

## Douglas GAA, Ladies Football and Camogie

# Sports First Aid Kit and Quick Reference

### Basic contents:

- 3 pairs x latex free gloves (small, medium and large).
- 40 x alcohol wipes (only for cleaning the first aiders' hands / tweezers / scissors).

### Eye injury:

- 5 x eyewash pod
- 2 x eye pad dressing

### Wounds and bleeding

Wash out cut with water / saline solution pods only.  
5 x sterile dressings / gauze - small, medium and large (pressure to stop bleeding)

- 1 x tweezers (don't remove any large / deep objects).
- 1 x medical scissors

- 20 x alcohol free wipes for the cut (if needed)
- 20 x saline solution

40 x waterproof latex free bandaids

5 x gauze bandages (hold dressings in place while ventilating a wound, applies no pressure).

5 x elasticated bandages (apply pressure bringing separated skin together and hold dressings in place).

4 x triangular bandage (to add pressure to bleeding wound).

*Check circulation of fingers / toes before and after strapping.*

Mouth bleeding - pressure with sterile dressing. Place detached tooth inside lip and transport to dentist asap.

Nose bleed - tilt head forward to allow flow, pinch soft part of nose just below hard part of nose.



Gauze

### Soft Tissue Injury (RICE)

- Strain (*stretching or tearing of ligaments e.g. ankle*) /
- Sprain (*stretching or tearing of muscle / tendon e.g. hamstring*)
- 10 x disposable ice-packs (wrapped in triangular bandage)
- 5 x elasticated bandages (hold dressings in place).
- 10 x pink crepe bandages (support strains and sprains).



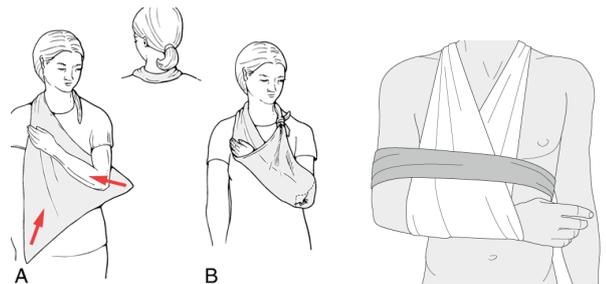
### Potential fractures / dislocation:

First aid goal is to minimise movement completely to prevent the condition from worsening.

4 x triangular bandage

1 x foil blanket

If needing additional support to de-mobilise, use what's available: bandages, jersey, towel, hurley, flag etc.

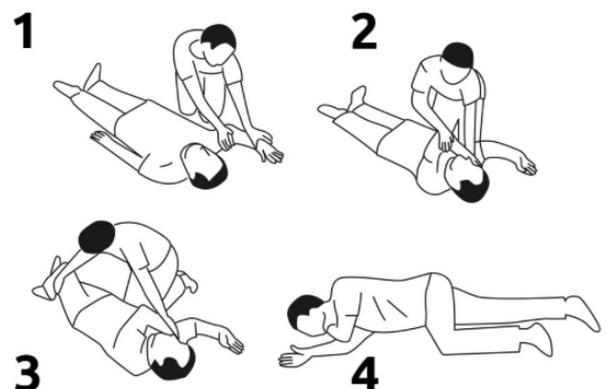


### Optional sports related contents:

Insulation tape, zinc oxide tape, vaseline, sweets (anyone playing without enough food before activity), medical waste hazard bag, asthmatic players inhalers

**No creams, gels, medication, freeze spray!**

### Recovery Position:



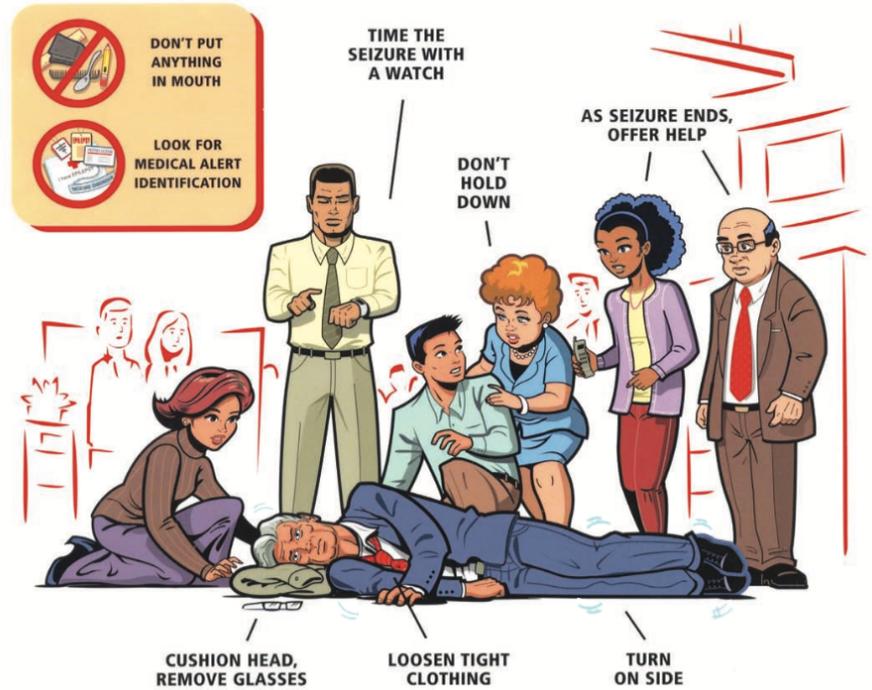
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### Seizure:

#### Treatment:

Every person who suffers should be referred to a hospital.

- 1) Protect from injury - remove hot, sharp, objects from around person.
- 2) Place a towel / something soft under persons' head.
- 3) Ensure bystanders move away.
- 4) Don't put anything in their mouth.
- 5) Stay with the person until they have recovered.
- 6) If breathing, place in a recovery position.
- 7) Continue to monitor vital signs.
- 8) When conscious, continue to check response level: AVPU - Alert, Voice, Pain, Unconscious.
- 9) Do not leave the person alone.
- 10) Advise person to contact his / her GP.
- 11) If the person has experienced seizures before, it might not be necessary to call for an ambulance. If the person has never experienced a seizure before or if the seizure lasts longer than 5 minutes, or if the person stops breathing, call 112 / 999 for a ambulance.

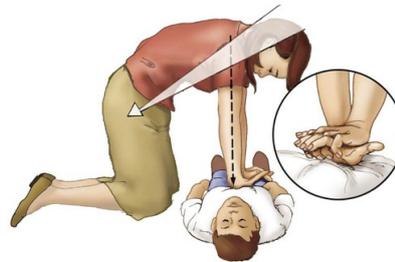


### Cardio First Response and AED contents:

Start chest compressions asap, after you confirm no breathing, call for an AED and 112 / 999.

#### Pocket mask for CPR (

- 2 breaths in-between 30 compressions)
- adult size fits both adults and children.



**Gloves** - You will need to clean out the mouth of any obstacles e.g. mouthguard / vomit.

**Scissors** - cut away clothing to expose chest for CPR. (move jewellery away from chest).

**Towel** - dry away sweat/water from chest and where pads will be located.

**Razor** - if needed, shave chest where pads will be placed.

**AED** - Automated external defibrillation with adult pads - adult size pads fits both adults and children.

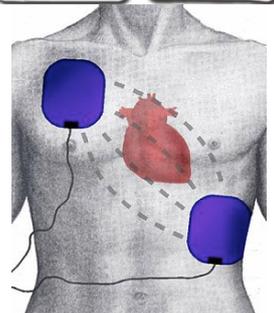
#### Back up AED pads.

Once the AED arrives, get the pads on while continuing compressions if possible.

Follow the instructions and stand clear during AED checking for heart rhythm.

Continue chest compression and breaths cycles until the ambulance arrives.

If person regains breathing, put in recovery position and keep cold.



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### Concussion:

A concussion may be sustained after a blow to the head, a sporting accident or a fall. Concussions may present with temporary loss of normal brain function and may cause physical, cognitive and emotional symptoms.

#### GAA Protocol:

- Any player suspected of having sustained a concussion, should be removed immediately from the field and should not return to play on the same day.
- Concussion is an evolving injury therefore it is important to monitor the player after the injury for progressive deterioration.
- Concussion diagnosis is a clinical judgement - use of the SCAT 3™ (Sport Concussion Assessment Tool - 3rd edition) can aid the doctor in his / her diagnosis.
- Players suspected of having a concussion, must have adequate rest for at least 24 hours and then must follow a Gradual Return to Play Protocol (see overleaf).
- Players must receive medical clearance (by a doctor) before returning to play.

#### Treatment on pitch:



# CONCUSSION

## NOT ALWAYS A KNOCK-OUT!

ACTION PLAN	SYMPTOMS
<b>R</b> ecognise <i>the signs and symptoms</i>	◦ Headache
<b>R</b> eport <i>if suspicious, don't hide it</i>	◦ Confusion
<b>R</b> ehab <i>with rest and medical guidance</i>	◦ Nausea
<b>R</b> eturn <i>after following Return To Play Protocol and getting medical clearance</i>	◦ Dizziness
	◦ Double/Blurry Vision
	◦ Sensitivity to Light
	◦ Feeling Hazy or Groggy
	◦ Just not 'feeling right'
	◦ Memory Problems
	◦ Pressure in Head

## IF IN DOUBT, SIT THEM OUT!!!

Every person who suffers should be referred to a hospital.

- 1) If breathing, place in a recovery position.
- 2) Continue to monitor vital signs.
- 3) When / if conscious, continue to check response level: AVPU - Alert, Voice, Pain, Unconscious.
- 4) Do not leave the person alone.
- 5) Send to hospital immediately.

# CONSENSUS STATEMENT ON CONCUSSION IN SPORT

Reference: by McCrory P. et al. BJSM 2017

## GRADUATED RETURN-TO-SPORT STRATEGY

### 1 MEDICAL ASSESSMENT



### 2 COMPLETE REST

Respect 24-48 hours of physical and cognitive rest until the symptoms at rest disappear

### 3 SYMPTOM LIMITED ACTIVITY

- 10 min of slow walking
- No resistance training
- No contact activity allowed

### 4 LIGHT EXERCISE

- Increase heart rate
- Walking, swimming or stationary cycling
- 20min at 70% HRmax
- No resistance training
- No contact activity

### 6 NON CONTACT TRAINING

- Add coordination & cognitive skills
- Progression to more complex training drills
- 60min at 90% HRmax
- Resistance training OK
- No contact activity

### 5 SPORTS SPECIFIC EXERCISE

- Add movement
- Simple movement activities e.g. Running drills
- 30min at 80% HRmax
- No resistance training
- No contact activity



### 7 MEDICAL CLEARANCE



### 8 FULL CONTACT PRACTICE

- Restore confidence and function
- Normal training
- Contact activity OK

### 9 RETURN TO SPORT

- Unrestricted practice
- Normal game play
- Full rehabilitation

