

First Aid Kits

All Special Olympics teams must have access to a first aid kit at all trainings, clinics, competitions, etc. All first aid kits should include:

Item	Example	Minimum Amount
Hydrocortisone cream	(1%) Benadryl. Cortaid	1 — 1 oz. tube
Antibacterial cream	Neosporin	1 — 1 oz. tube
Ammonia	capsules	10 capsules
Sports cream	Icy-Hot. Flex 454	1 — 1 oz. tube
Ammonia	Wipes	10 packets
Saline eyewash	Bausch & Lomb	1 — 6 oz. bottle
Eye drops	Visine, Murine	1 — 1 oz. bottle
Hydrogen peroxide		2 — 8 oz. bottles
Lip balm	Carmex, Chap stick	1 — 2 oz. tube
Cotton swabs	Q-tips	25 sticks
Bandages	Curad, Band-Aid	25 bandages
Band-aids for knuckles	Johnson & Johnson	14 bandages
Gauze pads. 4" x 4"	J & J. Kendall	50 sterile pads
Gauze rolls 2", 3" & 4"	J & J, Kendall	5 rolls each size
Elastic wraps 3", 4" & 6"	Ace	3 rolls each size
Triangular bandages	Johnson & Johnson	4 bandages
Tape 1" and 2"	Johnson & Johnson	2 rolls each size
Athletic tape in 2"	Mueller	4 rolls
Elastic tape in 2"	Coban	4 rolls
Ziploc bags quart size	GladLock	10 bags
Sanitary napkins	Maxi-Pads	4 pads
Tweezers	Revlon	1 pair
Fingernail clippers	Revlon	1 pair
Bandage scissors, 5"	Revlon	1 pair
Non Latex Gloves		
Mouth Mask		

Medications (prescription and nonprescription) will not be dispensed without the written consent of the parent and/or guardian of the athlete, if permission is given to dispense medication, it shall be in its original container with the athlete's name, date, directions and physician's name. Medications dispensed will be limited to routine oral ingestion not requiring special knowledge or skills of coaches and/or chaperones.

Special Olympics encourages coaches interested in additional information to contact the Red Cross and go through First Aid and/or CPR training which counts towards continuing education requirements.

Heat Exposure

As Special Olympics practices, competitions, and activities often are conducted outdoors, we would like to provide some common sense safety procedures to help keep everyone safe and cool!

Following the simple risk management techniques outlined below can help prevent heat stroke injuries and illnesses:

- Provide consistent breaks/rest periods for all athletes and coaches.
- Make available shade/fans/cooling systems, if possible. During periods when athletes are not participating, but may be waiting on the sidelines, athletes should not sit or stand in sunshine or sit in cars without air conditioning for extended periods of time.
- Assure there is a continuing supply of fresh drinking water at all outdoor practices and competitions.
- Have access to medical personnel on site, if possible.
- Promote the use of sunscreen and have it available.
- Assure that athletes are wearing clothing that is loose fitting, light colors and cotton, if possible. Including hats where possible.
- Consider the Health Index (temperature and humidity combined) and suspend competition (or practice) if heat conditions become overly oppressive or if several athletes are laboring or show any symptoms listed below
- Avoid activities in the early and mid afternoon hours (11 a.m. to 2 p.m. is usually the hottest time of day).

Coaches/volunteers should be alert to the symptoms of overheating and dehydration

Increased thirst

- headache
- dry mouth and swollen tongue
- weakness
- dizziness
- confusion
- sluggishness
- vomiting
- Inability to sweat

Anyone experiencing the above symptoms should seek medical attention immediately.

To increase the fluid intake of a person who has become dehydrated or is beginning to show any of the above symptoms, have that person try the following:

- sip small amounts of water (too much water too fast is not effective and may be harmful)
- drink carbohydrate/electrolyte-containing drinks (e.g., PowerAde or Pedialyte). Carbonated soft drinks or drinks with caffeine should not be consumed.
- suck on Popsicles made from juices or sports drinks
- suck on ice chips
- sip through a straw
- cool water-soaked towel around the back of the neck may provide some relief

First Aid for Seizures

(Convulsions, generalized tonic-clonic, grand mal)

Although most seizures end naturally without emergency treatment, a seizure in someone who does not have epilepsy could be a sign of serious illness. Call for medical assistance if:

- seizure lasts for more than 5 minutes
- you find no “epilepsy/seizure disorder” ID
- slow recovery, a second seizure, or difficult breathing afterwards
- pregnancy or other medical ID
- any signs of injury

Handling Partial Seizures

Simple partial seizures don't require any special response except to recognize what's happening and be supportive when the seizure is over.

For complex partial seizures, the following steps may help

Remove hazards or anything from the area that might injure someone who doesn't know where he is or what he's doing.

Reassure others. Explain that any unusual behavior is a temporary condition brought on by a seizure and that it will end in a few minutes.

Don't restrain the person during a complex partial seizure, especially if he or she is already agitated and confused. Efforts to restrain may produce an unconscious aggressive response.

Guide gently away from or block access to anything that could be dangerous to someone in a semi-conscious state, like an open fire or a busy street.

Stay back until the episode has ended if the person appears obviously agitated or belligerent.

Be reassuring and helpful as awareness returns. Remember that people may get back their ability to hear and understand before they are able to speak again. Confusion, depression, agitation, irritability, belligerence or drowsiness are all possible after effects of seizures.

Watch the time. Most partial seizures last a minute or two. But people may feel confused for up to half an hour afterwards. Longer periods of confusion may mean that seizure activity is continuing and the person needs medical help.

Web site Sources

Epilepsy: www.efa.org

Diabetes: www.diabetes.org

Health/First Aid info: www.healthy.net/clinic/flrstald

Asthma: www.iungusa.org

Cerebral Palsy: www.cerebraipalsyinfocenter.com

Disability Fact Sheets: www.pcentral.com