

## **Dryburgh Athletic Community Club Medical Risk Assessment/Medical Plan**

This document is intended to help deliver an effective medical response in the event of a player, member of staff, match official or spectator being injured or becoming ill whilst on our home ground or hired pitches. As per SWF guidelines, below is an essential check list of items and key information required for each Girls & Women's team for both home and away games.

Remember the most likely source of a medical issue is the injury to players during the normal course of the match. This can cover the spectrum of minor injury which is treated pitch side before the player returns to the game to serious injury requiring immediate intervention and hospitalization.

### **Remember Safety First.**

- List of all players medical conditions (all securely held and available to all coaches on our Club app MyClubHub)
- List of emergency contacts (securely held on My Club Hub)
- A suitably qualified, Sports First Aider should be in attendance at all fixtures. They are to ensure they have an up to date first aid kit which is fully supplied with in date and serviced equipment. In addition, they are to have a sports first aid book available for reference.
- The Sports First Aider should be in a location where they can see the field of play and all participants. For the avoidance of doubt – named on the team lines and in the technical area.
- Physiotherapist/Sports Therapist in attendance at home games (1<sup>st</sup> team only)
- Mobile phone(s) available or awareness of the nearest landline number to report any emergency.
- Make sure we have the fixture postcode and local hospital telephone number.
- Before games take place, first aiders should check that the Emergency access to the pitch is not blocked and that the access gates are open.

If you are unsure about any of these items or need assistance, then please contact our club secretary or child protection officer.

## IDENTIFIABLE MEDICAL RISKS

### Injury to Players

The most likely source of a medical issue is the injury to players during the normal course of the match. This can cover the spectrum of minor injury which is treated pitch side before the player returns to the game to serious injury requiring immediate intervention and hospitalisation.

**Current arrangements** - The club will ensure that there is a qualified sports first-aider and physiotherapist/Sports Therapist present at all home matches, and sports first-aider at all away games. A Defibrillator and stretcher is available in the treatment room/first aid room which will allow removal of players from the pitch to the first aid room in the clubrooms if the player did require assistance to leave the pitch.

The nearest Accident & Emergency Department is at the Ninewells Hospital (address below) which is 5-10 minutes from New Beechwood Park or Lochee park in normal traffic conditions. The first aider looking after an injured player will make arrangements through the matchday co-ordinator / Media officer either to arrange transport for a player to the hospital for further assessment or to call the emergency services if immediate medical care is deemed to be needed. The risk of injury to players does not vary and this assessment applies to all matches.

**Assessment** - The current arrangements are satisfactory and have been tested but it is recommended that the procedure for removal of the player from the pitch and making arrangements for transport are tested annually, and most definitely on any change to the first aid personnel involved in this process.

**Actions required** - Annual test of protocol.

### Injury to Spectators

The following risk factors can be considered for risk assessment purposes -

There is a general risk to spectators from slips, or other accidents. This is controlled by the maintenance of the ground in good condition. The risk is proportional to the number of spectators.

**Current arrangements** - Direct injury from fire and structural failure has been reduced to acceptable levels by the inspection and maintenance required by the local authorities. In the event that there was a risk of structural failure this would be controlled by closing off the affected area of the ground or cancellation of the match.

Other risks are proportional to the attendance. The club will ensure that there are additional first aid staff present for matches where more than 500 spectators are expected. The precise arrangements will be agreed in discussions with the police, NHS and first aid suppliers.

**Illness** - There is general risk of illness whenever there are gatherings of people. There are no identifiable risk factors which suggest that players and spectators at a match are at greater risk of illness except the established risks that can be associated with any situation in which there is potential stress (e.g. Heart Attacks, Low Blood Sugar, specifically in those with pre-existing risk factors).

**Current arrangements** - Immediate care is the same as for physical injury. Anyone becoming ill will be made comfortable and the condition assessed by a first aider or physio. In an emergency an ambulance will be called by **dialling 999**, otherwise advice can be obtained from NHS 24 dialling **111**.

**Assessment** - Current arrangements are satisfactory.

**Actions Required** - None.

Nearest Hospital (with A&E) – Ninewells Hospital, James Arnott Drive, Dundee DD2 1SY

Access Routes for WOMEN'S team home ground (New Beechwood Park)

For Ambulance: access to pitch and dressing rooms from main gate on Lundie Avenue, Dundee

- First Aid Room to Ambulance: From First aid room exit the building and turn left and head back to car park at the main gate.

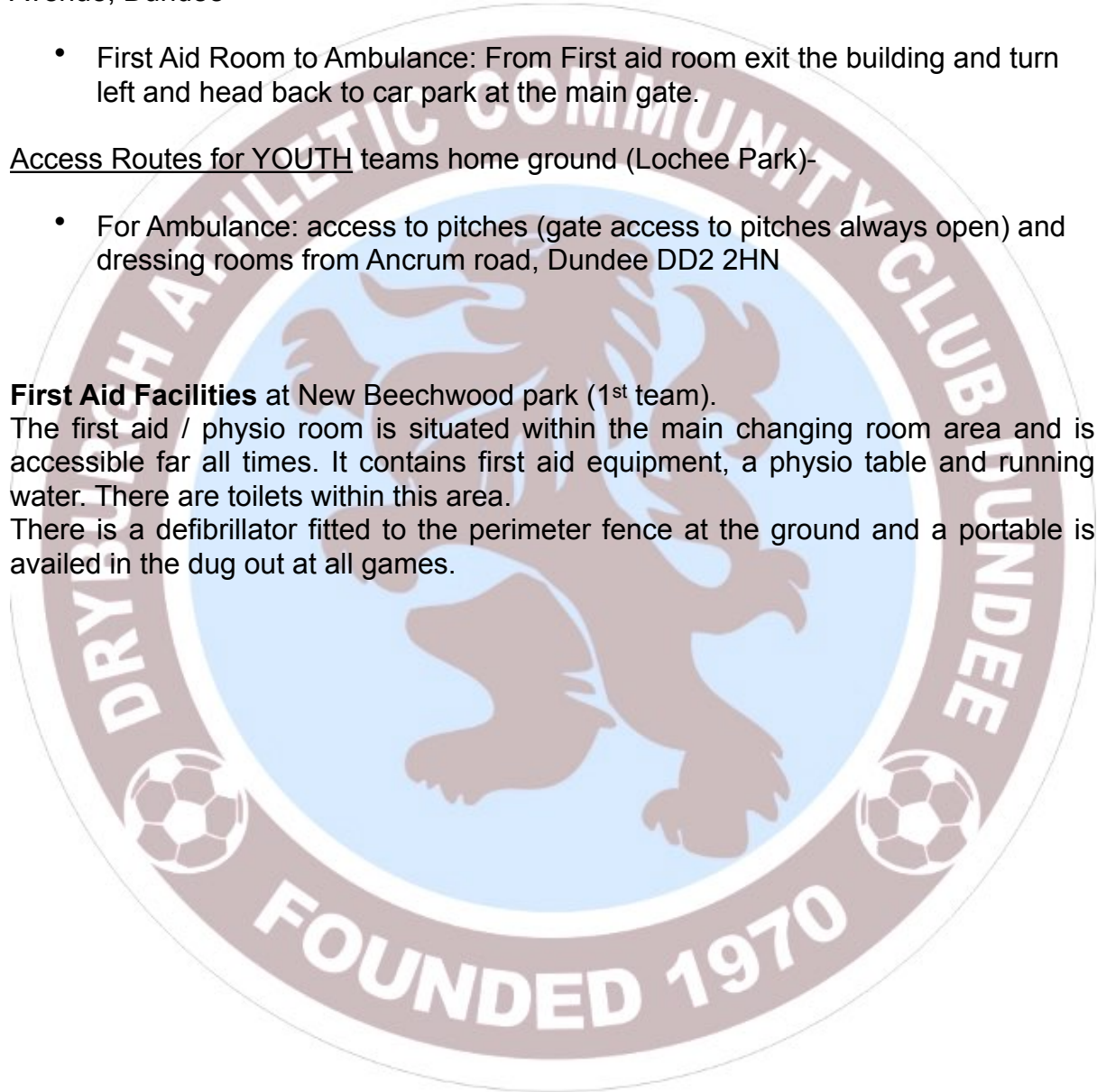
Access Routes for YOUTH teams home ground (Lochee Park)-

- For Ambulance: access to pitches (gate access to pitches always open) and dressing rooms from Ancrum road, Dundee DD2 2HN

**First Aid Facilities** at New Beechwood park (1<sup>st</sup> team).

The first aid / physio room is situated within the main changing room area and is accessible for all times. It contains first aid equipment, a physio table and running water. There are toilets within this area.

There is a defibrillator fitted to the perimeter fence at the ground and a portable is available in the dug out at all games.





## MINOR / MAJOR INJURIES

**Minor:** Minor injuries should be dealt with on site by the Sports First Aider using the recommended principals outlined below.

**SALTAPS** - (See, Ask, Look, Touch, Active, Passive, Strength)

The sooner an injury is treated, the greater the chances of a complete recovery and the faster the rehabilitation. The immediate treatment can be summarised by the acronym **SALTAPS**.

In minor injuries all stages of **SALTAPS** can usually be completed. But if a person sustains a serious sports injury, such as a fracture or dislocation the assessment should NOT be completed because further injury may occur.

- **See** the injury occur and the mechanism of injury.
- **Ask** the casualty what is wrong and where they have pain.
- **Look** for signs of bleeding, deformity of limbs, inflammation, swelling and redness.
- **Touch** the injury for signs of heat, tenderness, loss or change of sensation and pain.
- **Active** movement - ask the casualty to move the injured area if they are able to; ask them to move it through its full range of movements.
- **Passive** movement - try to move the injured site **ONLY** if a good range of movement is available.
- **Strength** - if the casualty has been taken through the steps above with no pain, use resisted movements to assess loss of function; for example, with an injured ankle you would assist the casualty to their feet, then ask them to stand unaided, then progress the test to walking and running.

This process will determine the extent and severity of the injury, although it may be obvious. Treatment at this stage should consist of protect, rice, ice, compression, and elevation (**PRICE**).

## PRICE guidelines

The **PRICE** guidelines describe what you should do for the first 24 to 48 hours after suffering a mild sprain, strain or sports injury

**PRICE** (protection, rest, ice, compression and elevation).

- **Protection** - Protect or support your injured body part for the first 24 to 48 hours after injury.  
Use a sling or a splint if that helps.
- **Rest** - Rest your injured body part for first 24 to 48 hours and avoid activities that cause additional pain, swelling, or discomfort. You should still go about normal daily activities as much as possible but avoid further strain by taking regular rests. When you're awake, try to move your injured body part gently for 10 to 20 seconds every hour.
- **Ice** - If you've had an injury or flare-up in the last 2 days:  
wrap crushed ice in a damp towel  
hold it for 5 to 10 minutes against the part of your body that hurts  
Make sure you use a damp towel between the ice and the skin to avoid ice burn. Alternatively, you could try sports sprays and gel packs, which do a similar job.  
You can do this every 2 to 3 hours.  
Should I use a heat pad?  
After 2 days, you may find that heat is more relaxing.  
You could use a heat pad or a hot water bottle with an insulated cover on it.  
Make sure this is not too hot and is not directly touching your skin.  
You should do this for 10 to 15 minutes, 3 to 4 times a day.
- **Compression** - Apply compression with a bandage or tubigrip type of support until the swelling goes down. Wrap the bandage starting from the end furthest from your heart.  
Loosen the bandage if the pain increases or the area becomes numb.  
Don't make the bandage too tight and do not wear tubigrip or any compression bandage in bed at night.
- **Elevation** - Elevate the injured body part above the level of your heart as much as possible during the first 24 to 48 hours, especially when sitting or lying down.  
Make sure the body part is supported with pillows or slings.

It is very important to ensure that when it is quite evident that a player **can** continue playing all stages of the **SALTAPS** procedure assessment are carried out. **Never** progress through the **SALTAPS** routine when a player's signs and symptoms indicate the injury is too severe to continue with this process. When dealing with a bleed it is important that protective gloves are worn.

**Major**

Most injuries that occur will be minor but in the case of a major injury then prompt action is required; an ambulance should be called for as soon as it is recognised that a player has a life threatening or serious injury/illness.

**DO NOT** move the injured player/change/alter the player's position or remove any equipment as this could cause further harm to the player.

**DO** immediately organise for an ambulance so that specialist attention can be given to the injured player. Ensure the Emergency Access to the field is opened. Steady and support the player by making them as comfortable and warm as possible until the Ambulance arrives. Ensure a person/guide is in the Car Park to assist the Ambulance arrival on site and direct the responders to the scene. A designated person will be required to look after the non affected players.

**Airway & normal breathing** - if when checking the injured player, they do not respond ensure there is an open Airway and check for normal breathing. If breathing place the player in the Recovery position whilst awaiting further assistance, observe the player for continued breathing until more qualified help arrives. If injured person is not breathing then carryout treatment as per previous training given. Remember any resuscitation is better than no resuscitation at all!

### **Head Injuries**

**Important** – A player suffering a Head Injury should be taken to hospital if they becomes unconscious, has lowered levels of unconsciousness, has decreased responsiveness, vomits, feels sick, has a headache, becomes restless or irritable, becomes dizzy or drowsy, has a fit (convulsion), becomes confused, has a change in personality or behaviour, has noisy breathing, has a slow pulse rate or it begins to slow or has affected speech (e.g. slurring).

### **Unconscious Player**

Arrange for them to be taken to hospital via an Ambulance. Keep an open and clear airway until more qualified Medical help arrives. **DO NOT** leave the unconscious person alone, **DO NOT** give them food or drink.

NHS Head injury advice - do not play any contact sports for at least 3 weeks – children should avoid rough play for a few days.

**The Medical Action Plan** for Dryburgh Athletic Community Club in the event of an injury or incident whilst playing football must be adhered to at all times. The Sports First Aider is authorised to carry out a dynamic Risk Assessment prior to any fixture commencing to ensure all relevant risk is kept as low as reasonably practicable.

**NO FIRST AIDER – NO MATCH**  
**NO MEDICAL EQUIPMENT – NO PLAY**

Review Date 5/6/26