any obvious obstruction is visible, remove it. Do not use a 'finger sweep' in the mouth; the danger is that the obstruction may be forced further down the throat. Use a pincer-type grip between your forefinger and thumb to remove any obstruction. Whilst the player is able to do so, you should also encourage them to cough. Continually check the player's mouth to remove any obstruction that may present. Shout for help.

Skill 9: assessing a player who is choking.

'Back Blows'

If the player becomes weak, or stops breathing or coughing, deliver 'back blows'. Stand behind the player and slightly to one side; support their chest with one hand, and help them to lean forwards. Give up to 5 sharp blows between the 'shoulder blades' with the heel of your hand. Continually recheck the player's mouth (after each blow) to see if the obstruction is ejected. Stop once you feel the blockage has been cleared.

Skill 10: delivering 'back blows' to a player.

'Abdominal Thrusts'

If the 'back blows' fail to clear the blockage, deliver 'abdominal thrusts' to the player. With the player bent forwards, stand behind them and put both arms around the upper abdomen. Clench a fist and place it thumb inwards between navel and breastbone. Grasp your fist with the other hand and pull sharply inwards and upwards up to 5 times. Continually recheck the player's mouth (after each thrust) to see if the object is ejected. Stop once you feel the blockage has been cleared.

* Any player who has been given 'abdominal thrusts' must see a GP.

Skill 11: delivering 'abdominal thrusts' to a player.

Stubborn Obstruction

If the obstruction fails to clear, the 'cycle' of back blows and abdominal thrusts, should be repeated up to 3 more times; rechecking the mouth after each series. If the obstruction is not cleared dial 999 or 112. Continue the procedure until a) the obstruction clears, b) the player becomes unconscious, c) help arrives'.

Player Collapse

If the player becomes unresponsive and loses consciousness, gently lower them to the ground. Call for an ambulance. Open the player's airway, check the mouth for any obstruction and check breathing. If the player is not breathing, commence the CPR 'cycle' (as described previously). Note – when a player is unconscious the throat muscles, which may have been in spasm, may now have relaxed sufficiently to perform effective 'rescue breaths'. Chest compressions may also result in the obstruction being ejected.

Severe Bleeding

Severe blood loss is a life-threatening condition. Bleeding must be controlled.

Signs and symptoms:

- Direct trauma.
- A wound.
- Obvious bleeding.
- Localised pain.
- Signs of shock.

Aims:

- Control bleeding.
- Prevent or minimise shock.
- Prevent infection.

First aid:

Disposable gloves should be worn prior to any contact with the player, particularly where bleeding is evident. If a bleeding wound is to be managed successfully, the area covering the wound needs to be exposed and checked. Clothing may need to be removed or cut (be sensitive to the player's dignity).

Direct pressure

If there is an object embedded in the wound do not press down on it, or attempt to remove it; apply pressure and a pad(s) around the object. You should apply and maintain firm, direct pressure over the wound with your gloved fingers or palm, preferably with a non-fluffy, clean dressing or a sterile pad. The player may be able to assist and apply pressure over the wound. If the bleeding is serious call 999 or 112.

Elevation

If it is practical, elevate the limb above the player's heart. Do not elevate the limb if you suspect a fracture. A fracture must be stabilised before a limb is moved.

Apply dressings

Secure and cover the initial dressing with a bandage that is tight enough to maintain pressure, but not impair the circulation. If the bleeding seeps through the first dressing, a second dressing should be placed on top of the first. If blood seeps through this second dressing, both dressings should be removed. Restart the process, by applying a fresh dressing, paying particular attention to the point at which pressure is to be applied. Help the player lie down (preferably on a blanket to protect them from the cold) whilst you await the arrival of the ambulance.

Skill 12: applying wound dressings to a player.

Monitor:

Continue to monitor the player's level of response and breathing. Be aware that the player may go into shock due to severe blood loss. Continue to check the dressings for seepage and check the circulation beyond the bandages every 10 minutes. A change in skin pallor, texture or sensation may indicate that the bandage is too tight. Swelling of the limb may also cause the bandage to become too tight. If the circulation appears to be affected, as a result of the bandage being too tight, loosen the bandage and reapply. The player should not be allowed to eat, drink or smoke.

Shock

Shock is a life-threatening condition, one cause of which is severe blood loss and the resulting loss of oxygen to the body's vital organs. It requires immediate treatment.

Signs and symptoms:

- Pale, cold, clammy skin.
- Sweating.
- Blueness of lips (cyanosis).
- Weakness, dizziness.
- Thirst.
- Rapid shallow breathing.
- Unconsciousness.
- Nausea.

Aims:

- To recognise that the player is in shock.
- To identify the cause of shock and treat it.
- To improve the blood supply to the brain, heart, and lungs.
- To arrange urgent evacuation to hospital.

First aid:

It is important that you identify and treat the cause of the shock. Is the player bleeding? Major bleeding is a common cause of shock. Seek the help of the emergency services; get a helper to call 999 or 112. Help the player to lie down (preferably on a blanket to protect them from cold ground), and then raise and support the player's legs above the level of their heart. Loosen any of the player's clothing if it is constrictive at the neck, chest or waist and keep them warm using a blanket (do not use artificial heat). Constantly reassure the player and do not leave them unattended. Monitor the player's breathing and level of consciousness whilst awaiting the ambulance.

Skill 13: treating a player with shock.

Anaphylaxis

Anaphylaxis is a severe allergic reaction to a bee sting, nuts or shellfish (as examples), although the cause may not be immediately apparent. The reaction may be very quick.

Prior to participation in any activity, you should establish if a player has a known allergy. Participation in activities should not be allowed if an EpiPen is not immediately available. The 'EpiPen' (which is available in adult and junior preparations) should be accessible at all times and, if not being carried by the player, must be carried by you (the first aider) or the coach.

In fact, the player should carry at least two EpiPens at all times. Check if the EpiPen has been used previously, is empty, or beyond its expiry date. At the outset, it should be made clear who will administer the EpiPen if it becomes necessary. In the first instance it should be the player to whom it has been prescribed. **If you have a player who carries an EpiPen, you should also be trained in its use.**

Signs and symptoms:

The reaction may range from a 'mild' response, with localised skin redness, itchiness and swelling, and red itching eyes, to a more 'severe' response, with swelling of the tongue, throat, and lung tissue, causing breathing difficulties which may lead to player collapse and unconsciousness.

Aims:

- Call for emergency assistance.
- Relieve breathing difficulties.
- Treat shock.

First aid:

If you suspect that you are dealing with a player who is having an anaphylactic reaction, call the emergency services on 999 or 112 immediately. Anaphylaxis can progress rapidly and any delay in making the call can be catastrophic.

If the player has an EpiPen they should use it. If the player is unable to use the EpiPen, and you have been trained to do so, you should assist the player to use it. It should be held firmly against the thigh (and can be given through trousers if so required).

If the cause of the reaction is an insect sting, try to remove the remaining sting using a credit card, the edge of which should be swept along the skin to brush the sting off.

Initially, it may be appropriate to sit the player up if they are experiencing breathing difficulties. If the player feels faint or becomes pale, treat for shock (lie the player down and elevate the legs). A second EpiPen can be given after 15 minutes if the player has not responded to the first dose and the situation is deteriorating (an increase in wheezing, or difficulty in breathing) and the ambulance is still awaited.

If the player becomes unconscious, the airway should be maintained by using the head tilt/chin lift method. Check and continually monitor the player's breathing. Administer CPR if required.

The sequence of events, with timings of any wheezing or swelling around the lips and mouth, should be relayed to the ambulance crew and the incident fully documented.

Spinal Injury

Spinal injury in football is a very rare occurrence. A goalkeeper 'spearing' head first into the ground after going over the top of a player, or a forceful blow to the head, are examples when you might suspect a spinal injury. If the mechanics of an injury lead you to suspect that a spinal injury has been sustained, you are only expected to do a few simple things. Do them well and you will fulfil the immediate medical needs of the player.

Signs and symptoms:

- Mechanics of the injury.
- Player not moving.
- Neck/back pain.
- Deformity of the spine.
- Inability to move legs or arms.
- A change in skin sensation.
- Difficulty in breathing.

Aims:

- Prevent further injury.
- Maintain the player's airway.
- Keep the player warm.
- Arrange evacuation to hospital.

First aid:

Call for 999 or 112 for emergency assistance.

If you feel you can maintain a clear and open airway, leave the player in the position in which you found them. Do not move the player's head and neck. Ask the player not to move.

If the player is on their back and breathing, simply 'steady and support' the player. Kneeling or lying behind the player's head, using both your hands firmly grasp the player's head. You should monitor the player's breathing and keep them warm whilst you await the ambulance.

'Jaw Thrust' Technique

If a player with a suspected spinal injury is not breathing, the 'jaw-thrust' technique is used to open the airway. Place your hands on each side of the player's face with your fingertips under the 'angles' of the jaw. Gently lift the jaw to open the airway, taking care not to bend the player's neck. Check if the player is now breathing. If the player is not breathing you will need to start CPR.

Skill 14: opening the airway of a player with a suspected spinal injury.

'Log-Roll' Technique

If the player is on their front and not breathing you should promptly and safely reposition the player in order to manage their airway. The 'log roll' is the technique that is used to achieve this.

The 'log-roll' technique is used to turn a casualty with a spinal injury. The manoeuvre requires a minimum of one first aider and two 'helpers'. It should be practised and rehearsed before you are required to do it. The head and neck must not be 'forced' in any direction, or against any resistance, during the process.

How do I do it?

As the first aider you need to be in charge and be in control of situation. You need to be responsible for the move; the helpers should only move the player when you instruct them to do so. You need to stabilise and support the player's head and neck during the entire move. The helpers are positioned on the side to which the player is to be rolled.

When the player is lying on their front:

- On the side to which the player is going to be rolled, their arm is extended and positioned alongside their head; the opposite arm is positioned alongside their body; the legs are gently straightened.
- Whilst you maintain the control and support of the player's head and neck (the head and neck should be kept in alignment with the body at all times during the move), the helpers should gently roll the injured player towards them.
- The injured player should now be on their back and in a position where the airway can be managed.
- If the player vomits, the process should be reversed and the player quickly and carefully rolled onto their side.

Skill 15: moving a player with a suspected spinal injury.

5

The ‘Secondary Survey’

When life-threatening injuries (or illness) have been dealt with, or excluded, you need to identify other injuries that the player may have sustained. The injury may be obvious through ‘signs’ (things you can see, hear, feel or smell), or ‘symptoms’ (something the player will feel and can describe to you). On the other hand, the injury may not be immediately apparent. In this case you will need to perform a ‘head to toe’ check for any indication of injury. It may be necessary to cut clothing to expose an area (do this sensitively). You should not move the player until you are satisfied it is safe to do so.

After an Emergency Incident

Who should I call?

If the player is a child there should be a mechanism in place within the Club for contacting the parent or next of kin (if they are not present) when an injury/illness occurs. This should be part of the Club’s Emergency Action Plan. It may also be necessary to contact the relatives of adult players; the agreement to do so should be established before any incident occurs.

What should I do with a player’s personal belongings or valuables?

Consider the need for a helper to look after the player’s personal belongings. They should be gathered and if appropriate accompany the player to hospital. If there is a need to ‘go through’ a player’s belongings, ensure two reliable helpers are asked to do this.

What record should I keep of the incident?

Following an incident, you should keep a brief ‘written’ and dated record of the episode, any injury or illness, and any first aid treatment or advice which you gave. The record should contain the player’s name and date of birth.

Appendix

Course Content

- Principles of First Aid
- Responsibilities of a First Aider
- Prevention of Cross-Infection
- Process Overview
- Cardio-Pulmonary Resuscitation (CPR) - Adult / Child
- Recovery Position
- Choking
- Severe Bleeding
- Shock
- Spinal Injury / 'Jaw Thrust' / 'Log Roll'
- Anaphylaxis

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Introduction

- Welcome
- Health and Safety
  - Fire Alarm System / Fire Assembly Point / Evacuation Route
  - Injury / Illness
  - Emergency Telephone Number
- Course Conduct
  - Refreshments
  - Location of Toilets
  - Smoking Policy
- Please Switch Off Mobile Phones

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Principles of First Aid

- First aid - the initial help given to individuals who are injured or suddenly taken ill.
- In the application of first aid you should:
  - **P**rotect yourself, others and the casualty.
  - **P**revent infection of yourself, others and the casualty.
  - **P**reserve the life of casualty.
  - **P**revent deterioration of the casualty.
  - **P**romote recovery of the casualty.
- Golden rule - 'first do no harm'.

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Responsibilities of a First Aider

Know your Club's Emergency Action Plan (EAP) and 'plans' at away venues.

Carry / use only medical items you have been trained to use.

Limit first aid treatment and / or advice to knowledge/practice in which you are formally trained.

Keep simple 'written' records of first aid incidents / your first aid management.

Keep your first aid skills 'up to date' at all times.

Age Group Classification

- Infant: 0 to 1 year of age.
- Child: 1 year to puberty.
- Adult: puberty and beyond.

- Inappropriate / unnecessary to conduct checks to establish puberty.
- If uncertain treat the injured player as a child.

Prevention of Cross-Infection

Avoid self-infection / infection:

- Hand cleansing (as and when appropriate).
- Cover own wounds (particularly on your hands).
- Wear disposable gloves.
- Carry 'yellow' plastic bags - disposal of 'contaminated' items.
- Personal immunisation status, e.g. tetanus immunisation.

If 'infected', seek professional medical help as soon as possible.

Process

- Pre-Activity Preparation
- Reacting to an Incident
- Approaching the Injured Player
- 'Primary Survey': Response / Airway / Breathing / Circulation
- 'Secondary Survey': 'head to toe examination'.

Preparation / Reaction

- Know your Club's Emergency Action Plan (EAP); and other venues.
- Are you dressed appropriately? Footwear?
- What resources have you got? Medical equipment / 'helpers'?

- What have you seen? Mechanism of injury?
- Should you call for an ambulance?

Approaching the Injured Player

- Respond promptly and calmly.
- Dangers? Is it is safe for you to approach? Is the game still in play?
- Assess situation quickly and safely.
- Does player appear conscious or unconscious?
- Position yourself in most appropriate position?

Call for Ambulance

- As soon as you recognise life-threatening or serious injury.
- **999 / 112** – calls are 'free'.
- Nominate a 'caller' in advance of any activity (part of the EAP).
- Ambulance 'controller' will want to know the caller's name and number, location, scope of the emergency, the age, sex and number of injured players, any 'suspected' injury or illness.
- If you send someone away ask them to return to confirm it has been done.

'Primary Survey'

- Do not move the player, unless absolutely necessary.
- Beware the player who is not moving!
- 'Triage' process - first treat any player whose life in danger.
- Utilise 'helpers' (if required).
- The 'primary survey' – response / airway / breathing / circulation.
- Do not be distracted by non-life-threatening injuries!

Response

Responsive (conscious) or unresponsive (unconscious)?
Establish 'level of response'.
Ask questions. What happened? What's wrong?
If still unresponsive, ask player to open their eyes / give them a firm 'pat' on the shoulder.
If player fails to react – considered to be unresponsive (unconscious).
Call for an ambulance.

Responsive Player

- If player conscious, check for any life-threatening injuries, e.g. severe bleeding.
- Summon help and call for an ambulance (if required).
- If there are no obvious life-threatening injuries conduct a 'secondary survey' to identify less serious injury.
- Treat accordingly.

Unresponsive Player

- Call for an ambulance.
- Shout for 'on-field' help.
- Check player's airway.
- If unable to assess airway, carefully place the player on their back and 'open' their airway.

'Open' versus 'Closed' Airway

Airway

- To open the player's airway:
  - place one hand on the player's forehead and two fingers (of the other hand) under chin;
  - gently tilt the player's head back (the mouth should fall open), lift the chin. Recommendations: child – check mouth / adult check not required.
- If you suspect something in player's mouth, check and remove ('pincer-type' grip between forefinger an thumb).

Breathing

- Keep the player's airway 'open' and check if breathing:
  - **look** for chest movement.
  - **listen** for sounds of breathing.
  - **feel** the player's breath on your cheek.
- Is the player breathing 'normally'?
- Take no more than 10 seconds to check if breathing 'normal' / 'abnormal'.
- Ambulance - as soon as 'abnormal' breathing identified (adult).
- In child – CPR for 1 minute first.

Player Breathing 'Normally'

- Unconscious? Call 999 or 112.
- Check for and treat any potential life-threatening injuries, e.g. severe bleeding.
- Place in 'recovery position' (providing there are no injuries that prevent this).
- Monitor breathing and level of response.
- No obvious life-threatening injuries - 'secondary survey'.
- Treat accordingly.

Player Not Breathing 'Normally'

- Send helper to dial 999 / 112 (if not already done).
- Get automated external defibrillator (AED) if available and someone who is trained to use it.
- Adult - chest compressions commenced straight away.
- Child - 5 rescue breaths before starting chest compressions.

Compressions

- ‘Heart pumping’.
- Player on their back on a firm surface.
- Kneel beside player.
- Place one hand on ‘centre’ of the chest (avoid tip of breastbone / upper abdomen).
- Place heel of second hand onto first hand / interlock fingers / hands (keep fingers off chest wall).
- Lean over player elbows straight / shoulders directly above hands.

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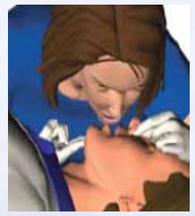
Rescue Breaths



- Attempt 2 rescue breaths.
- Make sure airway still open (one hand on forehead / two fingers of other hand under tip of chin).
- Move hand from forehead to pinch nose (pinch soft part of nose between finger and thumb).
- Open player’s mouth.
- Take a breath to fill your lungs with air.
- Place your lips around player’s mouth; make sure you have a good seal.

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Compressions

- Apply downward pressure on chest.
- Depress chest 4-5cm in adult (1/3 chest depth in children).
- Release pressure without removing hands from chest or bending arms.
- Allow chest to recoil to ‘start position’ before next compression applied.
- Compress chest 30 times / rate 100 per minute (more than 1 per second).

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Rescue Breaths

- Blow into mouth until chest rises (1 second).
- Maintaining the open airway, remove your mouth and see if player’s chest falls, (allow 2 seconds).
- If chest rises/falls you have successfully delivered ‘rescue breath’.
- After the chest has fallen give the second rescue breath.
- Difficulty delivering two rescue breaths - move on to chest compression.

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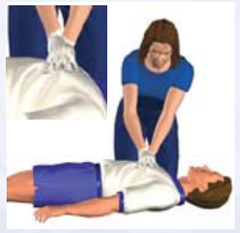
Continue Resuscitation



- Continue ‘resuscitation cycle’; 30 compressions / 2 breaths.
- If another first aider with you, change over every two minutes, with minimal disruption.

Rescue Breathing Difficulties

- Difficulty delivering the rescue breaths during your first attempts:
  - recheck head tilt and chin lift position;
  - recheck the player’s mouth for any obvious obstruction (no finger sweep);
  - make no more than 2 attempts to achieve 2 rescue breaths before returning to the chest compressions.

CPR for Children

- Take care with hand position in ‘chin lift’.
- Carefully remove any visible obstruction.
- Attempt 5 ‘initial’ rescue breaths before commencing chest compressions, then continue with 30:2 compression / rescue breath ratio.
- Use one or two hands (as appropriate) when applying chest compressions (fingers raised).
- Depress chest 1/3 of its depth.
- On your own? Carry out rescue breaths / chest compressions for 1 minute before going for help.
- Recovery position.

Compression Only CPR

- Chest compressions delivered early will help circulate ‘residual oxygen’ in the bloodstream around the body.
- Unwilling / unable to provide rescue breaths (e.g. facial trauma), apply chest compressions only.
- Method as previously described, but continuously at a rate of 100 per minute.
- Do not stop to recheck player unless they start breathing normally.

When to Stop CPR

- Emergency help arrives and takes over.
- Player starts to breathe normally (conduct a secondary survey, and if appropriate place in recovery position).
- Exhaustion – you cannot carry on.

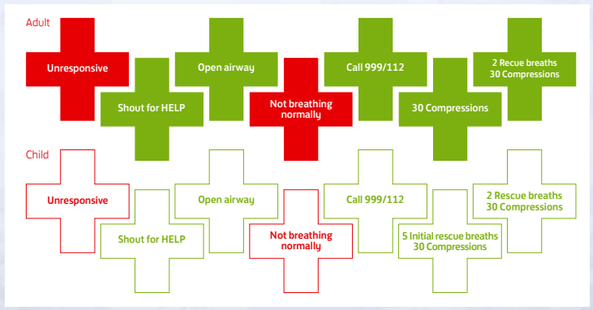
Defibrillation

- Automated External Defibrillator (AED) units are an important adjunct in restoring heart function.
- First aiders must be trained to use the AED.

Drowning

- Give 5 ‘rescue breaths’ before starting the 30:2 chest compression / rescue breaths ratio.
- Alone? You should resuscitate casualty for 1 minute before going for help.

Summary



The Recovery Position

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Recovery Position (1)

- Kneel beside the injured player.
- Straighten player's legs.
- Place player's arm which is nearest to you at right angles, elbow bent, palm upwards (do not force to the ground).

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Recovery Position (2)

- Bring player's arm that is farthest from you across the player's chest; hold the back of the players hand against the cheek which is nearest to you.
- With your other hand grasp player's far leg above the knee; pull it into a bent position with the foot flat on ground.
- Keeping player's hand against their cheek, pull on far leg and roll the player towards you and onto their side.

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Recovery Position (3)

- Adjust the player's upper leg so that hip and knee are at right angles.
- Tilt the player's head back so that airway remains open.
- Ensure no pressure on player's chest that would impair breathing.
- Monitor breathing and level of response, whilst waiting for the ambulance.

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Recovery Position (4)

- If player in recovery position for longer than 30 minutes, roll onto their back and turn onto the opposite side (unless injuries prevent otherwise).
- If player is initially found on their front - modified approach is required to put them in the recovery position.

Choking Recognition

- Signs and symptoms:
  - coughing / distress.
  - difficulty breathing / speaking, grasping at neck, pointing to mouth or throat.
  - redness of face / neck.
  - cyanosis (blueness) of lips.
  - loss of consciousness.

Choking

'Foreign object' (chewing gum) blocking the throat, causing muscle spasm and an obstruction of the airway.

'**Mild' airway obstruction** – player able to speak, cough and breathe and potentially able to clear blockage.
'Severe' airway obstruction – player unable to speak, cough, or breathe and will have difficulty in clearing blockage.

Aim:
- To remove obstruction
- To restore normal breathing

Approach

- Ask player 'are you choking?'
- Remove any obvious objects.
- Encourage the player to cough (whilst able to do so).
- Continually check player's mouth – remove any obvious obstruction.
- Shout for help.

Back Blows

- If player becomes weak, stops breathing or coughing, carry out ‘back blows’.
- Stand behind and slightly to side of player; support their chest with one hand, and help them to lean forwards.
- Give up to 5 sharp blows between the ‘shoulder blades’.
- Continually recheck the player’s mouth to see if object ejected (after each blow).

Abdominal Thrusts

If ‘back blows’ fail - try ‘abdominal thrusts’.
Lean player forwards, stand behind, and put both arms around upper abdomen.
Clench your fist / place thumb inwards between navel and breastbone. Grasp your fist with your other hand.
Pull sharply inwards and upwards up to 5 times (check after each thrust).
Any player who has been given ‘abdominal thrusts’ must see a GP.

Stubborn Obstruction

- Repeat ‘back blow’ / ‘abdominal thrust’ ‘cycle’ up to 3 times, rechecking mouth after each series.
- If obstruction fails to clear, dial 999 / 112.
- Continue procedures until a) obstruction clears, b) unconscious, c) help arrives.

Player Collapse

- Player becomes unconscious, lower them to the ground.
- Call for an ambulance.
- Open airway, check mouth for obstruction / check breathing.
- If player is not breathing, commence CPR ‘cycle’ as described above.

Severe Bleeding

- Life-threatening condition.
- Bleeding must be controlled.
- Pressure / elevation / wound dressings.
- Disposable gloves should be worn prior to any contact with a player who is bleeding.

Direct Pressure

- Expose the wound (remove / cut clothing if necessary) and check.
- If object embedded in wound do not press down on it, or attempt to remove it; apply pressure / pad around it.
- Apply / maintain firm, direct pressure over the wound with your gloved fingers or palm.
- Non-fluffy, clean dressing or sterile pad.
- Player may be able to assist and apply pressure.
- If the bleeding is serious call 999 / 112.

Elevate

- Elevate the limb above player's heart (if practicable).
- Do not elevate the limb if you suspect a fracture.
- A fracture must be stabilised before a limb is elevated.

Apply Dressings

- Secure / cover initial dressing with bandage - tight enough to maintain pressure, but not impair the circulation.
- If further bleeding occurs, apply a second dressing on top of the first.
- If blood seeps through this second dressing, remove both dressings and apply a fresh one; rechecking the point at which pressure is to be applied.
- Help the injured player lie down, preferably on a blanket to protect them from the cold, whilst you await the ambulance.

Severe Bleeding – Monitor

- Whilst awaiting an ambulance:
  - monitor breathing / level of consciousness.
  - be aware of / observe for signs of shock (due to severe blood loss);
  - check dressings for seepage.
  - check circulation beyond bandages every 10 minutes (skin pallor / texture / altered sensation); ensure the bandage is not too tight.
- Swelling of limb may also cause bandage to become too tight.
- If circulation appears to be affected, and / or bandage too tight, loosen the bandage / reapply.
- Do not allow the player to eat, drink or smoke.

Shock

Signs & symptoms:

- Pale / cold / clammy skin.
- Sweating.
- Blueness of lips (cyanosis).
- Weakness, dizziness.
- Thirst.
- Rapid shallow breathing.
- Unconsciousness.

Shock

- Life-threatening condition, one cause of which is severe blood loss and the resulting loss of oxygen to the body's vital organs.
- Requires immediate treatment.

Aims:

- Recognise the player is in shock.
- Identify and treat the cause of shock.
- Improve blood supply to brain, heart, and lungs.
- Arrange urgent evacuation to hospital.

Shock

Treatment:

- Dial 999 / 112.
- Treat cause of shock.
- Help player lie down, preferably on a blanket to protect them from cold ground.
- Raise and support the player's legs above level of heart (if injury permits).
- Loosen player's clothing if it is constrictive at the neck, chest or waist.
- Keep the player warm (not artificial).
- Constantly reassure / do not leave the player unattended.
- Monitor breathing and level of consciousness whilst awaiting ambulance.

Anaphylaxis

- Severe allergic reaction - bee sting, nuts or shellfish.
- Have any of your player's a known allergy?
- Participation in activities should not be allowed if an 'EpiPen' is not immediately available.
- EpiPen accessible at all times; carried by player, you or coach. The player should carry two EpiPens at all times.
- Who will administer the EpiPen? In first instance it should be the player to whom it has been prescribed.
- If you have a player who carries an EpiPen, you should also be trained in its use.

Anaphylaxis – Treatment

Signs and Symptoms:
- 'Mild': localised redness, itchiness and swelling on the skin, red itching eyes.
- 'Severe': swelling of the tongue, throat, and lung tissue, breathing difficulties.

First Aid:

- Call 999 / 112 immediately.
- If player has EpiPen they should use it.
- If player unable use EpiPen, assist the player to use it.
- It should be held firmly against the thigh.
- Insect sting – try to remove the remaining sting using edge of credit card to brush off skin.
- Sit the player up if experiencing breathing difficulties .
- If feels faint or becomes pale, treat as for shock (lie the player down and elevate the legs).
- Second EpiPen after 15 minutes if player has not responded and situation deteriorating (an increase in wheezing, or difficulty in breathing).
- Player becomes unconscious, maintain airway using head tilt / chin lift.
- Check and continually monitor the player's breathing. Administer CPR if required.

Spinal Injury

Rare occurrence in football.
Do mechanics of injury suggest spinal injury?
If you **suspect** spinal injury, treat as such.

Signs and Symptoms:
- Mechanics of injury.
- Player not moving.
- Neck pain / back pain.
- Deformity of spine (may not be obvious).
- Player unable to move legs and arms.
- A change in skin sensation
- Difficulty in breathing.

Spinal Injury

Aims:
- Prevent further injury.
- Stabilise head and spine.
- Maintain player's airway.
- Keep the player warm.
- Arrange evacuation to hospital.

Spinal Injury - ‘Jaw Thrust’

- ‘Steady and support’.
- If you can maintain a clear and open airway, leave them in the position found. Do not move the player’s head or neck.
- ‘Jaw-thrust’ technique to open airway.
- Hands on each side of the player’s face; fingertips under the ‘angles’ of the jaw.
- Gently lift jaw to open airway; take care not to extend the player’s neck.
- Player breathing?
- Player not breathing - start CPR.

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Log Roll Technique (1)

- Player on their front / not breathing, - use ‘log roll’ technique.
- Minimum of one first aider and two ‘helpers’ required.

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Log Roll Technique

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Log Roll Technique (2)

- You in charge / stabilise and support player’s head and neck.
- Helpers on the side to which the player is to be rolled.
- Player’s arm extended and positioned alongside their head; opposite arm is positioned alongside their body.
- The legs are gently straightened.

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Log Roll Technique (3)

- You are in charge of the move; helpers must only move the player when you instruct them to do so.
- Helpers gently roll player towards themselves.
- You need to maintain control and support of the player's head and neck and at all times, keeping the head in alignment with the body.
- Head and neck must not be 'forced' in any direction, or against any resistance.

Log Roll Technique (4)

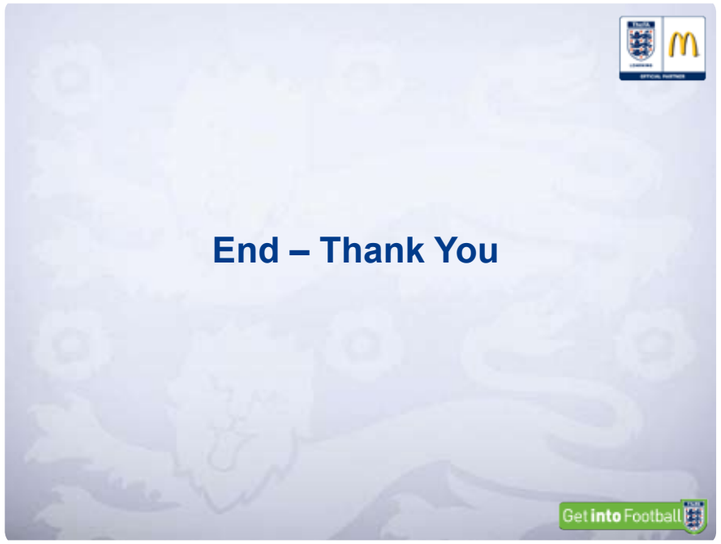
- Player now on their back; you can manage the airway.
- If the player vomits, the process should be reversed and the player rolled over quickly, but carefully.

'Secondary Survey'

- A 'head to toe' check - performed when life-threatening injury (or illness) have been excluded or dealt with.
- To identify other injuries.
- Injury may be obvious through 'signs' (things you can see, hear, feel or smell), or 'symptoms' (something the player will feel and can describe to you).
- Injury may not be immediately apparent.
- May be necessary to cut clothing to expose an area (do this sensitively).
- Do not move the player until you are satisfied it is safe to do so.

After an Incident

- If **child** player **contact parent or next of kin.**
- May be necessary to contact the relatives of adult players; the agreement to do so should be established before any incident occurs.
- Helper to look after the **player's personal belongings**.
- Keep a **brief written and dated record of the incident**, any injury or illness, and any first aid treatment or advice which you gave. The record should contain the player's name and date of birth.



Notes

FA Learning
The FA Youth Award

Q: What are the **signs** of a good youth football coach?

- Has more than just Football Knowledge.
- Demonstrates an understanding of teaching and learning.
- Motivates players and maximises their potential.
- Stimulates and encourages creative play.

A: **All** of the above and more

A good coach knows what's really important in youth football. The groundbreaking new FA Youth Coaching Award will help you to really understand and develop your young players.

For further details visit
TheFA.com/YouthCoaching

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