Soccer Coach First Aid & Injury Management Quick Reference

Purpose

This guide is designed to help soccer coaches recognize common injuries, provide immediate sideline care, identify emergencies, and understand when an athlete should be removed from play and referred for medical evaluation.

Important: Coaches should provide basic first aid within their training and certification level. When in doubt, remove the athlete from play and seek medical evaluation.

Emergency Action Priorities

Call 911 Immediately For:

- Unconscious athlete
- Suspected neck or spinal injury
- Difficulty breathing or severe asthma attack
- Seizure lasting >5 minutes or repeated seizures
- Severe allergic reaction (anaphylaxis)
- Significant bleeding that cannot be controlled
- Suspected fracture with deformity
- Heat stroke (altered mental status with high body temperature)
- Sudden collapse or cardiac arrest

Remember the ABCs

A – Airway

Ensure the airway is open.

B – Breathing

Look, listen, and feel for breathing.

C – Circulation

Assess pulse, skin color, and major bleeding.

Concussion Recognition & Management

Common Signs and Symptoms

Physical

- Headache
- Dizziness
- Balance problems
- Nausea or vomiting
- Blurred vision
- Sensitivity to light or noise

Cognitive

- Confusion
- Memory problems
- Difficulty concentrating
- Appears "foggy"

Emotional

- Irritability
- Emotional changes

Sleep

- Drowsiness
- Difficulty sleeping

Red Flags (Activate EMS)

- Loss of consciousness
- Repeated vomiting
- Worsening headache
- Seizure
- Increasing confusion

- Weakness or numbness
- Unequal pupils
- Neck pain after significant impact

Coach Action Steps

1. Remove athlete from play immediately.
2. Do not allow same-day return to play.
3. Monitor for worsening symptoms.
4. Notify parents/guardians.
5. Refer for medical evaluation.

Key Rule:

"When in doubt, sit them out."

Ankle Injuries

Common Injuries

- Lateral ankle sprain (most common)
- Syndesmotic ("high ankle") sprain
- Fracture

Signs

- Pain
- Swelling
- Bruising
- Difficulty walking

Sideline Care

Protect

Remove from play.

Rest

Avoid painful activity.

Ice

15–20 minutes at a time.

Compression

Elastic wrap if trained.

Elevation

Raise above heart level when possible.

Refer for Medical Evaluation If:

- Unable to bear weight
- Significant swelling
- Bone tenderness
- Suspected fracture
- Instability

Knee Injuries

Common Soccer Knee Injuries

- ACL injury
- MCL sprain
- Meniscus injury
- Patellar dislocation
- Contusions

Concerning Signs

- Audible "pop"
- Immediate swelling
- Knee instability
- Locking or inability to fully straighten

- Inability to continue playing

Sideline Care

- Remove from play
- Ice
- Compression
- Avoid testing aggressively
- Refer for medical evaluation

Immediate Referral

- Significant swelling within hours
- Suspected ACL injury
- Suspected fracture
- Dislocated patella

Muscle Strains (Hamstring, Quadriceps, Groin, Calf)

Symptoms

- Sudden pain during sprinting or kicking
- Cramping sensation
- Weakness
- Limping

Sideline Care

- Stop participation
- Ice if needed
- Gentle walking only if comfortable
- Do not force stretching immediately

Return to Play

Athlete should be pain-free with:

- Full strength
- Full range of motion
- Ability to sprint, cut, and kick

Heat Illness

Heat Cramps

Symptoms

- Muscle cramps
- Heavy sweating

Treatment

- Hydration
- Rest
- Gentle stretching

Heat Exhaustion

Symptoms

- Weakness
- Headache
- Dizziness
- Nausea
- Heavy sweating

Treatment

- Move to shade
- Remove excess clothing/equipment
- Cool with ice towels
- Hydrate if alert

Heat Stroke (Medical Emergency)

Symptoms

- Confusion
- Altered mental status
- Collapse
- Possible loss of consciousness

Treatment

1. Call 911.
2. Begin rapid cooling immediately.
3. Cold-water immersion if available.
4. Do not delay cooling while awaiting EMS.

Cool first, transport second.

Asthma Emergencies

Symptoms

- Wheezing
- Persistent coughing
- Chest tightness
- Shortness of breath
- Difficulty speaking

Coach Action

1. Stop activity.
2. Assist athlete with prescribed rescue inhaler.
3. Monitor response.

Call EMS If:

- Symptoms worsen
- Inhaler ineffective
- Difficulty speaking
- Blue lips or fingernails
- Severe respiratory distress

Prevention

- Ensure athletes have inhalers available.
- Know who has asthma before practices and games.

Allergic Reactions & Anaphylaxis

Symptoms

- Hives
- Facial swelling
- Tongue swelling
- Wheezing
- Difficulty breathing
- Dizziness

Management

- Administer prescribed epinephrine auto-injector if available.
- Call 911 immediately.
- Monitor airway and breathing.

Lacerations and Abrasions

Minor Cuts

1. Wear gloves.
2. Apply direct pressure.

3. Clean with water.
4. Apply dressing.

Significant Bleeding

- Direct pressure
- Elevation if possible
- Call EMS if bleeding cannot be controlled

Return to Play

- Bleeding must be stopped.
- Wound securely covered.
- Uniform free of blood.

Nosebleeds

Management

1. Sit athlete upright.
2. Lean slightly forward.
3. Pinch soft part of nose continuously for 10–15 minutes.

Seek Medical Evaluation If:

- Bleeding persists >20 minutes
- Significant facial trauma
- Recurrent severe bleeding

Dental Injuries

Knocked-Out Permanent Tooth

Do:

- Handle by the crown only.
- Gently rinse if dirty.

- Place in milk or tooth-preservation solution.

Do Not:

- Scrub the tooth.
- Touch the root.

Urgent:

Seek dental care immediately (best within 30–60 minutes).

Suspected Fractures

Signs

- Deformity
- Severe pain
- Swelling
- Inability to use limb

Coach Action

- Remove from play
- Immobilize if possible
- Ice
- Refer urgently

Call EMS If:

- Open fracture
- Major deformity
- Neurovascular compromise
- Suspected spine injury

Sudden Cardiac Arrest

Warning Signs

- Collapse during exercise
- Unresponsiveness
- No normal breathing

Action

1. Call 911.
2. Start CPR.
3. Retrieve AED immediately.
4. Follow AED prompts.

Every coach should know:

- AED location
- Emergency Action Plan
- CPR basics

Return-to-Play Principles

Athletes should NOT return to play if they have:

- Concussion symptoms
- Significant pain
- Limping
- Instability
- Breathing difficulties
- Uncontrolled bleeding

Return only when:

- Symptoms have resolved
- Full function has returned
- Appropriate medical clearance obtained when indicated

Recommended Sideline First Aid Kit

Personal Protection

- Nitrile gloves
- CPR mask/shield
- Hand sanitizer

Wound Care

- Adhesive bandages (various sizes)
- Sterile gauze pads
- Rolled gauze
- Medical tape
- Steri-Strips
- Antiseptic wipes
- Antibiotic ointment
- Elastic cohesive wrap

Musculoskeletal Injuries

- Instant cold packs
- Elastic compression wraps (2", 3", and 4")
- Pre-wrap
- Athletic tape
- Triangular bandage/sling
- Finger splints
- SAM splint (if available)

Respiratory/Emergency

- Spare spacer for inhaler use (if allowed by local regulations)
- Emergency contact list
- Medical forms
- Emergency Action Plan

Environmental Protection

- Sunscreen
- Electrolyte packets
- Towels
- Emergency blanket

Equipment

- Scissors
- Tweezers
- Pen and notepad
- Flashlight
- Thermometer
- Cell phone charger/power bank

Strongly Recommended Team Resources

- Automated External Defibrillator (AED)
- Emergency Action Plan available at every practice and game
- Current CPR/AED certification for coaches

Pre-Season Coach Checklist

☐ Review Emergency Action Plan
☐ Know AED location
☐ Obtain emergency contacts
☐ Identify athletes with asthma, allergies, diabetes, or seizure disorders
☐ Confirm availability of rescue inhalers and epinephrine auto-injectors
☐ Inspect playing field for hazards
☐ Ensure first aid kit is stocked
☐ Maintain CPR/AED certification

Golden Rule for Coaches

Player safety always comes before game participation. If you are unsure whether an athlete can safely continue, remove them from play and arrange medical evaluation.

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