

SAFETY - FIRST AID GUIDELINES

Each team is to maintain and have available a first aid kit containing all items recommended by HRLAX, available at each practice and scheduled game. Each coach will have a completed Emergency Plan and know the location of the nearest telephone, AED, and will also have on the field at all times the emergency medical information for each player. Medical information provided by parents for Emergency Medical Responders at registration is available to the players' coach on the HRLAX online database. Parents are encouraged to provide any additional and updated information directly to the coaches.

I. First Aid Kits:

1. Match the contents to the age and gender of your team.
2. Stock a realistic quantity: Be prepared to treat more than one child at an event.
3. Kit should be placed where it is readily accessible, and marked clearly to allow rapid identification.
4. Use Ziploc-type bags within the kit for extra materials and to sort your supplies. For instance, it is helpful to partition supplies into modules "for wound care," "for an allergic reaction," and so forth.
5. Carry supplies in a watertight container designed to withstand rough handling and extremes in temperature, such as a plastic or metal container equipped with waterproof seal.

General supplies might include:

Ace wraps or compression wraps, suggested sizes 3", 4", and 6"
Antibiotic ointment such as Neosporin or Bacitracin
Antiseptic towelettes
Band-Aids – variety of sizes and shapes
Blister care (moleskin, mole foam or first aid tape)
Cloth tape, 1"
CPR mouth barrier or pocket mask
Emergency phone numbers
Hand sanitizer
Instant chemical cold pack(s) or Ziploc bags (if ice is available)
Local anesthetic (Bactine, etc.)
Medical release forms
Nasal plug for bloody nose
First Aid Manual
Safety pins
Saline solution or hydrogen peroxide to clean wounds
SAM splint (moldable)
Scissors
Small red biohazard bag and gloves
Sterile gauze pads, 2" x 3", to clean open wounds
Sunscreen
Tweezers

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II. Treatment of Injuries (also see section III: Handling Blood):

1. Abrasions:
 - a. Gently rinse the area with water.
 - b. Remove any loose dirt or grass from abrasion while rinsing the area.
 - c. Apply a clean dressing and secure with a bandage of tape.

2. Bee and Wasp Stings:
 - a. Less severe reactions include: itch, irritation, redness and swelling of the sting site.
 - b. Apply ice to area.
 - c. Apply local anesthetic (Bactine, etc.)
 - d. Individuals who know they are allergic to bee or wasp stings should carry an epinephrine kit and use it, followed by an ice pack and hospital.

3. Blisters:
 - a. Cool and rinse the area with water.
 - b. Apply dry dressing.
 - c. Do not open blisters.

4. Dislocations:
 - a. No one except a physician or trained emergency personnel should attempt to reduce a dislocation of a joint.
 - b. Support the dislocated member as comfortably as possible.
 - c. Cold compresses should be applied to the injured joint.
 - d. Seek medical attention immediately.

5. Eye Injuries:
 - a. When a small foreign body, such as dust, is in the eye or eyelid, moderate efforts may be made to remove by flushing the eye with clean water.
 - b. Objects embedded in the eye must not be removed, except by a physician.
 - c. Cover both eyes loosely to reduce strain on the uninjured eye.
 - d. Seek medical attention immediately. Call: 911.

6. Closed Fractures:
 - a. Keep broken bones from moving.
 - b. Immobilize the closest joint.
 - c. Treat for shock.
 - d. Do not attempt to move the player.
 - e. Seek medical attention immediately. Call: 911.

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7. Head Injuries:

- a. If loss of consciousness, even momentarily, consider the individual to have sustained a possible head injury (concussion).
- b. Seek medical attention immediately from onsite EMT or Call: 911
- c. Keep person lying down with head slightly elevated.
- d. Maintain open airway.
- e. Observe any bleeding from ears, nose, or mouth.
- f. Observe for nausea, vomiting or weakness of extremity.
- g. Control bleeding by direct pressure to wounds. Use caution when applying pressure over a possible skull fracture site.
- h. Apply ice pack to site.
- i. Do not give anything by mouth.

8. Sun Safety:

- a. Apply sunscreen of SPF of 15 or greater at least 1/2 hour before going outdoors.
- b. Reapply sunscreen every two hours.

9. Heat Cramps:

Symptoms include: Muscles in arms, legs, and/or abdomen may spasm uncontrollably accompanied by heavy sweating.

- a. Drink fluids.
- b. Gently stretch and massage cramped muscles.
- c. Rest in cool environment.
- d. Apply ice to cramped area.
- e. Watch for breathing or heart problems.

10. Heat Exhaustion:

Symptoms include: pale clammy skin, rapid weak pulse, headache, nausea, dizziness, severe cramps in the abdomen and legs. Temperature may be slightly elevated or subnormal.

- a. Remove player to a cool place, loosen clothing and place in head-low position.
- b. Keep person quiet and warm to prevent shock.
- c. Sponge with cool water.
- d. Give fluids slowly, if able to swallow. Keep patient away from exposure to high heat and humidity conditions for 24-48 hours.
- e. Prepare for nausea and vomiting, and keep airway open.
- f. Seek medical attention if symptoms persist.

Note: Athletes in high heat and humidity conditions may have flushed faces and upper chest areas. This does not exclude heat exhaustion if other signs and symptoms are present.

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11. Heat Stroke:

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

- a. This is a medical emergency – call 911.
- b. Remove the patient immediately to a cool area.
- c. Cool body temperature with ice-packs or immersion in cool water.

12. Dehydration:

- a. To avoid Dehydration (a shortage of water in the body) maintain adequate fluid intake by replacing sweat losses before, during and after exercise.
- b. Drink water or electrolyte drink (PowerAde, etc.)
- c. Increase fitness.
- d. Wear light colored and/or lightweight (i.e. mesh) clothing.
- e. Do not use soft drinks, alcohol, coffee, or caffeinated drinks, for fluid replacement.

13. Nose Bleeds:

- a. Apply cold packs to the back of the neck and front of the face and pinch the sides of the nose against the septum, to apply pressure to the vessel.
- b. Place moist gauze under the upper lip.
- c. Nasal plugs may be used.
- d. Keep the person sitting erect with the head up and loosen the collar if it tends to constrict the neck.
- e. Advise the person not to breathe or blow through the nose for an hour or two after the bleeding has stopped.
- f. If bleeding does not stop within 10-15 minutes, arrange for medical care.

14. Seizures:

- a. If a seizure is in progress (Epilepsy or Convulsive Disorder) do the following:
- b. Loosen the clothing around the neck.
- c. Pull the person away from any objects against which they might injure themselves or remove objects which might injure the patient.
- d. Remove bystanders.
- e. Do not try to control the seizure.
- f. Clear the airway and keep the person warm and comfortable.

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15. Shock:

Every injured person is potentially a shock victim and should be treated as such, whether the symptoms of shock are present or not. Symptoms of shock include: chalk-like appearance, dull or anxious expression, shallow breathing, weak rapid pulse, and cold, moist skin.

- a. Keep patient warm and comfortable, but not hot.
- b. Keep patient's body horizontal, or if possible, position them so the feet are at least six inches higher than their head. In any case, always keep the victim's head low.
- c. Clear the patient's mouth of all foreign objects and make sure they are breathing properly.
- d. Give the patient nothing to eat or drink.
- e. Loosen tight clothing at the neck, chest and waist.

16. Sprains and Strains:

- a. Treatment: RICE
- b. R Rest the injured part.
- c. I Ice should be applied for the first few hours.
- d. C Compression may help alleviate swelling.
- e. E Elevate the injured part.
- f. Failure of strains and sprains to respond to this means medical attention is needed.

17. Lacerations and Incisions:

- a. Protective gloves should be used.
- b. Minor lacerations and incisions should be cleansed with clean water.
- c. Apply a clean dressing to the wound.
- d. Secure with a clean bandage.

18. Control of Bleeding (see Section III: Handling Blood):

- a. Protective gloves should be used.
- b. Apply direct pressure on the wound. Use of sterile dressing is preferred. In an emergency, use any dressing.
- c. In addition to direct pressure, indirect pressure may be applied (application of pressure on the arterial pressure points in the arm or leg).
- d. Elevation – loss of blood can be slowed by raising the wound above the level of the heart.

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III. Handling Blood

Blood and other bodily fluids should be handled using “Universal precautions” as is done in all hospitals and most other health care facilities. This procedure is outlined below. This is the safest approach as one uses techniques that would be preventive in all patients whether or not they have a disease.

1. A student-athlete should render first-aid to himself and cover his own wounds whenever possible. This reduces the risk of transmission from blood-borne pathogen from one person to another.
2. If a bleeding wound occurs, the individual’s participation should be interrupted until the bleeding has been stopped and the wound is both cleansed with antiseptic and covered securely or occluded. If bleeding resumes, the practice or contest must be stopped again until bleeding is stopped and contaminated surfaces are leaned. It is up to the discretion of the official in charge of the competition as to how many times the competition should be stopped due to an athlete’s bleeding before disqualification occurs.
3. Skin exposed to blood or other body fluids contaminated with blood should be cleaned as promptly as is practical, preferably with soap and warm water. Skin antiseptics (e.g. alcohol) or moist towelettes may be used if soap and water are not available.
4. Even though good hand-washing is an adequate precaution, water-impervious gloves should be available for staff to use when handling blood or other body fluids. Gloves are especially important to individuals with non-intact skin. Hands should be washed after glove removal. If gloves are not available, a bulky towel may be used to cover the wound until an off-the-field location is reached where gloves can be used during more definitive treatment. Disposable towels should be used in all clean up. Towels, protective gloves and other materials used in cleanup, as well as any cotton used to stem bleeding, should be placed in a container lined with a plastic bag.
5. If blood or blood-contaminated bodily fluids are present on a surface, the object should be cleansed with fresh household bleach solution made for that event by adding one part bleach to 100 parts water (1/4 cup bleach to one gallon water; or one tablespoon bleach to one quart water). Such items as wrestling mats should be cleaned, rinsed and allowed to dry before resuming action. This solution should be made fresh daily when needed.
6. If any blood gets on an opponent’s uniform during competition or on a teammate’s uniform during practice, it is necessary to clean the uniform at that point by wiping with a disinfectant such as isopropyl alcohol. This should be done whether or not the opponent or teammate has an open cut or unskinned area on his/her body, or whether or not the blood is on part of the uniform which might come in contact with his mucous membranes. If there is a substantial saturation of the uniform with blood such that it is dripping, rubs off easily, or drips if squeezed, the uniform must be changed.
7. All soiled linen such as uniforms and towels should be placed in plastic bags and washed in hot soapy water. Any detergent that contains bleach is appropriate.
8. All coaches, officials and student athletes should practice good hygiene. Towels, cups and water bottles should not be shared. Also, student-athletes should take a shower using a liberal amount of soap and hot water after each practice and competition.