

When there is an injury stop all play to protect the player from further injury, as well as those not being closely monitored due to the focus on the injured player.

- Check player's breathing, pulse and alertness to immediately judge the seriousness of the injury.
- Can the player move by themselves off the field to a safer location?
  - Yes, move player to sideline for closer examination; Determine if player can return to play or needs first aid.
  - No, clear area around player, begin evaluation.

**If Unconscious;** ABCs. **A**irway are they Open?, **B**reathing-are they?, **C**irculation-is there a pulse, signs of life?

Call 9-1-1. If there is an AED near, go get it put it on. If there is something blocking airway try and remove it, or tilt the head. If someone knows CPR start it; Adult 2 hands, Child 1 or 2 hands, Baby 2 fingers. Pump 30 times middle of the chest, close noses 2 breathes until chest rises. Repeat until help arrives. Or Hands only; hard and fast center of chest at about 100 times at minute.

The evaluation involves determining whether injuries are mild, moderate or severe. Classifying injuries using symptoms and signs, with appropriate looking, listening and careful feeling and, if appropriate moving of the injured part. This is information needed to communicate to health care professional and to determine what actions you can take.

- If Accident is localized to an area. Determine if the Player is able to move the part themselves; Active Motion.
- Active assistive motion is when a Player is able to move with a little help from you, watch for warning signs like the player telling you it hurts to move. If a player sprains his ankle, but can still limp around, it may be mild or moderate; if he can't get up, it is probably severe. For Active Assistance and Passive best to stabilize the injury in the position found.
- Passive motion – the player's injured part can be moved by someone else; be especially cautious with passive motion that you do not make the injury worse. Look for swelling, the more immediate and larger the swelling, the more serious the injury, because swelling on outside means bleeding on inside. Also, a noticeable deformity means a serious injury. If the body part doesn't look the way it did before the accident, something's wrong.

- While evaluating, have someone contact the parents, once you reach them; inform them.
- Review the Medical Release form for any important information/ warnings about medical conditions the player may have. Whether games or practices, managers need to carry all their players' Medical Releases. Most hospitals will not treat a player who does not have a life-threatening injury without one.
- If more than first aid is necessary, call 9-1-1. Stay on phone until dispatcher hands up. Keep player calm, try not to move them.
- If requesting emergency services send someone to nearest intersection to direct emergency services to your location
- Turn over care to professionals when they arrive, help as directed, be prepared to provide your observations and timelines.
- Follow up with the parents that night and next day. Inform the league of accident and provide safety officer contact info to family.

**PRICES** – Protection, Rest, Ice, Compression, Elevation, and Support

**Protect** the injured part of the body

**Rest** Have the player rest and avoid using the injured part.

**Ice** not only makes your player more comfortable by easing pain, it reduces swelling and inflammation.

**Compression** should be applied carefully to keep swelling at a minimum

**Elevation** of the injured part decreases pooling of blood and other fluids in the area.

**Support** the injured part as necessary.

A Manager should always try to have ice in bags; these will be used almost anytime to help reduce the pain and potential swelling. If using chemical cold packs, be cautious using around the face in case of leaks. Also have, bandages, both large and small, gauze, some kind of dressing material, or athletic tape. Also have water and a cleanser (antiseptic wipes, etc.) to clean abrasions or cuts. For your safety and others have latex or rubber gloves and some kind of small bag to properly dispose of blood and blood-soiled items.

Tooth Knocked Out; locate and handle by the crown. If it can be placed back in socket put it back in. If not put tooth into milk, water (No ICE), or between cheek and gum, then get player to a dentist. Many times tooth will recover if it is back in place within an hour.

Bloody Nose; Remain standing, lean forward, pinch nose, breath through mouth, wait 5 to 10 minutes. Don't put stuff up nose.

Allergic Reactions; Use the remedies on player's medical forms. If parents recommend EPI pen make sure they carry them.

Insect Stings; Remove the stinger by scrapping it away, avoid breaking the venom sac. Wash the site. Apply cold pack, monitor

DMLL Safety Plan and Injury Reporting forms will be in the league Documents Folder. First aid, lots to remember, I recommend you have on your phone, below app or something similar. <http://www.redcross.org/mobile-apps/first-aid-app>

Other Links; [http://en.wikipedia.org/wiki/Commotio\\_cordis](http://en.wikipedia.org/wiki/Commotio_cordis), <http://www.eteamz.com/District33/handouts/#2203438>