



KEYSBOROUGH  
**COUGARS**  
Basketball Association



## Basic First Aid

In basketball, common causes of injuries are falls, player contact, awkward landings, abrupt changes in direction and being hit by the ball. Ankle sprains/strains are most common as are injuries to the hand, fingers, head, face and teeth.

### Treatment for common injuries

#### **Sprain, strain, soft tissue injuries (hamstring, groin etc), 'corked' muscle**

RICER – Rest, Ice, Compression, Elevation and Referral to medical expert if required.

RICE should be followed for at least 48 hours to reduce the swelling and damage. The ankle/injured muscle should be rested in an elevated position where possible with an ice pack applied for 20 minutes every two hours (never apply ice directly to the skin). When not icing the injury, a compression bandage should be applied. Do NOT wear a compression bandage to bed.

During the first 48 hours there should be no direct heat applied (showering is fine), no alcohol consumed, no running or activity, and no massage.

After the first 48 hours, heat can replace ice and gentle movement should be encouraged.

**If an injury is sustained during training or games and ice is applied, the player should NOT re-enter the game or continue training.**

### Concussion

If a concussion is suspected, the best course of action is to be assessed by a doctor ASAP. In the first instance, sit the player down and watch for any signs/symptoms which can include:

- Short period of unconsciousness
- Confused, dazed, stunned, dizzy
- Amnesia
- Low grade headaches
- Feeling foggy, lethargic
- Sensitivity to light or noise
- Nauseous.

## **Dental injuries**

- If a tooth has been knocked out, try and find the tooth as quickly as possible and rinse, preferably in milk but water is OK if milk is not available. Do NOT soak or scrub the tooth.
- Put the tooth back into the mouth where it came from and bite down gently on a tissue or soft cloth to keep the tooth in place.
- If the tooth won't go back in, don't force it. Keep the tooth moist by placing in a container with a small amount of milk or saliva, enough to just cover it. Do NOT cover it in water. Do NOT wrap the tooth in tissue or cloth as this will dry it out.

## **Eye injuries**

- Do not examine or touch the eye.
- Do not forcibly remove any foreign object from the eye. Gentle flushing with general saline to remove dirt/grit is reasonable. Do not administer any creams/drops before medical assessment.
- If possible, pad the eye and gently tape or firmly bandage a sterile dressing to the injured eye.
- If necessary, consult a medical practitioner or attend the nearest hospital.

## **Nose bleed**

- Sit the player down with head leaning slightly forward.
- Pinch the soft part of the nostrils just below the bridge of the nose for at least 10 minutes.
- If bleeding continues past 30 minutes, seek medical advice.

## **Hand/finger/face contact**

If there is contact to the hands, fingers or face, the injury can be treated with ice and dependent on the extent of the injury, the player can return to the game or training.

For finger injuries (not the thumb), 'buddy' taping can be applied where the injured finger is taped to the finger beside it for support. The tape should go above and below the main central knuckle of the fingers.

## **Asthma attack**

Help the player into a comfortable position and if requested, help the player follow their personal action plan. If helping to administer their medication, the following is the standard process:

- Shake the inhaler, give 1 puff, player should take 4 breaths, repeat another 3 times so the player has received 4 puffs in total.
- Wait 4 minutes and if there is no improvement to their condition, repeat the above steps.
- If they are still not breathing normally, call 000.
- Keep giving 4 puffs, every 4 minutes, as above until medical aid arrives.

## **Fainting**

- Lie the player down on their back with their legs elevated and ensure their clothing is loose.
- Ensure there is plenty of fresh air around them.
- Treat any injury that may have occurred from their fall (such as a cut).

## **Bleeding**

- Cover the injury with gauze or cloth.
- Apply direct pressure to the injury to stop the blood flow.
- Don't remove the cloth if it becomes saturated. Add more layers of cloth if necessary.

## **Blisters**

If the blister is large or painful and the player is wishing to continue the game, follow these steps:

- Use a sterilised needle and make small punctures at the edge of the blister.
- Drain the fluid.
- Apply an antibiotic ointment.
- Cover with large Band-Aids or equivalent to stop further rubbing and pressure.

## **Cuts and scrapes**

- Apply pressure to stop any bleeding.
- Run the injury under water to clean it. Avoid using soap.
- Apply an antibiotic ointment to the injury.
- Cover with gauze, bandage, Band-Aids etc.

## **Heat exhaustion**

- Make the player comfortable and get them to sip water.
- The aim is to lower their body temperature so remove any excess clothing and place cool cloths on their neck and forehead.

*\*Information has been sourced from St Johns Ambulance and Sports Medicine Australia.*