

YOUTH INJURY TRAINING

PARK AND RECREATION

CITY OF HUNTSVILLE

SAFETY TRAINING



TABLE OF CONTENTS

- **PAGE 1 INTRODUCTION**
- **PAGE 2 TABLE OF CONTENTS**
- **PAGE 3 & 4 EMERGENCY PREPAREDNESS**
- **PAGE 4 & 5 PLANNING**
- **PAGE 6 & 7 REHEARSAL**
- **PAGE 8-13 CONCUSSION AND HEAD TRAUMA**
- **PAGE 9-13 HEAT**
- **PAGE 14 WEATHER**
- **PAGE 15 – 21 PHYSICAL CONDITIONING**
- **PAGE 22 & 23 TRAINING EQUIPMENT**
- **PAGE 24- 27 HEART**
- **PAGE 28 - 29 LINKS FOR PRINTABLE INFORMATION AND FORMS**

EMERGENCY PREPAREDNESS

THINGS YOU NEED TO DO BEFORE THE FIRST DAY OF PRACTICE

- 1. Inform the parents of the importance of getting their child a Physical Examinations and returning all forms before the start of play to help ensure the safety of their child.**
- 2. Provide parent/guardian(s) with a copy of the**
 - ❖ CDC's "Heads Up Concussion Form**
 - ❖ Pre- Participation Form**
 - ❖ Physical Examination form**
 - ❖ Heat Acclimatization Protocol from**
 - ❖ EAP for bad weather**

DEVELOP CONFIDENTIAL LINES OF COMMUNICATION BETWEEN PARENTS, COACHES, AND ADMINISTRATORS TO DISCUSS PERSONAL HEALTH RELATED ISSUES SUCH AS INJURIES AND PRE-EXISTING CONDITIONS RELATED TO SPORTS.

Emergency Preparedness

PLANNING

SCHEDULE PRESEASON MEETING AND PLAYERS TO REVIEW AND REHEARSE WHAT TO DO IN THE EVENT OF A TRAUMATIC INJURY

Make sure you have **ALL INFORMATION** about the player
with **YOU at ALL Times.**

1. Emergency phone numbers
2. All health related issues listed
3. All pre-existing injuries listed
4. Hospital they wish to be taken to in an emergency
5. Permission slip allowing you to provide care for the child
6. Policy where the parents know what information is given will be kept confidential.

Make sure Everyone knows their roll in an emergency before it happens

WHO:

- Immediate care of the injured or ill participant
- Emergency equipment retrieval
- Calls EMS (*closest, easiest available*)
 - Include your name,
 - Training if any
 - Number of victims,
 - *The facility address,*
 - *Emergency Number,*
 - *Direction from hospital to your location,*
 - *How best to get to the victim in the building or on the field*
- Unlock and open doors for EMS
- Flag down EMS and direct to scene
- Clear the area of all bystanders
- Responsible for the Accident report:
 - What happened leading up to the event
 - What care was given
 - Any information from bystanders

- The EAP will have slight changes depending on the location of the activity.**
- The EAP should be available for review at all times by the youth sports staff and volunteer coaches only.**
- It should includes Team Roster with Emergency Contact and Pre-Participation Form for each player**

CPR/AED Emergency Summary Form

Location of event:

Date of event:

Time of event:

Victim's name:

Was the event witnessed or unwitnessed? Witnessed Unwitnessed

Name of trained Rescuer(s):

Was 9-1-1 called? Yes No

If yes, name of 9-1-1 caller:

Were there signs of life at assessment? Yes No

Was CPR started before the AED arrived? Yes No

If yes, name(s) of CPR Rescuer(s):

Were shocks administered? Yes No

Total number of shocks?

Did victim regain a pulse? Yes No

Did victim resume breathing? Yes No

Did victim regain consciousness? Yes

No Was victim transported by the EMS? Yes No

If no, please explain:

Any problems encountered?

Did the EMS encounter any problems accessing the venue? Yes No

If yes, please explain:

Additional comments: Name of person completing form:

GET TO KNOW ALL YOUR PLAYERS

- ✓ Make it a common practice to notice any differences in changes in conditions or behaviors in your players
- ✓ Make it a priority to keep lines of communication open between you and the guardians.
- ✓ When unsure if there is an issue or not always put safety first.
- ✓ You are not a professional so if your worried about a players heath or injury ask for them to see a doctor before return to play.
- ✓ Take the time and educate yourself on the most common injuries and illness connect to the sport your coaching.

Going over what to look for and who is responsible for what regularly with your safety team will help ensure the best possible out come when an emergency occurs.



All athletes who sustain a concussion-no matter how minor-should undergo an evaluation by a qualified healthcare provider before returning to play

CONCUSSION SIGNS OBSERVED

- ❖ Can't recall events *prior to* or *after* a hit or fall.
- ❖ 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.

CONCUSSION SYMPTOMS REPORTED BY PLAYER

- 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”.

CONCUSSION WHEN TO CALL 911

- *A loss of consciousness lasting longer than 30 seconds**
- *Repeated Vomiting**
- *Blood coming from the ears and nose**
- *Seizure**
- *Trouble walking or talking**
- *Confusion**
- *Sleepiness or trouble waking up**
- *Persistent or worsening headaches**
- *Has unequal pupils**
- * Has weakness on one side of the body**

Enforce the rules of the sport for fair play, safety, and sportsmanship.

Work with the game or event administrator to remove tripping hazards and ensure that equipment (such as goalposts and walls), have padding that is in good condition.

RETURN TO PLAY PROGRESSION IS DIFFERENT FOR EVERY PLAYER

SOME ATHLETE MAY BE ABLE TO WORK THROUGH ONE STEP IN A SINGLE DAY, WHILE IN OTHER CASES IT MAY TAKE SEVERAL DAYS TO WORK THROUGH AN INDIVIDUAL STEP IT MAY TAKE SEVERAL WEEKS TO MONTHS TO WORK THROUGH THE ENTIRE 5-STEP PROGRESSION

BASELINE: No SYMPTOMS 24 HOURS AND RELEASED BY MEDICAL PROFESSIONAL

- **STEP 1: LIGHT AEROBIC ACTIVITY: EXERCISE BIKE, WALKING OR LIGHT JOGGING**
THE GOAL: ONLY TO INCREASE AN ATHLETE'S HEART RATE, 5 TO 10 MINUTES.
- **STEP 2: MODERATE ACTIVITY: BRIEF RUNNING, MODERATE-INTENSITY JOGGING, STATIONARY BIKING, & WEIGHTLIFTING**
THE GOAL: LIMITED BODY AND HEAD MOVEMENT.
- **STEP 3: HEAVY, NON-CONTACT ACTIVITY**
THE GOAL: MORE INTENSE BUT NON-CONTACT: RUNNING, REGULAR WEIGHTLIFTING & STATIONARY BIKING & JOGGING
- **STEP 4: PRACTICE & FULL CONTACT**
THE GOAL: REINTEGRATE IN FULL CONTACT PRACTICE.
- **STEP 5: COMPETITION**
THE GOAL: RETURN TO COMPETITION.

The return to play progression is best conducted through a team approach and by a health professional who knows the athlete's physical abilities and endurance..



Some of the Athletes that are consider HIGH-RISK of heat related illness.

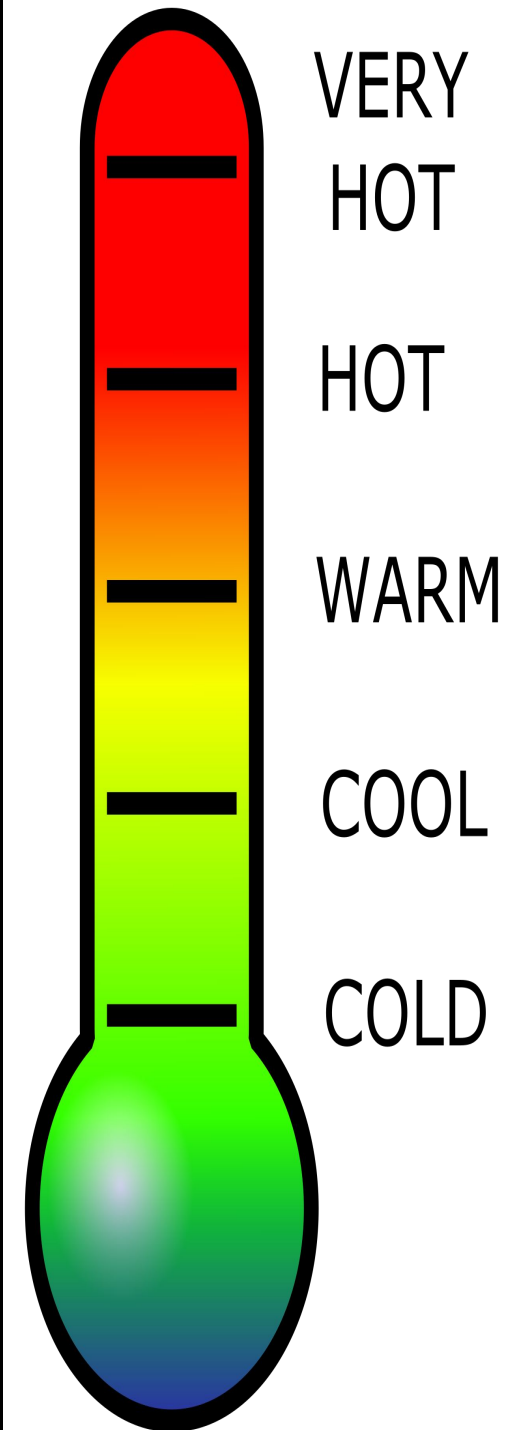
1. Athletes with previous heat illness or heat stroke
2. Athletes on certain medications: ex. ADHD, antidepressants
3. Athletes with a history of sickle cell trait medications
4. Overweight athletes
5. Athletes that are sick or have a fever
6. Dehydration due to inadequate intake or excessive loss from illness such as gastrointestinal distress
7. Athletes who have not acclimated to the heat due to work, travel or relocation from a more temperate



HEAT ACCLIMATIZATION PROTOCOL

“Cool First, Transport Second policy”

There should always be unlimited access to water or other cool fluids and all breaks should be in the shade or other cool environment. Fans or other air-movement devices should be utilized to increase evaporation during breaks whenever possible. The number of breaks should be modified based on the Heat Index protocol set forth by the AHSAA.



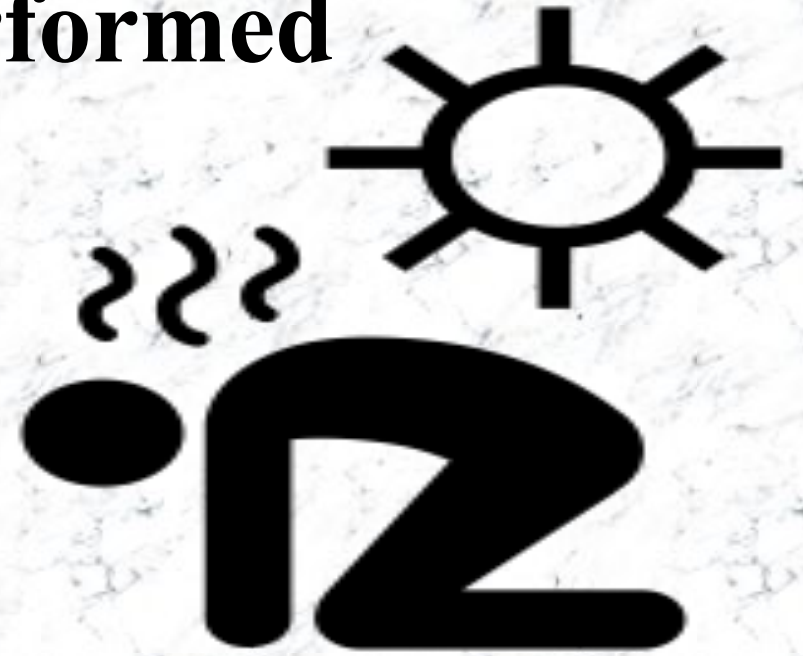
Practice Schedule & Heat Related Illness

Heat Index	Risk Level	Protective Measures
Less than 91°F	Lower (Caution)	Basic heat safety and planning. Provide at least three separate rest breaks of a minimum of four minutes each for practice. Watch at-risk athletes.
91° to 103°F	Moderate	Maximal practice time is 2 hours. <i>For football:</i> equipment limited to helmet, shorts, and shoulder pads. All equipment removed for conditioning. <i>For all other sports:</i> provide at least four separate rest breaks lasting four minutes for each hour.
103° to 125°F	High	Maximal length of practice is 1 hour. <i>For football:</i> helmets only. <i>All other sports:</i> there must be 20 minutes of breaks distributed throughout the hour.
Greater than heat 126-136°F	Very High to Extreme	No outdoor practice. Delay practice until cooler index.

Heat Index Calculator <http://www.osaa.org/heat-index>

Any athlete that is considered a “high-risk” for heat illness should be monitored carefully and adjustments to practice schedules should be performed

HEAT RELATED ILLNESS THAT CAN LEAD TO HYPERTHERMIA



- **Heat Cramps**

- To them

- apply firm pressure on cramping muscles or gently massage them
- Give sips of water every 15 minutes for one hour

■ **Heat Exhaustion**

■ **Warning signs of Heat Exhaustion Include**

- *Heavy sweating
- *Muscle cramps
- *Dizziness
- *Nausea
- *Fainting
- *Paleness
- *Tiredness,
- *Headache
- *Vomiting
- *weakness

The skin may be cool and moist

The pulse rate will be fast and weak

Breathing will be fast and shallow

■ **Untreated heat exhaustion may progress to heat stroke**

- so seek medical attention if symptoms worsen or last longer than one hour.
- Stop all activity and sit quietly in a cool place,
- drink clear juice or a sports beverage,
- wait a few hours until the cramps subside and seek medical attention if cramps do not stop in one hour.



Heat Stroke

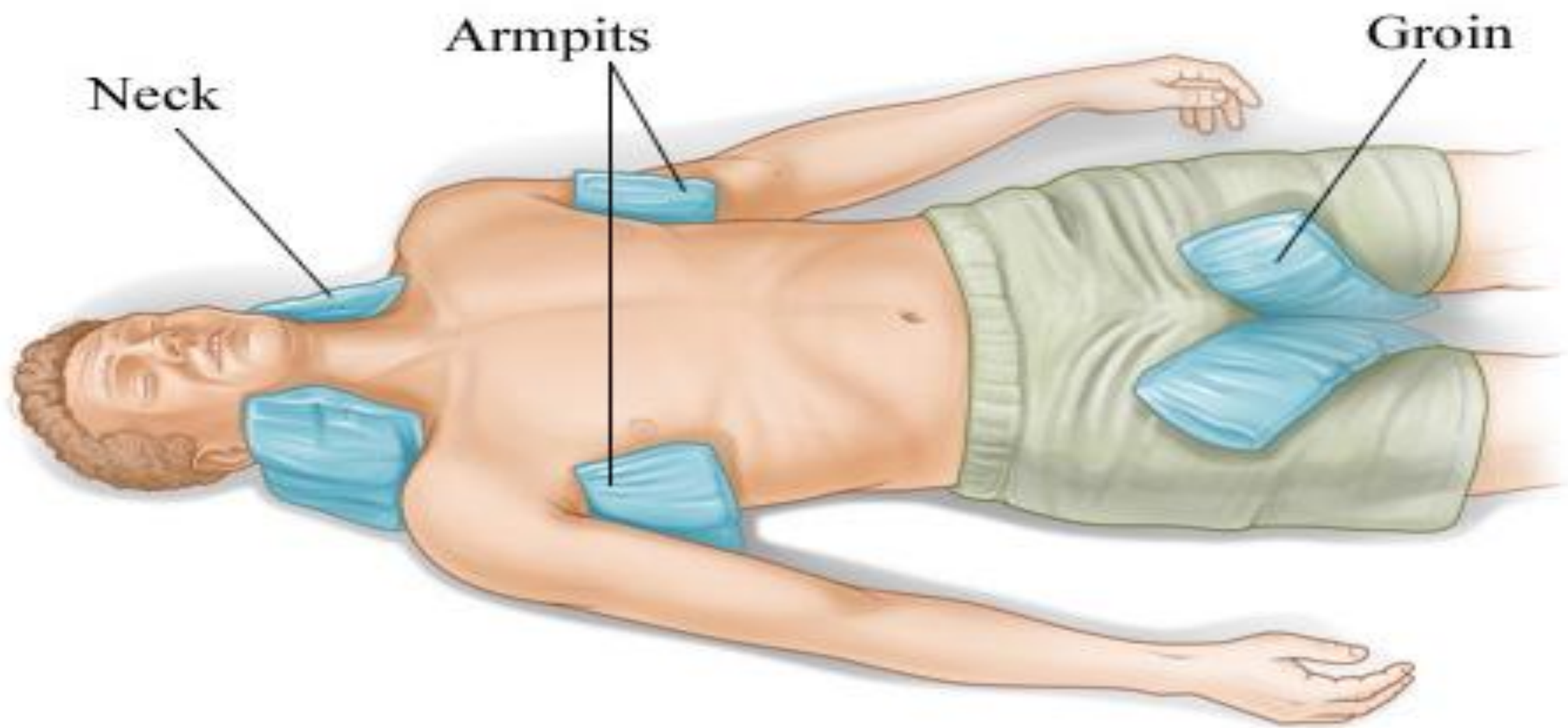
Warning signs of heat stroke vary, but include the following:

- An extremely high body temperature (above 103 degrees F)
- Red, hot and dry skin (no sweating)
- Rapid, strong pulse
- Throbbing headache
- Dizziness
- Nausea
- Confusion
- Unconsciousness



Heat stroke is a life-threatening emergency, so have another person call 911 for medical assistance and take immediate steps to begin cooling the victim in any of the following ways:

- Get the person to a shady area, cool rapidly in a tub of cool water, place in a cool shower, spray with cool water from a garden hose, splash with cool water, or, if the humidity is low, place in a cool, wet sheet and fan vigorously.
- Monitor body temperature and continue cooling efforts until the person's body temperature drops to 101 to 102 degrees F.
- If emergency medical personnel are delayed, call a hospital emergency room for further instructions.
- **A person with heat stroke is likely to be unconscious or unresponsive, so he or she cannot safely consume any liquids.**



Neck

Armpits

Groin

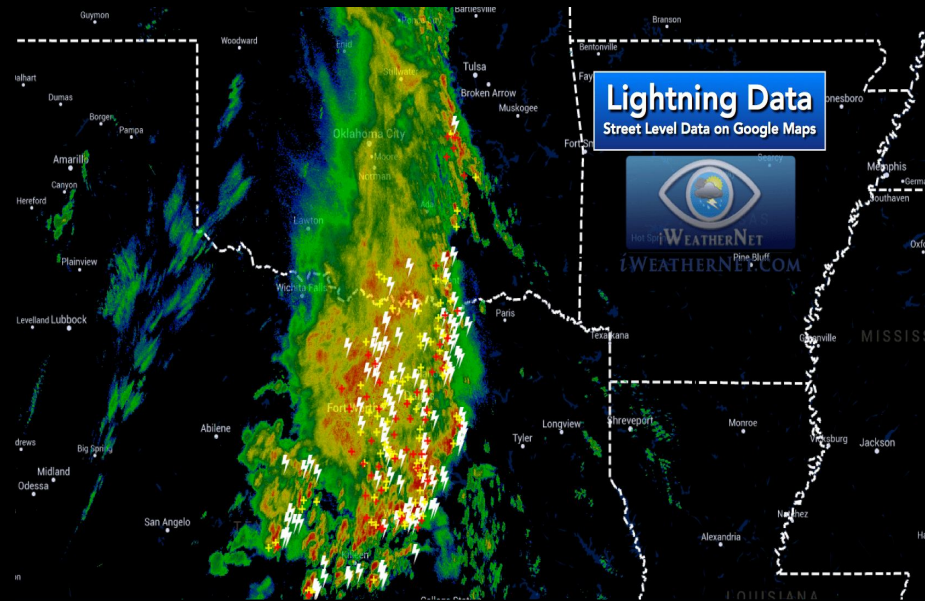
Lightning

Guidelines should be in place to postpone play until a safer time. Play should be stopped for 30 minutes after the last strike of lightning is detected within a 10-mile radius (follow the 5 second per mile rule). A safe area (buildings with metal pipes or well-grounded wires) should be identified ahead of time. No one should stand under the bleachers or other non-grounded structures



Lightning

Inform student-athletes and their parents of the lightning policy at start of the season.



When lightning-detection devices or mobile phone apps are available, this technology could be used to assist in making a decision to suspend play if a lightning strike is noted to be within 10 miles of the event location.

HOW DO I CREATE A CONDITIONING PROGRAM

1. Athletes should maintain a good fitness level during the season and off-season.
2. Preseason training should allow time for general conditioning and sport-specific conditioning.
- 3 Proper warm-up and cool-down exercises.
4. Creating a training program with the help of a strength and conditioning specialist can optimize performance and minimize the chance of injury.
5. Evaluate athletes and their current level of fitness, strength, and endurance and design the program based on the athlete's specific needs.

HOW DO I CREATE A CONDITIONING PROGRAM

Conditioning programs also involve cross-training—using various sports or exercises to improve overall performance. Cross-training creates different physical stresses on the athlete's body than those associated with the athlete's usual routine, improving the athlete's overall performance and also decreasing the risk of suffering an overuse injury.

BIKING



ELLIPTICAL



SWIMMING



STRENGTH



AQUAJOG



Overuse injuries occur when athletes

Resistance of training too rapidly,

Put too much stress on a part of the body

Increase the frequency,

Duration,

Intensity,

Training Errors

Improper technique

Muscle weakness

Inadequate rest



Parents should be alert to these common symptoms of overuse injury

- Pain in the muscle, tendon, or bone after practice or a game
- Pain while playing or during practice (even if the child is able to play)
- Pain during play that affects the child's ability to perform
- Constant or chronic pain, even when not playing
- Missed training sessions as result of pain
- Stiffness after or during completion
- Pain with no history of direct injury
- Visible swelling



TREATMENT FOR OVERUSE INJURIES

- **Cutting back the intensity, duration, and frequency of an activity**
- **Adopting a hard/easy workout schedule and cross training with other activities to maintain fitness levels**
- **Performing proper warm-up activities before and after**
- **Using ice after an activity for minor aches and pain**
- **If symptoms persist, a sports medicine specialist will be able to create a more detailed treatment plan for your specific condition. This may include a thorough review of your training program and an evaluation for any predisposing factors. Physical therapy and athletic training services may also be helpful.**

MOST COMMON SPORTS INJURIES IN KIDS

BOYS

63.6% FRACTURES

10.8% INTERNAL
INJURY

GIRLS

56.4% FRACTURES

12.3% DISLOCATIONS
& SPRAINS

28.9%

of injuries in boys
were to the elbow
and forearm



17.8%

of injuries in girls
were to the head

WHAT TYPES OF INJURIES ARE MOST COMMON IN SPORTS

Facial Cuts

Depending on the depth of the injury, the cut may require stitches or a "butterfly" sterile tape. Ice may provide pain relief and decrease swelling. Players can return to play after all blood is removed and the wound is dressed.

Eye Injuries

Typically occur from contact with the ball, bat, or a finger. Any injury that affects vision or is associated with swelling or blood inside the eye should be evaluated by an ophthalmologist. Athletes should also stay a safe distance away from any player swinging a bat or playing catch. The AAP recommends that children involved in organized sports wear appropriate protective eyewear.

Tooth Loss

Rinse tooth carefully with cold water, no rubbing or touching the root. Delicately place the tooth back into the empty socket and have them hold it in place until you reach the dental office. If the person is unconscious or can not put back in tooth put in milk, salt water or saliva of persons tooth.

Head, Neck,

Injuries to the head, neck, and face include cuts and bruises, fractures, neck sprains, and concussions. Some signs of serious neck injury: pain that doesn't go away or is severe, shooting pain in your arms or legs, numbness, weakness, or tingling in your arms or legs, trouble controlling our bladder or bowels **NO HEAD FIRST SLIDING IN BASEBALL OR SOFTBALL**

Spondylolysis

A stress fracture in the spine is a common injury in athletes who do a lot of jumping, tumbling, and back-bending activities. Symptoms include low-back pain that feels worse with back extension activities, like back walkovers or back handsprings. Athletes with pain for longer than 2 weeks should see a doctor. X-rays are usually normal at first but other tests are often needed.

Concussion

Concussions do not always involve being "knocked out" or a loss of consciousness. A concussion is a traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head or body. It can lead to a variety of health issues. In some cases, a concussion can lead to swelling and bleeding in the brain and can even turn fatal. The risk is highest for kids who play football, ice hockey, lacrosse, soccer, and field hockey but can happen in any sport. No matter the severity of the concussion the player should be seen by a physician before resuming play.

Upper Extremity Injuries (Wrist)

Injuries to the upper extremities usually occur from falling on an outstretched arm or from player-to-player contact. These conditions include wrist sprains, wrist fractures, and shoulder dislocations

Elbow Injuries

Elbow injuries are very common in baseball players, especially pitchers, and include Little League elbow (irritation of the growth plate of the humerus bone of the elbow). As with shoulder injuries, limiting the number of pitches a player throws during a practice or game can help prevent overuse injuries.

Jammed Fingers

Occur when the finger is struck by the ball or an opponent's hand or body. The "jammed finger" is often overlooked because of the myth that nothing needs to be done, even if it is broken. If fractures that involve a joint or tendon are not properly treated, permanent damage can occur. Any injury that is associated with a dislocation, deformity, inability to straighten or bend the finger, or significant pain should be examined by a doctor.

Comotio Cordis

The usual cause is impact from a baseball, softball, hockey puck or a direct blow in football, or basketball, to the chest, that stops the heart.

Shoulder Injuries

Shoulder impingement is an overuse injury that causes achy pain on the front or side of the shoulder. The pain is felt most when the arm is overhead or extended to the side. Shoulder impingement is common in young athletes with weak upper back and shoulder muscles. Limiting the number of pitches a player can throw during a practice or game can help prevent these types of overuse injuries (pitch count guidelines based on age are published by USA Baseball). Any athlete who has shoulder pain for more than 7 to 10 days should see a doctor.

Lower Extremity Injuries

Sprains and strains are the most common lower extremity injuries. The severity of these injuries varies. Cartilage tears and anterior cruciate ligament (ACL) sprains in the knee are some of the more common injuries that may require surgery. Other injuries include fractures and contusions from direct blows to the body.

Ankle Injuries

Occurs when the ankle joint is twisted too far out of its normal position. Treatment for an ankle sprain involves rest, ice, compression, and elevation (RICE) at first and see a medical professional if it doesn't get better. The symptoms of a sprain and of a fracture are very similar. In fact, fractures can sometimes be mistaken for sprains. That's why it's important to have an ankle injury evaluated by a doctor as soon as possible.

Knee Injuries

Some sports require extensive stop and go and cutting maneuvers which can put the ligaments and menisci of the knee at risk. Injury to the medial collateral ligament is most common following a blow to the outside of the knee and can often be treated with ice, bracing and a gradual return to activity. This commonly occurs from cutting, pivoting, landing from a jump, or contact with another athlete. If the athlete feels a pop or shift in the knee, then it's most likely a ligament injury or knee cap dislocation. Osgood-Schlatter diseases are common in sports that require a lot of jumping. They usually cause pain just below the kneecap. These injuries can be treated with rest, ice, taping or bracing, stretching, strengthening, and/or physical therapy

Stress Fractures

Stress fractures can occur from a rapid increase in activity level or training or from overtraining. Stress fractures in basketball most commonly occur in the foot and lower leg (tibia). Once diagnosed, a period of immobilization and non-weight bearing is recommended. Return to play is permitted once the fracture has completely healed and the athlete is pain free

Deep Thigh Bruising

Treatment includes rest, ice, compression, and elevation. Commercially available girdles with thigh pads are now available for protection.

*PULSE

*Respiration

*Temperature

*Skin

*Pain reaction

*Level of Consciousness

THE FIRST TREATMENTS

(R.I.C.E)

- **REST** FROM THE ACTIVITY
- **ICE** THERAPY FOR 20 MINUTES
- **COMPRESSION** ACE BANDAGE CAN BE USED TO LIMIT SWELLING
- **ELEVATING** THE INJURED BODY PART ABOVE THE HEART TO LIMIT SWELLING

THE INJURY IS MORE SEVERE

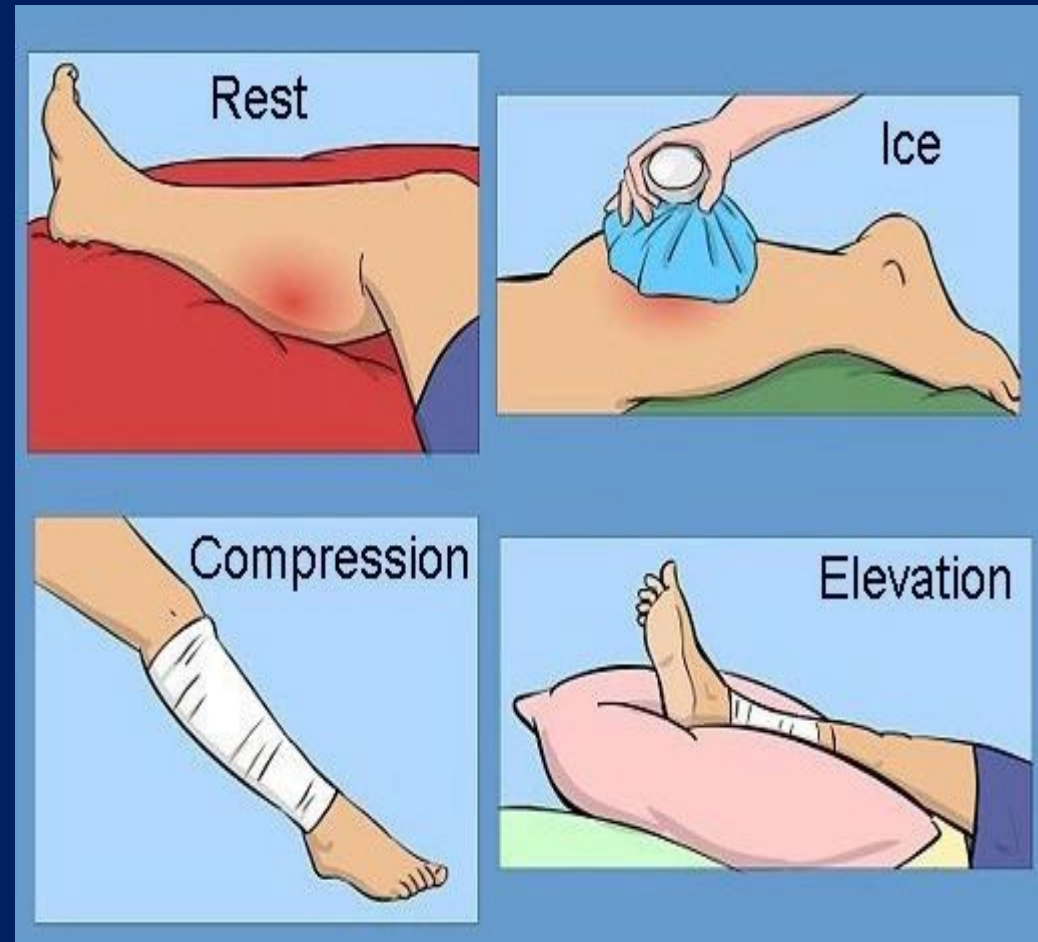
TREATMENT MAY INCLUDE

- **SURGICAL FIXATION**
- **REPAIR**
- **CASTS**
- **SPLINTS**
- **MANY OTHER OPTIONS**

THE FIRST TREATMENTS

(R.I.C.E)

- **REST** FROM THE ACTIVITY
- **ICE** THERAPY FOR 20 MINUTES
- **COMPRESSION** ACE BANDAGE CAN BE USED TO LIMIT SWELLING
- **ELEVATING** THE INJURED BODY PART ABOVE THE HEART TO LIMIT SWELLING



Treatment begins with R.I.C.E.

An athlete should see a doctor if the injured area is deformed, protruding, they hear a snap sound at the time of injury or they have unbearable pain and if the area is still swollen

Safety Equipment

Most ensure all safety gear is in good working condition, sports specific, well fitting, and gender appropriate working condition



Protective Eyewear Glasses or Goggles should be made with polycarbonate or similar materials. The material should conform to the standards of the American Society for Testing and Materials.

Shoes should be appropriate for the surface, with rubber (not metal spikes) for shoes that require laces should be tied securely.

Balls use properly sized synthetic balls that are in good working order and kept out of the weather.

Knee Pads Have been shown to reduce knee abrasions and contusions (Bruises)

Safety Baseballs (Softer Balls Decrease Overall Injury From Getting Struck by Ball in Addition to Lowering the risk of COMMTIO CORDIS.

Football Helmets The helmet should be fitted so that the eyebrows are 1 to 1 ½ inches below the helmet's front rim. The back of the helmet should cover the back of the head, and the athlete's ear openings should be in the center of the helmet ear openings. Jaw Pads should be snug against the athlete's jaw. The chin strap should be centered over the chin and tightened to prevent movement of the helmet on the head. The helmet padding and chin strap should be tight enough to prevent and rotation of the helmet on the head. Face mask should be attached to the helmets. Additional protection can be provided by a clear plexiglass shield.

Shoulder pads Should be sized by chest measurement. They must be large enough to extend ¾ to 1 inch beyond the acromioclavicular joint. Athletes should have adequate range of motion and the pads should not ride up into the neck opening when raising the arms

Cheerleading recommends using mats or a soft, even surface when learning new skills as well as during competition

Chest Protectors We can not prevent direct trauma to the heart but chest protectors lower the risk of Commotio Cordis (heart stopping)

MOUTH GUARD A mouth guard is to keep your teeth where they should be—in your mouth. But mouth guards also help prevent tongue and lip injuries and help reduce the risk of suffering a concussion or fractured jaw.

Pants Should fit properly so that the knee pads cover the knee caps, hips pads cover the tailbone and the thigh pads cover a good share of the thigh. Pads should not be removed from the pants

Soccer Socks They hold the shin guard in place and should be worn at all times.

Protective cup for a cup to work it must fit tight against the body and should be made of hard plastic

Face Shield Needs to cover the lower part of the face from the tip of the nose to below the chin protecting the teeth and facial bones. Make sure the space from the top of the shield and the brim of the helmet is less than the diameter of a baseball.

Batting Gloves Improves the grip and reduces the risk of blisters.

Knee Saver is triangular-shape and has reduced the strain on the knee joints for catchers

Shin Guards They protect our vulnerable shins from the exposure to tackles, kicks and other knocks. It should mold to the shin, end just below the knee and fit snugly around the ankle bone.

**SOME OF THE
HEART DEFECTS AND
OTHER MEDICAL CONDITION
THAT PUT THE ATHLETE
AT A HIGHER RISK OF DEATH**



SOME OF THE HEART DEFECTS AND OTHER MEDICAL CONDITION THAT PUT THE ATHLETE AT A HIGHER RISK OF DEATH

- **HYPERTROPHIC CARDIOMYOPATHY**, ALTHOUGH NOT USUALLY FATAL, IS THE MOST COMMON CAUSE OF HEART-RELATED SUDDEN DEATH IN PEOPLE UNDER 30. IT'S THE MOST COMMON IDENTIFIABLE CAUSE OF SUDDEN DEATH IN ATHLETES. HCM OFTEN GOES UNDETECTED.
- **CORONARY ARTERY ABNORMALITIES**. SOMETIMES PEOPLE ARE BORN WITH HEART ARTERIES (CORONARY ARTERIES) THAT ARE CONNECTED ABNORMALLY. THE ARTERIES CAN BECOME COMPRESSED DURING EXERCISE AND NOT PROVIDE PROPER BLOOD FLOW TO THE HEART.
- **LONG QT SYNDROME**. THIS INHERITED HEART RHYTHM DISORDER CAN CAUSE FAST, CHAOTIC HEARTBEATS, OFTEN LEADING TO FAINTING. YOUNG PEOPLE WITH LONG QT SYNDROME HAVE AN INCREASED RISK OF SUDDEN DEATH.

SOME OF THE HEART DEFECTS AND OTHER MEDICAL CONDITION THAT PUT THE ATHLETE AT A HIGHER RISK OF DEATH

- **CORONARY ARTERY ABNORMALITIES.** SOMETIMES PEOPLE ARE BORN WITH HEART ARTERIES (CORONARY ARTERIES) THAT ARE CONNECTED ABNORMALLY. THE ARTERIES CAN BECOME COMPRESSED DURING EXERCISE AND NOT PROVIDE PROPER BLOOD FLOW TO THE HEART.
- **LONG QT SYNDROME.** THIS INHERITED HEART RHYTHM DISORDER CAN CAUSE FAST, CHAOTIC HEARTBEATS, OFTEN LEADING TO FAINTING. YOUNG PEOPLE WITH LONG QT SYNDROME HAVE AN INCREASED RISK OF SUDDEN DEATH.
- **SICKLE-CELL TRAIT,** IF YOU HAVE THIS TRAIT, INTENSIVE EXERCISE DEPRIVES THE BODY OF OXYGEN AND CAN LEAD TO DEATH.

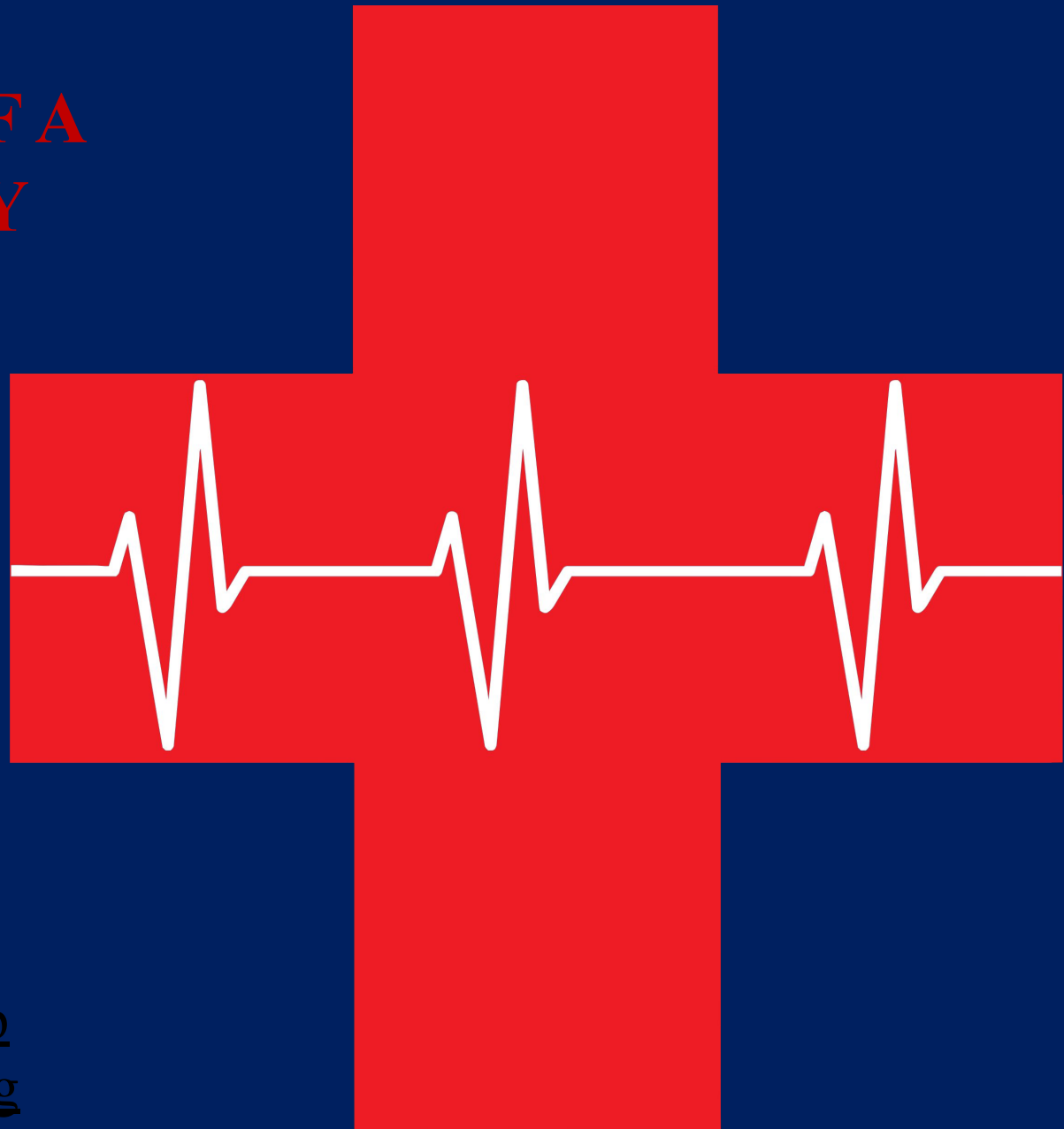
SOME OF THE HEART DEFECTS AND OTHER MEDICAL CONDITION THAT PUT THE ATHLETE AT A HIGHER RISK OF DEATH

- **ASTHMA** IF NOT CONTROLLED CAN INCREASE THE RISK OF SUDDEN DEATH IN ATHLETES.
- **DRUGS** INCREASE RISK OF MANY MEDICAL CONDITION ALONG WITH INCREASE CHANCE OF DEATH.
- **OVERWEIGHT** CAN CAUSE MORE STRESS ON THE HEART AND EASIER TO OVER HEAT.
- **OUT OF CONDITION** IF THE PLAYER HAS DONE NO OUT OF SEASON TRAINING AND STAYED INSIDE THEY ARE AT A HIGHER RISK OF DEATH.
- **HEAT STROKE** IF NOT TREATED QUICKLY CAN END IN THE DEATH OF THE ATHLETE

AT THE CONCLUSION OF A CARDIAC EMERGENCY

MAKE SURE TO KEEP RECORDS ABOUT WHAT HAPPENED BEFORE, DURING AND AFTER CARE. INCLUDE WITNESS STATEMENTS. IF YOU CAN GET SIGNATURE OF PLAYER AND THEIR PARENT/GUARDIAN DO SO.

http://www.anyonecansavealife.org/wcm/groups/mdtcom_sg/mdt/documents/documents/emergency-summary-form.pdf



**LOOK FOR THESE SYMPTOMS IN ATHLETES
WHEN CARDIAC ARREST IS SUSPECTED:**

GUYS

GIRLS

Chest pain, angina and/or ear or neck pain

Severe headache

Excessive breathlessness

Uneasy feeling

Dizziness/palpitations

Increasing fatigue

Indigestion / Heartburn / Gastrointestinal symptoms

Center chest pain, comes and goes

Lightheadedness

Nausea / Vomiting

Cold Sweat

Pain / Discomfort one or both arms / back / neck / jaw / stomach

These documents can be used to better protect and educate Coaches, players and their parents of safety issues and needs.

Parents to Keep

1. The CDC's "Heads Up: Concussion Information Form

<https://www.wiaawi.org/Portals/0/PDF/ParentFactSheet.pdf>

2. Tips for Parents to help prevent heat illnesses

<https://www.nata.org/sites/default/files/Heat-Illness-Parent-Coach-Guide.pdf>

Parents to Return to Coaches

1. Pre-Participation Form & Physical Examinations Form

<http://www.ahsaa.com/Portals/0/PDF's/AHSAA/AHSAA/Forms/Form%205%20Physical%204.15.15.pdf>

2. Permission to Provide Care Form

https://pike.osu.edu/sites/pike/files/imce/Program_Pages/4H/consent%20to%20treat%20health%20form.pdf

These documents can be used to better protect and educate Coaches, players and their parents of safety issues and needs.

Coaches

1. Emergency Action Plan form & Team Roster with Emergency Contact and Information

<https://www.nays.org/default/assets/File/Emergency%20Action%20Plan%20Template.pdf>

2. Heat Acclimatization Protocol Information Form

<http://update.ahsaa.com/Portals/0/AHSAA%20Heat%20Acclimatization%20Protocol.pdf?ver=2017-05-26-003414-613>

3. Heat Index Calculator

<http://www.osaa.org/heat-index>

4. Accident Report Form attached

5. CPR/AED Emergency Summary Form

http://www.anyonecansavealife.org/wcm/groups/mdtcom_sg/mdt/documents/documents/emergency-summary-form.pdf

Concussion Accident protocol Form is to be filled out by the Coach/appointed person and then given to EMS or Parents to take to doctor.

<https://www.cdc.gov/headsup/pdfs/providers/ace-a.pdf>