Responsibilities of ALL Providing First Aid

* IDENTIFY yourself if you are certified in First Aid.
* SFES Volunteers will
  + Provide immediate assistance and/or first aid that is appropriate in the circumstances.
  + Determine who will call 911.

Role of all Directors

* All SFES Directors must inform/train SFES policies and procedures for the provision of immediate assistance/first aid to volunteers and/or accessing medical care. All SFES Directors will maintain First Aid Certification.

Plan

* SFES first aider(s) - name(s), location, and procedures for contacting. A SFWA first aider is an individual on the team trained to provide first aid. Director’s names are posted in the Volunteer Room.
* Emergency Medical Services (EMS) – 911 –
  + If a volunteer requests 911, a call will be made immediately.
  + If there is an injury, notify a director who will assess the situation, provide First Aid care, and (with the injured person if possible) determine if EMS should be notified.
* First aid kits –
  + Feed Room (top drawer med cabinet)
  + Tack Shack (hanging beside saddle pad rack)
  + Bandages and other supplies are also in the Tall Med Cabinet
* Automated External Defibrillator (AED) – SFES does not have an AED at time time.
* Communication device (telephone) – Nearly all volunteers carry a mobile phone. If there’s no cellular signal, SFES has free wi-fi “Serenity” that does not require a password.
* Those with identified medical conditions (for example, anaphylaxis, asthma, diabetes, epilepsy) are identified and have a “Care Plan” with direct oversight provided by SFES Executive Director.
* Suspected concussions - protocol for a suspected concussion (that is, how to recognize a concussion, actions required when Red Flag signs and other signs and symptoms are present
* Cardinal rule of injury care – if the injured individual is not moving or you suspect a head, neck, or spinal injury, do not move the individual and tell the student not to move.
* Equipment (for example, helmet, shoulder pads) – wait for EMS, do not remove equipment unless there is a life-threatening injury because removal of equipment may cause damage to neck or spinal cord.
* [**Universal blood and body fluid precautions**](http://safety.ophea.net/resources/376) - procedures for avoiding contact with blood and bodily fluids.
  + Gloves are available in the Med Cabinet (3rd drawer down)
  + Sterile Towels are available in the bottom drawer
  + Volunteers are not authorized to clean up blood or bodily fluids. This is handled by a Director at all times.
* Conditions that require an automatic 911 call – that is, loss of consciousness/fainting, uncontrolled bleeding, anaphylactic reaction, any life-threatening illness/condition or injury and the philosophy to err on the side of caution and call 911 if unsure.
* Transporting an injured/ill individual – procedures for team members to accompanying student to the hospital are provided by EMS staff.
* Directors must be aware of
  + the volunteers’ medical conditions;
  + the plan of care for those volunteers;
  + the medication that must be readily accessed;
  + the procedures to manage medical conditions for physical activities;
  + the ways to recognize and respond to a volunteer’s medical condition emergency.
* Suspected concussions - roles and responsibilities of SFES detailed in the board’s protocol for a suspected concussion (that is, how to recognize a suspected concussion, actions required when Red Flag signs and other signs and symptoms are present, communication required, and forms supplied to parents/guardians).
* Cardinal rule of injury care – if the injured volunteer is not moving or you suspect a head, neck, or spinal injury, do not move the volunteer and tell the volunteer not to move.
* Equipment (for example, helmet, vest…) – wait for EMS, do not remove equipment unless there is a life-threatening injury because removal of equipment may cause damage to neck or spinal cord.
* Conditions that require an automatic 911 call – that is, loss of consciousness/fainting, uncontrolled bleeding, anaphylactic reaction, any life-threatening illness/condition or injury and the philosophy to err on the side of caution and call 911 if unsure.
* Food and drink - Do not feed or give fluids to the injured volunteer unless otherwise identified as per the volunteer’s Plan of Care (for example, diabetic low blood sugar incident)).
* Medications to volunteers – Those individuals with Care Plans are managed by SFES’s Executive Director. Otherwise, SFES does not permit medications to be consumed on the property except when a parent is administering it to their child. Should a volunteer request, for example - a Tylenol, do not share of give medications.