



EYFCA PLAYER SAFETY

2016

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Equipment Fitting

Handout from USA Football Player Safety Coach Material

FOOTBALL HELMET

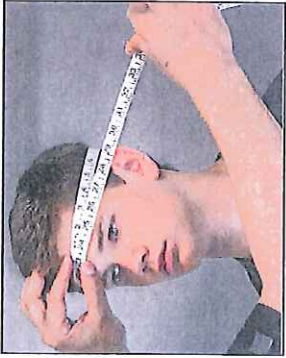
FITTING GUIDE



Riddell
PROTECT AND PERFORM



1. CHECKING HEAD SIZE



- Wrap a cloth measuring tape around the circumference of head
- Measure with tape approximately 1" above the player's eyebrows
- Record measurement
- Use the Riddell® circumference chart below to select proper helmet size
- If measurement falls between helmet sizes, choose the smaller size

2. PUTTING ON / TAKING OFF HELMET



Putting on helmet:

- Hold helmet with thumbs over bottom of jaw pads
- Place index fingers into ear holes
- Pull helmet down into position

Taking off helmet:

- Unbuckle chin strap from bottom snaps
- Place index fingers into ear holes
- Press thumbs into bottom of jaw pads
- Lift helmet up and off the head

3. ADJUSTING HELMET HEIGHT



- Adjust inflatable pads using a Riddell inflation bulb and a well-lubricated Riddell inflation needle
- Insert needle
- Pump Riddell inflation bulb to achieve proper height
- Remove needle
- Front of helmet should be approximately 1" above the player's eyebrows



4. ADJUSTING BACK/SIDE LINER



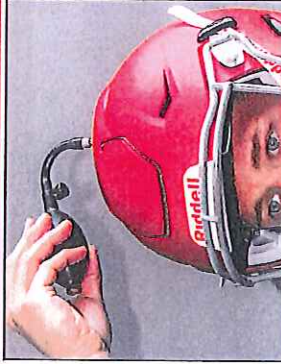
- Inflate for snug, comfortable fit front-to-back and side-to-side

5. ADJUSTING JAW PADS



- Jaw pads should feel firm against the face
- Insert needle into valve at exterior jaw flap
- Inflate jaw pad
- If non-inflatable jaw pads feel loose, change to a thicker size
- If non-inflatable jaw pads feel tight, change to a thinner size

6. CHECKING FOR PROPER FIT



- The skin of the forehead should move with the front pad
 - There should be no room for twisting
- If helmet slides easily over the forehead, inflate helmet liners or try a smaller helmet
- Ensure a proper fit:
 - Interlock hands on top of helmet and press down
 - Player should feel pressure on crown of head, not brow
 - Pressure on brow indicates improper fit
- Front of helmet should be approximately 1" above the eyebrows
- To avoid injury or discomfort, never wear a helmet positioned too high or too low

7. ADJUSTING CHIN STRAP



To adjust chin straps:

- Buckle top and bottom of chin strap into the snaps above and below ear holes
 - Cup should be centered and snug over chin
 - Adjust chin strap until cup is firmly pressed against chin
- When buckled, helmet should feel comfortable and snug
- Chin straps are available in multiple sizes & styles

JUVENILE & YOUTH: Riddell SpeedFlex™, Speed 360, Speed Classic, Foundation, SpeedFlex Youth, Speed Youth, 360 Youth, Speed Classic Youth

HELMET SIZES	Small	Medium	Large	X-Large
HAIR SIZE	up to 6 1/2"	6 1/2" - 7"	7 - 7 1/2"	7 1/2" and up
CIRCUMFERENCE	up to 20 3/4"	20 3/4" - 22"	22" - 23 1/2"	23 1/2" and up

YOUTH: Riddell Edge, Riddell Victor

HELMET SIZES	2X-Small	X-Small	Small	Medium	Large	X-Large
HAIR SIZE	6 1/8" - 6 1/4"	6 3/8" - 6 1/2"	6 5/8" - 6 3/4"	6 7/8" - 7"	7 1/8" - 7 1/4"	7 3/8" - 7 1/2"
CIRCUMFERENCE	19 1/4" - 19 3/8"	20" - 20 3/8"	20 3/8" - 21 1/4"	21 5/8" - 22"	22 3/8" - 22 3/4"	23 1/8" - 23 1/2"

YOUTH: Riddell Victor-I

HELMET SIZES	2XS/YS	SM/MD	LG/XL
HAIR SIZE	6 1/8" - 6 1/2"	6 5/8" - 7"	7 1/8" - 7 1/2"
CIRCUMFERENCE	19 1/4" - 20 3/8"	20 3/8" - 22"	22 3/8" - 23 1/2"

For further helmet fitting guidelines, videos and in-depth details go to:
RIDDELL.COM

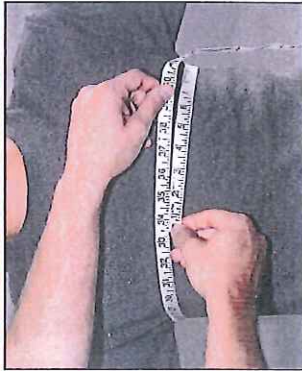
SHOULDER PAD FITTING GUIDE



Riddell.
PROTECT AND PERFORM



1. MEASURE CHEST



- Wrap measuring tape around upper torso
- Record measurements

2. MEASURE SHOULDERS



- Stretch tape over contour of shoulders (As shown above)
- Measure from tip of left humerus to tip of right humerus
- Record measurements

3. SELECT PADS / PUT ON PADS



- Select pads:
- Identify player position and select corresponding Riddell® pad style
 - Use the Riddell® pad chart below to select proper pad size
- Put on pads:
- Bring pads down over head
 - Be careful of eyes and nose

4. SECURE STRAPS



- Buckle belts and connect elastic straps (if applicable)
- Establish tight fit in chest and back area

5. CHECK FOR PROPER FIT



- Ensure there is no pinching in collar

6. ENSURE COVERAGE IN FRONT



- Pads should cover sternum
- Pads should cover front-upper shoulders

7. ENSURE COVERAGE IN BACK



- Confirm coverage
- Confirm optimal range of motion

FLAT PADS: Professional / College / Varsity

PAD SIZES	Small	Medium	Large	X-Large	2X-Large	3X-Large	4X-Large	5X-Large	6X-Large
SHOULDER WIDTH	17" - 18"	18" - 19"	19" - 20"	20" - 21"	21" - 22"	22" - 23"	23" - 24"	24" - 25"	25" - 26"
CHEST CIRCUMFERENCE	38" - 40"	42" - 44"	46" - 48"	48" - 50"	50" - 52"	52" - 54"	54" - 56"	56" - 58"	58" - 60"

FLAT PADS: Junior Varsity

PAD SIZES	X-Small	Small	Medium	Large	X-Large
SHOULDER WIDTH	13" - 14"	14" - 15"	15" - 16"	16" - 17"	17" - 18"
CHEST CIRCUMFERENCE	30" - 32"	32" - 34"	34" - 36"	36" - 38"	38" - 40"

FLAT PADS: Youth

PAD SIZES	X-Small	Small	Medium	Large	X-Large	2X-Large	3X-Large
SHOULDER WIDTH	10" - 11"	11" - 12"	12" - 13"	13" - 14"	14" - 15"	15" - 16"	16" - 17"
WEIGHT/HEIGHT/AGE	40 lbs.	60 lbs.	80 lbs.	100 lbs.	130 lbs.	150 lbs.	170 lbs.

* These charts are only guides. Athletes' measurements, shoulder pad sizes, and actual fit may vary.

For further helmet fitting guidelines, videos and in-depth details go to: RIDDELL.COM

Practice Guidelines

Levels of Contact
Heads Up Blocking
Heads Up Tackling
Tackle Circuit

Handouts
from USA Football Player Safety Coach Material



**HEADS UP
FOOTBALL**

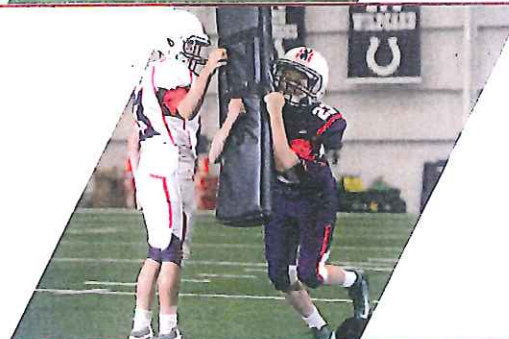
LEVELS OF CONTACT

0 - AIR



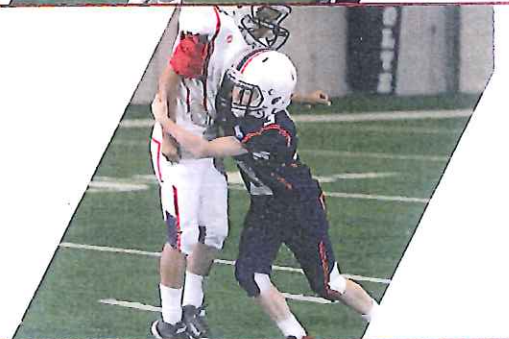
Players run a drill unopposed without contact.

1 - BAGS



Drill is run against a bag or another soft-contact surface.

2 - CONTROL



Drill is run at assigned speed until the moment of contact. One player is pre-determined the "winner" by the coach. Contact remains above the waist, and players stay on their feet.

3 - THUD



Drill is run at full speed through the moment of contact. No pre-determined "winner." Contact remains above the waist, players stay on their feet and a quick whistle ends the drill.

4 - LIVE ACTION



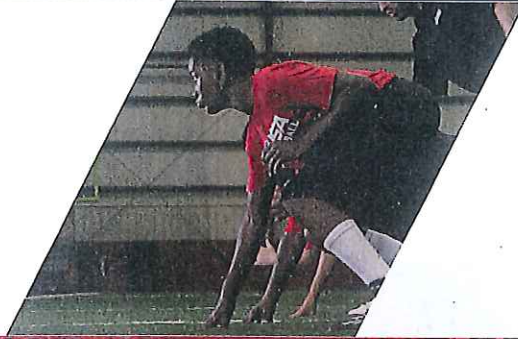
Drill is run in game-like conditions and is the only time that players are taken to the ground.



**HEADS UP
FOOTBALL**

HEADS UP BLOCKING

1 - STANCE



The foundational platform for all blocks off the line.

2 - GET OFF



The initial two steps for all blocks. The first step is short positional step and the second is the contact step.

3 - STRIKE



Explosive contact with the hands or surface (front of shoulder, upper arm and forearm) not using the head.

4 - STICK



"Seating" on the block by rolling the hips into the defender while staying low and taking away the opponent's space.

5 - FINISH



Short, strong and powerful steps with "cleats in the ground" to take the defender backward.



**HEADS UP
FOOTBALL**

HEADS UP TACKLING®

1 - BREAKDOWN



The foundational starting point for all movements and drills.

2 - BUZZ



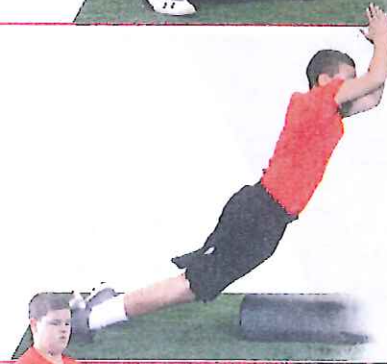
Technique for coming to balance and regaining breakdown position prior to contact.

3 - HIT



Correct body posture at moment of impact for safer tackling. Head and eyes are up using the front of shoulder as point of contact.

4 - SHOOT



The opening of the hips to generate power and create an ascending tackle.

5 - RIP



With head to the side and out of contact, throw double uppercuts and grab cloth' on the back of jersey to secure the tackle.



**HEADS UP
FOOTBALL**

TACKLE CIRCUIT

Integrate this period into your Practice Plan

- ➔ Proper tackling is the most important all-player skills you will teach your players
- ➔ By dedicating a separate period to developing this skill conveys its importance
- ➔ Tackle circuits can be conducted using contact and non-contact drills

BASICS

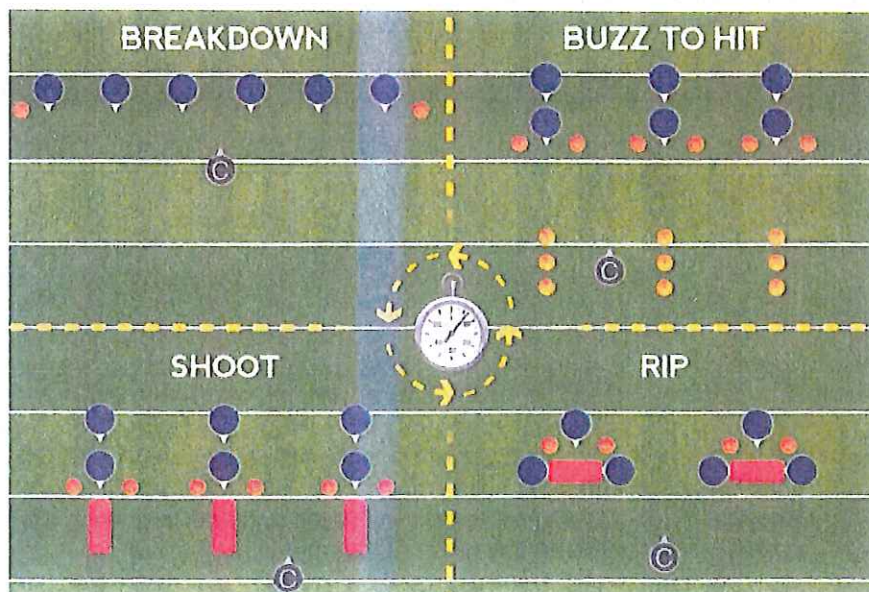
10-20 minutes every practice

Multiple stations

- Maximize number of reps
- Small groups = individual attention
- At least one coach per station

Change levels of contact

- Air, Bags, Control, Thud
- Keep youngsters on their feet



Concussion Signs & Symptoms

<http://usafootball.com/health-safety/signs-symptoms>

Signs a player may have a concussion

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets plays
- Unsure of game, score or opponent
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to or after the hit or fall

Concussion Symptoms

- Headache or pressure in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish
- Concentration or memory problems

What should a coach do if a concussion is suspected?

1. Remove the player from play
2. Inform the player's parents/guardians of the possible concussion
3. Ensure the player is evaluated immediately by an appropriate health care professional
4. **Allow the player to return to play only after an appropriate health care professional clears his or her return**

Return-to-Play Action Plan

- Baseline: Athletes should not have ANY concussion symptoms. Athletes should only progress to the next level of exertion if they DO NOT have ANY symptoms at the current step.
- Step 1: Begin with light aerobic exercise only to increase the athlete's heart rate. Ex. 5-10 minutes on exercise bike, walking or light jogging. No weight lifting.
- Step 2: Continue with activities to increase an athlete's heart rate with body or head movement. Ex. Moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting at reduced time and/or reduced weight from typical routine.
- Step 3: Add heavy NON-contact physical activity. Ex. Sprinting/running, high-intensity stationary biking, regular weightlifting routine, NON-contact sport-specific drills (in 3 planes of movement)
- Step 4: Athlete may return to practice and full-contact in CONTROLLED practice
- Step 5: Athlete may return to competition

*If an athlete's symptoms come back or they get new symptoms when becoming for active at ANY stop. The athlete should stop these activities and health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous stop.



Eudora Youth Football & Cheer Association



Concussion Education & Acknowledgment Form

★ Concussion signs & symptoms

Signs of Concussion	Symptoms of Concussion
Appears <i>dazed</i> or <i>stunned</i>	<i>Headache</i> or <i>pressure</i> in the head
Appears <i>confused</i> about assignment or position	<i>Nausea</i> or <i>vomiting</i>
<i>Forgets</i> plays	<i>Balance</i> problems or <i>dizziness</i>
<i>Unsure</i> of <i>game</i> , <i>score</i> or <i>opponent</i>	<i>Double</i> or <i>blurry</i> vision
<i>Loses</i> consciousness (even briefly)	<i>Sensitivity</i> to light or noise
Shows <i>behavior</i> or <i>personality changes</i>	Concentration or <i>memory</i> problems
<i>Can't recall</i> events <i>prior to</i> or <i>after</i> the <i>hit</i> or <i>fall</i>	Feeling <i>sluggish</i> , <i>hazy</i> , <i>foggy</i> or <i>groggy</i>

★ What coaches should do when a concussion is suspected

1. Remove the athlete from play
2. Inform the athlete's parents or guardians of the possible concussion
3. Ensure the athlete is evaluated immediately by an appropriate health care professional.
4. Only allow the athlete to return to participation after he or she is cleared by an appropriate health care professional and institute your league's return-to-play action plan.

★ EYFCA Return-to-Play Action Plan

- Baseline: Athletes should not have ANY concussion symptoms. Athletes should only progress to the next level of exertion if they DO NOT have ANY symptoms at the current step.
- Step 1: Begin with light aerobic exercise only to increase the athlete's heart rate. Ex. 5-10 minutes on exercise bike, walking or light jogging. No weight lifting.
- Step 2: Continue with activities to increase an athlete's heart rate with body or head movement. Ex. Moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting at reduced time and/or reduced weight from typical routine.
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*If an athlete's symptoms come base or they get new symptoms when becoming for active at ANY stop. The athlete should stop these activities and health care provider should be contacted. After more rest and no concussion systems, the athlete should begin at the previous stop.

★ Eudora Youth Football and Cheer is committed to USA Football Head-up safety guidelines to make football a safer game for our youth athletes. This requires education and cooperation by coaches, parents and players. By signing below, I acknowledge the following:

- I have received and understand the EYFCA/USA Heads-Up football information about concussion/head injuries.
- I am aware that EYFCA coaches are NOT health care providers and the player will need physician clearance before they can begin the return-to-play action plan process.

Player Name (printed)

Age/Team Division

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date

Heat Illness & Hydration

<http://www.kshsaa.org/Public/PDF/Heat.pdf>

Heat Acclimatization and Safety Priorities:

- Recognize that Exertional Heat Stroke (EHS) is the leading preventable cause of death among players.
- Know the importance of a formal pre-season heat acclimatization plan.
- Know the importance of having and implementing a specific hydration plan, keeping your players well-hydrated, and encouraging and providing ample opportunity for regular fluid replacement.
- Know the importance of appropriately modifying activities in relation to the environmental heat and stress and contributing individual risk factors (e.g., illness, obesity) to keep your players safe and performing well.
- Know the importance for all members of the coaching staff to closely monitor all players during practice and training in the heat, and recognize the signs and symptoms of developing heat illnesses.
- Know the importance of, and resources for, establishing an emergency action plan and promptly implementing it in case of suspected EHS or other medical emergency

FUNDAMENTALS OF A HEAT ACCLIMATIZATION PROGRAM

- Physical exertion and training activities should begin slowly and continue progressively. An player cannot be “conditioned” in a period of only two to three weeks.
 - Begin with shorter, less intense practices and training activities, with longer recovery intervals between bouts of activity.
 - Minimize protective gear (helmets only, no shoulder pads) during the first several practices, and introduce additional uniform and protective gear progressively over successive days.
 - Emphasize instruction over conditioning during the first several practices.
 - *Reasoning:*
 - The majority of heat related deaths happen during the first few days of practice, usually prompted by doing too much, too soon, and in some cases with too much protective gear on too early in the season (wearing helmet, shoulder pads, pants and other protective gear). Players must be allowed the time to adapt safely to the environment, intensity, duration and uniform/equipment.
- Keep each player’s individual level of conditioning and medical status in mind and adjust activity accordingly. These factors directly affect exertional heat illness risk.
 - *Reasoning:*
 - Players begin each season’s practices and training activities at varying levels of physical fitness and varying levels of risk for exertional heat illness. For example, there is an increased risk if the player is obese, unfit, has been recently ill, has a previous history of exertional heat illness or has Sick Cell Trait.
- Adjust intensity (lower) and rest breaks (increase frequency/duration), and consider reducing uniform and protective equipment, while being sure to monitor all players more closely as conditions are increasingly warm/humid, especially if there is a change in weather from the previous few days.
 - *Reasoning:*
 - Coaches must be prepared to immediately adjust for changing weather conditions, while recognizing that tolerance to physical activity decreases and exertional heat illness risk increases, as the heat and/or humidity rise. Accordingly, it is imperative to adjust practices to maintain safety and performance.

- Use the 95° heat guidelines on the following page as a **general guide** in determining when activity modifications are necessary.
- Players must begin practices and training activities adequately hydrated.
 - *Reasoning:*
 - While proper hydration alone will not necessarily prevent exertional heat illness, it will decrease risk.
 - See the hydration strategies in this document to use as a guide for hydrating your players.
- Recognize early signs of distress and developing exertional heat illness, and promptly adjust activity and treat appropriately. First aid should not be delayed!
 - *Reasoning:*
 - A player will often show early signs and/or symptoms of developing exertional heat illness. If these signs and symptoms are promptly recognized and the player is appropriately treated, serious injury can be averted and the player can often be treated, rested and returned to activity when the signs and symptoms have resolved.
- Recognize more serious signs of exertional heat illness (clumsiness, stumbling, collapse, obvious behavioral changes and/or other central nervous system problems), immediately stop activity and promptly seek medical attention by activating the Emergency Medical System. On-site rapid cooling should begin immediately.
 - *Reasoning:*
 - Immediate medical treatment and prompt rapid cooling can prevent death or minimize further injury in the player with EHS. Ideally, pools or tubs of ice water to be used for rapid cooling of players should be available on-site and personnel should be trained and practiced in using these facilities for rapid cooling. Ice water baths are the preferred method for rapid cooling, *however, if ice water pools or tubs are not available, then applying ice packs to the neck, armpits and groin and rotating ice water soaked towels to all other areas of the body can be effective in cooling an affected player.*
 - Review the heat illness signs and symptoms information in this document
- An Emergency Action Plan with clearly defined written and practiced protocols should be developed and in place ahead of time.
 - *Reasoning:*
 - An effective emergency action plan (EAP) should be in place in case of any emergency, as a prompt and appropriate response in any emergency situation can save a life.

Heat Illness Signs/Symptoms & Management

<http://www.kshsaa.org/Public/PDF/Heat.pdf>

Heat illness is a general term used to describe many different conditions that can result from physical activity in an environment of extreme heat and/or humidity. These conditions are a result of the body becoming dehydrated and/or losing the ability to cool itself. The signs and symptoms of heat illness do NOT necessarily run on a continuum. This means that a person could suffer from heat stroke without showing less severe heat illness conditions such as heat cramps. Please keep this in mind when evaluating the signs and symptoms of your players.

<p><u>Heat Cramps –Signs and Symptoms</u></p> <ul style="list-style-type: none"> ◇Cramping that occurs in active muscles ◇Cramping in the abdominals and legs most common 	<p><u>Heat Cramps –Management</u></p> <ul style="list-style-type: none"> ◇Rest in a cool place ◇Gentle stretching and massage muscle ◇Drink WATER
<p><u>Heat Syncope–Signs and Symptoms</u></p> <ul style="list-style-type: none"> ◇Weakness ◇Fatigue ◇Fainting 	<p><u>Heat Syncope-Management:</u></p> <ul style="list-style-type: none"> ◇Lay player down in cool shady area ◇Drink WATER ◇Player is NOT allowed back to activity ◇Should be seen by a physician
<p><u>Heat Exhaustion –Signs and Symptoms</u></p> <ul style="list-style-type: none"> ◇Rapid weight loss (water) ◇Muscle cramps ◇Nausea /vomiting ◇Headache ◇Reduced sweating (clammy skin) ◇Dizziness / Fainting ◇Fatigue or weakness 	<p><u>Heat Exhaustion-Management:</u></p> <ul style="list-style-type: none"> ◇Treat heat exhaustion as an emergency. ◇Call for emergency medical assistance& move patient to shade/cool building. ◇Remove clothing and immerse torso in ice/cold water. ◇Place ice bags over pulse points (armpits, groin and neck) ◇If conscious give WATER slowly
<p><u>Exertional Heat Stroke (EHS) –Signs and Symptoms</u></p> <ul style="list-style-type: none"> ◇Body temperature above 104°F ◇Obvious Central Nervous System (CNS) dysfunction <ul style="list-style-type: none"> ◇ Dizziness ◇ Collapse ◇ Confusion ◇ Irrational behavior, hysteria, aggressiveness, combativeness ◇ Disorientation ◇ Seizures ◇ Coma 	<p><u>Exertional Heat Stroke (EHS)-Management:</u></p> <ul style="list-style-type: none"> ◇Heat stroke is life-threatening! ◇Call for EMS 9-1-1 IMMEDIATELY ◇Aggressive cool to lower core temperature as fast as possible. Whole-body, cold-water immersion if available. ◇Place ice bags over pulse points (armpits, groin and neck) ◇Do NOT give WATER (fluids)!

Hydration Strategies to Prevent Heat Illness

<http://www.kshsaa.org/Public/PDF/Heat.pdf>

Proper HYDRATION and ACCLIMATIZATION practices stand out as the two primary prevention methods for decreasing the risk of heat illness. The following are some basic hydration principles to follow:

- Recognize and respond to early warning signs of dehydration.
- DRINK EARLY and DRINK OFTEN during activity. Do not let players rely on thirst. Schedule frequent fluid breaks for re-hydrating. If players wait until they are thirsty it may be too late.
- Encourage GOOD hydration choices: water, sport drinks with low sodium and carbohydrates, AVOID: soda, fruit juices, carbonated beverages, and caffeine.
- Encourage drinking fluids, not pouring them. Dumping fluid over the head won't help restore body fluids or lower body temperature.
- Provide easily accessible fluids.

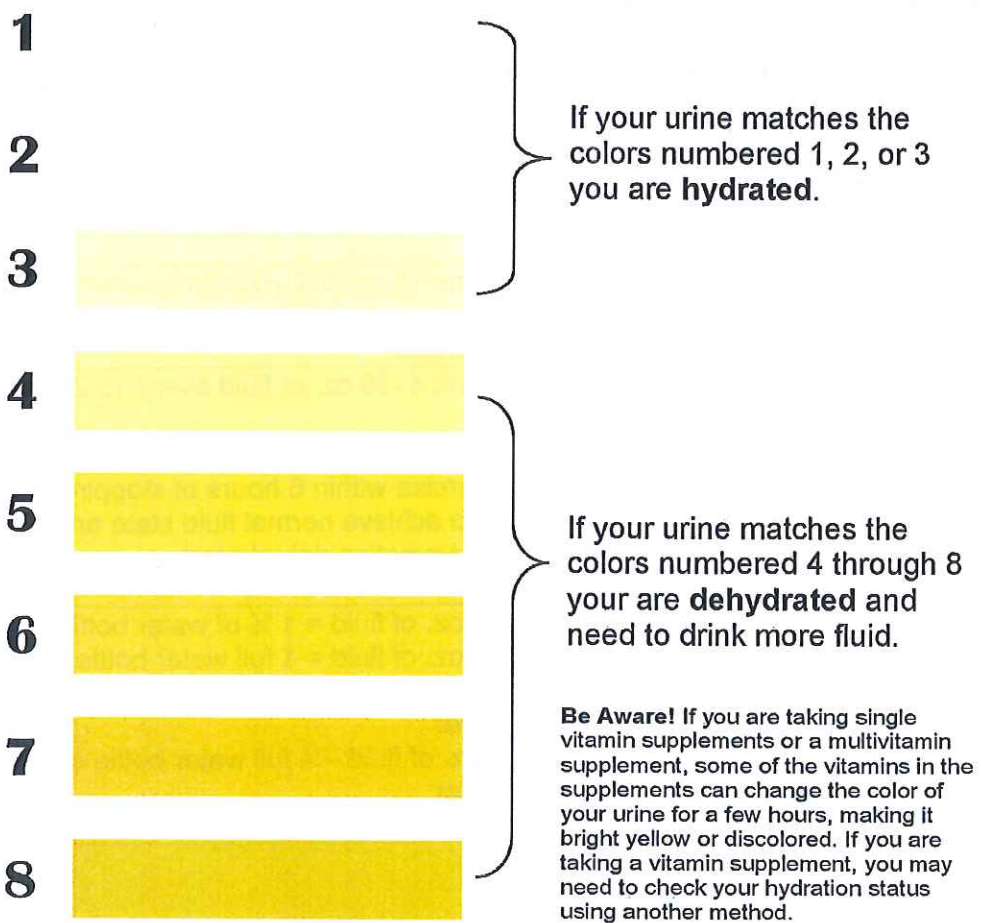
Before Exercise	Drink 16 oz. of fluid before activity/exercise (2 hours) Drink another 8-16 oz. of fluid 10-15 minutes before exercise
During Exercise	Drink 4 -16 oz. of fluid every 15-20 minutes
After Exercise	Drink 24 oz. of fluid for every (one) pound lost during exercise within 6 hours of stopping the activity. This is to achieve normal fluid state and not begin the next practice dehydrated.
Fluid counter	24 oz. of fluid = 1 ½ of water bottle 16 oz. of fluid = 1 full water bottle 7 oz. of fluid = ½ full water bottle or 10 BIG gulps of water 4 oz. of fluid = ¼ full water bottle or 5 BIG gulps of water

How Hydrated Are You?

<http://www.kshsaa.org/Public/PDF/Heat.pdf>

This urine color chart is a simple tool you can use to assess if you are drinking enough fluids throughout day to stay hydrated.

This urine color chart is a simple tool you can to assess if you are drinking enough fluids throughout the day to stay hydrated.



95° Heat Index Guidelines

<http://www.momsteam.com/health-safety/hydration-safety/when-too-hot-for-sports-depends-on-heat-index#ixzz34GLaKRhb>

<p>Heat Index under 95°</p>	<p>Provide ample amounts of water. This means water should always be available and players should take in as much water as they desire.</p> <ul style="list-style-type: none"> • Optional water breaks every 30 minutes for 5 minutes duration. • Ice-down towels for cooling • Watch/monitor players carefully for necessary action
<p>Heat Index 95° to 99°</p>	<ul style="list-style-type: none"> • Provide ample amounts of water. This means water should always be available and players should take in as much water as they desire. • Mandatory water breaks every 20 minutes for 5 minutes duration. • Ice-down towels for cooling • Watch/monitor players carefully for necessary action • <i>Helmets and other possible equipment removed if not involved in contact</i> <p>Reduce time of outside activity. Consider postponing practice to later in the day</p> <p>Re-check temperature and humidity every 30 minutes to monitor for increased Heat Index</p>
<p>Heat index 100° to 104°</p>	<ul style="list-style-type: none"> • Provide ample amounts of water. This means water should always be available and players should take in as much water as they desire. • Mandatory water breaks every 15-20 minutes for 5 minutes duration. • Ice-down towels for cooling. • Watch/monitor players carefully for necessary action • Alter uniform by removing items if possible • Reduce time of outside activity as well as indoor activity if air conditioning unavailable • Postpone practice to later in day if possible • <i>Helmets and other possible equipment removed if not involved in contact or necessary for safety. If necessary for safety, suspend activity.</i> <p>Re-check temperature and humidity every 30 minutes to monitor for increased Heat Index</p>
<p>Heat index above 104°</p>	<ul style="list-style-type: none"> • Stop all outside activity in practice and/or play, and stop all inside activity if air conditioning is unavailable.

Heat Index can be found at www.weather.com and search for applicable city.

30/30 Lightning Rule

30 30 RULE
If the time between the FLASH of **LIGHTNING** and the SOUND of **THUNDER** is LESS THAN **30** SECONDS **BANG!**
TAKE SHELTER for **30** MINUTES after the last thunder is heard

DECREASE YOUR EXPOSURE WHEN THUNDER ROARS GO INDOORS

The threat of being struck by lightning increases as a thunderstorm approaches, reaches a peak when the storm is overhead, and then gradually diminishes as the storm moves away.

Even when people seek cover they may not do it soon enough. Don't wait until the storm is overhead and it starts to rain to get to a safe place - this is far too long.

Many go outside too soon when the rain lets up or stops instead of applying the 30/30 rule.



Provided courtesy of
SCOUTMASTERCG.COM
Ideas, Information, & Inspiration for all Scout leaders
Home of the Scoutmaster Blog and weekly Scoutmaster Podcast

Sudden Cardiac Arrest

Handout from USA Football Player Safety Coach Material



**HEADS UP
FOOTBALL**

SUDDEN CARDIAC ARREST

While other injuries receive more attention, sudden cardiac arrest (SCA) is the No. 1 cause of death¹ for youth and teen athletes during sports. With proper preparation and training, school and league administrators can greatly reduce tragic outcomes when an incident occurs.

Sudden cardiac arrest is not the same as a heart attack. It is the result of structural or electrical disorders in the heart that lead to a lethal arrhythmia. Structural disorders can be heart muscle diseases such as hypertrophic cardiomyopathy, where the heart muscle becomes unnaturally thick, making it more prone to arrhythmias and harder to pump blood. Sometimes the heart is structurally normal, but electrical impulses in the heart become abnormal, leading to SCA.

Through preseason medical checks and regular doctor's visits, parents and coaches sometimes have advanced knowledge of an athlete's heart disorder. However, one of the main challenges for parents and the medical community is that the majority of young athletes who suffer sudden cardiac arrest on the playing field have no warning symptoms. The first sign of their heart condition could be collapse during exercise and the cardiac arrest itself.

What can parents and leagues do to help prevent sudden cardiac arrest?

It is important to recognize that no screening program is perfect. Screening certainly can identify some individuals at risk, and because of that it is recommended that young athletes be examined by a doctor before participating in sports. At the high school and college levels, athletes are required to have a pre-participating sports physical. Ideally, a comprehensive cardiac screen aimed at detecting heart disorders at risk of SCA should contain:

- Comprehensive physical evaluation
- Comprehensive symptom and family heart health history such as:
 - Passing out with exercise
 - Heart related death(s) in a relative before the age 40
- Electrocardiogram (EKG) screening
 - Performed by qualified medical professionals knowledgeable in modern standards for EKG interpretation in athletes

It also is of paramount importance that adults supervising youth athletes during sports be prepared to respond to someone who collapses in sudden cardiac arrest.

Why is it important to have a defibrillator available at all athletic events?

Putting an automated external defibrillator (AED) in schools and youth sports settings is a public safety measure. You may use it to save a child's life, but these devices also can be used to save the life of an adult – a coach, teacher or spectator. USA Football recommends that all youth practice and game fields have an AED available nearby and accessible to team personnel. Members of your team or league staff should receive formal training on how to operate the device.

**PHYSIO
CONTROL**

When AEDs become more accessible, it becomes safer for everyone. While formal training is recommended, just having access to an AED increases the likelihood of bystander CPR and response. Eventually, defibrillators should be like fire extinguishers. We only use them in emergencies, but we know there is one close by if we need it.

How can coaches and parents tell the difference between sudden cardiac arrest and a player collapsing because of exhaustion or other causes?

Any child who collapses and is unresponsive on the playing field should be assumed to be in cardiac arrest until proven otherwise. About 50 percent² of young athletes with sudden cardiac arrest will have brief seizure-like activity with arm or leg jerking movements. People think it's just a seizure, but it's really SCA.

An athlete passing out during exercise is not normal. If an athlete collapses while running and is unconscious without any recent trauma, you have to assume cardiac arrest. Some athletes may have warning symptoms of a heart condition, such as:

- Chest pain
- A racing heart when it shouldn't
- Prior episodes of passing out
- Shortness of breath that is disproportionate to the level of exertion

A child who normally has no problem keeping up with his or her peers but is suddenly struggling could be showing warning signs.

REMEMBER: The majority of SCA cases occur with no warning signs. That is why assuming SCA first in a downed athlete is of vital importance.

PLAN AHEAD

Every youth football organization should develop an emergency action plan, including these steps to address sudden cardiac arrest:

- The location of AEDs at your practice and game fields
- A mechanism to call 9-1-1 in case of an emergency during football activities
- Training in CPR and AED use for designated coaches
- Defining emergency routes to practice and game facilities and designating personnel to meet and direct emergency responders from the entrance to the individual
- Designate personnel to stay with the child to the hospital if a parent or guardian is not present
- Player/parent phone numbers should be available and personnel designated to contact the parents if one is not present

It is critical to practice and review your emergency response during the preseason with all personnel who may be involved in the emergency action plan.

TREATMENT

What should coaches and parents should do if they suspect sudden cardiac arrest?

Call 9-1-1.

Then as soon as possible, begin hands only CPR with chest compressions and have someone close by get the AED if there is one available. Apply the AED as soon as possible and follow the voice prompts and instructions.

Treatment of SCA begins with early recognition. The American Heart Association outlines four steps in a "Chain of Survival" for SCA emergencies:

- Early recognition of the emergency and calling 9-1-1
- Early CPR
- Early defibrillation with an AED
- Early life support and cardiovascular care at a hospital

AEDs are safe, easy to use and provide voice and visual instructions so anyone can use them effectively if needed.

If you do these things, you have drastically improved your chance of saving someone who is in a life-threatening situation.

NOTE: If football shoulder pads are present, they can be cut and opened or removed to expose the chest.

It is also important to minimize interruptions in chest compressions both before and after defibrillation. This is why one adult is assigned to start CPR while a second person retrieves the AED.

Planning ahead can be the difference between life and death, so please train and practice the steps in your plan and ensure access to a defibrillator.

¹ Harmon KG, Asif IM, Klossner D, Drezner JA. Incidence of sudden cardiac death in national collegiate athletic association athletes. *Circulation*. 2011;123:1594-1600

²Drezner JA, Rao AL, Heistand J, Bloomingdale MK, Harmon KG. Effectiveness of Emergency Response Planning for Sudden Cardiac Arrest in United States High Schools With Automated External Defibrillators. *Circulation* 2009; 120: 518-525.

Player Nutrition Tips

<http://www.momsteam.com/nutrition-tips-for-active-kids-playing-sports#ixzz34RRIC1dg>

- ❖ Pre-exercise meals
 - A pre-exercise meal is important to prevent hunger and to supply energy to players' working muscles.
 - The night before competition and 2 hours before exercise: focus on carbs, moderate protein, low-fat foods and fluids (pasta with veggies and chicken, fruit, milk, cereal, yogurt, toast, juice).
- ❖ Target carbohydrates for energy
 - Carbohydrates are the main energy source for exercise and the major fuel for the brain.
 - Carbohydrates stores (glycogen) in the body are limited kids must replenish carbohydrate stores every day.
 - Top food sources: pasta, rice, breads, milk, yogurt, cereals, fruits and vegetables.
- ❖ Protein's the building block
 - Protein plays a role in building muscle, fighting infection, and provides signals and controls for tissue growth and maintenance.
 - While protein is important, a high-protein diet is not recommended for players and replacing carbohydrates with protein can actually impair athletic performance. Without adequate carbs a player will tire quickly and won't have the energy to train or compete.
 - Top food sources: poultry, meat, fish, cheese, yogurt, milk and beans or legumes.
- ❖ Don't forget some fat
 - A high-fat diet is not healthy - but neither is a zero-fat diet.
 - Having some fat in the diet is important for health and is a key energy source for young players.
 - Go for low-fat foods as well as non-fat foods.
- ❖ Keep kids' fuel tanks filled
 - In addition to healthy meals, provide healthy snacks before and after exercise.
 - Pack high-carbohydrate, moderate protein, low-fat snacks such as granola bars, energy bars, pretzels, trail mix, fruit, peanut butter and crackers, bagels, and fluids.
- ❖ Variety is the spice of life
 - A healthy lifestyle is all about making choices.
 - Are your kids eating the same foods day after day? They're probably missing out on important nutrients be different try new foods and recipes.
 - Foods high in carbohydrates and fiber (grains, veggies, fruits) are essential to good health.
- ❖ Get your kids energized!
 - Meet active kids' energy needs through foods and fluids.
 - The best balance for active kids: 50-55% of calories from carbohydrates, such as bread, cereal, rice and pasta; 10-15% from protein food like meat, poultry, fish, dry beans and nuts; and 25-30% from fats such as oils and sweets.

