Life-Threatening Illnesses: Preparedness for Coaches

Coaches play a crucial role as potential first responders in emergency situations. This document outlines key life-threatening illnesses, their symptoms, and appropriate responses. It is essential for coaches to be prepared and vigilant in recognizing and addressing these critical conditions. Studies show that immediate response to a medical emergency can significantly improve survival rates and outcomes.

Be Prepared

Coaches must be vigilant for changes in athletes' conditions, including altered consciousness, signs of heart attack or stroke, vision issues, sweating, abdominal pain, nausea, and seizures. For athletes with a history of asthma or other breathing issues, be aware of the medications an athlete has on site to manage this. Pay special attention during high-intensity training and extreme weather conditions. Keep a well-maintained first aid kit and emergency contact information readily accessible.

Activate EMS

Emergency Medical Services should be activated for unconsciousness, breathing difficulties, chest pain, persistent abdominal pain, suspected poisoning, seizures, or suspected stroke. When calling EMS, stay calm and provide clear information about location, nature of emergency, and current condition of the athlete. Assign someone to meet and guide EMS to the exact location.

Document and Follow Up

Keep detailed records of any medical incidents, including time of onset, symptoms observed, actions taken, and EMS response time. This information can be crucial for medical treatment and future prevention strategies.

Key Life-Threatening Conditions

Choking

True choking occurs when a person cannot breathe or speak due to complete airway obstruction. This could be caused by a foreign object or swelling due to an allergic reaction. Signs include labored breathing, pale or blue skin, or unconsciousness. Coaches should activate EMS and, per the American Red Cross, if a foreign object is the cause, alternate between 5 back blows and 5 abdominal thrusts. Prevention: Enforce rules about not eating during active play.

Acute Respiratory Failure

When an athlete stops breathing and becomes unconscious. Check for breathing, activate EMS, and begin rescue breathing (1 breath per second, aiming for 10 breaths per minute) until EMS arrives. Pay special attention to athletes with asthma or other respiratory conditions and use their inhaler or EpiPen if appropriate. Prevention: Regular health screenings, proper warm-up protocols.

Myocardial Infarction (Cardiac Arrest)

Signs include persistent chest pain, radiating pain, shortness of breath, pale skin, nausea, dizziness, and sweating. Keep the person comfortable, activate EMS, and be prepared to perform CPR if needed. Know the location of the nearest AED and how to use it. Prevention: Make certain all athletes have their required annual physicals.

Stroke

Remember the FAST acronym:

- **F**ace drooping - a smile will be difficult and/or not symmetrical
- **A**rm weakness - if asked to raise both arms, one arm will be slower or more difficult
- **S**peech difficulty - words will be slurred or speech will slow
- **T**ime - Symptoms will present quickly. Note the time when symptoms started.
- If you suspect a stroke, activate EMS. Keep the person calm and in a comfortable position. Time until treatment is a critical factor in recovery.

Cervical Spine Injury

- This injury to an area of the neck may be life threatening.
- Symptoms include neck pain, tingling or numbness in extremities, and loss of motor function.
- Immobilize the neck - DO NOT have the athlete move their head. Assess ABC (airway, breathing, circulation), and activate EMS.
- Never move an athlete suspected of having a spine injury unless absolutely necessary for safety. Prevention: Proper tackling techniques, appropriate protective equipment.

Severe Bleeding

- Indicated by spurting bright red blood or significant dark red blood flow.
- Activate EMS immediately.
- Expose the wound, apply direct pressure, use pressure bandage if needed.
- Apply a tourniquet as a last resort. A tourniquet should be placed 2-4 inches above the site of the injury. Use just enough pressure to stop the bleeding. and leave on until EMS arrives.
- Use universal precautions and wear protective gloves. Prevention: Regular equipment checks, proper field maintenance.