THE FA EMERGENCY AID BRIDGING DOCUMENT

FA Learning -
Developing your game through education and training

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PURPOSE OF THIS EMERGENCY AID 'BRIDGING' DOCUMENT

This document has been created for the pitchside first aider who has undertaken a generic first aid course where some of the elements that are specific to the football environment (which are contained within The FA Emergency Aid course) have perhaps not been addressed. These elements being treatment of asthma and concussion in a football environment and emergency action planning for football.

It will outline elements of The FA's Emergency Aid course that are applicable to those operating at pitchside, and is designed to provide additional information to enable the first aider to prevent illness and injury, plan for a medical emergency, manage medical conditions and ensure that appropriate care is given until the emergency medical services arrive and take over (or until an alternate healthcare professional assumes responsibility for the casualty).

It is a resource that should complement the training you have already undertaken. It is not a substitute for appropriate first aid training and does not sanction first aid management in any area where competency has not been established. Reading a document does not make you competent.

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

Confirmation of Reading the Bridging Document

Upon reading the document it is essential you email your County FA or **FA Learning at falicencequery@TheFA.com** to acknowledge that you have read and understood the document. By acknowledging that you have read the document and by providing a copy of your generic First Aid qualification certificate or proof of being a health care professional, will result in you not having to attend the FA Emergency Aid course for FA Coach Licensing and FA Charter Standard purposes.

It is expected that all new coaches attend The FA Emergency Aid course as part of their initial FA qualification to establish a base level of understanding of first aid in the football environment.

INTRODUCTION

Every club has a duty to ensure that every player should be able to participate in football-related activities with the reassurance that their medical welfare has been considered and that should they succumb to injury or illness, they will receive prompt, safe, appropriate and effective pre-hospital emergency medical care.

Effective first aid is simple and requires minimal equipment. Even when a casualty has a serious injury (or illness) the basic things still need to be done. Knowing what to do can influence a casualty's recovery. Calling 999 or 112 for an ambulance is simple, but it saves lives.

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? Does a player's behaviour or appearance suggest something is wrong? You should always be ready to deal with any eventuality. Your equipment should be with you at all times and gloves must always be worn.

When employed to perform the specific role of pitchside first aider, you owe a duty of care to the players and must exercise all due care skill and attention when assessing, treating and managing their injury or medical condition. You also owe a duty to 'do no further harm'. The health, safety and welfare of a player must prevail above the achievements of a Club; you must not put the outcome of a game (e.g. returning an injured player to the field of play) before your medical obligations. The player's welfare always comes first.

You should not be fearful of litigation. If you have a duty to act, and have accepted the role of pitchside first aider, you will not be found negligent if you i) respond, ii) operate within the scope of your practice and training, iii) act with 'reasonable' care and skill (comply with current protocols and follow accepted logical process), iv) act in the player's best interests, and v) do your best. At all times you should err on the side of caution and seek assistance from the Emergency Medical Services when in doubt.

Healthcare professionals who are operating at the pitchside should realise that any professional indemnity insurance that they have, will be only be valid if they have undertaken an appropriate course in pre-hospital emergency care which is applicable to their professional background.

On a final note, do not allow yourself to be compromised by others who do not have first aid qualification or who may have other motives for moving an injured player. You are responsible for any decision regarding treating and/or moving a player, whilst the arrival of emergency services is awaited.

As the first aider, you should ensure you can contact the emergency services if necessary. Make sure you have a mobile phone that is charged. If network coverage is patchy, make yourself aware of where the nearest point is where a network signal is accessible.

GENERAL GUIDANCE - ON-FIELD INJURY

Stop any activity if a player appears seriously injured. Players who are unconscious, or 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.

Recognition:

- 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) / 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 unconsciousness
- 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.

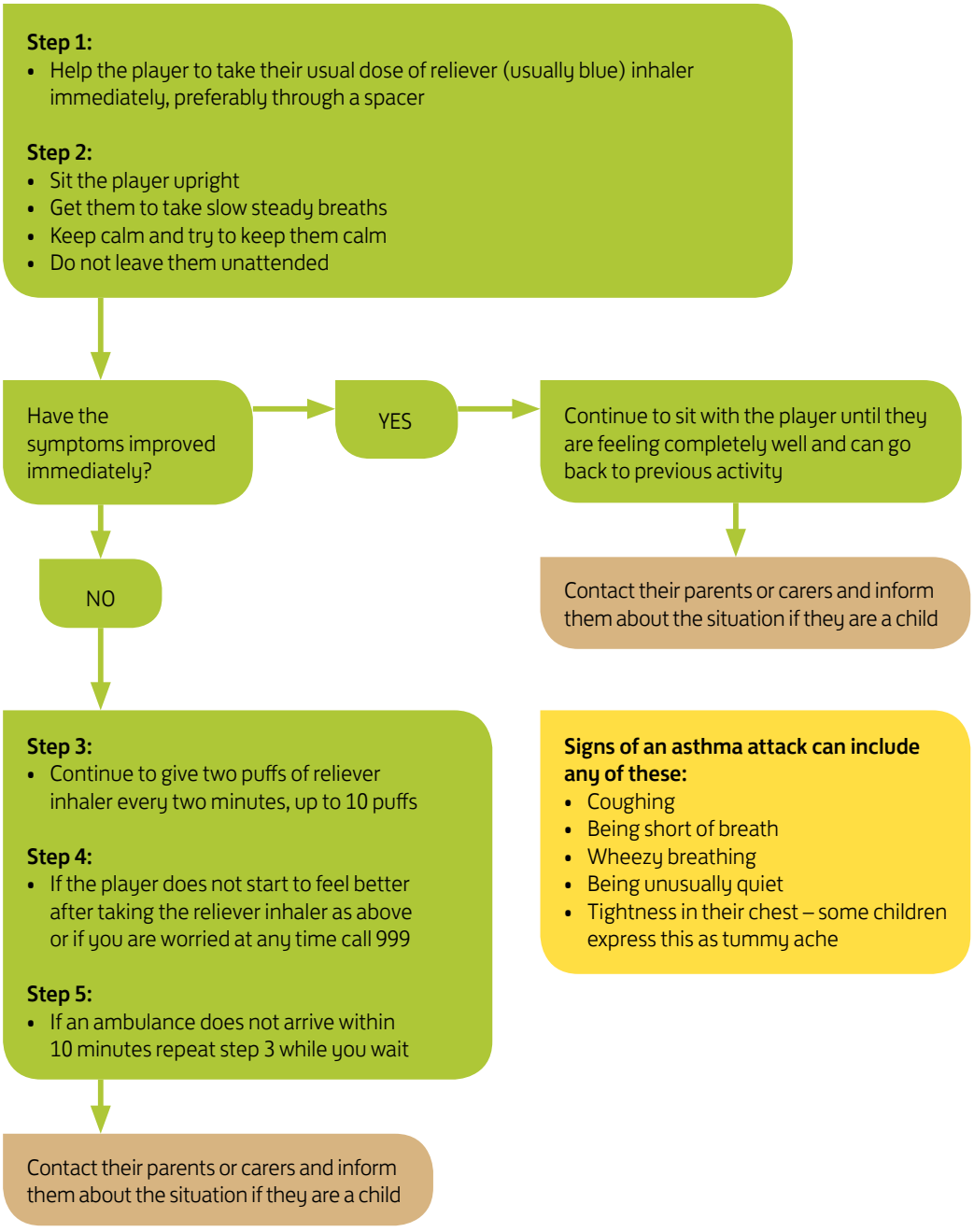
The FA's Advice on the Management of Players who are Experiencing an Acute Asthma Attack on the Field of Play

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 practice that any medication is immediately accessible pitchside, 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 of the reach of children.

How to deal with an asthma attack



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 behaviour / 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

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults

RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness
Lying motionless on ground/Slow to get up
Unsteady on feet / Balance problems or falling over/Incoordination
Grabbing/Clutching of head
Dazed, blank or vacant look
Confused/Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Neck Pain
- Sensitivity to noise
- Difficulty concentrating

3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

"What venue are we at today?"
"Which half is it now?"
"Who scored last in this game?"
"What team did you play last week/game?"
"Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to so do
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

EMERGENCY ACTION PLANNING

All clubs should have a medical emergency action plan in place that is integral to the overall function of their club. The plan will have standard operating procedures (SOP's) or protocols for the actions to be taken to ensure 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.

Benefits of a Medical Emergency Action Plan are it:

- supports the minimum standard of care for all eventualities
- facilitates a prompt appropriate response
- minimises any delay in commencing effective life-preserving first aid
- promotes optimal care and prevents deterioration of the casualty
- alleviates casualty anxiety
- facilitates effective teamwork
- reduces stress on the persons involved
- promotes recovery of the casualty
- reduces the likelihood of potential permanent disability
- reduces the chance of errors
- reduces likelihood of equipment failure
- facilitates incident review, audit, and constructive learning

In general, the main 'pillars' on which an Emergency Action Plan are founded are:

- Environment
- First Aider(s)
- Helpers
- First Aid Kit & Facility
- Communication
- Transport
- Hospitals
- Records

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	