



Wrekin Juniors Football Club

Affiliated to the Shropshire FA Established July 1998



Emergency Action Plan

RINGERS LANE, ADMASTON

Location Address	Pemberton Road, Admaston, Telford TF5 0BQ		
what3words	blend.energy.swordfish	Coordinates	52.71087N, -2.5406186W
Site Description	Council-managed playing field, open access to public		

First Aiders	All FA qualified coaches possess a current FA Emergency Aid qualification.
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FIRST AID EQUIPMENT & FACILITIES	
Defibrillator	At Admaston House Community Centre (5)
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 car park (1). The entrance to the car park must be kept clear, and room allowed for access of an emergency vehicle. If vehicle access to the pitch is required, the lane to the West of the pitch (3/4) must be cleared and a guide posted at the carpark entrance. Two persons must be pre-positioned: 1. At the car park entrance (1/3) to direct emergency vehicles to the emergency vehicle access point (4). 2. At the emergency vehicle access point (4) 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	6 min (2.0 miles)

Non-emergency	Call NHS 111 for advice or own GP for out of hours service.
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Site Map

ACCESS ARRANGEMENTS	
1	Site entrance. Car parking available. Keep access points clear. Pedestrian access only to pitches.
2	Wrekin Juniors pitch location.
3	Entrance to emergency access lane.
4	Grass pitch emergency access – MUST BE KEPT CLEAR
5	Admaston House defibrillator location

COVID-19 ARRANGEMENTS	
Access	Via Pemberton Road site entrance (1).
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. Use separated pitches where possible. 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:

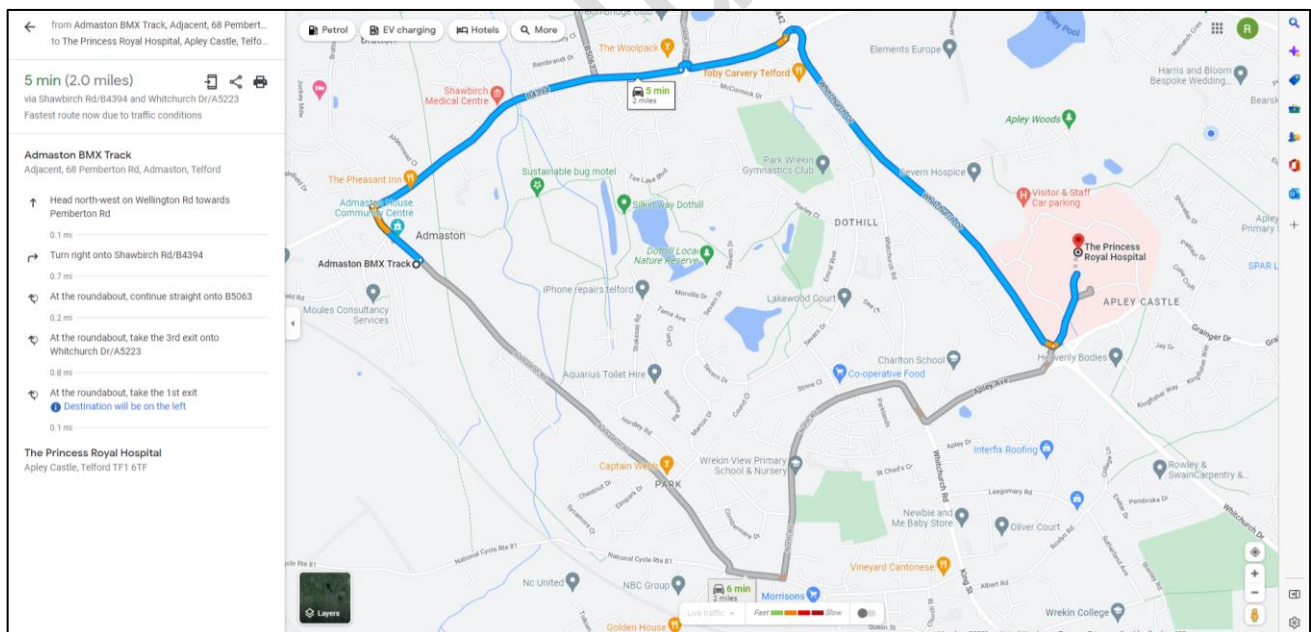
1. Is the casualty breathing?
2. What address are you calling from?
3. What number are you calling from?
4. What is the reason for the call?

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

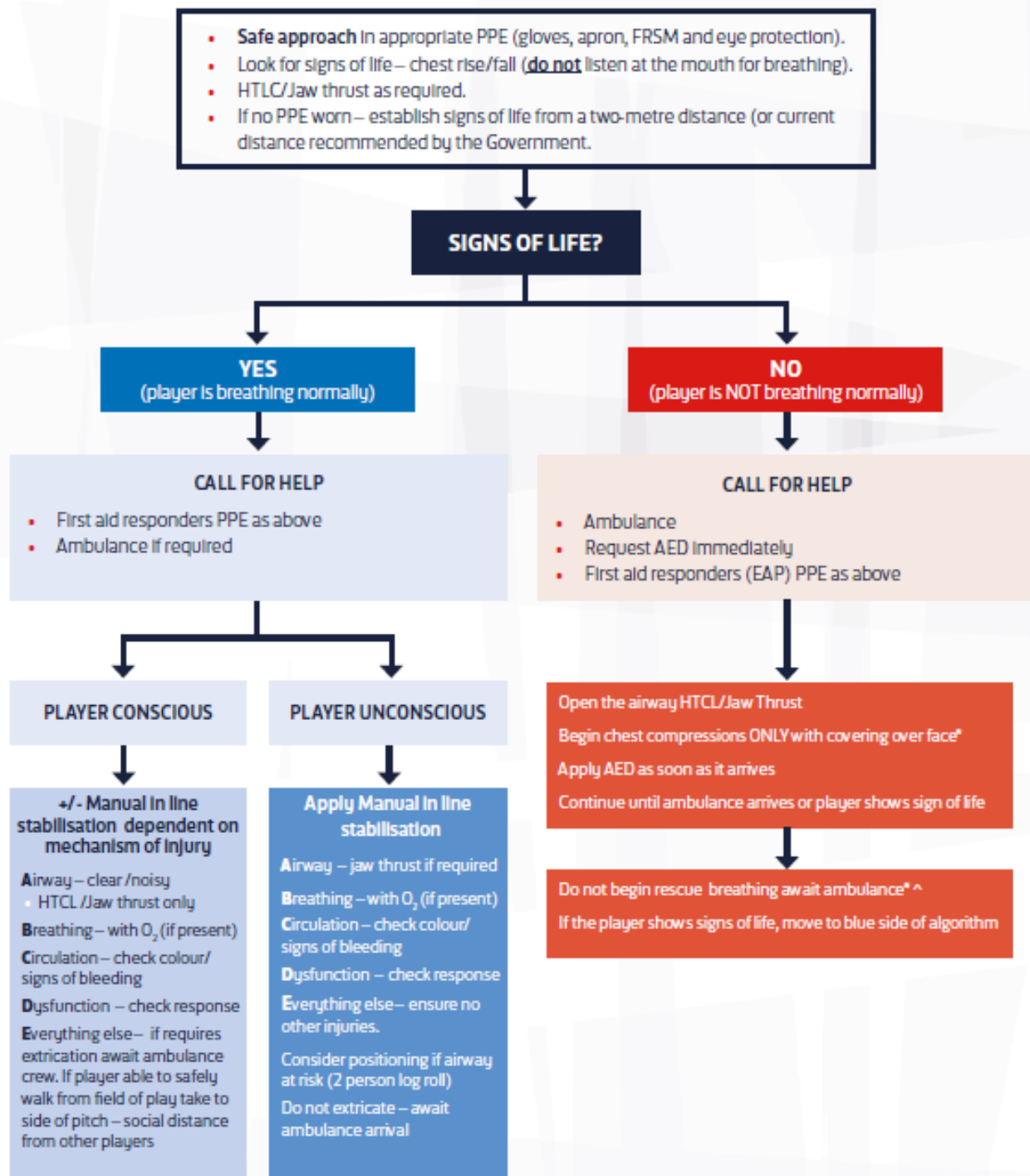


COVID-19 Arrangements

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.

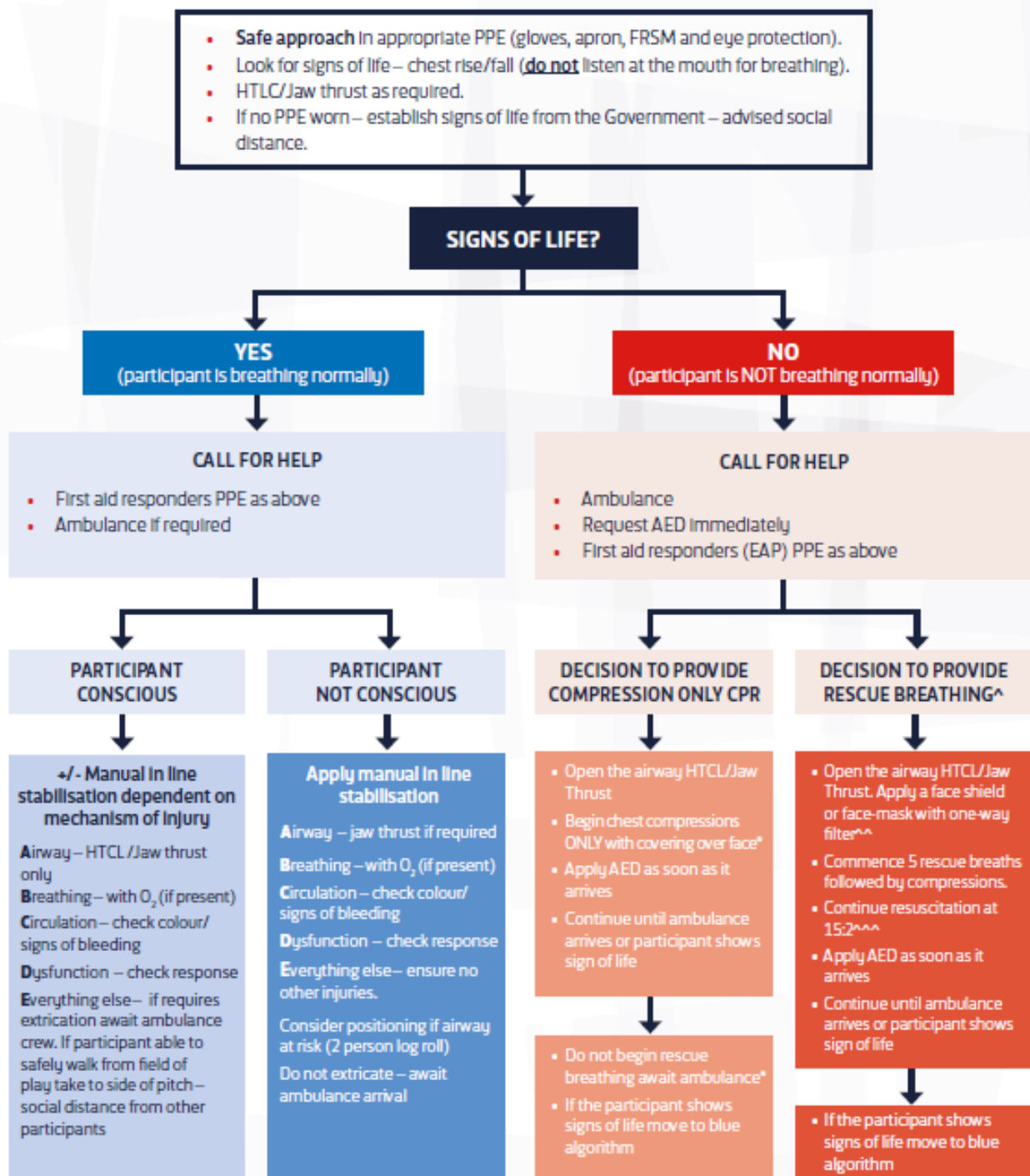
Coaches can attend to non-emergency situations if appropriate PPE available. Refer to FA Guidance.

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 framework²³).

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 framework²³). 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.