

First Aid Management

(Part 2)



Version 2.00

Course at a Glance

Sessions

Communication Skills

Working with Others

Presentation Skills

Life Balance

Building a Career

Prepare for
Competition

Social Responsibility

First Aid
Management (Part 1)

First Aid
Management (Part 2)

Injury Management
and Prevention

Safe Work Practices

Personal Finances

Session in Detail

First Aid Management (Part 2)

Assessing the Situation

- Initial Injury Assessment
- Detailed Injury Assessment

Transport an Injured Player

- Lifting Techniques

Supporting Injured Players

- Burns
- Choking and Shock

Appendix

- RICER
- No HARM

Objectives of this session

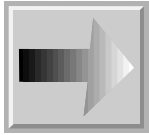
Learning outcomes:

At the end of this session, participants will be able to:

1. Assess the situation
2. Understand sprains, strains and bruising
3. Perform a detailed injury assessment
4. Demonstrate lifts to transport an injured player
5. Understand how to support an injured player
6. Deal with burns, choking and shock



Notes



Assessing the Situation

It is important to follow correct assessment procedures when assisting an injured athlete.

Initial injury assessment

When an injury occurs during the game you need to S.T.O.P and assess the situation. STOP is a fast on-field assessment:

S – Stop

Stop the player from continuing play and stop the game if necessary.

T – Talk

Talk to the injured player. Ask them:

- What happened?
- How did it happen?
- What did you feel?
- Where does it hurt?
- Does it hurt anywhere else?
- Have you injured this part before?

O – Observe

Observe the player and see if the player is distressed or lying in an unusual position/posture?

Observe the injury

- Is there any swelling?
- Is there any difference when compared to the other side/limb?
- Is there tenderness when touched?

Can the player move the injured part? If yes,

- does it hurt to move?
- is the range of movement restricted?
- how does it feel, compared to normal?
- how does it feel, compared to other side/limb?

P – Prevent Further Injury

At this point you need to assess the level of injury:

Level	1. Severe	2. Less Severe	3. Minor Injury
Definition	Suspected head, facial, spinal, chest, abdomen injuries, fractures or major bleeding.	Soft-tissue injuries such as sprains, strains and muscle bruises.	Bumps and bruises which do not impair performance.
Action	<i>Call for an ambulance.</i>	<i>Use the RICER regime</i>	<i>Play On</i>
Details	Professional Help Arrives	<ul style="list-style-type: none"> • Rest • Ice • Compression • Elevation • Referral 	Give the player some words of encouragement. <ul style="list-style-type: none"> • Monitor any injuries. • Minor injuries should also be managed using the RICER regime.

**Notes**

Bleeding and Wounds

As part of the DRSABCD assessment you may see that the player is bleeding. If they have more urgent symptoms, take care of those first, but if they are breathing, treat the bleeding too.



- **P** – Put pressure on the wound for clotting
- **E** – Elevate above heart
- **R** – Rest

Always stop Bleeding Promptly. This is very important as a person can quickly lose blood and die or go into shock.

The blood is made up of red blood cells to help move oxygen around the body and white blood cells to help with infections. Platelets help with clotting the blood to reduce blood loss and plasma which is mostly water that helps carry all of the others around the body.

Never put ice on a broken bone because the platelet count could go down and cause the persons temperature to go down. It's also not a good idea to put ice above the neck. Only use ice on muscles and for sprains not breaks.



Some Quick Questions and Answers

What colour is the blood from an artery?

- Bright Red

How would I know if I have cut an artery?

- The blood spurts out

What colour is the blood from a vein?

- Dark Red, because it's returning back to the heart to get more oxygen

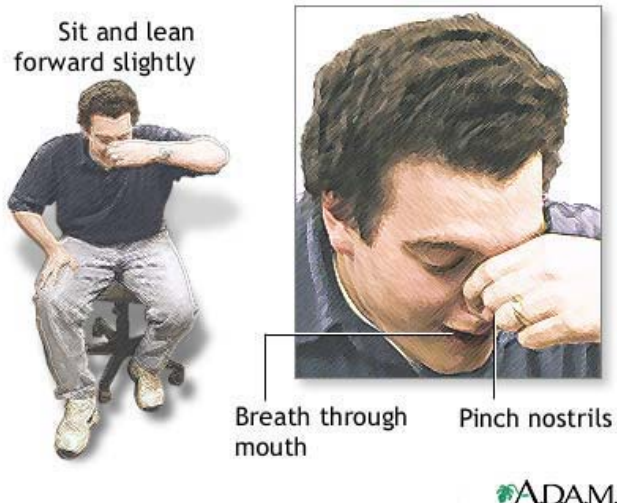
What colour is the blood from a capillary?

- Bright Red. It oozes and trickles out like a paper cut



Nose Bleeds

Pinch the nose, lean forward and breathe through the mouth and spit out any blood. Never tilt the head back it needs to be tilted forward. If they swallow the blood it could make them feel even sicker than before because the blood goes into their stomach.



Remember to wear gloves, wash your hands and protect yourself. Never use an ice pack (from the freezer) above the head. A cold compress (from the fridge) is okay, but try to put something between the pack and the injury. Only use a cold compress for 10 minutes, make sure it's 10 minutes on and 10 minutes off.

Obvious Bleeding	Internal Bleeding	Uncontrolled Bleeding
<p>Apply direct pressure to the wound with your fingers or hand.</p> <p>As soon as possible, place a clean dressing over the wound. Apply a bulky pad extending beyond the edges of the wound, and firmly bandage. If bleeding continues, leave the dressing in place and relocate the pad.</p> <p>Do not disturb pads or bandages once bleeding is controlled. Raise and rest the injured part when possible.</p>	<p>Signs could include coughing up red frothy blood.</p> <p>Vomiting blood the colour of coffee grounds or bright red. The blood may be mixed with food. Could be dizzy, weak, rapid pulse, nausea, cold and clammy skin.</p> <p>Concealed bleeding within the abdomen may be suspected when there is pain, tenderness and rigidity of abdominal muscles.</p> <p>Treat by:</p> <ul style="list-style-type: none"> • raising the legs or bend the knees • loosen tight clothing • give nothing by mouth 	<p>If severe bleeding cannot be controlled by direct pressure, apply pressure to the pressure points. E.g. the main artery above the wound.</p> <p>When bleeding is controlled, remove pressure to the point and reapply direct pressure to the wound.</p>

Internal bleeding

With internal bleeding you need to place the player in a comfortable position for complete rest and cover them in a blanket to maintain their body heat. Call for help and while you are waiting for the ambulance to arrive keep an eye on the player to ensure there is no change in their condition.

Signs of Internal Bleeding

Bleeding Seen	Description of bleeding	Possible source
<i>Coughing up</i>	Bright red and frothy	Lung or airways
<i>Vomiting up</i>	Dark Red or brown like coffee grounds	Stomach or intestines
<i>From the mouth</i>	Fresh blood	Mouth or jaw injury
<i>From the nose</i>	Fresh blood	Nose injury
	Straw coloured fluid	Fractured skull
<i>From the ear</i>	Fresh blood	Injury to ear canal or drum
	Straw coloured fluid	Fractured skull

Source: First Aid Emergency Handbook

**Remember do not allow the player to eat, drink or smoke while waiting for an ambulance as an anaesthetic may be needed.*



Notes

Detailed Injury Assessment

TOTAPS

When attending to an injured athlete who is unconscious, the DRSABCD* action plan must be followed. If the athlete is conscious, the TOTAPS method of injury assessment can be used. This ordered procedure will provide information about the extent of the injury, and will indicate whether the person should be permitted to continue the game/performance or should be given professional medical help. TOTAPS stands for:

TOTAPS

T *for Talk*

O *for Observe*

T *for Touch*

A *for Active movement*

P *for Passive movement*

S *for Skills Test*

It is important to note that the control of bleeding takes priority over TOTAPS.

Talk:

- Ask questions to gather information about cause, nature and site of the injury

Observe:

- Look at the injury site, look for deformity, swelling and redness.

Touch:

- Gently touch without moving it, is it hot to touch?
- Does it hurt?
- If possible feel the corresponding site, does it feel different?
- If fracture or dislocation is suspected, stop at this point.

Active movement:

- Can the player move the limb easily?
- Observe the degree of pain and range of movement.
- If minimal, apply RICER and seek medical assistance.
- If able to move with minimal discomfort, move to next step.

Passive movement:

- If player is at this stage injury is likely to be less serious.
- First aider to move injured body part and determine how much pain free movement is possible.
- If movement without pain is not possible use RICER and seek medical assistance.
- If range of movement is normal ask player to stand.

Skill test regime:

- If the player can stand, have the person place pressure on the injured site by performing movements similar to those required in the activity to be resumed.
- For example, the player could run, hop, jump and push.
- If these actions can be completed, the player may resume the activity.

A summary of the approach to an injured athlete***Steps & Actions*****1. Danger**

- Control dangers then assess injured athlete

2. Life Threat

- Use DRSABCD

3. Initial injury assessment

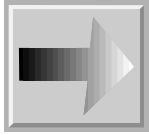
- USE STOP

4. Detailed injury assessment

- Use TOTAPS

5. Initial Management

- Manage appropriately
- Refer to Health professional



Transport an Injured Player

When you need to carry a wounded player it is useful to have different methods you can use depending on how many people you have to help.

Tips for lifting

- Use proper lifting technique when picking up a person. Keep your back straight and always lift with your legs not your back.
- Only move an injured player with a suspected head or spinal injury if absolutely necessary. Stabilize his or her neck and spine as soon as it is safe.

The Human Crutch (two people)

- Stand on either side of a conscious player, facing each other. Grab the player's wrist with the hand closest to the victim's feet on your side.
- Use your other hand to grasp the clothing on the shoulder nearest to you and pull with your partner on the player's arms to help them to a sitting position.
- Help the player to his or her feet and place the arms around your shoulders, if possible.
- Place your free hand around the person's waist and let them hobble to a safe place.



Two-Handed Seat Carry

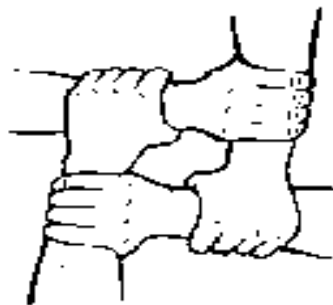
The two-hand seat carry is used to move a player a short distance. They can be conscious or unconscious.

- Stand either side of the injured player who is lying on their back.
- Kneel on opposite sides of the players hips, facing each other.
- The bearers position the casualty on his back.
- Each bearer passes one arm under the player's back and the other arm under the player's thigh.
- The bearers grasp each other's wrists securely.
- Upon instruction, the both bearers (still facing each other) rise in unison, lifting the player and move forward.



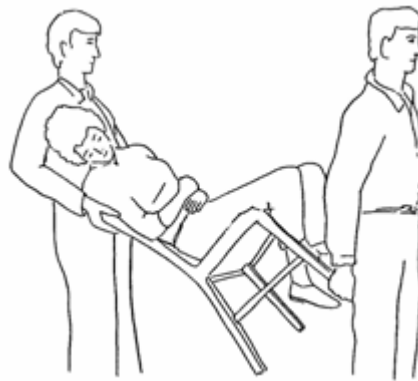
The Four-Handed Seat

- Bearers face each other and hold right wrist with left hand. Grasp each partners left wrist with the right hand to form an interlocked knot "seat" for the player to sit on.
- Lower down by bending knees and keeping wrists interlocked so the injured player can sit down.
- Stand up slowly, keeping your back as straight. The person being carried can place an arm around each bearer's shoulder to keep balanced.



Chair Lift (All Victims – for Stairs or Tight Places)

- Help or place the injured player in a sturdy chair. A conscious player should fold his or her arms across the chest to prevent injury. Tie an unconscious victim to the back of the chair using a blanket or piece of clothing.
- With a partner, stand at the head of the chair. Grasp the back of the chair's sides with your palms facing the player's back.
- Your partner should tilt the chair onto its rear legs. Face the person on the chair and hold the chair by its front legs. Lift the chair off the ground and start walking.



Three person carry or to lift to a stretcher

This technique is for lifting players onto a bed or stretcher, or for transporting them short distances:

- Each bearer kneels on the knee nearest the victim's feet.
- On the command of the person at the head, the rescuers lift the player up and rest the player on their knees.

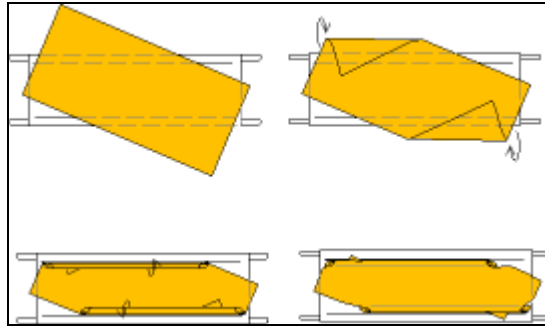
If the player is being placed on a low stretcher:

- On the command of the person at the head, the player is placed down on the stretcher.

If the player is to be placed on a high gurney/bed or to be carried:

- The bearers need to rotate the player so that the player is facing the rescuers, resting against the rescuers' chests.
- On the command of the person at the head, all the bearers will stand and walk in sequence.

Preparing and Using a Stretcher



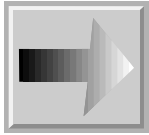
Source: http://en.wikipedia.org/wiki/File:Couverture_sur_brancard.png

The stretcher must be unfolded, and the hinges secured and tested: a first responder presses the cloth with his knee at several points. A blanket is often used since hypothermia is a major risk for a casualty. For this purpose, the blanket is put before the lifting, and folded in a specific way:

- the blanket is laid so the diagonal across the stretcher
- the corners are folded to the centre
- then roll the folded parts to the centre
- put the rolls under the blanket, with the corners sticking out so they can be pulled.



Notes



Supporting Injured Players

Apart from physically supporting injured players, part of your role is to help support injured players from a psychological point of view. When a player is injured it not only affects their body, but affects them mentally too. Being supported through the recovery process helps them get through the difficult time and return to playing sooner.

In a study conducted by Dr Mandy Ruddock-Hudson, injured AFL players were interviewed to look at how psychosocial factors affected rehabilitation. These factors included emotional problems, coping, adhering to rehabilitation and social support. The study found that at different stages players needed different support as they went through the rehabilitation.

In summary they found that the best way to support players included:

- Helping players understand that they were likely to experience a roller coaster of emotions at different point and to assure them that they are normal and experienced by most players.
- Giving players the opportunity to talk about their injury experience.
- Coaches remaining actively involved and offering support to players as players have reported feeling isolated during the rehabilitation process and disconnected from the team
- Rehabilitation programs and strategies being specific to each individual case.
- Varying the rehab program to increase motivation

Ensuring the player is mentally and well as physically prepared to return to the game, which could require some sessions with a sports psychologist



Notes

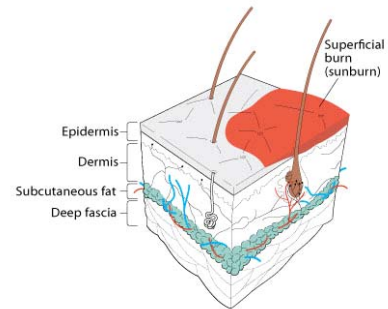
Burns

The skin is the largest organ of the body; it is amazing in that if it gets cold it tries to warm us up with goose bumps. If we are hot, it makes us sweat to cool us down. Burns can be caused by either dry heat or wet heat and we will go through them on the next page.

When we get burnt there are three different degrees of a burn:

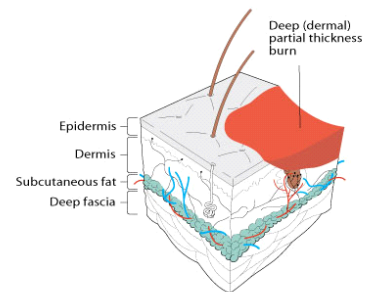
First Degree

- a red spot indicates where the top layer has been affected.



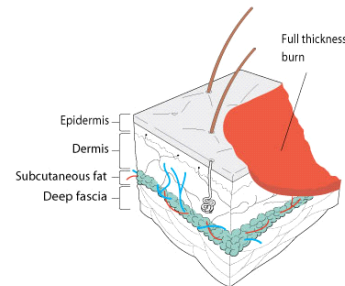
Second Degree

- partial thickness burn, which is a blister. The blister can open, and weep. These are painful and can swell.



Third Degree or Full Thickness Burns

- You are unable to feel pain because the nerve endings have been burnt off. Pain is felt around the wound but not within. This is why some people end up with third degree burns because they may keep going back into a fire to save people. They can't feel the pain anymore and the adrenalin pushes them through.



Note: A child may feel more pain with a burn because they have new and growing skin. The elderly might feel more pain because their skin is breaking down.

The Three C's

Cool it down under running water for as long as you need to, as long as there is pain.

Cover up and keep the moisture in. Glad wrap is the best to use, as it will not stick to the wound. Don't put gauze on it. The best cream to use is on prescription and it has silver in it (silverzene).

Call a doctor. You need to call a doctor if a child's burn is larger than a 20 cent piece and if an adult's burn is larger than a 50 cent piece.



Notes

Choking and Shock

Choking

Choking is caused by an obstruction in the airways. Small children tend to put things in their mouths and sometimes swallow them, adults can choke on food due to inadequate chewing. When someone starts to choke their face will start to go red but once they start to run out of oxygen their face begins to turn blue.



The first thing to do is reassure the victim to help keep them calm and encourage them to cough to try to remove the obstruction.

There are two types of obstructions; partial and severe.

Partial (Mild) can be noisy as there is something in the airways meaning all the air needs to fit through a much smaller area than before. Make sure they cough to try and remove the object. Talk them through it so they don't panic.

Severe obstruction (Severe): if a cough does not work it could be a severe obstruction where the airway is completely blocked and there is no air getting down to the lungs. The person could die if immediate first aid is not given. Make sure you call an ambulance and get consent to render assistance.

Then give 5 short and sharp, back blows between the shoulder blades with the heel of your hand. With a child you would place them face down maybe over your lap and give the back blows.

Check after each back slap to see if the obstruction has come out. If it still has not come out you can do 5 chest thrusts however if you are someone like me you don't have enough upper body strength to do this so you could put them up against a wall and push on the chest.

If the back blows have been unsuccessful then move on to chest thrusts. Place one hand over the breast bone (Sternum) as if you were doing CPR and the other hand at the same level on the spine. Then push to give five sharp thrusts at a much slower rate than CPR and checking after each chest thrust to see if the obstruction has come out. Continue alternating between back blows and chest thrusts until help arrives.

If the obstruction can not be removed chances are that the victim has run out of oxygen and fallen to the ground then perform DRSABCD. When performing CPR you may notice the chest does not rise with your breath so you may need to breathe a bit harder to try to dislodge the obstruction.

Back blows

Never give back blows to a person who is able to cough or breathe effectively.



Notes

Note: The Heimlich has been banned in Australia as it can break a rib and cause more injury. It is still practised in the USA.

Shock

Shock is our body's response to stress the body will start to increase the oxygen supply and in turn the heart rate will increase. With oxygen being pumped around the body at a faster pace the blood moves away from the skins surface causing a person to have pale, cold and moist skin. They could also vomit or become nauseous as blood would be reduced from the stomach.

You need to reassure the victim and make them as comfortable as possible using clothing or blankets to help keep them warm and as pillows. It is best to stay with them to monitor any changes in their condition.



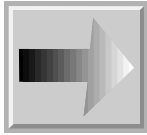
Activity

Scenario

A man is driving along a very secluded country road. He notices a car off the side of the road. It looks like an accident, so he stops and decides to investigate. There is a young man inside the car, he is bleeding on the forehead from a small gash and is a little dazed. His breathing is shallow and his skin is clammy. The man asks if he is okay and he gets a confused response. He checks on the young man and believes his injuries are not life threatening. So he tells the young man that he has no service on his phone and he will drive to the nearest house to call for help. He is gone about 15 minutes and returns to find the young man has stopped breathing.



What could the man have done to help the young man while he was gone?



APPENDIX



Rest

Place yourself in a comfortable position. Keep the injured area supported. Avoid using the injured area for at least 48-72 hours as continued activity will increase bleeding and damage.



Ice

Apply ice to the injured area for 20 minutes, every two hours for the first 48-72 hours after injury. Ice reduces swelling, pain and bleeding. Ice can be used in the following ways:

- crushed or cubed ice in a wet towel or plastic bag
- frozen pea packet in wet towel
- cold pack wrapped in wet towel

Icy or cold water is better than nothing. **Caution:** Do not apply ice directly to skin.



Compression

Apply a firm wide elastic bandage over the injured area, as well as above and below. Where possible hold ice in place with the bandage. Between ice treatments maintain bandage compression. Applying a bandage will reduce bleeding and swelling and also provides support for the injured area.

Caution: Ensure the bandage is not too tight. Some signs of the bandage being too tight may include numbness, tingling or skin becoming pale or blue. If these symptoms and/or signs develop remove the bandage and reapply again firmly but not as tightly.



Elevation

Raise the injured area above the level of the heart at all times. A pillow can be used to provide support and comfort. Elevating the injured area reduces bleeding, swelling and pain.



Referral

As soon as possible after injury arrange to see a qualified health professional such as a Doctor or Physiotherapist. This will determine the extent of your injury and provide advice on treatment and rehabilitation required.

Early and correct use of RICER and NO HARM factors is essential for the initial management of a soft tissue injury. RICER & NO HARM should be continued for 48-72 hours.

For further information: Smartplay, Sports Medicine Australia – Victorian Branch
Sports House, 375 Albert Road, Albert Park, Victoria 3206
Phone 03 9674 8777, Fax 03 9674 8799, Email smartplay@vic.sma.org.au

www.smartplay.com.au



Nobody likes being on the sidelines as a result of injury. The best way to recover from any soft tissue injury is by using the RICER and NO HARM injury management approach. They help to prevent further damage and will mean less time away from your sport or activity.

- The first 48-72 hours are vital in the effective management of any soft tissue injury.
- Soft tissue injuries refer to all ligament sprains, muscle strains and muscle bruises (corks etc) and most bumps and bruises which occur in sport.
- The immediate treatment is RICER.
- RICER should be initiated immediately after injury and continued for 48-72 hours.
- To ensure a successful recovery, NO HARM factors should also be followed in conjunction with RICER.

Rest

Ice

Compression

Elevation

Referral

Please refer over page for further details on RICER

NO Heat

Applying heat to an injury increases bleeding. Avoid hot showers or baths, saunas, spas, hot water bottles, hot liniment or heat packs.

NO Alcohol

Alcohol increases bleeding and swelling which delays healing. It can also mask pain and severity.

NO Running

Running or exercise increases blood flow to the injured site. This can make the injury worse and delay healing.

NO Massage

Massage or the use of heat rubs increases swelling and bleeding.



HEALTH THROUGH SPORT



Smartplay is supported by VicHealth, Sport and Recreation Victoria and Department of Human Services

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