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Program and Facility Emergencies in Youth Sports, Part II: Dealing with the Event

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Communication

plays an integral role in the prevention of youth sport injuries, as the evidence in Part I of this paper suggested. Communication regarding expectations, policy and procedures, and post-injury protocol can facilitate a safe youth sport environment. However, preventing youth sport injuries also involves several other areas, such as protective equipment, strength and cardiovascular conditioning, environmental and facility management, proper coaching, and proper nutrition and hydration. According to the American College of Sports Medicine (1993), 50% of injuries that occur in children and adolescents are preventable. Even when steps are taken to ensure safe participation in youth sport programs, however, injuries will happen; what happens before, during, and after an emergency can make the difference in the eventual outcome of injuries.

Dealing with

emergencies in youth sport requires sufficient preparation and planning to ensure prompt resolution of the event. Prevention measures preclude injury or have the potential to reduce the severity of injuries and should thus be considered most effective (Roberts, 1998). League administrators and youth coaches must ask and answer several questions: Who is the most qualified individual to treat injuries? Are the persons dealing with

the emergencies adequately prepared for a variety of emergency situations? Are coaches properly trained to coach? Are there mechanisms in place for prompt medical care? Coming prepared with this kind of information prior to any emergency can promote optimal medical care and prevent litigation.

Coach and Parent Education

To make decisions in answer to the questions just reviewed, league administrators must understand the qualifications of coaches. The National Association of Sports and Physical Education (NASPE) has developed standards of fundamental competency that communities, school systems, private leagues, parents, and athletes should require of coaches. League administrators and parents are responsible for ensuring that youth coaches are appropriately qualified to supervise the sport in question and to maintain a safe playing area and environment. Moreover, coaches should be required to complete (at a minimum) a community course in first aid and CPR; there are several sport safety courses available as well that are recommended for all youth coaches.

A critical component of caring for an injured athlete is familiarity with the medical history and condition of the athlete. Before activity commences in any sport, each athlete should undergo a pre-participation physical examination. This examination should be required of *all* athletes prior to participation and should be comprehensive. Necessary checks include a medical physical to assess heart and lung function; a medical history to identify any pre-existing problems and family health history; a musculoskeletal examination assessing alignment, strength, flexibility, and laxity; a “vitals” examination ensuring heart rate, blood pressure, height, and weight are appropriate for the individual; body composition assessment; vision screening; and finally, a *sport performance assessment* determining whether the individual’s cardiovascular condition and strength are appropriate for the anticipated

exertion.

First Aid Equipment

In addition to familiarity with each athlete's health status, it is also key to have appropriate emergency medical supplies available. Most youth leagues provide first aid kits or small athletic trainer kits for each team. When preparing a kit for a team in a given sport, it is crucial to plan for a broad scope of needs, stocking the kit properly to address all of them. Kits must be prepared *before* each practice or contest in order to be of reliable use. Having the correct supplies could be the difference in delivering essential care to an injured athlete appropriately.

Although a wide variety of first aid supplies can be helpful depending on the sport, there are items of common value across sports. Key items include the following:

1. information such as phone numbers, release forms, and emergency cards (as well as paper and pen)
2. instruments including paramedic scissors, tape cutters, tweezers, fingernail clippers, fingernail files, and a microshield or CPR mask
3. bandages and related supplies including athletic tape, tape adherent, underwrap, elastic tape, band-aids, gauze pads, ace wraps, and petroleum jelly
4. splinting supplies including slings, safety pins, finger splints and other splints, and crutches
5. eye care kit including contact solution, contact case, saline, and a pocket mirror
6. miscellaneous items including rubber gloves, antiseptic cleaning solution, insect repellent, water bottles, ice chests and/or coolers, tongue blades, and felt or foam padding material

This list is not exhaustive but it provides the foundation of a well-stocked sport first aid kit. In some sports, kits may need to be augmented with items such as mouth pieces, nose plugs, analgesic rub, hand cream, sun glare, and feminine hygiene products.

Organization of the kit is important in emergency situations when first aid must be provided quickly. Similar items should be stored in the same area of the kit; there should be nothing unnecessary in the kit obscuring needed items that need to be located quickly following an injury.

Administrators and supervising coaches must make certain that each youth coach is qualified to use and comfortable in using all first aid kit supplies. A general rule is not to pack in the kit any supply with which the coach or coaches are uncomfortable. It is important to designate one person to maintain the first aid kit and order, as needed, items replenishing the kit's supply.

Although they can be expensive, first aid kits are highly recommended for all youth sport programs. League commissioners typically determine who purchases kits and supplies to stock them. When there is no funding for emergency medical supplies, asking health care facilities and drug stores to donate supplies is a potential course; firefighting and other emergency departments may also be willing to help. League administrators and/or coaches are ultimately responsible for providing players with the best possible first aid should they be injured; the expense of good first aid kits is, ultimately, relative.

After an Injury

Providing care is a top priority in an emergency. Care can be provided best and most quickly when those involved remain calm while activating appropriate medical assistance. When a young athlete may be injured, it must always be remembered that nothing less than his or her well-being is at stake. It is therefore better to err on the side of cautiousness, when in doubt about the injury or first aid, by seeking additional medical assistance immediately. It should also be remembered that children's and adolescents' bodies are distinct from the adult's and cannot always be treated in the same way. Therefore, it is always recommended that a

young athlete seek medical attention from a physician for any injury that does not improve in a short period.

Fortunately, most injuries in youth sports are not complicated and can be resolved with little medical intervention. Often, the best approach is what has been called, for ease of memory, *RICE*, which stands for *rest*, *ice*, *compression*, and *elevation*. Rest the injured area by supporting it with a sling, splint, or crutches. Ice the injury for approximately 20 min at a time. Compress the area with an elastic bandage to control swelling. Finally, elevate the area above the level of the heart, also to manage swelling. These steps comprise a standard and long-advocated treatment for many sport injuries.

When an emergency has occurred and first aid has been rendered, notification of certain individuals becomes necessary, when those individuals are not present at the sport facility. Again, parent phone numbers and the league commissioner's phone number, along with emergency numbers, should be kept easily available in the front of the first aid kit. It is also recommended that useful emergency information is provided as a courtesy to each visiting team, for example on a reference card. Having access to emergency numbers and directions to nearby hospitals is greatly appreciated by teams unfamiliar with an area.

Conclusion

All sports pose some injury risk. While coaches and administrators should make every effort to keep that risk as low as possible, they must also ensure that appropriate care is available in the event an injury does occur. Injury-prevention programs are advocated by the American Academy of Orthopaedic Surgeons and are readily available to the general public (Purvis & Burke, 2001). Completing the programs can help prepare youth coaches to manage emergency situations. Furthermore, youth sports leagues are well advised to maintain a written emergency plan that staff know how to implement. The plan should be

reviewed yearly by league officials, coaches, parents, and care providers from the local community's emergency medical service. It is important that this plan be reviewed yearly due to the typically high number of changes in coaching staff each year.

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