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Prevention and Treatment Chapter 12

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Houston, Texas

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The Emergency Plan

- An emergency plan is essential!!
- There are rarely times that there is a life and death situation, but if one occurs, then an emergency plan **MUST** be in order and ready to go into action
- Everyone in the plan **MUST** know their duty.

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Emergency Plan

- Phones should be accessible. Cell Phones are great for athletic trainers and coaches.
- Be familiar with community based emergency plan and delivery service.
- Designate duties for anyone who is needed to be a part of the emergency plan
 - who is calling, where calling, open gates, escort to field

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Emergency Plan



- The person on the phones making the emergency call should:
 - Tell type of emergency situation
 - information of injury
 - condition of athlete
 - current assistance
 - location of phone and number
 - Exact Location of injured athlete
 - NEVER HANG UP FIRST

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Emergency Plan




- Have gates unlocked and open
- Each sport and field should have separate emergency plans
- Have in-service for teaching everyone their roles in the plan
- Someone should be assigned to accompany the injured athlete to the hospital

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Emergency Plan




- Cooperation is needed with taking care of the injured athlete. Know your limitations and those of the professionals around you. You take charge if you are more knowledgeable about transport procedures and take a back seat if someone else is. The safety of the injured athlete is the main concern.

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Parent Notification




- Contact the parent as soon as possible
- You should have emergency information at all games and practices
- You should have consent to treat already signed

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On The Field Injury Assessment




- Primary Survey - done initially, determines life threatening situations, including ABCs
- Secondary Survey - takes a closer look at the injury and gather information about the injury and the athletes condition
- A conscious athlete does not need a primary survey, but the unconscious athlete does and needs monitoring of life-threatening problems

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Dealing with the Unconscious Athlete




- Unconsciousness is defined as a state of insensibility in which the athlete exhibits a lack of conscious awareness.
- Can be brought on by a blow to the head or the solar plexus, of it may result from general shock.

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Dealing with the Unconscious Athlete




- Unconscious athlete **MUST** always be considered to have a life-threatening injury, requiring a primary survey.
- Always one of the greatest dilemmas to whether to move an unconscious athlete or to wait for the arrival of a physician.

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Dealing with the Unconscious Athlete (Page 276-278)




- 1. Note body position
- 2. ABC's should be established
- 3. Injury to neck considered to unconscious athlete
- 4. HELMET should **NEVER** be removed!!
- 5. Supine athlete and not breathing, establish ABCs' Immediately

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Dealing with the Unconscious Athlete (Page 276-278)



- 6. Supine athlete that is unconscious, nothing to be done until conscious
- 7. Prone, unconscious athlete to be logrolled carefully and establish ABC's
- 8. Prone and conscious and breathing, nothing done until conscious, and the carefully log rolled

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Dealing with the Unconscious Athlete (Page 276-278)



- 9. Life Support for the unconscious should be monitored until Emergency personnel arrives
- 10. Once athlete is stabilized, then secondary survey begins.

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Equipment Consideration



- Shoulder pads will make CPR difficult as will a helmet. DO NOT REMOVE either.
- The helmet must not be removed, so the shoulder pads should not be removed.
- If athlete needs CPR, then cut away clips to facemask, BUT LEAVE CHIN STRAP ALONE!

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Equipment Consideration



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CPR




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- CPR is a specialized skill that **MUST** be taught by a skill professional. This class is not teach this skill. It is recommended that all persons become CPR and First Aid Certified.

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Control of Hemorrhage




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- Hemorrhage is any abnormal discharge of blood.
- Control Hemorrhage:
 - Direct Pressure
 - Elevation
 - Pressure Points

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Shock




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- Shock is a possibility with any injury
- More likely to see shock with increase of severity of injury
- Most important clue to shock is recognition of severe injury

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Shock




- When shock occurs, the quantity of plasma moves from the blood vessels into the tissue spaces, leaving the blood cells within the vessels, causing stagnation, and slowing the blood flow. There is not enough oxygen-carrying blood cells available to the tissues, particularly those of the nervous system which can cause a general collapse of the vascular system and widespread tissue death

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Shock




- Hypovolemic - Loss of blood
- Psychogenic - fainting (syncope) temporary dilation of blood vessels
- Anaphylactic - severe allergic reaction caused by food, insect stings, etc.

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Musculoskeletal Assessment



- Make a quick on-site evaluation using the primary and secondary survey.
- Pay attention to mechanism of injury, sounds, history, interview and palpated tissue.

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Assessment Decisions



- Note the following:
 - Seriousness of injury
 - Type of first aid and immobilization necessary
 - Warrant s immediate referral to physician?
 - Kind of transportation to sideline, hosp. ETC.

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P.R.I. C.E. Principle



- P = Protection
- R = Rest
- I = Ice
- C = Compression
- E = Elevation

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Emergency Splinting



- Rapid Form Immobilizer



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Splinting



- Air Splints



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Spine Board



- Suspected Neck Injury
 - Determine if there is pulse/breathing
 - Get spine board
 - If prone, Log roll athlete onto spine board
 - To roll athlete, need 4 or 5 people
 - Have a captain of the transportation
 - HELMET is not REMOVED.
 - Do not start traction unless directed

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Moving Athlete



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Crutches



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