Wrekin Juniors Football Club

Affiliated to the Shropshire FA Established July 1998

Emergency Action Plan

Crescent Road

Location Address	Crescent Road, Wellington, TF1 3DW		
what3words	plotted.entitles.hero	**Coordinates**	52.704611N, -2.519813W
Site Description	Open, public access land		

First Aiders	All FA qualified coaches possess a current FA Emergency Aid qualification.

FIRST AID EQUIPMENT & FACILITIES	
Defibrillator	None
First Aid Kit	Managers/coaches must be in possession of a First Aid kit Accident Forms and Head Injury Forms. These are kept up to date by the manager/coach. A brightly coloured bib is recommended for attracting attention.
First Aid Room	None
Emergency Access Routes: see Site Map overleaf	
All emergency vehicles will access the site via the site entrance (1). The area around the site entrance must be kept clear, and room allowed for access of an emergency vehicle. If access to the pitch is required vehicles must be cleared. Two persons must be pre-positioned: 1. At the site entrance (1) to direct emergency vehicles. 2. At the emergency access point (2) to direct the emergency crew to the casualty. If the Midland Air Ambulance is required on scene, please follow the directions of any emergency crew member already on scene.	

OTHER INFORMATION	
Nearest Hospital (A&E)	Princess Royal Hospital, Apley Castle, Apley, Telford, TF1 6TF
what3words	outcasts.noise.stripped
Directions	See Map to Nearest A&E.
Journey Time	2 min (0.6 miles)
Non-emergency	Call NHS 111 for advice or own GP for out of hours service.

Reviewed 29 July 2020 L Greatorex

Site Map

ACCESS ARRANGEMENTS	
1	Site entrance. No car parking available. No parking along the access lane or double parking in cark park. Use the road if full.
2	Emergency access – MUST BE KEPT CLEAR
3	Pedestrian access to pitch via Parklands

COVID-19 ARRANGEMENTS	
Access	Via site entrance (1) or pedestrian access (3).
Grounds	Avoid touching communal surfaces, e.g. gates and fences.
Supporters	Parents must remain in sight of their child's group and observe social distancing. Additional children should only be present if absolutely necessary and must remain with the parent. Avoid congregating near access points and paths, and after the session.

Refer to specific facility risk assessment

In an emergency call 112 from a mobile phone or 999 from a landline

You **SHOULD** call the Emergency Services for cases such as:

- loss of consciousness
- difficulty in breathing
- severe blood loss or fractures
- choking
- chest pain
- severe allergic reactions
- fitting/convulsions
- severe burns and scalds

What to Expect When Calling the Emergency Services

Initially you will be asked four questions:

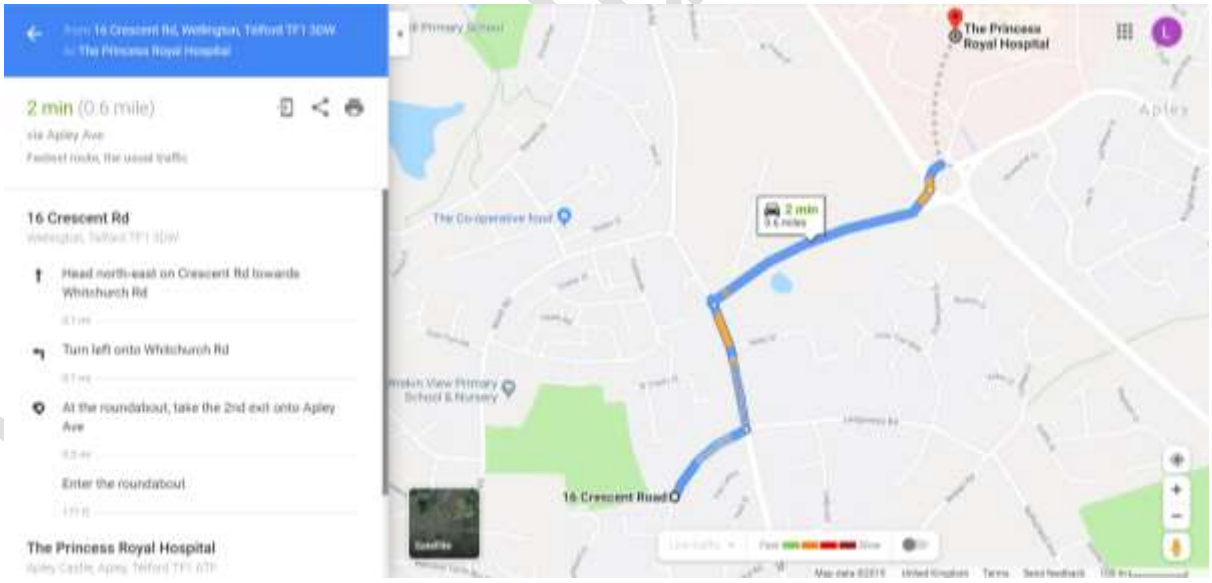
1. Is the casualty breathing?
2. What address are you calling from?
3. What number are you calling from?
4. What is the reason for the call?

They will need as much information from you as possible about the casualty's condition as this will help them assess the most appropriate response.

After The Incident

An Accident Form and/or Head Injury Form must be filled in by the Manager. Copies must be given to the parent and the Club Welfare Officer, and a copy kept by the Manager.

Map to Nearest A&E

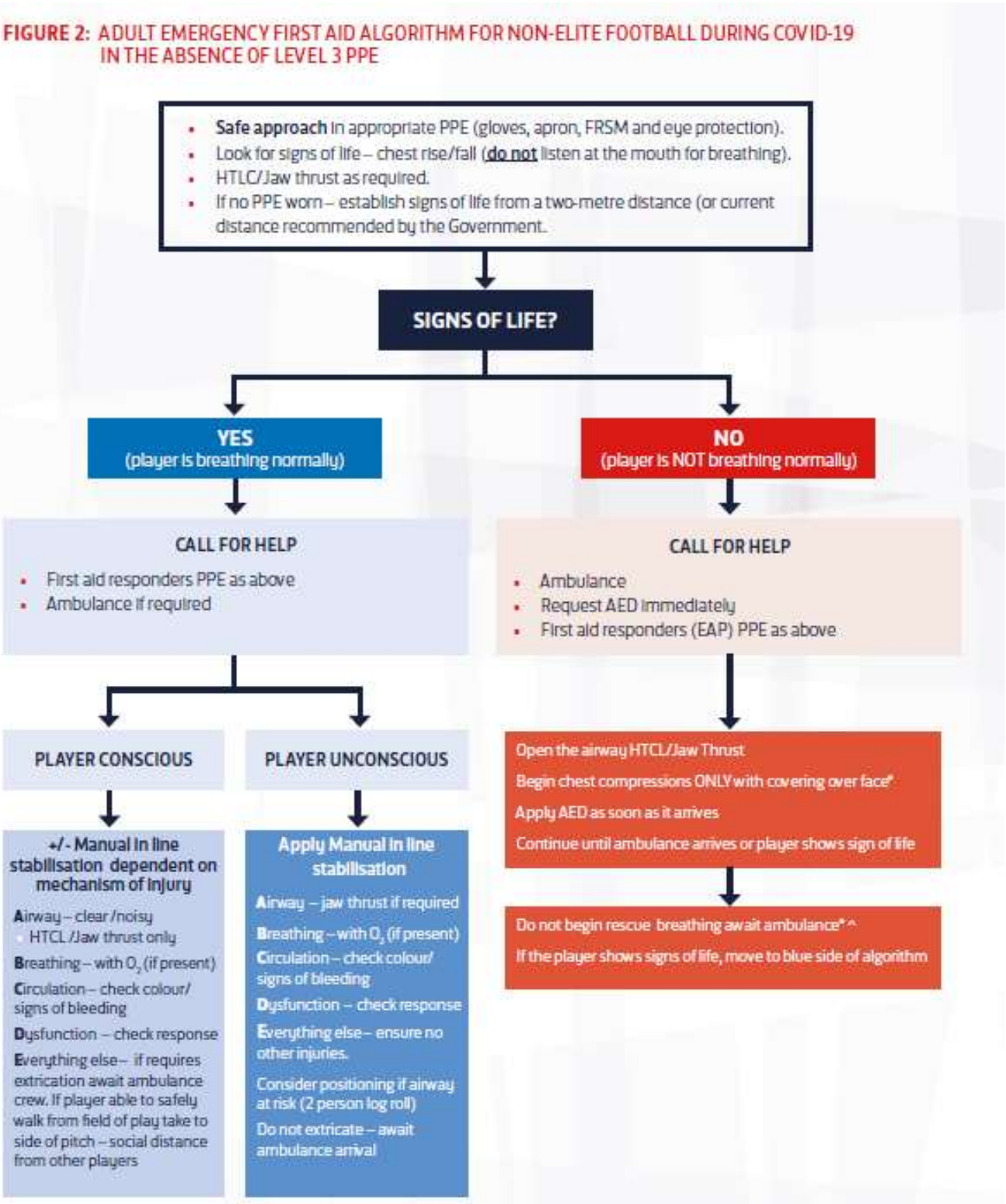


COVID-19 Arrangements

Emergency/life threatening: refer to protocols for adults and children overleaf, taken from FA Guidance.

Non-emergency/non-life threatening: parent to attend and must have emergency medication if required. Coaches can attend to non-emergency situations if appropriate PPE available. Refer to FA Guidance.

FIGURE 2: ADULT EMERGENCY FIRST AID ALGORITHM FOR NON-ELITE FOOTBALL DURING COVID-19 IN THE ABSENCE OF LEVEL 3 PPE

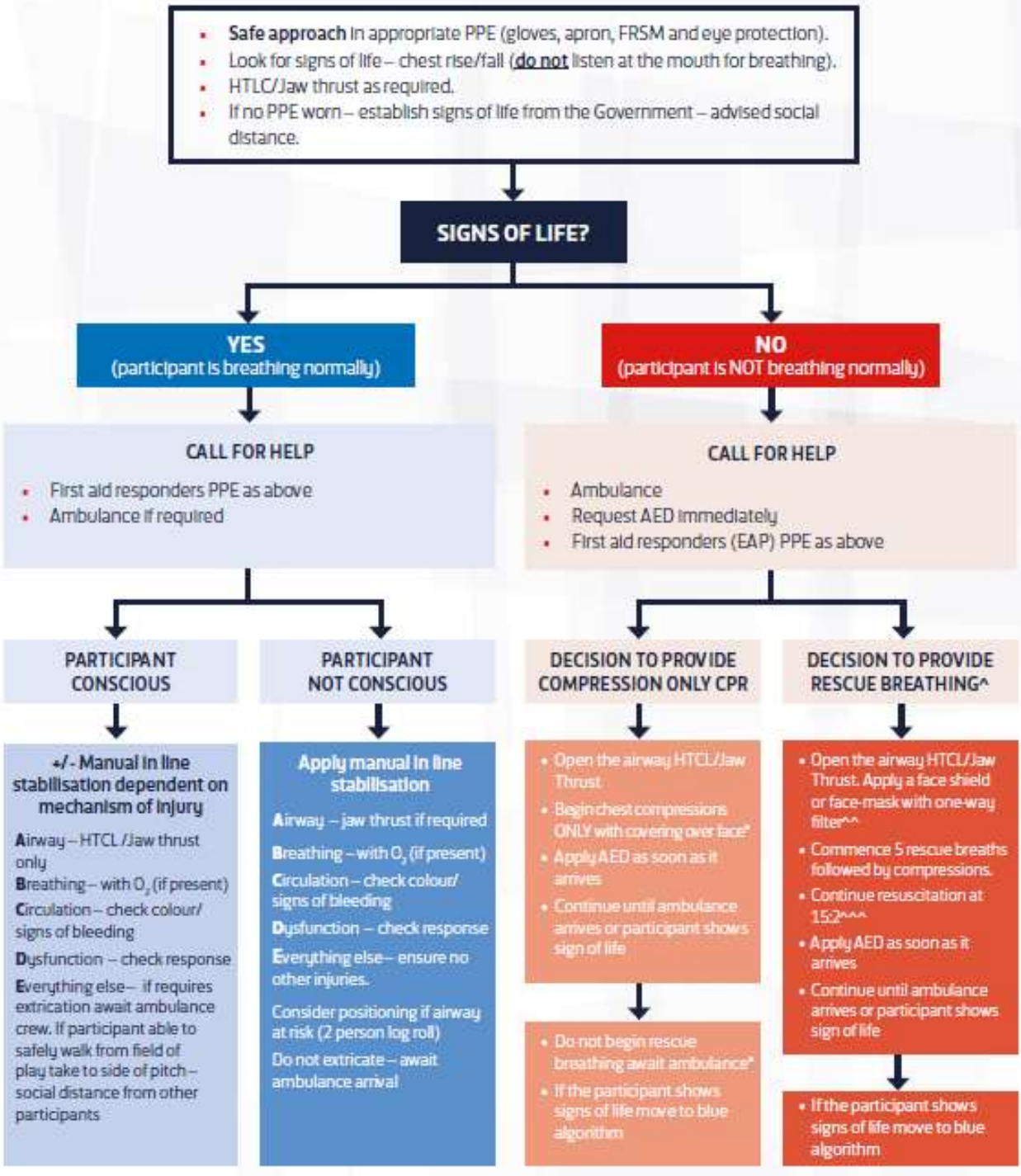


** If the club has health care professionals (HCPs) on venue a face covering can be a non-rebreather mask attached to oxygen at 15L/min. If suitably qualified and Level 3 PPE available rescue breathing with airway adjuncts can be commenced before ambulance arrives.*

Once airway intervention has occurred all staff in Level 2 PPE must move away two-metre pitchside (or out of the room indoors), leaving only responders wearing Level 3 PPE.

^ In a paediatric arrest, if the decision is made to provide rescue breathing this can be done at 30:2 or 15:2 via a pocket mask with filter or face shield (if rescuer is wearing a mask this will have to be removed). HCPs can use a bag valve mask with a viral filter (elite sport framework[23]).

FIGURE 3: PAEDIATRIC EMERGENCY AND FIRST AID CARE ALGORITHM FOR NON-ELITE FOOTBALL DURING COVID-19 IN ABSENCE OF LEVEL 3 PPE



* *If the club has health care professionals (HCPs) on site a face covering can be a non-rebreather mask attached to oxygen at 15L/min. If suitably qualified and Level 3 PPE available rescue breathing with airway adjuncts can be commenced before ambulance arrives (elite sport framework[22]). Once airway intervention has occurred all staff in Level 2 PPE must move away 2m pitchside (or out of the room indoors), leaving only responders wearing Level 3 PPE.*

^ *An individual decision to perform rescue breathing due to compression only CPR likely to be less effective if a respiratory problem is the cause in a child*

^^ *If rescuer is wearing a mask this will have to be removed. There are no additional actions to be taken after providing rescue breathing other than to monitor for symptoms of possible COVID-19 over the following 14 days. HCPs can use a bag valve mask with a viral filter.*

^^^ *The paediatric ratio of 15:2 (15 compressions to 2 rescue breaths) can be provided or if more familiar with the adult provision of 30:2 this can be equally applied. The emphasis is on the speedy provision of resuscitation. Breath provision is one second as per an adult and depress the chest 4-5cm in a younger child/adolescent.*