

South African Institute of Range Officers and Instructors

POLICY AND PROCEDURE FOR FIRST AID AT MATCHES

INTRODUCTION

1. Our members' age is slowly increasing and we may expect to experience more injuries brought on by ageing, the modern sedentary lifestyle and general lack of good health. Gunshot related incidents are almost unknown and are the exception.

2. The focus is on general injuries that might require immediate and/or drastic attention from match officials, either while shooting or between stages. Such an injury may be heart attack, fainting, broken bones, severe bruising, bee sting, sunburn, dehydration, etc such as may be expected in any sport.

3. We must keep the time between noticing/being made aware of the injured person and transfer to medical care, if required, as short as possible.

4. It has become the standard in most sports that the sport event may not continue if a properly trained person isn't available to administer first aid support.

5. SAIRO has implemented a program to train volunteer match officials in the basics of First Aid.

POLICY

6. Match officials must be able to control any situation on the range requiring first aid from the time it is brought to their attention until the time the injured person [including a match official] either recovers or is transferred to the correct medical facility, be it the ambulance, paramedic, hospital, etc. This might require first aid until the injured person is evacuated or recovers.

7. Match officials should have first aid skills for use from the time the injured person is brought to his attention until the matter is resolved, such as plaster on a cut up to evacuation. This can be simple such as disinfecting, reassuring the injured person of care on its way, up to CPR. Match officials should have first aid training and a small first aid kit. We do not intend to be paramedics, only to get an injured person to earliest possible treatment.

RECOGNITION OF FIRST AIDERS

8. A green cross above the country flag on the sleeve of the SAIRO shirt. Recognition can only remain as long as the RO provides proof of being current on his first aid, meaning training or retraining in the preceding two years. This proof must be from a recognised first aid training institution. At his cost.

PLANNING BY THE MATCH ORGANISER

9. The match organiser should have an appropriate, within expiry date, first aid kit available. These are available through most pharmacies at around R400 – R500 [2018

terms]. The "refills" of expired items are often quite inexpensive. Supplement the kit with a few suggested Items such as:

- a. Different size tourniquets.
- b. CPR Masks for every RO Box.
- c. Gloves for every RO Box.

The Government Regulation 7 First Aid Kit seems a good option but any similar one would be sufficient. See the last page.

10. Ensure that there is at least one but preferably more trained first aid persons available for the duration of the match.

11. Publish the names and locations of first aiders on the notice board.

12. Appoint a first aider in charge. Not a competitor, the range master, or Area CRO.

13. For level II or higher matches where more than 30 participants are present it is recommended the MD ensures communication with the appropriate local emergency services. Invite them to visit the range beforehand and make sure they know the location to easily reach it, if required.

14. For level III and higher level matches it is strongly recommended that the match organisers arrange for properly trained medical personnel to be on stand-by. Some organisations such as ER24, Netcare 911 or LifeMed offer this at a cost that will give real peace of mind, as advanced assistance is on hand. Keep their weekend contact numbers on hand and easily available.

15. Dedicated communication with the first aiders is strongly recommended. Radios or cell phones...

16. Have a procedure for that match and range, for minor injuries up to evacuation.

17. Have an evacuation plan from where the injured person is. Include a stretcher in the planning. The route for ER/ambulance to get there.

18. Who is going to meet them and guide them in to where the injured person is?

19. Who is going to accompany the injured person to the hospital? Own language, friend, medication he is using?

20. Basic information such as medical conditions and medical aid information should be available with every participant – either supplied as part of the entry process or in the form of a card in the bag or on the person. Its purpose is to "speak when one can't speak". Proper care will be available faster. In a panic people often don't remember details or forget numbers.

21. When the match starts ensure that the range officers are briefed in the first aid process to follow; be practical:

- a. Keep access roads to the range(s) and shooting bays accessible.
- b. In case of a medical emergency the range officer must contact the Range Master or Area CRO and advise them of the problem.

- c. Don't be "scared" to say there is a medical incident on a radio! A DQ does not require immediate attention but a medical emergency often does! We want to save a life we can worry about other issues later.
- d. The RM/Area CRO should immediately assess the situation, therefore, have some first aid training. If need be stop shooting in the area and have ROs assist with crowd control as it always has some "spectator value".
- e. If it requires advanced intervention immediately contact the assigned emergency service and start the appropriate treatment.
- f. If it is of a minor nature the appropriate assistance can be given and the situation normalised.
- g. Once the patient is properly taken care of it is important to notify all concerned that the situation was taken care of. If shooting was stopped restart by the RM. Pause shooting and give cursory details on the radio: "John fell broke his leg taken to hospital for further treatment all OK please continue shooting".
- h. In case of a shooting accident with injuries it may require further official action. Hopefully this will never have to be tested.

22. Immediate Action by the RO in case of a medical emergency: Briefing before the match:

a. General

Secure the area, firearm, perimeter.

The most qualified person takes over.

Appoint a leader.

A more experienced person be ready to take over treatment if necessary.

Clear the area of all non-essential people and equipment.

Notify the host organisation and RM.

Ensure the ER/ambulance/hospital is alerted if required.

Provide a safe and fast evacuation route on foot and for an ambulance.

Interview witnesses if necessary- RM to arrange.

No photos or video. No social media. This is private; you may appear in court if you don't believe it.

b. Injured person action

Determine if the patient is responsive – talk or pat...

Call for help – the assigned call procedure is – only the appropriate mode and details:

Radio: call to RM/MD

Cell phone: number to call

Shout: what to shout ...

As part of the call for help: "What do you think is the injury/condition?" Eg. "shooter fell injured his leg", "trouble breathing", "stung by a bee", "bleeding".

If the patient is conscious and bleeding have them place a hand on the wound and assist with pressure if required.

If patient is not breathing or unresponsive do CPR.

CONCLUSION

23. It might seem that the few casualties that occur at matches do not merit such precautions as outlined above, but it takes only one tragedy to prove us wrong. Taking the

necessary precautions and proper planning prevents later recriminations and "if we only had" discussions.

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Cotton Wool Roll 50g	4
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Pair Scissors	1
Metal Forceps/Tweezer	1
Microporous Paper Tape 25mm	1
Triangular Bandages N/W	4
Wooden Splints	

Government Regulation 7 First Aid



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