


Best Practices of First Aid for Gymnastics


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Introduction

- Nearly three-quarters of the households in the U.S. with school-age children have at least one child that is involved in organized sports activities.
- Approximately one million serious sports-related injuries occur annually, requiring hospitalization, surgery, missed school, or at least a half-day in bed.
- Up to 22% of girls and 39% of boys participating in organized sports are injured each year. Most (62%) of sports injuries occur during practices rather than at games and competitions.
- Sports-related injuries accounted for 41 percent of musculoskeletal injuries treated in emergency rooms for 5 to 21 year olds.
- Most sports-related injuries occur in early adolescence, with 13-year old children experiencing the highest number of sports-related injuries.
- Contact sports are associated with higher rates of injury but injuries from individual sports tend to be more severe.


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Gymnastics Injuries


- Each year, more than 220,000 American youth participate in school or community gymnastics programs.
- According to the United States Consumer Product Safety Commission National Injury Information Clearinghouse, gymnastics-related injuries resulted in:
 - 39,480 emergency room visits in 1994;
 - 33,373 cases in 1997;
 - 31,446 reported cases in 1998.
- In 2003, almost 22,000 children between the ages of 5 and 14 were treated in hospital emergency room for gymnastics-related injuries.

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Injury Prevention


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Accident Prevention

- **Keep your students in line**
- **Use lots of choices**
- **Safe Equipment**
- **Rotations**
- **Keep it calm**
- **Proper supervision**


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Safe Hiring Practices

- Background Checks
 - Criminal Background
 - Department of Justice
 - Federal Bureau of Investigation
- Health Screenings
 - Tuberculosis


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Legal Responsibilities

- Supervise the activity closely
- Properly plan the activity
- Provide proper instruction
- Provide a safe environment
- Provide adequate and proper equipment
- Warn of inherent risks
- **Provide emergency assistance**
- Keep informed
- Know your students
- Keep adequate records


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Gymnast Readiness

- Warned of inherent risks
 - Injuries
 - Paralysis
 - Death
- Permission for Medical Treatment
- Prepared for participation
- Pre-Participation Physical Examination
- Pre-Participation Medical Survey

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Emergency Action Plans

To ensure a positive outcome:

- Communication is the foundation
 - rules, policies, procedures
- Realistic expectations are needed
 - special circumstances, pre-participation guidelines, emergency procedures
- Preparation is the key
 - Do not panic, have a plan, practice the plan

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Evacuations / Shelter in Place

- Do not panic.
- Stay with your class.
- Follow the Emergency Action Plan.


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First Aid Kits


- Readily accessible
- Broad scope of supplies for a variety of possible situations
- Properly stocked
- Replace expired or used items
- Must not replace medical attention when needed

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Emergency First Aid


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Emergency First Aid

- Assistance given to an injured or sick person in need of urgent medical assistance
 - Typically, on-site immediate care given to an accident victim until advanced medical care arrives
- The established standard First Aid response is “Check, Call, Care” followed by the “ABC’s.”
- Applies to a broad range of medical situations
- Knowledge and skills necessary to prevent, recognize, and provide basic care for injuries and sudden illnesses
- Consists of both specific knowledge and skills
 - Ability to assess a situation and make appropriate decisions
 - Specific skills such as cardiopulmonary resuscitation (CPR) or the Heimlich maneuver to assist choking victims
- May be required for life-threatening medical emergencies as well as for minor medical conditions or environmental injuries
- Always call 911 for emergency medical assistance immediately.


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Check, Call, Care

- **Check** the Area for Safety
- **Call** for Help!
 - Exception: If the victim is a child that requires CPR, provide care for two minutes before calling for help.
- **Care** for the Victim.
 - Check for Consciousness (ask permission to help)
 - Remember the **ABC’s**


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A – B – C ‘s

- **Airway** - Check the victim for obstructed airway
 - Choking relief
- **Breathing**
 - Rescue breathing
- **Circulation** - Check the victim for a pulse
 - CPR
 - Chest compressions.
 - Automated External Defibrillators (AED)


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Head-to-Toe Evaluation

- **Conduct Head to Toe Evaluation**
 - Check for head, neck, or spinal injury
 - Look for signs of bleeding and broken bones/dislocations
 - Bleeding - Treat a bloody wound with direct pressure and a clean dressing (band-aid), elevating the injured body part above the heart (if possible).
 - Broken bone/dislocation – immobilize the injured area, apply ice, prepare for transport.
 - Examine for obvious injuries
 - Observe for signs of shock
 - Keep the victim calm and focused on something other than the injury.

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Recovery Position

- If a victim is unconscious when you arrive on the scene, make sure the area is safe for you to approach. If the victim is breathing but not conscious, place the person in a “recovery position” to ensure the airway remains clear in the event of vomit, blood, saliva, etc. Do NOT move a victim if you suspect a head, neck, or spinal injury.

To place a victim in a recovery position:

- Kneel down facing the victim,
- Place the arm nearest to you at a right angle to the victims side (hand near the head, palm up),
- Place the arm farthest from you across the victim chin,
- Gently pull the victims knee (furthest from you) toward you, keeping the victims arm pressed against their cheek so that it can act as a support,
- Position the leg at a right angle so the victim is resting on their side,
- Make sure the chin is raised to maintain an open airway and the body is supported by the bent leg and arm.
- Monitor frequently by checking breathing and pulse until medical help arrives.


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Choking Victims


- Choking occurs when a foreign object becomes lodged in the throat or windpipe, blocking the flow of air
- Because choking cuts off oxygen to the brain, first aid must be administered as quickly as possible
- The universal sign for choking is hands clutched to the throat
- If the person doesn't give the signal, look for these signs:
 - Inability to talk
 - Difficulty breathing or noisy breathing
 - Inability to cough forcefully
 - Skin, lips and nails turning blue or dusky
 - Loss of consciousness
- If the victim is able to inhale and cough, do not intervene too quickly; encourage the victim to continue coughing but continue to monitor the situation closely
- If choking is occurring, begin first aid

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Abdominal Thrusts

- Inform the victim you are going to help.
- Stand behind the person with your feet apart. Be prepared to support a choking victim in the event they lose consciousness and collapse. Wrap your arms around the victim's waist. Tip the person forward slightly.
- Make a fist with your dominant hand by wrapping your fingers around your thumb. Position the exposed knuckle of the thumb slightly above the person's navel.
- Grasp the fist with the other hand. Press hard into the abdomen with a quick, upward thrust — as if trying to lift the person up.
- Repeat until the blockage is dislodged. Each thrust should be a concerted effort to expel the obstruction (as opposed to "pumping actions" to remove the blockage.




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Rescue Breathing

- If a victim is not or stops breathing, artificial respiration (mouth-to-mouth) rescue breathing is used
- Do NOT use rescue breathing on a person that is breathing on their own, however weakly
- LOOK, LISTEN, AND FEEL FOR NORMAL BREATHING FOR 5 TO 10 SECONDS
 - Kneel next to the person with your head close to his or her head
 - Look to see if the person's chest rises and falls
 - Listen for breathing, wheezing, gurgling, or snoring
 - Put your cheek near the person's mouth and nose to feel whether air is moving out


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Rescue Breathing

- Place your hand on the person's forehead, and pinch the person's nostrils shut with your thumb and forefinger. With your other hand, tilt the chin upward to keep the airway open.
- Take a normal breath, and place your mouth over the person's mouth, making a tight seal. For a baby, place your mouth over the baby's mouth and nose. Give a breath (blow into the victim's mouth) for 1 second and watch to see if his or her chest rises.
- If the first breath does not go in, try tilting the person's head again, and give another breath.
- Between rescue breaths, remove your mouth from the person's mouth, and take a normal breath. Allow the person's chest to fall, and feel the air escape.
- After giving 2 rescue breaths, the victim may begin breathing and / or vomiting. If so, turn the victim onto his or her side - extremely carefully if you suspect a spinal injury - and wipe out the mouth.
- After giving 2 rescue breaths, check for a pulse (using the radial artery in the wrist, the brachial artery in the upper arm, or the carotid artery in the neck).
- Give one slow breath every five seconds for 12 breaths, if the person is still not breathing but has a pulse. Continue rescue breathing until advanced medical help arrives.
- If no pulse is detected, begin CPR


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CPR - Cardiopulmonary Resuscitation

- Emergency lifesaving technique used when someone's breathing or heartbeat has stopped
- Involves a combination of mouth-to-mouth rescue breathing and chest compressions
- Time is critical
- Assess the situation before starting CPR:
 - Remember Check, Call, Care and "A,B,C's"
 - Is the person conscious or unconscious?
 - If the person appears unconscious, tap or shake his or her shoulder and ask loudly, "Are you OK?"
 - If the person does not respond, call 911 (or your local emergency number), or have someone else do it
 - if alone with a child victim who needs CPR, perform two minutes of CPR before calling for help.

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CPR - Cardiopulmonary Resuscitation

AIRWAY:

- Put the person on his or her back on a firm surface
- Kneel next to the person's neck and shoulders
- Open the person's airway using the head tilt-chin lift. Put your palm on the person's forehead and gently push down. Then with the other hand, gently lift the chin forward to open the airway
- Check for normal breathing, taking up to 10 seconds:
 - Look for chest motion, listen for breath sounds, and feel for the person's breath on your cheek and ear. If the person isn't breathing normally or you aren't sure, begin mouth-to-mouth rescue breathing

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CPR - Cardiopulmonary Resuscitation

BREATHING:

- Rescue breathing can be mouth-to-mouth breathing or mouth-to-nose breathing if the mouth is seriously injured or can't be opened
- With the airway open (using the head tilt-chin lift), pinch the nostrils shut for mouth-to-mouth breathing and cover the person's mouth with yours, making a seal
- Prepare to give two rescue breaths. Give the first rescue breath — lasting one second — and watch to see if the chest rises. If it does rise, give the second breath. If the chest doesn't rise, repeat the head tilt-chin lift and then give the second breath
- Begin chest compressions — go to "CIRCULATION"

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CPR - Cardiopulmonary Resuscitation

CIRCULATION:

- Place the heel of one hand over the center of the person's chest, between the nipples.
- Place your other hand on top of the first hand. Keep elbows straight and position shoulders directly above hands.
- Use upper body weight (not just arms) to push straight down on (compress) the chest 1 ½ to 2 inches.
 - Push hard and push fast — give two compressions per second, or about 100 compressions per minute.
- After 30 compressions, tilt the head back and lift the chin up to open the airway.
- Prepare to give two rescue breaths.
 - Pinch the nose shut and breathe into the mouth for one second. If the chest rises, give a second rescue breath. If the chest doesn't rise, repeat the head tilt-chin lift and then give the second rescue breath. That's one cycle. If someone else is available, ask that person to give two breaths after you do 30 compressions.
- If the person has not begun moving after five cycles (about two minutes) and an automated external defibrillator (AED) is available, open the kit and follow the prompts.
 - If you're not trained to use an AED, a 911 operator may be able to guide you in its use.
 - Use pediatric pads, if available, for children ages one to eight. If pediatric pads aren't available, use adult pads.
 - Do not use an AED for infants younger than one year old. If an AED isn't available -
- Continue CPR until there are signs of movement or until emergency medical personnel take over.

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CPR - Cardiopulmonary Resuscitation

To perform CPR on a child:

- Essentially the same as that for an adult. The differences are as follows:
 - Perform five cycles of compressions and breaths on the child — this should take about two minutes — before calling 911 or the local emergency number, unless someone else can call while you attend to the child
 - Use only one hand to perform heart compressions, compressing the chest 1 to 1 ½ inches
 - Breathe more gently
 - Use the same compression/breath rate as is used for adults: 30 compressions followed by two breaths. This is one cycle. Following the two breaths, immediately begin the next cycle of compressions and breaths.
 - Continue until the victim moves or help arrives


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Head, Neck and Spine Injuries

- Urgent medical attention critical to minimizing the long-term effects of any head, neck, or spinal trauma.
- Treatment often begins at the scene of the accident.
- First aid treatment must attend to three immediate concerns
 - maintaining the victim's ability to breathe,
 - keeping the victim from going into shock,
 - immobilizing the head and neck to prevent further spinal cord damage.
- NEVER move a person with a suspected back or neck or spinal injury unless absolutely necessary to prevent further injury.
- Always assume a spinal injury if:
 - There is evidence of a head injury with an ongoing change in the person's level of consciousness.
 - The person complains of severe pain in his or her neck or back.
 - The person won't move his or her neck.
 - An injury has exerted substantial force on the back or head.
 - The person complains of weakness, numbness or paralysis or lacks control of his or her limbs, bladder or bowel.
 - The neck or back is twisted or positioned oddly.

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Head, Neck and Spine Injuries

If you suspect someone has a spinal injury:

- Dial 911 or call for emergency medical assistance.
- Keep the person in much the same position as he or she was found.
- Keep the person still.
- Place heavy towels on both sides of the neck or hold the head and neck to prevent movement.
- Provide as much first aid as possible without moving the person's head or neck.
- If the person shows no signs of circulation (breathing, coughing or movement), begin CPR, but do not tilt the head back to open the airway; use your fingers to gently grasp the jaw and lift it forward.
- If you absolutely must roll the person because he or she is vomiting, choking on blood or in danger of further injury, use at least two people. Work together to keep the person's head, neck and back aligned while rolling the person onto one side.


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Heat and Hydration Emergencies

- Dehydration can become serious very quickly.
- Some signs of the progressive effects of dehydration:
 - Thirst
 - Dry Mouth, flushed skin, fatigue, headache
 - Dizziness, weakness, labored breathing
 - Muscle spasms

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Heat and Hydration Emergencies


Heat Exhaustion

- The risk of heat exhaustion and heat stroke increases dramatically when the air temperature exceeds 100°. It is recommended that exercise by young athletes be reduced or discontinued when the temperature rises to that point.
- Heat exhaustion is one of the heat-related syndromes, which range in severity from fatigue to mild heat cramps to potentially life-threatening heatstroke.

To Treat Heat Exhaustion:

- Get the person out of the sun and into a shady or air-conditioned location.
- Lay the person down and elevate the legs and feet slightly.
- Loosen or remove the person's clothing.
- Have the person drink cool water, not iced, or a sports drink containing electrolytes.
- Cool the person by spraying or sponging him or her with cool water and fanning.
- Monitor the person carefully. Heat exhaustion can quickly become heatstroke. If fever greater than 102°, fainting, confusion or seizures occur, dial 911 or call for emergency medical assistance.

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Heat and Hydration Emergencies


Heat Stroke

- What makes heatstroke potentially life-threatening is that the body's normal mechanisms for dealing with heat stress, such as sweating and temperature control, are lost. The main sign of heatstroke is a markedly elevated body temperature, generally greater than 104° with signs of confusion or dementia. Skin may be hot and dry, although in heatstroke caused by exertion, the skin is usually moist.

To Treat Heatstroke:

- Move the person out of the sun and into a shady or air-conditioned space.
- Dial 911 or call for emergency medical assistance.
- Cool the person by covering him or her with damp sheets or by spraying with cool water. Direct air onto the victim with a fan or by waving a towel.

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Shock

Signs of shock include:

- Pale skin
- Cold and clammy skin
- Sweating
- Confusion and/or dizziness
- Weak or rapid pulse
- Shaking

Treatment for Shock


- To treat for shock, first determine the cause of the injury or trauma by conducting a scene survey. If the victim has a potential head, neck, or spinal injury, immobilize the athlete in a resting position. Administer mouth-to-mouth rescue breathing and CPR, if necessary.
- If the victim is conscious but showing signs of shock (with no suspected spinal injury):
 - Call for emergency medical assistance.
 - Have the injured athlete lay on their back with their feet raised about 6" to 12".
 - Make the victim as comfortable as possible, and try to maintain a normal (98.6° F) body temperature. If possible, remove any wet or restrictive clothing, and place blankets or other padding under the victim. Cover the victim with blankets, if necessary, to maintain normal body temperature.
 - Keep the victim calm and as comfortable as possible. Do not allow the victim to see his or her injuries.
 - Avoid any excitement of the victim or anybody else nearby.
 - Avoid excessive handling, as that may aggravate the problem leading to complications.
 - Make sure the victim knows that somebody is already calling for professional medical assistance.
 - Do not give a shock victim any food or drink. If the victim indicates thirst, then wet a towel and use it to wet his or her lips.
 - Continue to monitor the injured person for breathing, circulation, and shock and treat appropriately.

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Injury Treatment

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Basic Anatomy

- Musculoskeletal System
- Neurological System
- Respiratory and Circulatory System


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Common Injuries

- Sprains
- Strains
- Fractures
- Overuse Injuries
- Head, Neck, and Spine Injuries
- Dislocations
- Rips, Blisters, and Bloody Wounds

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Sprains

The greater the pain and swelling, the more severe the injury.

- **Mild.** The ligament stretches excessively or tears slightly. The area is somewhat painful, especially with movement. It is tender but there's not a lot of swelling. The joint is able to bear weight.
- **Moderate.** The fibers in the ligament tear, but don't rupture completely. The joint is tender, painful and difficult to move. The area is swollen and may be discolored from bleeding in the area. The gymnast may feel unsteady when trying to bear weight on the leg.
- **Severe.** One or more ligaments tear completely. The area is painful. The athlete is unable to move the joint normally or put weight on it. If attempting to walk, the athlete's leg feels as if it will give way. The joint becomes very swollen and can be discolored. The injury may be difficult to distinguish from a fracture or dislocation, which requires immediate medical care.

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Sprains

Treatment for Sprains

- Prevention of sprains is better than treating for them. Proper warm-ups before activities, eating a well-balanced diet with plenty of water, stretching and flexibility exercises, and proper conditioning reduces the likelihood of sprains.
- **R.I.C.E.D.** (Rest, Ice, Compression, Elevation, and Diagnosis) usually will help minimize the damage. Mild sprains may require rehabilitation exercises and activity modification during recovery. It is important in all but mild cases for a medical doctor to evaluate the injury and establish a treatment and rehabilitation plan. Bracing and taping may be used to help stabilize the injured tissue. A severe sprain may require surgery to repair damaged ligaments, the use of casts for immobilization followed by months of therapy.

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Strains

A strain is a stretching or tearing of muscle. This type of injury often occurs when muscles suddenly and powerfully contract or when a muscle stretches unusually far. This is often called an acute strain. Overuse of certain muscles over time can lead to a chronic strain. People commonly call muscle strains "pulled" muscles. Hamstring and back injuries are among the most common strains.

Depending on the severity of the strain, signs and symptoms may include:

- **Mild.** Pain and stiffness that occur with movement and may last a few days.
- **Moderate.** Partial muscle tears result in more extensive pain, swelling and bruising. The pain may last one to three weeks.
- **Severe.** The muscle is torn apart or ruptured. There may be significant bleeding, swelling and bruising around the muscle. The muscle may not function at all, and surgical repair may be necessary if the muscle has torn away completely from the bone.

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Strains

Treatment for Strains

- Exactly like sprains, the prevention of strains is better than treating for them. No athlete is immune but proper warm-ups before activities, eating a well-balanced diet with plenty of water, stretching and flexibility exercises, and proper conditioning reduces the likelihood of strains.
- **R.I.C.E.D.** (Rest, Ice, Compression, Elevation, and Diagnosis) usually will help minimize the damage. Mild strains may require rehabilitation exercises and activity modification during recovery. It is important in all but mild cases for a medical doctor to evaluate the injury and establish a treatment and rehabilitation plan.


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Rest

- Rest an injury by limiting movement
- Reduce blood flow by limiting activity
- Do not allow the gymnast to put any weight on the injured area.


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Ice

- Reduces inflammation and pain
- Reduces swelling and muscle spasms
- Cools the tissue and promotes healing
- Apply to an injury immediately for about 20 minutes
- Do not apply directly to the skin
 - use a towel or cloth to protect from cold burns.
- Use ice for the first 48 hours
 - applying an ice treatment approximately 20 minutes every two hours.


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Compression

- Reduces bleeding and swelling
- Provides support
- Used with ice treatments, reduces swelling more than ice treatments alone.


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Elevation

- Above the heart if possible
- Reduces bleeding and swelling by reducing blood flow
- May promote healing
- Place the injured area on a soft pillow for support and comfort.


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Diagnosis

- If significant improvement has not occurred within 48 hours, seek medical attention.
- Accurate diagnosis is imperative for proper care and rehabilitation of an injury.


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Fractures

- A fracture is a broken bone.
- There are many types of broken bones:
 - greenstick,
 - avulsion,
 - simple,
 - compound
- Regardless of the type, a fracture requires immediate medical attention.
- If the broken bone is the result of a major trauma or injury, call 911 or your local emergency number.

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Fractures


Call for emergency help if:

- If the person is unresponsive, isn't breathing or isn't moving, begin cardiopulmonary resuscitation (CPR).
- There is heavy bleeding.
- Even gentle pressure or movement causes pain.
- The limb or joint appears deformed.
- The bone has pierced the skin (compound fracture).
- The extremity of the injured arm or leg, such as a toe or finger, is numb or bluish at the tip.
- You suspect a bone is broken in the neck, head or back.
- You suspect a bone is broken in the hip, pelvis or upper leg (for example, the leg and foot turn outward abnormally, compared with the uninjured leg).

Take these actions immediately while waiting for medical help:

- Stop any bleeding. Apply pressure to the wound with a sterile bandage, a clean cloth or a clean piece of clothing.
- Immobilize the injured area. Don't try to realign the bone, but if you've been trained in how to splint and professional help isn't readily available, apply a splint to the area.
- Apply ice packs to limit swelling and help relieve pain until emergency personnel arrive. Don't apply ice directly to the skin — wrap the ice in a towel, piece of cloth or some other material.
- Treat for shock. If the person feels faint or is breathing in short, rapid breaths, lay the person down with the head slightly lower than the trunk and, if possible, elevate the legs.

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Rips and Blisters

Treatment for Rips

- Preventing infection is the first priority when treating a rip. The most important thing to do after a rip occurs is to wash the hand with warm water and a mild soap.
- If necessary, remove the excess skin carefully. A sterilized pair of nail clippers (to prevent infection) should work nicely, and then wash with soap and water again. It is NOT recommended to use alcohol, hydrogen peroxide or betadine as these have been determined to be too caustic for the wound and destroys healthy cells and can actually delay healing.
- Once the rip has been washed and dried well to prevent infection, a sterile bandage should be applied. The type of sterile bandage is dependent on the size and severity of the rip. Minor rips can be treated by applying a triple antibiotic ointment to a sterile bandage and covering the wound. Replace the bandage when it becomes wet.


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Cuts and Bleeding Injuries

- Standard treatment for a bloody injury is to apply direct pressure to the wound. After initiating precautions to protect against blood-borne pathogens by putting on sterile gloves, cover the wound with sterile gauze.
- Apply firm, direct pressure over the wound. Determine if the injury will require advanced medical care (stitches) and call for help if necessary.
- If bleeding stops, do not remove the sterile gauze dressing. Use roller gauze to secure the gauze covering the wound. If the bleeding does not stop, add more gauze over the original gauze dressing in place, and elevate the injured part above the heart. If bleeding still does not stop, reduce the blood flow by applying indirect pressure with your palm to the main artery that supplies blood to the injured area.
- Pressure on the brachial artery will reduce blood flow to the arm. The brachial pressure point is just below the bicep.
- Pressure on the femoral artery will reduce blood flow to the leg. The femoral pressure point is below the hip at the front of the inside of the thigh.
- Do not remove embedded objects. Carefully wrap the dressing around the object and seek advanced medical care. Monitor the injured person for breathing, circulation, and shock and treat appropriately.


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Convulsions and Seizures

- Seizures are sudden temporary changes in physical movement or behavior caused by abnormal electrical impulses in the brain.
- seizure may cause sudden stiffening of the body or complete relaxation of the muscles, which temporarily can make a person appear to be paralyzed.
- The terms convulsion and seizure can be used interchangeably.
- A convulsion (sometimes called a "grand mal seizure") that involves the whole body or is the most dramatic type of seizure, causing rapid, violent movements and sometimes loss of consciousness.
- Sometimes start with focal movements (those involving one specific part of the body) and progress to generalized movements.
- The term epilepsy is used to describe seizures that recur over a long period of time. Chemical imbalances in the blood, brain damage due to infection or injury, and lead poisoning are some of the conditions that can lead to epilepsy.

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Convulsions and Seizures

Treatment of Seizures and Convulsions


- Most seizures will stop on their own and do not require immediate medical treatment.
- Protect victim by moving them to a semi-sitting position or laying them on their side with the hips higher than the head, so they will not choke if vomiting occurs.
- Do not attempt to restrain a person experiencing a seizure or convulsions.
- Move any equipment away from the victim to avoid further injuries.
- If the convulsion does not stop within two or three minutes, is unusually severe (difficulty breathing, choking, blueness of the skin, having several in a row), call for emergency medical help.
- Do not leave the child unattended Continue to monitor the injured person for breathing, circulation, and shock and treat appropriately.
- It is important to remain calm

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Additional Considerations


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Incident / Injury Reports

- All information regarding an incident, accident, injury or unusual occurrence should be reported
- All information must be accurate and completed in detail.
- Do not include opinion or hearsay in a report;
 - include ONLY information based upon personal observation but include as much factual detail as possible.
- A general rule of thumb is to complete an accident report anytime a student requires treatment
 - first aid (ice, band-aid, etc.) or needs to sit out and rest for more than one activity.
- All major accidents must be reported immediately.
- All information regarding the injured person and any witnesses is strictly confidential.
 - do not discuss any accident with anyone other than the coordinator, the program director or the owner.
- A notification must be made informing the parent that an incident has occurred requiring treatment and that a report has been filed.
- At USA Gymnastics sanctioned events, such as exhibitions or competitions, an Incident / Injury Report Form is included with the sanction materials
 - If an injury occurs during the course of the sanctioned event, this report form must be completed by the Meet Director and the injured person or their parent. The original copy must be sent to the insurance company so secondary insurance coverage can be available to the injured person. The host club and the injured person should retain a copy of the form for their records.

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Media Relations

Contact Your Insurer

- The first step in any crisis is to report the incident to your insurance agent immediately, no matter the severity of the claim.
 - If the claim has the potential to catch the media's attention, it's important that you have early contact with your insurance company.
- Even though contacting your agent and / or insurance company is the ideal first step, it's not always possible.
- Develop a carefully controlled message sent through one spokesperson.

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Media Relations

There are some key tips to dealing with the media in a crisis:

- BE PREPARED
 - Designate one person in your organization to speak to the media
 - The spokesperson should be articulate, diplomatic, and sincere
 - Have a back-up plan in case this designated person is unavailable
 - Be sure to tell all of your staff who these people are and how to contact them when the media calls
- Anticipate questions reporters will ask
 - Determine ahead of time what you will say and what you won't or can't say
 - Have fact sheets prepared
 - Prepare a written statement for distribution with the help of your attorney
 - Be sure to share this information with your staff
- Speak in sound bites —short sentences and concise thoughts. Don't ramble. Emphasize key points made in the news release, and don't deviate from them
- Develop a response other than "no comment."
- Avoid extremes
 - Do not defend yourself too strenuously, appearing too eager to avoid blame;
 - Do not lock yourself in your office, appearing to avoid responsibility
- Maintain an open mind and a good attitude about dealing with the media
- Announce that you take the problem seriously. Then take it seriously
- Don't lie
- Probably the best defense against negative publicity is a strong, positive relationship with the local reporters before anything "bad" occurs

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Contagious Diseases

A **Contagious Disease** Exposure Notice should be sent home with the students any time you receive notification that one of the children in your facility has been exposed and may be contagious to other students. You have the responsibility to notify the parents if their children are at risk of contracting a communicable disease as the result of exposure at your facility.

- You may wish to notify the parents of your students if you are made aware of a contact at another location (such as a local school) that may affect some of your students.
- Contact your County Health Department for any specific regulations or requirements for your area. Local health officials may also provide you with additional resources including a form letter to use.
- Ignoring a problem does not make it go away
- It is the right thing to do


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Contagious Diseases

- **HEAD LICE**
- **SCARLET FEVER**
- **STREPTOCOCCAL SORE THROAT**
- **RINGWORM**
- **CHICKEN POX**
- **WHOOPING COUGH**
- **CONJUNCTIVITIS (PINK EYE)**
- **IMPETIGO (STAPHYLOCOCCAL SKIN INFECTION)**

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Ergonomics

Use good body mechanics while spotting:

- Lift with the gymnast as close to you as possible
 - The load on the spine increases as the distance away from the spine increases
- Pivot your feet
 - Practice moving your feet a lot as you spot
- Twisting and lifting is extremely hazardous to the spine
 - The low back vertebrae are only meant to rotate four degrees
- Look for innovative ways to protect yourself, as well as the gymnast
- Position spotting blocks safely and create gadgets to save your back and body
- Bend your knees, keep your back straight and keep your head up
 - You will need to have normal hamstring length
- Think about good mechanics ALWAYS
 - In the gym it's a must, but do not forget to carry it out for the rest of your day
- Use your lower abdominals - contract the external obliques as a corset


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Fatigue

- Many injuries occur when athletes are tired and unable to perform to the optimum levels required of advanced gymnastics skills.
- Coaches must be aware of the physical state of the athletes in their supervision.

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Nutrition

- Injuries also occur at higher rates when athletes are hungry and undernourished.
- Proper nutrition is important to fuel the body to perform properly.
- Coaches have the responsibility to know their students sufficiently to recognize when hydration, nutrition or fatigue levels will negatively affect the athletes ability to execute the skills planned.

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Extracting an Injured Athlete from a Pit

- Immobilization of the injured body part is a crucial first step in rendering aid, and when the gymnast has suffered a spinal injury, immobilization is essential
- Any program using foam pits should have emergency plans for pit rescues
- It is impossible to cover every type of injury rescue scenario
- Rescuers should assume that all gymnasts with multiple injuries, a head injury, facial injury, or a gymnast who is unconscious has a spinal injury.

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Extrication of an Injured Athlete from a Trampoline

- Removing an injured athlete from a trampoline presents a unique challenge for emergency medical personnel.
- The unique problems of a trampoline are even more apparent when the injured athlete may have a spinal injury.
- The inherent instability of the trampoline bed makes it very difficult to stabilize the injured gymnast.
- Necessary materials include:
 - KEDs board, cervical collar, back board, equipment to stabilize the trampoline, sturdy boards (2" x 12") that can be placed across the width of the trampoline to allow emergency medical personnel to get to the injured athlete, a 4 feet by 8 feet by 3/4 inch plywood board, and a scoop stretcher.

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