SPORTS MEDICINE

2023

Introduction to Sports Medicine

ASA is continually developing and striving to provide our membership with information and tools that will contribute and enhance learning and education with respect to understanding and applying sports medicine best practices.

Along with the establishment of an Integrated Support Team (IST), we continue to grow our online (website) information under the member's tab (Player & Coach pages) and are proud to present the following information contained within this booklet.

ASA is extremely fortunate to have garnered the support of a talented group of sports medicine professionals that will provide education to our athletes regardless of their age, gender or competition level. It takes a team, a community, to develop our athletes' true potential and ultimately, maintain their love of the game, their love of participating and most importantly support their long-term health.

The IST works with players and coaches (and in some cases, the parents), to help players achieve their peak performance. Launching in Fall 2023, ASA members will have the opportunity to receive specific guidance, information and feedback from our IST members via several online, in-person and on field webinars/seminars and presentations. Members of the IST will be available to ASA membership for individual follow up on specific subject matter. Further details will be communicated to membership, as dates and schedules become available.

Integrated Support Team

Medical Doctor - Dr. Reg Peters

Physiotherapist - Todd McGladdery MSc.PT, FCAMPT, CGIMS

Performance Analyst (Physiology and Biomechanics) - Jeff Huynh RMT, B.Kin, CSCS

Mental Skills Training - Dr. Carl Nienhuis - Assistant Professor, Faculty of Health Sciences, Kinesiology at UFV.

Nutrition - Vanessa Brown, RD **-** Owner, Summit Nutrition Consulting.

Anti-Doping Education

Canadian Centre for Ethics in Sport offers online training for coaches and athletes that provides the most up to date information for athletes looking for information on staying safe with use of any supplements or medications when performing at all levels of sport. ASA has these resources on our website for ease of reference and our policy is based on the Centre's principles, guidelines and testing protocols which apply to all athletes from recreational to Olympians.

"Make the Call" deals with ethical decision-making as well as supplements, substances, and drugs in sport. It's a scenario-driven e-learning course that presents learners with a situation that they might well encounter in their sport experience, provides the needed info to base their decision on, and asks them to determine if it fits with their values and principles. There are also supplemental materials that can be used by teachers and/or coaches to further the conversation about those topics. It's a great primer for high-school-aged athletes. It can be found free of charge at this address: http://cces.ca/make-the-call. There is also a free version of the Centre's primary e- learning course, "True Sport Clean". It covers the Canadian Anti-Doping Program and related topics (including performance-enhancing drugs, supplements, and more). True Sport Clean Untracked is available here: http://cces.ca/truesportclean101untracked.

Mental Skills, Nutrition, Other Athlete Education

Canadian Sport Institute Pacific's (CSI Pacific) have made their Sport Performance Speaker Series free to the general public. Previously limited to only targeted, high-performance athletes and coaches, CSI Pacific has opened the education program up to anyone with an interest in cutting edge sport science, practical solutions to performance barriers, and thoughtful conversations with Canada's best athletes.

Having recently completed a re-design of their Speaker Series On- Demand webpage (click here), CSI Pacific chose to allow access to anyone interested in high performance sport in Canada to find out more via a collection of webinars and recorded events. Topics and seminars are across eight key disciplines:

- Coaching
- Life Services
- Medical Sciences
- Mental Performance
- Nutrition
- Performance Analysis
- Physiology
- Strength & Conditioning

Webinars and recordings range from a deep dive into a featured topic (e.g. Nutrition) to more simplified, unique presentation material, all of which provide insight about elite sport in Canada. The Sport Performance Speaker Series is an all-encompassing education experience where viewers can download *podiumcast* interviews, watch mini-series events that build on one another, and engage certificate programs that incorporate follow-up tests to cement the learning. This collection of in-depth information is ideal for sport teams, clubs, or anybody with a passion for high performance sport. To find out more and to download these video and audio files, click here.

Pacific Sport Fraser Valley

With sport participation, physical activity, and the general health of the population on the decline, PacificSport Fraser Valley is mobilizing positive change. Our purpose is to champion quality sport experiences and opportunities for physically active living – we do this by supporting capacity growth within municipalities, school districts, and community sport organizations. Check the available programs and supports at pacificsportfraservalley.com

First Aid / Injury Information

At most games and practice sessions there is rarely a fully trained doctor, physiotherapist or first aider present to administer first aid to injured players. Coaches, therefore, are likely to be the first to respond to a player's injury.

Most injuries that occur will be minor in nature, but some can be major injuries that do not occur often but, will require recognition and prompt, appropriate action.

Your role may involve the following tasks:

- Informing parents or guardians of the injury
- Transporting or arranging for transportation of an injured player to hospital or the nearest suitable medical facility.

For this reason, all coaches are strongly encouraged to take a first aid course organized by one of the voluntary services (i.e. St. John Ambulance or Red Cross). Attending such a course and holding a valid certificate will put both the coach and his/her players at ease with the knowledge that their medical interests are not being overlooked.

This information is aimed at an introductory level to offer general advice on the "do's & do not's" and give an insight into the signs and symptoms of several injuries that may be encountered.

Player Safety Essentials

Every coach/team staff for ALL Abbotsford Soccer Association teams is responsible for making sure that the following items are present at ALL practices and games:

- Properly stocked First Aid kit
- Medical History Cards for ALL players and ALL team staff (carded coaches & managers)
- Medical Consent Forms for ALL players and ALL team staff (carded coaches and managers)
- Emergency Action Plan
- Identified First Aid person (can be a parent)

Coaches are also responsible for making sure that the following items are checked prior to ALL team practices and games:

- ✓ Equipment is safe for players to use (balls, cones, goals etc…)
- ✓ Field conditions (free of pot-holes, dangerous objects, dog duty…)
- ✓ Weather Conditions (lightning, excessive heat/rain/cold)
- ✓ All players are wearing shin guards.
- ✓ All players are wearing appropriate footwear.
- ✓ All jewelry/hats are removed (except for religious headwear)
- ✓ First Aid kit is present.
- ✓ Medical History Cards are present.
- ✓ Medical Consent Forms are present.
- ✓

******If there are any safety concerns with the field conditions, please report them to the Club IMMEDIATELY******

****IMPORTANT***

IF A PLAYER'S INJURY/SYMPTOMS ARE SEVERE DO NOT TOUCH OR MOVE THE PLAYER.

Call 911 Immediately, if a player is showing any of the following symptoms;

A) Loss of consciousness

B) Broken leg or arm or any suspected fractures,

C) Severe neck pain with or without any arm pain numbness or tingling,

D) Dislocations – shoulder, knee, hip, ankle (finger – may drive to hospital)

E) Severe abdominal pain,

F) Chest pain,

G) Difficulty breathing

H) Seizure

Casts and Medical Hardware Rules

Players may use equipment that has the sole purpose of protecting the individual physically, providing that it poses no danger to the individual or any other player.

The following casts and hardware are allowable:

1. **Hard Casts (provided there is adequate padding)**
2. **Soft casts**
3. **Knee braces (some may require a protective sleeve)**
4. **Insulin pumps**

Ultimately during games, the referee will assess each case and make a final decision.

Recognition of Injury and Testing

There is a set procedure for 'recognizing' an injury and the degree of injury. For example, minor (1st degree) or major (3rd degree) on the field of play. A simple reminder of this procedure is the word **"S.A.L.T.A.P.S."**

It is easy to miss out aspects of the assessment and to fall in to bad habits. Generally, if a player has suffered a major injury (e.g. fracture, dislocation or severe muscle or ligament injury) he/she will not be 'rolling about'. They will remain still and will probably tell you something is wrong.

Remember, there are five (5) signs of inflammation: Heat, Swelling, Pain, Discoloration and Loss of Function.

The term **"S.A.L.T.A.P.S."** explains the assessment procedure and stands for:

S ***See the initial injury.***

A ***Ask for the history.*** The therapist/coach asks the player what is wrong, where the injury is etc... He/she does not touch or move the injured part yet.

L ***Look for signs of inflammation, deformity, etc***. The therapist/coach looks at the injury site. This may mean taking the sock down to look at an ankle. You can't see through socks, although some therapists seem to think you can. You are looking for signs of inflammation. Do not ask for movement. There may be visible deformity which signifies a major injury. If so, you would not proceed further but call for an ambulance. Emergency Action Plan (EAP).

T ***Touch for tenderness, pain, swelling, pins & needles, etc.*** If there is no visible deformity of the at the injury site the injured part can be exposed and gently palpated. The objective is quickly to establish whether there are any signs or symptoms such as:

- Palpable pain/tenderness
- Swelling
- Loss of skin sensation
- Altered skin sensation such as 'pins and needles'
- Any obvious deformity of the part compared to the other limb.

When palpating the part, remember to observe the player's face for response (e.g., a grimace caused by discomfort or pain). Also, remember that verbal communication is vital in order to establish whether palpation causes pain, exactly where the problem is, and the grade or perceived level of injury (see below). No movements are asked for at this stage. You may decide to go no further at this stage and ensure that the player takes no further part in the training session or game.

A ***Active: ask for active movements from the player.*** Up to this point, no movements of the injured part have been asked for. It may well be that the injury is of such a level that, having been through the previous testing procedures, it would be unwise to ask for active movements.
The player will be asked to carry out all the major movements associated with the nearest joint or joints. While he/she is carrying out these purely active movements, the 'therapist' notes the range of movement gained in each direction and again checks the injured player's facial expression, looking out for signs of discomfort or pain.

P ***Passive: coach/ therapist moves the part passively***. You never move the players injured part unless he/she has demonstrated a good range of active movement. A passive movement is where the therapist performs the desired movement of a body part for the player. The player takes no active part in this at all. With knowledge of how far the player has moved his/her joint or body part actively, the therapist moves the part through this range and a little further, checking all the time for facial reaction. If this causes no undue problem, then the therapist will move on to strength testing. All movements available are tested.

S ***Strength: therapist resists movements of the injured part by the player.*** If the player responds well to these then functional weight-bearing tests can be carried out. You may decide that the player is not going to continue the game or training session and therefore there is no need for strength testing. The therapist resists the action of muscles working over the injured part. All movements available are tested. Again, the therapist checks for pain or discomfort, through facial expression and questioning.

If the player passes through the seven (7) areas covered by the **"S.A.L.T.A.P.S."** assessment, he/she is then helped into the standing position for application of weight-bearing functional tests. For a minor ankle injury, the following progressive activities could be used;

- Assisted standing
- Standing unaided
- Walking forward unaided
- Jogging on the spot
- Jogging forwards (straight line)
- Jogging backwards (straight line)
- Quarter-pace running
- Half-pace running
- Three-quarter pace running
- Stopping and starting
- Full pace sprinting
- Side to side running (zig-zag, figure of eights etc..)

Summary

Before leaping into action, the following guided 'on-field' recognition testing must always be followed…

- ✓ Remember, it is very important to realize that in minor injuries, where the player will carry on, all stages of the assessment will be carried out. However, in moderate to severe injuries, the assessment will not be completed as the coach/therapist realizes that the signs and symptoms are substantial and that to continue would cause further injury.

- ✓ As the grade of injury rises, so do the signs and symptoms of injury. At some point, a decision will be needed: Is the player fit to carry on? Sometimes, this is a clear-cut decision but, sometimes it is not so clear! Be guided by what you see, touch, feel and what the player's active movement state is.

- ✓ Never stray from the **"S.A.L.T.A.P.S."** testing routine.

- ✓ Never continue progression through the **"S.A.L.T.A.P.S."** testing routine when a player's signs and symptoms, lack of movement or unwillingness to move the affected part indicates termination at the point reached.

Injury Assessment
& Treatment Protocols

MUSCLE STRAIN PROTOCOL

ASA adheres to the advice of its sports therapy partner, ABBOTSFORD SPORTS & ORTHOPAEDIC PHYSIOTHERAPY for muscle strain protocols, as follows:

Acute management -24-48 hours post injury follow the **PRICE** principle:

P Protect the injured muscle from further damage by avoiding any activities that may cause pain or discomfort.
R Rest-Rest the injured muscle to allow it to heal. Avoid any activities that may cause pain or discomfort, and limit weight-bearing activities
I Ice-Apply ice to the injured muscle for 20 minutes every 2-3 hours.
C Compression-Apply compression to the injured muscle using an elastic bandage to help reduce swelling and provide support.
E Elevation-Elevate the injured muscle above the level of the heart to reduce swelling and improve blood flow.

Injury Assessment
After the initial 24-48 hour period the injury should be assessed by a medical professional (doctor, physiotherapist, athletic therapist, chiropractor) to determine grade of muscle strain and rehabilitation plan.

Grade I strain
- a small portion of the muscle is injured-mild/moderate loss of strength and function
- rehabilitation of injury and return to sport in 2-4 weeks

Grade II strain
- moderate portion of the muscle is injured-usually bruising or swelling evident accompanied by pain and loss of strength.
- rehabilitation of injury and return to play timeline 4-6 weeks with taping, compression or bracing support with return to play.

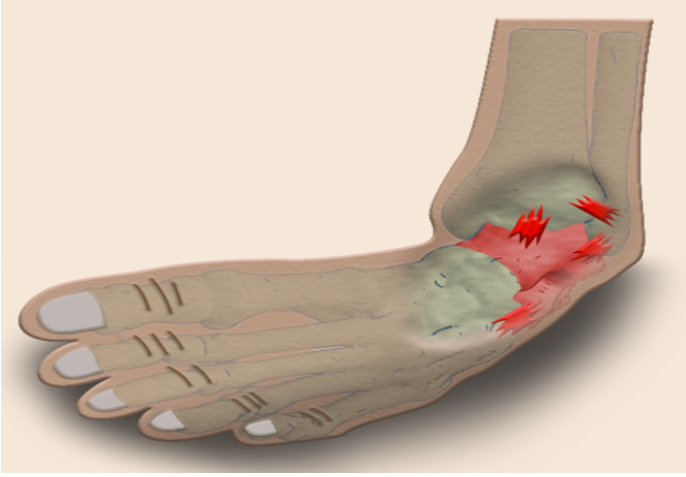
Grade III strain
- complete rupture of muscle-usually bruising, swelling, and muscle deformity evident accompanied by significant loss of strength
- usually requires specialist management and lengthy rehabilitation and return to play timeline of 3+months

PRICE

SEE PHYSIOTHERAPIST

ASSESS GRADE OF STRAIN

FOLLOW GRADE LEVEL PROTOCOLS



LIGAMENT SPRAIN PROTOCOL

ASA adheres to the advice of its sports therapy partner, ABBOTSFORD SPORTS & ORTHOPAEDIC PHYSIOTHERAPY for ligament sprain protocols, as follows:

Acute management -24-48 hours post injury follow the **PRICE** principle:

P Protect the injured muscle from further damage by avoiding any activities that may cause pain or discomfort.
R Rest-Rest the injured muscle to allow it to heal. Avoid any activities that may cause pain or discomfort, and limit weight-bearing activities
I Ice-Apply ice to the injured muscle for 20 minutes every 2-3 hours.
C Compression-Apply compression to the injured muscle using an elastic bandage to help reduce swelling and provide support.
E Elevation-Elevate the injured muscle above the level of the heart to reduce swelling and improve blood flow.

Injury Assessment
After the initial 24-48 hour period the injury should be assessed by a medical professional (doctor, physiotherapist, athletic therapist, chiropractor) to determine grade of ligament sprain and rehabilitation plan.

Grade I sprain
- a small portion of the ligament is injured-mild/moderate loss of strength and function.
- rehabilitation of injury and return to sport in 2-4 weeks

Grade II sprain
- partial tear of ligament-usually bruising or swelling evident accompanied by pain and loss of function
- rehabilitation of injury and return to play timeline 4-6 weeks with taping or bracing support with return to play

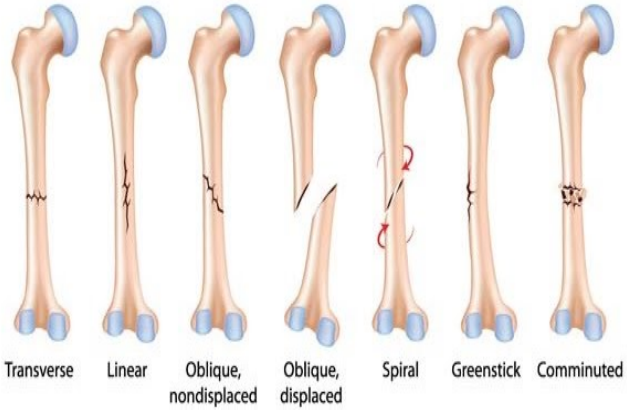
Grade III sprain
- complete tear-usually significant bruising, swelling and loss of function
- usually requires specialist management and lengthy rehabilitation and return to play timeline of 3+months.

PRICE

SEE PHYSIOTHERAPIST

ASSESS GRADE OF SPRAIN

FOLLOW GRADE LEVEL PROTOCOLS



BONE FRACTURE PROTOCOL

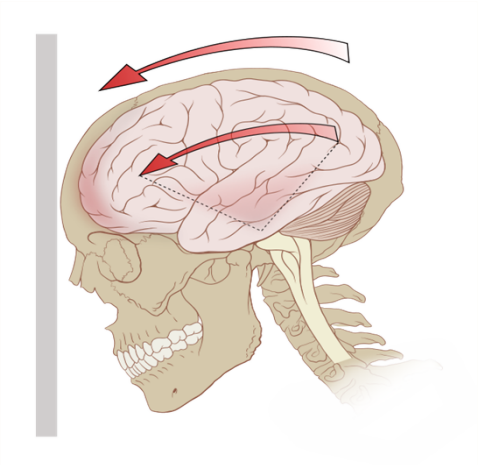
ASA adheres to the advice of its sports therapy partner, ABBOTSFORD SPORTS & ORTHOPAEDIC PHYSIOTHERAPY for potential or actual fracture injury protocols, as follows:

- Protect the injured muscle from further damage by avoiding any activities that may cause pain or discomfort.
- Call for EMS (dial 911) for transportation of the athlete to hospital for evaluation.
- A suspected fracture should be stabilized, and RICE applied while waiting for the ambulance.
- The average bone healing time is between 6-12 weeks, with children's bones healing faster than adults.
- Other factors affecting bone healing is type and site of the injury.
- Return to sport post fracture ranges from 3-6 weeks to 12 months.

CALL 911

STABLIZE SUSPECTED FRACTURE

PROTECT INJURED AREA WHILE WAITING FOR HOSPITAL TRANSPORT



HEAD INJURY PROTOCOL

ASA adheres to the BC Soccer Association's Return to Play Policy for concussions, which includes the following return to play protocol:

A typical RTP process will be made up of 6 steps. There must be a minimum of 24 hours before each step is assessed although this could be considerably longer than 24 hours. Oversight should be provided by a medical professional. A signed Injury Return to Play form will be required before an athlete may return to play.

Step One: No activity, complete rest. Once the athlete is asymptomatic, they proceed to level two. The athlete spends, at the minimum, one day at each stage.

Step Two: Light aerobic exercise such as walking or stationary cycling, no resistance training. Performing step two without symptoms allows the athlete to proceed to level three. If symptoms return, the athlete moves back on stage then continues.

Step Three: Sport specific training (e.g. skating in hockey, running in football), progressive addition of resistance training at steps three or four. Performing step three without symptoms allows the athlete to proceed to level four.

Step Four: Non-contact training drills. Performing step four without symptoms allows the athlete to proceed to level five.

Step Five: Full contact training after medical clearance. Performing step five without symptoms allows the athlete to proceed to level six.

Step Six: Game Play

STEP #1
NO ACTIVITY - COMPLETE REST

STEP #2
LIGHT AEROBIC EXERCISE

STEP #3
SPORT SPECIFIC TRAINING

STEP #4
NON-CONTACT TRAINING DRILLS

STEP #5
FULL CONTACT TRAINING

STEP #6
GAME PLAY

Head Injuries/Concussions

What is a Concussion?

A concussion is a brain injury that affects the way you think and remember things for a short time. It can cause many symptoms but they can't be seen on x-rays or computed tomography (CT) scans.

What Causes a Concussion?

Any blow to the head, face or neck, or somewhere else on the body that causes a sudden jarring of the head, may cause a concussion, such as being hit in the head with a ball or being checked into the boards in hockey.

What are the symptoms and signs of concussion?

A person does not need to be knocked out (lose consciousness or pass out) to have had a concussion. Some of the problems that may happen with a concussion are shown in Table 1.

Table 1: Symptoms and Signs of Concussion

Cognitive Features (thinking problems)	Symptoms	Signs
1. Not knowing the time, date, place, time of game, opposing team or score of game 2. General confusion 3. Not being able to remember things that happened before or after the injury 4. Being knocked out	1. Headache / Dizziness 2. Feeling "dazed" "dinged" or stunned - "having my bell rung" 3. Seeing stars or flashing lights 4. Ringing in the ears 5. Sleepiness 6. Loss of vision 7. Double vision or blurry vision 8. Stomach ache, stomach pain or nausea	1. Poor coordination or balance 2. Blank or glassy-eyed stare 3. Vomiting 4. Slurred speech 5. Slow to answer questions or follow directions

What should you do if a child gets a concussion?

The child should stop playing the sport right away. Do not leave him/her alone. A doctor should see him/her as soon as possible that day. If a child is knocked out, call an ambulance to go to the hospital immediately. Do not move the child or remove sport equipment, such as a helmet. Wait for the paramedics to arrive.

How long will it take to get better?

The signs & symptoms of concussion often last for seven (7) to ten (10) days but may last much longer. In some cases, children may take many weeks or months to heal. A child who has had a concussion before may take longer to heal.

How is a concussion treated?

The most important treatment for a concussion is rest. That means not exercising, bike riding, play wrestling with family or friends, playing video games or working on the computer. Children may have to stay home from school because schoolwork may make their symptoms worse. Children who go back to school or resume activities before they are completely better, are more likely to get worse and to have symptoms longer. Even though it is very hard for an active child to rest, this is the most important step. Once a child is completely better at rest, he/she can start a gradual increase in their activities. It is important to see a doctor before returning to activity to ensure they are completely better.

When can children return to school after a concussion?
Sometimes children who have a concussion find it hard to concentrate in school and may get a worse headache or feel sick to their stomach if they try to learn. Children should stay home from school if their symptoms get worse while they are in class. Once they feel better, they can try going back to school for half days at first. If they are okay with that, then they may go back full-time.

When can a child return to sport after a concussion?
Children should not go back to sports if they have any concussion symptoms or signs. They must rest until they are completely back to normal. After they have been back to normal and have been to see a doctor, they can then go through the steps to gradually increase activity:

- ✓ Complete rest until all symptoms have subsided
- ✓ Light exercise, such as walking or stationary cycling for 10-15 minutes.
- ✓ Try a sport-specific activity (such as skating in hockey or running in soccer) for 20-30 mins.
- ✓ Move to 'on-field' practice, such as ball drills, shooting and other activities with no contact (e.g. no tackling and no heading the ball)
- ✓ Once cleared by a doctor, move to 'on-field' practice with body contact.
- ✓ Game play.

Note: Each step must take at least one day. If a child has any symptoms of a concussion (headache or feeling sick to the stomach) that come back during activity, he/she should stop the activity immediately and rest for 24-48 hrs. The child should be seen by a doctor and cleared before starting the step-wise plan again.

When should a child go to a doctor?
Every child who gets a head injury should be seen by a doctor as soon as possible. A child who has been diagnosed with a concussion should see a doctor immediately if symptoms get worse, such as:

- Being more confused;
- Worsening of a headache;
- Vomiting more than once;
- Not waking up;
- Having trouble walking;
- Experience a seizure; or
- Behaving strangely.

Problems caused by a head injury can get worse later that day or night. A child should not be left alone and should be checked on through the night. If there are concerns about a child's breathing or sleep, wake them up. Otherwise, let them sleep. If a child seems to be getting worse, see a doctor immediately. No child should go back to a sport until they have been cleared to do so by a doctor.

RTRN2PLAY
Head Injury & Concussion
Tracking Form

The following multi-section tracking form must be completed IN FULL & IN SEQUENCE by the appropriate personnel. When all sections are completed the athlete can **RTRN2PLAY**.

SECTION A – DETAILS

PLAYER NAME: ……..… **GENDER: ……..**

DATE of BIRTH: ……

VENUE of INCIDENT: …… **MATCH OR TRAINING**

DATE of INCIDENT: …… **TIME of INCIDENT: ……..……**

Provide a brief description of the incident:

……
……
……
……
……
……
……

Given the guidance of FIFA – "SCAT3" the following symptoms were observed;

- ☐ **Loss of consciousness**
- ☐ **Seizure or convulsion**
- ☐ **Amnesia**
- ☐ **Headache**
- ☐ **"Pressure in head"**
- ☐ **Neck Pain**
- ☐ **Nausea or vomiting**
- ☐ **Dizziness**
- ☐ **Blurred vision**
- ☐ **Balance problem**
- ☐ **Sensitivity to light**
- ☐ **Sensitivity to noise**
- ☐ **Feeling slowed down**
- ☐ **Feeling like "in a fog"**
- ☐ **"Don't feel right"**
- ☐ **Difficulty concentrating**
- ☐ **Difficulty remembering**
- ☐ **Fatigue or low energy**
- ☐ **Confusion**
- ☐ **Drowsiness**
- ☐ **More emotional**
- ☐ **Irritability**
- ☐ **Sadness**
- ☐ **Nervous or anxious**

Following initial assessment at the field,

- ☐ Emergency services were called
- ☐ The athlete was transported to hospital via ☐Ambulance ☐Parent (indicate appropriately)
- ☐ The athlete remained 'at-field' for a period of observation.

SECTION B – AT FIELD OBSERVATION

The athlete was observed for a further time period of ……..minutes.

- ☐ No changes in condition were observed/noted
- ☐ The athlete's condition changed. Give details:

  ……
  ……
  ……
  ……

The athlete was instructed to visit his/her family MD and was supplied with this Tracking Form

COACH NAME: …… **SIGNATURE: ……**

PARENT NAME: …… **SIGNATURE: ……**

RTRN2PLAY
Head Injury & Concussion
Tracking Form

SECTION C **- INITIAL MD ASSESSMENT**

DOCTOR NAME: ……

PRACTICE ADDRESS: ……

……

……

……

DIAGNOSIS:

……

……

……

……

RTRN2PLAY – INITIAL PLAN (MD)

Following a possible period of complete rest, the athlete is cleared to undertake the following 'steps' in their recovery;
The athlete must be symptom free before progressing on to each subsequent next step.

1. **Light aerobic exercise such as walking or stationary cycling. NO resistance training**
2. **Sport specific training (e.g. skating in hockey, running in football/soccer), progressive addition of resistance training. NO PHYSICAL CONTACT.**
3. **Non-contact training drills.**

MD NAME: …… SIGNATURE: …… DATE: ……

SECTION D **- RTRN2PLAY INITIAL PLAN (TECH)**

Following a successful, symptom free period of ……. days (insert appropriate number) the athlete has completed all 3steps of the RTRN2PLAY INITIAL PLAN.

COACH NAME: …… SIGNATURE: …… DATE: ……

SECTION E **– SIGN-OFF**

Following a successful RTRN2PLAY –Initial Plan, the athlete is cleared to undertake the following 2 Steps in their recovery;
The athlete must be symptom free before progressing on to each subsequent next step.

1. **Full contact training.**
2. **Competitive Match Play**

MD NAME: …… SIGNATURE: …… DATE: ……
An athlete is **NOT PERMITTED** to return to any team activity without this **RTRN2PLAY** Tracking Form being completed in full including all signatures and MD official stamp.

EMERGENCY ACTION PLAN

Emergency Action Plan

Although serious injuries or accidents are rare, you must be ready to deal with them if and when they occur.

As a first step, formal training in 1st Aid and CPR will give you the confidence and knowledge you need to deal with emergencies effectively.

You should maintain a complete 1st Aid Kit, to help you deal with minor injuries.

Develop an **Emergency Action Plan** and write it down, so that everyone involved, with your team, is clear with the procedure and responsibilities of key personnel.

Designate a **'Person in Charge'** and also a **'Call Person'.**

Person in Charge:

- Most qualified in 1st Aid and emergency procedures.
- Know what? and where? the emergency equipment is located
- Secure a controlled and calm environment.
- Assess and tend to the injured player.
- Direct others involved until medical personnel arrive.

Call Person:

- Keep a record of emergency phone numbers and know the location of facility telephone, if mobile's are not available.
- Make the telephone call, for assistance.
- Guide the ambulance (if required) in and out of the facility.

PLAYER MEDICAL FORM

PLAYER'S NAME:	**D.O.B:** / / day month year
ADDRESS:	
TEL #:	**HEALTH INSURANCE #:**
MOTHER'S NAME:	**MOBILE #:**
FATHER'S NAME:	**MOBILE #:**
FAMILY DOCTOR:	**TEL #:**

IMPORTANT

Is the player allergic to any drugs, if so what?
Does the player have any other allergies?
Does the player suffer from any serious illness? (please tick) **1. Asthma_____ 2. Diabetes____ 3. Epilepsy____ 4. Others____(please advise):**
Is the player on any regular medication, if so what?
Does the player wear glasses/contact lenses?
Any other relevant information?

Parental Signature:	Date:

Additional Resources

Athletic Performance and Injury Prevention

Physical Literacy Movement Preparation

Nutrition

FIFA Nutrition for Football

Sip Smart BC - Helping your Child to make Healthy Drink Choices

Optimize Injury Recovery with the Help of Nutrition

The Gluten Free Diet: What's All the Hype About?

Recovery Nutrition

Nutritional Strategies To Stay Healthy

Eat To Lean Up

Stomach Troubles: A Nutritional and Psychological Approach

Protein Power

Vitamin D: Are You Getting Enough? [

High Quality Nutrition Starts With A Plan!

Nutrition For Travel

Hydration

Sport Information Resource Centre (SIRC)

https://sirc.ca/blog/?topic[]=3026

Canadian Centre for Ethics in Sport (CCES)

Anti-Doping

BC Soccer

Safety & Education Resources