



SESSION LEAD CARD AND EMERGENCY ACTION PLAN



Club Name:	United Cornwall FC
Club Address:	Truro College, College Road, Truro
Postcode:	TR1 3XX
Telephone:	07460118199 (Jack Greaves)

FIRST AIDERS / HELPER INFORMATION

Name	Mobile Number / Email
For queries about this EAP:	
Jack Greaves	07460118199 / jack@growcornwall.com

All Session Leads should hold suitable First Aid Qualification as outlined in the Risk Assessments. There should be a minimum of one First Aider at each session, who is responsible for bringing suitable kit and knowing the location specific information.

FIRST AID EQUIPMENT AND FACILITIES

Item	Location
Defibrillator	Side of the pitch (on the building)
Stretcher	N/A
First Aid Room	There are rooms in the cricket centre next to the pitch which will be staffed and available if required.

ACCESS ROUTES

For Ambulance	Main entrance, then they can drive up to the pitch
From Pitch to Ambulance	You can park next to the pitch

OTHER INFORMATION

Nearest A&E / Trauma Hospital:	Treliske Truro Cornwall TR1 3LQ. Phone. 01872 250000.
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<p>Fastest Route to A&E / Trauma Hospital:</p>	
<p>Distance & Journey Time:</p>	<p>5 minutes (without traffic)</p>
<p>Nearest Walk-in Centre:</p>	<p>Treliske Hospital</p>
<p>Alternative Trauma Hospital:</p>	<p>N/A</p>

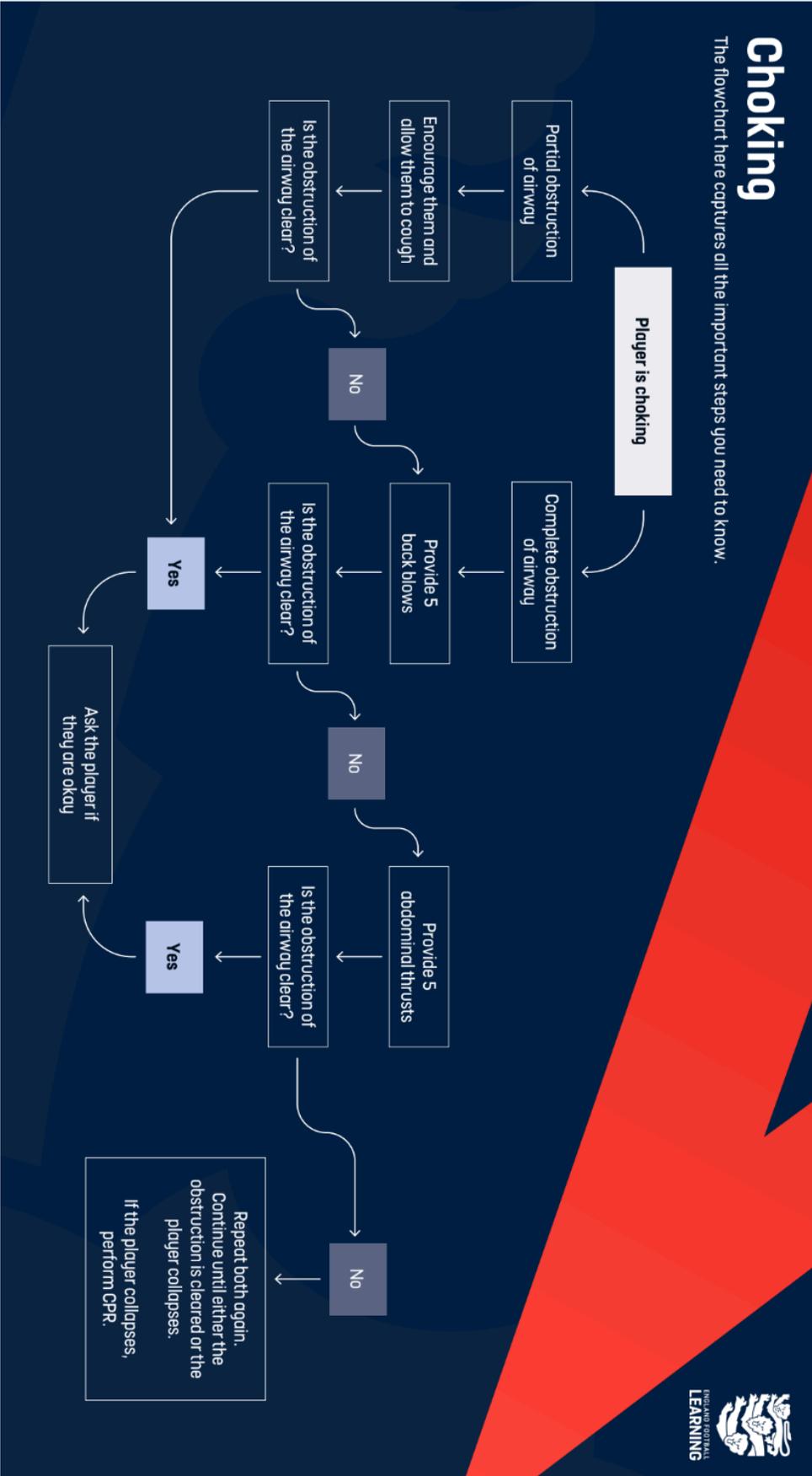
Additional Information	
<p>Timings</p>	<p>Wednesday evenings - 7pm</p>
<p>Toilets</p>	<p>Toilets are found next to the pitch.</p>
<p>Changing Rooms</p>	<p>Changing Rooms are not available</p>
<p>Parking for participants</p>	<p>There is parking next to the pitch for participants</p>
<p>Location Lead</p>	<p>Jack Greaves, Matt Tolson, Jazz Buttler and Holy Kelynack</p>



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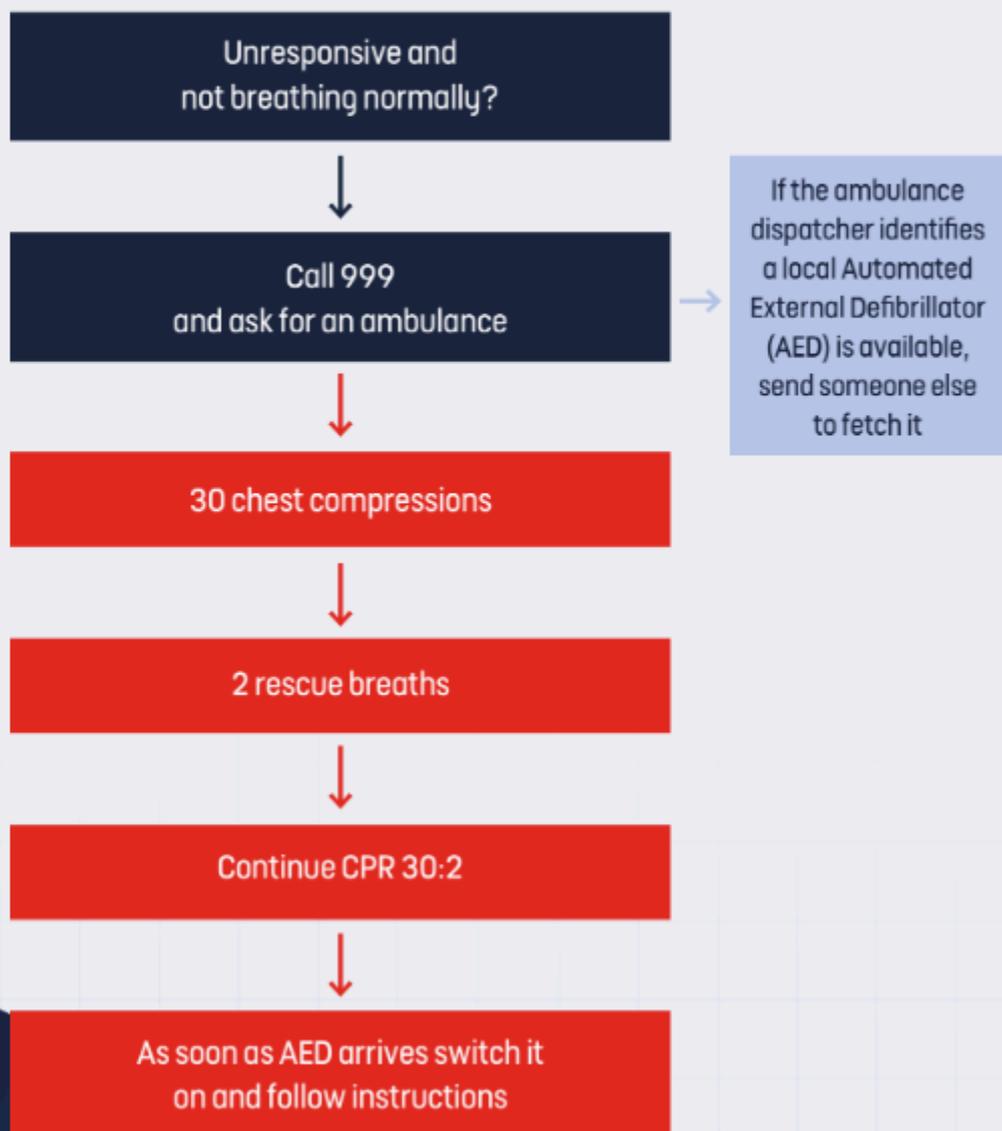


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CHARTER STANDARD CLUB

Adult basic life support in community settings





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CRT6™

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults



What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- Neck pain or tenderness
- Seizure, 'fits', or convulsion
- Loss of vision or double vision
- Loss of consciousness
- Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
- Weakness or numbness/tingling in more than one arm or leg
- Repeated Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- Visible deformity of the skull

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

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Concussion Recognition Tool 6 - CRT6™



CRT6

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults



1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms	Changes in Emotions
Headache	More emotional
"Pressure in head"	More irritable
Balance problems	Sadness
Nausea or vomiting	Nervous or anxious
Drowsiness	
Dizziness	Changes in Thinking
Blurred vision	Difficulty concentrating
More sensitive to light	Difficulty remembering
More sensitive to noise	Feeling slowed down
Fatigue or low energy	Feeling like "in a fog"
"Don't feel right"	
Neck Pain	

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

- "Where are we today?"
- "What event were you doing?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional