



FOOTBALL  
NSW

# RESPONDING TO FOOTBALL INJURIES DURING COVID-19



# INTRODUCTION

Football NSW has prepared a number of resources – Guidelines, Checklist and Posters– to help educate and assist the football community during this COVID-19 pandemic. These resources can be found [here](#).

**Clubs, teams, coaches, players and parents should read, understand and follow these Guidelines as they begin to 'return to train', and when full restrictions have been lifted, as they 'return to play'.**

The priority for Football NSW, and indeed everyone involved in the game, is to safeguard the health and wellbeing of the community and to undertake its social responsibility to do everything it can to slow down the spread of COVID-19.



## **Firstly, prevention is always better than the cure!**

**Players, coaches, other club staff and any other people intending to attend any football activity are reminded that they should not attend training or play in a match, if in the past 14 days they have:**

- **been unwell or have any flu-like symptoms;**
- **been in contact with a known or suspected case of COVID-19; or**
- **any sudden loss of smell or loss of taste.**

Anyone at a high risk from a health perspective, including the elderly, and those with pre-existing medical health conditions should also not attend.

By following these principles, the risk of someone turning up to training (or playing) whilst suffering from the virus is reduced.

The Guidelines provide further measures that everyone should follow, some of which apply equally in everyday life. These include:

- maintaining social distancing of 1.5 metres between individuals, training in small groups of 10 or less people with spacing so that there is no more than 1 person per 4m<sup>2</sup>;
- minimising, and ideally eliminating the sharing of equipment, including reducing touching of the ball with hands (e.g. throw-ins, heading drills that require the ball being handled);
- thorough cleaning of equipment, clothing, rooms and other surfaces. Training bibs should not be shared and players should take theirs home to wash; and
- good personal hygiene is paramount. Coaches should provide regular breaks for the purpose of rehydrating and hand sanitising. No one should be sharing drink bottles – make sure each player brings their own clearly labelled drink bottle.

All of the above are aimed at further reducing the risk that the virus is transferred from person to person.

## **FIRST AID, COVID-19 AND SOCIAL DISTANCING**

When providing any form of first aid or injury treatment, always think of each situation as potentially infectious. Remember that you may be dealing with a player that has copious amounts of bodily fluids - blood, sweat or saliva – present, so do not to take any risks. As a first responder, your initial priority is always to minimise the risk of danger to yourself before you help someone else.

That rule never changes regardless of the fact we are in a COVID-19 pandemic. We simply need to continue treating every situation as if every injured player is infected and implement these safeguards when rendering first aid and especially CPR.

# TREATING AN INJURY

If a player goes down injured – in training or whilst playing a game – take extra precaution as you run on to the pitch to deal with them. Many professional physios, sports trainers or doctors follow the protection measures listed below as a matter of course, but they equally apply to the community coach/manager, who may, in the heat of the moment and with the desire to treat a player in pain/distress, enter the field of play without much thought.

**NOTE: the following are very broad high-level recommendations. Ideally, every club should have a designated 'sports trainer' or someone more highly qualified (e.g. physio or doctor). Clubs are encouraged to implement some form of first aid/sports trainer education program as part of their upskilling of coaches and other staff.**

## RECOMMENDED PROCEDURES:

- Where possible, wear disposable gloves. If gloves are not available, make sure you wash your hands with soap and water or an alcohol-based hand rub for at least 20 seconds prior to and after attending to the player.
- Approach the injured player and instruct all other players and match officials to move away and maintain a minimum of 1.5 metres distance from yourself and the player.
- In the first instance, and where possible, assess the player using voice instructions while trying to maintain a distance of 1.5 metres from them.
- If necessary, provide the player with a disposable water bottle or their own water bottle.
- Make sure you, the player and the people around you follow good respiratory hygiene. As difficult as it may be, try to calm the player down by having them breath slowly and deeply.
- Avoid unnecessary touching of the player. In some minor injuries, it may be possible to treat the player without physically touching them. For example, with a twisted ankle or other leg injury, the player may be able to rotate or take their own body weight themselves or stretch out, without you having to touch them. Often, the player themselves will be able to determine whether they can continue or not – if ever in doubt, don't risk any further harm or aggravation of the injury and have the player rest and sit out the session/game, and if necessary seek further professional medical advice. All coaches should know some basic principles behind treatment of common injuries – e.g. RICE (rest, ice, compression, elevation).
- Do not touch your face while or after responding to an injured player, and importantly, do not touch your face whilst wearing disposable gloves – this negates the reason why you wear the gloves in the first place.
- Within the limits of your own 'first aid treatment skills', provide assistance to the player as necessary.
- In the event of a head clash or where concussion is suspected, remove the player from the activity, and have them rest and sit out the remainder of the activity. Implement concussion protocols and have the player refer themselves to a GP.
- Obviously, where a serious injury is suspected, e.g. knee injury or a broken bone - call an ambulance.
- Most significantly, if there is any suspicion of a spinal injury, suspend the activity, and whilst providing comfort (e.g. providing extra clothing or a blanket to keep them warm), call an ambulance immediately. Never attempt to move the player off the pitch!
- Make a record of any injury that requires treatment or transport by ambulance, including the player's name, contact details, type of injury and treatment.
- Notify the player's parent, guardian or emergency contact if being transported by ambulance.
- After removing gloves, wash hands with soap and water or an alcohol-based hand rub for a minimum of 20 seconds.
- Thoroughly dispose of any first aid supplies used for treatment, i.e. ice pack, towels, dressings etc.
- Disinfect any equipment used e.g. first aid kit, stretcher, treatment table, first aid room.
- Remove and dispose of all personal protective equipment (PPE) that was used, e.g. disposable gloves, mask, CPR mask etc.

# PRECAUTIONARY MEASURES FOR INFECTION CONTROL

There are some basic practices to follow to prevent spreading infections when providing First Aid, whether there are known or unknown infections present:

- Good hygiene practices.
- Wearing PPE, i.e. disposable gloves, CPR masks when administering CPR etc.
- Appropriate handling of clinical waste, i.e. sharps, fluids, used dressings etc.
- If within the 1.5 metre social distance rule (which will usually be the case when attending to a player), consider what additional measures you can take to prevent the exchange of body fluids and cross infection from the player to yourself, or conversely from yourself to the player.
- Keep in mind that the biggest risk of all is one as simple as failing to wash our hands thoroughly after coming into contact with someone and then touching our face with our hands.
- In addition to the usual cross infection precautionary measures such as using barriers like disposable gloves and CPR masks to administer CPR, you may also decide to make any reasonable adjustments to how you administer CPR. This may include providing compressions only, instead of a combination of breaths and compressions during CPR.

Refer to the [Infection Control Handy Guide](#) issued by St John Ambulance for further information about PPE and Precautionary Measures.

## HANDWASHING

Washing hands effectively is the number one way to stop infections in their tracks. In fact, it can prevent about 30% of diarrhea related sicknesses and about 20% of respiratory infections (see information published by the Centers for Disease Control and Prevention available [here](#)).

Many adults do not follow best practice and are spreading disease unknowingly and unwittingly. It is more than just running your hands underwater for a few seconds.

A few tips you should follow to make sure you are washing your hands properly:

- Wash hands both before and after providing First Aid and in between treating different players;
- Use soap and warm running water;
- Rub hands together with lather for at least 20 seconds, ensuring you rub between fingers, under nails and the backs of hands;
- Rinse hands well under running water;
- Dry thoroughly with a paper towel that you then dispose of thoroughly; and
- If soap and water are unavailable, use antiseptic wipes to clean hands and apply a sanitising liquid or gel that contains at least 60% alcohol.

You must never touch any wounds or used dressings with your bare hands. PPE, such as disposable gloves, is vital in such situations.

As a First Aider or First Responder, you may be at higher risk of infection due to your role. To protect yourself and the player you are providing assistance to, keep infection control front of mind at all times.

One small lapse in procedure could put you or others at risk.

## INFECTION CONTROL GUIDE AND TRAINING

Free [Infection Control Guide issued by St John Ambulance](#)

Free [Infection Control Training](#)



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