

# Community Emergency Preparedness Program Hampton Soccer Club

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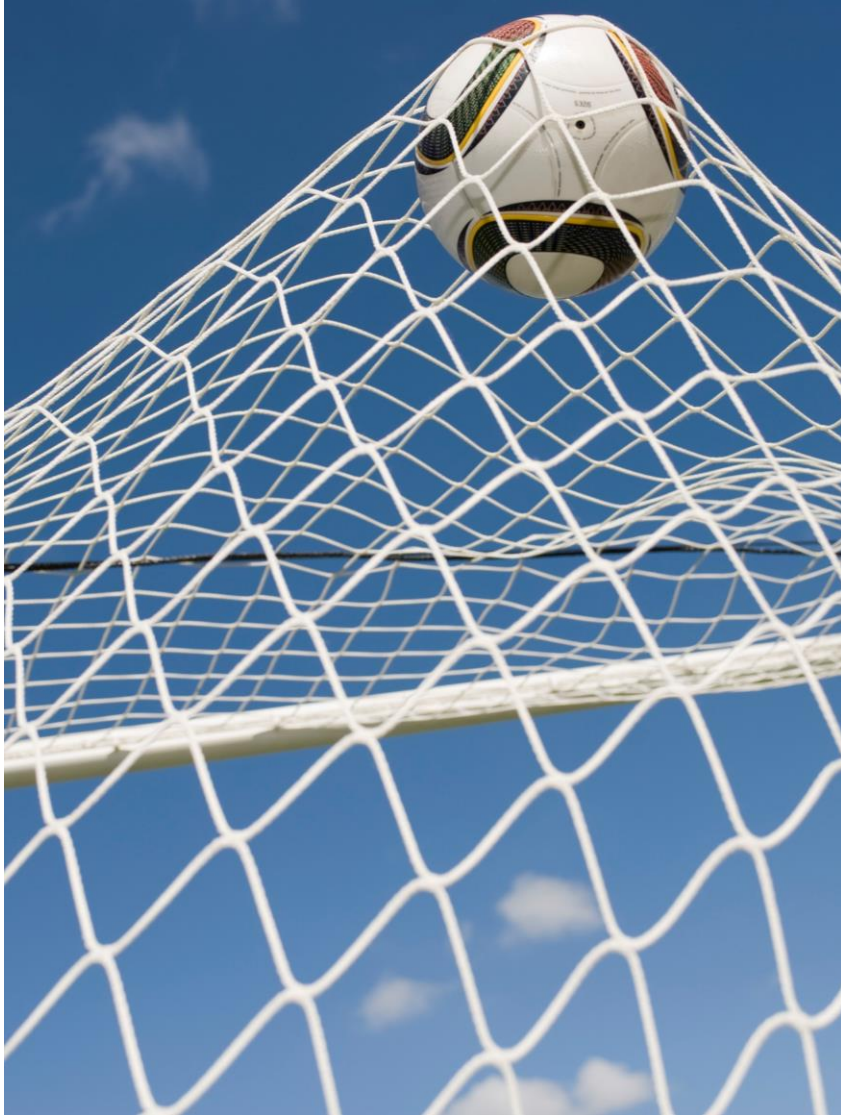
MEGAN TOMAINO, MPAS, PA-C

UPMC PASSAVANT DEPT. OF ANESTHESIA



PASSAVANT HOSPITAL  
FOUNDATION

**MINUTES  
MATTER** A UPMC  
Community  
Initiative



# Goals

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- Learn how to respond to cardiac emergencies, perform hands-only CPR, and use an AED
- Learn how to stop bleeding, use an Epi-Pen
- Learn what to do with a head injury, seizure, diabetic emergency, broken bone, nosebleed, shock
- Discuss how to form a Team safety plan and assign roles during an emergency

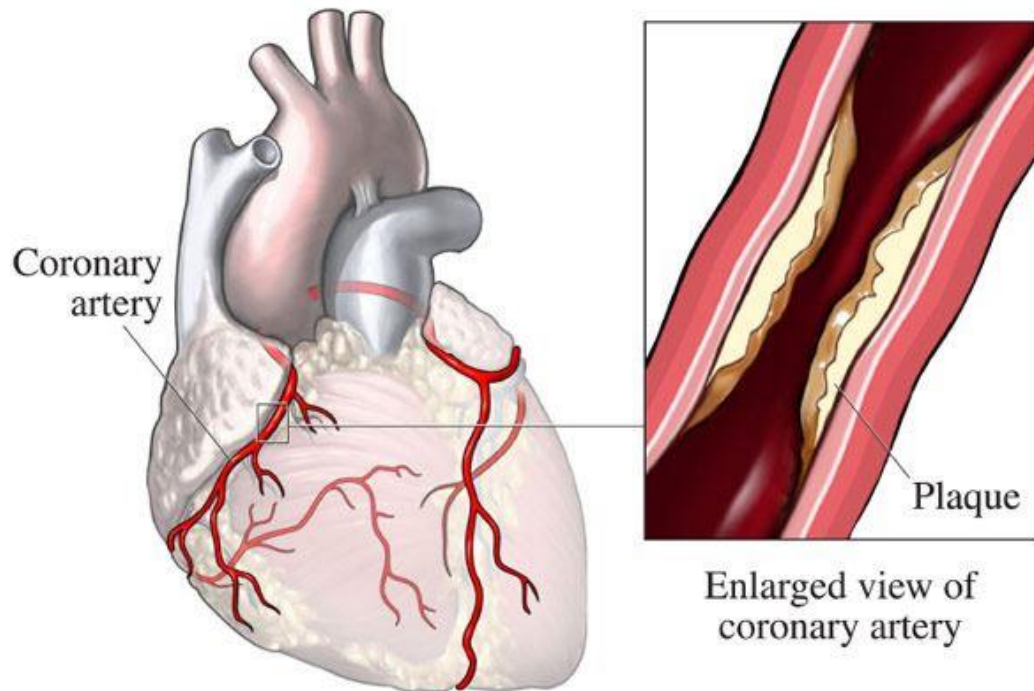
# Good Samaritan Act

42 PA CSA § 8331-8338

- Covers citizens acting in *good faith* to help someone who cannot help themselves.
  - CPR
  - AED
  - Basic first aid
- If the victim is unconscious and cannot give consent to care, proceed with helping assuming they would want resuscitated until you learn otherwise (such as in cases of DNR)
- If the victim is conscious, you need consent to help the person
- If the victim is a minor and the parent/guardian is not available, assume the parent guardian would want care rendered and proceed with helping

# Heart Attack

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- Plumbing issue with the blood vessels that supply the heart muscle with oxygen
- MI occurs from complete or partial blockage in the vessel
- Blockage can be from plaque build-up over time or sudden blood clot
- The result is decreased blood flow and oxygen to heart muscle
- Prolonged blood and oxygen deprivation to the heart muscle causes muscle injury and possible muscle death

# Warning signs of a heart attack



# Stroke

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- Plumbing issue with the blood vessels supplying the brain

## B.E. F.A.S.T.

### BALANCE

- Sudden loss of balance or coordination

### EYES

- Sudden blurred, double, or loss of vision

### FACE

- Drooping, numbness of the face
- Lopsided smile

### ARM

- Weakness or numbness of the arms or legs on one side of the body

### SPEECH

- Slurred speech, unable to speak, or difficult to understand

### TIME

- Time to call 911
- Time last known well/normal

# Sudden Cardiac Arrest

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- An electrical issue with the heart
  - Normal heartbeat and circulation suddenly stops
  - No signs of life are present- **victim is unresponsive**
    - breathing will be absent or irregular
  - Sudden cardiac arrest will lead to death unless actively reversed
- ***Sudden cardiac arrest is different from a heart attack***
    - Heart attack: victim is still conscious and responsive, but may be in distress
    - SCA: victims are unresponsive



# Sudden Cardiac Arrest

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*Why are we talking about Sudden Cardiac Arrest?*

- **Children and Teens:** SCA may occur during an athletic event due to congenital heart problems or chest trauma.
  - Often little or no warning.
  
- **Adults:** SCA may occur to adult coaches, referees, or bystanders on the sidelines
  - Adults may show signs of distress if they are having a heart attack before SCA





# What to do if you witness Sudden Cardiac Arrest

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- Ensure scene safety
  - Send players to the bench
  - Assign a parent/coach to keep the kids together, away from collapsed person



# What to do if you witness Sudden Cardiac Arrest

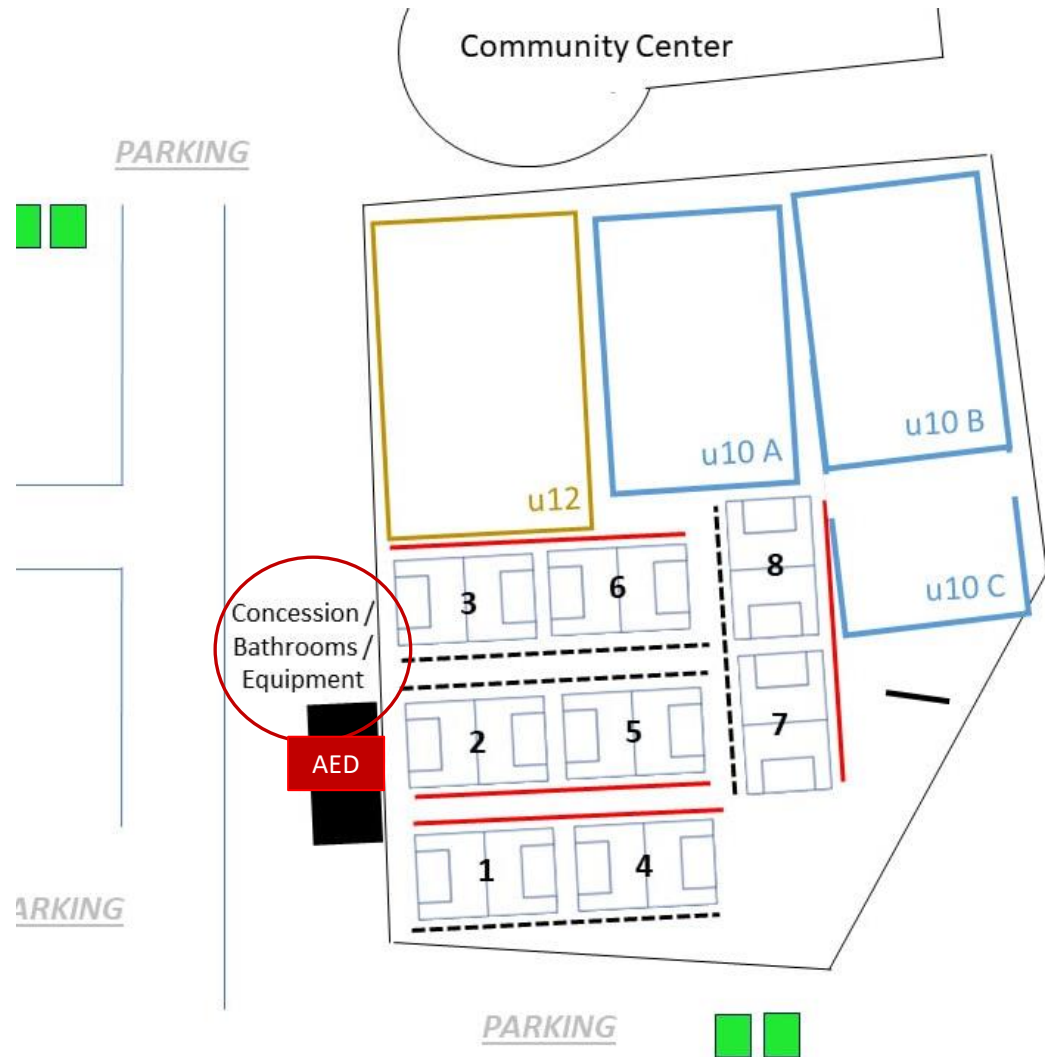
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- Shout “Are you OK?” and tap vigorously on the shoulder area
- If no response, **send a parent or coach for the AED**
- Check of breathing and a pulse. If no pulse or breath, **immediately have a parent or coach call 911.**
  - Send another parent to flag down the ambulance
- Begin compressions, call for a second rescuer to prepare

# Before any emergency: Have a plan

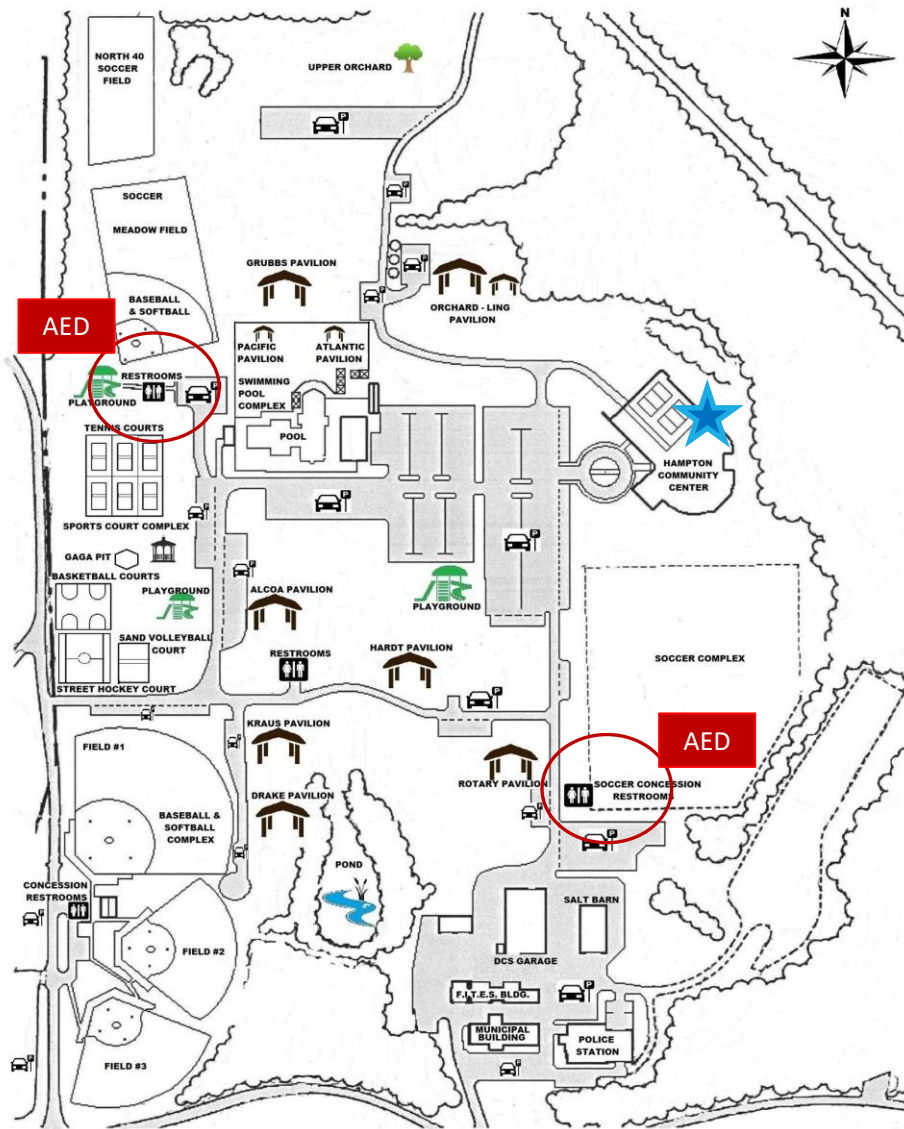
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- Discuss injury plans with players and parents at the beginning of the season
  - Players should be instructed to return to the bench if the referees pause the game for an injury
  - Let parents know how they can help if a player or adult is injured or having an emergency. Having a role/task helps reduce panic
- Know where AED and first aid kits can be accessed
  - Make sure all coaches on your team are aware of these locations



# AEDs at Hampton Community Parks

HAMPTON SOCCER FIELDS: AED  
IN THE MEN'S BATHROOM



# AEDs at Hampton Community Parks

MEADOW FIELD: AED IN THE BATHROOM





# AEDs at Hampton Community Parks

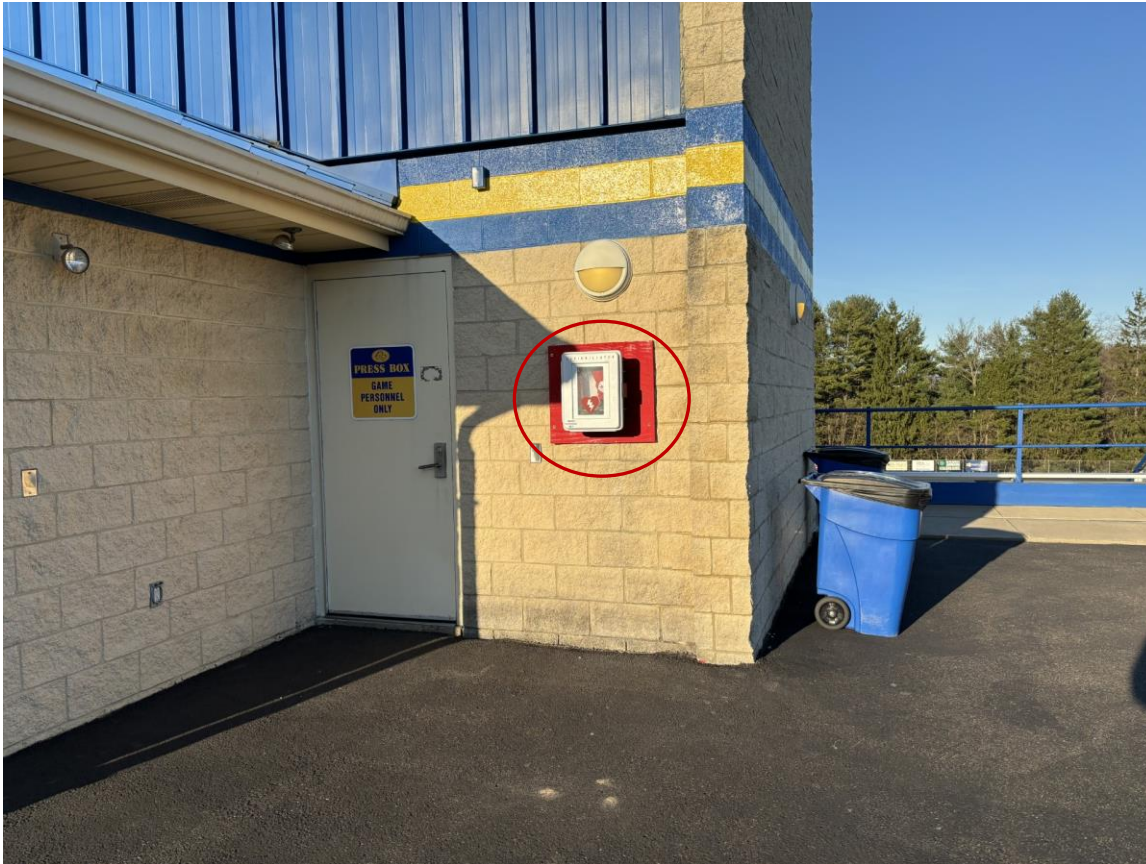
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MEADOW FIELD: AED IN THE  
BATHROOM

# AEDs at Hampton Community Parks

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**FRIDLEY FIELD:** AED BY THE  
DOOR TO THE PRESS BOX





# AEDs at Hampton Community Parks

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**FRIDLEY FIELD:** AED AT THE  
FIELD HOUSE





# Calling 911

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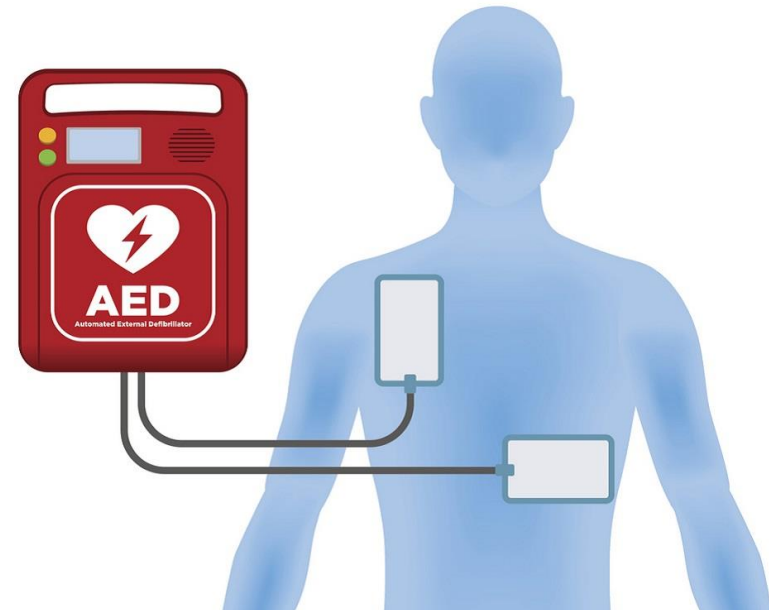
- Stay on the phone and follow all instructions while you wait for EMS to arrive
- Send a parent to flag down the ambulance and direct EMTs to the victim
- DO NOT drive victim to the hospital on your own. EMS personnel are:
  - Trained to assess patients
  - Equipped with technology and medication to begin treatment
  - Can communicate with ED providers to initiate hospital protocols before victim arrives (ex: get cath team/lab prepped, get stroke team/CT scan ready)

# AED (Automatic External Defibrillator)

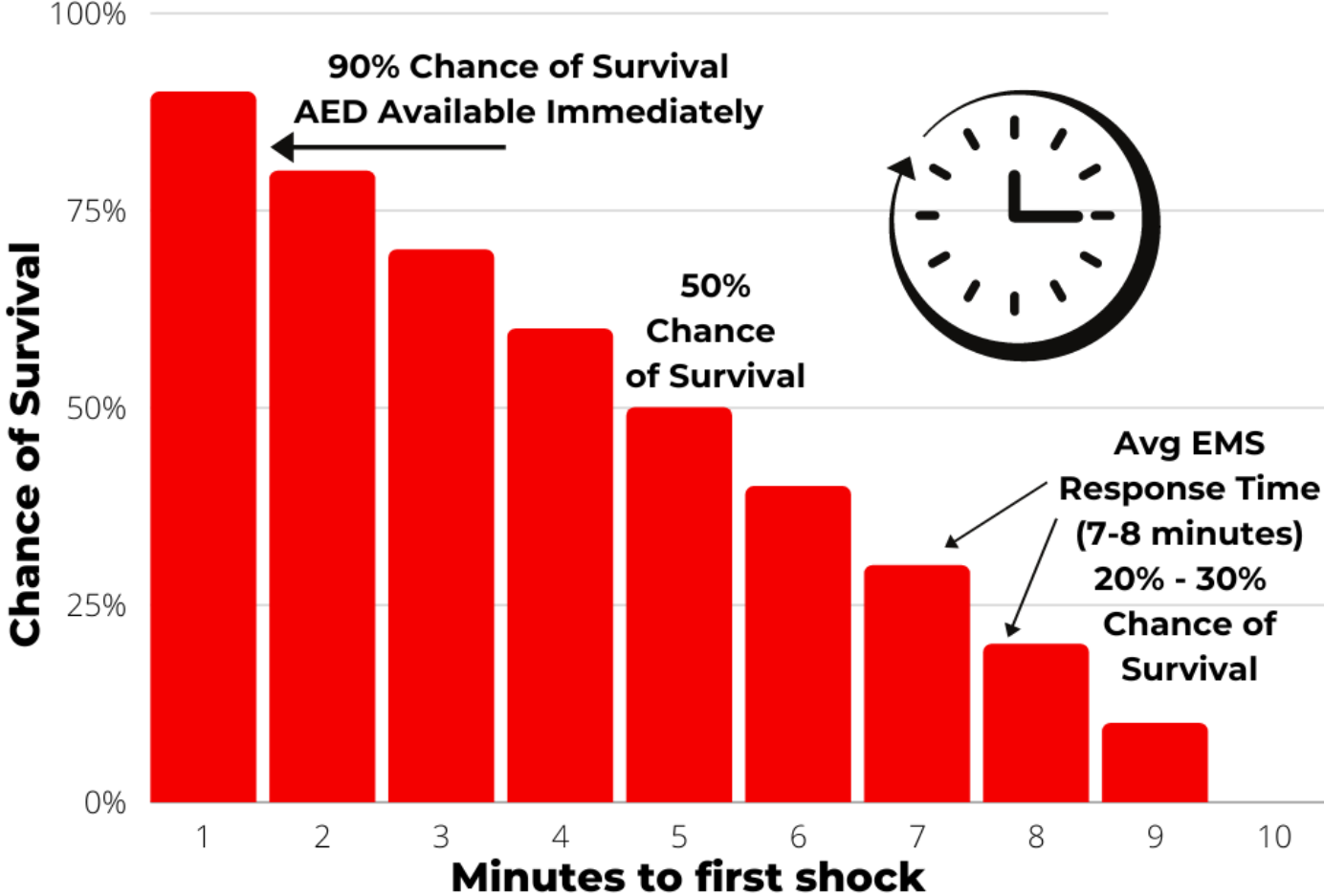
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## Easy to use- AED talks you through the steps!

- Turn on AED
- Apply both pads to person's bare chest ASAP
  - Upper right chest
  - Lower left chest/side
- AED will analyze heart rhythm
  - AED will verbally instruct to shock or resume compress



# Every Minute Counts!



AED

# Chest Compressions

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- Lay victim on a flat surface
- Place hand on center of chest between the nipples
- Place second hand on top of first hand
- Lock elbows
- Push down with full body weight, depth at least 2 inches
- Release and allow full recoil of the chest
- Continue compressions at a rate of 100-120 per minute
- Check pulse after 2 minutes and switch rescuers



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## Adult

About age 12 years or older



## Child

Between the ages of 1 and 12 years



## Infant

Younger than 1 year

# CPR

Adults: 2 hand compressions

Children: 1 or 2 hand compressions, depending on size

Infants: 2 finger compressions





# Child CPR

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- Use 1 hand for smaller children
- Use 2 hands for larger children and teens



# Infant CPR

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- ▶ Use 2 fingers for compressions

# Non-Cardiac Emergencies

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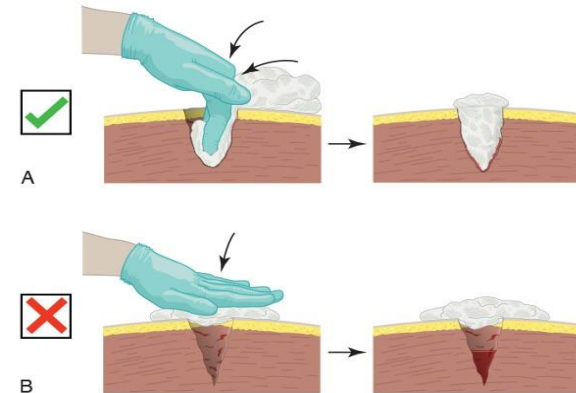
- Bleeding
- Head Injuries
- Anaphylaxis (bee stings)
- Nose Bleeds
- Diabetic Emergencies
- Broken Bones
- Shock



# Bleeding Injuries

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- Determine: Is it life-threatening bleeding?
  - Life threatening bleeding: large volume or pooling of blood, dark colored blood, spurting blood
  - Same steps as SCA: assign roles, get first aid kit, call EMS
- All injuries, any place on the body: “Pack and press”
  - Pack wound with gauze
  - Apply pressure until EMS arrives
- Injuries to arms and legs: tourniquet
  - “High and Tight”, but not over a joint
  - do not remove



# Head Injuries

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- Determine: Is the person conscious?
  - **Unconscious:** call EMS, check breathing and pulse. Do not move person unless they are in danger
  - **Conscious:** player should be removed from play until they are evaluated (USA Soccer rule)
    - Player should be evaluated by a health care professional (USA Soccer Rule)

# Seizures

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- Electrical storm in the brain
- Can have several triggers, **including head trauma**
  - Other common triggers: heat, dehydration, fatigue, medication, stress, low blood sugar, epilepsy
- Partial seizure
  - Shaking or weakness of one side of the body, staring, strange eye movements
  - Person may remain conscious with a partial seizure
- Generalized seizure
  - Person loses voluntary control of their body, becomes unconscious
  - Might have shaking movements, drooling, grunting, eye blinking

# Seizures

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## Do:

- Note the time of onset
- Get the person safely to the ground
- Remove dangerous objects
- Roll the person to their side in case they vomit
- Stay with the person and send a parent/coach to find family
- Call EMS

## Do NOT:

- Do not hold the person down
- **Do not put anything in their mouth**

# EPI-Pens for Severe Allergic Reactions

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- **Blue** to the sky, **Orange** to the thigh!
- Remove blue safety cap
- Firmly jab orange tip to outer thigh, hold in thigh until you hear a click (at least 3 seconds)



# Nose Bleeds

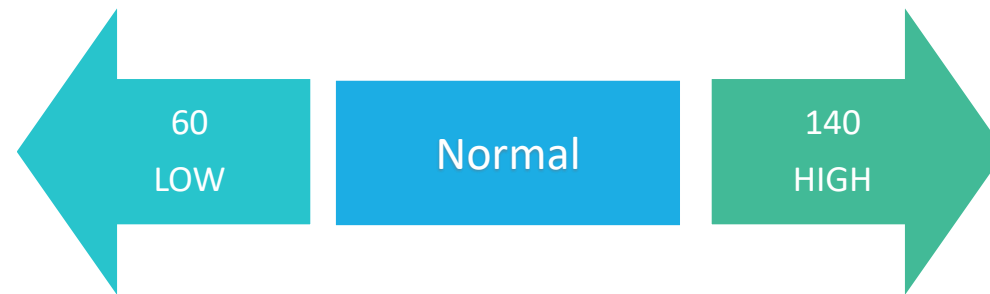
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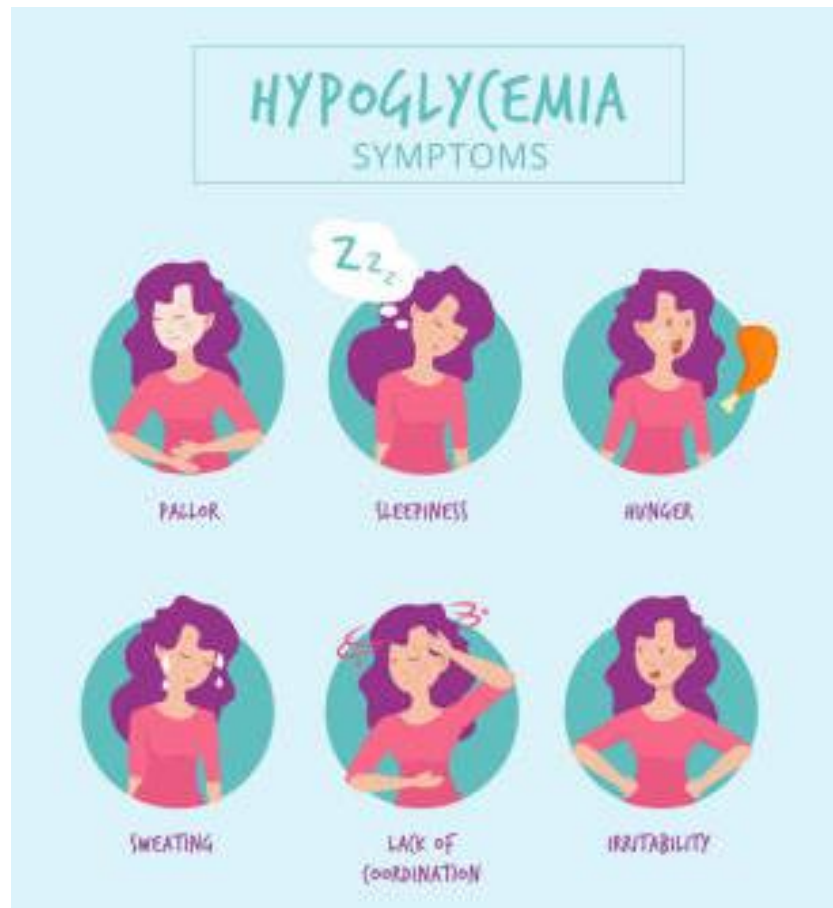
- Can occur from trauma or spontaneously
- Bleeding can look profuse and alarming, but rarely leads to a significant blood loss
- Keep player as calm as possible -> adrenaline increases blood pressure, increases bleeding
- Hold pressure, apply ice at the bridge of the nose
- If concern for a broken nose or deviated septum, player should go to the ED

# Diabetic Emergencies

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- Helpful to know if your players have diabetes and any “rescue plan”
- Juvenile diabetes typically type 1, adult-onset diabetes typically type 2
- Type 1 diabetes is very different from type 2, only treatment for type 1 is insulin
- Blood sugar highs and lows, triggers can be less predictable in type 1
- Emergencies can happen from both LOW or HIGH blood sugar





# Diabetic Emergencies

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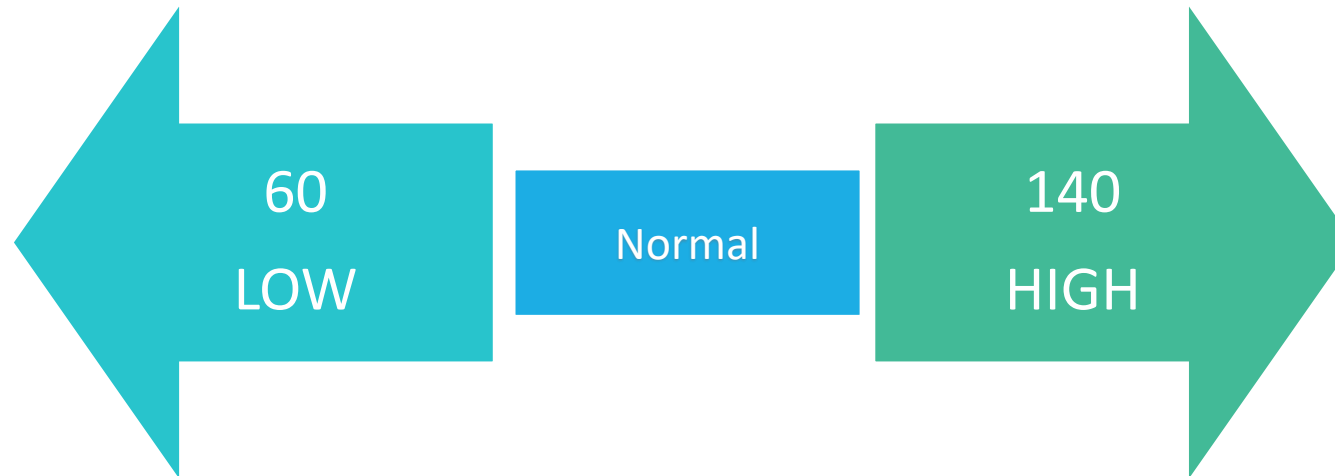
# Diabetic Emergencies

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- Low blood sugar: **glucose** in first aid kits, contact parents, consider EMS
- High blood sugar: needs treatment ASAP, typically insulin. Call parents, consider EMS
- If player becomes sleepy, uncoordinated, difficult to arouse: **CALL EMS**



Glucose gel packet



# Broken Bones

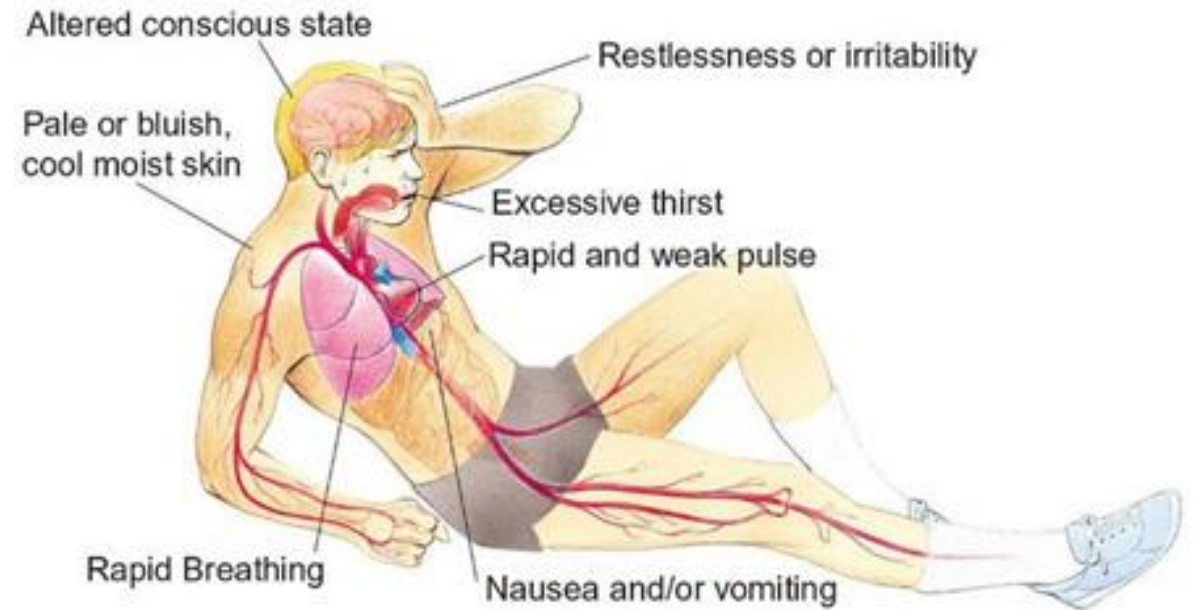
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- If you suspect a fractured bone, pull player from the game
- Player should seek emergency treatment. EMS optional depending on level of pain, distress, type of fracture
  - leg or spine fracture -> EMS
  - If spine fracture is suspected, DO NOT MOVE the player.
- Splinting materials available in the first aid kit

# Shock

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- Shock can occur from diabetes, heart problems, anaphylaxis, severe trauma, bleeding, and severe dehydration
- A person going into shock is in distress, sometimes unconscious
- Always call EMS, support the victim, and prepare to begin CPR/AED
- During shock, blood shunted to vital organs, away from arms/legs. Rescue blankets in first aid kit to keep victim warm



# Assigning roles during an emergency

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## **Coach(es)**

- Will be assessing, triaging the injured player
- Could potentially be the person initiating compressions

## **Parents, Assistant Coaches**

- Get players to the bench, keep them away from the injured player or person
- Wait for direction from head coach, referees
  - Do not crowd around an injured player
- Get the AED or first aid kit
- Call 911 if instructed to do so by the coach
- Flag down the ambulance and direct EMS to the injured player or person
- Prepare to become a second rescuer if compressions are needed

# Learn about your team, have a plan

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- Ask about any allergies and if your player carries an EPI-Pen.
- Ask parents if there are any medical conditions you should be aware, such as diabetes, asthma, or epilepsy.
  - If a player has a medical condition, is there a rescue plan if they suddenly become ill during practice or a game? Do they carry necessary medications, such as a rescue inhaler?
- Discuss injury event plans with players and parents at the beginning of the season
  - Players should be instructed to return to the bench if the referees pause the game for an injury
  - Let parents know how they can help if a player or adult is injured or having an emergency. Having a role/task helps reduce panic
- Know where AED and first aid kits can be accessed
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# Thank you

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QUESTIONS?

