INCIDENT MANAGEMENT

Stop, Talk, Observe, Prevent further injury (STOP)

Coaches need to be able to respond to emergency situations. These can range from a minor injury to something more serious. It is good practice for all coaches to undertake first aid training, should a more serious incident occur.

Coaches should:

- have access to a telephone to call an ambulance
- have information about the participants' medical history (especially for ongoing health issues such as asthma, epilepsy or diabetes)
- know how to access first aid equipment (blankets, first aid kit, ice, etc.)
- ideally, be able to administer basic first aid
- ensure an injury report form is completed.

STOP procedure

The STOP procedure helps the coach to assess whether an injury may be severe and to determine whether the participant should continue with the activity.

S	Stop
T	Talk
O	Observe
P	Prevent further injury: 1 Severe injury: get help. 2 Less severe injury: RICER (Rest, Ice, Compression, Elevation, Refer and record). 3 Minor injury: play on.

Summary

STOP procedure: Stop, Talk, Observe and Prevent further injury.

INCIDENT MANAGEMENT

Rest, Ice, Compression, Elevate, Refer and record (RICER)

RICER regime

For management of sprains, strains, corks, bumps and bruises, follow this procedure:

What	How	Why
REST the participant	• Remove the participant from the competition area using a method of transport that will prevent further damage. • Place the participant in a comfortable position, preferably lying down. • The injured part should be immobilised and supported.	Further activity will increase bleeding and damage.
ICE applied to the injury	The conventional methods are: • crushed ice in a wet towel/plastic bag • immersion in icy water • commercial cold pack wrapped in a wet towel. Apply for 20 minutes every two hours for the first 48 hours. Caution: • Do not apply ice directly to skin, as ice burns can occur. • Do not apply ice to people who are sensitive to cold or have circulatory problems.	Ice decreases: • swelling • muscle spasm • secondary damage to the injured area.
COMPRESSION applied to the injured area	Firmly apply an elastic compression bandage over a large area, covering the injured part as well as above and below the injury.	Compression reduces swelling and provides support for the injured part.
ELEVATE the injured area	Raise the injured area above the level of the heart whenever possible.	Elevation decreases bleeding, swelling and pain.
REFER and record	• Refer to an appropriate healthcare professional for definitive diagnosis and continuing management. • Record your observations, assessment and initial management before referral – send a copy of your records, with the participant, to the healthcare professional.	To obtain an accurate definitive diagnosis and for continuing management (including anti-inflammatory medication) and prescription of a rehabilitation program.

Summary

RICER regime: Rest, Ice, Compression, Elevate, Refer and record.

DRSABCD Action Plan

In an emergency **call triple zero (000)** and ask for an ambulance

D DANGER

Ensure the area is safe for your self, others and the patient

R RESPONSE

Check for response—ask name—squeeze shoulders

No response

Response
Make comfortable
Monitor response

S SEND for help

Call triple zero (000) for an ambulance
or ask another person to make the call

A AIRWAY

Open mouth—if foreign material present
Place in recovery position
Clear airway with fingers

B BREATHING

Check for breathing—look, listen, feel

Not normal breathing
Start CPR

Normal breathing
Place in recovery position
Monitor breathing

C CPR

Start CPR—30 chest compressions : 2 breaths
Continue CPR until help arrives
or patient recovers

D DEFIBRILLATION

Apply defibrillator if available
and follow voice prompts

Learn First Aid with St John Ambulance Australia | **Free call 1300 360 455** | **www.stjohn.org.au**

St John

FRACTURES & DISLOCATIONS

Managing fractures & dislocations

St John

Signs & symptoms

- pain at or near the site of the injury
- difficult or impossible normal movement
- loss of power
- deformity or abnormal mobility
- tenderness
- swelling
- discolouration and bruising

NOTE

- If collarbone is fractured, support arm on injured side in a St John sling
- If dislocation of a joint is suspected, rest, elevate and apply ice to joint
- It can be difficult for a first aider to tell whether the injury is a fracture, dislocation, sprain or strain. If in doubt, always treat as a fracture

Management

1. **Follow DRSABCD**
2. **Control any bleeding and cover any wounds**
3. **Check for fractures — open, closed or complicated**
4. **Ask patient to remain as still as possible**
5. **Immobilise fracture**
   - use broad bandages (where possible) to prevent movement at joints above and below the fracture
   - support the limb, carefully passing bandages under the natural hollows of the body
   - place a padded splint along the injured limb (under leg for fractured kneecap)
   - place padding between the splint and the natural contours of the body and secure firmly
   - check that bandages are not too tight (or too loose) every 15 minutes.
6. **For leg fracture, immobilise foot and ankle**
   - use Figure of Eight bandage
7. **Watch for signs of loss of circulation to hands and feet**
8. **Ensure an ambulance has been called — triple zero (000)**

In an emergency, call triple zero (000) for an ambulance

For more information on St John first aid training and kits, visit www.stjohn.org.au or freecall 1300 360 455

Pool players caught with hand in pocket

The Age January 8, 2008

It started as a laugh but ended as a bizarre emergency when two Czech pool players got their hands stuck inside the table trying to fish out balls for the next game.

Firefighters in the western spa town of Karlovy Vary were called to free them, and ended up taking the table apart, regional fire department spokesman Frantisek Petr told reporters.

"They had to dismantle the table to free their hands," Petr said of the whole operation that happened in the wee hours of December 26.

While the trapped players were overcome with panic, the other customers in the bar were overcome with laughter.

"If I'd been there I'd have roared with laughter too," the spokesman said, adding: "Some cases are just entertaining."

Injury report form

Injury details: *This report reflects an accurate record of the injured person's reported symptoms of injury*

Name of person injured:	DOB: (Day/Month/Year) / /
Date when injury occurred: / /	Date when injury is evident: / /
Person injured: ☐ Athlete ☐ Coach ☐ Other:	Gender: ☐ M ☐ F
Supervising coach: _____ (Signature)	Witness: _____ (Signature)

First aid provided by: _____ (Signature)

Time of first aid: :

Initial treatment:

☐ No treatment required

☐ CPR ☐ RICER

☐ Crutches ☐ Sling/splint

☐ Dressing ☐ Strapping

☐ Massage ☐ Stretching

Nature of injury: ☐ New injury ☐ Aggravated injury ☐ Recurrent injury ☐ Other:

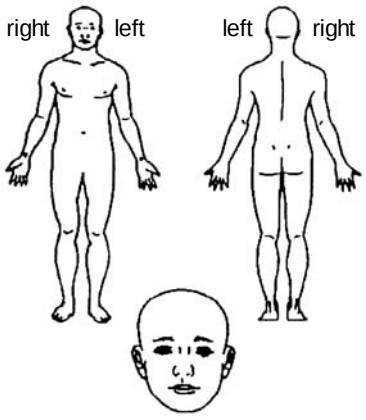
Did the injury occur during…

☐ Training ☐ Event ☐ Other:

Symptoms of injury:

☐ Blisters	☐ Inflammation/swelling	☐ Spinal injury
☐ Bleeding nose	☐ Cramp	☐ Cardiac problem
☐ Bruising/contusion	☐ Suspected bone fracture/break	☐ Electrical shock
☐ Cut	☐ Dislocation	☐ Burn
☐ Graze/abrasion	☐ Concussion/head injury	☐ Insect bite/sting
☐ Sprain	☐ Loss of consciousness	☐ Poisoning
☐ Strain	☐ Respiratory problem	☐ Other:

Body part injured:



How did the injury occur?

☐ Collision with a fixed object	☐ Overbalance
☐ Collision/contact with another person	☐ Overstretch
☐ Fall from height/awkward landing	☐ Slip/trip
☐ Fall/stumble on same level	☐ Other:

Extra detail regarding how the injury occurred:

Was protective equipment worn on the injured body part? ☐ Yes ☐ No

Follow up action:

☐ None ☐ Medical practitioner/physiotherapist ☐ Hospital

☐ Ambulance ☐ Other:

Signature of person completing form: Date: / /

Note: Coaches without medical training should refer all medical decisions to appropriately qualified persons. Do not attempt to 'diagnose' an injury. Users of this form are advised that medical information should be treated confidentially. In some states, additional legislation affects the management of health records. See www.austlii.edu.au for further information.