



# **School Tours/Trips & Extracurricular Sporting Activities Policy**

Amended by  
BOM

**March  
2022**

Ramsgrange Community School is a welcoming, open and inclusive school. Our aim is to develop each of our students as a whole person by promoting an atmosphere of respect, honesty, and fairness in which all in the school community can achieve their full potential.

**Ramsgrange  
Community  
School**

**Under the Joint Patronage of the Sisters of St. Louis  
&  
Waterford & Wexford Education & Training Board.**

**Scope of our Policy**

This policy applies to all members of the staff of Ramsgrange Community School who take students off campus. It is applicable to the students participating in the activity<sup>1</sup> (trip/tour or outing/sporting event) and to their parents/guardians.

The Code of Behaviour of Ramsgrange Community School applies to all students of Ramsgrange Community School and relates to all school activities both during and outside of normal school hours; it applies both on and off the campus and anywhere students are clearly identified or identifiable as students of Ramsgrange Community School.

The Code of Behaviour also applies to all outings and to tours, whether or not they involve an overnight stay.

- Before a student is accepted for an activity, his/her previous behaviour may be taken into consideration.
- Parents/guardians will be notified, in advance, of all activities and both parents and student should sign the appropriate consent form. In this way parents, students and teachers enter into a partnership promoting good and appropriate behaviour at all times.

**Rationale for having tours/outings and the need for a relevant policy**

1. Ramsgrange Community School exists to provide an effective education service to all its students and is committed to the education, in the broadest sense of the word, of all students who attend the school.
2. Ramsgrange Community School provides an academic education which also recognises that exposure to a variety of experiences and cultures is part of an holistic education.
3. The curriculum content of some subjects requires field studies/tours/outings/recreational activities, which take place off campus.
4. Tours assist in developing social skills bonding between students, as well as providing teachers with an opportunity to get to know students in a non-classroom environment and to build links with the local community and other nationalities.

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<sup>1</sup> Activity in this document refers to any trip/tour/outing/sporting event.

5. There should be a balanced programme of outings and tours for the school year that does not prove too costly to parents and does not overburden the school timetable.
6. All educational tours must be consistent with the rationale as specified by the Department of Education and Skills in Circular Letter M 20/04. All reasonable efforts will be made to satisfy all of the criteria contained in this circular.
7. To assist staff<sup>2</sup> in the planning of tours and outings, so that they are aware of all necessary procedures that must be observed to provide for the health and safety of staff and students. It also ensures that tours and outings take place efficiently and smoothly and that the standard of supervision is firmly within guidelines and standards.
8. To clarify expectations of behaviour for all tours and to outline the conditions whereby a student may be refused permission to be included on a trip.
9. To involve all members of the school community in ratifying this policy on tours/outings in order to promote partnership, ownership and implementation of the policy.

## **Objectives**

1. That the health, safety and welfare of our students is safeguarded by ensuring that reasonable care has been taken when considering the nature of the trip chosen, the level of supervision provided, the venue, the means of transportation, the demands on the physical ability of the students, having regard to their age and capacity, and the dangers to which they may be exposed.
2. To ensure that all trips will be carried out in line with Public Health guidelines at the time of the trip.
3. That students gain maximum educational benefit and enjoyment from all trips/outings. For example, school trips/outings should broaden each pupil's cultural and intellectual experience; foster independence/ maturity/ team building; enhance student's social skills; improve language acquisition skills; create positive memories of school; promote greater understanding between different cultures; encourage travel/ studying abroad; promote involvement of all students; improve communication skills.

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<sup>2</sup> Definition of staff – Any person who is employed by Ramsgrange Community School.

4. Finally that, staff are aware that the degree of care required of them should be that of a “careful parent”, which would vary with the circumstances and the age of the student.

### **Content of policy:**

1. Day Tours within Ireland (including Northern Ireland)
2. Overnight tours, inside or outside the Republic of Ireland
3. General Guidelines for the Extra/Co-Curricular sporting activities.
4. Appendices

Please note that all appendices are available on computer/website for completion and downloading. They will not be distributed to parents and students as part of the policy.

Appendix 1: Tour Proposal Form<sup>3</sup>

Appendix 2: “Parental Permission Letter and Form

Appendix 3: To Do” Checklist for Tours and Outings

Appendix 4: Bus Requisition Form

### **Hiring a Bus.**

Tours/Trips or excursions will necessitate the hiring of a bus. Standard Transport Requisitions and ordering procedures apply. In the instance of students with AEN a special bus may be hired and the school will make appropriate booking.

The Tour Leader should ask the following questions of all Bus Companies;

1. The drivers name and whether or not he/she possesses a Driver Certificate in Professional Competence<sup>4</sup>. (This is not required if non-commercial).
2. Whether or not the coach/minibus has safety belts installed. If not this bus company cannot be hired for the trip.
3. Will all children be informed of the importance of wearing safety belts by the driver?
4. It is the Bus Company’s responsibility, with the assistance of the Tour Leader, to monitor the wearing of safety belts.

In the following pages the different regulations for different types of excursion are outlined:

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<sup>3</sup> From Department of Education and Science, Circular Letter M 20/04

<sup>4</sup> RSA Road Safety Guidelines for Sporting Organisations.

1. School Tours and overnight trips, inside or outside the Republic of Ireland
2. Day Trips within Ireland (including Northern Ireland)
3. Sporting Trips / Activities.

## 2

### **School Tours and overnight trips, inside or outside the Republic of Ireland.**

- a) Members of staff, who wish to take students on an overseas trip, must submit their request for approval to the Principal, by completing the Educational Outing Form in Appendix 1. Included in the proposal, should be the educational or other benefits that the students will derive from the trip.
- b) The number of students participating varies depending on the nature of the trip and the staff/student ratio will be appropriate to the age group and as recommended by the travel agency (if involved).
- c) Sufficient teachers, assistants and care workers must accompany students at all times.
- d) Students with special needs must be accompanied by the appropriate Care Assistant.
- e) The family of the student may have to subsidise for the cost of the trip for the Care Assistant
- f) Students with “complex medical needs” as determined by the school, may be required to be accompanied by a Parent/ Guardian. The cost of the tour and procedures, including Garda Vetting, are the responsibility of the accompanying, appropriate adult.
- g) The initial letter to parents should contain a draft itinerary and deadline for registering and payment of non-refundable deposit. Parents must be made aware that the organiser reserves the right to make minor changes to the itinerary.
- h) If a passport is required, a photocopy of the student’s passport must be included with the deposit. All passports must be valid for at least six months following the trip.
- i) Visas may be necessary for the destination and some countries require them to be processed together. There may be an additional cost to secure a visa. Parents should be informed that students with non-EU passports may need visas for EU countries.
- j) Students must organise and have their E111 or European Health Insurance Card for travel to countries in the EU.
- k) It is important to impress upon parents that the onus is on them to ensure that their son/daughter has all necessary up-to-date documentation well in advance of the trip.

- l) Parents should be informed in good time if there are any mandatory or recommended inoculations for the destination. It is important that parents realise that the onus is on them to make arrangements for their son/daughter to receive all necessary inoculations.
- m) Students must attend all information meetings and co-operate with all requests pertaining to the trip.
- n) Following receipt of the deposit, parents will receive the Permission Letter and Form all sections of which must be completed and the form returned to the organiser by specified date. Details of accommodation, travel arrangements, any special local conditions, personal items that the student needs to bring, guidelines for spending money and money for extras such as meals and excursions will also be sent to parents.
- o) Mobile phone communication between teachers/supervisors and students on the trip may be necessary. A list should be made of participants' mobile phone numbers (as given on the Permission Form) and students should have the mobile phone number of the trip leader – to be carried with them at all times while on the trip. A mobile phone is available from the School, as staff members are not required to give their personal mobile phone numbers to students.
- p) The trip organiser should have two emergency contact numbers; usually this will be the Principal and the Deputy Principal.
- q) If necessary two members of staff should carry out inspection of rooms or personal property (bags, suitcases etc.) with the student present. This will only be done for good reasons based on reasonable grounds, such as concern for physical safety, suspected possession or use of a banned substance or other concerns.
  - a. If a search is deemed necessary, the student should be asked to empty his/her own pockets, suitcase / bags or to search the clothing that he/she is wearing.
  - b. If a student is found to be in serious breach of any of the rules in the School Code of Behaviour, the staff in charge must contact the Principal immediately.
- r) An Accident/Incident Report Form must be completed for all accidents or incidents which have occurred. Examples of reportable incidents include: persistent lateness at the rendezvous point; not staying with the group; rudeness to teachers; and serious breach of school rules, particularly in relation to alleged or proven alcohol or substance abuse.

## **School Tours: Roles and Responsibilities:**

### Board of Management

1. To ensure that the policy is developed and evaluated.

2. To approve the policy
3. To ensure that all aspects of the policy are adhered to prior to and during the tour.

#### Principal/ Deputy Principal

1. To establish structures and procedures for the implementation of the policy
2. To monitor and support the implementation of the policy
3. To promote and foster school tours.

#### Tour Leader/Director

1. It is recommended that one teacher be nominated as the Tour Leader/Director of the tour who will be expected to ensure that it is conducted in accordance with agreed standards.
2. When the tour is sanctioned by the Principal/ Board of Management the school tour organiser will inform the pupils and parents concerned. When numbers are confirmed she/ he will invite staff members to join the team.

#### Tour Team organisation and planning

1. Tour Team and Reserve List: A Tour Team, led by the Tour Leader/Director should be put in place as soon as possible. A reserve list is advisable in case a member of the team should subsequently be unable to travel.
2. Organising Roles: The Tour Leader/Director should meet the full Tour Team at the outset so as to discuss individual duties and nominate a Deputy Tour Leader. Ideally all members of the Tour Team should be involved in organising the tour, taking up duties in one of the following areas. (a) Tour Finances – the Tour Leader or Deputy Leader (b) Group Passport – the Tour Leader or Deputy Leader – for reasons of privacy some students may obtain their own passports. (c) E111 forms and insurance – any member of the Tour Team (d) The Tour Itinerary – cultural passes, internal tours – any member of the Tour Team (e) General needs – medical kit, home contact numbers, medical services' contacts in area to be toured etc. – any member of Tour Team.
3. Planning Tour Supervision: Prior to leaving each teacher should be assigned a small number of students and be known to the students as their Group Leader. If possible these groups should remain unchanged throughout the tour.
4. Planning Tour Supervision Rota: The Tour Leader should place teachers on a Supervision Rota for use in the various types of overnight accommodation used or provide contact details to the Host Family.

#### Professional Responsibilities of the Tour Team

Here is the agreed statement of the professional responsibilities and duties of staff for the duration of the tour as outlined below...

Mindful of the DES guidelines regarding Child Protection (3.1.1 and 3.1.2) the following must be observed:

1. Teachers will act in a responsible manner (including the consumption of alcohol) having regard to the fact that they are in the company of and responsible for the care of students. Teachers will maintain the same standards of care as apply in a school situation.
2. It is important that the rules agreed by teachers and parents and signed by students are enforced by all teachers while away with student, especially with regard to the consumption of alcohol by students.
3. The organising teacher must ensure that adequate travel and school insurance is in place.
4. Teachers must inform the Principal of his/her intention and proposed itinerary before informing pupils, other staff members or parents.
5. The proposed itinerary, dates of departure and return, age-group of students (year) and estimated cost of the trip should be discussed with the Principal.
6. Written permission from the Board of Management at least 2 months in advance must be sought.
7. Parents should be consulted 2 months prior to departure for foreign trips. Any overnight trip will require one months' notice.
8. Provide information re: cost of trip, pocket money and any additional costs which may arise.
9. Discuss discipline code with students and parents.
10. Organise insurance/ passport/ E111/ Point of contact
11. School trips that are not deemed to have an educational benefit must take place within school holiday period as per DES circular.
12. Inform teachers of the purpose of the trip to promote cross curricular learning in the class before and after the class.
13. Written reporting back to Principal and Board of Management. Arrangements should be made for a summary report from the School tour leader to the Principal and the Board of Management outlining: the achievements of the tour, a financial statement, any difficulties or problems which arose during the course of the tour.

### Parents

1. Sign consent form giving permission to their son/daughter to go on the tour.
2. Parents should be made aware of
  - The purpose of the trip.
  - The itinerary and duration of the trip.
  - The costs involved and method of payment.
  - The rules of behaviour to be observed.



- Information regarding insurance and indemnity.
  - The documentation required.
3. Attend Scheduled meeting and sign Rules and Procedures Form supporting the rules that are in place.
  4. Inform the Tour Leader of any medical condition(s) of which the leader should be aware of to ensure the health and safety of all students while in the teachers' care. Parents should be made aware of their duty to inform the Tour leader of any relevant Health or Safety issues which might affect their children.
  5. Organise all relevant documentation for their child.
  6. The signed permission of parents must be an essential pre-requisite for the participation of their children in any school tour.

# 3

## **Day Trips within Ireland (including Northern Ireland)**

1. Day trips may take place during the school day and/or may extend beyond normal school hours.
2. Day trips must have the approval of the Principal/Deputy Principal.
3. Members of staff who wish to take students on a day trip must put their request in writing to the Principal/Deputy Principal by completing the Trip Proposal Form in Appendix 1. Included in the proposal should be the educational or other benefits that the students will derive from the trip.
4. Once the Principal/Deputy Principal has approved a trip, the organiser should:
  - a. In order to inform parents/guardians, forward brief details of the trip to the Deputy Principal and prepare a letter home to be co-signed by the Principal and Trip Organiser.
  - b. Organise the relevant bus/transport.
  - c. Collect student contribution to the cost of the activity.
  - d. The staff member should include it in the monthly calendar and /or on the staff notice board.
  - e. Place a list of students participating in the trip on the Staff notice Board and copy to the secretarial staff
5. On all day trips there must be an appropriate ratio between the number of students and the number of adults traveling. This ratio will vary depending on the nature of the trip and the age of the students traveling. Students in First Year will require most supervision. On a private coach there should be at least one member of staff in addition to the driver.
6. Sufficient adults, assistants and care workers must accompany students at all times. Students with special needs must be accompanied by the appropriate Care Assistant.

7. Day trips may involve a financial cost to the student. For example, a fee may be charged to cover the cost of transportation to/from sporting events which students are required to pay in advance.
8. The School will always have the mobile/contact numbers of the Coach Company or staff involved in case of delays or any other occurrences.
9. For trips that extend beyond normal school hours, it is the responsibility of parents/guardians to ensure that arrangements are in place for their son/daughter's journey to/from the School. The organiser of the trip must be informed in advance of these arrangements.
10. Students will return to the school. Exceptions will be made on an individual basis where a note/contact has been obtained from parents / guardians in advance of alternative travel arrangements.
11. An Accident/Incident Report Form must be completed for all accidents or incidents which have occurred. Examples of reportable incidents include: persistent lateness at the rendezvous point; not staying with the group; rudeness to teachers; and serious breach of school rules, particularly in relation to alleged or proven alcohol or substance abuse.

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### **Sporting Trips / Activities**

1. Each Coach is responsible for taking a properly equipped first-aid kit to his/her match.
2. At the start of each academic year each Coach should ask students to complete a brief form outlining their medical history. This will be signed by parents/guardians. This should be kept securely and shredded at the end of each year by the Coach. If a Coach has concerns about any condition raised in this form they should contact parents.
3. If a minor accident occurs the Coach will treat it on the spot and report the incident to parents/guardians through the Student Journal or by phone call. <sup>5</sup>
4. In the event of a serious accident;
  - a. The Coach will ring a Doctor/Ambulance/or other mode of transport directly.
  - b. If a child is to be taken to A and E the driver should be over 21 and have a full licence for 3 years at least.
  - c. In these cases there should be more than the driver and the injured student in the car. This can be done is by;
    - i. Delegating responsibility for the remaining group to the accompanying Parent/SNA/PLC Students while the Coach (the designated person) stays with the injured party.
    - ii. Two other students, or an adult, accompany the Coach and the injured student to the A&E or doctors surgery.

<sup>5</sup> See attached first aid guidelines where necessary.

- d. The Coach will contact the Principal/Deputy Principal with the details of the incident in order that this information can be relayed to parents/guardians. This information should include;
    - i. The nature of the injury.
    - ii. Details of where the injured student is being brought and how.
    - iii. Details of who is delegated the role of leader in accompanying/supervising the main group to their destination.
5. Any accident deemed to be of a serious nature is recorded on an accident report form, a copy of which is submitted to the Principal. The Coach will apprise students of the necessary safety equipment for each respective sport.
6. The Coach organises transport to and from all matches, using a recognised coach company. In the case of local venues, parents may be asked to provide transport. Coaches/Parents will never accompany a student alone in a car without the express permission of the child's parents/guardians.
7. When an away match is organised during school hours, the number of adults traveling must be dependent upon the staffing requirements of the activities in school. Generally one teacher will travel with a team. The needs of the students in school must receive priority when organising such matches and wherever possible one teacher and an accompanying adult will travel with teams.
8. At least one male supervisor will accompany all boys' teams and at least one female supervisor will accompany all girls' teams. In mixed-sex events both male and female supervisors will accompany teams where possible.
  - a. The 'recommendation' for activities involving supervising 13 to 18 year olds is what is called the two adult rule. ( ratio: 1 adult for 10 older students) This recommendation is based on 'More is Better' but it is not possible to achieve this all of the time.
  - b. Trips/Activities with a high level of risk attached, such as sporting activities, will require TWO teachers – curriculum permitting.
  - c. The school will make all reasonable efforts to ensure that adequate supervision is available while being cognisant that appropriate arrangements should be made for the conduct of those teachers' classes in their absence in accordance with Circular PPT 01/03. Ramsgrange Community School will on all occasions take into account the effect that the absence of accompanying teachers will have on the normal work in the school and number of teachers absent should be kept to the minimum level required.
  - d. Students with special needs must be accompanied by the appropriate Care Assistant or their parent/guardian.
  - e. SNA/PLC students over 18 years and parents can supervise students once cleared by the Garda vetting process and they are trained in our

Child Protection policies. Two PLC students are recommended always for tasks/activities commensurate with their age.

- f. When parents and PLC Students over 18 years of age are involved in our supervisory duties we will bring this to the notice of our BOM.

9. An Accident/Incident Report Form must be completed for all accidents or incidents which have occurred. Examples of reportable incidents include: persistent lateness at the rendezvous point; not staying with the group; rudeness to teachers; and serious breach of school rules, particularly in relation to alleged or proven alcohol or substance abuse.

### **Professional Responsibilities of the Staff**

Staff must exercise an appropriate duty of care to all students. Our Child Protection Guidelines are central to this approach.

### **Summary of Appropriate levels of supervision**

#### **Samples**

Type of activity	Risk level	No. of Staff	Notice required
Sporting Activity	High	2 Teachers per team	Minimum 1 week
Careers	Low	1 Teacher per bus	Minimum 2 weeks
European Trips/overnight	Moderate	2 Teachers	Minimum 4 weeks
Educational Trips Concerts/Plays Field Study Tours (Ireland)	Low Moderate Low	1 teacher per bus 2 teachers per class 2 teachers per bus	Minimum 2 weeks Minimum 4 weeks Minimum 4 weeks

**NB:** It is impossible to create policy for all school related activities. Once a tour/trip is organised the level of risk should be assessed by the Tour Director/Organiser and resources discussed with the Principal or Deputy Principal.

## **Review and Evaluation of the Policy**

The policy will be reviewed after three years and amendments will be proposed to the Board if necessary.

## **Expected Student Behaviour and possible sanctions.**



### **Students Behaviour**

1. Students must obey the Code of Behaviour on school trips:
  - Pupils must adhere to the school rules at all times.
  - Respect for all staff members and other students at all times.
  - Obey staff members at all times.
  - Respect others at all times e.g. drivers, guides, cabin crew, fellow travellers, others students, host families, those sharing transport and those sharing accommodation.
  - Students must not wander off or break away from the party without permission.
  - The use or abuse of tobacco, alcohol, drugs or any other illegal substance is forbidden.
  - Pupils must adhere to the Tour dress code as set down by the Tour Leader.
  - Pupils will participate fully in the activities of the tour.
  - Pupils will behave appropriately during leisure time if pupils are not under the direct supervision of teachers.
  - Pupils must follow the rules of the hotel, hostel or other type of accommodation where they are staying.
  - Pupils are responsible for leaving seats on all forms of transport in a tidy condition.
  - Pupils are responsible for leaving their accommodation tidy.
  - Pupils must have respect for and comply with local customs and laws, particularly when travelling abroad.
  - Pupils are responsible for their own belongings including relevant documentation.
2. When a student is accepted to participate in a school tour he/she is obliged to comply with the Tour Rules and to sign a copy of the rules pledging compliance.
3. Students must be made aware that there are sanctions for misbehaviour on a school tour.

## **Sanctions for Misbehaviour**

**Minor Misbehaviour:** Should a student be guilty of minor misbehaviour, the incident should be dealt with in a swift and firm manner and a verbal warning may be all that is needed. The Tour Leader may however feel that specific sanctions are required such as:

- The student missing a half-day's activities (not however an activity related to health and safety).
- The student missing out on a specific activity e.g. bowling.
- The student missing an evening activity e.g. disco.

If a sanction is being imposed it must be made clear to the student why it is being imposed. A student prevented from attending an activity must be supervised by a teaching member of the Tour Team for the duration of the activity. Further sanctions may be imposed when the student returns to school e.g. the student may be banned from involvement in future tours.

**Serious Misbehaviour:** Where a student is guilty of 'serious misbehaviour' the Tour Leader may decide to phone the student's parents/guardians to provide them with details of the incident/s.

1. In on-going and extreme cases of dangerous and/or gross misbehaviour a student may be sent home (paid for by their parents/guardian)

In the event of this happening, the parents/guardians will be informed and if necessary a teacher will travel home with the offending student. The Tour Leader will decide which teacher accompanies the student home.

2. In the case of a serious/criminal incident (shop lifting, a violent attack etc.) the parents/guardians will be informed immediately and the matter will be handed over to the local police authorities.

Examples of 'serious misbehaviour' include:

1. Use/possession of alcohol.
2. Use/possession of illegal substances (drugs etc.)
3. Use/possession of cigarettes.
4. Misuse of legal substances (lighter fluid, tippex etc.)
5. Disruptive behaviour on coach, plane, boat or in the hotel/hostel.
6. Lack of respect for accommodation rules.
7. Lack of respect for Tour Team or any other supervising adults.
8. Theft or criminal damage to property of others.

The list is not exhaustive.

**Appendix**

**1**

## DETAILS OF SCHOOL TOUR



Name of School	Address	Roll No.
Ramsgrange Community School	Ramsgrange, New Ross, Co. Wexford	91431Q
Tour dates		
From ____/____/____	To ____/____/____	No. of school days

Brief outline of Tour

Name of Coach/Minibus operator & cost

No. of students participating	Total no. of students in relevant grade

If some students **are not** participating, outline the reasons why:

Expected benefit to accrue from the tour:

Why is the tour deemed to be necessary?

Adults accompanying the students

Class teacher	Number of other teachers	Number of other adults

Confirmations

That appropriate arrangements are made in accordance with Circular PPT 01/03 for those classes whose teachers are absent with the tour.	Yes:	No:
That adequate insurance is in place to cover all risks while on tour.	Yes:	No:
That parental permission has been secured for each student who is to participate on the tour.	Yes:	No:

Signature of Principal:

Date:



**SAMPLE NOTE ISSUED TO PARENTS/STUDENTS****Rules and Regulations Governing Educational Excursion**

To: \_\_\_\_\_ Date: \_\_\_\_\_

This is an official school outing, authorised by the Principal acting on behalf of the Board of Management. Every effort will be made by the school authorities to ensure that this venture is educationally rewarding and worthwhile and that real opportunities will be given to all students to acquire and develop new social and interpersonal skills.

The outing will be assessed and evaluated by students and teachers and issuing reports will form part of students' end of year portfolios.

So that this trip from start to finish will be a valuable and positive experience for all, strict adherence to the specified regulations is an absolute requirement.

1. Students are and must remain under the direction of the co-ordinating teacher and accompanying teachers.
2. All school regulations governing behaviour, discipline, etc. apply at all stages of the excursion.
3. In particular, the purchase, consumption and/or handling of alcohol, tobacco or other abusive substance(s) are strictly forbidden at all stages of the trip.
4. Students must not vacate the vicinity of the hostel or bus at any stage without being accompanied by or with the consent of one of the teachers specified.
5. Protocol and respect must be strictly upheld at all times in regard to gender relationships.
6. Students should exercise due care and precaution at all times, listen to and obey instructors and supervisory personnel and avoid situations and actions which are dangerous and/or forbidden by organising supervisors.
7. Language and manner of address must be courteous and respectful at all times.
8. In sharing rooms students should have respect and regard to property of room sharing partners.
9. The good name and reputation of both school and country must be protected and promoted when feasible.

10. Student must bear in mind that this excursion is educational in purpose and organised and directed by Ramsgrange Community School. The final word and sanction on any issue relating to the trip resides with the accompanying teachers under the direction of a teacher as designated by school authorities.

Students will face sanctions such as detention, suspension, removal of privileges etc. as the Tour Leader/Director may see fit to impose for breach or negligence of these regulations.

Students will be sent home at their own expenses without reimbursement of fees paid for serious misbehaviour or consistent breach of discipline.

The accompanying teachers and school authorities are committed to ensuring that this adventure will be a memorable occasion for all participants and the co-operation of everyone is required for this end.

Please detach and return to organising teacher



1. I accept the conditions and regulations governing the excursion to:

\_\_\_\_\_

2. I will co-operate fully with teachers and supervisors.

Signed: \_\_\_\_\_ (Student)      Class: \_\_\_\_\_

\_\_\_\_\_ (Parent/Guardian)      Date: \_\_\_\_\_

## **“To Do” Checklist for Tours and Outings (to aid smooth organisation)**

### **All tours/outings**

1. Tour Proposal Form in Appendix submitted to Principal/Deputy Principal for approval.
2. Names submitted to the Secretarial staff.
3. Details posted on the School Calendar in Staffroom and Eportal Calendar. Coaches booked in plenty of time, if applicable.
4. Informed Canteen of student absence or early lunch/break requirements.
5. List of participating students pinned on the relevant “date” on notice board in staff room.
6. Risk assessment carried out (e.g. what happens if a student is injured? What arrangements are agreed if a student is late for the arranged transport/meeting place? Who will travel with a student if she has to go to hospital? Does the College have a mobile phone contact number for at least one member of staff travelling?)
7. Written Report on trip given to the Principal for local media and school website.

### **Overseas tours (including day tours which require specific parental approval)**

1. Initial letter and draft itinerary to parents
2. Receipt of deposits and all passports checked and photocopied.
3. All inoculations completed.
4. Parental Permission Form (as in Appendix) distributed, completed and returned to organiser at least two weeks before travel.
5. Check on local conditions – climate, weather, customs
6. Students have brought adequate spending money; also enough for extras such as meals and excursions.
7. Emergency fund for unforeseen circumstances.
8. First Aid Kit collected by designated staff member.
9. Information booklets/packs compiled and photocopied.
10. Staff and students mobile phone numbers listed on cards.
11. Each person travelling has Passport and/or Visa.
12. Each person travelling has E111 or European Health Insurance Card for travel to countries in the EU.
13. Risk assessment carried out (e.g. Who has local knowledge of medical facilities, location of hospitals etc. What arrangements are in place if a student has to travel home? Are the students occupied and busy for most of the time that they are away? How is free time organised? Is alcohol available at any of the activities organised? If yes, what action will be taken? If staying

in a hotel/hostel which member of staff is on duty at night and does everyone know? If staying in homes does the host family have the phone number of a staff member who speaks the local language?)

14. Written Report on trip given to the Principal and report for local media and school website.

### **Sporting Events**

1. Seek permission for the event from the Deputy Principal/Principal.
2. Details posted on the School Calendar in Staffroom and Eportal Calendar. Coaches booked in plenty of time, if applicable.
3. Informed Canteen of student absence or early lunch/break requirements.
4. List of participating students pinned on the relevant “date” on notice board in staff room.
5. Names submitted to the Secretarial staff.
6. First Aid Kit collected by designated staff member.
7. Folder containing details of medical conditions gathered by Coach.
8. All accompanying supervisors have relevant school numbers to hand and at least one supervisor has access to a mobile phone. The School has a phone available.
9. Risk assessment carried out (e.g. what happens if a student is injured? What arrangements are agreed if a student is late for the arranged transport/meeting place? Who will travel with a student if she has to go to hospital? Does the College have a mobile phone contact number for at least one member of staff travelling?)
10. Written report on the event for local media and school website.



# Coaches' Guide to Sports Injuries

For more information, please call the Human Motion Institute at Randolph Hospital at 336.629.8818 or email [humanmotioninstitute@randolphhospital.org](mailto:humanmotioninstitute@randolphhospital.org)

# Coaches' Guide To Sports Injuries

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## I. WHAT DO I DO WHEN MY ATHLETE IS INJURED?

### **1. RECOGNIZE SEVERITY OF INJURY**

- Do not do anything that may cause additional injury. Move the injured person only if you must to prevent further injury, or to initiate CPR, or after you have determined it is safe to do so.
- Recognize emergencies or other serious injuries that need the immediate attention of paramedics or an ambulance.
- Recognize injuries that need immediate care by professional medical personnel, but are not life-threatening in nature.
- Recognize injuries that exclude the athlete from continued participation.

## 2. EVALUATE THE INJURY

- Is he/she breathing?
- Is he/she unconscious, conscious, or semi-conscious?
- Is the athlete's head, neck, trunk, or limb in an unusual position that may indicate fracture, dislocation, or other injuries?
- Look for profuse bleeding or swelling.
- Ask the injured athlete the following questions:
  - 1) Exactly where are you injured?
  - 2) How did it happen?  
(Ex: Athlete fell on outstretched arm/turned ankle when running)
  - 3) Did you hear any sound such as a tear, rip, snap, or pop?
  - 4) Where is your pain and exactly what type of pain are you experiencing?  
(sharp, dull, aching, throbbing)
  - 5) Are you experiencing any tingling or numbness anywhere in your body?

While asking these questions observe the following:

- 1) Is he/she able to communicate easily or is he/she anxious and difficult to calm down?
- 2) Look for deformities or abnormal body positions.
- 3) Is the injured area swelling up immediately? Is there bleeding?

## 3. WHEN TO CALL AN AMBULANCE

- When you suspect a neck or spine injury. The athlete may have a loss of sensation or is unable to move body parts.)
- When an athlete is not breathing. The athlete's chest is not rising, he or she is turning bluish in color and there is no air exchange.
- You suspect a severe or serious head injury.
- When you suspect heatstroke. The athlete may become disoriented or confused, there is an absence of sweating, and the skin is flushed and warm.
- Spleen injury. The signs of a spleen injury are severe abdominal pains



which could become worse; the athlete may have pain in the shoulder region, usually on the left side. Earlier signs: athlete is pale and has a rapid pulse.

- Severe bleeding. Bleeding that cannot be controlled through direct pressure.
- Cardiac arrest. Athlete could go into cardiac arrest from a severe blow to the heart, for example, from a hockey puck or respiratory arrest.
- Abnormal position of extremity or if you suspect a fracture that you are unable to immobilize to transport to hospital. Examples include a dislocated ankle or displaced leg fracture.

#### **4. WHEN TO SEND ATHLETE TO A DOCTOR/HOSPITAL**

Send the injured athlete immediately to the hospital or doctor when:

- The injury results in immediate or obvious inflammation or swelling.
- It involves a wound or external bleeding from a laceration or incision that requires stitches.
- There is a suspicion of possible concussion. The athlete experiences loss of consciousness, visual disturbance, inability to walk correctly, disorientation, and memory loss.
- You are unsure of the extent of the injury. Always protect your athlete and yourself. PLAY IT SAFE!

#### **5. TREATMENT FOR COMMON MINOR INJURIES**

- Injuries such as muscle strains, minor cuts and abrasions, and bruises can be treated on the field. Minor injuries usually won't keep the athlete from competing, but should be dealt with before returning to activity. If an athlete has suffered a minor injury but appears to be reluctant to return to the activity, do not force the athlete back into the game or practice. If an athlete's attention is more focused on the injury than the activity, he/she runs a higher risk of further injury.
- Clean all open wounds with an antiseptic and bandage to protect from further injury and infection.

- Treat injuries to muscle regions with ice and a compression wrap. Return to activity should be based on whether the athlete is able to run, cut and compete normally. If he or she limps when running or cutting, or level of play appears to be altered, the athlete should be removed from the contest or practice for some rest.
- Minor ligament sprains and muscle strains should be treated using ice, then bandaged with an elastic wrap and elevated.

## II. OTHER THINGS YOU SHOULD KNOW

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### A. CONTENTS OF YOUR FIRST AID KIT

- Band-Aids (Sizes  $\frac{3}{4}$ " x 3", XL 2" x 4-1/2")
- Sterile gauze pads 4" x 4"
- Antiseptic cleansing agent
- Bandage scissors
- Nail clipper
- Tweezers
- Cold packs/ice
- Mirror
- Contact case/solution
- Latex gloves
- Cotton swabs
- 1-1/2 athletic tape and underwrap

### B. FIRST AID TREATMENT OF INJURIES

#### 1. R.I.C.E.

Rest • Ice • Compression • Evaluation

Ice is generally the first line of defense for treating injuries. Ice is appropriate for acute injuries (sudden onset of injury). Ice should be applied in intervals between 10 and no more than 20 minutes and if possible, secured with an elastic wrap. Elevate the injured area after you have secured the ice in place. Continue to ice until the inflammation is gone. APPLYING HEAT TO AN INFLAMED

## AREA CAN MAKE THE INJURY WORSE!

2. **WOUNDS:** Clean all open wounds like cuts, scrapes, or lacerations with an antiseptic cleaning agent and a gauze pad (never cotton balls). Cover with bandage and secure. Cleaning wounds thoroughly and as soon as possible is important for the prevention of infection.

3. **WRAPS:** Elastic wraps are very helpful in controlling inflammation, securing ice with compression, and securing bandages, especially when an athlete is returning to activity. Begin application below the injury site, working the wrap over the injury and finishing above the site of injury. If toes or fingers become numb or tingle, the wrap is too tight and should be reapplied. Please note that elastic wraps are excellent for applying compressive forces to an injury but do not provide enough support to protect or prevent injuries.

## C. HOT WEATHER ILLNESS

### 1. DESCRIPTION

- a) **HEAT CRAMPS:** Painful cramps and spasms of active muscles – most common in the calf muscles, caused by intense prolonged exercise in the heat and depletion of water and salt due to sweating.
- b) **HEAT FATIGUE:** Feeling of weakness and tiredness caused by depletion of water and salt due to exercise in heat.
- c) **HEAT EXHAUSTION:** Characterized by extreme weakness, exhaustion, headache, dizziness, profuse sweating and sometimes unconsciousness caused by an extreme loss of water and salt. The key difference between heat exhaustion and heat stroke is sweating.
- d) **HEAT STROKE: THIS IS A MEDICAL EMERGENCY!** Signs and symptoms are a lack of sweating, disorientation, seizures, and possible unconsciousness. It can occur suddenly without signs and symptoms. Athlete may become unconscious with hot, dry skin. **SUMMON AN AMBULANCE IMMEDIATELY!**



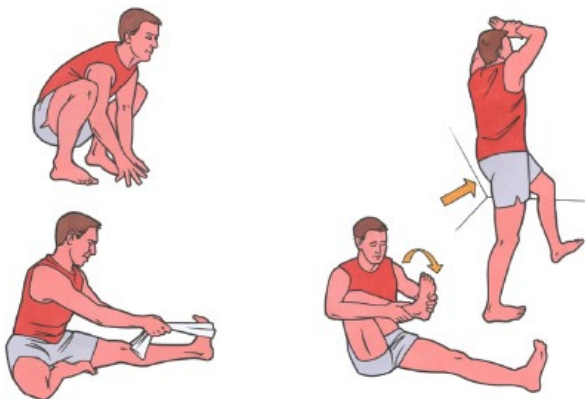
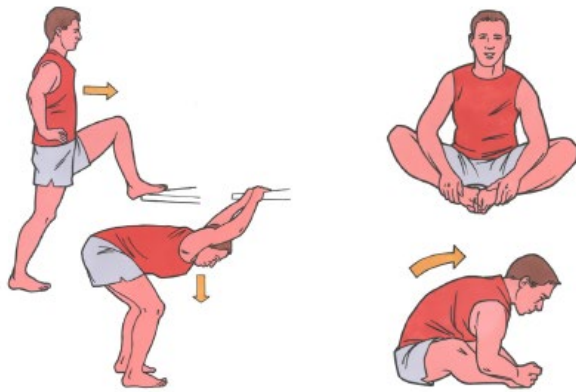
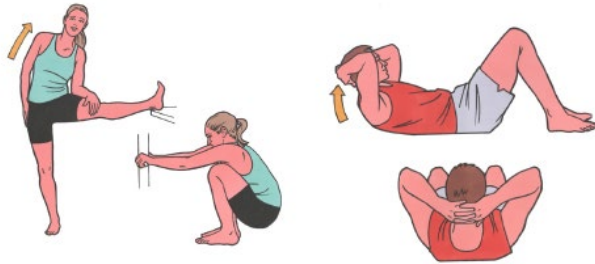
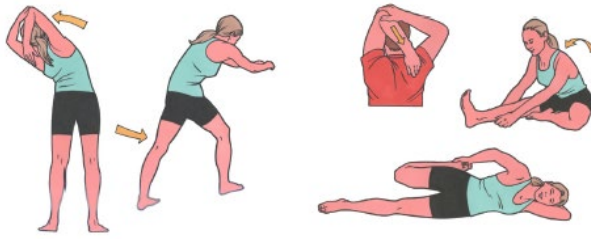
## 2. PRECAUTIONS AND PREVENTIONS:

- a) Know your athlete's past medical history concerning heat illness. Has he or she ever suffered from heat illness or are there any other medical conditions that may predispose the athlete to a heat illness? With younger athletes, obtain this information from parents.
- b) Be aware that poorly-conditioned athletes are more susceptible to heat illness.
- c) Other athletes who are susceptible are those that are overweight, who sweat profusely, and athletes who constantly compete at full capacity.
- d) General signs of heat illness are nausea, incoherence, fatigue, weakness, vomiting, cramps, weak/rapid pulse, visual disturbance and unsteadiness.
- e) Allow athlete to drink as much water as he/she would like. Keep ice cold water available because cold water is absorbed by the body quicker than warm water.
- f) Keep cool, moist towels available that may be used to cool athlete.

## D. WARM-UPS AND STRETCHING

1. A general warm-up and stretching program prior to practice or games should take place for a minimum of (15) fifteen minutes.
2. Stretching should be done slowly without bouncing. Here's how to do it: Stretch until you feel a slight, easy stretch and hold this for 10 to 30 seconds. As you are stretching, the feeling of tension will ease up. After holding the easy stretch, move a little bit further until you feel the mild tension again. Hold this stretch for 10 to 30 seconds. Repeat this procedure a third time. Remain relaxed but concentrate on the area being stretched. This will help to prepare muscles for activity as well as improve flexibility. Repeating the above in cool-down is important in reducing post-exercise soreness.





## E. SAFE EQUIPMENT

1. It is the coach's responsibility to make sure playing surfaces and areas are safe for games and practices.
2. Make sure that all equipment not being used during play or practice is a safe distance away from playing areas.
3. On outdoor, grassy playing surfaces, the field should be checked for holes that could cause injury.
4. All unmoving surfaces with which an athlete could come in contact should be properly padded in case of collision.

\*ANY STRENGTHENING EXERCISE DONE BY ATHLETE FOLLOWING AN INJURY AS A PART OF REHABILITATION SHOULD BE DONE IN A PAIN FREE RANGE.

PLEASE CONSULT AN ON STAFF SPORTS MEDICINE PHYSICIAN PRIOR TO INCLUDING THE REMAINING CONTENT. YOU MAY ALSO OMIT THIS INFORMATION.

## III. COMMON ATHLETIC INJURIES

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### ANKLE SPRAINS

- Symptoms - Sharp pain in the ankle region, usually the outside. Usually occurs from turning or twisting the ankle on an uneven surface or by stepping on another individual's foot. Swelling and discoloration to the ankle region is common.
- First Aid - Ice should be applied to ankle region and secured with an elastic wrap. Ice should remain on for 15-20 minutes while ankle is elevated. Icing should be done 3-5 times per day until inflammation and pain subside.
- Prevention - Ankle braces such as canvas lace-up braces, air casts, or gel casts are beneficial in prevention of further injury. Proper warm up including ankle rotation and calf stretching is helpful and may prevent further injury.



### **ARCH & HEEL PAIN**

- Symptoms - Pain along the bottom of the foot extending from the heel to the area just behind the toes. Symptoms vary from sharp pains to a constant ache. Pain may occur with the first couple steps or with prolonged activity. People with flat feet are susceptible to arch and heel pain.
- First Aid - Ice. Rest. If symptoms do not subside with above treatment, seek help from a medical doctor. Avoid doing activities that aggravate symptoms.
- Prevention - Proper footwear. Stretch out calf muscles well before beginning activity. Insoles or arch supports may be beneficial.

### **BACK PAIN & INJURIES**

- Symptoms - Back injuries that occur during practice or game competition should be evaluated for numbness and tingling that radiates into the buttocks or lower leg. If symptoms are present, treat as a serious injury and call an ambulance. Other symptoms that occur in potentially serious back injuries are extreme pain, inability to move body parts such as legs or feet, or a loss of consciousness. Muscle strains or spasm can also occur but are usually not serious.
- First Aid - Call ambulance for a potentially serious back injury. For muscle strains, spasms, or bruises, treat with ice. Avoid sitting if possible. Ask the athlete to lie down in the position most comfortable.
- Prevention - Proper warm-up by doing low back stretching and hamstring stretching. Wear protective padding or clothing in contact sports. In the weight room, maintain proper lifting techniques and wear a weight lifting belt. Maintaining good posture and doing low back strengthening exercises are helpful.

### **BLEEDING CUTS & SCRAPES**

- Symptoms - Bleeding, inflammation, pain.
- First Aid - Gloves and gauze pads. Always apply gloves when dealing with any injury involving blood. For severe or significant bleeding apply direct pressure. Use a sterile dressing if one is available; if not, use a cloth or even use your hand over the wound site to control bleeding. If the bandage

soaks through with blood just place another bandage over the top of the existing bandage. Never remove bandage once it is in place when attempting to control bleeding. For severe bleeding seek emergency care. For minor cuts, scrapes and bleeding clean area with antiseptic and bandage.

- Prevention - Protective padding or clothing.

## **BLISTERS**

- Symptoms - Hot, red spots or raised area of skin filled with clear or bloody fluid. Often very painful. Usually occur on the hands and feet.
- First Aid - Ice area of blister to control pain. Do not open or “pop” blisters. You run the risk of infection by attempting to do this. If blister is open or torn, clean the wound with an antiseptic and apply an antibiotic cream and bandage.
- Prevention - When participating in sports/activities, wear two pairs of socks. Properly-fitting shoes will help to eliminate blisters. Vaseline and a bandage will help to reduce friction. A felt donut pad will help to protect existing blisters. Sports-specific gloves will help reduce blisters on hands.

## **CALLUSES**

- Symptoms - Generally found on the ball and heel of the foot and are a thickening of the skin caused by friction. Blisters usually are not painful but if they develop underneath a callus that would be painful. They're common on the hands in golf, softball, and baseball from gripping the bat or club too tight.
- First Aid - Can be removed with pumice stone or callus emery file. This should be done following a shower. A skin softening lotion should be applied after filing the callus.
- Prevention - Same as for blisters.

## **CONCUSSION**

- Symptoms - The athlete is disoriented, complains of a headache, dizziness, nausea, vomiting, impaired vision, memory loss, unconsciousness (momentary or prolonged), or ringing in ears. Athlete may have one or more of the above symptoms. The more symptoms occurring, the more



serious the concussion. Be aware that an athlete can sustain a concussion without loss of consciousness.

- First Aid - Do not allow athlete with suspected concussion to return to action. If athlete has several symptoms or symptoms persist, insist that athlete seek medical attention. Even if athlete appears to return to a normal state quickly, continue to monitor athlete for symptoms that may occur later.
- Prevention - Wear properly-fitting protective head gear when appropriate.

### **FINGER DISLOCATION**

- Symptoms - Obvious visible, painful deformity of finger. Athlete will be unable to move finger.
- First Aid - Apply ice. Transport to medical facility for appropriate treatment. Do not attempt to reduce the dislocation yourself because there is a risk of making the injury more serious.
- Prevention - When returning to activity following a dislocated finger, the injured finger should be buddy-taped to an adjacent finger.

### **HAMSTRING PULL**

- Symptoms - Pain in the back of the thigh, ranging from mild to severe. In severe hamstring strains, athlete may be unable to bend or extend knee, and within a couple days of injury bruising may become apparent on the back of the leg.
- First Aid - Immediately following injury, ice with compression using a cold, wet elastic wrap. Encourage gentle stretching to help prevent loss of flexibility.
- Prevention - Proper stretching before and after activity. Do not make abrupt stops when running or sprinting. Avoid overstriding. Maintaining good flexibility is important.

### **JAMMED OR SPRAINED FINGER**

- Symptoms - Tenderness at finger joint with swelling that occurs rapidly. The athlete will be unable to bend or straighten finger.

- First Aid - Ice. Tape finger to adjacent finger to protect from further injury.
- Prevention - When athlete returns to activity after spraining a finger, it should be protected by buddy taping it to adjacent finger

### **JUMPER'S KNEE/PATELLAR TENDINITIS**

- Symptoms - Occurs in athletic activities that involve repetitive jumping. Pain is usually at the bottom of the knees. There may be a feeling of catching or giving way. There could be some swelling over the site of pain. This injury can occur in stages. Stage I: Symptoms only after activity. Stage II: Symptoms during and after activity. Stage III: Symptoms present all the time.
- First Aid - Ice after activity as well as through the day. Ice or heat before activity depending on athlete preference. A Neoprene knee support may be beneficial. If symptoms are present all the time, seek medical attention.
- Prevention - Advocate proper warm-up and cool-down. Good hip, knee, ankle flexibility goes a long way. Work on hamstring, thigh, and calf stretching.

### **LIGAMENT (JOINT) SPRAINS**

- Symptoms - Ligament sprains are classified into three groups. First Degree: A mild sprain with pain, mild disability, mild tenderness to the touch, little or no swelling. Second Degree: A moderate sprain with pain, moderate disability, joint tenderness, some loss of function, swelling, and bruising. Third Degree: A severe sprain, pain, severe disability, loss of function, possible deformity, severe swelling, and bruising.
- First Aid - Ice, compression with elastic wrap, and elevation. Rest until normal function returns. For second and third degree sprains, ice with compression using an elastic wrap. Elevate and seek medical attention for further evaluation.
- Prevention - For previous injury, preventative bracing may be helpful. Strengthening and flexibility exercises are helpful in prevention and rehabilitation.

## **OSGOOD SCHLATTERS DISEASE**

- Symptoms - This is a knee injury that usually occurs in kids between 9-13 (rapid growth period) and is more common in boys than girls. Swelling and pain just below the knee are the most common symptoms. A lump may begin to form just below the knee. Young athletes usually have to discontinue activity due to pain. Symptoms can last several months.
- First Aid - Ice to control pain. Seek medical attention. Doctor should set guidelines for safe activity. Rest usually resolves symptoms.
- Prevention - This condition is a result of a rapid growth spurt. There is little to prevent its occurrence. Athlete may want to wear a knee pad following return to activity to protect area from contact, especially if a lump formed below the knee.

## **SHIN PAIN/SHIN SPLINTS**

- Symptoms - Pain that runs along the front of the lower leg, especially in the bottom half. Pain is usually worse while athlete runs and will let up with time, but returns toward the end of activity. Swelling in lower legs may occur. This condition is common in people with flat feet or high arches.
- First Aid - Ice or cold whirlpool. Compression wrap.
- Prevention - Ensure proper stretching before and after activity and proper footwear. For runners, increase mileage gradually and avoid running hills or crowned surfaces. Cut back on mileage or weight bearing activities until symptoms subside.

## **SHOULDER DISLOCATION**

- Symptoms - Athlete is usually aware that shoulder is dislocated and will be extremely anxious and experience severe pain. A deformity of the shoulder will be present with a flattened upper arm and prominent shoulder bone. Numbness and tingling may be present down arm and hand.
- First Aid - Seek medical attention as quickly as possible. Allow athlete to put arm in most comfortable position. DO NOT attempt to reduce the dislocations as you can very possibly cause nerve damage or other complications.

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- Prevention - Because this is an injury that most often occurs in football when the athlete attempts to make an arm tackle you should emphasize proper tackling techniques.

## **SHOULDER SEPARATIONS**

### **(ACROMIOCLAVICULAR JOINT INJURY)**

- Symptoms - Severe pain and drooping of injured shoulder. Collar bone on injured side may be protruding or riding higher when compared to uninjured side.
- First Aid - Seek medical attention as quickly as possible. Let athlete put arm in most comfortable position. DO NOT attempt to move the athlete's arm or shoulder. If the athlete is in severe pain or distraught, call an ambulance.
- Prevention - Wear appropriate protective equipment.

## **SHOULDER BRACHIAL PLEXUS LESION**

### **(also known as STINGER, BURNER, NERVE PINCH)**

- Symptoms - Occurs primarily in football or hockey when the player's head is forced to one side and the shoulder is pushed down opposite the head. Characterized by a burning, stinging, or numbness sensation from the shoulder to hand. Pain and weakness in the injured shoulder/arm may last from a few minutes (minor) to months (severe).
- First Aid - For a minor injury ice and rest until symptoms completely subside. For a more severe injury (when pain, numbness, and weakness do not subside) follow up with medical attention. The athlete may be placed in a sling.
- Prevention - In football, a neck collar that attaches to the shoulder pads helps reduce this injury.

## **STRESS FRACTURES**

- Symptoms - Pain which occurs during activity but subsides when rested. If athlete continues to participate in athletics the pain will continue longer after activity and possibly become worse at night. Swelling may occur,



usually after activity. Tapping the bone at the site of the fracture is often very painful.

- First Aid - Rest and ice will help control pain. Seek medical attention, especially for guidelines on return to activity. When returning to activity, resumption of training should be gradual.
- Prevention - Decrease repetitiveness of movement that is causing pain. For runners, proper running shoes are necessary. Avoid surfaces that are crowned, hard, or uneven. Stress fractures at different sites may require different treatment.

### **SWIMMER'S EAR**

- Symptoms - When water becomes trapped in the external auditory canal an infection can develop that causes itching or an intensely painful ear.
- First Aid - Seek medical attention. If left untreated the infection can spread to the middle ear causing a loss of hearing and/or balance disturbances.
- Prevention - Take care in making sure the ear is dried out after swimming. This can be done by using a hair dryer or shaking the ear to the side. DO NOT stick cotton tipped applicators in the external ear canal. Ear drops containing boric acid or ethyl alcohol applied several times a week may also be helpful.

### **TENDINITIS**

- Symptoms - Generally a result of overuse. Tendons attach muscle to bones. Tendinitis occurs where the tendon attaches to the bone. It is caused by friction between bone and tendon which leads to inflammation. Initially the pain begins after activity and resolves with rest but if left untreated it will progress to continuous pain during and after activity.
- First Aid - Ice. Rest. Gradual resumption of activities. If pain has reached a continuous stage, seek medical attention.
- Prevention - Practice proper warm up before and after activity. Do strengthening and flexibility exercises within a pain-free range.

## **TENNIS ELBOW**

- Symptoms - Pain over the bone on the outside of the elbow. Pain may radiate down the forearm. Pain is worse when the wrist is bent back.
- First Aid - Rest, ice, and a tennis elbow strap. Seek medical attention if treatment doesn't help.
- Prevention - Make sure your athlete uses proper techniques. Proper warm up, cool-down and strengthening exercises will help prevent this injury.

## **TOOTH DISLOCATION**

- Symptoms - Tooth has been knocked out.
- First Aid - If possible replace tooth in its socket or under tongue if athlete is alert and cooperative. If tooth cannot be replaced, it should be placed in a container filled with milk or saline solution. Take the athlete and the tooth as quickly as possible to a dentist.
- Prevention - Wear a mouth guard. In any sport that has a high incidence of contact it is appropriate to wear a mouth guard. Mouth guards are also beneficial to reducing the incidence of concussion.

## **TURF TOE (GREAT TOE SPRAIN)**

- Symptoms - Pain at the base of the great toe. This may be accompanied by swelling and bruising. Walking will be very painful. This injury usually occurs when athlete's big toe is bent too far.
- First Aid - Ice. Using crutches will also help relieve pain.
- Prevention - Wear shoes with a firm sole and good fit.

## **WIND KNOCKED OUT**

- Symptoms - Following a blow to the mid-section an athlete is unable to inhale because the diaphragm is momentarily paralyzed. Athlete is usually very apprehensive.
- First Aid - Help the athlete overcome apprehension by speaking confidently to him/her. Loosen the athlete's belt or clothing around waist. Encourage relaxation by having athlete take short inspirations and long expirations. If symptoms don't subside within a few minutes, seek medical help.

