



## 6.1.2. First Aid Protocols

### FIRST AID ACCESS

- Equipment Shed (WHR): Freezer (ice), First Aid Kit, First Aid Cupboard (includes defib), sunscreen and insect repellent.
- Equipment Shed (WHC): Basic First Aid including instant ice packs.
- Staff: A staff member with first aid training may be present on matchdays and trainings please feel free to ask them for help
- Sports Trainer: Sports trainers are in attendance on all FQ Academy and FQPL Matchdays and are also available prior to FQPL Training sessions.
- Out of Hours Please call 000. Even if it 'seems silly', in the event of an injury (especially a head injury) it is better to be safe than sorry.

### FIRST AID ROOM

Our first aid room is located between our home changing rooms and equipment shed. In our first aid room we have first aid supplies, ice, injury reporting forms, defibrillator. See picture below.



## CPR

In the event a member suffers a cardiac arrest please refer to the following information about performing CPR.

- Danger - Ensure that the patient and everyone in the area is safe. Do not put yourself or others at risk. Remove the danger or the patient.
- Response - Look for a response from the patient — loudly ask their name, squeeze their shoulder.
- Send for help - If there is no response, phone triple zero (000) or ask another person to call. Do not leave the patient.
- Airway - Check their mouth and throat is clear. Remove any obvious blockages in the mouth or nose, such as vomit, blood, food or loose teeth, then gently tilt their head back and lift their chin.
- Breathing - Check if the person is breathing abnormally or not breathing at all after 10 seconds. If they are breathing normally, place them in the recovery position and stay with them.
- CPR - If they are still not breathing normally, start CPR. Chest compressions are the most important part of CPR. Start chest compressions as soon as possible after calling for help.
- Defibrillation - Attach an Automated External Defibrillator (AED) to the patient if one is available and there is someone else who is able to bring it. Do not get one yourself if that would mean leaving the patient alone.

For more information please go to <https://www.healthdirect.gov.au/how-to-perform-cpr>

## DEFIBRILLATOR INSTRUCTIONS

The defibrillator can be found in the first aid room in the event of an emergency. In the situation of a cardiac arrest please ensure that CPR has begun and emergency services have been dialled. Please see pictures below.



Specific instructions on how to use our defibrillator can be found in section 6.1.2.1 of our club handbook or by following this link: <https://hphawksfc.com.au/wp-content/uploads/Operating-Instructions-defibrillator.pdf>.

## **EMERGENCY ACCESS GATE**

For ease of ambulance access we have an emergency access gate located between field 1 and field 2. It is important to ensure that this gate is left clear from all vehicles and any other obstructions. In the event of an emergency it is crucial that ambulance is able to gain access to the fields as quickly as possible. See photo bellow to familiarise yourself where the emergency gate is. The gate can be opened by obtaining the key from a ground official and/or on-site coach. Same key to open the referees room.



## **SPORTS INJURIES**

Sports injuries are commonly caused by overuse, direct impact, or the application of force that is greater than the body part can structurally withstand. There are two kinds of sports injuries: acute and chronic. An injury that occurs suddenly, such as a sprained ankle caused by an awkward landing, is known as an acute injury.

Chronic injuries are caused by repeated overuse of muscle groups or joints. Poor technique and structural abnormalities can also contribute to the development of chronic injuries. Medical investigation of any sports injury is important because you may be hurt more severely than you think. For example, what seems like an ankle sprain may be a bone fracture.

## **TYPES OF SPORTS INJURIES**

Some of the more common sports injuries include:

- Ankle sprain – symptoms include pain, swelling and stiffness.
- Bruises – a blow can cause small bleeds into the skin.

- Concussion – mild reversible brain injury from a blow to the head, which may be associated with loss of consciousness. Symptoms include headache, dizziness, and short-term memory loss.
- Cuts and abrasions – are usually caused by falls. The knees and hands are particularly prone.
- Dehydration – losing too much fluid can lead to heat exhaustion and heat stroke.
- Dental damage – a blow to the jaw can crack, break, or dislodge teeth.
- Groin strain – symptoms include pain and swelling.
- Hamstring strain – symptoms include pain, swelling and bruising.
- Knee joint injuries – symptoms include pain, swelling and stiffness. The ligaments, tendons or cartilage can be affected.
- Nose injuries – either blood nose or broken nose, are caused by a direct blow.

### **FIRST AID FOR SPRAINS, STRAINS AND JOINT INJURIES**

Suggestions on immediate treatment for sprains, strains and joint injuries, to prevent further damage include:

- Rest – keep the injured area supported and avoid using for 48-72 hours.
- Ice – apply ice to the injured area for 20 minutes every two hours for the first 48-72 hours.
- Compression – apply a firm elastic bandage over the area, extending above and below the painful site.
- Elevation – always raise the injured area above the level of the heart. • Referral – as soon as possible, see a doctor.
- No Heat – heat will increase bleeding.
- No Alcohol – alcohol increases bleeding and swelling.
- No Running – running or exercise increases blood flow, delaying healing.
- No Massage – massage increases swelling and bleeding, also delaying healing.

### **FIRST AID FOR NOSE BLEEDS**

Suggestions include:

- Stop the activity.
- Sit with your head leaning forward.
- Pinch your nostrils together and breathe through your mouth.
- Hold your nose for at least 10 minutes.
- If bleeding continues past 30 minutes, seek medical advice.

### **FIRST AID FOR DISLODGED TEETH**

It may be possible to save a tooth that has been knocked out with prompt dental treatment. Rinse the tooth in water or milk, and see your dentist immediately.

## **EMERGENCY SITUATIONS – CALL 000**

Call an ambulance for:

- Prolonged loss of consciousness.
- Neck or spine injuries.
- Broken bones.
- Injuries to the head or face.
- Eye injuries.
- Abdominal injuries.

## **TREATMENT FOR SPORTS INJURIES**

You can reduce your risk of sports injuries if you:

- Warm up thoroughly by gently going through the motions of your sport and performing slow, sustained stretches.
- Wear appropriate footwear.
- Tape or strap vulnerable joints, if necessary.
- Use the appropriate safety equipment, such as mouth guards, helmets, and pads.
- Drink plenty of fluids before, during and after the game.
- Try to avoid exercising in the hottest part of the day, between 11 am and 3 pm.
- Maintain a good level of overall fitness, particularly in the off season (in the months between playing seasons for a sport).
- Cross-train with other sports to ensure overall fitness and muscle strength.
- Ensure training includes appropriate speed and impact work so muscles are capable of the demands of a game situation.
- Don't exert yourself beyond your level of fitness. Gradually increase intensity and duration of training.
- Use good form and technique.
- Cool down after sport with gentle, sustained stretches.
- Allow adequate recovery time between sessions.
- Have regular medical check-ups.

## **WHERE TO GET HELP**

- Your General Practitioner.
- Club Physiotherapist and/or Sports Trainer.
- In the event of an emergency, the Emergency Room.

## **THINGS TO REMEMBER**

Sports injuries are commonly caused by overuse, direct impact, or the application of force that is greater than the body part can structurally withstand.

Common injuries include bruises, sprains, strains, joint injuries, and nose bleeds.

It is important to see a doctor and/or physiotherapist, as leaving an injury untreated can have far more severe.

## INJURY MANAGEMENT PROCESS

Team officials (coaches, managers, or sports trainers) need to follow the procedures below for recording and treatment of players suffering serious injury:

- A serious injury is one that prevents a player from participating or completing training and/or games
- Any serious injury sustained by a player must be recorded by a team official
- All injuries to be recorded on an Injury Report Form - Football Injury Reporting complete the form in as much detail as possible
- Injury Report Forms as to be made available to a club recommended physiotherapist for a referral or to the players preferred physiotherapist
- Triage will be established for players on Tuesday night training sessions so that players can have injuries assessed and treatment programs prescribed as preferred
- Players suffering from a serious injury cannot return to training or participate in games until full clearance (in writing) has been granted by the physiotherapist
- Coaches of injured players must make themselves aware of the progress of the players' treatment and must receive a clearance to train or play before permitting a player to return to active service

## INJURY REPORTING

In the event of an injury occurring at our grounds it is important that a witness fills out a player injury report. An injury report needs to be filed in the following three instances:

1. An individual who sustains an injury that does not require an ambulance or hospitalisation.
2. An individual who sustains an injury that does not require an ambulance or hospitalisation but does require medical treatment.
3. An individual who sustains an injury that does require an ambulance and being admitted to hospital.

You can fill in a report by visiting this website <https://footballqueensland.com.au/player-injury-report/>

## INSURANCE COVER

Through Football Australia players who suffer a serious injury may be able to access insurance cover. For information surrounding this please refer to **6.2 injuring reporting and insurance programs** in our club handbook.