



Club Name:	United Cornwall FC
Club Address:	Penair Secondary School, Truro TR1 1TN
Postcode:	TR1 1TN
Telephone:	07460118199 (Jack Greaves)

FIRST AIDERS / HELPER INFORMATION			
Mobile Number / Email			
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	Rooms available next to the pitch if required	

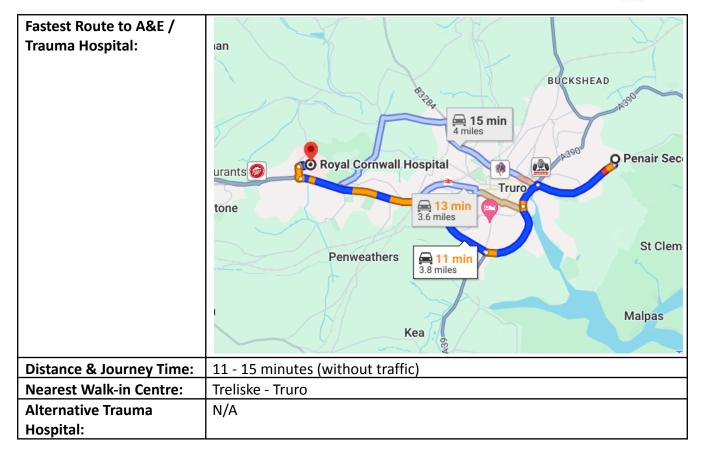
ACCESS ROUTES		
For Ambulance	Entrance to Penair School parking	
From Pitch to Ambulance	You can park the other side of the building next to the pitch.	

OTHER INFORMATION		
Nearest A&E / Trauma	Treliske Truro Cornwall TR1 3LQ.	
Hospital:	Phone. 01872 250000.	





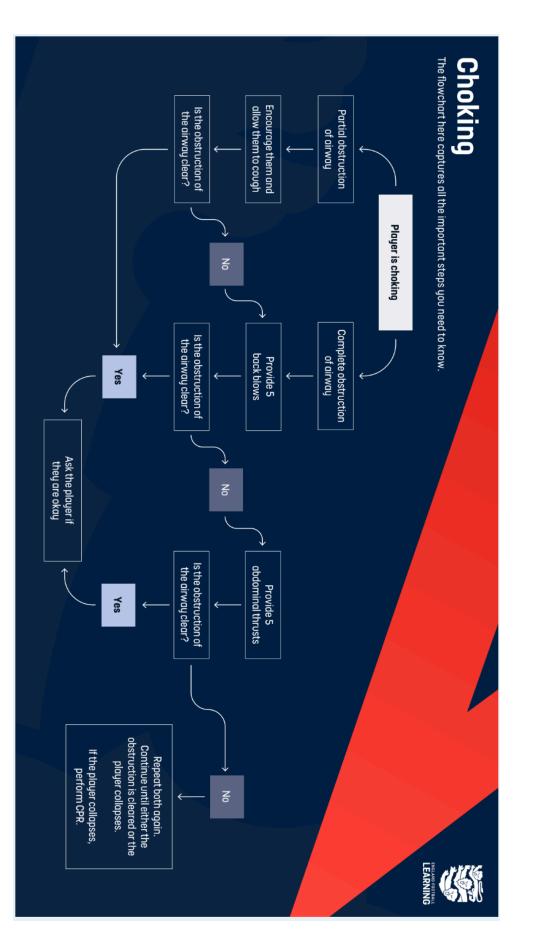
CHARTER STANDARD CLUB



Additional Information		
Timings	Monday evenings (term time only) - 8.30-9.30pm	
Toilets	Toilets are found in the building next to the pitch.	
Changing Rooms	Changing Rooms are also available in the building next to the pitch	
Parking for participants	There is parking next to the pitch for participants	
Location Lead	Ali Carr	

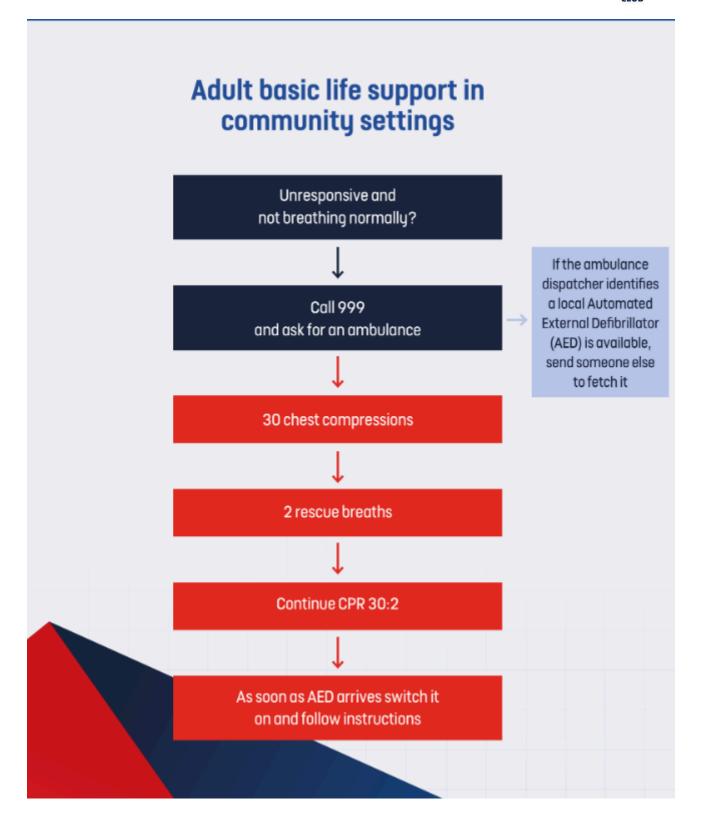
















CHARTER STANDARD

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): Weakness or numbness/tingling in more Neck pain or tenderness than one arm or leg Seizure, 'fits', or convulsion **Repeated Vomiting** Loss of vision or double vision Severe or increasing headache Loss of consciousness Increasingly restless, agitated or combative Increased confusion or deteriorating Visible deformity of the skull conscious state (becoming less responsive, drowsy) Remember In all cases, the basic principles of first aid should be followed: If there are no Red Flags, identification of possible assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or concussion should proceed as follows: slowness or difficulty answering questions. Concussion should be suspected after an impact to the head or Do not attempt to move the athlete (other than required for body when the athlete seems different than usual. Such changes include the presence of any one or more of the following: visible airway support) unless trained to do so. Do not remove helmet (if present) or other equipment. clues of concussion, signs and symptoms (such as headache Assume a possible spinal cord injury in all cases of head or unsteadiness), impaired brain function (e.g. confusion), or injury. unusual behaviour. Athletes with known physical or developmental disabilities should have a lower threshold for removal from play. This tool may be freely copied in its current form for distribution to individuals, teams, groups, and organizations. Any alteration (including translations and digital reformatting), re-branding, or sale for commercial gain is not permissible without the expressed written consent of BMJ.





CLUB

(@) Concussion Recognition Tool 6 - CRT6[™] Concussion Recognition Tool 0 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 Changes in Thinking Dizziness Difficulty concentrating Blurred vision Difficulty remembering More sensitive to light Feeling slowed down More sensitive to noise Feeling like "in a fog" Fatigue or low energy "Don't feel right"

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

3: Awareness

Neck Pain

(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

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