

PITCH-SIDE MEDICAL CARE AND THE CONTENTS OF THE MEDICAL BAG

Never before have the football clubs been as acutely aware of their legal responsibilities in conducting their activities than they are today. Recent deaths and serious incidents on the sports field have sharply focused the attention of all who have been entrusted with the medical welfare of the players. Every Club at professional and amateur level, with adult or youth, male or female, able-bodied or disabled players has a duty of care for all the participants.

The serious concerns relating to the competencies and skills of pitchside 'carers' and the resources available to them has been reflected in an increasing number of enquiries to the FA Medical and Exercise Science Department. What is an acceptable minimum level of pitchside medical support and what equipment should be available to those delivering the medical aid? In many instances the level of medical support and the resources to compliment that support is governed by a club's financial position. However, it is incumbent on each club to ensure that at least one qualified, competent first-aider is pitchside whenever players are engaged in training or match activities. Ideally, all pitchside (bench) personnel should be trained to deal with any emergency (life-threatening) situation that may arise. From a medical perspective consideration should be given to all potential pre-event, event, and post-event circumstances. When playing away Clubs should not rely on the medical support from the opposing teams as the provision of care may be far from adequate.

The FA have long acknowledged the need to raise the standard in the provision of medical care for all engaged in the sport and to facilitate this have created a number of medical courses creating a pathway to an increasing level of competency in managing injuries sustained. Information relating to these course (which include Emergency Aid and the recently created First Aid for Sport course) can be found on the FA website TheFA.com/FA Learning. Alternatively, your respective County FA should be able to inform you when and where The FA Emergency Aid and FA First Aid for Sport Training Courses are being conducted in your region. The FA Basic and Intermediate Treatment of Injury Courses are similarly organised and run through the County FA's; these are designed to extend the medical skills of the pitch-side 'first-aider'. It is recommended that as a minimum the firstaider should have attended and successfully completed a course run by The Red Cross or St Johns Ambulance, or one approved by The Health and Safety Executive (HSE).

The 'Routine' Pitch-side Medical Bag

The days of the bucket and once-legendary magic sponge are long gone, (of concern was the potential transfer of infectious diseases from player to player by a blood-stained sponge); the 'trainers bag' is now far more substantial and appropriate than its former counterpart. Medical bags come in a variety of shapes, sizes and materials. Whether the first-aider elects to use an open-top bag, a briefcase, or cantilever type container is an issue of personal preference. The main considerations should be that the bag is lightweight, portable, waterproof, compartmentalised, and durable. Within the bag, transparent plastic containers are useful way of retaining items in a clean and easily identifiable location. Whatever the type of medical bag carried, it is incumbent on the 'first-aider' to be clinically competent in the use of its contents; the contents will to a large degree reflect the level of medical skill of its 'owner'. **Clearly, the 'first-aider' should not carry any items of medical equipment or supplies that he/she is untrained to use or dispense.** With experience one finds that the number of items carried in the bag inevitably increases, as does the size of the bag. Personal and player preferences may also influence which items are carried.

In attempting to minimise the portable contents it is useful to select items that have multiple purposes; this is particularly true when choosing bandages and tapes. Both elasticated and non-elasticated materials (in a range of sizes to accommodate all body parts and shapes) will be required.

Elasticated bandages are used in the acute situation when swelling will need to be controlled by compression. Light, tearable, self-adhesive elastic bandages can be used; these in many instances are now replacing the need for traditional elastic adhesive bandages (EAB) which necessitate the use of 'underwrap' (additional expense) and can be difficult to remove from the skin. One should also be aware of allergies that may result from contact with certain adhesives.

Inelastic tapes are required when support and protection are the important factors; zinc oxide tape is the most commonly used product. The tape should be easily dispensed from the roll, be strong yet tearable, and offer good adhesion to the skin. Specific training will be required if supportive tapings are going to be applied. Disposable razors may be required to shave an area before applying tape. Importantly, irrespective of which type of bandage or tape is used one must be careful not to exert the potentially dangerous tourniquet effect to the injured limb or digit.

Due to the inherent dangers of blood-borne diseases it is now incumbent on any 'first-aider' to protect him/herself from any blood with which he/she may come in contact. Several pairs of disposable nitrile (non-allergenic) gloves are a 'must carry' item for any responsible 'first aider'. One may also wish to consider protective eyewear to avoid personal infection from blood splatter. 'Sterile' gauze dressings should be carried if you are to successfully arrest superficial bleeding; adhesive plasters are a necessary adjunct for the minor cuts and abrasions.

Additional items which it would be useful to carry in the 'on-field' bag are sterile nonadherent wound dressings, triangular bandages, eye pads, antiseptic lotion and wipes. The use of 'smelling salts' is not recommended when managing the injured player, particularly where head or neck trauma has been sustained.

On the use of 'cold sprays' – these should not be used until a competent clinical evaluation of the injury (SALTAPS – an assessment protocol) has been performed to determine a player's suitability to return to activity. Sprays must not be used as a masking agent in an attempt to alleviate a player's symptoms when significant injury has been sustained e.g. muscle contusion, ligament sprain, muscle strain. Furthermore, cold sprays should not be used as a medium to sanction a player's return to activity when the clinical examination indicates otherwise. Be aware that inappropriate and over zealous application of the spray has been known to result in a superficial skin 'burn'. If cold therapy is considered appropriate, a safer, more economical and practical alternative might be to use iced-water from a spray bottle. Scissors are essential for cutting and removing tapes and bandage; they may also be required to cut through the clothing of an injured player to expose the injured body part when conducting the initial assessment. The scissors should be of the 'safety' type with brightly coloured handles for ease of identification should they be dropped and remain on the playing surface.

Two useful tips are 'never let anyone tamper with your medical bag', and 'always place the same items in the same location within your bag'. It is vitally important that the items you require are at hand when they are most needed.

A further practical tip is to keep a list the nearest local Accident and Emergency Units, hospitals and medical facilities posted within the vicinity of the training ground or match pitch (or on a card within the bag); the proximity of these facilities may ultimately govern the initial management of a casualty.

One should also not underestimate the role of sound practical advice in preventing on-field injury. The wearing of appropriate, well-maintained footwear, of suitably-sized shin pads, the removal of jewellery/watches/hair clips, playing between secure goalposts, and not chewing

food or sweets during activity are all sensible measures.

In conclusion, it is imperative that the trained first-aider is equipped both practically and logistically to manage whatever medical situation may present itself. Pragmatically, there are no hard and fast rules about the contents of the medical bags, but the items listed below should be considered as desirable basic contents which will allow the first-aider to deal with the more common medical presentations.

CONTENTS OF A 'ROUTINE' MEDICAL BAG

CREPE BANDAGES

ELASTIC ADHESIVE BANDAGE (EAB) (various sizes)

ELASTIC / SELF-ADHESIVE / TEARABLE BANDAGES (various sizes)

ZINC OXIDE TAPE (inelastic) (various sizes)

DISPOSABLE NITRILE GLOVES

GAUZE SWABS

PLASTERS (non-allergenic / waterproof)

STERILE NON-ADHERENT WOUND DRESSINGS (various sizes)

TRIANGULAR BANDAGES

EYE PADS

SPRAY BOTTLE (for iced water)

SCISSORS (safety type)

Mike Healy

Chartered Physiotherapist MCSP MSc

FA Medical and Exercise Science Department

IMPORTANT SAFETY NOTICE: This article is for general information only and should not be used as a basis for diagnosis or treatment. Whilst anyone in the vicinity is considered to be a potential first-aider medical care should be delivered by a qualified healthcare professional.

For further information on courses applicable to football please contact the Westmorland County FA Office on 01539 730946 or info@westmorlandfa.com