

Lesmahagow Community Football Club

FIRST AID POLICY

1. RESPONSIBILITY OF THE COMMITTEE

1.1. The Committee must ensure that an annual risk assessment is carried out in regards to the Club and the Grounds in order to ensure that all first-aid requirements are considered and potential risks kept to a minimum.

1.2. The Committee must ensure that coaches/managers/volunteers are appropriately trained and undertake recertification in accordance with their qualification. At least one coach or manager within a team must hold a current First Aid Training Certificate and ideally the Committee would like every adult involved with the team to be first-aid trained.

1.3. The Committee must ensure that the procedures for the recording and reporting of incidents are followed and that coaches and managers realise the importance of following these procedures correctly.

1.4. The Committee must ensure that suitable first aid facilities and equipment are available within the club and that each team representative has a small note book to record minor first-aid incidents. This should be stored within the first-aid bag and may be used by the Committee to inform the annual risk-assessment (i.e. if there is a certain kind of injury that keeps reoccurring). For the reporting of serious accidents see section 3.

2. RESPONSIBILITY OF FIRST AIDERS

2.1. Trained First Aid must provide initial first aid attention (within their level of competency) when necessary to club members and the public whilst within the club's grounds.

2.2. First Aid Officers must remain with an injured or ill person until no further treatment or assistance is required, or until the person is handed over to ambulance or other medical personnel, unless the officer's personal safety is at risk.

2.3. Should it be made known to the first aid officer attending an injury that there is a better qualified person with medical training offering/prepared to take over the treatment, then the first aid officer should allow said person to take over the treatment if this is in the best interest of the person, however they should remain with them for the

duration of the treatment until such times as "on duty" medical professional takes over the responsibility.

2.4. First Aid Officers must recognise their limitations and only administer or carry out duties that have been included in their training. First Aid officers are **not** permitted to supply or administer any form of medication or painkillers. The **only** exception to this is where preventer inhalers are required by players and written consent has been given by parents/carers. Club officials should only administer inhalers where the player is too young or incapable of administering themselves (see separate asthma policy).

3. FIRST AID KITS

2.1. The Committee should ensure that each team is provided with a mobile first-aid kit. Each team manager is responsible for their own first-aid kit and should maintain it in a 'fit for purpose' manner. First-aid kits should be replenished as necessary and should contain:

- Assorted dressings (plasters) x 20
- Sterile eye pads x 2
- Medium sterile wound dressings x 4
- Large sterile wound dressings x 2
- Triangular bandages x 2
- Gloves x 3pairs
- wound wipes x 6
- Space blankets x 1
- Resus aid x 1
- Scissors x 1

2.2. First-aid kits should be taken by the team manager or coach to all training sessions, all matches and tournaments.

3. TREATMENT OF ASTHMA

3.1. There is a [separate policy for the treatment of asthma](#). All adults responsible for children with asthma are asked to make themselves familiar with the club's policy for dealing with asthma.

4. INFORMING PARENTS OF INCIDENTS/ACCIDENTS

4.1 In cases where a player has received first-aid and may need further monitoring (such as head collisions) but parents are not present, the coach/manager should call home and inform parents of the incident.

4.2. In cases where an ambulance is deemed to be necessary and parents are absent parents should be called immediately. Players travelling in ambulances must be accompanied by at least one coach/manager in the absence of parents. If the occasion arises where players have to be transported in cars then two adults need to accompany the player.

5. RECORD KEEPING OF SERIOUS ACCIDENTS/INCIDENTS

5.1. Serious accidents include:

- a) head collisions or accidents resulting in the player leaving the field of play and remaining out of the session/match due to the injury
- b) breakages
- c) dislocations
- d) accidents where the player/person involved has had to attend hospital or G.P as a result of the incident
- e) accidents which have resulted in an ambulance being called.

This is not an exhaustive definition and coaches should record any accident which they feel is of significance.

5.2. All serious accidents/incidents should be recorded comprehensively on an Accident/Incident form available from the club website. After completion these forms should be downloaded to:

5.3. The maintenance of first-aid records is the responsibility of the Club Welfare Officer.

6. MINOR ACCIDENTS/INCIDENTS

6.1 Minor accidents may involve sprains, minor cuts, bumps to the head where the player has **not** had to leave the field of play (again this is not an exhaustive list).

6.2. Minor accidents which have resulted in first-aid being administered should be noted in the first-aid book stored in each first-aid bag. Only accidents/incidents where first-aid has been provided need to be recorded. Information which needs to be included in the log:

Time and date.

Person's name receiving the first-aid.

Name of the first-aider.

Nature of the injury.

Cause of the accident.

The first-aid provided e.g. plaster applied.

Parents present or absent.

ANNEX A Standard Operating Procedure for Serious Accidents

1. If a player is injured, the involved team's first aiders should immediately attend the injured player and determine the seriousness of the injury.
2. If the first aider considers the injury to be serious, stop the game immediately. If it is necessary to abandon the game whilst the player is being attended to, then this action will be fully supported by the club.
3. If at any time a player is injured and is unconscious or has limited movement he/she should NOT be moved onto a stretcher, unless under the direction of someone who has sound knowledge of first aid.
4. Medical advice is "if a person cannot get onto the stretcher unaided, they should not be moved, except by qualified personnel".
5. Commence appropriate first aid as quickly as possible after the accident of injury has occurred. Try to remain calm and think your actions through.
6. Make sure that one person is in control of the situation in order to avoid any confusion with procedures and / or control bystanders.

7. Contact the ambulance service if necessary (999 or dial 112 from a mobile phone) and inform them of the situation.

8. What to tell the ambulance personnel: · Address of accident, nearest entrance or any other relevant information. · The type and seriousness of the injury, age of player and whether the player is conscious or unconscious. · Where to gain admittance, e.g.: through the gate to the left etc.

9. Ensure the "assigned person" stays with the injured player until the ambulance arrives and takes control of the situation.

10. Make sure someone is assigned to wait in the car park to meet the ambulance.

11. Ensure the area is cleared for easy access for the ambulance personnel.

12. The assigned person should gather eyewitnesses in a central location (statements may need to be taken at the end of the match depending on the nature and seriousness of the injury).

13. Provide any additional assistance as required e.g.: notifying parents, collecting personal belongings etc.

14. In cases where the player's parents are absent an assigned person should contact them immediately.

15. Players should not go in ambulances alone. Where parents are absent the team first-aider should accompany the injured player to hospital.