



First Aid and Injury Prevention Policy for Coaches

All L.S. Croatia S.C. staff, volunteers and coaches accept a major responsibility for the care and safety of our players. Although the athletes and parents share in the responsibility for player protection and safety, it is the club's responsibility to help them practice and play as safely as possible.

All policies and protocols surrounding a player's physical, mental and social/emotional development will be reviewed with LS Croatia S.C. staff, volunteers and coaches prior to the winter and summer seasons. Educational resources for coaches and families will be posted and updated on the club webpage www.croatiafc.com annually. All forms and policies will be available on the webpage for easy access.

Physical Wellbeing

LS Croatia SC encourages all coaches to enroll in both CPR and first aid classes to help prepare the coaches to handle accidents that may happen while coaching.

The job of a coach is to recognize an injury when it happens, to stabilize the injury as best he/she can, and to summon medical assistance if necessary. Coaches need to understand the limitations of training and knowledge. Most coaches are not trained medical professionals, so it is his/her responsibility to call one immediately whenever they have any doubt as to what to do next.

For those emergencies that require immediate attention by a trained professional, coaches should call 9-1-1.

Whenever a player is injured, the coach should inform the parents or guardians of the injury even if it seems minor and the athlete is able to continue with the practice or game. All Coached should refer to the LS Croatia S.C. Accident/Incident Guidelines to ensure that club expectations involving a player's injury are being met and an Injury Report Form has been completed and returned to the Club Administrator.



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Here are some common soccer injuries and their methods of care:

1. Emergency Plan
2. Injury Prevention
3. Preventing Disease Transmission
4. Heat Emergencies
5. Ankle Injuries
6. Knee Injuries
7. Dislocations
8. Blisters
9. Bleeding
10. Nose Bleeds
11. Head and Neck Injuries
12. Broken Bones

Have an Emergency Plan

It is important to have a well thought out plan for dealing with injuries. It is best to have a written response plan for emergencies. Keep this in your coaching bag where you can pull it out and refer to it if necessary. Some points to consider in your plan:

1. Is a first aid kit available? (suggested contents are listed under Coach Equipment)
2. Do I have all of my players' medical consent forms and emergency contacts with me at all times?
3. Where is the nearest phone?
4. How do I get first aid and paramedics/ambulance?
5. Do any of my assistant coaches or parent volunteers know first aid?
6. Who will go for help if I need to attend to an injured player?
7. Who will supervise other players if I need to summon help?
8. Do my assistant coaches and players know the emergency plan?

Injury Prevention

Parachute Canada, a national Canadian charity founded to promote researched, evidence-based and expert-advised resources and tools that can help to prevent serious harm or death from preventable injuries in sports, has put together a series of injury prevention recommendations, which LS Croatia SC has adopted as part of its First Aid Policy. The recommendations are as follows:



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- Match young soccer players according to their level of physical development and place young girls and young boys on separate teams.
- Learn the proper technique of heading a soccer ball. The age at which heading can safely be introduced remains controversial. An experienced coach is best suited to judge when to introduce heading in youth soccer. Parachute recommends not permitting heading until age 10 to 12 years.
- Use plastic coated balls. Replace once their water-resistant qualities are lost. The use of smaller balls in youth soccer is strongly recommended.
- Keep the playing surface well maintained. Fill holes in the field and reseed bare spots.
- Wear a mouth guard as they protect from dentoalveolar injuries.
- Shin guards should be compulsory at soccer games and practice sessions. They should have sufficient shock-absorption capacity and cover a large area of the lower leg.
- Wear shoes with moulded cleats or ribbed soles. Shoes with screw-in cleats should be used when traction is required, such as on a wet field with high grass.
- Adequately pad all goalposts and secure them to the ground. When not in use, dismantle portable goalposts, remove and tie up, or secure to a permanent structure.
- Consider wearing protective eyewear. We recommend eyewear made of polycarbonate lenses.
- Warm-up, stretch, and cool-down before and after games and practices. The American Academy of Orthopedic Surgeons recommends warming up with jumping jacks, stationary cycling, running or walking in place for three to five minutes. This should then be followed by slow and gentle stretching, holding each stretch for 30 seconds.
- Players must undergo complete rehabilitation before returning to play after an injury. Taping and bracing may be used to help prevent re-injuries of the ankle.
- Strictly enforce existing rules to prevent aggressive behaviour and infractions. Parents, coaches, and soccer organizations should work together to encourage sportsmanship and fair play.
- Personnel knowledgeable in first aid should be present at all sporting events, and appropriate planning for possible emergency situations must be in place.

For more information on Parachute Canada's Injury Prevention research, visit:

<http://www.parachutecanada.org/>

Preventing Disease Transmission

Place an effective barrier between you and the victim's blood when you give first aid. Examples of such barriers are: the victim's hand, a piece of plastic wrap, clean folded cloth, rubber or latex gloves.

Wash your hands thoroughly with soap and water immediately after providing care.



Heat Emergencies

▪ **Heat Cramps**

First Aid:

- Have athlete rest in a cool place.
- Give cool water.
- Stretch muscle and massage area.

▪ **Heat Exhaustion**

Player's skin will appear pale and clammy, perspiration is profuse, may experience nausea, weakness, dizziness, headache, cramps. First Aid:

- Have athlete lie down in a cool place with feet elevated 8 to 12 inches. Give cool water.
- Loosen tight clothing.
- Remove clothing soaked with perspiration.
- Apply cool wet cloths (such as towels) or ice packs (wrapped) to the skin.
- Call 911 if player refuses water, vomits or if level of consciousness changes.

▪ **Heat Stroke**

Player will appear hot, red, will not be sweating (although skin may be wet from previous sweating), pulse will be rapid and strong, body temperature will be high (105 oF or more).

This is an immediate and life-threatening emergency. First Aid:

- Send someone to get emergency medical help (call 911).
- Get the athlete out of the heat and into a cooler place.
- Cool the player fast - immerse in a cool bath, or wrap with wet towels and fan him/her.
- Give nothing by mouth.

Preventing Heat Emergencies

Preventative Steps

- Avoid being outdoors during the hottest part of the day, if possible.
- Change the activity level according to the temperature.
- Take frequent breaks.
- Drink large amounts of fluid.
- Wear light-coloured clothing, if possible.



Ankle Injuries

An injury to an ankle can take the form of a sprain or a break and may have different degrees of severity. Sprains are stretched or torn tendons, ligaments, and blood vessels around joints.

First Aid:

- Assume the injury could be severe.
- Immobilize the player (avoid any movement that causes pain).
- Begin the ICE routine (Ice, Compression, Elevation - elevation helps slow the flow of blood, thus reducing swelling).
- Have the player see a physician before returning to practice.
- DON'T:
 - Remove athlete's shoe and sock until ice is available.
 - Have the player try to "walk it off".

Knee Injuries

The knee is the most complicated joint in the body, as well as the joint most frequently injured. It requires a specialist to treat knee injuries properly. The job of the first aid provider is to limit further injury and to get the player to the hospital as soon as possible. First Aid:

- Help the player off the field.
- Apply ice to the injured area.
- Elevate the leg without moving the knee, if possible.
- Take the player to the hospital immediately.
- DON'T:
 - Move the knee to examine the injury.
 - Allow the player to get up and "walk it off".
 - Allow the knee to move freely.
 - Allow the athlete to continue participating until he/she has seen a physician.

Dislocation

Dislocations and broken bones (fractures) are treated similarly. A dislocation is a displacement of a bone end from the joint. Dislocated joints will have pain, swelling, irregularity, or deformity over the injured area. First Aid:

- Leave dislocated joint in the position found.
- Immobilize joint in the exact position it was in at the time of injury.
- Apply ice and elevate to minimize swelling.
- Have the player see a doctor immediately.



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- DON'T:
 - Attempt to relocate a dislocation or correct any deformity near a joint (movement may cause further injury).
 - Assume the injury is minor.
 - Assume there is no broken bone.

Blisters

Blisters typically appear as a raised bubble of skin with fluid beneath; the fluid may be clear or bloody. The blister may be torn with new skin exposed. Generally painful. First Aid:

- Rub ice over the area.
- Place small moleskin doughnut over the outside edges of the blister and tape to prevent further friction.
- If the blister is torn, wash area with soap and water; put ointment over the blister and cover with a protective dressing.
- DON'T:
 - Treat a blister lightly; infection can result, causing serious problems.
 - Puncture blister - let a physician do so.
- Preventative Steps:
 - Properly fitting shoes and socks are essential.
 - Proper conditioning is necessary to allow the skin to become accustomed to the activity load.
 - Wear two pairs of socks if friction is extremely bad.

Bleeding

In most cases, bleeding can be controlled by placing direct pressure over the wound. To reduce risk of infection, whenever possible wear latex gloves and wash hands before (and after) treating an open wound. First Aid:

- Apply direct pressure to the wound with a clean compress (use clothing if a clean compress is not available). Elevate the wound above the level of the heart.
- Keep the player lying down.
- If bleeding is sufficient to soak through the compress, apply additional as necessary directly over the others. Call for emergency help if bleeding is severe or persistent.
- DON'T:
 - Remove old compresses; this may cause more bleeding. Treat any bleeding lightly.
 - Let dirt get into the wound.
 - Panic. Call for help if you are unsure.



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Nose Bleeds

A bloody nose is a common occurrence following a blow to the face, or in association with high blood pressure, infection, strenuous activity or dry nasal passages. Although usually more annoying than serious, any bloody nose resulting from an injury to the face should be considered as a potential fracture. If you suspect a head, neck, or back injury, do not try to control a nosebleed; instead, keep the player from moving and stabilize the head and neck. First Aid:

- Place the player in a sitting position leaning slightly forward.
- Apply a cold compress to the athlete's nose and face.
- Apply direct pressure by having the player pinch the nostrils with the fingers.
- Take the athlete to the doctor if bleeding persists.
- DON'T:
 - Allow the player to blow his/her nose for several hours.
 - Stick anything up the nose to stop the bleeding without the assistance of a medical professional or emergency personnel.
 - Lean head backwards (player may choke on blood running down the throat).

For more information on First Aid Training, visit: <https://www.sja.ca/english/courses-and-training/Pages/default.aspx>

Head and Neck Injuries

These injuries can be the most devastating of all injuries. Permanent paralysis may result from any neck injury, so these injuries must be handled with extreme care.

- **Signs and Symptoms:**
 - Headache, dizziness.
 - Unconsciousness (immediate or delayed). Unequal pupils.
 - Tingling sensation or numbness in arms and/or legs. Inability to move fingers, toes, or extremities.
 - Difficulty breathing.
 - Athlete not alert.
- **First Aid:**
 - Call for paramedic or other help immediately.
 - Make sure the athlete is able to breathe.
 - Keep the player still (stabilize head and neck as you found them).
 - Maintain body temperature.
 - Call parents or guardian immediately.
 - Pass all important information on to doctors.
 - Don't:
 - Move the athlete or leave the athlete unattended.
 - Overstep the limits of your knowledge GET HELP IMMEDIATELY!



Broken Bones

Fractures come in a variety of forms and may occur any place in the body where there is a bone. Remember, you are not a trained medical professional qualified to handle these many different situations. Your job is to recognize the injury (or possible injury) and to limit further injury.

- **Signs and Symptoms:**
 - May have heard a pop or snap, or received a direct blow to the area.
 - A closed fracture will have pain, swelling, irregularity, or deformity over the injured area. An open fracture will have bone protruding.
- **First Aid:**
 - Leave fractured bone in the position found.
 - Immobilize the joints above and below the suspected injury.
 - Cover an open fracture wound with a large clean dressing; control bleeding. Apply ice to a closed fracture (not to an open fracture).
 - Transport the player to the hospital or call for an ambulance if you are unsure about moving the player.
 - DON'T:
 - Attempt to straighten injured limb or push back protruding bones. Allow player to move the injured area.
 - Allow dirt into any injured area with protruding bones



Mental and Cognitive Wellbeing

- All LS Croatia S. C. coaches and managers are to complete the online course **Making Headway in Soccer**: <https://coach.ca/making-head-way-concussion-elearning-series-p153487>
- LS Croatia S.C. follows the latest **March 2019 Ontario Soccer Concussion Policy**: <https://www.ontariosoccer.net/governing-documents>

Concussion Protocol:

The London – St. Thomas Croatia Soccer Club is entirely committed to the health and safety of our players. As such, we demand that every precaution be taken before a player who has suffered a suspected or identified head injury be returned to any soccer-related activity.

For reference, a soccer activity is defined as any on or off field team function involving physical activity. Concussions are an inherent risk when participating in sport, and soccer is no exception.

- A concussion may be sustained through a variety of mechanisms. A direct blow to the head, blow to the jaw, sudden twisting or shearing force and a sudden deceleration of the head (similar to a “whiplash”-type injury) can all produce concussive signs and symptoms.
- A concussion is the most common type of traumatic brain injury.
- A concussion is caused when the brain receives trauma from an impact or a sudden momentum or movement change. The blood vessels in the brain may stretch and cranial nerves may be damaged.
- A person may or may not experience a brief loss of consciousness (not exceeding 20 minutes). A person may remain conscious but feel “dazed” or “punch drunk”.
- A concussion may or may NOT show up on a diagnostic imaging test, such as x-rays, CAT Scans, and MRIs.
- Skull fracture, brain bleeding, or swelling may or may not be present. Therefore, concussion is sometimes defined by exclusion and is considered a complex neurobehavioural syndrome.
- A concussion can result in permanent or temporary damage.
- A blood clot in the brain can occur occasionally and be fatal.
- It may take a few months to a few years for a concussion to heal.



LS Croatia SC Policy

1. Any player who suffers a SUSPECTED concussion must stop participation in the soccer activity immediately. If there is doubt as to whether a concussion has occurred, it is to be assumed that it has and that the player's parents/guardian be encouraged to have the injury properly diagnosed at a hospital as soon as possible.

AND

Any player who is diagnosed by a medical doctor with a concussion must stop participation in all soccer activities immediately.

2. Team Officials are responsible to recommend to the individual's parent or guardian that they seek medical attention immediately, especially if the injury incurred in any form of soccer participation. If anyone (coach, parent, or athlete) suspects a concussion has occurred, the coach will remove the player and shall not return him/her for the remainder of the game – regardless of any external pressures from, but not limited to the players parent/guardian.
3. The player is not permitted to return to any soccer activity until written permission is given by a SPORTS MEDICINE DOCTOR. A sport medicine doctor is more equipped to manage and guide treatment of a concussed athlete as opposed to a general practitioner/family doctor. As such, LS Croatia SC requires written permission from a sport medicine doctor prior to allowing the player to return to any soccer-related activities.
4. Copies of such documentation MUST be submitted to the LS Croatia SC Office prior to the player's return to any soccer activity.

Additional Resources:

The "**Pocket Concussion Recognition Tool**" helps identify symptoms (www.parachutecanada.org). It is encouraged that all coaches carry this tool with them to practices and games. If any of the described signs or symptoms are present, the player might have a concussion and need to be removed from play. As a general rule, use this test for all head injuries.

Social and Emotional Wellbeing

Any situation that may impact a player's social and emotional development must be reported on the LS. Croatia Incident Report Form (e.g., in situations of bullying or harassment) and returned to the Club Administrator for coach and Board review. LS Croatia S.C. has a Zero Tolerance Policy, and a Bullying Policy that is reviewed with coaches, volunteers, families and players prior to the summer and winter seasons. These policies can be located on the club's webpage www.croatiafc.com.



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Health and Nutrition

LS Croatia S.C. recognizes that there is ample research demonstrating the health risks associated with substance abuse, tobacco intake and inadequate fluid/food intake for athletes. Soccer is a healthy sport and as such, the club has a responsibility to the players, participants and the community to demonstrate healthy choices. Club policies such as the Anti-doping Policy, Tobacco Free Policy, Healthy Snack Policy, and Nutrition for High Performance Athletes Policy are all located on the LS Croatia webpage www.croatiafc.com. Players will be reminded of these policies at the beginning of the summer and winter seasons. Educational resources on the webpage will also be updated annually.

Community Partner in Sport Medicine

The London St. Thomas Croatia Soccer Club has a partnership with Talbot Trail Physiotherapy.

Phone Numbers: 519-637-7171

Fax: 519-637-7727

Email: info@talbottrailphysiotherapy.ca

Website: www.talbottrailphysiotherapy.ca

Address:
St Thomas-Elgin General Hospital
189 Elm St
St Thomas, ON
N5R 5C4

Intersection: Elm St between Hepburn Ave and Wood St

Location: St Thomas (Elm West)

Accessibility:  Wheelchair Accessible

Hours: Mon-Thu 7am-7pm * Fri 7am-5pm



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Services they provide include physiotherapy, acupuncture, hydrotherapy, orthotics, concussion treatment, women's health, shockwave therapy and custom braces.

When players require further sports medical care involving a physician, they are referred to **Fowler Kennedy Sports Clinic** at Western University, 3M Centre 1151 Richmond Street, London Ontario (519) 661-3011 www.fowlerkennedy.com.