

EMORY SOCCER MEDICINE COACHES' MEETING

JANUARY 12, 2019



HOW PREPARED ARE YOU?

Medical Emergency Preparedness Survey

1. Do you have a copy of the Emergency Action Plan for your training facility?
2. Are you currently certified in First aid?
3. Are you currently certified in CPR/AED?
4. Does your organization have a written document detailing what to do when lightening is near?
5. Do you ensure all athletes participating in training have a current physical?
6. Does your organization have a written document detailing what to do when training in dangerous temperature and humidity?
7. Do you have a medical alert list for your team?
8. Does your organization have a written document detailing what to do when an athlete may return to play following a concussion?
9. Do you have an emergency contact list for your team?
10. Do you know where the AED is located at your training facility?

EMERGENCY PREPAREDNESS FOR THE SOCCER COACH

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EMORY SOCCER MEDICINE COORDINATOR

DECATUR HIGH SCHOOL HEAD ATHLETIC TRAINER

EMORY UNIVERSITY ADJUNCT FACULTY

EMERGENCY HEALTH AND SAFETY: BEST PRACTICES FOR YOUTH SPORTS LEAGUES

- **2017 INTER ASSOCIATION TASK FORCE PUBLISHED IN THE JOURNAL OF ATHLETIC TRAINING**
- **HEALTH AND SAFETY GUIDELINES PROVIDE A ROADMAP FOR NATIONAL GOVERNING BODIES (NGBS) TO ENSURE THE BEST POLICIES AND PROCEDURES ARE IN PLACE TO PROTECT YOUNG ATHLETES.**
- **ENHANCED HEALTH AND SAFETY SUPPORT SYSTEMS FOR YOUTH SPORTS COMMISSIONERS AND LEAGUE LEADERS AND IMPROVED SAFETY FOR YOUNG ATHLETES.**

OBJECTIVES: THE BIG 5

Medical Clearance

Emergency Action Plan

Lightning

Heat

Concussion

MEDICAL CLEARANCE

- **ALL ATHLETES SHOULD HAVE A CURRENT SPORTS PHYSICAL PRIOR TO PARTICIPATION.**
 - **COMPLETE MEDICAL HISTORY**
 - **VITALS, HEIGHT AND WEIGHT**
 - **GENERAL MEDICAL**
 - **MUSCULOSKELETAL**



MEDICAL CLEARANCE

- **ALL PREPARTICIPATION MEDICAL PAPERWORK MUST BE COMPLETED AND REVIEWED BY MEDICAL STAFF OR ADMINISTRATOR AND CLEARED FOR PARTICIPATION.**
 - **MEDICAL ALERT LIST**
 - **PRE EXISTING POTENTIALLY LIFE THREATENING CONDITIONS**
 - **CARDIAC, RESPIRATORY, SEVERE ALLERGIES, SICKLE CELL, DIABETES, OTHER**
 - **EMERGENCY CONTACT LIST**



Varsity Football

Chris Jones
pat.jones1234567@gmail.com

DATE OF BIRTH: 05-11 | STATUS: Cleared | GENDER: Male

EMERGENCY CONTACTS

- Derek Jones, Father, 504 235 1341
- Pat Jones, Mother, 942 134 1542
- Sara Jones, Sister

PERSONAL INFORMATION

143 Del Rd
London, ON N2G 2G4 CA

MEDICAL SUMMARY

The student has no ongoing medical condition or illness.

Home Share PROFILE Save Help



- **ATHLETES SHOULD NOT PARTICIPATE IN TRY OUTS, WEIGHT TRAINING, CONDITIONING, PRACTICES OR COMPETITIONS UNTIL THEY HAVE COMPLETED, SUBMITTED ALL REQUIRED MEDICAL PAPERWORK AND ARE CLEARED.**
- **COACHES ARE RESPONSIBLE FOR CHECKING ROSTER AND CLEARANCE.**

MEDICAL CLEARANCE

MEDICAL CLEARANCE

ORTHOPEDIC INJURY: RETURN TO PLAY (RTP) GUIDELINES

- **IF SEEN BY MD WILL NEED WRITTEN DOCUMENTATION**
- **FUNCTIONAL TEST AND PROGRESSION**



FUNCTIONAL TESTING

- **IDENTIFIES SPECIFIC MOVEMENT DEFICITS, MUSCLE WEAKNESS AND/OR IMBALANCES.**
 - **PROGRESSION OF GENERAL TO SPORT SPECIFIC AND THEN POSITION SPECIFIC MOVEMENTS**
 - **PROGRESSION OF SPEED, IMPACT, VELOCITY FROM LOW TO HIGH**

ILLNESS RETURN TO PLAY GUIDELINES

MINOR ILLNESS RTP GUIDELINES: ATHLETES SHOULD BE FREE OF VOMITING, DIARRHEA, DIZZINESS, FEVER, SHORTNESS OF BREATH X 24 HOURS.

MAJOR ILLNESS RTP GUIDELINES: MONONUCLEOSIS, APPENDICITIS OR OTHER SURGICAL CASES, EMERGENCY DEPARTMENT OR URGENT CARE VISITS ALL REQUIRE WRITTEN DOCUMENTATION FROM MD.



EMERGENCY ACTION PLAN

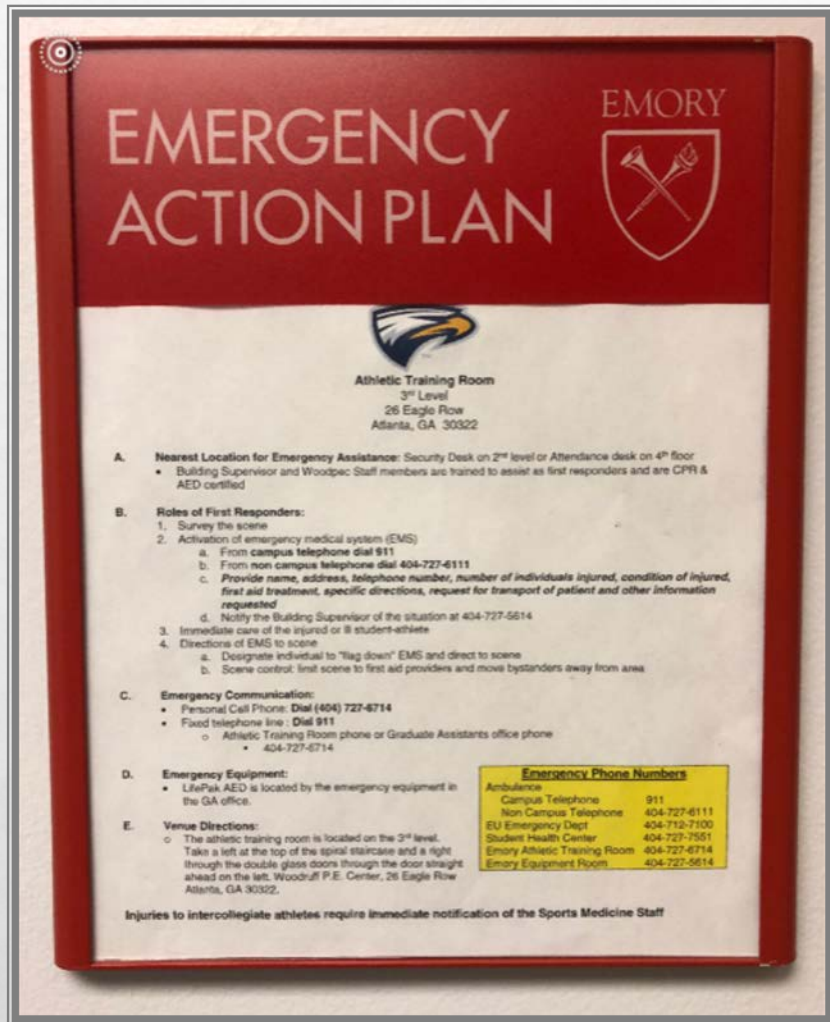
This is a written document that defines the standard of care and process required for an emergency situation during your organization's athletic events.



High Risk Situations:

- **Lightning**
- **Heat and Dehydration**
- **Breathing Emergencies**
- **Cardiac Emergencies**
- **Concussion**
- **Allergic Reactions**





EMERGENCY ACTION PLAN

Venue Specific

Address, Map, GPS Coordinates
EMS Access
Location of Medical Equipment

Contact Information

Local EMS Organization Directors/Administrators
Organization Athletic Trainer/Medical Director

Reviewed and Rehearsed

Distribute to All Coaches
Onsite Medical Staff

Posted

Venue Website



FULL LIST OF FIRST AID KIT CONTENTS:

- | | | |
|--------------------------------------|------------------------------------|---------------------------------------|
| 6 Alcohol Prep Pads | 1 Scissor | 2 Disposable PVC Gloves |
| 20 Medium Bandages | 1 Metal Tweezers | 1 Disposable Instant Ice Pack |
| 10 Mini Bandages | 1 Poncho | 1 First Aid Tape |
| 1 Triangular Bandage | 1 Emergency Mylar Blanket | 1 Large Trauma Pad |
| 20 Cotton Tips | 1 Moleskin Blister Relief Pad | 1 Compass |
| 5 Knuckle Bandages | 1 Whistle | 1 Moleskin Blister Relief |
| 3 PBT Bandages | 1 Sewing Kit | 1 Triangular Bandage |
| 5 Butterfly Bandages | 5 Safety Pins | 1 Ice Pack |
| 4 Sterile Gauze Pads Large/XtraLarge | 1 Compass | 1 First Aid Manual |
| 4 Antiseptic Cleansing Wipes | 1 Multi-functional Lifesaving Card | 1 First Aid Bag with Reflective Strip |
| 4 Sting Relief Pads | 1 CPR Mask | 1 Glow Stick (6 hours) |
| 1 Tourniquet | | |

OTHER EMERGENCY PREPARATION

- **COACHES CPR/AED AND FIRST AID CERTIFICATIONS**
- **AED FIXED LOCATIONS VS PORTABLE**
- **MEDICAL ALERTS**
- **FIRST AID KITS**

MEDICAL TIME OUT

MEETING OF AVAILABLE PERSONNEL RESPONSIBLE FOR ANY ASPECT OF EMERGENCY RESPONSE AT A PRE-DETERMINED TIME, BUT PRIOR TO START OF ATHLETIC PLAY.

- **EMERGENCY ACTION PLAN**
- **LIGHTNING SYSTEM**
- **MEDICAL ALERTS**
- **MEDICAL EQUIPMENT**
- **SIGNALS**
- **CONTACT INFORMATION**



MEDICAL TIME OUT

Communication

- **Before a potentially catastrophic event to ensure efficient care for injured athlete**

Organization

- **Tasks are identified Before they are needed to avoid chaos**

Preparation

- **Troubleshooting of potential roadblocks to care can be identified and discussed before delays occur**

Execution

- **Actions become a learned response rather than a reaction**



LIGHTNING

- **THIS POLICY OR PROCEDURE SHOULD BE PART OF EAP**
- **REVIEWED ANNUALLY BY ORGANIZATIONS ADMINISTRATIVE STAFF, MEDICAL STAFF AND COACHING STAFF**
- **VENUE SPECIFIC**
- **DETERMINE RADIUS TO CLEAR FIELDS**
- **IDENTIFY SAFE SHELTER**
- **RTP 30 MINUTES FOLLOWING LAST STRIKE**

HEAT AND CONCUSSIONS

RACHELLE BERRY MS, ATC

EMORY SOCCER MEDICINE ATHLETIC TRAINER

HEAT AND HYDRATION

- **OBJECTIVES**

- **PREVENTION STRATEGIES**
- **IDENTIFYING HEAT RELATED ILLNESS**
- **TREATMENT STRATEGIES**



HEAT AND HYDRATION

- **SWEAT RATES DIFFER IN ADOLESCENTS**
- **LOSS OF FLUIDS AND ELECTROLYTES, INCREASE IN BODY CORE TEMPERATURE**
- **RECOMMENDATION REGARDING FLUID REPLACEMENT**
 - **CHILDREN: 5OZ EVERY 20 MINUTES OF ACTIVITY**
 - **ADOLESCENTS/TEENS: 8OZ EVERY 20 MINUTES OF ACTIVITY**
 - **INDIVIDUALIZED STRATEGIES**



HEAT AND DEHYDRATION PREVENTION

- **STAY HYDRATED!**
- **URINE COLOR**
- **MEASURE WEIGHT LOSS BEFORE AND AFTER TRAINING**
- **DRINK 16OZ OF WATER PER POUND LOST**
- **WATER VS SPORTS DRINKS**
- **AVOID CARBONATED BEVERAGES AND CAFFEINE**
- **ACCLIMATIZE TO WARM/HOT ENVIRONMENTS**



DEHYDRATION

- **MILD TO MODERATE SYMPTOMS**

- **THIRSTY**
- **DECREASE IN URINATION**
- **DARK URINE**
- **HEADACHE**
- **MUSCLE CRAMPS**

- **SEVERE SYMPTOMS**

- **CESSATION OF URINATION**
- **ABSENCE OF SWEATING**
- **DIZZINESS/LIGHTHEADED**
- **RAPID HEART RATE**
- **RAPID BREATHING**
- **SLEEPY OR FATIGUED**
- **FAINING**

DEHYDRATION

- **TREATMENT**

- **REHYDRATE**
- **MONITOR WEIGHT LOSS**
- **LIMIT OR CEASE ACTIVITIES**
- **IV FLUIDS**
 - **ACTIVATE EAP**



HEAT ILLNESS AND CONDITIONS

Heat Cramps

Caused by dehydration or lack of adequate electrolyte intake

More common when body is under conditioned or fatigued

Symptoms

Involuntary contractions of muscles

Treatments

Rest

Stretch affected muscle

Rehydration with water and electrolytes

HEAT ILLNESSES AND CONDITIONS

- **HEAT EXHAUSTION**

- **ENERGY DEPLETION**
- **CARDIOVASCULAR INSUFFICIENCY DUE TO DEHYDRATION**

- **SYMPTOMS**

- **FATIGUE AND WEAKNESS**
- **PALE COMPLEXION**
- **PROFUSE SWEATING**
- **NAUSEA AND DIZZINESS**
- **INCREASE IN BODY TEMPERATURE**

- **TREATMENT**

- **MOVE TO COOL AREA, REMOVE EXCESS CLOTHING, COOL WITH ICE BAGS/FANS**
- **ELEVATE LEGS**
- **PROVIDE FLUIDS**
- **NO ACTIVITY FOR 24-48 HOURS, MEDICAL CLEARANCE RECOMMENDED**

- **PREVENTION**

- **ACCLIMATIZE**
- **STAY HYDRATED**
- **MODIFY ACTIVITY**

HEAT ILLNESS AND CONDITIONS

- **HEAT STROKE**

- **MOST SERIOUS HEAT ILLNESS**
- **BODY TEMPERATURE OVER 104F**
- **PROLONGED EXPOSURE TO OR PHYSICAL ACTIVITY IN HOT ENVIRONMENTS**

- **SYMPTOMS**

- **BODY TEMP OVER 104F**
- **IRRATIONAL BEHAVIOR**
- **ALTERED CONSCIOUSNESS**
- **RAPID AND WEAK PULSE**
- **PROFUSE OR CESSATION OF SWEATING**
- **NAUSEA/VOMITING**
- **DIZZINESS/STAGGERING**
- **SEVERE MUSCLE CRAMPS**

HEAT ILLNESS AND CONDITIONS

- **TREATMENT**

- **MEDICAL EMERGENCY: ACTIVATE EAP!**
- **MOVE TO COOL AREA**
- **REMOVE EXCESS CLOTHING**
- **BEGIN COOLING PROCESS WITH ICE BATH, ICE BAGS, WET TOWELS, FANS, ETC.**
- **MONITOR VITALS**

- **PREVENTION**

- **HYDRATION**
- **ACCLIMATIZE TO ACTIVITY IN WARM WEATHER**
- **MODIFY ACTIVITY**
- **ENSURE PROPER DIET AND SUFFICIENT REST**
- **MONITOR WEIGHT LOSS**

CONCUSSION

- **OBJECTIVES**
 - **PREVENTION PLAN**
 - **HOW SHOULD THE COACH PROCEED WITH SUSPECTED CONCUSSION**
 - **RETURN TO LEARN PROGRESSION**
 - **RETURN TO PLAY PROGRESSION**



CONCUSSION PREVENTION



- **FOLLOW THE RULES OF THE GAME**
- **PRACTICE GOOD SPORTSMANSHIP**
- **LEARN GOOD SKILLS TECHNIQUES, ESPECIALLY WITH HEADING**
- **EDUCATION**
- **BASELINE TESTING**

WHEN SHOULD YOU SUSPECT A CONCUSSION?

- **ATHLETE HAS SUSTAINED A BLOW TO HEAD, FACE, NECK, OR ANYWHERE ON BODY THAT TRANSMITTED FORCE TO THE HEAD**
- **PRESENTATION OF CONCUSSION SYMPTOMS**
- **DOES NOT HAVE TO LOSE TO CONSCIOUSNESS**
- **MAY NOT PRESENT WITH OTHER APPARENT INJURIES**
- **SYMPTOMS**
 - **VARY BY INDIVIDUAL AND SEVERITY**
 - **HEADACHE**
 - **VISION CHALLENGES**
 - **DIFFICULTY CONCENTRATING OR REMEMBERING**
 - **CHANGE IN MOOD OR SLEEP PATTERNS**
 - **SENSITIVITY TO LIGHT OR SOUND**
 - **CONFUSION**
 - **LOSS OF CONSCIOUSNESS**

WHAT TO DO IF YOU SUSPECT A CONCUSSION?

- **IMMEDIATELY REMOVE ATHLETE FROM ACTIVITY**
 - **IF AVAILABLE ON SITE, HAVE ATHLETE EVALUATED BY AN ATHLETIC TRAINER**
 - **NOTIFY PARENTS**
 - **INSTRUCT ATHLETE TO FOLLOW UP WITH A PHYSICIAN OR OTHER MEDICAL PROFESSIONAL KNOWLEDGEABLE IN SPORT CONCUSSION MANAGEMENT**
 - **NO ACTIVITY UNTIL SYMPTOM FREE AND CLEARED BY SPORT CONCUSSION SPECIALIST**
- **WHEN TO ACTIVATE EAP**
 - **NECK INJURY IS SUSPECTED**
 - **DEFORMITY OR SEVERE BLEEDING OF HEAD OR FACE**
 - **ATHLETE PRESENTS WITH SYMPTOMS OF SEVERE BRAIN INJURY**
 - **INITIAL SYMPTOMS QUICKLY WORSEN**

A photograph of a classroom with rows of desks and chairs. In the background, there are bulletin boards, one of which is titled 'INSPIRATION'. A sign on the wall reads 'FOLLOW THE LEADER'. A door is visible in the distance. The foreground is partially obscured by a red overlay containing text.

RETURN TO LEARN PROGRESSION

- BEGIN WITH CLEARANCE FROM SPORT CONCUSSION SPECIALIST**
- GRADUAL RETURN TO CLASSROOM**
- MINIMIZE SCREEN TIME**
- FOLLOW UP IF SYMPTOMS RETURN**

RETURN TO PLAY PROGRESSION

- **MUST BE SYMPTOM FREE AND CLEARED BY SPORT CONCUSSION SPECIALIST**
- **GRADED RETURN TO PLAY**
 - **MAY PROGRESS TO NEXT LEVEL IF SYMPTOM FREE FOR 24 HOURS**
 - **IF SYMPTOMS REAPPEAR, STOP RETURN TO PLAY UNTIL SYMPTOM FREE**
- **HEADING PROGRESSION**





QUESTIONS

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