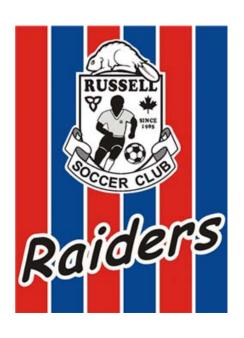


RAIDERS EMERGENCY MANUAL

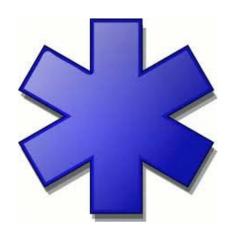
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Trainer / Coach's Name:





Russell Raiders Emergency Action Plan







Emergency Phone Numbers

Call 911 First!





Trainer's Responsibilities

- > When to Activate EAP
- ✓ No Pulse
- ✓ No Breathing
- ✓ Bleeding Profusely
- ✓ Impaired Consciousness
- ✓ Injuries to Back, Neck, Head
- ✓ Major Trauma to a Limb
- ✓ Can not move or Feel Limbs
- ✓ You Believe you Should

Trainer's Responsibilities **EAP**

- 1. Take control
- 2. Assess injuries
- 3. Call 911 or tell someone to call and relay Info about injuries
- 4. Direct someone to wait at the Front to Guide Paramedics
- 5. Provide First Aid: STABILIZE

Trainer's Responsibilities

EAP (Once the child is stabilized)

- Have Medical Form of the player ready for Paramedics
- Notify parents if not on scene
- Take Notes of player's name and:
 - Injuries, Hospital name
 - Time, Location, Witnesses
 - Referees...
- ➤ Record incidents / injuries with the Russell Soccer Club

ADDRESS of Russell Soccer Fields

Mother Teresa School: 1035 Concession Road

St. Joseph School: 1008 North Russell /

Concession Road

Russell High School: 982 North Russell /

Concession Road

Russell Public School: 14 Mill Street

Russell Youth Centre: 988 North Russell / Concession Road. (Between Russell High School and St-Joseph primary School)



Russell Raiders Trainers' Manual May 2011

Each player should have an Emergency Medical Form completed.

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All forms must be inserted in the **EAP**'s binder from this point. The player's assigned "Letter" from the index page, must be printed on the top right corner.

This Emergency form can be use as references by the coaches, trainers and medical staffs.

#### **Emergency Forms Index**

| Jersey | Name of Players | Page         |
|--------|-----------------|--------------|
| 2      |                 | A            |
| 3      |                 | В            |
| 4      |                 | C            |
| 5      |                 | D            |
| 6      |                 | E            |
| 7      |                 | $\mathbf{F}$ |
| 8      |                 | G            |
| 9      |                 | H            |
| 10     |                 | I            |
| 11     |                 | J            |
| 12     |                 | K            |
| 13     |                 | L            |
| 14     |                 | M            |
| 15     |                 | N            |
| 16     |                 | 0            |
| 17     |                 | P            |
| 18     |                 | Q            |
| 19     |                 | R            |
| 20     |                 | S            |
| 21     |                 | T            |

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#### **EMERGENCY MEDICAL FORM**

Parents: It is very important that you complete the form below.

Does your child have any dangerous medical conditions that we should know about (e.g., asthma)?

If yes, please list below. Also, please sign to authorize emergency treatment.

| 1. Child's Name:            | <del></del>                                |
|-----------------------------|--------------------------------------------|
| 2. Contact Phone num        | bers:                                      |
| • Tel No.:                  |                                            |
| • Cell No.:                 |                                            |
| • Pager:                    |                                            |
| 3. <b>Health Card No</b> .: |                                            |
| 4. Dangerous Medical        | conditions:                                |
| 5. Is there anything a [    | Doctor should know (e.g., drug allergies)? |

#### The Children's Hospital of Eastern Ontario

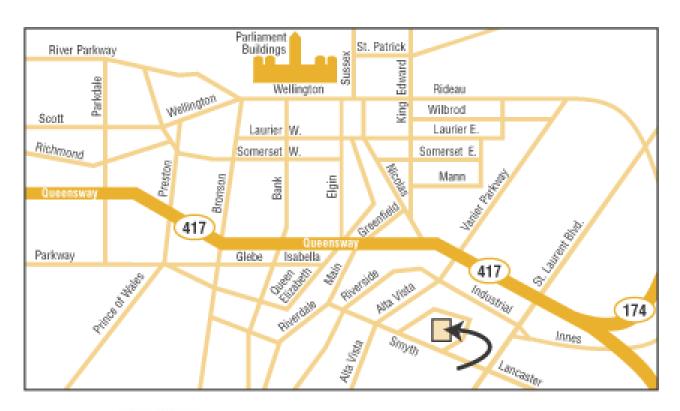
If Transport Does Not Require an Ambulance



#### **CHEO**

401 Smyth Road, Ottawa ON K1H 8L1 613-737-7600

**Maps on Next Pages** 



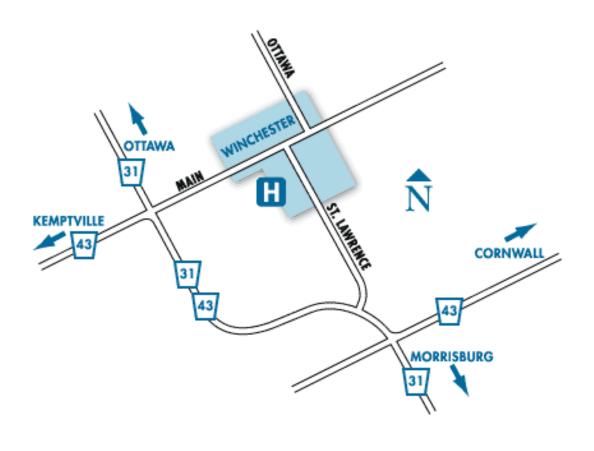


#### Winchester District Memorial Hospital



566 Louise Street, Winchester, Ontario KOC 2KO 613-774-2422

Maps on Next Pages









### First Aid Kit Inspection and Request Form

A person from each team shall be responsible for inspecting and keeping a complete First Aid Kit. A list of all required items is available in the trainer's manual and on our web site: www.russellsoccerclub.com

Please complete this form and return to your manager.

I have inspected my team's,\_\_\_\_\_\_\_\_, First Aid Kit and;

[Name of the team]

Found the following Items missing from the kit:

\_\_\_\_\_\_\_\_

Found the First Aid Kit to be complete.

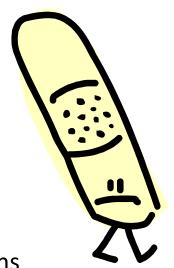
Name:\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_

Coach's Name:

Thank you. Missing items will be replaced by the Club

#### Russell Soccer Club Sr. And Rep Team's First Aid Kit Contents

- 1 First Aid Box
- 1 Pocket Guide
- 3 Instant Cold Packs
- 2 Pairs of surgical Gloves
- 3 Benzalkonium Chl. Antiseptic Towelettes
- 6 Moist Towelette Wet-Nap
- 1 Wire Splint
- 1 Heat Reflective Survival Wrap
- 10 Regulars size Adhesive bandages
- 5 Large Adhesive bandages
- 4 3X3 Sterile Gauzes
- 2 Triangular Bandages
- 1 Rolled Sterile Stretch Gauze Bandages
- 1 Roll of 3M Medical Tape
- 1 Elastic Support Bandage / 2 Holding pins
- 1 pair of Tweezers
- 1 Pair of Bandage Scissors
- 10 Safety Pin (2 Sizes)
- 1 Eye Wash bottle \*
- 1 CPR Pocket Mask (Adult size only)\*
- 1 Ziploc Bag\*



# Russell Soccer Club House Team's First Aid Kit Contents

- 1 First Aid Box
- 1 Pocket Guide
- 1 Instant Cold Packs
- 2 Pairs of surgical Gloves
- 3 Benzalkonium Chl. Antiseptic Towelettes
- 6 Moist Towelette Wet-Nap
- 10 Regulars size Adhesive bandages
- 5 Large Adhesive bandages
- 4 2X2 Sterile Gauzes
- 2 Triangular Bandages\*
- 1 Rolled Sterile Stretch Gauze Bandages
- 1 Roll of Medical Tape
- 1 Elastic Support Bandage / 2 Holding pins
- 1 pair of Tweezers
- 1 Pair of Bandage Scissors
- 10 Safety Pin (2 Sizes)
- 1 Eye Wash bottle \*
- 1 CPR Pocket Mask (Adult size only)\*
- 1 Ziploc Bag\*

