



Songahm

# Taekwondo



## **PREFACE**

The purpose of the Studio First Aid Workshop is to disseminate current information regarding first aid techniques that may be used safely in your Taekwondo School or Club. Participants attend a lecture followed by five teaching stations. It is imperative that registrants actively participate in each skill station.

### **Prerequisite**

There are no prerequisites. However participants should have current BLS certification. If your certification has lapsed please contact your local area Red Cross or American Heart Association office and renew this life-saving skill. It is suggested that each school owner contact a Certified Basic CPR Instructor to arrange an annual CPR Recertification Course.

### **Disclaimer**

Use of these materials in an educational course does not represent course sponsorship by the American Heart Association, the American Red Cross or the American Taekwondo Association. Simply stated your certification in this course means that you attended the following lectures.

## **FIRST AID GUIDELINES**

**UNIVERSAL PRECAUTIONS:** Preventing contact with all blood and body fluids by use of personal protective equipment (vinyl gloves preferred), good hand washing and proper clean-up.

When giving first aid, remember no treatments or medications can be given without signed permission of a physician and parent. When the injured or ill person is placed in the care of the family or emergency medical response team, your school's responsibility is fulfilled. The name of each person's health care provider is recorded on the student's emergency card.

### **GENERAL FIRST AID GUIDELINES**

1. Keep calm - stay with injured person.
2. Survey scene, is it safe to approach the injured person?
3. Assess person for ABC's:
  - Airway
  - Breathing
  - Circulation
4. Check for bleeding.
5. Check for medical alert bracelet or necklace.
6. **DO NOT** move the injured person; suspect head/neck trauma.
7. Prevent shock: keep person warm, cover with a blanket.
8. Instruct someone to **CALL** 911, if needed. Have others help to keep crowd away.
9. No injured person is to be sent home without prior approval or supervision of parent/emergency contact.
10. **DO NOT** give liquids to an unconscious person.
11. Complete incident/injury report.

### **EMERGENCY PROCEDURES FOR SERIOUS ACCIDENTS**

1. Keep calm; stay with injured person.
2. Survey scene for safety.
3. Check ABC's.
4. Check for bleeding, start first aid.
5. Check for medical alert bracelet or necklace.
6. Send for help; activate school emergency response team.
7. **DO NOT** move the injured person, suspect head/neck trauma.
8. Instruct someone to **CALL** 911.
9. Complete incident/injury report.

### **CARE OF THE ILL PERSON**

1. Listen to, note complaints and record symptoms.
1. Take temperature.
2. Rest on cot.
3. If temperature is 100° F or greater, contact parent.
4. No ill person is to be sent home without supervision. Parent/emergency contact must be notified.

## FIRST AID KIT CONTENTS

Everyone knows that they should have a first aid or trainer's kit fully stocked in their school and for travel to tournaments, but very few actually know its contents. It is generally better to create your own kit to include the following:

- 2-3 rolls of 1 1/2" white athletic tape (more for competition)
- A roll of 4" roller gauze
- 3"x 3" sterile gauze pads (can be used for bleeding or taping)
- Several ace wraps - 3" and 4"
- Band-Aids of various sizes and shapes
- Steri-strips® or Butterfly bandages
- Swab sticks or Q-tips®
- Foam or felt padding
- Dental rolls (get cotton rolls used by your dentist)
- Small tube of antibiotic ointment
- Bottle of saline solution (for contacts and wound cleaning)
- Contact case & small mirror
- Small bottle eye drops/re-wetting drops (for irritated eyes or contacts)
- Liquid antibacterial soap for wound cleaning
- Vinyl gloves (lots!)
- Bandage scissors (blunt-end)
- Tweezers
- Fingernail clippers
- Penlight (small flashlight used to examine the eyes)
- Plastic bags for ice and contaminated items.
- Several instant ice packs (in case no ice is available)
- Plastic wrap (may be too expensive but nice to have)
- Tongue blades or popsicle sticks (for fractured or dislocated fingers & toes)
- Bottle of glucose tablets, Life-Savers or honey packets (for diabetics, dehydrated athlete)
- Alcohol gel for hand cleansing
- Small bottle of acetaminophen (Tylenol®) if you choose to give medication and you have consent to give such agents.

You can purchase a pre-packed first aid and trainer's kits from these distributors:

[The EpiCenter](#)

[The Sports Authority](#)

[The American Red Cross](#)

[First Aid Kit Company](#)

[First Aid Kits by Fieldtex](#)

[Columbia First Aid Kits](#)

[First Assist First Aid](#)

[Johnson & Johnson First](#)

[Aid Kits](#)

# BASIC RESUSCITATION

## RESPONSE

Check the victim for a response by touching the victim on the shoulders and asking loudly 'are you all right?' A victim that does not react should be considered unconscious.

### *If the victim responds*

1. Leave them in the position in which you find them (provided they are not in further danger).
  - a. check the victim's condition and get help if needed
  - b. send someone for help
  - c. if you are on your own, leave the victim and go for help

### *If the victim does not respond - You've got troubles*

1. shout for help
2. check the airway

## AIRWAY

Ensuring a clear airway is essential to allow the victim to breath.

1. place your hand on the forehead and gently tilt the head back
2. support and lift the chin to open the airway
3. lift the jaw forward to open the mouth

Avoid excessive head tilt if injury to the neck is suspected.

### *If Airway Obstructed - You've got troubles*

1. roll victim onto side (*recovery position*)
2. remove any visible obstruction from the victim's mouth
  - a. remove dislodged or loose dentures
  - b. leave well fitting dentures in place

### *If Airway Clear*

1. check breathing

## BREATHING

Keep the airway open and check for normal breathing. Look, listen and feel for breathing for 10 seconds

1. look to see if the chest rises
2. listen for the sound of breathing from the victim's mouth or nose
3. feel for the rise of the chest or for air against your cheek

### *If Breathing Present*

1. roll into recovery position



Recovery Position

2. check the victim's condition and get help if needed
  - a. send someone for help
  - b. if you are on your own, leave the victim and go for help
3. observe and reassess the victim's vital signs regularly

***If Breathing Absent - You've got troubles***

1. send someone for help if you have not already done so
  - if you are on your own, you may need to leave the victim and go for help
2. turn the victim onto their back if not already in this position
3. 5 initial breaths
  - ensure 2 effective breaths
  - ensure the chest rises with each breath
  - take no more than 10 seconds to complete the breaths
4. check for signs of circulation

**CIRCULATION**

Finding a pulse can be very difficult, and is not always a reliable indicator of circulation in a collapsed victim, so looking for other signs of circulation such as normal breathing, swallowing, movement, coughing, warmth or skin color is essential.

***If Circulation Present***

1. continue rescue breathing until the victim starts breathing on their own
2. if the victim starts to breathe normally on their own but remains unconscious, turn them into the recovery position.
3. observe and reassess the victim's vital signs regularly

Be ready to turn the victim on their back and re-start EAR if they stop breathing again.

***If Circulation Absent – You've got troubles***

1. If there are no signs of circulation, or you are unsure that there are signs of circulation, start chest compressions
  - compress at a rate of 100 per minute
    - Adult and older children = 30 compressions : 2 breaths
    - Younger children and infants = 30 compressions : 2 breath

- return your hands quickly to the correct position on the chest and then give the next compressions and breaths
2. continue compressions: breaths cycles

Stop to re-check for signs of a circulation after 1 minute, and then every 2 minutes. Also stop to check if the victim makes a movement or takes a spontaneous breath.

**Only Stop CPR If:**

- the scene becomes unsafe
- another trained first responder arrives and takes over
- qualified help arrives and takes over
- the victim shows signs of recovery
- you become physically unable to continue defibrillation

**Remember** - Any resuscitation is better than no resuscitation at all!

## ABDOMINAL PAIN

1. Is there a history of abdominal injury
  - *think of the organs that lie beneath the skin in the area of injury*
2. Check airway, breathing and circulation
3. Look at the abdomen for any signs of distention (swelling), asymmetry or bruising.
4. If there appears to be a fever (the student is warm to touch) contact the parent for transport home or to clinic
5. Allow the student to rest if unable to resume activity due to pain, contact the student's parent.
6. **DO NOT** give anything by mouth.

## DIARRHEA / VOMITING

1. Allow the student to rest
2. Excuse from class
3. Contact the parent

# ALLERGIC REACTION

## MILD REACTION

Observe for one or more of the following:

- Hives
- Localized swelling
- Localized itching
- Redness
- Increased respiratory rate

1. Try to identify the allergen
2. If contact with something wash the area of contact with soap and water
3. Apply a cold pack
4. Contact parents and describe symptoms

## SEVERE REACTION

Observe the student for one or more of the following:

- Generalized flushing of skin
- Weakness
- Hives
- Itching
- Severe anxiety
- Difficulty breathing
- Chest pain
- Swelling of throat, lips or tongue
- Loss of consciousness

1. Assess airway, breathing and circulation
2. Call 911 for any breathing difficulty or altered consciousness
3. Contact parents and describe symptoms
4. Complete incident report

## ANKLE INJURY

1. The **ICER** guidelines should be used:
  - a. Apply **I**ce directly to the injury for fifteen to twenty minutes.
  - b. Apply **C**ompression through use of plastic wrap or ace wrap while icing.
  - c. **E**levate the injury above the level of the heart, or as high as is reasonably comfortable for the athlete.
  - d. Allow the athlete to **R**est the injured area following ice treatment.
2. You may need x-rays depending on the severity of the ankle injury.
3. The recovery time is usually between 3-7 weeks; however; the swelling may last for a few months.
4. In severe cases surgery may be necessary to repair tendons around the ankle joint .
5. Sports orthotics and insoles can provide stability and control in order to prevent future occurrences of an ankle sprain.



# ASTHMA

## **NEVER leave the suffering asthmatic alone**

1. Observe for:
  - Medic Alert tag
  - Rapid breathing
  - Difficulty speaking
  - Tight feeling in the chest
  - Blue lips and membranes of the mouth
  - Irritability
  - Wheezing
  - Weakness
  - Coughing
  - Nasal flaring
  - Retraction of the ribs
2. If a known asthmatic, administer medications student has with them
3. Assist the student in sitting up and leaning forward to assist belly breathing
4. Provide reassurance
5. Call 911 if unimproved after giving 3 puffs of medications
6. Contact parents if breathing difficulty or symptoms continue in spite of the medication

# **BITES**

## **ANIMAL**

1. Cleanse the wound with soap and water, rinse thoroughly.
2. Apply clean sterile dressing
3. Apply cold pack
4. Discuss confinement with animal owner, contact police (Animal Control)
5. Question tetanus immunization status
6. Contact parents

## **INSECT**

1. Identify type of insect if possible
2. Question known sensitivities and allergic reactions
3. Observe for rapid swelling and/or difficulty breathing
4. Remove the stinger, if present, in a scraping motion.
5. Cleanse the wound with soap and water, rinse thoroughly.
6. Apply clean sterile dressing
7. Apply cold pack
8. Contact parent

## **TICK**

1. Remove with forceps.
2. Save tick, if possible.
3. Cleanse the wound with soap and water, rinse thoroughly.

## **HUMAN**

1. Cleanse the wound with soap and water, rinse thoroughly.
2. Apply clean sterile dressing
3. Complete incident report

## BLEEDING



1. Put on gloves (vinyl preferred)
2. Have the victim lie down to prevent fainting
3. Cover the wound with a clean dressing and press firmly against the wound with your hand



4. Elevate the arm above the level of the heart. (**DO NOT use a tourniquet**)



5. Cover dressing with a roller bandage.



### **If bleeding doesn't stop**

1. Apply additional dressings
2. Direct someone to call 911
3. Contact parent



4. Squeeze the artery against the bone (pressure point)



**If bleeding is from the leg press with the heel of your hand where the leg bends at the hip**

## **BONE AND JOINT INJURIES**

### **FRACTURES AND DISLOCATIONS**

(If in doubt, treat every bone or joint injury as a fracture)

1. Keep person warm and quiet.
2. Inspect site for bleeding. If bleeding, gently apply dressing to contain bleeding.
3. **DO NOT MOVE** the person as serious head, neck, or back injuries can occur even if transporting only a short distance.
4. **DO NOT** attempt to reduce fractures or dislocations.
5. Direct someone to **CALL 911** if symptoms of shock are observed or person is unable to be moved.
6. Immobilize injured area by supporting with splints, pillows, blankets, or magazines for transporting.
7. Apply cold pack to affected area, if possible.
8. Contact parent and refer to health care provider for follow-up.
9. Complete an incident/injury report.

## BURNS

### MILD/SMALL (reddened / blistered)

1. Immerse in cool tap water (not ice water) for 10-15 minutes or until pain subsides.
2. Apply **DRY**, sterile non-adhering dressing.
3. **DO NOT** use ointments or salves.
4. **DO NOT** break any blisters or remove tissue.



### DEEP AND EXTENSIVE (blistered, white or charred)

1. Direct someone to **Call 911**.
2. Observe continuously for breathing difficulty.
3. **TREAT FOR SHOCK**. Exception: facial burns - sit or prop person up
4. Cover lightly with sterile, non-adhering dressing.
5. Contact parent.
6. **DO NOT** break blisters.
7. **DO NOT** use ointments or salves.



### CHEMICAL BURNS

1. Locate container of substance and have with you when calling.
2. **Call Area Poison Control Center** or **911** and follow their instructions.
3. Contact parent.
4. Complete an incident/injury report.



# CHOKING

## AIRWAY OBSTRUCTION (Choking Sign)

If person can cough forcefully, breathe, or speak, do not interfere, but be ready to assist as needed.

1. Ask: Are you choking? Can you speak?
2. Direct someone to **CALL 911**.
3. Observe for breathing difficulties.
4. If unable to cough, breathe, or speak, administer 5 distinct, quick, upward abdominal thrusts (Heimlich maneuver).
5. Reassess hand position, repeat thrusts until object is expelled.
6. Begin CPR procedures if person loses consciousness use an airway mask when doing ventilations.
7. Contact parent.

## Heimlich maneuver

**Step 1** - Place thumb side of fist against middle of abdomen just above the navel. Grasp fist with other hand

**Step 2** - Give quick upward thrusts



## COLD INJURIES

### FROSTBITE

1. Monitor ABC's.
2. Observe for:
  - affected area color changes from flushed to white or grayish yellow
  - initial pain, which subsides as area becomes intensely cold and numb
  - possible blistering (may occur later)
3. Handle affected area **gently**:
  - DO NOT RUB
  - DO NOT BREAK BLISTERS
4. **Rewarm** affected area.
  - **Outdoors:**
    - a. hold affected part under clothing, close to body
    - b. cover face or head area with mittened hands
    - c. bring person indoors as soon as possible
  - **Indoors:**
    - a. immerse affected part in warm water (100°.105° F) until normal color returns
    - b. DO NOT use heating pads or hot water bottles
5. Contact parent.
6. Refer to Health Care Provider.
7. Complete incident/injury report.

# **DENTAL EMERGENCIES**

## **TOOTHACHE**

1. Rinse mouth with warm water to clean out debris.
2. Use dental floss to remove any food that may be trapped between the teeth.
3. Place cold compresses on the outside of the cheek, if swelling is present.
4. Contact parent and refer to dentist as soon as possible.
5. **DO NOT** use heat or place an aspirin on the aching tooth or gum tissue.

## **ORTHODONTIC CONCERNS (Braces/Retainers)**

### ***Wire causing irritation***

1. Cover end of wire with small cotton ball, beeswax, or piece of gauze
2. Contact parent and refer to orthodontist

### ***Wire embedded in cheek, tongue or gum tissue:***

1. **DO NOT REMOVE**
2. Contact parent and refer to orthodontist

### ***Appliance loosens or breaks off.***

1. Contact parent and refer to orthodontist
2. Send broken piece of appliance with student

## **KNOCKED OUT TOOTH**

1. Place the tooth in a container of milk.
2. Contact parent and refer to dentist as soon as possible.
3. **DO NOT SCRUB THE TOOTH.**
4. Send tooth with student.

## **BROKEN TOOTH**

1. Save broken piece of tooth, if available, and place in milk.
2. Apply cold compresses on the face in area of injured tooth.
3. Contact parent and refer to dentist as soon as possible.

## **BITTEN TONGUE OR LIP**

1. Apply direct pressure to the bleeding area with a clean cloth.
2. Apply cold compresses, if swelling is present.
3. If bleeding does not stop, contact parent and refer to health care provider/dentist.

## **OBJECT WEDGED BETWEEN TEETH**

1. Try to remove the object with dental floss.
2. Guide the floss carefully to avoid cutting the gums.
3. **DO NOT** try to remove the object with sharp or pointed objects.
4. Contact parent if unable to remove and refer to dentist.

## **POSSIBLE FRACTURED JAW**

1. Encourage person to stabilize jaw with own hand.
2. Apply cold compresses.
3. Contact parent and refer to health care provider.
4. **CALL 911**, if appropriate.

# DIABETES

## Look for Medic Alert Tag

### LOW BLOOD SUGAR EPISODE

1. If the person is known to have diabetes, observe for signs of symptoms of low blood sugar:
  - fatigue
  - confusion
  - hunger
  - crying
  - headache
  - inappropriate responses
  - moist pale skin
  - dizziness
  - irritability
  - nausea
  - drowsiness
  - unconsciousness
2. Stay with person
3. **If person is conscious**
  - Assist the person to ingest a source of carbohydrate / sugar such as:
    - a) 4 oz. juice or pop (not diet)
    - b) lifesavers
    - c) glucose tablets
    - d) milk
  - If symptoms persist after 10 minutes, repeat source of sugar followed by a carbohydrate such as crackers or bread
  - contact parent
4. **If unconsciousness or a seizure develops**
  - CALL 911
  - DO NOT give anything by mouth
  - monitor ABC's
  - contact parent

## **EAR DISORDERS**

1. Have the person rest on cot.
2. **DO NOT** apply heat or put anything in the ear.
3. Contact parent and refer to health care provider if:
  - fever is present
  - pain is intense
  - ear drainage is observed
  - it is a frequent complaint

## **FOREIGN BODY IN EAR CANAL**

1. Have a person tilt head to that side, object may fallout.
2. **DO NOT** try to remove the object.
3. Contact parent and recommend removal by health care provider.

# **EYE INJURY**

## **ABRASIONS / LACERATIONS OF EYE**

Signs and Symptoms:

- a) Pain
- b) Light sensitivity
- c) Increased tearing

1. Cover eye lightly
2. Contact parent.
3. Refer to health care provider.
4. Complete incident/injury report.

## **MINOR**

1. Apply cold pack for 15 minutes.
2. Contact parent.
3. Refer to health care provider if:
  - a) pain or redness continues
  - b) bleeding or visual impairment is present . any of the above symptoms develop later in the day
4. Complete incident/injury report.

## **MAJOR: LACERATIONS / PENETRATING INJURIES OF EYEBALL**

1. Instruct person to lie down.
2. DO NOT attempt to remove penetrating objects if present.
3. Stay with person.
4. Instruct someone to CALL 911.
5. Instruct person to keep eyes still.
6. Contact parent.
7. Complete incident/injury report.

## **SEVERE INJURY**

1. Apply cold pack and have person rest quietly.
2. Contact parent and refer to health care provider.
3. CALL 911 if appropriate.
4. Manage as a head injury.
5. Monitor breathing and level of consciousness.
6. Complete incident/injury report.

## **BLOW TO THE EYE**

A blow to the eye can cause internal bleeding and/or structural injury and loss of vision.  
(i.e.: a tennis or baseball can cause severe trauma to the eye.)

## **FAINTING**

1. If person is feeling faint and is conscious:
  - assist to lie flat or sit with their head between their knees
  - loosen tight clothing
  - stay with the person
  - **DO NOT** give anything to eat or drink until person is completely recovered
  - ask if person has been ill, missed a recent meal or has been in a stressful situation recently
2. If person becomes unconscious:
  - **CALL 911**
  - check ABC's
  - turn person on their side if vomiting occurs
  - examine for injuries
3. Contact parent; refer to health care provider.
4. Complete incident / injury report.

## HEAD INJURY

### MILD HEAD INJURY (no loss of consciousness)

1. Ask person how injury occurred.
2. Observe for and document any swelling, bruising, or laceration at the site of injury.
3. Apply cold pack to site of injury.
4. Have person rest 15-30 minutes, check frequently.
5. Allow person to return to normal activity if no symptoms of:
  - nausea
  - vomiting
  - dizziness
  - blurred vision
6. Contact parent; refer to health care provider.
7. Send home *Head Injury Information*.
8. Complete incident/injury report.

### SEVERE HEAD INJURY

#### Immobilize spine if neck injury suspected

1. Observe for symptoms, document:
  - loss of consciousness
  - bleeding or fluid from mouth, nose, ears
  - confusion
  - sleepiness or inability to be awakened
  - changes in behavior
  - memory loss
  - persistent vomiting
  - difficulty breathing
  - visual problems
  - severe headache
2. **DO NOT** move person.
3. **DO NOT** leave person unattended.
4. Instruct someone to **CALL 911**:
  - monitor ABC's until EMS arrives
  - if vomiting or bleeding from mouth or nose, turn person as a unit onto side
5. Control any bleeding, apply dressing and bandage.
6. Apply cold pack to site of injury.
7. Contact parent; notify school nurse.
8. Complete incident/injury report.

## **HEADACHE**

1. Ask person if there has been a recent head injury.
2. Take temperature.
3. Allow person to rest in a quiet, low light area.
4. **DO NOT** give any medication unless it follows the guidelines of the medication policy.
5. Contact parent if person is unable to return to normal activity.

# HEAT INJURIES

## HEAT EXHAUSTION

1. Monitor ABC's.
2. Observe for symptoms, document:
  - nausea
  - fatigue
  - headache
  - dizziness
  - pale, clammy skin
  - confusion
  - vomiting
  - profuse perspiration
3. Offer fluids if not vomiting.
4. Move person to cool area
5. Remove excess clothing.
6. Have person lie down.
7. Contact parent.
8. Refer to health care provider if symptoms persist

## HEATSTROKE

This is a life threatening emergency

1. Monitor ABC's.
2. Observe for symptoms, document:
  - high temperature
  - unconsciousness
  - rapid, weak pulse
  - hot, flushed, dry skin
3. Instruct someone to **CALL 911**.
4. Move person to cool area.
5. Assist person to lie down.
6. Sponge person with cool, wet towels.
7. Contact parent.
8. Complete incident/injury report.

## KNEE INJURY

1. The **ICER** guidelines should be used:
  - a. Apply **I**ce directly to the injury for fifteen to twenty minutes.
  - b. Apply **C**ompression through use of plastic wrap or ace wrap while icing.
  - c. **E**levate the injury above the level of the heart, or as high as is reasonably comfortable for the athlete.
  - d. Allow the athlete to **R**est the injured area following ice treatment.
2. You may need x-rays depending on the severity of the knee injury.
3. The recovery time is usually between 3-7 weeks; however; the swelling may last for a few months.
4. In severe cases surgery may be necessary to remove a torn cartilage or repair tendons around the knee joint.



## **NECK INJURY**

### **Immobilize spine**

#### **If ANY midline tenderness**

1. Instruct someone to **CALL 911**.
2. **DO NOT** move person.
3. **DO NOT** leave person unattended.
4. Monitor **ABC's** until EMS arrives.
5. If vomiting or bleeding from mouth or nose, turn person as a unit onto side.
6. Manage for shock.
7. Contact parent
8. Complete incident/injury report.

## NOSEBLEED

1. Assist person into a sitting position
2. **DO NOT** tilt head back
3. Ask the victim to apply direct pressure to the “soft part” of the nose in a pinching fashion (encourage self-care if possible)
4. Allow the victim to sit quietly
5. A cold pack may be applied to the nose after bleeding has stopped
6. Contact the parent for health care evaluation
7. Call 911 if symptoms of shock are observed



Breath through  
mouth

Pinch nostrils

# **POISONING**

## **ABSORBED**

1. Remove person from source of poison.
2. Locate container of poisonous substance and bring it to phone.
3. Remove any clothes with poison on them;
4. Wear gloves.
5. CALL 911 or Poison Control Center and follow their instructions.
6. Contact parent with recommendations of Poison Control Center.
7. Complete incident / injury report.

## **RECENT CONTACT WITH POISON OAK, POISON IVY**

1. Wear gloves.
2. Wash with soap and water.
3. Contact parent.

NOTE: Poison oak, poison ivy will not be transmitted by the drainage from the lesion.

## **INHALED**

1. Survey scene for safety:
  - DO NOT try to rescue person if poisonous gases are present
  - CALL 911
2. Remove person from poisonous environment if person can be reached safely.
3. Monitor ABC's.
4. Begin CPR as necessary.
5. CALL 911 if indicated.
6. Contact parent.
7. Refer to health care provider.
8. Complete incident / injury report.

## **SWALLOWED (including medication overdose)**

1. Locate container of poisonous substance and bring it to the phone.
2. CALL 911 or Poison Control Center and follow their instructions
3. Contact parent with recommendations of Poison Control Center.
4. Observe for SHOCK and provide supportive care (see SHOCK).
5. Send remaining poisonous substance, container and any stomach contents if person is sent to emergency facility.
6. Complete incident / injury report.

## SEIZURES

### CHECK FOR MEDICAL ALERT!

1. Note time seizure begins and ends.
2. Observe parts of body involved.
3. Document for health care provider; Monitor ABC's.
4. Assist person into lying position.
5. Protect from injury:
  - place something soft under head
  - remove glasses
  - loosen tight clothing
  - clear area of hard or sharp objects
  - turn person to side if possible
6. **DO NOT** try to restrain person.
7. **DO NOT** force anything into person's mouth or between teeth.
8. **DO NOT** leave person unattended.
9. Check person for injuries.
10. If the person is known to have seizures, follow the emergency care plan for that person.
11. Direct someone to **CALL 911** if seizure lasts longer than 5 minutes.
12. Allow person to rest after seizure is over, if needed, before resuming normal activity.
13. Contact parent.
14. Refer to health care provider.
15. Complete incident/injury report if appropriate.

## SHOCK

1. Consider shock in all instances of:
  - severe bleeding
  - severe infection
  - emotional trauma
  - severe burns
  - allergic reactions
  - poisoning, drug overdose
  - head injuries
  - neck injuries
  - back injuries
2. Observe for symptoms and document:
  1. restlessness/agitation
  2. pale, cool, moist skin
  3. nausea, vomiting
  4. weakness
  5. shallow respiration
  6. difficulty breathing
  7. bluish or blotchy appearance to skin
  8. rapid pulse
  9. confusion, disorientation
  10. unresponsive
3. Monitor ABC's.
4. Assist person to lie down; elevate legs without bending knees; **IF HEAD, SPINAL, OR PELVIC INJURY IS SUSPECTED, DO NOT ELEVATE LEGS. DO NOT MOVE PERSON UNLESS IN DANGER.**
5. **CALL 911** if necessary.
6. Begin CPR if necessary.
7. Keep warm; cover with a blanket.
8. **DO NOT** give anything by mouth.
9. Contact parent.
10. Complete incident/injury report.

## SLING APPLICATION



1. Support the injured area above and below the site of injury.



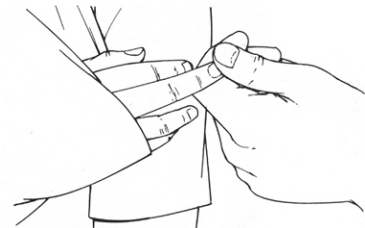
2. Check for feeling warmth and color.



3. Place a triangular bandage under the injured arm and over the uninjured shoulder to form a sling.



4. Tie ends of the sling at the side (not back) of the neck.



5. After the splint is in place recheck the limb for feeling warmth and color.

## SPLINTING



1. Support the injured area above and below the site of injury.



2. Check for feeling warmth and color.



3. Place a rigid splint (board) under the injured area that is long enough to include the joint above and the joint below the injured area.



4. Secure the splint to the injured limb using ace wraps or folded triangular dressing above and below the area of injury.



5. After the splint is in place recheck the limb for feeling warmth and color.

If the injury is significant enough to need a splint then x-ray evaluation is automatically indicated.

## **SPRAINS AND STRAINS**

1. Elevate the injured part
2. Apply a cold pack.
3. Immobilize area for transport to medical care.
4. Contact parent.

# WOUND CARE

## ALWAYS WEAR GLOVES IN THE PRESENCE OF BLOOD

### In General:

- If the laceration (cut) is more than a 1/4" deep or a 1/2" long, refer the student to his or her physician's office for evaluation.
- Remove the athlete from exercises to minimize further bleeding.
- Laceration is to the head should also raise the possibility of a concussion.

### Abrasions and Minor Lacerations.

1. Control bleeding by elevating area and applying direct pressure to the wound.
2. Wash with soap and water.
3. Dry area and cover with a Band-Aid or sterile gauze pad and bandage.
4. Contact parent and refer to health care provider if:
  - Wound is located on face, abdomen, or back unless obviously minor
  - Fat protrudes from the wound
  - Numbness or tingling is present in the area of the wound
  - Blood pumps vigorously from the wound
  - Signs of infection develop
  - Stitches seem to be necessary
  - Tetanus immunization status is uncertain

### Severe Lacerations

1. Control bleeding with direct pressure to the wound and by elevation.
2. **CALL 911** if bleeding is severe or uncontrollable.
3. Have the person lie down.
4. Monitor **ABC's**.
5. Contact parent.
6. Refer to health care provider immediately.
7. Apply a sterile gauze pad and bandage.
8. **DO NOT** apply antiseptics or salves.

### Amputations (severed body part)

1. Control bleeding with direct pressure to the wound and by elevation. Use pressure point, if needed.
2. Monitor **ABC's**.
3. Have the person lie down.
4. Contact parent.
5. Refer to health care provider immediately.
6. Save the severed piece in sterile or clean gauze and place in plastic bag.
3. Place ice packs around it and send with the person to medical care.
7. **CALL 911**, if indicated.
8. Complete incident/injury report.

### **Impaled Objects**

1. If an object is impaled in the wound, do not remove it.
2. Bandage with bulky dressings around it to keep the impaled object from moving.
3. Monitor **ABC's**.
4. Contact parent.
5. Refer to health care provider immediately.
6. **CALL 911**, if indicated.
7. Complete incident/injury report.

### **Puncture Wounds**

1. Wash with soap and water.
2. Monitor ABC's.
3. Contact parent.
4. Refer to health care provider if:
  - There is any question of an object remaining in the wound
  - The wound is located on head, abdomen or chest
  - Tetanus immunization status is uncertain

### **Splinters**

1. Remove if it is near the surface.
2. Wash with soap and water.
3. **DO NOT** remove if deeply imbedded.
4. Contact parent.
5. Refer to health care provider if:
  - Tetanus immunization status is uncertain
  - Splinter is deeply imbedded

**ALL DISPOSE OF BLOOD-TINGED PRODUCTS IN A BIOHAZARD WASTE RECEPTACLE (RED PLASTIC BAG)**

## **RECOMMENDED REFERENCES**

1. Bear Grounds, Trish. *The Bare Essentials Guide for Martial Arts Injury Care and Prevention*. Turtle Press Hartford 2001
2. Kim, Sang H. *Martial Arts After 40*. Turtle Press Hartford 1999

# MEDICAL INCIDENT REPORT

Incident Date \_\_\_\_\_ Report Date \_\_\_\_\_

Student Name \_\_\_\_\_ Age \_\_\_\_\_

Class Activity \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Injury / Illness type \_\_\_\_\_

\_\_\_\_\_

How did incident occur (*what person was doing, any unsafe action, conditions or equipment*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff observations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Intervention/ treatment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Disposition  Home  Hospital  Physician

Treating doctor, hospital or clinic \_\_\_\_\_

Follow-up doctor or clinic \_\_\_\_\_

Follow-up information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Instructor Completing Report \_\_\_\_\_ Date \_\_\_\_\_

Head Instructor \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

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