



# Guidance on Head Injuries

## AIMS

To promote a safe environment and prevent harm to players.

## HEAD INJURY

No head injury should be considered 'Minor'. A blow to the head is potentially serious and can, in a small number of instances, result in a 'brain injury'. The mechanism of injury is typically a blunt, direct blow to the head, e.g. from contact with an elbow, head, knee, foot or with a collision with a goal post.

**NO PLAYER SHOULD RETURN TO THE FIELD OF PLAY IF A LOSS OF CONSCIOUSNESS IS SUSPECTED OR WITNESSED OR IF THE PLAYER HAS CONCUSSION**

## CONCUSSION

A concussion (where the brain is shaken inside the skull) may occur with or without the player becoming unconscious. Decisions on a player condition, and on their suitability to return to activity, should therefore not simply be based upon the basis of unconsciousness, or 'suspected' unconsciousness (a player who may have been unconscious and is conscious by the time you get to their side).

A player who sustains a concussion must cease activity and should be seen by a doctor as soon as possible following injury. Thereafter the player should not return to future activity until passed fit to do so by a doctor.

## RECOGNITION

Headache / Localised Pain	Localised Injury - bruising / bleeding / fracture
Dizziness / light-headedness / dazed expression	Confusion and disorientation
Memory disturbance / loss	Delayed response to verbal commands
Slurring of speech	Blurred / double vision / seeing 'stars' / flashing lights
Unsteady on feet / loss of balance / un-coordinated movement	Nausea and or vomiting
A fit / 'convulsion' (arms and legs jerking uncontrollably)	Unconsciousness

# FIRST AID

A player who sustains a head injury should be assessed by a Trained First Aider (including FA Emergency aid trained manager / coach).

DO NOT be rushed in the assessment of the player or intimidated into moving them.
Conduct an Initial assessment of the player in the position they are found (if player is upright and unsteady on their feet, sit them down).
DO NOT be distracted by other injuries, eg bleeding wound.
Conduct an Initial assessment of the player in the position they are found (if player is upright and unsteady on their feet, sit them down).
Is the player conscious, are they breathing normally?
Are any of the signs and symptoms listed above evident (if so the player cease activity).
If withdrawn from activity, reassure the player and keep warm.
If unconscious seek help and priority is to keep airway open.
ISSUE A HEAD INJURY CARD and ensure parents / guardians / carer are made fully aware of injury.

An ambulance should be called in the event of:

- Witnessed loss of consciousness lasting > 5 minutes.
- Amnesia lasting > 5 minutes.
- Abnormal drowsiness.
- 3 or more discrete episodes of vomiting.

# HEAD INJURY CARD

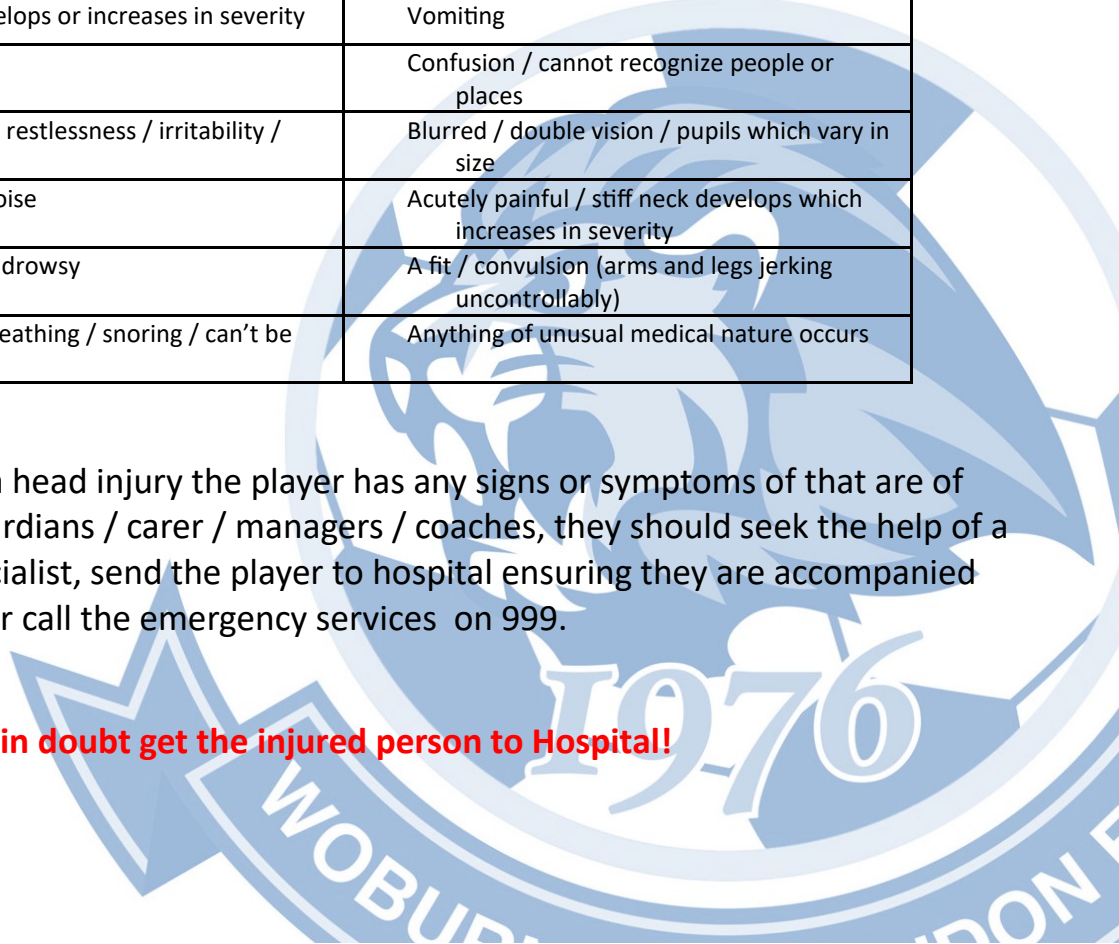
A written head injury card will be given to the players parents / guardians / carer and then they will be responsible for following the medical protocol for observations of a player with a head injury, including overnight checks and the subsequent need for a visit to A&E if they exhibit signs of any of the symptoms below.

A player should be sent accompanied to the hospital if they exhibit the following:

A headache which develops or increases in severity	Vomiting
Slurred Speech	Confusion / cannot recognize people or places
Abnormal behaviours / restlessness / irritability / aggression	Blurred / double vision / pupils which vary in size
Sensitivity to light or noise	Acutely painful / stiff neck develops which increases in severity
Lethargy / increasingly drowsy	A fit / convulsion (arms and legs jerking uncontrollably)
Develops slow noisy breathing / snoring / can't be woken up	Anything of unusual medical nature occurs

If at any time following a head injury the player has any signs or symptoms of that are of concern to parents / guardians / carer / managers / coaches, they should seek the help of a doctor or a medical specialist, send the player to hospital ensuring they are accompanied by a responsible adult, or call the emergency services on 999.

**If in doubt get the injured person to Hospital!**



# OTHER INJURY ADVICE

**Bruises** – To treat bruising and swelling, the first aider will need to apply ice on the affected area for about 15 minutes at a time, every two hours, making sure to put a cloth or towel between the ice and the skin. A day or two after the bruising or swelling develops, you should apply a heat pack or warm cloth to the affected area.

**Bleeding (cut, graze or scratch wounds)** – If these are minor, the first aider will need to put on disposable gloves, clean the cuts with a dry sterile dressing or clean lint-free material, apply pressure to stop the bleeding then dab with ointment or gel and protect with a sterile bandage. A deep wound will have to be referred to a hospital after following the minor injury procedure.

## **Ankle, Foot or Toe injuries** –

With a sprained ankle or toe injury, the first thing to do is to use the P.R.I.C.E method (Protect, Rest, Ice, Compression and Elevation) to reduce the swelling and pain, also use soft padding bandage. If the pain persists, then an assessment needs to be made to ascertain whether a visit to the specialist is warranted. However, if it is pain free, try massaging gently to allow the flow of blood whilst avoiding hot substances such as hot water or heat gels until 48-72hrs and then start gentle exercises of movement & strength without too much strain.

**Back Pain** – Footballers mostly feel pain in the lower back. If this happens, there are various types of simple treatments that can be applied:

Walking– taking a brisk walk for about 10-20mins every 2hrs might assist.

Heat Therapy– a hot pool bath could be useful for some players, whilst cold compression therapy (ice pack) may be suited to others.

Exercises like flexible stretching could be effective in relieving pain, however this should be done with due care so as not to aggravate the pain.

Massage Therapy- massaging may be a more appropriate remedy, visiting an experienced massage therapist-<http://www.touchpointsmassage.co.uk>, could be the answer to ending the back pain problems.

Medicines- using simple pain relieving medicines like Ibuprofen or Paracetamol might help.

**Muscle Pulls** – The initial first-aid treatment is to protect the affected area by applying soft padding and then resume the P.R.I.C.E method which will accelerate healing, reduce swelling and keep the blood from clotting in the injured area, but if there is a severe pain, then a visit to a medical expert is advisable as this might be a sign of broken bone, sprain or muscle tear.

**PLEASE REMEMBER**, always ensure that a qualified first aider is present for all organised WWFC sessions or matches, that a fully equipped medical bag is available and easily accessible, and that it includes the FA approved '**Pocket Concussion Recognition Tool**'. You should also fill in and keep a copy of the '**Players' Medical Condition Form**' so that it is easily available in case of emergency.

