

Are You Prepared?

Dr. Steven Horwitz, CEO TeamSafe™Sports



www.TeamSafeSports.com

@teamsafesports

“You don’t think it’s going to happen to you,” [Kristy told WSAZ](#). “You hear about it happening a million miles away to somebody else, in another state, you don’t know the situation. You never think it’s going to happen to your kids or even anyone you know.”





FIFA

FIFA Diploma in Football Medicine

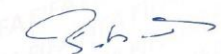
The Fédération Internationale de Football Association
hereby recognise that

STEVEN HORWITZ

has successfully completed the FIFA Diploma in Football Medicine.

This online diploma course was created by the
Fédération Internationale de Football Association.

Completion day
3rd July 2017


Zvonimir Boban
FIFA Deputy General Secretary


Michel D'Hooghe, MD
Chairman FIFA
Medical Committee

Do You Feel Lucky?



American Heart Association Survey of 3000 workers

The majority of workers could not locate the AED.

"The data suggests these untrained employees may be relying on their untrained peers in the event of an emergency, leaving employees with a false sense of security that someone in the workplace will be qualified and able to respond, when that is clearly not the case,"

LIABILITY

You "can't change the liability by not adopting standards - it's there whether they want it or not.

If I'm looking at the case and they don't have any procedures or protocols it's going to make them look worse. They're going to be bound by what's out there anyway for why didn't they take the time to show they cared and they wanted safety procedures and policies." Sports Legal Expert Attorney Steve Shapiro

Why Risk Management?

- To avoid harm in the first instance
- To assure the survival of the association when harm occurs
- To provide consistent/ effective approach to addressing risk

**Because it's the right thing to
do for our players**

RISK MANAGEMENT

Ask The Following Questions

- What could go wrong?
- What can be done to prevent it from happening?
- If it goes wrong, how do you respond?
- How do we ensure the effectiveness of the program and keep it current

Who is Responsible? Who is Trained?

- Are coaches responsible for athlete safety?
 - ***Coaches and parents share the responsibility for the player's health while at practices, scrimmages and games. Coaches or Team Managers should have players' medical release forms and a medical kit with them at all times. Coaches should have an emergency plan in place so if someone is hurt in a practice or a game, the coach knows who to call, where emergency personnel might take the injured party and how to contact family members.***
- Is the organization responsible for athlete safety?
 - In loco parentis: "in place of the parent" "charged with a parent's right, responsibilities and duties"
- Are coaches (and referees) trained on what to look for to make judgement calls?

Emergency Action Plan

- In May, a lawsuit was filed by the family of a **16-year-old basketball player** against a school that leased its gymnasium to be used for an AAU tournament during which the victim collapsed and later died. The pleadings in Cullum v. Riverside-Brookfield Township School District 208 (IL) state **that after the player fell to the floor, an emergency room physician and a nurse who separately were in attendance to watch the game came out of the crowd to render assistance.**
- **They immediately began performing CPR, and requested an Automated External Defibrillator (AED), but one was not available on-site. The suit asserts the school failed to develop and implement an emergency medical response plan for athletics events and that by failing to have an AED available, the school also failed to fulfill its duty to provide a safe playing environment and to provide adequate immediate medical assistance.** The filing also alleges that the school failed to comply with an Illinois state law, the Physical Fitness Facility Medical Emergency Preparedness Act.

Emergency Action Plan

- The first action of preparedness is to make a plan.
- *“Only 16% of responding high schools reported having emergency action plans and rehearsing them annually.”*
- After this presentation, this will NOT be your team!

Journal List > J Athl Train > v.50(10); 2015 Oct > PMC4641543



[J Athl Train](#). 2015 Oct; 50(10): 1054–1058.
doi: [10.4085/1062-6050-50.8.01](#)

PMCID: PMC4641543

Preventing Sudden Cardiac Death: Automated External Defibrillators in Ohio High Schools

[Aaron Lear](#), MD,* [Minh-Ha Hoang](#), DO,[†] and [Stephen J. Zyzanski](#), PhD[‡]

[Author information](#) ▶ [Copyright and License information](#) ▶

Key Points

- When an automated external defibrillator (AED) was used in Ohio high schools, the survival rate after sudden cardiac arrest appeared to be approximately 60%; more incidents were reported in adults, and most incidents were at or near athletic facilities.
- The AEDs should be situated where large crowds are expected.
- If funds for AEDs are limited and only 1 device is available, it should be placed at or near athletic facilities.
- Emergency preparedness was substantially lacking. Only 16% of responding high schools reported having emergency action plans and rehearsing them at least annually.

Emergency Action Plan

The good news is that the TeamSafe™ app walks you through the creation of an Emergency Action Plan (EAP) that is customized for your team.

You may have already created your team's EAP by answering these questions:

Who is responsible for providing on-the-field care?

- In other words, who will care for the athlete in the event of an injury? Think about this decision carefully. If you are squeamish around blood or a severe fracture, that's OK. Assign someone else to this responsibility.





Who manages the rest of the team?

- "*Take a knee.*" In the event of an injury to an athlete, keeping everyone calm is critical so the injured athlete can be properly cared for.
- Kids may get scared, especially if the injury looks "serious" so having someone take charge is important.

Who manages the spectators?

- An injured athlete situation is stressful enough without the addition of people running up and potentially distracting you or preventing proper care.
- Management of the spectators is a critical job.

Who calls 9-1-1?

- What do you say?





- The www.911.gov website recommends calling 9-1-1 if you feel there is a medical emergency. Here is the key point:
- ***"If you're not sure whether the situation is a true emergency, officials recommend calling 911 and letting the call-taker determine whether you need emergency help."***
- As you continue through this course, you will learn more about the situations that require a 9-1-1 call.



How to Make a 9-1-1 Call

- Dial 9-1-1
- *"We have an injured athlete in need of emergency medical treatment."*
- If the athlete is unresponsive, tell the dispatcher, "the athlete is UNRESPONSIVE."
- Give address of facility and best entry point location. Tell them that you have someone waiting to meet the ambulance. This is why spending 5 minutes to create your team's Emergency Action Plan is so important.
- Describe injury and any treatment given so far.
- The dispatcher will ask you questions. Simply answer them to the best of your ability.
*"...the call-taker's questions are important to get the right kind of help to you quickly. Be prepared to follow any instructions the call-taker gives you... **Do not hang up until the call-taker instructs you to.**"*
- Stay with the athlete and provide the appropriate emergency care until the ambulance arrives.

Where is field #17?

Who meets the ambulance?

- Making sure you assign someone ahead of time to meet the ambulance is important. It may be easy for the paramedics to find the field or facility, but knowing where and how to enter may not be readily apparent. Critical minutes can be lost which may change the outcome.
- Planning ahead by assigning this duty to a coach or parent can dramatically speed up the care for the injured athlete.

Who travels with the injured athlete?

- If the injured athlete does need to be taken away in an ambulance, it can be quite traumatic.
- Assigning someone to travel with the athlete, especially if they are very young, is the right thing to do.



Who gets the AED (Automated External Defibrillator)?

- Does your team/league/school/facility have an AED?
- If yes, where is it? Do you know how to use it? Take a CPR course!

Who has/maintains the first aid kit?

- Does your team have a first aid kit?
- If yes, where is it?
- Do you know what is in it and how to use each item?

Who notifies Emergency Contacts in case of injury?

- Do you have all emergency contacts for each athlete on your person? Please don't say you have a 3-ring binder. It is 21st century and it can all be on your phone!

Who documents the injury?

In addition, if you practice and/or play games at a facility, answer these questions:

- Facility Name and Address
- Landmark or cross street
- Nearest Hospital
- Hazardous Weather Location (see the chapter on Weather)



Concussion Rates in Soccer



“concussions now account for a higher proportion of injuries in girls soccer than boys football.”

Concussion in Soccer

- In August 2014, a lawsuit was filed against a school district and soccer coach alleging premature return to action after a concussion in violation of the duty of reasonable care to evaluate student-athletes for incapacities, including return-to-action protocols after an injury.
- In M.U. v. Downingtown (PA) Area School District, the pleadings contend that a **14-year-old female soccer player suffered a concussion when, while attempting to strike a header, the girl's face collided with the head of another player.**
- The suit asserts that she was removed from the game for a few minutes and, despite exhibiting multiple indicia of a concussion, was allowed to return to action where she suffered another head-to-head hit resulting in a “second impact syndrome” traumatic brain injury.

What is a Concussion?

- *The “issue [of concussions] is clouded not only by the lack of data, but also by confusion in definition and terminology.”*
- *“The term concussion, while useful, is imprecise, and because disparate author groups define the term differently, comparison between studies is problematic.”*
- *“SRC [sports related concussion] is considered to be among the most complex injuries in sports medicine to diagnose, assess and manage.”*



Berlin Consensus Statement 2016

Concussion Definition

- Is a brain injury
- Is caused by direct blow to the head or other part of the body
- Symptoms can occur quickly or be significantly delayed and may be short lived or last a while.
- You don't have to be knocked to have a concussion
- You probably won't "see" the damage either physically or via an MRI





All these mean a concussion has occurred!

- Ding
- Bell-Ringer
- Head Injury
- Blow to the head
- Brain Injury
- Hard Collision
- He got popped or smoked
- Impact
- Impact Event

**The athlete MUST be removed from play
and properly examined! No return same day!**



11:46 AM 36%

Back Remove Player

Do you notice:

| | |
|-------------------------------------|-------------------------------------|
| Hard Collision | <input type="checkbox"/> |
| Loss of Consciousness | <input type="checkbox"/> |
| Slow to Get Up | <input type="checkbox"/> |
| Balance/Unsteady Walk | <input type="checkbox"/> |
| Falling to the Ground | <input checked="" type="checkbox"/> |
| Holding head | <input type="checkbox"/> |
| Dazed or Confused | <input type="checkbox"/> |
| Blank or Vacant Look | <input type="checkbox"/> |
| Facial cut, bruise | <input type="checkbox"/> |
| Seizure | <input type="checkbox"/> |
| Change in behavior | <input type="checkbox"/> |
| Vomits | <input type="checkbox"/> |
| Irritable | <input type="checkbox"/> |
| Inability of athlete to stop crying | <input type="checkbox"/> |
| Answers questions slowly | <input type="checkbox"/> |

Next

11:46 AM 36%

Back Remove Player

Is the athlete complaining of:

| | |
|--------------------------------|--------------------------|
| Headache, pressure | <input type="checkbox"/> |
| Neck Pain | <input type="checkbox"/> |
| Feels like going to vomit | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Dizzy | <input type="checkbox"/> |
| Vision blurry | <input type="checkbox"/> |
| Vision double | <input type="checkbox"/> |
| Slurred speech | <input type="checkbox"/> |
| Radiating pain arms or legs | <input type="checkbox"/> |
| Numbness/tingling arms or legs | <input type="checkbox"/> |
| Sensitivity to light | <input type="checkbox"/> |
| Sensitivity to noise | <input type="checkbox"/> |
| "I don't feel right" | <input type="checkbox"/> |
| "I can't think clearly" | <input type="checkbox"/> |
| "I feel sluggish, groggy" | <input type="checkbox"/> |
| "I feel very tired" | <input type="checkbox"/> |
| "I feel nervous" | <input type="checkbox"/> |
| "I feel sad" | <input type="checkbox"/> |
| Memory loss | <input type="checkbox"/> |

Remove from Play

Youth Sports Brain Injury Protocol: Remove From Play



Impact Event



Observe and Document

Remove Player

Do you notice:

- Hard Collision ☐
- Loss of Consciousness ☐
- Slow to Get Up ☐
- Balance/Unsteady Walk ☐
- Falling to the Ground ☒
- Holding head ☐
- Dazed or Confused ☐
- Blank or Vacant Look ☐
- Facial cut, bruise ☐
- Seizure ☐
- Change in behavior ☐
- Vomits ☐
- Irritable ☐
- Inability of athlete to stop crying ☐
- Answers questions slowly ☐

Next

Remove Player

Is the athlete complaining of:

- Headache, pressure ☐
- Neck Pain ☐
- Feels like going to vomit ☐
- Nausea ☐
- Dizzy ☐
- Vision blurry ☐
- Vision double ☐
- Slurred speech ☐
- Radiating pain arms or legs ☐
- Numbness/tingling arms or legs ☐
- Sensitivity to light ☐
- Sensitivity to noise ☐
- "I don't feel right" ☐
- "I can't think clearly" ☐
- "I feel sluggish, groggy" ☐
- "I feel very tired" ☐
- "I feel nervous" ☐
- "I feel sad" ☐
- Memory loss ☐

Remove from Play

Communicate

Sophia Rindge was removed from play on 06/28/2017. Drs note & parental consent are mandatory for return. Monitor symptoms - <https://goo.gl/s1PA83>

10:56 AM

Track Progress



Jessica Smith
#88 REMOVED FROM PLAY



A "hit" with signs and symptoms is a "concussion."
A "hit" without signs and symptoms may also be a concussion.
Neither is good for the youth brain!



TheRandomCompilation



Jessica Smith

#88 REMOVED FROM PLAY



>

76%

1:05 PM

←

Olivia Seldman

Return Olivia to Play

Doctor's name

Return to Play Date

Doctor's note:


TAKE PHOTO OF NOTE

Parent's Consent

☒


I give consent for Olivia to Return To Play on the date indicated above.

RETURN TO PLAY



Jessica Smith

Dr's Note 06/15/2017



>

TeamSafe™

New York Soccer Organization

CONCUSSION PROTOCOL - ATHLETES

SAFETY EDUCATION

TEAMS

COACHES

REFEREES

CREATE NEW LEAGUE

MY ACCOUNT

BILLING

Concussion Protocol - Athletes

Click to filter by athlete stage in protocol.

REMOVED FROM PLAY


PENDING DOCTOR'S NOTE

HAS DOCTOR'S NOTE

PENDING ADMIN'S CLEARANCE


CLEARED

| Athlete | Team | Registered By Parent | Stage in Protocol |
|-----------------|--------|----------------------|---|
| Toby Flendson | Team 1 | Tiny Fey | Pending admin's clearance |
| Kelly Kapoor | Team 2 | Amy Poehler | Pending admin's clearance |
| Ryan Howard | Team 3 | Kristen Wig | Pending admin's clearance |
| Angela Kinsey | Team 4 | Julia Louis Drefus | Pending admin's clearance |
| Phyllis Vance | Team 5 | Jerry Seinfeld | Pending admin's clearance |
| Darryl Philbin | Team 6 | George Castanza | Pending admin's clearance |
| Creed Bratton | Team 7 | Kramer | Pending admin's clearance |
| Meredith Palmer | Team 8 | Larry David | Pending admin's clearance |



EDWARD RINDGE

CLEARED ON 06/20/2017



Woman Questions School District's Protocol after Daughter's Concussion Goes Unchecked

POSTED 8:01 PM, JANUARY 31, 2018, BY MARK DEMSKY

f FACEBOOK

t TWITTER

REDDIT

G+ GOOGLE

POCKET

t TUMBLR



Rio Linda Basketball Player has Untreated Concussion

Coaches had training, yet “she was put back into the game and a concussion test was not performed”

‘Exposed’: A New Podcast from FOX40

FOX40 News digs deeper into one of California's most infamous serial killer/cold cases: The East

<https://fox40.com/2018/01/31/woman-questions-school-districts-protocol-after-daughters-concussion-goes-unchecked/>

POPULAR



Costco Makes Food Co



Robert Back: Football and Quadriplegia

"There were multiple points of failure through this whole case, but there were so many opportunities to do this right."

"If anything, he is the victim of the decisions made by adults surrounding him."



Are You Really Sure You Know What To Do? Really Sure? Really Sure?

Boy whose heart stopped during
baseball game meets the
paramedic who saved him June 24, 2018



**"Everyone was
out there
pouring water
at him"**

**"If Ramirez didn't
get to a defibrillator
on time, he would
have died"**



NBA | CROSSOVER

Examining the Zeke Upshaw Wrongful Death Lawsuit Against the NBA



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by Hanacure on Town & Country | Sponsored

Zeke Upshaw: "The Golden Five Minutes"

- *"Remarkably, for much longer than four full minutes, no cardio-pulmonary resuscitation (CPR) was initiated, no chest compressions were started, no oxygen mask was placed on his nose and mouth, no airway was cleared and secured, and no defibrillator sensors and electric delivery patches were attached and secured to Zeke's chest," the suit says.*

– NBA G League

“The lawsuit argues the defendants failed Upshaw by not initiating lifesaving efforts including defibrillation and CPR immediately after his collapse. Videos of the incident show him lying face down on the court for at least three minutes as staff tending to him worked to determine what to do. Paramedics eventually placed him on a stretcher and removed him from the facility.”



Lawsuit: SC teen's death related to football team's practice punishment in summer heat

[Lewis Simpkins](#) died after being rushed to the hospital during football practice

76
Shares



Updated: 10:27 AM EDT Jun 19, 2018



| | | |
|--|---|---|
| STATE OF SOUTH CAROLINA |) | IN THE COURT OF COMMON PLEAS |
| COUNTY OF LEXINGTON |) | Case No.: 2018-CP-32- |
| Willie and Shonda Simpkins, Individually and as the Personal Representatives of the Estate of Lewis Simpkins, Deceased, |) | |
| Plaintiffs, |) | |
| vs. |) | COMPLAINT (JURY TRIAL DEMANDED) |
| South Carolina Board of Education; Lexington County School District; South Carolina High School League; and Lexington County, |) | |
| Defendants. |) | |

The Plaintiffs, through undersigned counsel below, would show unto this Honorable Court, that:

INTRODUCTION

1. This is an action to hold the Defendants accountable for the wrongful death of Lewis Nathaniel Simpkins, age 14, who died on August 10, 2016 after suffering a fatal heat related injury during an outdoor football practice administered and negligently mismanaged by Defendants in 95 degree heat index temperature conditions.

University Of Maryland's Investigating The Death Of Jordan McNair

The football world awaits more details on how and why the 19-year-old Maryland offensive lineman died.

6'4" 325 lbs 80°F 70% humidity Limited Cloud Cover

By **J.R. Gamble** June 15, 2018, 11:39 AM EST



TWO ISU FOOTBALL PLAYERS SUFFER HEAT RELATED ILLNESSES



Both were treated at hospital and released

Posted: Jun. 20, 2018 11:07 PM

Posted By: Rick Semmler



Sports 10 has learned that last week during a workout a very situation took place for the Indiana State football team. Two players suffered heat related illnesses. Both players had to be taken to the hospital. ISU released a statement to Sports 10 on the situation.

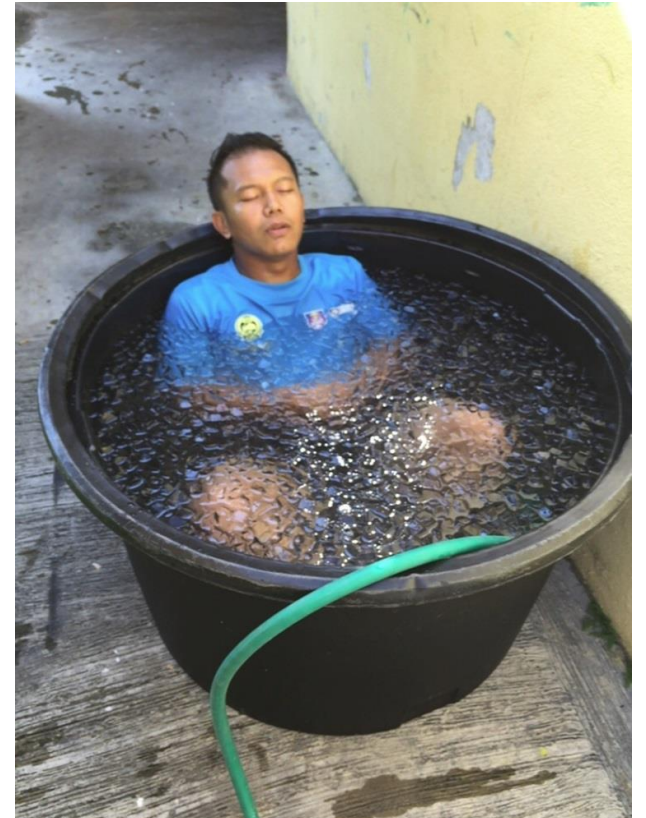
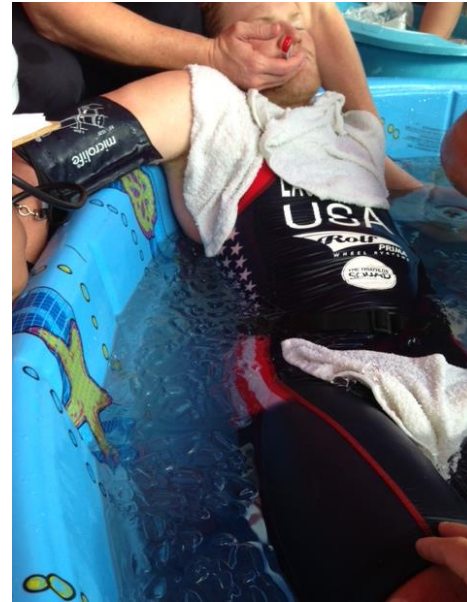
"During a morning strength and conditioning workout at Deming Park on Wednesday, June 13th two student athletes were affected by heat related illnesses and were transported to the hospital for treatment. Both students have been treated and released. Out of respect for the student athletes privacy, Indiana State University will not release additional details nor comment on their medical statuses at this time. University officials continue to offer support and assistance to these athletes and their families in their recovery. An internal review of the matter is ongoing."

Indiana State Athletic Director Sherard Clinkscale also released a statement.

"Indiana State Athletics is fully committed to supporting our football student-athletes who are on the road to recovery. Our thoughts are with these young men and their families at this time. We pledge to assist by any means possible."

Cool first, transport second

"The most important factor in the treatment of EHS [exertional heat stroke] is the timeliness of rapid cooling, preferably performed on site by whatever means available."



Heatstroke: Ice Cold Pack Placement

Neck

Armpits

Groin













HEAT INJURY PREVENTION & EMERGENCY PLAN

- Know your athlete's medical history – Sick Cell Trait, Prior heat issues?
- Acclimate to heat over a minimum of 8 – 14 days
 - Gradually increase intensity and length of practice
- WBGT or Heat Index: Pick one and follow the guidelines!
- Provide shaded area: Tarp or EZ Up Tent
- Provide a “kiddy” pool – ICE BATH!
 - Cooling of feet and hands especially
- Have plenty of ICE, spray bottles, cooling towels
- Are the athlete's being weighed twice every day, before and after practice/games? > 3% weight loss as compared to prior day – no participation.
 - Replace every pound lost with approx. 16oz fluid – sip, not gulp! Drink to thirst.
 - May want to replace sodium – canned soup, tomato juice
- Water and rest breaks every 15 – 30 minutes
- Pay attention to your athletes behavior – buddy system
- Athletes must observe urine color – stay hydrated!



AM I HYDRATED?

Urine Color Chart

| | | |
|---|---|--|
| 1 |  | If your urine matches these colors, you are drinking enough fluids |
| 2 |  | Drink more water to get the ideal color in Shade 1 and 2. |
| 3 |  | Dehydrated |
| 4 |  | You may suffer from cramps and heat-related problems |
| 5 |  | Health risk! Drink more water. |
| 6 |  | Health risk! Drink more water. |
| 7 |  | Health risk! Drink more water. |
| 8 |  | Health risk! Drink more water. |

Heat Urine

Heat Index Guidelines

Under 95° (Under 91°)

- Provide ample water. Water is always available and athletes have unrestricted access. Optional water breaks every 30 minutes for 10 minute time frames. Ice-down towels are available. Athletes should be monitored carefully. Re-check heat index every 30 minutes.

95° – 99° (91° – 103°)

- Provide ample water. Water is always available and athletes have unrestricted access. Mandatory water breaks every 30 minutes for 10 minute time frames. Ice-down towels are available. Reduce time outside or move indoors to air conditioning if possible. Postpone practice to later in the day if possible. Contact sports should remove helmets or extra equipment when in non-contact practice. Re-check heat index every 30 minutes.

100° - 104° (103° - 115°)

- Provide ample water. Water is always available and athletes have unrestricted access. Mandatory water breaks every 30 minutes for 10 minute time frames. Ice-down towels are available. Alter uniforms by removing items/layers if possible. Allow changes to dry shirts and shorts if possible. Reduce time outside or move indoors to air conditioning if possible. Postpone practice to later in the day if possible. Contact sports should remove helmets or extra equipment when in non-contact practice. Re-check heat index every 30 minutes.

> 105° (>115°)

- Stop all outside activity including practice or play. Stop all indoor activity if air conditioning is not available and the heat index indoors is 105° or greater. Re-check heat index every 30 minutes



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\$6.00

Heat Emergency Planning

Sickle Cell Trait

Sickle Cell Trait should be confirmed in all pre-participation examinations. This information is critical for the coach(es) to have.

- Between 2004 - 2008 there were 5 deaths (all African American athletes) in NCAA sports.
- *Teen's Death After Football Conditioning Workout Reveals He Had Sickle Cell Trait*

Sickle Cell Trait positive athletes are at risk:

- During extreme physical exertion
- In the heat
- At high altitude
- If they have asthma
- If they have an infection/illness
- If they are dehydrated
- If they have not performed pre-season conditioning and are not acclimated to the heat

A gradual deterioration over several minutes as opposed to sudden collapse.

- Cramping
- Fatigue/exhaustion
- Muscle weakness
- Muscle pain (can be excruciating)
- Rapid breathing/ difficulty breathing
- Increased body temperature



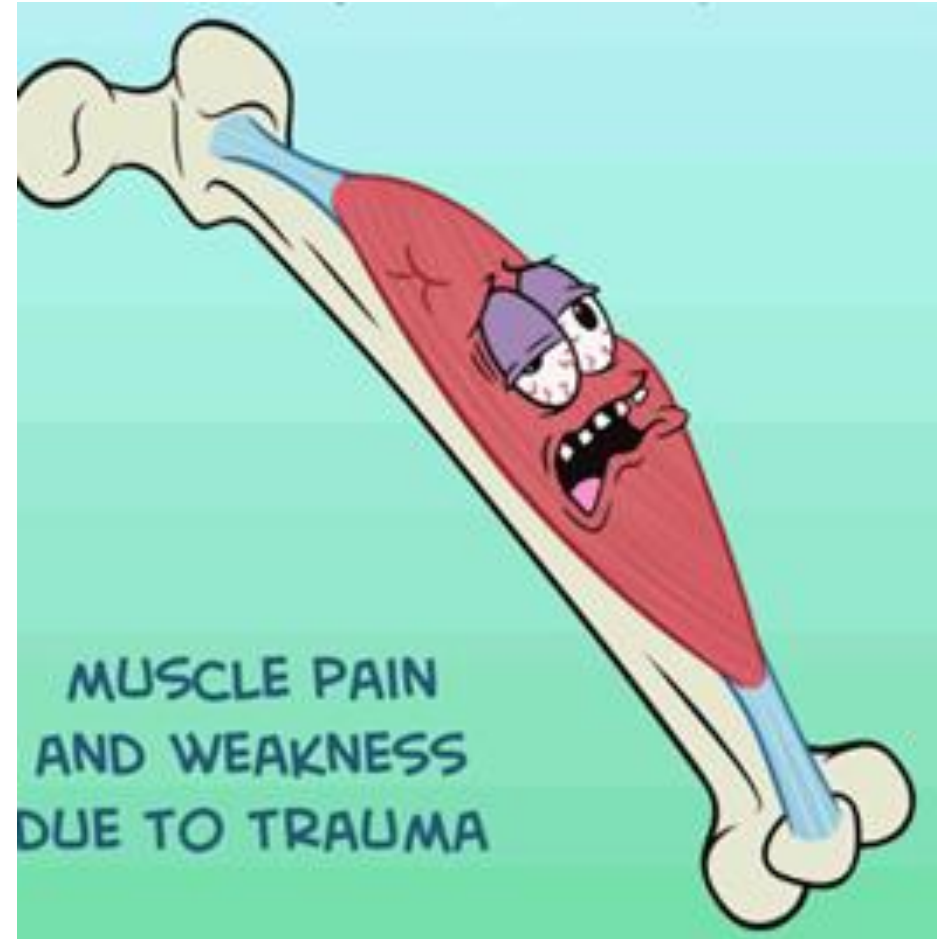
Rhabdo

Rhabdomyolysis is a condition in which skeletal muscle breaks down rapidly.

Rhabdo refers to the rod like shape of skeletal muscle.

Myo refers to muscle.

Lysis means breakdown or destruction.





Anaphylaxis



Form fist around EpiPen® and pull off
BLUE SAFETY RELEASE



Push **ORANGE** end hard into outer thigh
so it 'clicks' and hold for **3** seconds†

TS TEAMSAFE™
WHAT'S YOUR PLAN?



Asthma Plan

- If you notice the signs of respiratory distress, give athlete the inhaler.
 - Struggling to breathe - nostrils flare
 - Significant coughing
 - Difficulty talking
 - Wheezing/gasping
 - Chest tightness (ribs flaring)
 - Lips or fingernails gray/blue
 - Confusion
 - Difficulty walking
- Call 9-1-1
- Learn how to use the specific inhaler
- How many “puffs?” Do you know?
- Albuterol
 - AccuNeb
 - Proair
 - Proventil
 - Ventolin
- Metaproterenol
- Levalbuterol (Xopenex HFA)
- Pirbuterol (Maxair)





Seizure: Emergency Care

- Call 9-1-1
- Cushion/protect the head
- Move harmful objects out of the way
- Do not restrain athlete
- Do not open or put anything in mouth
- Document: How long did the seizure last?
 - They rarely last more than 5 minutes.
- If the athlete becomes unresponsive, start CPR
- After convulsions stop, turn the athlete on his/her left side
- Remain with athlete until ambulance arrives

MRSA

(Methicillen-resistant *Staphylococcus aureus*)

\$12 million lawsuit – Wrestling – dirty mats



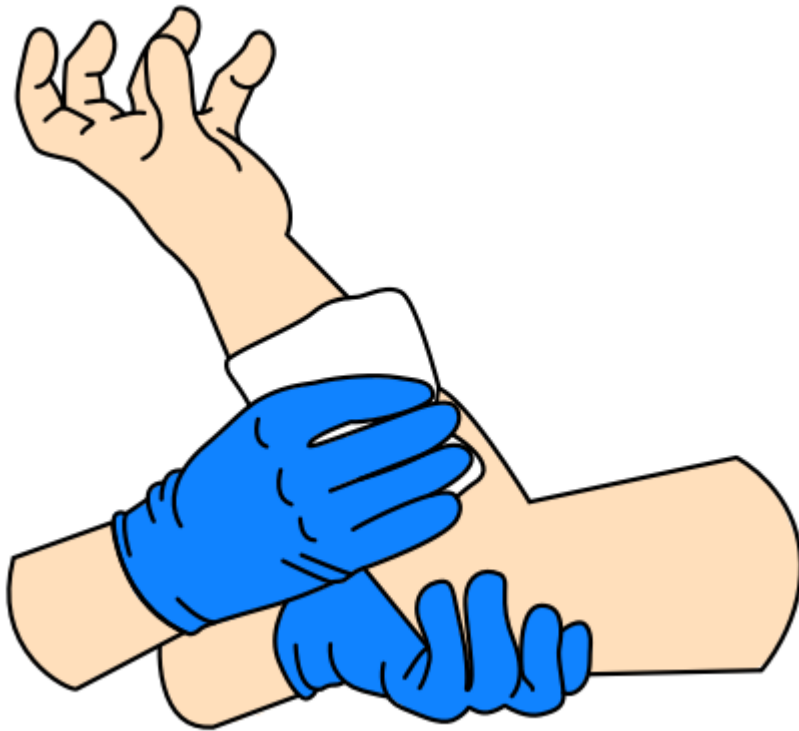
If you see something that looks like these images on an athlete's skin:

- Do not touch it
- Remove the athlete from play
- Contact the parent
- Have your athletes clean their hands before and after playing sports
- Do not share any items that come into contact with the skin like bar soap, towels.

Return to Play: get a doctor's note



Bleeding Injuries



- If blood is gushing or spurting from the wound, call 9-1-1
- Put on gloves
 - Glove Size: Make sure to stock your first aid kit with multiple sizes of gloves. Many gloves come in Small/Medium and Large/Extra Large. If you have small hands, you do not want extra material hanging off when you are managing an injury. If you have large hands, you do not want to rip the glove when putting it on.
 - Non-latex: A fair percentage of people have latex allergies so having non-latex gloves in your first aid kit is a wise idea.
- Do not remove any item stuck deep inside the wound
- Apply pressure with the gauze pad to the wound. Use both hands and hard pressure if necessary.
- If bleeding seeps through the gauze pad, do not remove it, simply add more on top
- Once bleeding has been contained, do not move the athlete unless a hazard is present

Nose Bleed



Squeeze the nostrils *"together for 5-30 minutes straight, **without frequent peeking** [without letting up on the pressure/pinch] to see if the bleeding is controlled. Usually, 5-10 minutes is sufficient."*

Keep the head elevated but not tilted way back because that position may cause bleeding into the throat and lungs.

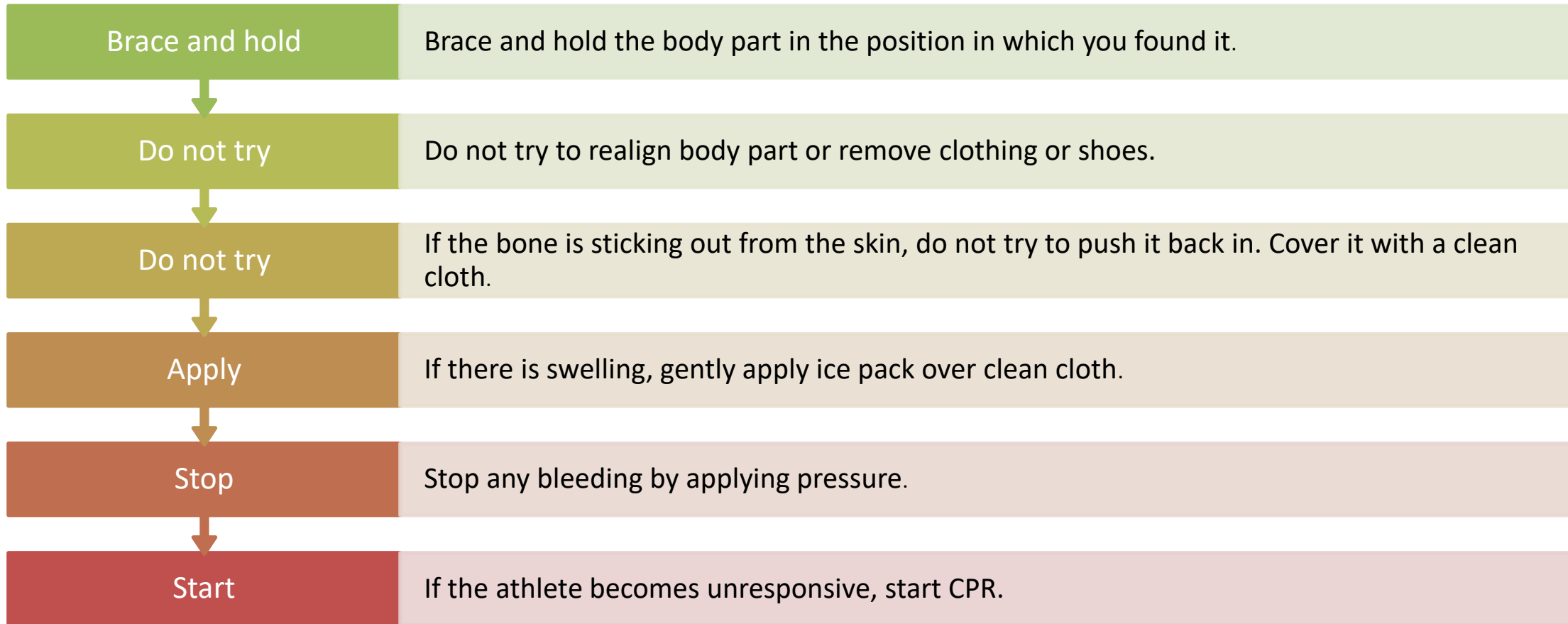
This maneuver works more than 90% of the time.

“I just broke it doc, but I didn’t fracture it.”

- A **broken bone** is called a **fracture**.
- The break can be like a crack in a windshield (the broken ends pretty much line up) or like snapping a pencil (the broken ends do not line up and the cracked bone may actually pierce the skin).
- The most common areas are the forearm, collar bone, and fingers.



Before EMS arrives:



Liability and Injury are VERY REAL!

- *"... the people who govern sports can't really be assured that the people who are actually present and coaching, officiating or administrating the particular event will know what to do unless they have developed policies and protocols and mechanics that people who are involved might actually utilize."*
- *"... people need to understand that pamphlets won't do it and laws are not a panacea that if you have a law that all of a sudden magically everything will be OK. Somebody has to know when to have the child taken out and evaluated or the whole thing breaks down."*

What is the “Standard of Care?”

“Any organizations dealing with kids must protect the health, safety, and well-being of the kids.

The more something you do the better for you. Otherwise you are going to get slammed.”

- [Dr. Ed Dragan](#), EdD, Youth Sports Liability Expert



LEAGUEGROWTH.com ASSISTED FUNDRAISING

**LeagueGrowth.com
Assisted Fundraising
25-Day Youth &
Amateur Team Sport
Campaign Averages by
Sport
as of Mid-2018**



\$1500+ Basketball, 7on7 & Flag Football

\$2000+ Soccer, Wrestling, Gymnastics

\$2250+ Baseball, Volleyball, Softball, Swim

\$3000+ Hockey, Football, Cheer/Dance

\$4000+ LAX, Track & Field, College Club All Sports

\$9900+ D3/NAIA College Programs, High School
Alumni or Booster Clubs





TeamSafe has partnered with League Growth Assisted Fundraising, the world's fastest, easiest, cheapest, safest way to raise funds for your team, tournament, or league!

- Fastest: 25-day campaigns, immediate fund availability
- Easiest: Our Captains take care of emails, social media, thank-you notes and receipts to donors
- Cheapest: \$0 upfront cost, 85% cash yield to teams
- Safest: 100% COPPA-compliant, zero-email retention, your data and funds are yours



If your team or league is interested in using League Growth Assisted Fundraising to raise funds, please fill out the form below and a League Growth Captain will reach out to you immediately!

First Name *

Last Name *

