Minisink Valley Soccer Club (MVSC)

Emergency Response Plan

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In the Event of an Emergency:

In the event of an emergency, contact 911 immediately using your cell phone or the cell phone of a parent. In the event of a cardiac arrest, coaches will have AED; AEDs are located near each field used by MVSC. If a coach has begun CPR, designate another coach (or parent) to obtain the AED and/or contact 911. If a player has a head injury, remove the player from the game/practice and sit them out. If they are exhibiting symptoms of a concussion, contact 911 immediately.

Note – contacting emergency response relies on access to cellular phones. If there is no cell phone available, practice or games should be postponed.

Purpose

This document provides direction and detailed guidance for responding to a sudden cardiac arrest (SCA) through a Cardiac Emergency Response Plan (CERP). This plan outlines Cardiac Emergency Response Teams (CERTs), AED maintenance and locations, CERP protocol and related staff training/certification. This document does not replace any district policies or local, state, or national regulations. The plan also covers internal incident documentation and reporting.

In the United States, it is estimated that annually 356,000 adults experience outof-hospital cardiac arrest as well as 23,000 pediatric cardiac arrests. Although approximately 90% of those people will not survive the event, the likelihood of survival increases with prompt intervention. According to the American Heart Association (AHA), early intervention that includes CPR and restoration of normal heart rhythm with the use of an AED increases the chance of survival. Rapid response following these procedures will increase the chance of a positive outcome should a cardiac arrest occur during a MVSC sponsored training, game or event.

Cardiac Emergency Response Team (CERT)

The MVSC Risk Manager is the designated Cardiac Emergency Response Team Coordinator who oversees CPR-AED program activities, training, education, and evaluation.

The MVSC Cardiac Emergency Response Team (CERT) are those trained volunteer coaches who have current CPR and AED training and are designated to respond to and provide basic life support during a cardiac emergency. The list of participating coaches and their CPR/AED certificates are maintained on file with the MVSC Board drive and GotSport file management.

All individuals on the CERT will have current CPR/AED training from a nationally recognized organization. Only properly trained individuals with current CPR/AED training will be considered part of the CERT and are the only authorized individuals to respond to a cardiac emergency.

In the event of a cardiac (or other) emergency, a member of the CERT will promptly call 9-1-1 and direct EMS to the location of the sudden cardiac arrest (SCA).

MVSC will strive to have the Cardiac Emergency Response Team be comprised of all coaches, but at least one member present during any training or games. In recognition of periodic absences and occasional coach turnover, the MVSC requests all coaches to be trained to maintain a robust team of individuals

who are part of the CERT; this allows for uninterrupted response activities. Coaches who are CERT members should be able to step away from their tasks to assist when the CERP is activated. Coaches should consider coverage of their team during an emergency and should think about designating another coach who can step in during an emergency to oversee the team. If no additional coaches are present, another member of the MVSC or a responsible parent can be used as a last resort to keep an eye on the team so the designated coach can attend to the emergency situation; if a non-MVSC individual is designated to oversee the players while their coach is attending to an emergency, all training or game activities will be stopped.

AED Placement, Installation and Maintenance

MVSC currently has one AED available at each training location. The AEDs are stationary and are accessible within 3 minutes of being notified of a cardiac emergency. Each AED is clearly marked in a backpack or hard case. The AED will be kept in a location accessible to trained staff at all times the camp is in operation. The location of the AED is easily identifiable by signage that is visible from the normal path of travel. Coaches will be made aware of the AED locations at each training field.

AED's used by MVSC are owned and operated by the local Townships and/or their local EMT staff. Routine checks and maintenance on each AED will be performed by the Township in accordance with the AED's operating manual.

MVSC will track expiration dates to ensure the local Township is properly maintaining the equipment.

AED Pad and Battery Expiration Dates are as follows:

- Greenville Park – Expiration Dates are September 28, 2026 (Battery)
- Shannon Park – Expiration Dates are October 26, 2027 (Pads – both sets) and November 22, 2029 (Battery)
- William Lane Memorial Park – New AED Procured with an expiration date of 2029

The CERT coordinator will track equipment readiness at the beginning of each soccer season. Coaches will maintain first aid kits and have these present at each practice and game event. These first aid kits will have additional resuscitation equipment. The resuscitation kit that will be maintained with MVSC first aid kits shall contain latex-free gloves, scissors, antiseptic wipes, and a CPR barrier mask.

MVSC will review best practices with the local Township:

- Each AED should have one set of AED pads with the device.
- Signage: All AEDs should have clear AED signage to be easily identified. These should be visible from the normal path of travel. A projecting (three-dimensional) universal AED sign shall be installed above cabinet or bracket/wall rack clearly marking the location of AED(s).
- Recommend removing warning "for professional use only" on AED cabinets as AEDs provide instructions for use.
- AEDs to be installed using a cabinet or bracket/wall rack approved for such purpose and be surface mount or wall recessed. Proper cabinets for the climate need to be considered for outdoor storage.

- Regardless of which mount is chosen, AEDs shall be placed so that the AED's readiness indicator faces outward.
- During installation, it is important to make sure that screws, bolts and wall anchors will not penetrate electrical wires or pipes inside wall.
- Installation Height: Placed at an unobstructed height of forty-eight (48) inches from the floor. It may be lower to provide optimum accessibility in compliance with American Disabilities Act (ADA). ADA Accessibility Guidelines (ADAAG) specify that objects such as automated external defibrillator wall cabinets shall not protrude more than 4 inches from the wall into walks, corridors, passageways, or aisles.

Note that if pediatric pads are not available, adult AED pads may be used: The small pads or child key/switch will deliver a shock with a lower energy dose than the larger pads will. But if there aren't any smaller child pads, or if there isn't a child key or switch, use the larger adult pads. When you put the pads on the chest, make sure they don't touch each other. If a child is very small, you may need to put one pad on the child's chest and the other on the child's back.

Locations of the AEDs are listed in this CERP Protocol with Building Location Information, AED locations, and Maps (see Appendix A).

Communication of Cardiac Emergency Response Plan (CERP) protocol

The CERP protocol will be distributed to each coach and board member of the MVSC. The CERP will be redistributed when any updates and/or revisions are made.

All travel coaches are required to be, and all recreation coaches are encouraged to be, educated on recognizing the signs of a cardiac emergency that is or may become a Sudden Cardiac Arrest (SCA), how to activate a response, location of AEDs, and ideally have an introduction to at least hands-only CPR and AED use. The CERP protocol is included at the end of this plan.

Training in Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) Use

The CERT team and a sufficient number of volunteer members should be trained in cardiopulmonary resuscitation (CPR) and in the use of an AED. Training shall be renewed at least every two years or as recommended by the certifying body.

The CERT coordinator is responsible for ensuring coaches have current training certificates on file.

The CPR/AED training may be traditional classroom, on-line, or blended instruction but should include cognitive learning, hands-on practice, and testing.

All coaches and MVSC volunteers, regardless of whether they are a CERT member, will receive annual training on SCA and understand how to recognize a cardiac arrest, how to initiate the response team, and where the AEDs at each facility are located. Annual training will consist of a review of the Cardiac Emergency Response Plan Protocol included in this CERP.

Local Emergency Medical Services (EMS) Integration with the MVSC Plan

A copy of this Cardiac Emergency Response Plan will be provided to local emergency response and dispatch agencies (e.g., the 9-1-1 response system), which may include local police and fire departments and local EMS. MVSC welcomes feedback from first responders on this plan and will incorporate any feedback as recommended.

MVSC will invite local EMS and/or first responders to the Cardiac Emergency Response Drills.

Conduct Practice Drills

Cardiac Emergency Response Drills are an essential component of this Plan. The club will perform at least one successful drill each year with the participation of coaches, safety officials and other targeted responders. A successful Cardiac Emergency Response Drill is defined as full and successful completion of the Drill in 5 minutes or less. One drill may include a tabletop exercise with all the staff and CERP members present.

A post-drill critique will include debrief with volunteers about how the response can be improved, if the CERP needs to be edited, and that the team feels confident in a real response.

Activation of CERT During an Identified Cardiac Emergency

The Cardiac Emergency Response Team will be immediately activated when a cardiac emergency is suspected. The Protocol for responding to a cardiac emergency will be readily accessible and stored with first aid kits.

Note that all Cardiac Emergency Response Team members should be able to step away from their tasks without risking harm to players or others. All coaches should be verbally alerted (or alerted via text) uniformly of an ongoing emergency.

Coaches who are not involved in the emergency should be on standby to assist and should keep other players away from the scene to allow the first responders space and allow the victim privacy. The CERT member(s) responding to the emergency can designate other personnel, regardless of training, to contact 911, access and bring the AED, clear pathways for emergency personnel and control nearby parents to create a buffer space around the scene.

Annual Review and Evaluation of the Plan

1) An annual internal review will be conducted of the Cardiac Emergency Response Plan (CERP). The annual review should focus on ways to improve the response process, to include:

a) A post-event review following any event. This includes a review of existing documentation for any identified cardiac emergency that occurred during a MVSC sponsored game, event or

training. The CERT coordinator is the designated person responsible for establishing the documentation process.

2) Post-event documentation and action shall include the following:

a) A contact list of individuals to be notified in case of a cardiac emergency.

b) Determine the procedures for the release of information regarding cardiac emergencies.

c) Date, time, and location of the cardiac emergency and the steps taken to respond to the cardiac emergency.

d) The identification of the person(s) who responded to the emergency.

e) The outcome of the cardiac emergency. This shall include but not be limited to a summary of the presumed medical condition of the person who experienced the cardiac emergency to the extent that the information is publicly available. Personal identifiers should not be collected unless the information is publicly available.

f) An evaluation of whether the CERP and CERP Protocol was sufficient to enable an appropriate response to the specific cardiac emergency. The review shall include recommendations for improvements to the CERP and CERP Protocol and in its implementation if the plan was not optimally suited for the specific incident. The post-event review may include discussions with medical personnel to help in the debriefing process and to address any concerns regarding on-site medical management and coordination.

g) An evaluation of the debriefing process for responders and post-event support. This shall include the identification of aftercare services including crisis counselors and/or other local resources.

h) A review of the documentation for all Cardiac Emergency Response Drills performed during the year. Consider pre-established Drill report forms to be completed by all responders.

i) A determination, at least annually, as to whether additions, changes or modifications to the Plan are needed. Reasons for a change in the Plan may result from a change in established guidelines, an internal review following an actual cardiac emergency, or from changes in facilities, equipment, processes, technology, administration, or coaches.

j) After an actual emergency event occurs, MVSC personnel will need assistance in downloading and storing information from the AED to provide medical personnel to aid in the patient's continued medical care.

k) If the AED is taken with the patient or is removed from its cabinet, local responders shall be notified and practices/games halted until an AED is placed back in the cabinet.

Incident Management

Injuries will be treated by coaches trained and certified in first aid response. Should any injury require treatment beyond first aid, emergency responders will be contacted via 9-1-1. All

incidents and/or injuries should be documented via an incident report. Incident reports will be reviewed by the MVSC Board to evaluate response, adequacy of first aid supplies, trends in accident types and whether additional actions are necessary. After an injury occurs, any contents of the first aid kit that were used shall be replenished. Incidents shall be shared, as appropriate, in the form of a "safety share" with other coaches to educate and raise awareness in injury prevention and response.

For any injury requiring more than first aid attention, consider obtaining photos of the scene, preserving the scene using cones or tape and documenting witnesses. Preserve any equipment or materials involved in the incident. Incidents involving legal implications (e.g., lawsuits, serious incident), the President and Vice President of the MVSC shall immediately be notified.

Reporting an Injury (MVSC)

When reporting an injury, the following procedures should be taken:

1. The Advance Notice of Injury form must be completed by the Coach (who was present when the injury occurred) and submitted to our League. *Note: You have 30 days from date of injury to submit the claim form. For claims to be eligible for coverage you must seek medical attention within 60 days from the date of injury.*
2. The League then verifies that the player is registered and that the injury occurred at a sanctioned MVSC event. Once verified, the League approves and forwards to the HVYSC State Office.
3. HVYSC receives the Advance Notice of Injury form from the League, reviews and approves. The Claim Form is forwarded to the parent / guardian via e-mail. It is important that you include a current e-mail address on the form.
4. The parent / guardian must complete the Claim Form and return to the HVYSC State Office for processing. If the Claim Form is not returned a claim will not be filed with the Insurance carrier.
5. HVYSC forwards the Claim Form to the Insurance carrier.
6. At this point, inquiries should be directed toward the insurance carrier at (817) 738-6100.
7. When submitting bills to our insurance carrier, please ensure the following:
    - Each itemized bill MUST show the following:
        - Provider of Service's Name
        - Date of Service
        - Provider's Address
        - Diagnosis Description or Codes (ICD-9)
        - Provider's Federal Tax ID# • Procedure Description or Codes (CPT)
        - Provider's Telephone #
        - Charge for each Procedure
    - Additional bills to be submitted at a later date (after the initial submission of your claim) should be mailed directly to Chartis Insurance with the following information:
        - Name of the claimant
        - Date of the accident

- Minisink Valley Soccer Club (Hudson Valley New York Youth Soccer League) Soccer Association

Please respond promptly to any correspondence requesting additional information. It is the Parent / Guardian / Claimant's responsibility to request this information from the provider of service or from your primary carrier. An Explanation of Benefits will be sent to you by Chartis/AIG Insurance. *Note: There is a $500 deductible per covered accident, with an 80% reimbursement.* Expenses of Physical Therapy and Chiropractic Care limited to $50 per visit.

MVSC Insurance

MVSC is insured through the Hudson Valley Soccer League.

Cardiac Emergency Response Plan (CERP) Protocol

The MVSC Cardiac Emergency Response Plan Protocol should be followed in the event of a sudden cardiac arrest. The following protocol and the contents of this plan should be reviewed by all coaches and trainers of the MVSC.

Cardiac Emergency Response Plan (CERP) Protocol

(Minisink Valley Soccer Club)

Sudden cardiac arrest events can vary greatly. All staff and Cardiac Emergency Response Team (CERT) members must be prepared to perform the duties outlined below. **Immediate action is crucial** to successfully respond to a cardiac emergency. Consideration should be given to obtaining on-site ambulance coverage for high-risk athletic events. One should also identify the closest appropriate medical facility that is equipped with advanced cardiac care.

Follow these steps in responding to a suspected cardiac emergency:

1) **Recognize the following signs of sudden cardiac arrest** and act quickly in the event of one or more of the following:

a. The person is not moving, unresponsive, or unconscious.

b. The person is not breathing normally (has irregular breaths, gasping or gurgling, or is not breathing at all).

c. The person may appear to be having a seizure or is experiencing convulsion-like activity. Cardiac arrest victims commonly appear to be having convulsions. If the person is having a seizure without a sudden cardiac arrest an AED will not deliver a shock.

d. If the person received a blunt blow to the chest, this can cause cardiac arrest, a condition called commotio cordis. The person may have the signs of cardiac arrest described above and is treated the same.

2) **Facilitate immediate access to professional medical help:**

a. Call 9-1-1 as soon as you suspect a sudden cardiac arrest. Provide the facility address, cross streets, and patient's condition. Remain on the phone with 9-1-1. (Bring your mobile phone to the patient's side and put on speaker, if possible.) Give the exact location and provide the recommended route for ambulances to enter and exit and escort emergency responders to the victim.

b. Immediately contact the members of the Cardiac Emergency Response Team (CERT) using your facility's designated communication system (i.e. verbal and/or text).

c. If you are a CERT member, proceed immediately to the scene of the cardiac emergency.

3) **Start CPR as soon as possible.** The first person who can start CPR should begin immediately and, if additional bystanders are available, other tasks can be delegated.

a. Begin continuous chest compressions and have someone retrieve the AED if not at the scene. Referred to the Act Now. Save a Life. (Simplified Adult Basic Life Support) graphic below.

b. Press hard and fast in the center of the chest, at 100-120 compressions per minute. (Faster than once per second, but slower than twice per second.) Use 2 hands: The heel of one hand and the other hand on top (or one hand for children under 8 years old), pushing to a depth of at

least 2 inches (or 1/3rd the depth of the chest for children under 8 years old). Follow the 9-1-1 telecommunicator's instructions, if provided.

c. If you are able and comfortable giving rescue breaths, please use a barrier and provide 2 rescue breaths after 30 compressions.

4) **AED Access**. The person who can retrieve the AED the fastest (ideally in route to the scene) should get it to the site and leave the AED cabinet door open as a signal that the AED was retrieved.

5) **Additional communication measures**

a. Give the exact location of the emergency. ("Far corner of soccer field, school and/or gymnasium location, Greenville park at the back football field, etc."). Be sure to let EMS know which door to enter or the best approach if at a field.

b. Assign someone to go to that door to wait for and flag down EMS responders and escort them to the exact location of the patient.

6) **Use the nearest AED.**

a. When the AED is brought to the patient's side, press the power-on button, and attach the pads to the patient as shown in the diagram on the pads. Then follow the AED's audio and visual instructions. If the person needs to be shocked to restore a normal heart rhythm, the AED will deliver one or more shocks. Be familiar with each field's AED and be aware if you will need to press the shock button or if it will deliver automatically.

i. Note: The AED will only deliver shocks if needed; if no shock is needed, no shock will be delivered.

b. Minimize interruptions of compressions when placing AED pads to patient's bare chest.

c. Continue CPR until the patient is responsive or a professional responder arrives and takes over. Make sure to rotate people doing compression to avoid fatigue.

d. Do not remove AED pads even if the patient regains consciousness - the pads should be left in place until handoff to EMS occurs. This precaution is necessary in case the patient has a relapse.

e. If the AED is used be sure to have a plan to download the data, store the data, and deliver to the patient's cardiology care team.

7) **Transition care to EMS.**

a. Once EMS arrives, there should be a clear transition of care from the CERT to EMS.

b. Team focus should now be on assisting EMS safely out of the building/parking lot.

c. Provide EMS a copy of the patient's emergency information sheet.

8) **Action to be taken by Board / Administrative Staff.**

a. Confirm the exact location and the condition of the patient.

b. Activate the Cardiac Emergency Response Team and give the exact location.

c. Confirm that the Cardiac Emergency Response Team has responded.

d. Confirm that 9-1-1 was called. If not, call 9-1-1 immediately.

e. Assign a staff member to direct EMS to the scene.

f. Perform “Crowd Control” – directing others away from the scene.

g. Notify other staff: coaches, trainers, athletic director, safety director, safety manager, leadership, sports facilities manager, etc.

h. Plan for ongoing coverage following an emergency response in case a subsequent event occurs.

i. Consider having the people (e.g., coaches, players) stay in place (e.g., delaying practice, dismissal, or other changes) to facilitate CPR and EMS functions.

j. Designate people to cover the duties of the CPR responders.

k. Copy the patient’s emergency information for EMS.

l. Notify the patient’s emergency contact (parent/guardian, spouse, etc.).

m. Notify coaches, players, staff, employees, and sports attendees when to return to the normal schedule or services.

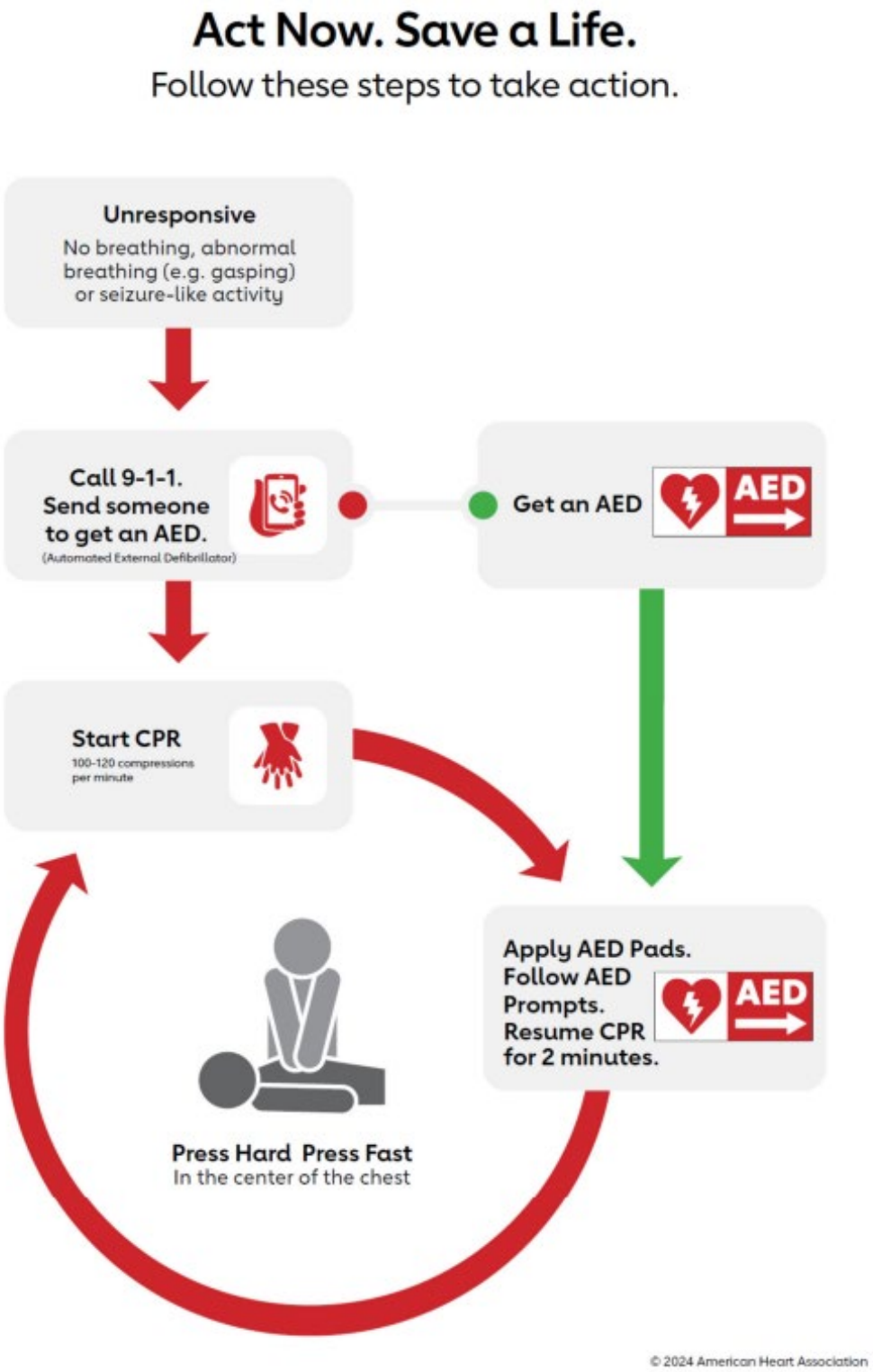
n. Contact organization leadership (e.g., board administration), and/or other facility management (e.g., sports facility management).

9) Debrief

a. Discuss the outcome of the cardiac emergency. This shall include but not be limited to a summary of the presumed medical condition of the person who experienced the cardiac emergency to the extent that the information is publicly available. Personal identifiers should not be collected unless the information is publicly available.

b. An evaluation of whether the CERP was sufficient to enable an appropriate response to the specific cardiac emergency. The review shall include recommendations for improvements to the Plan and in its implementation if the plan was not optimally suited for the specific incident. The post-event review may include discussions with medical personnel to help in the debriefing process and to address any concerns regarding on-site medical management and coordination.

c. An evaluation of the debriefing process for responders and post-event support. This shall include the identification of aftercare services including crisis counselors.


Act Now. Save a Life.
Follow these steps to take action.
Unresponsive
No breathing, abnormal breathing (e.g. gasping) or seizure-like activity
Call 9-1-1. Send someone to get an AED.
(Automated External Defibrillator)
Get an AED
AED
Start CPR
100-120 compressions per minute
Apply AED Pads. Follow AED Prompts. Resume CPR for 2 minutes.
AED
Press Hard Press Fast
In the center of the chest
© 2024 American Heart Association

American Heart Association®

BLS for Healthcare Providers Quick Reference

C-A-B (Not A-B-C)

C — **Chest Compressions**

A — **Airway**

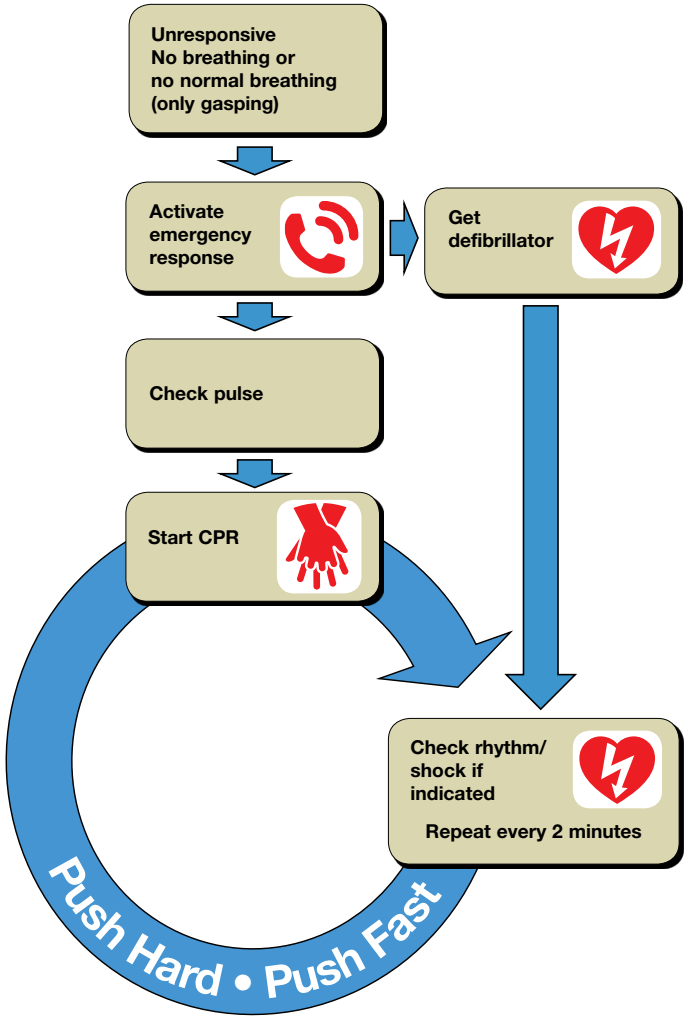
B — **Breathing**

BLS for Healthcare Providers Critical Concepts

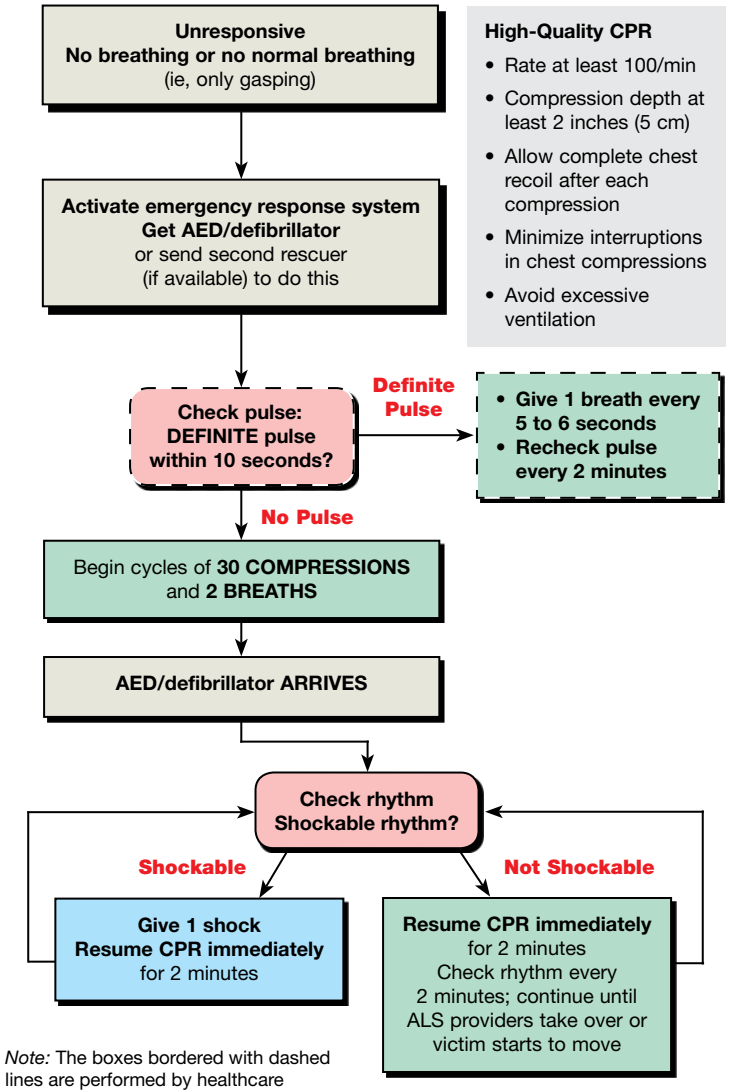
High-quality CPR improves a victim's chances of survival. The critical characteristics of high-quality CPR include

- **Start compressions within 10 seconds** of recognition of cardiac arrest.
- **Push hard, push fast:** Compress at a rate of at least 100/min with a depth of at least 2 inches (5 cm) for adults, approximately 2 inches (5 cm) for children, and approximately 1½ inches (4 cm) for infants.
- **Allow complete chest recoil** after each compression.
- **Minimize interruptions** in compressions (try to limit interruptions to <10 seconds).
- **Give effective breaths** that make the chest rise.
- **Avoid excessive ventilation.**

Simplified Adult BLS Algorithm for Healthcare Providers

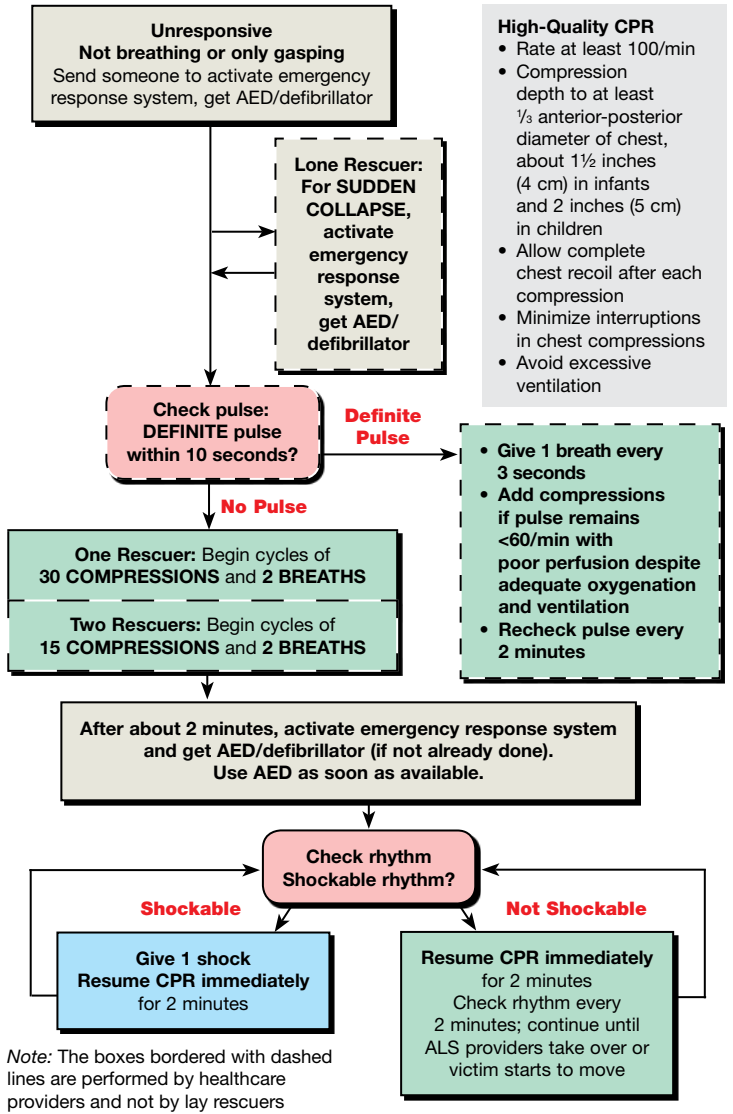


Adult BLS Algorithm for Healthcare Providers



Note: The boxes bordered with dashed lines are performed by healthcare providers and not by lay rescuers

Pediatric BLS Algorithm for Healthcare Providers



Note: The boxes bordered with dashed lines are performed by healthcare providers and not by lay rescuers

How to Become an AHA Instructor

Put your heart into training.

Learn from the leader.

Teach to save lives.

Are you interested in becoming an American Heart Association Instructor?

Consult an American Heart Association Training Center (TC) to find out whether the TC is accepting new instructors and what the TC's preferred course delivery method is. Then, becoming an instructor is as easy as 1-2-3:

1. Complete the Core Instructor Course.
2. Complete a discipline-specific instructor course in BLS, Heartsaver, ACLS, or PALS.
3. Get monitored by an American Heart Association TC or Instructor.

AMERICAN HEART ASSOCIATION
INSTRUCTOR NETWORK

Renewal Schedule

I _____ (student name) took my BLS HCP course on _____ (date) at the _____ Training Center/Site and am due for a renewal course in _____ (month/year).

Renewal Schedule

Concussion Information

(Heads Up Fact Sheets)

A FACT SHEET FOR

High School Coaches

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

Below is information to help high school coaches protect athletes from concussion or other serious brain injury, and to help coaches know what to do if a concussion occurs.

What is a concussion?

A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.

What is a subconcussive head impact?

A subconcussive head impact is a bump, blow, or jolt to the head that *does not* cause symptoms. This differs from concussions, which *do* cause symptoms. A collision while playing sports is one way a person can get a subconcussive head impact. Studies are ongoing to learn about subconcussive head impacts and how these impacts may or may not affect the brain of young athletes.

How can I keep athletes safe?

As a high school coach, your actions can help lower an athlete's chances of getting a concussion or other serious injury. Aggressive or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury.[3] Here are some ways you can help:

Talk with athletes about concussion:

- Set time aside throughout the season to talk about concussion.
- Ask athletes about any concerns they have about reporting concussion symptoms.
- Remind athletes that safety comes first and that you expect them to tell you and their parent(s) if they think they have experienced a bump, blow, or jolt to their head and "don't feel right."

Focus on safety at games and practices:

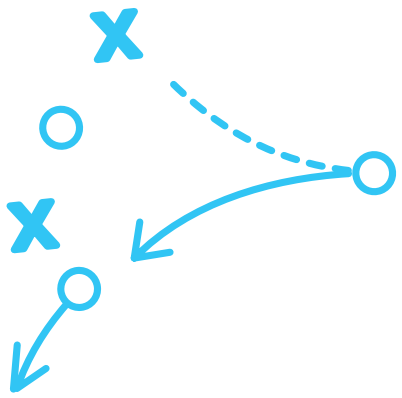
- Teach athletes ways to lower the chances of getting a hit to the head.
- Enforce rules that limit or remove the risk of head impacts.
- Tell athletes that good sportsmanship is expected at all times, both on and off the field.
- Be sure to also work closely with your team's athletic trainer, when available, to promote concussion safety.

Multiple concussions

Athletes who have ever had a concussion have a higher chance of getting another concussion. A repeat concussion can lead to more severe symptoms and longer recovery.[1,2]

Coach's to-do list:

- ✓ Talk with athletes about concussion.
- ✓ Teach athletes ways to lower their chances of getting a hit to the head.
- ✓ Encourage concussion reporting among your athletes.
- ✓ Know what to do if you think an athlete has a concussion.
- ✓ Learn how to help an athlete safely return to play after a concussion.



Make sure athletes do not perform these unsafe actions:

- Use their head or helmet to contact another athlete.
- Make illegal contact or check, tackle, or collide with an unprotected opponent.
- Try to injure another athlete.

Stay up to date on concussion information:

- Review your state, league, or school's concussion plans and rules.
- Take a training course on concussion. The Centers for Disease Control and Prevention (CDC) offers free concussion training at cdc.gov/HEADSUP.
- Download CDC's HEADS UP app or another resource that provides a list of concussion signs and symptoms.

Check equipment and sports facilities:

- Make sure all athletes wear a helmet that is appropriate for the sport or activity; ensure that the helmet fits well and is in good condition.
- Work with the game or event manager to fix any concerns, such as tripping hazards or goal posts without proper padding.

One study found that nearly 70% of athletes continued to play with concussion symptoms.[4]

How can I spot a possible concussion?

Athletes who show or report one or more of the signs and symptoms listed below—or who simply say they just "don't feel right"—after a bump, blow, or jolt to the head or body may have a concussion or other serious brain injury. Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not show up for hours or days.

Signs coaches or parents may observe:

- Seems confused
- Forgets an instruction or is unsure of the game, position, score, or opponent
- Moves clumsily
- Answers questions slowly or repeats questions
- Can't remember events before or after the hit, bump, or fall
- Loses consciousness (even for a moment)
- Has behavior or personality changes

Symptoms athletes may report:

- Headache
- Nausea or vomiting
- Dizziness or balance problems
- Bothered by light or noise
- Feeling foggy or groggy
- Trouble concentrating or problems with short- or long-term memory
- Does not "feel right"

Signs of a more serious brain injury

In rare cases, a concussion can cause dangerous bleeding in the brain, which puts pressure on the skull. Call 9-1-1 if an athlete develops one or more of these danger signs after a bump, blow, or jolt to the head or body:

- A headache that gets worse and does not go away
- Significant nausea or repeated vomiting
- Unusual behavior, increased confusion, restlessness, or agitation
- Drowsiness or inability to wake up
- Slurred speech, weakness, numbness, or decreased coordination
- Convulsions or seizures (shaking or twitching)
- Loss of consciousness (passing out)

Some athletes may not report a concussion because they don't think a concussion is serious.

They may also worry about:

- Losing their position on the team or losing playing time during a game,
- Putting their future sports career at risk,
- Looking weak,
- Letting down their teammates or the team, and/or
- What their coach or teammates think of them.[5-7]

What should I do if an athlete has a possible concussion?

As a coach, if you think an athlete may have a concussion, you should:

Remove the athlete from play.

When in doubt, sit them out! Record and provide details on the following information to help the school nurse, athletic trainer, or first responders assess the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out) and for how long
- Any memory loss right after the injury
- Any seizures right after the injury
- Number of previous concussions (if any)

Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a healthcare provider.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess an athlete for a possible concussion and decide when it is safe for the athlete to return to play.

Inform the athlete's parent(s) about the possible concussion.

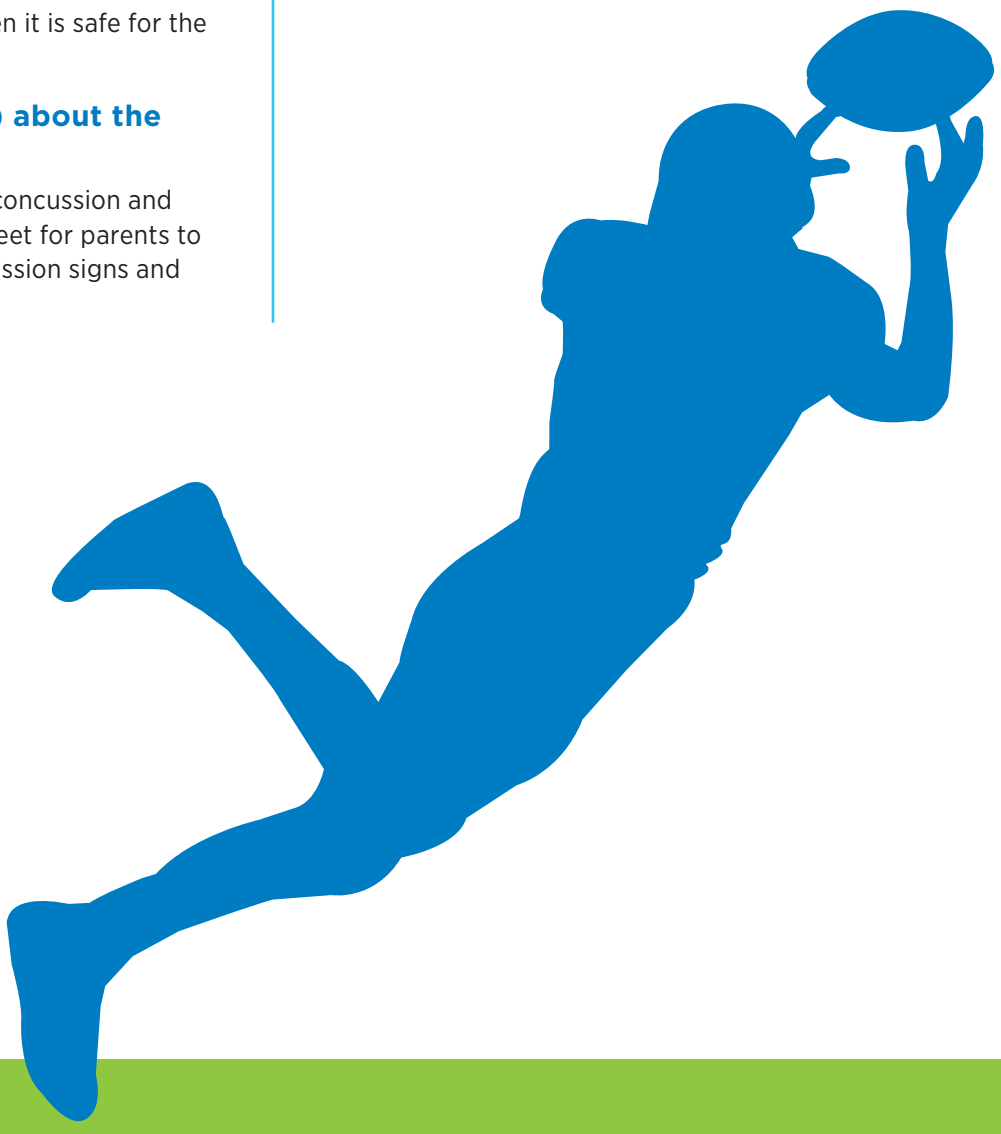
Let parents know about the possible concussion and give them the CDC HEADS UP fact sheet for parents to help them watch the athlete for concussion signs and symptoms at home.

Ask for written instructions from the athlete's healthcare provider on return to play.

This should include information about when the athlete can return to play and steps you should take to help the athlete safely return to play. Athletes who continue to play while having concussion symptoms have a greater chance of getting another concussion. A repeat concussion that occurs before the brain has fully healed can be very serious and can increase the chance for long-term problems. It can even be fatal.

Offer support during recovery.

An athlete may feel frustrated, sad, angry, or lonely while recovering from a concussion. Talk with them about it, and allow an athlete recovering from a concussion to stay in touch with their teammates, such as cheering on their team at practices and competitions.



What steps should I take to help an athlete return to play?

An athlete's return to school and sports should be a gradual process that is approved and carefully managed and monitored by a healthcare provider. When available, be sure to also work closely with your team's certified athletic trainer.

There are six gradual steps to help an athlete safely return to play. These steps should not be done in one day, but instead over days, weeks, or months. ***An athlete should move to the next step only if they do not have any new symptoms at the current step.***

Step 1: Return to non-sports activities, such as school, with a greenlight from the healthcare provider to begin the return-to-play process

Step 2: Light aerobic exercise

- Goal: Increase the athlete's heart rate
- Activities: Slow to medium walking or light stationary cycling

Step 3: Sport-specific exercise

- Goal: Add movement
- Activities: Running or skating drills; no activities with risk for contact

Step 4: Non-contact training drills

- Goal: Increase exercise, coordination, and thinking
- Activities: Harder training drills and progressive resistance training

Step 5: Full-contact practice

- Goal: Restore confidence and have coaching staff assess functional skills
- Activities: Normal training activities

Step 6: Return to regular sports activity

Remember: It is important for you and the athlete's parent(s) to watch for concussion symptoms after each day's activities, particularly after each increase in activity. If an athlete's concussion symptoms come back, or if he or she gets new symptoms when becoming more active at any step, this is a sign that the athlete is working too hard. The athlete should stop these activities, and the athlete's parent should contact the healthcare provider. After the athlete's healthcare provider says it is okay, the athlete can begin at the step before the symptoms started.

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The information provided in this fact sheet or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.

Revised August 2019

A FACT SHEET FOR

High School Parents

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help protect your teens from concussion or other serious brain injury.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Teens Safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

How Can I Spot a Possible Concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*

CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

While most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

Plan ahead. What do you want your teen to know about concussion?

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1, or take your teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

What Should I Do If My Teen Has a Possible Concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your teen's healthcare provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

Teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a teen for a lifetime. It can even be fatal.

Revised January 2019

Heat Illness Information

All children should bring water to practice and games and be given ample water breaks to keep hydrated while playing. Coaches should provide for frequent breaks for water and fluid replacement and observe players for signs and symptoms. First Aid should be administered immediately to any person displaying symptoms of heat-related illness. The following are heat related symptoms:

- **When the body is starting to overheat**
    - Symptoms such headache, dizziness, feeling faint
    - Cool, pale, clammy skin
    - Tired or weakness
    - Fast weak pulse
    - Cramping, muscle pain or spasms
    - Thirst, nausea, vomiting
- Do not let it get to the extremes of Heat Stroke. These symptoms include:
    - Confusion, passing out, collapse, seizures, stop sweating, throbbing headache

- **What you can do to avoid Heat Illness**
    - Stay hydrated
        - Tell kids to hydrate the night before
        - Drink Water! Not only Gatorade (at least 1 pint of water is needed per hour). But avoid drinking too much at one time as this can upset your stomach. If you are thirsty you are already dehydrating.
        - Monitor your urine color, the darker the color the more dehydrated you are.
    - Remind kids of the importance of eating before a game, but avoid heavy / greasy meals.
    - Frequent rests.
    - Look out for players showing signs of heat stress and bring them off the field to rest/replace fluids.
    - Be aware that some medications can dehydrate you, particularly allergy, blood pressure, and decongestant medications.
- **Educate your kids on basic symptoms and tell them not to be afraid to ask for help.**
    - Should you feel you are suffering from Heat Illness please let someone know and ask for help.

Acknowledgement

American Heart Association. Cardiac Emergency Response Plan and Protocol. Updated September 2024.

List of Acronyms

AED: Automated External Defibrillator

CPR: Cardiopulmonary Resuscitation

CERP: Cardiac Emergency Response Plan

CERT: Cardiac Emergency Response Team

MVSC: Minisink Valley Soccer Club

PAD: Public Access Defibrillation

SCA: Sudden Cardiac Arrest

Additional Resources

Cardiac Emergency Response Plan CERP | American Heart Association CPR & First Aid

APPENDIX A

AED LOCATION MAPS

Greenville Town Park (Town of Greenville, New York)

1566 US-6 #1486, Port Jervis, NY 12771

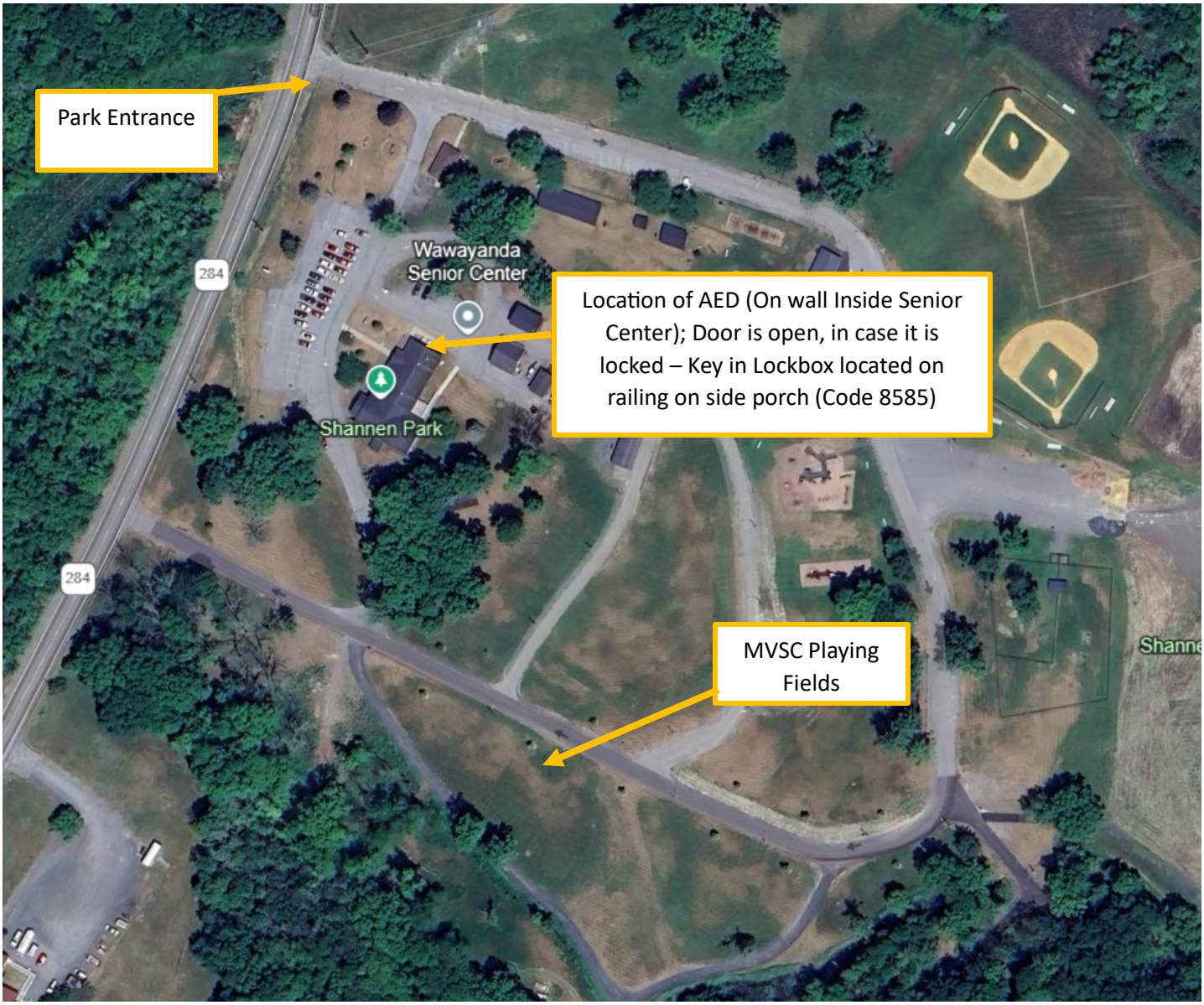
c

Minisink (William Lane) Memorial Park (Westtown, Town of Minisink, New York)

170 William Lain Rd, Westtown, NY 10998

Shannen Park (Town of Wawayanda, New York)

1906 Route 284, Slate Hill, NY 10973



APPENDIX B

INJURY REPORTING FORM / INCIDENT DOCUMENTATION

Advanced Notice of Injury

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Club: _____ Team: _____

MVSC player/coach identifier: _____ Date / Time of Injury: _____

Type of Medical Treatment: ☐ First Aid ☐ 9-1-1 / Emergency Services ☐ Other

Is injured person a: ☐ Player ☐ Coach/Asst Coach ☐ Other: _____

Did the injury during: ☐ game ☐ practice ☐ tournament ☐ indoor soccer
☐ sanctioned /sponsored activities ☐ travel directly to or from activity
☐ Other: _____

Name of field/facility where injury occurred: _____

Type of Injury: _____

Description of Incident / How did injury occur: _____

_____

_____

Immediate Actions Taken: _____

_____

List of Witnesses: _____

Does the injured have primary insurance: ☐ YES ☐ NO

Coach/Club President: _____ Phone #: _____

Signature of Coach: _____ Date: _____

AFTER COMPLETING THE ABOVE, PLEASE SEND THIS FORM VIA EMAIL TO: minisinksc@gmail.com

LEAGUE APPROVAL: _____ Date: _____