



FAO: All SUAAC coaches
Important general comments

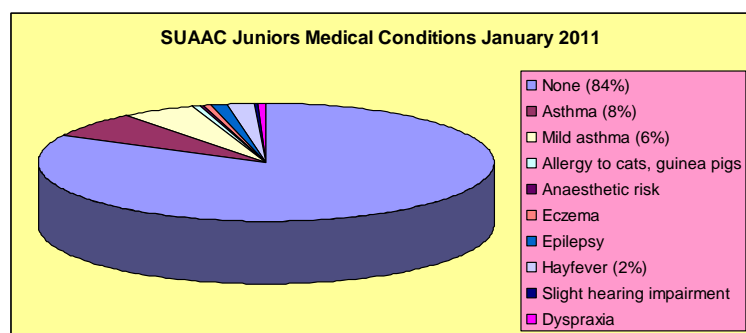
- As a coach, you are 'in loco parentis' when you are left to care for a child when they are training at the club. This term has legal significance when looking after other people's children, whether on a casual or educational basis: You must not put a child in danger or be negligent in the way that you care for someone else's child.
- All measures taken, whether the child is injured or ill, should be recorded on the club's accident / incident form at the time or as soon after as practicable and emailed to the Child Protection and Welfare Coordinator, the Junior's Chair and the respective Age Group Leader (see attached form).

In addition, UKA require any accident or serious incident requiring hospitalisation, whether as an inpatient or outpatient, to be recorded via their report form at this link: www.uka.org.uk/governance/health-safety. This includes stitches and breakage or fracture of any bones.

- Coaches and parent helpers etc will be informed annually of the information contained in this guidance in addition to first aid courses attended e.g. Inhaler types and use, EpiPen use, by the Child Protection and Welfare Coordinator.
- UK Athletics provides insurance cover for injury caused as a result of incidental first aid administered, both by qualified coaches and officials and by others administering first aid at athletics training or competitions.
- In the first instance in all cases, the injured or unwell person should administer their own drugs. Coaches and officials must take extreme care when administering any drugs or medicine, however, common sense applies and where self administering is not possible, the first aider should then administer them. Where the first aider/coach is seriously concerned about a child's medical condition an ambulance should be called by dialing 999.
- All other treatments, such as for a nose bleed and cuts, can be administered by the first aider.

For your information, the analysis below of over 200 SUAAC junior club members shows that there are a number of ailments and conditions that the members have. Common sense dictates that coaches should be aware of these conditions, even though from the child and parent's perspective, they are currently controlled. This situation can change suddenly and also the parents will be reminded annually that it is their responsibility to inform the club of any changes to their child's circumstances.

As coaches, we are responsible for the children while they are training and we need to be aware of each situation and have the right approach to making sure any issues are dealt with in the most appropriate way with the proprietary medicine / relief supplied by the parent.



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This guidance has been drawn up by two qualified doctors and a pharmacist

Asthma

An asthma attack is potentially serious - never underestimate it.

Asthma is common in children, particularly in South Warwickshire compared to the rest of the UK. The main symptoms of an asthma attack are: cough, breathlessness, wheeze or tight chest. Treatment is with a "reliever" inhaler. These are usually blue and the most common names are Ventolin/Salbutamol and Bricanyl/Terbutaline.

The following is based on guidelines from Asthma UK:

http://www.asthma.org.uk/all_about_asthma/what_to_do_in_an_asthma_attack/index.html

During an asthma attack:

- 1 Try to keep the child calm, in the shade and cool if possible
- 2 Take one to two puffs of the reliever inhaler immediately
- 3 Sit the child down and ask them to try to take slow steady breaths
- 4 If they do not start to feel better continue to take two puffs of the reliever inhaler every two minutes, take up to ten puffs
- 5 If they do not feel better after taking the inhaler as above or if you are worried at any time - call 999
- 6 If an ambulance does not arrive within 15 minutes repeat step 4 while you wait

Most reliever inhalers come in one strength so it's OK to use one belonging to someone else (including an adult) in an emergency.

Anaphylaxis

Anaphylactic shock is a severe allergic reaction that can be triggered by a drug or food allergy, or by an insect bite. A severe reaction of this type can include the following symptoms: itching of the skin, a raised rash (like a nettle rash), swelling of your lips, tongue, throat, hands and feet, flushing, weak pulse, tightening of the chest, difficulty in breathing, fall in blood pressure and in some cases loss of consciousness.

Severe cases

If someone becomes severely ill or collapses soon after an insect bite, eating a particular food or taking medication, call 999 and tell the operator that you think the person has anaphylaxis. Remove the trigger (the allergen i.e. any substance that can cause an allergy) if possible.

Adrenaline (EpiPen)

An adrenaline injection (epinephrine or EpiPen) must be given as soon as a serious reaction is suspected. If the person is carrying an adrenaline injection kit, they may be able to inject themselves or you can help them to use it. An adult EpiPen could be used on a child in an emergency. They are easy to use: stab and depress into the side of the thigh through clothing if necessary.

If there is no improvement within 5 to 10 minutes, a second injection may be needed until the condition improves. Recovery normally occurs fairly quickly once adrenaline has been received but the child should still attend A+E even if they have recovered.

<http://www.nhs.uk/Conditions/Anaphylaxis/Pages/treatment.aspx>

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Allergy relief, including hay fever / reaction to stings

There are several antihistamine drugs – Cetirizine and Loratadine are widely available. Both are available over the counter. One tablet per day is advised, two per day is acceptable in an emergency.

Diabetics

It's more likely after significant exercise that a child will be **hypoglycaemic** (low sugar) rather than **hyperglycaemic** (high sugar) and therefore needing sugar quickly – dextrose tablets are easy to carry, Mars bars, Lucozade, biscuits, bread etc do the same job. The child usually responds quickly. The exercise should be stopped; the child should sit/rest. Give fluid too, preferably water. The vast majority of diabetics (and epileptics) wear a medic-alert type of bracelet.

Sting relief

Wasp-Eze Bites and Stings Spray are a good, general, all-round form of relief for stings and bites, containing local anaesthetic to relieve the pain and anti-histamine to relieve itching.

Cuts

Non-adhesive gauze e.g. Melolin and Micropore tape are preferred for cuts. These should be in your first aid kit (check you've got scissors too), but plasters are also acceptable – an allergy to plasters is rare and we've covered ourselves with wording in the Welcome Pack / consent forms to use basic first aid unless advised otherwise in writing. Don't use cotton wool to make a dressing.

Cleaning wounds

Ideally sterile saline should be used to clean wounds e.g. Normasol sachets or alternatively clean tap or bottled water. Antiseptic wipes are no longer recommended because they can push grit/soil etc further into a wound whereas fluid will tend to flush out any debris, and some people get a skin reaction to wipes.

Serious nose bleeds

Put the child's head forward, get them to spit out blood to reduce vomiting, pinch the upper part of the nose and, particularly for a serious nose bleed including clotting, put an ice pack across the bridge of the nose.

Cramp

Good hydration and stretching are important so tell them to drink. Important salts which may be low are potassium and calcium – a sports drink helps. Fitness and hydration are the most important methods of prevention.

Dizziness, periods

Take plenty of fluid, rest in the shade and eat something sugary, or bananas or bread to stabilise blood sugar levels.

General pain

After parental contact, it is reasonable to have paracetamol in a first aid kit for use. Ask the child whether they've had any in the last four hours. Don't hold any more than 8 or 16 tablets so there's little risk of overdosing, the biggest issue. Record the time at which the dose was given.

For a child aged up to 12yrs, 1 x 500mg tablet.

For a child 12-18yrs 1-2 x 500mg tablets.

ENDS



Stratford-upon-Avon Athletic Club
Child Protection and Welfare Policy

INCIDENT / ACCIDENT REPORT FORM

Note: For any treatment requiring hospitalisation, either as an outpatient or inpatient, UKA's form must also be filled in and submitted to them. It can be found at: www.uka.org.uk/governance/health-safety

Name of Child:

D.O.B:

Parent/Guardian:

Address:

Telephone/Contact No:

Incident/Accident Details:

Date:

Time:

Location:

Account Given (*use child's and witnesses' own words*):

Response Given (*quote your own words*):

Coach/Helper:

Contact Telephone No:

Any Others Present:

Action Taken (*please note any action taken, individuals contacted / dates etc*):