



Policy

Medical Treatment

First Aid kits located

- Behind the bar
- Inside roller door for floodlights

Each team manager is encouraged to speak with the committee to receive a team first aid kit/bag prior to the start of the season, we encourage teams to source their own if possible.

Defibrillator is located inside main clubroom door to the left-hand side, simply lift out of the plastic bracket holder.

Coaches & Team Managers - If needing a refresher for basic first aid training the following links could be useful to familiarise yourself with. Please note this is NOT a free course

St John WA – [click here](#)

St John Click to save – [click here](#)

St John WA free App – [click here](#)

All Managers have been provided with basic first aid 'What to do' cards and should refer to this as well as seeking medical help when required.

Ice Packs are located inside the canteen freezer (Please return after use.)

The bar ice machine is temperamental so please consider purchasing some of your own if needed.



Medical Emergency Plan

Step Two: Creating a Medical Emergency Plan

Add details

Club name: Langwarrin Soccer Club

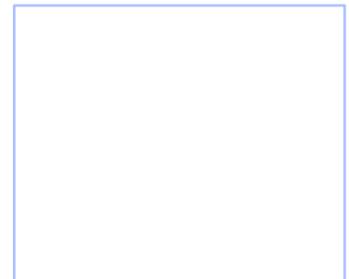
Address: Lawton Park Reserve, Barretts Road, Langwarrin South

Club phone number (if applicable): 03 5971 3066

Club President and contact number: Tanya Wallace- 0425 450 596

In case of medical emergency the following person is in charge:

Tanya Wallace



First Aid Officer/Sports Trainers and contact numbers:

Your Team Manager
Tanya Wallace- 0425 450 596



The first aid equipment is located: 1) Behind the Bar. 2) roller door storage room 3) first aid room

The defibrillator is located: Inside clubroom main door

Our members medical information is located: Applicable Team Managers/Coaches

Closest intersection for emergency services: Barretts road & Robinsons Road, Langwarrin South

The closest access point for an emergency services is: Club rooms

Important local medical contact numbers:

Local doctor Langwarrin Medical Clinic- 03 9789 0066

Local dentist Young Street Medical & Dental- 03 9771 8111

Local hospital (public) Frankston Hospital, Emergency Department- Hastings Road, Frankston

Local hospital (private) Peninsula Private- Emergency Department- McClelland Drive, Frankston

Map reference:

Melways Ref: 107-F1

Urgent Medical Emergency - Dial 000

FIRST AID FACT SHEET

DRSABCD - Action Plan Adult and child

D	DANGER	
	Ensure the area is safe for yourself, others and the casualty	
R	RESPONSE	
	Check for response—ask name—squeeze shoulders	
	No response → Send for help	Response → Make comfortable, monitor response and check for injuries
S	SEND	
	Call Triple Zero (000) for an ambulance or ask another person to make the call. Send for a Defibrillator if available.	
A	AIRWAY	
	Open mouth – check for foreign material	
	No foreign material → Leave casualty in the position which they have been found. Open airway by tilting head with chin lift (adult) and slight head tilt and chin lift (child).	Foreign material in mouth → Place casualty in recovery position with mouth slightly downward. → Clear foreign material from airway with fingers. → Once foreign material is removed, open the airway with a head tilt and chin lift (adult) and slight head tilt and chin lift (child).
B	BREATHING	
	Check for breathing—Look and feel for chest movement, listen for air escaping from mouth and nose (an occasional gasp is not adequate for normal breathing)	
	Not breathing normally and no response → Place on back and commence CPR.	Normal breathing → Place in recovery position, monitor breathing and responsiveness.
C	CPR	
	Start CPR 30 compressions, 2 breaths	
	<ul style="list-style-type: none"> → Place the heel of hand on the lower half of the breastbone in centre of the chest with other hand on top of first. → Press down 1/3 of depth of chest and release, giving 30 compressions. → Open the casualty's airway (head tilt and chin lift) → Pinch the soft part of the nose to seal and place your mouth over the casualty's mouth. → Blow steadily into mouth for up to 1 second, watch for chest to rise and fall. → Give 2 breaths.Repeat 30:2 → Aim for approximately 100-120 compressions per minute. → Continue CPR (30:2) until ambulance arrives or casualty recovers. 	
D	DEFIBRILLATION	
	Apply defibrillator as soon as possible (if available) and follow voice prompts	



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FIRST AID FACT SHEET

Dislocation

A dislocation occurs when one or more bones are displaced at a joint, this is most often at the shoulders, elbow, kneecap or fingers.

Caused by

- + Sudden impact on the joint.
- + Forceful muscle contraction.

Signs & symptoms

- + Pain at or near the site of injury.
- + Difficult or impossible to move the joint.
- + Loss of power.
- + Deformity or abnormal movement.
- + Tenderness.
- + Swelling.
- + Discoloration and bruising.

What to do

1. Follow DRSABCD St John Action Plan.
2. Assist the casualty to sit or lie down in a comfortable position and reassure.
3. **DO NOT** attempt to put back into position.
4. If injury is to a limb:
 - + Check blood flow – if absent move limb gently to try and restore it.
 - + Call **Triple Zero (000)** for an ambulance.
 - + Apply icepacks if possible, directly over the joint.
 - + Rest and support the limb with padding and bandages.
5. Shoulder:
 - + Support the casualties arm in position of least discomfort.
6. Wrist:
 - + Apply a sling in a position of comfort.



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FIRST AID FACT SHEET

Seizures and Epilepsy

A seizure is a sudden surge of electrical activity in the brain. Seizures may vary from muscle jerks through to severe and prolonged convulsions. Epilepsy is a neurological disorder which triggers recurrent and unprovoked seizures. Not all seizures are epilepsy, but all require first aid.

Caused by

- + Head injury or high fever.
- + Brain tumour or stroke.
- + Poisoning or drug overdose.
- + Serious infection or lack of oxygen.

Signs & symptoms

- + Sudden spasm of muscles producing stiffness or rhythmic jerking movements. If standing, the casualty will fall which may result in injury.
- + Suddenly cry out.
- + Shallow breathing or breathing may temporarily stop, leading to pale, blue tinged lips and face.
- + Excessive saliva (frothing) from the mouth.
- + Changes in conscious state from being fully alert to confused, drowsy or loss of consciousness.

What to do

During a seizure

1. Follow DRSABCD St John Action Plan.
2. **DO NOT**
 - + Restrain the casualty or restrict movement.
 - + Put anything in the casualty's mouth.
 - + Move the casualty, unless in danger.
3. Protect casualty from environment: move furniture, cushion head and shoulders.
4. Ensure the airway is maintained.
5. Follow the casualty's Seizure Management Plan if in place.
6. Record the duration of the seizure.

After a seizure

1. Place casualty into Recovery Position, ensure that the airway is clear and open.
2. Manage any injuries. Rest and reassure.
3. Seek medical aid.
4. **DO NOT** disturb if casualty falls asleep, but continue to monitor breathing and response.

Call **Triple Zero (000)** for an ambulance if:

- + First ever seizure.
- + The seizure continues for more than five (5) minutes or another seizure quickly follows.
- + The casualty has been injured, is a diabetic or is pregnant.



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FIRST AID FACT SHEET

Severe Bleeding

Severe bleeding is an excessive amount of blood loss that can be life threatening. Even a small injury can result in severe external bleeding, depending on where it is on the body.

Caused by

- + Anything that cuts or damages a blood vessel.
- + Injury to a blood vessel.
- + Amputation of a body part.

Signs & symptoms

- + Visible blood loss, oozing, flowing or spurting.
- + Pain.
- + Tenderness.
- + Feeling faint or dizzy.
- + Looking pale.
- + Thirsty.
- + Progressive loss of consciousness.

What to do

IMPORTANT wear gloves to prevent infection, if possible.

Unconscious casualty

1. Follow DRSABCD St John Action Plan.
2. Control bleeding as for a conscious casualty.
3. Urgent medical aid. Call **Triple Zero (000)** for an ambulance.

Conscious casualty

1. Follow DRSABCD St John Action Plan.
2. Reassure and lie the casualty down and remove or cut their clothing to expose the wound.
3. Apply direct pressure over the wound using a pad or your hands. Instruct the casualty to do this if possible.
4. Squeeze the wound edges together if possible.
5. Raise and support the injured part above the level of the casualty's heart. Handle gently if you suspect a broken bone.
6. Apply a pad over the wound and secure by bandaging over the wound.
7. If blood oozes through the original bandage do not remove it. Place another pad and bandage over the top of the original one.
8. Monitor consciousness and vital signs.
9. Urgent medical aid. Call **Triple Zero (000)** for an ambulance.

DO NOT give the casualty anything to eat or drink.



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FIRST AID FACT SHEET

Sprains and Strains

A sprain is a severe wrench or twist of the ligaments, such as an ankle, wrist or other joint, that causes pain and swelling.

A strain is a force tending to pull or stretch muscles or tendons causing damage.

It can be difficult to tell whether the injury is a fracture, dislocation, sprain or strain. **If in doubt, always treat as a fracture.**

Caused by

- + Falling and landing on arm.
- + Fall on the side of the foot.
- + Twisting a joint.

Signs & symptoms

- + Pain.
- + Swelling.
- + Bruising.
- + Loss of power.
- + Tenderness.
- + Muscle spasm.

What to do

1. Follow DRSABCD St John Action Plan.
2. Rest and reassure the casualty.
3. Manage as a fracture if any doubt.
4. Follow the **RICE** management plan:
 - + **REST** the casualty and the injured part.
 - + **ICEPACK** (cold compress) for fifteen (15) minutes.
 - + **COMPRESSION** bandage after the icepack – apply firmly and extend well beyond the injury.
 - + **ELEVATE** the limb.

Rules when using icepacks

- + Wrap icepack in a damp cloth.
 - + Apply to the injured site for fifteen (15) minutes and then reapply every two (2) hours for first twenty-four (24) hours.
 - + Never apply ice directly to the skin or onto an open wound. If no ice is available use a cloth wrung out in cold water – this will need replacing every ten (10) minutes.
5. Seek medical attention if in doubt or if no improvement after RICE.



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FIRST AID FACT SHEET

Severe Allergic Reaction

A severe allergic reaction is the body's immune system overreacting to a foreign substance. This is called Anaphylaxis and is potentially life threatening.

Caused by

- + Food: Nuts, cow's milk, eggs, fish, shellfish and soy products.
- + Medications: Penicillin, Sulphur, antibiotics, Aspirin, Ibuprofen, Codeine or Morphine.
- + Venom: Bites from ticks, stings from bees, wasps and ants.

Signs & symptoms

- + Difficult and/or noisy breathing.
- + Wheeze or persistent cough.
- + Swelling of the face and tongue.
- + Swelling/tightness of the throat.
- + Difficulty talking and/or "hoarse" voice.
- + Persistent dizziness or collapse.
- + Young children may become pale and floppy.
- + Abdominal pain and vomiting.
- + Hives, welts and body redness.

What to do

1. Follow DRSABCD St John Action Plan.
2. Lay the casualty flat. If breathing is difficult allow them to sit. **DO NOT** allow them to stand or walk.
3. If the casualty is carrying an adrenaline auto-injector, use it immediately. Ask the casualty if they need your help to use the auto-injector.
4. Urgent medical aid. Call **Triple Zero (000)** for an ambulance immediately.
5. If required assist the casualty with an adrenaline autoinjector (EpiPen®).
 - + Form a firm fist around the EpiPen® and pull off the **BLUE SAFETY RELEASE**.
 - + Place **ORANGE END** against outer mid-thigh at a 90° angle (can be injected through clothing).
 - + Push top button down hard until a click is heard or felt and hold in place for three (3) seconds.
 - + Remove EpiPen® and dispose of it safely being careful of the needle.
6. Commence CPR at any time if the casualty is unresponsive and is not breathing normally.



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FIRST AID FACT SHEET

Heat Induced Conditions

Heat induced conditions occur when the body's core temperature is elevated. This is known as Hyperthermia and it consists of two stages; heat exhaustion and heat stroke.

Caused by

- + Hot weather, excessive exercise or exertion.
- + Elderly or children unable to cope with temperature changes.

Signs & symptoms

Heat exhaustion

- + Painful muscle cramps in legs and abdomen.
- + Feeling hot, exhausted and weak.
- + Rapid breathing, shortness of breath and pale, cool clammy skin.

Heat stroke

- + High body temperature >40°C.
- + Flushed hot, dry skin.
- + Pounding, rapid pulse which gradually weakens.
- + Thirst, headache, nausea, vomiting, dizziness, faintness.
- + Altered mental state which may progress to seizures unconsciousness/death.

What to do

1. Follow DRSABCD St John Action Plan.
2. Stop any activity and rest and reassure the casualty in a cool place with circulating air.
3. Loosen tight clothing and remove unnecessary garments.
4. Give cool fluids to drink - frequent sips.

Heat exhaustion (in addition)

1. Sponge with cool water, stop when they feel cool to the touch. Ensure that the casualty does not get too cold.
2. Seek medical aid if casualty vomits or does not recover promptly.

Heat stroke (in addition)

1. Apply cool packs or ice to areas of large blood vessels (neck, groin and armpits) to speed up cooling.
2. If possible cover with a wet sheet/towel, fan to increase air circulation (stop cooling when body is cold to touch). Ensure that the casualty does not get too cold.
3. Give sips of cool fluids if fully conscious and able to swallow.
4. Urgent medical aid. Call **Triple Zero (000)** for an ambulance.



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FIRST AID FACT SHEET

Fractures

A fracture is a broken bone. It can be difficult to tell whether the injury is a fracture, dislocation, sprain or strain. If in doubt, always treat as a fracture.

Types of Fractures

- **Closed** - Bone is broken with skin intact.
- **Open** - Broken bone protrudes through skin or there is a wound.
- **Complicated** - Associated injury to a major nerve, blood vessel, or vital organ(s).

Caused by

- + Direct force - at site of impact.
- + Indirect forces e.g. fall on feet and break spinal bone.

Signs & symptoms

- + Pain at or near the site of the injury.
- + Difficult or impossible normal movement.
- + Loss of function.
- + Deformity or abnormal mobility.
- + Tenderness and swelling.
- + Discolouration and bruising.

What to do

1. Follow DRSABCD St John Action Plan.
2. Control any bleeding and cover any wounds.
3. Rest and reassure, ask the casualty to remain still.
4. Immobilise the fracture in most comfortable position:
 - + **DO NOT** attempt to force a fracture back into place.
 - + Use broad bandages (where possible) to immobilise the fracture.
 - + Place a padded splint along the injured limb then bandage above and below the fracture site leaving a five (5) cm gap either side of the fracture to prevent movement. **DO NOT** bandage over the fracture.
5. The casualty may be able to support the fracture themselves.
6. Check that bandages are not too tight or too loose and every fifteen (15) minutes and watch for signs of loss of circulation to hands or feet.
7. Seek medical aid or call **Triple Zero (000)** for an ambulance if required.



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FIRST AID FACT SHEET

Eye Injuries

An eye injury is trauma or damage to the eye resulting in pain and watering of the eye.

The eyes are the most sensitive and delicate organs in the body and are easily injured.

Caused by

- + Impact with objects, such as a fist, ball, stones or tree branches.
- + Small foreign objects, such as dirt, slivers of wood/metal or sand.
- + Chemicals, such as acid, caustic soda, lime.
- + Flames, flash burns, smoke or lasers.

Signs & symptoms

- + Pain.
- + Redness.
- + Photophobia - abnormal visual intolerance to light.
- + Watering or bleeding.
- + Pupil distortion, impaired vision.

What to do

1. Follow DRSABCD St John Action Plan.
2. Wash hands thoroughly and wear gloves if available.
3. **DO NOT:**
 - + Touch the eyeball or any contact lens.
 - + Allow the casualty to rub their eye.
 - + Try to remove any object which is penetrating the eye.
 - + Apply pressure when bandaging the eye.

Minor injury

1. Wash out the eye gently with water or normal saline, from the corner closest to the nose outwards.
2. If unsuccessful, pad eye and seek medical aid.

Major injury

1. **DO NOT** remove any embedded object.
2. Lay casualty flat on their back and reassure.
3. If a penetrating eye injury – carefully place pads around the object and bandage gently in place. **DO NOT** place pressure on the eye.
4. Pad the head on each side with blankets/towels to stop the casualty from moving their head.
5. Reassure casualty and ask them to keep their head as still as possible as they will be anxious.
6. Urgent medical aid. Call **Triple Zero (000)** for an ambulance.



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FIRST AID FACT SHEET

Head Injuries

Head injuries are the result of trauma to the skull, scalp or brain. Injuries to the head are potentially dangerous and always require medical attention.

Caused by

- + Skull fracture from direct force e.g. blow to the head or indirect force e.g. a fall from height.
- + Concussion – altered state of consciousness.
- + Compression – excess pressure on part of the brain.

Signs & symptoms

- + Change in conscious level.
- + Headache, nausea, vomiting.
- + Loss of memory.
- + Altered or abnormal responses to commands or touch, such as irritability, confusion.
- + Twitching, noisy breathing.
- + Wounds to the scalp or face.
- + Blood or fluid from the ear.
- + Dizziness.
- + Blurred vision.

What to do

Unconscious casualty

1. Follow DRSABCD St John Action Plan.
2. Place the casualty into the recovery position being careful to support casualty's head and neck in neutral alignment during movement to avoid any twisting action.
3. If any blood or fluid is coming from the ear, place injured side down to allow the fluid to drain, place a clean pad between ear and ground and observe the amount draining.
4. Monitor for any changes in signs, symptoms and level of consciousness and ensure the airway is kept clear and open.
5. Control any bleeding, but do not apply direct pressure to the skull.
6. Urgent medical aid. Call **Triple Zero (000)** for an ambulance.

Conscious casualty

1. Follow DRSABCD St John Action Plan.
2. Rest and reassure the casualty.
3. If **NO** suspected neck or spinal injury, place casualty in a comfortable position with head and shoulders slightly raised.
4. If neck or spinal injuries **are** suspected, keep the casualty flat and support the head on either side to stop movement; improvise using rolled towels, blankets or clothing.
5. Observe for any changes in signs, symptoms and level of consciousness.
6. Urgent medical aid. Call **Triple Zero (000)** for an ambulance.



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