



First Aid Policy

When you accept the role of coach with LSSC, regardless of what level, you accept a major responsibility for the care and safety of your players. Although the athletes share in the responsibility for their protection and safety, their ability to understand what they can do, how they can do it, and whether they are doing it correctly, may be limited. It is your job to help them practice and play as safely as possible, and our job to help you get there.

One member of every coaching staff (competitive) is "required" to be first aid certified.

House League nights always have Medical Staff on site.

Your job as a volunteer coach is to recognize an injury when it happens, to stabilize the injury as best you can, and to summon medical assistance if necessary. You need to understand the limitations of your training and knowledge. If you are not a trained medical professional, then it is your responsibility to call one immediately whenever you have any doubt as to what to do next.

LaSalle Stompers has onsite Medical Care, Mon - Thurs evenings, Saturday morning, Sun evenings, and for all events hosted at the Vollmer Fields, in the event you need the medics, when at your home fields, please call their number:

For those emergencies that require immediate attention by a trained professional, when medics are not present, or at a venue with no medical staff present, call 9-1-1.

Whenever a player is injured, be certain to inform the parents or guardians of the injury, even if it seems minor and the athlete is able to continue with the practice or game.

Always have a copy of the LSSC EAP.

Next few pages will have some information about common injuries related to soccer.

Heat

Heat exhaustion: Player's skin will appear pale and clammy, perspiration is profuse, may experience nausea, weakness, dizziness, headache, cramps

FIRST AID FOR HEAT EXHAUSTION:

Have athlete lie down in a cool place with feet elevated 8 to 12 inches.

Give cool water.

Loosen tight clothing.

Remove clothing soaked with perspiration.

Apply cool wet cloths (such as towels) or ice packs (wrapped) to the skin.

Call 911 if player refuses water, vomits or if level of consciousness changes.

Heat stroke: Player will appear hot, red, will not be sweating (although skin may be wet from previous sweating), pulse will be rapid and strong, body temperature will be high (105 oF or more). This is an immediate and life-threatening emergency.

FIRST AID FOR HEAT STROKE:

Send someone to get emergency medical help (call 911).

Get the athlete out of the heat and into a cooler place.

Cool the player fast – immerse in a cool bath, or wrap with wet towels and fan him/her.

Give nothing by mouth.

Ankle injuries

An injury to an ankle can take the form of a sprain or a break and may have different degrees of severity. Sprains are stretched or torn tendons, ligaments, and blood vessels around joints.

FIRST AID FOR ANKLE INJURIES:

Assume the injury could be severe.

Immobilize the player (avoid any movement that causes pain).

Begin the ICE routine (Ice, Compression, Elevation – elevation helps slow the flow of blood, thus reducing swelling).

Have the player see a physician before returning to practice.

DON'T:

Remove athlete's shoe and sock until ice is available.

Have the player try to "walk it off".

Knee injuries

The knee is the most complicated joint in the body, as well as the joint most frequently injured. It requires a specialist to treat knee injuries properly. Your job is to limit further injury and to get the player to the hospital.

FIRST AID FOR KNEE INJURIES:

Help the player off the field.

Apply ice to the injured area.

Elevate the leg without moving the knee, if possible

Take the player to the hospital immediately

DON'T:

Move the knee to examine the injury.
Allow the player to get up and "walk it off".
Allow the knee to move freely.
Allow the athlete to continue participating until he/she has seen a physician.

Dislocation

Dislocations and broken bones (fractures) are treated similarly. A dislocation is a displacement of a bone end from the joint. Dislocated joints will have pain, swelling, irregularity, or deformity over the injured area.

FIRST AID FOR DISLOCATIONS:

Leave dislocated joint in the position found.
Immobilize joint in the exact position it was in at the time of injury.
Apply ice and elevate to minimize swelling.
Have the player see a doctor immediately.

DON'T:

Attempt to relocate a dislocation or correct any deformity near a joint (movement may cause further injury).
Assume the injury is minor.
Assume there is no broken bone.

Blisters

Blisters typically appear as a raised bubble of skin with fluid beneath; the fluid may be clear or bloody. The blister may be torn with new skin exposed. Generally painful.

FIRST AID:

Rub ice over the area.
Place small moleskin doughnut over the outside edges of the blister and tape to prevent further friction.
If the blister is torn, wash area with soap and water; put ointment over the blister and cover with a protective dressing.

DON'T:

Treat a blister lightly; infection can result, causing serious problems.
Puncture blister – let a physician do so.

Bleeding

In most cases, bleeding can be controlled by placing direct pressure over the wound. To reduce risk of infection, whenever possible wear latex gloves and wash hands before (and after) treating an open wound.

FIRST AID:

Apply direct pressure to the wound with a clean compress (use clothing if a clean compress is not available).
Elevate the wound above the level of the heart.
Keep the player lying down.
If bleeding is sufficient to soak through the compress, apply additional as necessary directly over the others.

Call for emergency help if bleeding is severe or persistent.

DON'T:

Remove old compresses; this may cause more bleeding.
Treat any bleeding lightly.
Let dirt get into the wound.
Panic. Call for help if you are unsure.

Nose Bleeds

A bloody nose is a common occurrence following a blow to the face, or in association with high blood pressure, infection, strenuous activity or dry nasal passages. Although usually more annoying than serious, any bloody nose resulting from an injury to the face should be considered as a potential fracture. If you suspect a head, neck, or back injury, do not try to control a nosebleed; instead, keep the player from moving and stabilize the head and neck.

FIRST AID:

Place the player in a sitting position leaning slightly forward.
Apply a cold compress to the athlete's nose and face.
Apply direct pressure by having the player pinch the nostrils with the fingers.
Take the athlete to the doctor if bleeding persists.

DON'T:

Allow the player to blow his/her nose for several hours.
Stick anything up the nose to stop the bleeding without the assistance of a medical professional or emergency personnel.
Lean head backwards (player may choke on blood running down the throat).

Head and Neck Injuries

These injuries can be the most devastating of all injuries. Permanent paralysis may result from any neck injury, so these injuries must be handled with extreme care.

SIGNS & SYMPTOMS:

Headache, dizziness.
Unconsciousness (immediate or delayed).
Unequal pupils.
Tingling sensation or numbness in arms and/or legs.
Inability to move fingers, toes, or extremities.
Difficulty breathing.
Athlete not alert.

FIRST AID:

Call for paramedic or other help immediately.
Make sure the athlete is able to breathe.
Keep the player still (stabilize head and neck as you found them)
Maintain body temperature.

Call parents or guardian immediately.
Pass all important information on to doctors.

DON'T:

Move the athlete.
Leave the player unattended.
Overstep the limits of your knowledge GET HELP IMMEDIATELY!

Broken Bones

Fractures come in a variety of forms and may occur any place in the body where there is a bone. Remember, you are not a trained medical professional qualified to handle these many different situations. Your job is to recognize the injury (or possible injury) and to limit further injury.

SIGNS & SYMPTOMS:

May have heard a pop or snap, or received a direct blow to the area.

A closed fracture will have pain, swelling, irregularity, or deformity over the injured area. An open fracture will have bone protruding.

FIRST AID:

Leave fractured bone in the position found.
Immobilize the joints above and below the suspected injury.
Cover an open fracture wound with a large clean dressing; control bleeding.
Apply ice to a closed fracture (not to an open fracture).
Transport the player to the hospital or call for an ambulance if you are unsure about moving the player.

DON'T:

Attempt to straighten injured limb or push back protruding bones.
Allow player to move the injured area.
Allow dirt into any injured area with protruding bones.