

Section 3

Risk Management Program
Field Safety Inspection Checklist
Sample Car Pool Driver Form
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Dangers from Concussions



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Risk Management Program

INTRODUCTION FROM THE CYSA BOARD OF DIRECTORS

Thank you for volunteering. The **CYSA** Board of Directors appreciates your efforts, whether you are coaching, referring, registering, or any other task.

One of the benefits from the **CYSA** programs is the growth that kids will experience under your guidance. This section of the team manual is provided to assist you in providing a safe and productive environment for the kids. Our goal is to give you support that will help maintain a healthful and playful situation for the kids.

The purpose of this section is to provide information to assist California Youth Soccer Association affiliates and volunteers to address issues relating to risk management. It does not provide professional legal advice and may not be relied upon for that purpose. Consult an attorney for legal advice or information.

We look forward to working with you for many years of creating a challenging, fun and growth oriented soccer program.

Please remember that the actions of your Board are oriented to providing a positive environment for the kids. Participation as a volunteer is a match between the kids and an adult. The Board of Directors and Leagues reserve the right to decide whether a person is suitable to work with the kids or in other positions within **CYSA**.

PHYSICAL CONTACT

Physical contact should be limited to that necessary and appropriate to teach a skill, treat an injury, console or congratulate a player. In the instance of teaching a skill, minimal contact should be involved and none which places the adult in a position of power or intimidation.

A volunteer (other than a parent or legal guardian) alone in a one-on-one situation with a player is generally inappropriate or may be misconstrued as such. If an adult is alone with a player then the adult should do so in a visibly public site.

There are those volunteers who are expressive by using their hands to give a pat on the back, a rub of the head, or other acts of touching to show appreciation or indicate a job well done. In a public setting those acts are understood. **CYSA** acknowledges there are appropriate times and places for showing such affection.

However, there should be no such touching in a one on one situation. Even the hint of inappropriate contact with a player may be enough to create the impression of inappropriate contact with children. Volunteers should act in a defensive mode so that there is no air of impropriety.

During an out-of-town tournament a non-parent/custodian adult shall not share any sleeping arrangement with a player or players. Adults should respect the privacy of players. Adults should provide privacy to players in changing rooms, showers, and bathrooms.

Suspicious behavior by an adult or claims of a sexual nature shall be reported to the District Commissioner. **CYSA** will, when warranted, investigate claims and report the findings to the Board of Directors along with a recommendation to the Board Chairman and/or counsel.

Molestation can be real, or the allegation can be a tool of revenge. Molesters can be registered at the local police department or they can exist for years without detection. Checking through records may or may not reveal a molester. Therefore, it is everyone's concern to deal with this issue.

It is **CYSA's** and US Youth Soccer Association's goal to exclude participation by those who have committed violent crimes or crimes that may bring an unnecessary risk to the health and well being of the participants. **CYSA** will not knowingly allow the participation of anyone that has a history of molestation or other criminal activity wherein the health of kids may be jeopardized. On the other hand, **CYSA** will preserve individual rights and not allow for unjustified pursuit of rumor based claims on a person's character. The same standards will also apply to those criminal records which may reflect on an inability to work with other individuals or kids.

Risk Management Program

Keeping the quality of volunteers with the best interest of the kids at heart is everyone's business. Everyone who volunteers on behalf of **CYSA** has certain responsibilities in this regard.

Your responsibilities are:

- Adhere to the guidelines
- Report any alleged improprieties about other volunteers to a league representative, who in turn will pass the information onto **CYSA**.
- If there are rumors about your conduct then please consult with a league official.
- Complete the Employee/Volunteer Disclosure form (Insert B) and return it to the local registrar prior to participating in **CYSA** sponsored activities.

CYSA Official responsibilities are:

- Investigate charges of molestation or of a convicted molester or criminal though records, interviews and officials, as well as consultation with counsel.
- Determine whether a volunteer's participation would or would not be in the best interest of **CYSA** objectives for the kids.
- Provide a right of appeal consistent with PIM 96-1.

Coaches, referees, and other volunteers are in a unique position to help kids challenge themselves physically and mentally. Unfortunately, some adults may consider volunteering for other reasons. It is **CYSA's** intention that this does not occur.

If a volunteer has retained counsel then there shall not be any communication with the volunteer. Communications on these issues shall remain confidential. Any questions from parents or the media shall be referred to the District Commissioner.

PROTOCOL FOR ADMINISTRATIVE HANDLING

If there is a perception that a volunteer has failed to heed these guidelines, has misrepresented his or her history as it pertains to felony criminal convictions, or is engaged in activity which may be inappropriate for working with kids, then the following course of action shall be taken.

1. The league president shall be informed of pertinent facts, information location, or source information.
2. The information shall be related to the District Commissioner, who shall assist the league president in determining if facts warrant a suspension.
3. If suspension is warranted the volunteer's pass shall be obtained as soon as possible.
4. Promptly following the suspension the District Commissioner shall inform the **CYSA** Chairman or Vice Chairs.
5. Until a final determination is made, responses to inquiries as to the status of the volunteer shall be limited to noting the suspension is in effect until an investigation is completed. Parties requesting information and providing information do so at their own risk unless such information is authorized for release by the Chairman.
6. The chairman may involve counsel to:
 - investigate authenticity of allegations and identification
 - provide direction to **CYSA**, the Board of Directors, and the league involved.
7. Following counsel's direction and investigation, a letter may be sent to player's parent(s).
8. When appropriate, PIM 96-1 proceedings may be initiated.

HEALTH AND WELL BEING

The risk of injury in any sport is always present. Parents know this when they sign up their kids to play. However, sometimes parents will blame others for uncontrollable events or for actions perceived to be harmful to their kids. This section is intended to give you some guidelines for keeping injuries or exposures to a minimum, as well as providing you with a sense of protection from liability.

Personal liability for using proper first aid techniques is limited by the California Good Samaritan Act. This Act provides protection for persons who are responders in good faith and appropriate technique. Responders who act in a responsible manner that is based on proper first aid technique, by the book or within a reasonable degree of similarity to the proper technique, are protected under this act. Furthermore, **CYSA** carries insurance coverage for volunteers against such claims.

Nonetheless, a volunteer who responds to an incident or injury should do so in a knowledgeable manner, or defer any action to a party who has expertise in such matters. The following first aid guidelines should help you with the more common first aid techniques used with soccer related injuries.

Whether to call for an ambulance is a judgment call that carries with it anxiety if the degree of injury is unclear. If possible defer the question to the child's parent, or a nurse or doctor on the field. Cell phones can be used to contact parents, advice nurses, or ambulances. Follow first aid procedures and make the judgment based on sound criteria. But when in doubt pass the decision to someone with more expertise, such as an ambulance crew.

Each child is required to provide you with a medical consent form. The consent form is required at every **CYSA** sponsored event.

There are situations wherein a kid is injured and there is no health care provider or the policy limits are inadequate. For those cases, **CYSA** maintains an excess accident insurance policy which provides coverage of medical bills up to \$300,000 per injury. A copy of **CYSA's** summary of accident insurance coverage is in this manual or you may obtain one from the **CYSA** office at (925) 426-5437 (see sections 3:12:01 and 3:12:02 of the **CYSA** Constitution and Bylaws).

Common judgment issues and guidelines for these issues are:

- Head injuries resulting in disorientation, vomiting, or the repeating of words, should result in a player remaining out of the game and medical attention should be sought.
- Injuries that result in a rapid swelling usually indicate some type of injury beyond the sprain/strain stage. Appropriate action should be based on advise from someone with medical credentials.
- Coaches and referees shall treat all blood and bodily fluids as potentially infectious. Players who have an open and bloody wound should not play until bleeding has stopped (in the case of a nose bleed) or the bleeding has stopped and is fully covered to protect against possible contact with another player in case of re-injury.
- First aid kits shall contain items noted under "First Aid Supplies" in the First Aid Guide of this section. Coaches should have first aid kits available with them at all times.

Information on first aid techniques is included in the First Aid portion of this section.

Risk Management Program

SAFE PLAY CONCERNS

Goal Safety

The perception of injury in youth soccer is limited to the kids playing on the field. But injuries can come from many sources. Each year kids and others are injured from falling soccer goal posts. Sad to say, CYSA has not been immune from such incidents. Accordingly, please take the Guidelines contained here in and U.S. Products Safety Commission Guidelines seriously.

There are approximately 225,000 to 500,000 soccer goals in the United States. Many of these soccer goals are unsafe because they are unstable and are either unanchored or not properly anchored or counter-balanced. These movable soccer goals pose an unnecessary risk of tip-over to children who climb on goals (or nets) or hang from the crossbar.

The Consumer Products Safety Commission knows of four deaths in 1990 alone and at least 21 deaths during the past 16 years associated with movable soccer goals. In addition, an estimated 120 injuries involving falling goals were treated each year in U.S. hospital emergency rooms during the period 1989 through 1993. Many of the serious incidents occurred when the soccer goals tipped over onto the victim. Almost all of the goals involved in these tipovers appeared to be "home-made" by high school shop classes, custodial members, or local welders, not professionally manufactured. These "home-made" goals are often very heavy and unstable.

The majority of movable soccer goals are constructed of metal, typically weighing 150-500 pounds. The serious injuries and deaths are a result of blunt force trauma to the head, neck, chest, and limbs of the victims. In most cases this occurred when the goal tipped or was accidentally tipped onto the victim. In one case an 8-year-old child was fatally injured when the movable soccer goal he was climbing tipped over and struck him on the head. In another case, a 20-year-old male died from a massive head trauma when he pulled a goal down on himself while attempting to do chin-ups. In a third case, while attempting to tighten a net to its goal post, the victim's father lifted the back base of the goal causing it to tip over striking his 3-year-old child on the head, causing a fatal injury.

High winds can also cause movable soccer goals to fall over. For example, a 9-year-old was fatally injured when a goal was tipped over by a gust of wind. In another incident, a 19-year-old goalie suffered stress fractures to both legs when the soccer goal was blown on top of her.

Anchoring/Securing/Counterweighting Guidelines

A properly anchored/counterweighted movable soccer goal is much less likely to tip over. Remember to secure the goal to the ground (preferably at the rear of the goal), making sure the anchors are flush with the ground and clearly visible. It is **IMPERATIVE** that ALL movable soccer goals are always anchored properly. There are several different ways to secure your soccer goal. The number and type of anchors to be used will depend on a number of factors, such as soil type, soil moisture content, and total goal weight.

If you need technical assistance/directions on anchoring, please call the **CYSA** office or the United States Consumer Products Safety Commission (USCPSC) guidelines.

Goals may only be moved by program administrators (coaches, referees, etc.) or those appointed by an administrator. Players or children under 16 should not be involved in moving goals. Goals should not be moved with any children under 14 within 20 feet of the goal. Goals that are fractured or customized shall not be used. Whenever possible, goals shall be anchored as per the U.S. Consumer Product Safety Commission guidelines for anchoring/securing/counterweighting. All goals that are not in continuous use shall be locked together or to a fence as per the U.S. Product Safety Commission guidelines for storage.

Guidelines for Goal Storage or Securing When Goal is Not in Use

The majority of the incidents investigated by CPSC did not occur during a soccer match. Most of the incidents occurred when the goals were unattended. Therefore, it is imperative that all goals are stored properly when not being used. When goals are not being used always:

- A.** Remove the net,
- B.** Take appropriate steps to secure goals such as:
 1. Place the goal frames face to face and secure them at each goal post with a lock and chain,
 2. Lock and chain to a suitable fixed structure such as a permanent fence.
 3. Lock unused goals in a secure storage room after each use,
 4. If applicable, fully disassemble the goals for seasonal storage, or
 5. If applicable, fold the face of the goal down and lock it to its base.

Goal Safety Tips

- Securely anchor or counterweight movable soccer goals at ALL times.
- Anchor or chain one goal to another, to itself in a folded down position, or to nearby fence posts, dugouts, or any other similar sturdy fixture when not in use. If this is not practical, store movable soccer goals in a place where children cannot have access to them.
- Remove nets when goals are not in use.
- Check for structural integrity and proper connecting hardware before every use. Replace damaged or missing parts or fasteners immediately.
- NEVER allow anyone to climb on the net or goal framework.
- Ensure safety/warning labels are clearly visible (placed under the crossbar and on the sides of the down-posts at eye level).
- Fully disassemble goals for seasonal storage.
- Always exercise extreme caution when moving goals and allow adequate manpower to move goals of varied sizes and weights. Movable soccer goals should only be moved by authorized and trained personnel.
- Always instruct players on the safe handling of and potential dangers associated with movable soccer goals.
- Movable soccer goals should only be used on LEVEL (flat) fields.

Goals that have not been anchored should be reported to the field maintenance supervisor. (This is advisable to do personally and in writing).

It is particularly important that goals are not used as climbing structures. Most deaths related to goals are either from climbing or other inappropriate use of the structures. It is suggested that players be advised at an initial team meeting that climbing, chin ups, or other such uses of the goal are not allowed.

FIELD INCIDENTS AND UPKEEP

Field conditions are another exposure that is controllable. While some leagues play on pristine fields, others are not as fortunate. The legal criteria for liability in field conditions is "known or should have known." Therefore, it is in the interest of both the field owner and the League to inspect the field. Look for depressions, holes, sprinkler heads, and foreign objects on the field. If there are areas that are muddy or have potholes repairs to make the field appropriate should be performed before any play. Furthermore, the appropriate League contact should converse with the field owner and document conversations with the responsible party.

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Notifying the field owner does not relieve a league of a legal liability. Once a safety concern is identified it then becomes the owner of the field as well as the user's responsibility to mitigate injury. On the one hand we want to be responsive to the safety concern of the kids. On the other hand, we do not want to assume the responsibility of field maintenance. Safety concerns should be promptly reported to the league person responsible for contacting the field maintenance staff.

- Unsafe conditions should be reported to the responsible entity as soon as possible. The league representative shall telephone the responsible entity and take notes on the name of the person called, the conversation, and plan of action. A report of the hazard shall be made to the responsible property owner.
- Areas under construction provide additional risks and require special attention. Whenever a field is under construction and there is any obligation on the part of the **CYSA** or affiliated leagues, then the Executive Director should be notified as soon as possible.
- Photographs of an accident scene on the field (or any area for which **CYSA** may have some legal duty) should be taken as soon as possible if there is serious injury.

FIELD SAFETY INSPECTION CHECKLIST

Field Name _____ Date _____

Location _____ Inspector _____

Condition: **S** = Safe, **NA** = Needs Attention, **D** = Dangerous, Unsafe

Field

1. Low/High Spots	S	NA	D
2. Stones, glass, debris	S	NA	D
3. Holes in field	S	NA	D
4. Sprinkler heads protruding	S	NA	D
5. Other _____			

If you don't report it, it won't get fixed!

DRIVING

Drivers are expected to have at least the minimum insurance required to maintain a valid drivers license. Only those who meet this requirement should be allowed to drive with kids.

For those who rent vehicles the insurance should be handled as if you were renting the vehicle for personal use. **CYSA** has insurance for owned and non owned vehicles for the official business of **CYSA** only. No coverage is provided to parents or coaches while transporting youth players to games or practices.

Adults transporting players must model safe driving techniques and enforce seat belt use with players and other vehicle occupants.

Drivers shall conform to all requirements of the vehicle code.

Parents who wish to drive players (other than their own children) to practices, scrimmages, games, and tournaments shall sign the Driver Certification and Authorization form. The form shall be sent to the District Registration.

PERSONAL LIABILITY

Decisions made by program administrators, regardless of whether they are **CYSA** or league sanctioned activities, may unknowingly obligate the league or **CYSA** to implied legal obligation. Accordingly, administrators are requested to check with the appropriate officials.

CYSA insures its Directors, Officers, and volunteers with liability insurance, as per section 2:09:01 of the Constitution, Bylaws, General Procedures, Specific Rules, PIMs section of the Team Manual. It is possible for an individual to be named as a separate defendant in a suit arising out of a **CYSA** sanctioned event. Should this happen **CYSA** will provide a defense and cover the liability on your behalf, subject to the coverage and exclusions of **CYSA**'s general liability policy.

In the course of providing liability coverage for fields within a public or private facility, (usually the City, County, or developer), a request will be made for **CYSA** liability coverage in the form of the entity being named as an additional insured, for a hold harmless, and indemnification agreement. It is **CYSA**'s intent to cover the owner for that portion of property occupied by their members and only when their members are using the property. It is not **CYSA**'s intent to cover the nearby playground, swimming pool, baseball backstop or any other aspect of the property not specifically related to the practice and play of youth soccer.

Normally, our insurance broker will add the facility owner as an additional insured to protect them in the event of a loss during a **CYSA** sponsored activity. (This is done through notification to the **CYSA** office of the requirement and sending the office a copy of the proposed contract and insurance requirements). The problem is that the owner is likely to require some sort of "use-of-premises agreement". This could be a permit, a lease or some other contract stipulating the terms of the use of the premises. Such contracts are usually very favorable to the lessor. They likely contain an insurance requirement clause as well as a hold harmless clause. These should be reviewed carefully to determine the extent of liability to **CYSA**.

The contract should specify when and what you will be responsible for. Ideally, you will be responsible for the field or the facility when it is being used for **CYSA** purposes. If you are required to cover the premises on a 24 hour basis then additional liability insurance must be requested. Any contract which does not limit your responsibility to specific use for **CYSA** activities broadens your responsibilities and should be reviewed by the **CYSA** office.

CONTRACTUAL AGREEMENTS

All draft contracts shall be sent to the **CYSA** for review of indemnification, hold harmless and contractual obligations that may effect the liabilities of **CYSA**.

LANGUAGE

Offensive and vulgar language is unacceptable. Administrators should model good communications skills. Language that is denigrating in nature, content or tone or refers to one's gender, race, national origin, disability, sexual orientation or religion is unacceptable.

Inappropriate language, including language targeting officials, opponents, players, or spectators may be grounds for player penalties or removal of adults from the game and/or premises.

SPECIAL NEEDS

Leagues can use "special circumstances" for assigning players to allow participation of players with special needs. Accommodations may be made if the league is provided with a written consent from

- Parents or guardians
- a physician

Some children may be HIV positive or have other potentially infectious diseases. Coaches should treat any acknowledged condition in the confidential manner with which the information is related by the parent or guardian. Other than voluntary admission from the parent or guardian, other discussion about a child's medical condition should be considered as rumors and dealt with as such. Coaches who disclose confidential information may open themselves to civil and criminal court action. Therefore, any public disclosure may not be made without permission from the parent.

VIOLATIONS

Violations of these guidelines by program administrators or players will subject them to disciplinary actions including but not limited to warnings, sanctions, suspensions, or release.



Car Pool Driver Form

FOR PLAYING SEASON _____

Team Name: _____

League: _____

Driver: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Player Name: _____

Valid Driver License : Yes No

I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the _____ (league name), California Youth Soccer Association (CYSA) Parties, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's transportation to/from any program.

Signature: _____

Parent Signature: _____
(If Driver is licensed and under the age of 18)

Date: _____

Official Use Only:

Received by: _____ Date: _____

Title: _____

FIRST AID GUIDE

These procedures are from the American Red Cross and are a guide ONLY. CYSA is not responsible for this guide and recommends consulting a physician when necessary or calling 911 for emergencies.

Emergency Action Principles

1. Stay Calm.
2. Survey the scene for safety (yours).
3. Check victim for response - "tap and shout"- if no response, send someone to call 911.
4. Look, listen and feel for breathing for about 5 seconds.

If the athlete is not breathing or you cannot tell:

1. Position the victim on his or her back, while supporting the head and neck.
2. Tilt the head back and lift the chin.
3. Look, listen and feel for breathing for about 5 seconds.

If the athlete is not breathing:

1. With the victim's head tilted back and chin lifted, pinch the nose shut. With a child, do not lift the head back as far. Give 2 slow breaths. Breathe into the victim until the chest gently rises.
2. Check the pulse for 5 to 10 seconds.
3. Check for severe bleeding.
4. Give care for the conditions you find.
5. If no breathing, begin rescue breathing (artificial respiration). If no pulse, find qualified person to begin CPR.

Basic First Aid Techniques:

Bleeding:

To reduce the risk of infection, whenever possible wear latex gloves and wash hands before and after treating an open wound.

1. Direct Pressure - place a dressing over wound and apply direct pressure. If dressing is not available, use towel, clothing, or bare hand.
2. Elevate the wound if no suspected fracture. Elevate the wound above level of heart. Continue direct pressure.
3. Apply pressure bandage as a last resort.
4. Pressure Points - if direct pressure and elevation does not stop the bleeding, apply pressure to a pressure point while maintaining direct pressure.
Note: Any place there is a pulse is a pressure point.

Internal Bleeding:

Any victim with a deep puncture wound or deep bruise, who becomes restless, nauseated, faint, cool, pale or weak.

1. Maintain an open airway. Send someone to get medical help.
2. Treat for shock - maintain normal body temperature.
3. Do not give fluids.

Always phone 911 if necessary!

Heat Exhaustion:

Victim may have pale and clammy skin, profuse perspiration, weakness, nausea, dizziness, headache, and possible cramps.

1. Give victim cool water.
2. Have victim lie down with feet elevated 8-12 inches.
3. Loosen victim's clothing.
4. Cool victim by using cool wet cloths and fanning the victim or by moving to an air-conditioned area.

Head Stroke:

Victim may have hot, red, dry skin, (if sweating from heavy exercise, skin may be wet), rapid and strong pulse, high body temperature (105F or more).

This is an immediate and life threatening emergency.

1. Send someone to call 911 immediately.
2. Get the person out of the heat and into a cooler place.
3. Cool the victim fast. Wrap wet sheets around the body and fan.
4. Watch for symptoms of shock.
5. Give nothing by mouth.

Blisters:

It is best to leave a blister unbroken if you can relieve all pressure from blister by using moleskin or other type of padding. If pressure must be relieved, ask a family member of the victim to seek proper medical help.

Scrotum:

1. Gently roll victim on back and bend knees or elevate legs.
2. Loosen belt and gently rub abdominal muscles. Don't lift victim and drop on his backside. A testicle, which has already been driven into the pelvis, may complicate the problem.

Fractures:

An open fracture will have a bone protruding through the skin. A closed fracture will have pain, swelling, irregularity, or deformity over injured area. A dislocation is a displacement of a bone end from the joint.

1. Do a primary survey.
2. Phone 911 for assistance.
3. Treat a dislocation as a fracture. Do not attempt to reduce a dislocation or correct any deformity near a joint as movement could cause further injury.
4. Leave fractured bone in the position found. Do not push bone back through skin.
5. Cover an open fracture wound with a large clean cloth or dressing.
6. Gently apply pressure to control bleeding.
7. Use pressure points if bleeding continues.
8. Apply splint, keep broken part in as normal a position as possible.
9. Observe victim for signs of shock.
10. Do not wash or clean wound.
11. Monitor breathing and pulse.
12. Apply a cold pack to a closed fracture. Do not apply a cold pack to an open fracture or dislocation.

Nosebleed:

1. Place victim in sitting position with head forward.
2. Apply pressure by pressing the bleeding nostril toward the middle of the nose.
3. If you suspect a head, neck, or back injury, do not try to control a nosebleed. Instead, keep the victim from moving and stabilize the neck and head.

Sprains & Strains:

Sprains are stretched or torn tendons, muscles, ligaments and blood vessels around joints, often at the ankle. There may be swelling, tenderness, discoloration, and pain upon motion. Any possible injury to muscles or joints should be treated like a fracture.

1. Do a primary survey.
2. Phone 911 if necessary.
3. Immobilize the injury area.
4. Apply well-padded ice bags.
5. Elevate affected area.
6. Any serious injury should receive medical attention.
7. Observe victim for shock.

Head, Neck and Spinal Injuries:

Injuries to the head, neck and/or spine are very serious. Look at the following when caring for a possible victim:

- Bumps, bruises or wounds on the head.

- Headache, dizziness, unconsciousness (immediate or delayed half an hour or more).
- Unequal pupils.
- Sleepiness or inability to be wakened.
- Bleeding or fluid draining from the mouth, nose or ears.
- Facial muscles or other body parts paralyzed or working abnormally.
- Numbness, loss of sensation or unable to move fingers, toes, or extremities.
- Deformity of neck or spine.
- Stabilize the head and neck as you found them.
 1. Stabilize the head and neck as you found them.
 2. Phone 911 for assistance.
 3. Do a primary survey.
 4. Continue to monitor breathing and pulse.
 5. Do not move victim unless absolutely necessary.
 6. Do not control bleeding from the nose or ears if a head injury is suspected. Ensure bleeding does not impair breathing. If airway becomes blocked by fluids, place victim on backboard and turn on side. If a backboard is unavailable, the victim may be turned on his side as a unit, supporting the head and neck, to clear the mouth.

First Aid Supplies:

- Absorbent cotton and adhesive tape: 1" and 1+" widths
- Alcohol - to cleanse and dry skin
- Arm sling/triangular bandage
- Bandage
- Band-aids - assortment
- Blanket
- Butterfly closures for cuts
- Gauze 4" x4" pads
- Gauze bandages, 1", 2" width rolls
- Ice packs
- Latex gloves
- Quarter (for phone call)
- Safety pins
- Scissors
- Sponge rubber for pressure/padding
- Tweezers

The following supplies should be used with utmost caution due to potential allergic reaction of the victim: analgesic balm, mercurochrome or iodine, neosporin antibiotic, non-aspirin, tincture of benzoine spray and vaseline petroleum jelly.

Use only as a guide...
when in doubt, call 911!

Dangers from Concussions

- A ball hits the player in the head causing the player to be temporarily stunned.
- Two players accidentally hitting heads leaving one conscious but dazed and causing the other one to momentarily lose consciousness.
- A goalie's head hits the goalpost while diving for a ball and slumps to the ground unconscious.

These are examples of concussions. Medically, a concussion is defined as a temporary change in mental functioning such as awareness, visual abilities, equilibrium, etc., caused by trauma to the head. The injured individual may or may not lose consciousness.

The following are features frequently observed in individuals with a concussion:

- Vacant stare
- Befuddled expression
- Slowness in answering questions or following instructions
- Confusion
- Inability to focus and easy distractibility
- Disorientation, e.g., walking in the wrong direction, unaware of time, date and place
- Slurred or incoherent speech
- Loss of coordination, e.g., stumbling, inability to walk straight on a line
- Emotions out of proportion to circumstances, e.g., distraught, crying for no apparent reason
- Memory difficulties, e.g., doesn't remember questions
- Loss of consciousness, e.g., unresponsive to arousal
- Headache

A player who suffers a concussion should be removed from the game and assessed on the sideline. The player may or may not be allowed to continue depending upon the degree of the concussion and the sideline assessment. A major concern is the "second impact syndrome" if a player is struck again in the head without time to recover from the first event. In the second impact syndrome, a player who suffers a second impact develops swelling of the entire brain which can lead to death.

The following are methods to assess the injured player on the sideline:

Mental Function:

- Check to determine if the player know who she/he is, where she/he is, etc., in relation to time, place, person and situation
- Check for the ability to concentrate, e.g., have the player count backwards from 100 by 3 or 7 (or other number appropriate for age)
- Check for memory, e.g., ask for the name of team in previous game, recall three words or common objects immediately and again in five minutes, (e.g., white and black dog, yellow ball, name of other team), important recent events, etc.

Body Function (neurological function):

- Check for coordination and agility
- Check for strength
- Check for sensation to touch of face, arms, legs
- Check for ability to run to goal line and back from the coaches' area

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When the player can return to play depends upon the severity of the concussion. The severity can be categorized into one of three grades.

Grade 1 Concussion:

- Temporary confusion
- No loss of consciousness
- Total recovery within 15 minutes from time of the injury
- This would be like a standing eight count

Grade 2 Concussion:

- Temporary confusion
- No loss of consciousness
- Not totally recovered within 15 minutes from time of injury

Grade 3 Concussion

- **Any** loss of consciousness
- Brief (seconds)
- Prolonged (minutes)

These are the recommendations for players who suffer a concussion:

Grade 1 Concussion:

- Remove from game
- Assess immediately and at five minute intervals
- Assess with exertion activities if appears to be totally recovered at rest
- May return to game if totally clear within 15 minutes

Grade 2 Concussion:

- Remove from game and evaluate as above
- Do not allow to return to game
- Send to physician for assessment no later than the next day
- Allow to play again only after one full week of being totally clear

Grade 3 Concussion:

- Transport player to emergency room
- Transport by ambulance if remains unconscious and/or has other injuries, e.g., possible neck injury
- Allow to play again only with clearance of physician
- Assume that player with a brief grade 3 concussion will not play for at least one week, that a player with a longer grade 3 concussion will not play for at least two weeks and that a player with multiple grade 3 concussions will not play for a least a month or longer.

The above article was adapted from the Quality Standards Subcommittee of the American Academy of Neurology. The Management of Concussion in Sports (practice parameters). *Neurology* 1997; 48:581-585.



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