RESOURCE GUIDE FOR INJURY MANAGEMENT

This information is to be used as a guideline only and not meant to replace any formal first aid training or care by a licensed medical professional.

1 FIRST AID KIT

The first aid kit should include the following supplies:

- Athletic Tape (1" and 1½")
- Foam Under Wrap
- Band Aids (variety of sizes)
- Sterile Gauze Pads (4x4)
- Roll Gauze
- Wound Cleansing Solution or Saline Rinse (can use soap/water as well if these are not available)
- Alcohol/Antiseptic Wipes
- Non-Latex Disposable Gloves
- Elastic Wraps (ACE Bandages)
- Hand Sanitizer
- Paramedic Scissors
- Uniform Blood Cleaner (Hydrogen Peroxide)
- Extra Mouth Guards
- Parent/Guardian Contact Information
- Emergency Numbers (Local Hospital, Ambulance)

2 WOUND CARE

Follow these steps to care for wounds:

- Put on disposable gloves
- Apply direct pressure using sterile gauze
- Once bleeding stops, clean the wound with sterile wound cleanser or soap/water
- Cover with a sterile band aid or wound dressing
- If bleeding persists, continue to apply direct pressure and wrap the area with a roll gauze to hold pressure on the wound. Refer to a physician for further care or suturing

3 INJURY EVALUATION

Use the **HOPS** protocol to evaluate the athlete's injury.

H History

Ask the athlete the following questions:

- How did the injury happen?
- Where does it hurt?
- Do you have any tingling/numbness? (may indicate nerve damage)
- Did you feel or hear a "pop, snap or crack" (could indicate more severe injury such as fracture, dislocation, muscle, tendon or ligament tear)

O Observation

Compare the injured side to the uninjured side. Look for swelling, bruising or deformity. A large amount of swelling or bruising immediately can indicate a more severe injury.

P Palpation

Feel the injured area for tenderness and pain. Feel for warmth on the injured side versus the uninjured side.

S Special Test

These should be performed by a trained medical professional, but you can assess simple movement to see if there is any dysfunction. Ask the athlete if they can move the injured body part through its range of motion. You may also assist or passively move the athlete through range of motion. Note any pain or limitations.

If you suspect a neck or spine injury, ***DO NOT MOVE*** *the athlete or have the athlete move themselves. Activate Emergency Medical Services (9-1-1) and have the injured athlete evaluated and transported by qualified medical personnel at a hospital or health care facility.*

4 INITIAL TREATMENT

Use the **RICE** protocol to treat basic injuries.

R Rest

Have the athlete rest from activity to allow healing to begin and prevent further damage. Better to have an athlete sit out when in doubt rather than risk further damage and prolonged recovery.

I Ice

Apply ice pack to the injured area for 20 minutes per hour. Make sure the ice pack is removed for at least 40 minutes before reapplying. Provide a thin towel layer between the skin and the ice pack to prevent the skin from being damaged. This will help with pain control and decreased swelling in the area.

C Compression

Use an elastic wrap or ace bandage to compress the injured area. Start at an area away from the heart and wrap toward the heart. Compression will help reduce swelling after an injury has occurred.

E Elevation

Elevate the injured area above the level of the heart. This will also help reduce swelling in the injured area.

5 EMERGENCY ACTION PLAN

It's important to have an emergency action plan in place. Follow these steps to make sure you're ready should an emergency arise.

- Talk to your local ice rink management to see if they have an established emergency action plan in case of a serious or life-threatening injury.
- Check to see if your local ice rink has an Automated External Defibrillator (AED) and where it is located.
- If no emergency action plan is in place, we encourage your association to adopt one. Visit the following website for guidelines in emergency action planning – *anyonecansavealife.org*.
- Recommend that coaches become certified in First Aid, CPR and AED use.

6 CONCUSSION RESOURCES

- Visit *usahockey.com/safety-concussions* to download the Concussion Management Protocol and Return to Play Guidelines.
- Download the CDC Heads Up Concussion App for free on Apple or Android devices. This app provides detailed helmet fitting guidelines as well as information on how to recognize concussions and treatment management guidelines.
- See reverse of this page for additional concussion information.

USA HOCKEY

CONCUSSION

WHAT TO LOOK FOR • WHAT TO DO

SIGNS AND SYMPTOMS

THESE SIGNS AND SYMPTOMS MAY INDICATE THAT A CONCUSSION HAS OCCURRED.

SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

ACTION PLAN

If you suspect that a player has a concussion, you should take the following steps:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play **only** with permission from an appropriate health care professional.

It's better to miss one game than the whole season.

For more information and to order additional materials **free-of-charge**, visit:
CDC.GOV/HEADSUP/YOUTHSPORTS

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention