



# US Youth Soccer East Region ODP Championships

## Event Locations:

**Rider University:** 2015 Lawrenceville Rd. Lawrence Township, NJ 08648

**Kirkwood Soccer Complex:** 1220 River Rd. New Castle, DE 19720

June 7-9, 2019

## **EMERGENCY ACTION PLAN**

*In the event of a medical emergency, please call 911 and follow emergency contacts further into this Emergency Action Plan!*

### **Athletic Training Service Provider**

Premier Sports Medicine will be the onsite athletic training provider during the above mentioned event to deal with athletic training / sports medicine issues that participants may suffer from while attending the event. Premier Sports Medicine will be onsite to handle regular player care for pre & post event needs as well as to tend to any injury an athlete comes in with or that may occur during a match. Any needs such as injury evaluation, taping, icing, wrapping, and other non-emergent medical needs will be handled by the athletic trainer on-site with Premier Sports Medicine. Premier Sports Medicine and its contracted athletic trainers will advise on whether or not play can / should be continued by an injured athlete. The thought / impression of the athletic trainer should not be taken as a medical diagnosis, but rather a highly qualified thought of the involved injury. A true medical diagnosis must come from a licensed physician. If it is an injury where the athletic trainer does not feel comfortable clearing the athlete, return to play clearance will be determined by a licensed physician.

### **Founder / President**

Adam Greenfield, ATC is the Founder and President of Premier Sports Medicine. He will be not onsite for this event, but can be contacted via cell phone at (954) 592-4723 at anytime.

### **Local PSM Contact**

Allan Parsells, ATC, Premier Sports Medicine of New Jersey's Partner and Vice President of Operations can be contacted for any and all local needs in and around New Jersey and the Northeast. He can be contacted at (570) 877-3123 for any and all needs.

## Premier Sports Medicine Athletic Training Schedule & Contacts

### **Onsite Athletic Trainers @ Rider University:**

Allan Parsells, ATC

Jan Solatorio, ATC

Joe Vogler, ATC

Nick Ratigan, ATC

Kevin Briles, ATC (Friday Only)

Kevin Rodriguez, ATC (Friday and Saturday Only)

John Placca, ATC (Saturday and Sunday Only)

Joseph Betts, ATC (Sunday Only)

### **Onsite Athletic Trainers @ Kirkwood Soccer Complex:**

Chad McKee, ATC

Rob Baerman, ATC

Brooke Mackie, ATC

Sarah Coehlo, ATC

### **Onsite Athletic Trainer Contact Phone Numbers**

#### ***Rider University***

Allan Parsells, ATC - (570) 877-3123

Jan Solatorio, ATC - (973) 229-7489

Joe Vogler, ATC - (973) 229-7086

Nick Ratigan, ATC - (917) 494-3804

Kevin Briles, ATC - (609) 418-9502

Kevin Rodriguez, ATC - (908) 249-2902

John Placca, ATC - (908) 578-9623

Joseph Betts, ATC - (917) 596-3349

#### ***Kirkwood Soccer Complex***

Chad McKee, ATC - (484) 886-8328

Rob Baerman, ATC - (609) 417-3308

Brooke Mackie, ATC - (732) 779-5217

Sarah Coehlo, ATC - (703) 581-4713



## **Premier Sports Medicine Supervising Physician: David Webner, MD**

David Webner, MD with the Crozer-Keystone Health System and Healthplex Sports Medicine is a primary care sports medicine trained family medicine physician, who is board certified in brain injury medicine, sports medicine and family medicine. He has a special interest in sports concussions and endurance athletes. As a team physician for the Philadelphia Union of Major League Soccer, his philosophy is to develop an honest and respectful relationship with his patients to help facilitate a cooperation between him and that patient in treating all of their sports medicine concerns.

Dr Webner and the team of physicians at the Crozer-Keystone Health System will be the on call physicians for the athletic trainers representing Premier Sports Medicine during this event. Dr Webner is the supervising physician for Premier Sports Medicine in Pennsylvania, Delaware and New Jersey. He is available by phone for any situation for athletic trainer to physician conversation regarding an athlete.



### **Onsite Contacts @ Rider University:**

Ryan Dicce, East Region ODP Boys Liaison - (610) 513-3698

### **Onsite Contacts @ Kirkwood Soccer Complex:**

Katia Sarokon, East Region ODP Administrator - (716) 860-4160

Christina Sarokon, East Region ODP Girls Liaison - (772) 521-0375

The following injuries constitute a medical emergency and require **immediate medical attention**:

- " Blockage or stoppage of airway, breathing or circulation
- " Loss of consciousness
- " Any type of seizure
- " Severe bleeding
- " Severe fracture, dislocation or deformity
- " Any injury to the head, neck or spine
- " Heat illness: Change in facial color or appearance, extreme fatigue, disorientation, or loss of consciousness.
- " Diabetic Emergencies
- " Severe asthma or allergy attack

**In the event of a medical emergency the following steps should be taken...**

1. **If an ambulance is needed, call 911**
2. **Notify the nearest Event Staff member** that EMS has been activated.
3. **Call the emergency room the athlete is being sent to.**
4. **Make sure you get the following information** on the athlete: Name, Date of Birth, injury, parents' names and phone numbers.

**Roles in Emergency Action Plan:**

" **Athletic Trainer:**

- [ Look after and care for athlete
- [ Assess athlete and decides if advanced medical help is needed.
- [ Makes sure the athlete is not moved until they are sure no serious injury has occurred.
- [ Instructs coach, game manager or event personnel to activate EMS (911)
- [ Performs any first aid/CPR that is required
- [ Is appropriately trained for this position.

" **Event Personnel**

- [ Controls the crowd, including concerned parents of the athlete
- [ Recruits help to the scene if needed
- [ Aids in crowd control
- [ Calls the EMS if the athletic trainer instructs or is not on site in the event of above mentioned emergency
- [ Give clear directions to access the fields or gymnasium to EMS
- [ Makes sure the EMS have a clear pathway to the injured athlete
- [ Meets EMS or sends assistant coach or manager to meet EMS

" **Coaches:**

- [ Notifies Athletic Trainer of emergency and/or non-emergent injury
- [ Makes sure the EMS have a clear pathway to the injured athlete
- [ Aids in crowd control
- [ Relays information from athletic trainer to the paramedics if needed (ie: athlete is diabetic)
- [ Accompanies athlete in the ambulance if parents are not on site

**Further Delineated Roles of the Certified Athletic Trainers**

1. Immediate care of the injured athlete – Premier Sports Medicine ATC
2. Emergency equipment retrieval – Assigned by Athletic Trainer (ATC) Representing Premier Sports Medicine
3. Activation of emergency medical system 911 (EMS) – Assigned by ATC
  1. name,
  2. address
  3. telephone number
  4. number of individuals injured
  5. condition of injured
  6. first aid treatment
  7. specific directions
  8. other information as requested

## General Guidelines for Emergency Situations or Other Injuries

- a. STAY CALM.
- b. The Athletic Trainer representing Premier Sports Medicine should be notified immediately if he or she is not yet aware of emergency or injury. Administrative Staff or Coaches should also be notified immediately of any emergency on site.
- c. Activate Emergency Response immediately and follow Emergency Action Plan for any condition that potentially is LIFE or LIMB threatening. This includes loss of consciousness for ANY reason, uncontrollable bleeding, compound or grossly disfigured bone fractures or dislocations, seizure, and/or any suspected spinal injury.
- d. If athlete is conscious and lucid, acquire consent before providing care and activating EMS.
- e. Care should only be given by staff members that are CPR/AED and First Aid certified. NEVER attempt to provide care beyond your training!
- f. Follow the Emergency Action Plan as closely as possible, but be prepared to adjust depending on personnel available at the time of emergency.

For each athletic venue, you need to know the location and the best point of access for an ambulance to the field. Please refer to venue maps for road names and access points.

*\*\*\* Please explore your venue to ensure the best possible routes for ambulance access. \*\*\**

### **Local Emergency Services:**

**Rider University - Call Rider Public Safety - (609) 896-7777 / Kirkwood Soccer Complex - Call 911 for Emergency Services**

### **911 Emergency Phone Guidelines:**

When dialing 911 please have the following information available to give the dispatcher:

- o Location of athlete including landmarks and/or road names. **BE AS SPECIFIC AS POSSIBLE!**
- o Location of where the ambulance will be met by designated person to aid with directions.
- o Please designate a person to meet ambulance at entrance
- o Caller's name and phone number
- o As much information about athlete as possible: Name, gender, age, current medical condition and mental status, medical history, allergies to medications
- o Example Script: "My name is \_\_\_\_\_ and I have an athlete in need of immediate medical attention at \_\_\_\_\_. The athlete is a 16-year-old male suffering from \_\_\_\_\_. Please meet \_\_\_\_\_ at the main entrance to the facility and he will help direct the ambulance to us."

**In the event of a medical emergency the following should occur once athletic emergency has been care for...**

***If EMS is activated, your event staff must be notified so that they may aid in the implementation of emergency action plan. Following the transition of care to EMS, Adam Greenfield, ATC (PSM President) and David Webner, MD MUST be notified immediately about the transported injury. All PSM Athletic Trainers have direct access to Dr Webner via phone.***

**Do not allow injured/ill person to return to activity until seen by a medical professional or the Premier Sports Medicine Team of ATC's.**

## TORNADO, LIGHTNING & HEAT INDEX POLICIES

### **TORNADO POLICY AND PLAN (Recommended)**

In the event of inclement weather coming in during games, ATC / DIRECTOR / ADMIN or COACH will monitor weather conditions via Weather Radio and/or www.weather.com or via another weather application on a smartphone device at all times.

In the event of a Tornado Watch, ATC / DIRECTOR / ADMIN will advise coaching staff, visiting programs and participants to prepare for evacuation if needed.

In the event of a Tornado Warning or Tornado Siren: **ATC / DIRECTOR / ADMIN or COACH** will clear all fields and evacuate facility moving everyone affiliated with the event to safe shelter.

### **LIGHTNING POLICY AND PLAN (Recommended)**

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#### **When the Lightning Detector alerts OR there is visual sighting of lightning OR audible sound of thunder:**

- " ATC / DIRECTOR / ADMIN or COACH will clear all fields. All coaches, athletes and/or spectators must move **INSIDE** to a secured covered area or **INSIDE** their personal vehicles.
- " All outdoor activity will be suspended for 30 minutes from the last lightning strike or sound of thunder.
- " All outdoor activity may also be suspended at the discretion of the ATC / DIRECTOR / ADMIN or COACH if lightning is detected within ***eight (8) miles*** of any and all parks.
- " ATC / DIRECTOR / ADMIN or COACH may reopen fields after 30 minutes have elapsed without visible lightning or audible thunder.

*Premier Sports Medicine takes any and all possible precautions to ensure a safe event. Related to heat, for all soccer related activity in all areas of the country, Premier Sport Medicine has adopted the US Soccer Heat Guidelines. Please review and follow the policy below to prevent any and all heat related illness.*



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**GOAL:** This document is intended as a guide for coaches, referees, and players for training in warmer climates. Additionally, this document is intended to serve as a guide for match play, hydration breaks and participant safety during extreme temperature conditions. The information provided herein is not a substitute for medical or professional care, and you should not use the information in place of a visit, consultation or the advice of your physician or other health care provider. For specific questions and concerns, please consult your healthcare provider or physician.

### **Exertional Heat Illness**

- Spectrum of conditions ranging from heat cramps and heat exhaustion to a potentially life threatening condition called exertional heat stroke (EHS)
- The ability to recognize early signs and symptoms of heat illness (including headache, nausea, and dizziness) allows for proper treatment with hydration and more rapid cooling of the body.
- Exertional heat stroke has two key components:
  1. Altered mental status (confusion, irritability, aggressive behavior, dizziness, or collapse)
  2. A rectal temperature >104°F.

### **Prevention**

- Develop and implement a heat policy (heat acclimatization guidelines, activity modification guidelines based on environmental conditions, and management of heat-related illness) as part of your emergency action plan (EAP)
- Frequently monitor environmental conditions using Wet Bulb Globe Temperature (WBGT) device or Heat Index and make practice modifications (e.g., increase in the number and duration of hydration breaks, shortening practice, postponing practice/competition until cooler parts of the day)
- Follow heat acclimatization guidelines (below) during preseason practices and conditioning
- Ensure appropriate hydration policies are in place with athletes having unlimited access to water during practice and competition, especially in warm climates.
- Educate staff on the signs and symptoms of heat related illness and early management
- Consider an on-site health care provider such as an athletic trainer be onsite for all practices and competitions

## **Resources/Equipment**

- WBGT monitor
- Hydration capabilities- water bottles, coolers, hoses
- National Weather Service – [www.weather.gov](http://www.weather.gov)
- Phone App for WBGT -WeatherFX (iTunes or Android store)
- Ice
- Ice immersion tub or kiddie pools
- Towels and cooler
- Tent or other artificial shade if none available

## **Management**

### **Heat Illness (Heat Exhaustion, Heat Cramps)**

- Remove from training and source of heat
- Cool in a shaded area using ice towels
- Provide access to fluids/electrolytes and encourage rehydration

### **Exertional Heat Stroke**

- Is a medical emergency
- Immediately call EMS (911) and prepare hospital for heat related emergency
- Athlete may have confusion or altered mental status and a rectal temperature  $>104^{\circ}\text{F}$
- Remove excess clothing/equipment and immediately begin cooling the athlete by placing them in an ice-water-tub.
- If no tub is present, rotate cold wet ice towels (every 2-3 minutes over the entire surface of the body or as much as possible)

### **Acclimatization**

- Acclimatization is the body's natural adaptation to exercising in the heat
- This process typically takes 10-14 days
- The protocol should require a gradual graded progression of exercise in the heat. This typically applies at the start of pre-season (summer months) where athletes are beginning fitness training and progressive training exposure in heat is recommended

### **Guide for Acclimatization**

- Avoid the hottest part of the day for training sessions (11am-4pm)

#### **Days 1-5**

- One formal practice a day
- Maximum 3 hours of training time (this includes warm up, stretches and cool down)

#### **Days 6-14**

- Double practice days can begin on day 6 and not exceed 5 hours in total practice time between the two practices.
- There should be a minimum of a 3 hours rest period between each training session during double practice days. The 3 hour rest period should take place in a cool environment to allow the body to fully recover
- Each double practice day should be followed by a single practice day in which practice time on single practice days not exceeding 3 hours
- Athletes should receive one day rest following 6 days continuous practice



## WBGT (Heat Stress Monitoring) & Region Specific Guidelines/Heat Index

- Recommend using WBGT on-site at time of training and check as often as possible.
- If on-site WBGT measures are not available, on-site measures of temperature and humidity can be used to predict WBGT using the chart below. (NOTE: Heat Index is not ideal because it doesn't factor the heat from the sun).
- If no on-site temperature measures are available, use temperature and humidity from local weather station measures and use the chart below to predict WBGT.

### Step 1: Find the WBGT

- Measure the temperature and humidity at your site
- Find the estimated WBGT corresponding below.

		Wet Bulb Globe Temperature (WBGT) from Temperature and Relative Humidity																																
		Temperature in Degrees Fahrenheit																																
		68.0	69.8	71.6	73.4	75.2	77.0	78.8	80.6	82.4	84.2	86.0	87.8	89.6	91.4	93.2	95.0	96.8	98.6	100.4	102.2	104.0	105.8	107.6	109.4	111.2	113.0	114.8	116.6	118.4	120.2	122.0		
Relative Humidity (%)	0	99.0	60.8	60.8	62.6	64.4	64.4	66.2	66.2	68.0	68.0	69.8	71.6	71.6	73.4	73.4	75.2	75.2	77.0	77.0	78.8	80.6	80.6	82.4	82.4	84.2	84.2	86.0	87.8	87.8	89.6	89.6		
	5	60.8	60.8	62.6	64.4	64.4	66.2	66.2	68.0	69.8	69.8	71.6	71.6	73.4	73.4	75.2	75.2	77.0	78.8	78.8	80.6	80.6	82.4	82.4	84.2	84.2	86.0	87.8	87.8	89.6	91.4	91.4	93.2	95.0
	10	62.6	62.6	64.4	66.2	66.2	68.0	69.8	69.8	71.6	73.4	73.4	75.2	77.0	77.0	78.8	78.8	80.6	80.6	82.4	82.4	84.2	84.2	86.0	86.0	87.8	89.6	89.6	91.4	91.4	93.2	95.0	96.8	96.8
	15	64.4	64.4	66.2	68.0	68.0	69.8	69.8	71.6	73.4	73.4	75.2	77.0	78.8	80.6	80.6	82.4	82.4	84.2	84.2	86.0	86.0	87.8	87.8	89.6	89.6	91.4	91.4	93.2	95.0	96.8	98.6	100.4	102.2
	20	66.2	64.4	64.4	66.2	68.0	69.8	69.8	71.6	73.4	73.4	75.2	75.2	77.0	78.8	80.6	80.6	82.4	84.2	84.2	86.0	87.8	87.8	89.6	89.6	91.4	93.2	95.0	96.8	98.6	100.4	102.2		
	25	68.0	64.4	66.2	68.0	68.0	69.8	71.6	73.4	73.4	75.2	75.2	77.0	78.8	80.6	82.4	82.4	84.2	84.2	86.0	87.8	89.6	89.6	91.4	93.2	95.0	96.8	98.6	100.4	102.2				
	30	69.8	66.2	68.0	69.8	69.8	71.6	73.4	73.4	75.2	77.0	77.0	78.8	80.6	82.4	84.2	84.2	86.0	87.8	89.6	89.6	91.4	93.2	95.0	96.8	98.6	100.4	102.2						
	35	71.6	68.0	69.8	71.6	73.4	73.4	75.2	77.0	78.8	80.6	80.6	82.4	84.2	86.0	87.8	87.8	89.6	89.6	91.4	93.2	95.0	96.8	98.6	100.4	102.2								
	40	73.4	71.6	73.4	75.2	75.2	77.0	78.8	80.6	82.4	82.4	84.2	84.2	86.0	87.8	89.6	91.4	93.2	95.0	96.8	98.6	98.6	100.4	102.2										
	45	75.2	73.4	75.2	77.0	77.0	78.8	80.6	82.4	84.2	84.2	86.0	86.0	87.8	89.6	91.4	93.2	95.0	96.8	98.6	100.4	102.2												
	50	77.0	75.2	77.0	78.8	80.6	80.6	82.4	84.2	84.2	86.0	86.0	87.8	89.6	91.4	93.2	95.0	96.8	98.6	100.4	102.2													
55	78.8	77.0	78.8	80.6	82.4	82.4	84.2	84.2	86.0	86.0	87.8	89.6	91.4	93.2	95.0	96.8	98.6	100.4	102.2															
60	80.6	78.8	80.6	82.4	84.2	84.2	86.0	86.0	87.8	89.6	91.4	93.2	95.0	96.8	98.6	100.4	102.2																	
65	82.4	80.6	82.4	84.2	84.2	86.0	86.0	87.8	89.6	91.4	93.2	95.0	96.8	98.6	100.4	102.2																		
70	84.2	82.4	84.2	86.0	86.0	87.8	89.6	91.4	93.2	95.0	96.8	98.6	100.4	102.2																				
75	86.0	84.2	86.0	87.8	87.8	89.6	91.4	93.2	95.0	96.8	98.6	100.4	102.2																					
80	87.8	86.0	87.8	89.6	89.6	91.4	93.2	95.0	96.8	98.6	100.4	102.2																						
85	89.6	87.8	89.6	91.4	91.4	93.2	95.0	96.8	98.6	100.4	102.2																							
90	91.4	89.6	91.4	93.2	93.2	95.0	96.8	98.6	100.4	102.2																								
95	93.2	91.4	93.2	95.0	95.0	96.8	98.6	100.4	102.2																									
100	95.0	93.2	95.0	96.8	96.8	98.6	100.4	102.2																										

NOTE: This table is compiled from an approximate formula which only depends on temperature and humidity. The formula is valid for full sunshine and a light wind. Table adapted from Bureau of Meteorology.

### Step 2: Find your Regional Category

- Determine which region category you are in based on the map below, to determine which WBGT guidelines in the table you should follow.

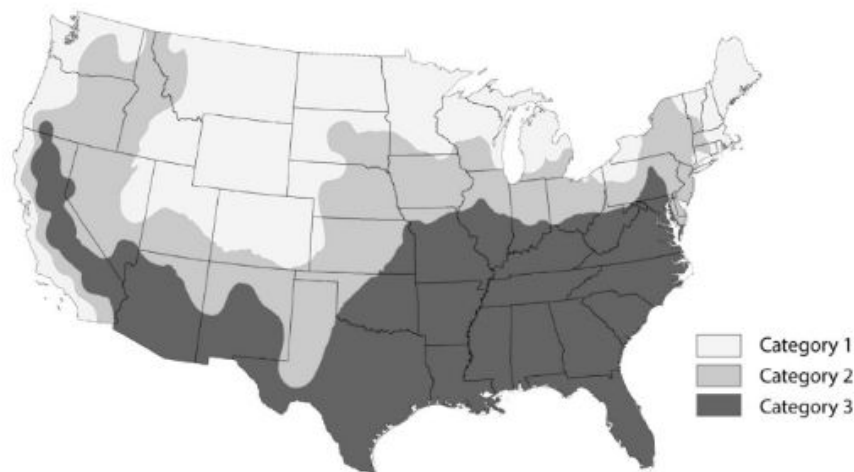


Figure: Regional Heat Category. Reprinted from "Regional heat safety thresholds for athletics in the contiguous United States", A. Grundstein, C. Williams, M. Phan, and E. Cooper, 2015, Applied Geography, Vol 56, p55-60.

**Step 3: Determine Your Conditions, Alert Level, and Recommendations**

- Determine which region category you are in based on the map above, to determine which WBGT guidelines in the table you should follow.

Alert Level	WBGT by Region (°F)			Event Conditions	Recommended Actions & Breaks
	Cat 1	Cat 2	Cat 3		
Black	>86.2°	>89.8°	>92.0°	Extreme Conditions	<ul style="list-style-type: none"> <li>• No Outdoor Training, delay training until cooler, or Cancel Training</li> </ul>
Red	84.2-86.1°	87.8-89.7°	90.1-91.9°	High Risk for Heat Related Illness	<ul style="list-style-type: none"> <li>• Maximum of 1 hour of training with 4 by 4 minute breaks within the hour.</li> <li>• No additional conditioning allowed.</li> </ul>
Orange	81.1-84.1°	84.7-87.7°	87.1-90.0°	Moderate Risk for Heat Related Illness	<ul style="list-style-type: none"> <li>• Maximum of 2 hours of training with 4 by 4 minute breaks each hour, OR a 10 minute break every 30 minutes of training</li> </ul>
Yellow	76.3-81.0°	79.9-84.6°	82.2-87.0°	Less than Ideal Conditions	<ul style="list-style-type: none"> <li>• 3 Separate 4 minute breaks each hour, OR a 12 minute break every 40 minutes of training</li> </ul>
Green	<76.1°	<79.8°	<82.1°	Good Conditions	<ul style="list-style-type: none"> <li>• Normal Activities</li> <li>• 3 Separate 3 minute breaks each hour of training, OR a 10 minute break every 40 minutes</li> </ul>

**Cancellation of Training**

- Depending on your region category, recommend cancellation of training or delay until cooler when WBGT for Cat 1 >86.2°F; for Cat 2 >89.9°F; Cat 3 >92.0°F

**Step 4: Determine the Work to Rest Ratios – Modifications in Training**

- Alert Level Green – Normal Activities, provide 3 separate 3 minute breaks each hour of training, or a 10 minute break every 40 minutes.
- Alert Level Yellow – Use discretion, provide 3 separate 4 minute breaks each hour, or a 12 minute break every 40 minutes of continuous training

- Alert Level Orange – Maximum 2 hours of training time with 4 separate 4 minute breaks each hour, or a 10 minute break after 30 minutes of continuous training
- Alert Level Red – Maximum of 1 hour of training with 4 separate 4 minute breaks within the hour. No additional conditioning allowed.
- Alert Level Black – No outdoor training, delay training until cooler or cancel

### **Match Play Hydration Breaks**

- WBGT of 89.6°F
- Provide hydration breaks of 4 minutes for each 30 minutes of continuous play (i.e., minute 30 and 75 of 90 minute match)

### **Communication**

- Provide adequate communication of environmental conditions, cooling modalities and other resources to players and staff including
  - o Planned breaks for hydration
  - o Duration and time of training
  - o During warmer conditions, plan ahead for matches and trainings
- Ensure unlimited access to water and other fluids

### **Follow your Emergency Action Plan**

*This guideline was developed by U.S. Soccer's Sports Medicine Department in collaboration with the Korey Stringer Institute.*



## **Concussion Procedure and Protocol**

*Concussion: a traumatic brain injury that interferes with normal brain function. Medically, a concussion is a complex, pathophysiological event to the brain that is induced by trauma.*

### **CONCUSSION SYMPTOMS AND MANAGEMENT AT COMPETITIONS AND TRAINING**

#### **Step 1: Did a concussion occur?**

Evaluate the player and note if any of the following symptoms are present:

- (1) Dazed look or confusion about what happened.
- (2) Memory difficulties.
- (3) Neck pain, headaches, nausea, vomiting, double vision, blurriness, ringing noise or sensitive to sounds.
- (4) Short attention span. Can't keep focused.
- (5) Slow reaction time, slurred speech, bodily movements are lagging, fatigue, and slowly answers questions or has difficulty answering questions.
- (6) Abnormal physical and/or mental behavior.
- (7) Coordination skills are behind, ex: balancing, dizziness, clumsiness, reaction time.

Step 2:

Is emergency treatment needed?

This would include the following scenarios:

- (1) Spine or neck injury.
- (2) Behavior patterns change.
- (3) Loss of consciousness.

Step 3: If a possible concussion occurred, but no emergency treatment is needed, what should be done now?

Focus on these areas every 5-10 min for the next 1 - 2 hours, without returning to any activities:

- (1) Balance.
- (2) Speech.
- (3) Memory.
- (4) Attention on topics, details.

Step 4:

Players should not re-enter competition, training, or partake in any activities for at least 24 hours. Even if there are no symptoms after 15-20 min, activity should not be taken by the player.

Step 5:

A player diagnosed with a possible concussion may return to US Youth Soccer play only after release from a licensed medical doctor specializing in concussion treatment and management.

Step 6:

If there is a possibility of a concussion, do the following:

1. The attached Concussion Notification Form is to be filled out in duplicate and signed by a team official of the player's team.
2. If the player is able to do so, have the player sign and date the Form. If the player is not able to sign, note on the player's signature line "unavailable".
3. If a parent of the player is present, have the parent/legal guardian sign and date the Form, and give the parent one of the copies of the completed Form. If the parent/legal guardian is not present, then the team official is responsible for notifying the parent/legal guardian ASAP by phone or email and then submitting the Form to the parent/legal guardian by email or mail. When the parent/legal guardian is not present, the team official must make a record of how and when the parent/legal guardian was notified. The notification will include a request for the parent/legal guardian to provide confirmation and completion of the Concussion Notification Form whether in writing or electronically.
4. The team official must also get the player's pass from the referee, and attach it to the copy of the Form retained by the team.

**References:**

Kissick MD, James and Karen M. Johnston MD, PhD. "Return to Play After Concussion." Collegiate Sports Medical Foundation. Volume 15, Number 6, November 2005. [http://www.csmfoundation.org/Kissick - return to play after concussion - CJSM 2005.pdf](http://www.csmfoundation.org/Kissick_-_return_to_play_after_concussion_-_CJSM_2005.pdf). April 22, 2011.

National Federation of State High School Associations. "Suggested Guidelines for Management of Concussion in Sports". 2008 NFHS Sports Medicine Handbook (Third Edition). 2008 77-82. <http://www.nfhs.org>. April 21, 2011.

# Premier Sports Medicine Concussion Protocol

Medical management of sports-related concussion is evolving. In recent years, there has been a significant amount of research into sports-related concussion in high school athletes. Premier Sports Medicine has established this protocol to provide education about concussion for our partners, coaches, parents and volunteers. This protocol outlines procedures for staff to follow in managing head injuries, and outlines policy as it pertains to return to play issues after concussion. Premier Sports Medicine, LLC seeks to provide a safe return to activity for all athletes after injury, particularly after a concussion. In order to effectively and consistently manage these injuries, procedures have been developed to aid in ensuring that concussed athletes are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day, including academic assistance, and are fully recovered prior to returning to activity. In addition to recent research, two (2) primary documents were consulted in developing this protocol. The “Summary and Agreement Statement of the 2<sup>nd</sup> International Conference on Concussion in Sport, Prague 2004” (referred to in this document as the Prague Statement), and the “National Athletic Trainers’ Association Position Statement: Management of Sport-Related Concussion” (referred to in this document as the NATA Statement).

This protocol will be reviewed on a yearly basis, by Premier Sports Medicine, its medical doctors and program administration.

## Contents:

- I. Recognition of concussion
- II. Management and referral guidelines for all staff
- III. Procedures for the Certified Athletic Trainer (ATC)
- IV. Guidelines and procedures for coaches
- V. Follow-up care during the school day
- VI. Return to play procedures

## I. Recognition of concussion

### A. Common signs and symptoms of sports-related concussion

#### Signs (observed by others):

- |   |   |                                      |
|---|---|--------------------------------------|
| “ Athlete appears dazed or stunned          | “ | Personality change                   |
| “ Confusion (about assignment, plays, etc.) | “ | Responds slowly to questions         |
| “ Forgets plays                             | “ | Forgets events prior to hit          |
| “ Unsure about game, score, opponent        | “ | Forgets events after the hit         |
| “ Moves clumsily (altered coordination)     | “ | Loss of consciousness (any duration) |
| “ Balance problems                          |   |                                      |

#### Symptoms (reported by athlete):

- |                                |   |                        |
|--------------------------------|---|------------------------|
| “ Headache                     | “ | Feels “foggy”          |
| “ Fatigue                      | “ | Problems concentrating |
| “ Nausea or vomiting           | “ | Problems remembering   |
| “ Double vision, blurry vision |   |                        |
| “ Sensitive to light or noise  |   |                        |
| “ Feels sluggish               |   |                        |

3. These signs and symptoms are indicative of probable concussion. Other causes for symptoms should also be considered.

### B. Cognitive impairment (altered or diminished cognitive function)

#### 1. General cognitive status can be determined by simple sideline cognitive testing.

- a. AT may utilize SCAT (Sports Concussion Assessment Tool), SAC, sideline ImPACT, or other standard tool for sideline cognitive testing.

- b. Coaches should utilize the basic UPMC cognitive testing form.

## II. ImPACT neuropsychological testing recommendations

1. ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) is a research-based software tool utilized to evaluate recovery after concussion. It was developed at the University of Pittsburgh Medical Center (UPMC). ImPACT evaluates multiple aspects of neurocognitive function, including memory, attention, brain processing speed, reaction time, and post-concussion symptoms.
  - a. Neuropsychological testing is utilized to help determine recovery after concussion.
2. All athletes participating in Premier Sports Medicine Events are recommended to have a baseline ImPACT test on file.
  - a. All athletes are recommended to view a video presentation entitled: “Heads Up: Concussion in High School Sports”, prior to taking the baseline test.
3. Athletes in collision and contact sports (as defined by the American Academy of Pediatrics classifications) are required to take a “new” baseline test prior to participation every two (2) years.

## III. Management and Referral Guidelines for All Staff

### A. Suggested Guidelines for Management of Sports-Related Concussion

1. Any athlete with a witnessed loss of consciousness (LOC) of any duration should be spine boarded and transported immediately to nearest emergency department via emergency vehicle.
2. Any athlete who has symptoms of a concussion, and who is not stable (i.e., condition is changing or deteriorating), is to be transported immediately to the nearest Emergency Dept via emergency vehicle.
3. An athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle.
  - a. deterioration of neurological function
  - b. decreasing level of consciousness
  - c. decrease or irregularity in respirations
  - d. decrease or irregularity in pulse
  - e. unequal, dilated, or unreactive pupils
  - f. any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
  - g. mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
  - h. seizure activity
  - i. cranial nerve deficits
4. An athlete who is symptomatic but stable, may be transported by his or her parents. The parents should be advised to contact the athlete’s primary care physician, or seek care at the nearest emergency department, on the day of the injury.
  - a. ALWAYS give parents the option of emergency transportation, even if you do not feel it is necessary.

## III. Procedures for the Certified Athletic Trainer (AT)

- A. The AT will assess the injury, or provide guidance to the coach if unable to personally attend to the athlete.
  1. Immediate referral to the athlete’s primary care physician or to the hospital will be made when medically appropriate (see section II).
  2. The AT will perform serial assessments following recommendations in the NATA Statement, and utilize the SCAT (Sport Concussion Assessment Tool), as recommended by the Prague Statement, or sideline ImPACT, if available.
    - a. The Athletic Trainer will notify the athlete’s parents and give written and verbal home and follow-up care instructions.

**Any athlete who exhibits signs or symptoms of a concussion should be removed immediately, assessed, and should not be allowed to return to activity that day.**

- B. If able, Premier Sports Medicine will administer post-concussion ImPACT testing.
1. The initial post-concussion test will be administered within 48-72 hours post-injury, whenever possible.
    - a. Repeat tests will be given at appropriate intervals, dependent upon clinical presentation & MD Orders.
  2. Premier Sports Medicine will review post-concussion test data with the athlete and the athlete's parent.
    - a. ImPACT data will be forwarded to the school medical advisor for review and consultation.
  3. Premier Sports Medicine will forward testing results to the athlete's treating physician, with parental permission and a signed release of information form.
  4. Premier Sports Medicine or the athlete's parent may request that a neuropsychological consultant review the test data. The athlete's parents will be responsible for charges associated with the consultation.
  5. Premier Sports Medicine will monitor the athlete, and keep the School Nurse informed of the individual's symptomatology and neurocognitive status, for the purposes of developing or modifying an appropriate health care plan for the student-athlete.
  6. Premier Sports Medicine is responsible for monitoring recovery & coordinating the appropriate return to play activity progression.
  7. Premier Sports Medicine will maintain appropriate documentation regarding assessment and management of the injury.

#### IV. Guidelines and procedures for coaches:

##### **RECOGNIZE, REMOVE, REFER**

###### A. **Recognize** concussion

1. All coaches should become familiar with the signs and symptoms of concussion that are described in Sec I.
2. Very basic cognitive testing should be performed to determine cognitive deficits. a. See appendix E.

###### B. **Remove** from activity

1. If a coach suspects the athlete has sustained a concussion, the athlete should be removed from activity until evaluated medically.

**a. Any athlete who exhibits signs or symptoms of a concussion should be removed immediately, assessed, and should not be allowed to return to activity that day.**

###### C. **Refer** the athlete for medical evaluation

1. Coaches should immediately report all head injuries to the Certified Athletic Trainer (AT) for medical assessment and management, and for coordination of home instructions and follow-up care.
  - a. The Athletic Trainer working on behalf of Premier Sports Medicine can be reached at the phone number mentioned prior in this protocol.
  - b. Premier Sports Medicine and its certified and licensed athletic trainers will be responsible for contacting the athlete's parents and providing follow-up instructions.
2. Coaches should seek assistance from the host site athletic trainer if at an away contest.
3. If the Premier Sports Medicine Athletic Trainer is unavailable, or the athlete is injured at an away event, the coach is responsible for notifying the athlete's parents of the injury.
  - a. Contact the parents to inform them of the injury and make arrangements for them to pick the athlete up (if not already onsite).
  - b. Contact Adam Greenfield, ATC (owner) at 954-592-4723 or the designated Premier Sports Medicine Athletic Trainer at the above number, with the athlete's name and home phone number, so that follow-up can be initiated.
4. In the event that an athlete's parents cannot be reached, and the athlete is able to be sent home (rather than directly to MD):
  - a. The Coach or ATC should insure that the athlete will be with a responsible individual, who is capable of monitoring the athlete and understanding the home care instructions, before allowing the athlete to go home.

- b. The Coach or ATC should continue efforts to reach the parents.
- c. If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to the emergency department for evaluation. A coach or responsible team parent should accompany the athlete and remain with the athlete until the parents arrive.
- d. Athletes with suspected head injuries should not be permitted to drive home.

## V. RETURN TO PLAY (RTP) PROCEDURES AFTER CONCUSSION

### A. Returning to participate on the same day of injury

1. As previously discussed in this document, an athlete who exhibits signs or symptoms of concussion, or has abnormal cognitive testing, should not be permitted to return to play on the day of the injury. Any athlete who denies symptoms but has abnormal sideline cognitive testing should be held out of activity.
2. “When in doubt, hold them out.”

### B. Return to play after concussion

1. The athlete must meet all of the following criteria in order to progress to activity:
  - a. Asymptomatic at rest and with exertion (including mental exertion in school) AND:
  - b. Within normal range of baseline on post-concussion ImPACT testing AND:
  - c. Have written clearance from primary care physician or specialist (athlete must be cleared for progression to activity by a physician other than an Emergency Room physician).
2. Once the above criteria are met, the athlete will be progressed back to full activity following a stepwise process, (as recommended by both the Prague and NATA Statements), preferably under the supervision of the Premier Sports Medicine Team.
3. Progression is individualized, and will be determined on a case by case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sports should be progressed more slowly.
4. Stepwise progression as described in the Prague Statement:
  - a) No activity – do not progress to step 2 until asymptomatic
  - b) Light aerobic exercise – walking, stationary bike
  - c) Sport-specific training (e.g., skating in hockey, running in soccer)
  - d) Non-contact training drills
  - e) Full-contact training after medical clearance
  - f) Game play

*Note: If the athlete experiences post-concussion symptoms during any phase, the athlete should drop back to the previous asymptomatic level and resume the progression after 24 hours.*
5. Premier Sports Medicine, its athletic trainers, coaches, parents, and athletes will discuss appropriate activities for the day. The athlete will be given verbal and written instructions regarding permitted activities. Ideally the athletic trainer and athlete will each sign these instructions or shall confirm receipt of an email message.
6. The athlete should see the AT daily for re-assessment and instructions until he or she has progressed to unrestricted activity, and been given a written report to that effect, from the AT.

## References for Concussion Protocol

McCroly P, et al. Summary and Agreement Statement of the 2nd International Conference on Concussion in Sport, Prague 2004. *Clin J Sports Med.* 2005; 15(2):48-55.  
 Guskiewicz KM, et al. National Athletic Trainers’ Association Position Statement: Management of Sport Related Concussion. *J Athl Train.* 2004;39(3):280-297



## Missing Child Protocol

1. If a parent, guardian, camp directors, camp staff, athletic trainer, camper or other individual reports that a child is missing, camp staff is to obtain a detailed and accurate description.....

An accurate description should include:

- Name
- Date last seen
- Time last seen
- Location or area last seen
- Height
- Weight
- Gender
- Hair Color
- Eye Color
- Skin Tone
- Date of Birth (Age)
- Clothes worn (including shoes)
- Any distinguishes characteristics (scars, marks, tattoos, freckles, piercings, birthmarks)
- Is there a photo available?

2. Athletic Trainer, Camp Director and Staff needs to complete the following tasks. It is up to the discretion of the camp director to choose the best method to do so.

All staff must be alerted that there is a “Code Adam” on site. The staff must be informed of the child’s name and physical description

All fields and sidelines must be swept in an effort to find the missing child

A camp staff member must be placed at all main areas to monitor everyone who passes by

Communication: All participants and staff members on site must be alerted that there is a missing child, the child’s name and physical description. The camp director has the discretion to use text alerts, walkie talkies, intercom system email blasts, twitter, tourney machine, Rain’d Out, Team Snap or other any other systems available on site to communicate the tournament is undergoing a “Code Adam”.

**If the child is not found within 10 minutes, call law enforcement**

Staff must be educated so that they know the difference between a missing child versus a lost child—staff must distinguished whether or not to enact Code Adam before initiating procedure. You will see lost camper protocol below..

3. If the child is found and appears to have been merely lost, the child shall be reunited with their parent/guardian.
4. If the child is found accompanied by someone other than a parent or legal guardian, staff shall attempt to delay their departure without putting the child, staff or patrons at risk or in harm’s way. Law enforcement should be notified and provided with a detailed description of the person leaving with the child.

## ACTIVE SHOOTER PROTOCOL

An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims. Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims. Because active shooter situations are often over within 10 to 15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.

### Good practices for coping with an active shooter situation:

- Be aware of your environment and any possible dangers
- Take note of the two nearest exits in any facility you visit
- If you are in an office, stay there and secure the door
- If you are in a hallway, get into a room and secure the door
- As a last resort, attempt to take the active shooter down. When the shooter is at close range and you cannot flee, your chance of survival is much greater if you try to incapacitate him/her.

### CALL 911 WHEN IT IS SAFE TO DO SO!

### HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY?

Quickly determine the most reasonable way to protect your own life. Remember that students and visitors are likely to follow the lead of employees and managers during an active shooter situation.

#### 1. **Evacuate.** If there is an accessible escape path, attempt to evacuate the premises. Be sure to:

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be! Keep your hands visible
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe

#### 2. **Hideout.** If evacuation is not possible, find a place to hide where the active shooter is less likely to find you. Your hiding place should:

- Be out of the active shooter's view
- Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door)
- Do not trap yourself or restrict your options for movement

To prevent an active shooter from entering your hiding place:

- Lock the door

Blockade the door with heavy furniture

**If the active shooter is nearby:**

Lock the door

Silence your cell phone and/or pager

Turn off any source of noise (i.e., radios, televisions)! Hide behind large items (i.e., cabinets, desks)

Remain quiet

**If evacuation and hiding out are not possible:**

Remain calm

Dial 911, if possible, to alert police to the active shooter's location

If you cannot speak, leave the line open and allow the dispatcher to listen

**3. Take action against the active shooter.** As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

Acting as aggressively as possible against him/her

Throwing items and improvising weapons!

Yelling

Committing to your actions

**HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES?**

Law enforcement's purpose is to stop the active shooter as soon as possible. Officers will proceed directly to the area in which the last shots were heard.

Officers usually arrive in teams of four (4)

Officers may wear regular patrol uniforms or external bulletproof vests,

Kevlar helmets, and other tactical equipment

Officers may be armed with rifles, shotguns, handguns

Officers may use pepper spray or tear gas to control the situation

Officers may shout commands, and may push individuals to the ground for their safety

**How to react when law enforcement arrives:**

Remain calm and follow officers' instructions

Put down any items in your hands (i.e., bags, jackets)

Immediately raise hands and spread fingers

Keep hands visible at all times

Avoid making quick movements toward officers such as holding on to them for safety

Avoid pointing, screaming and/or yelling

Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises

**Information to provide to law enforcement or 911 operator:!** Location of the active shooter

Number of shooters, if more than one

Physical description of shooter/s

Number and type of weapons held by the shooter/s! Number of potential victims at the location

**Notes:** The first officers to arrive to the scene will not stop to help injured persons. Expect rescue teams comprised of additional officers and emergency medical personnel to follow the initial officers. These rescue teams will treat and remove any injured persons. They may also call upon able-bodied individuals to assist in removing the wounded from the premises.

Once you have reached a safe location or an assembly point, you will likely be held in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave until law enforcement authorities have instructed you to do so.

# **MAJOR HOSPITAL SYSTEMS**

## **Closest to Rider University**

### **Capital Health System - Fuld Campus - Trenton \*Level II Trauma Center \***

750 Brunswick Ave, Trenton, NJ 08638

**Main Phone:** (609) 394-6000      **Emergency Department Main Phone:** (609) 394-6063

\*\*\* This Hospital / ER is approx. 3.6 miles away from Rider University \*\*\*

### **Capital Health Medical Center Hopewell**

1 Capital Way, Pennington, NJ 08534

**Main Phone:** (609) 303-4000      **Emergency Department Main Phone:** (609) 303-4010

\*\*\* This Hospital / ER is approx. 5.8 miles away from Rider University \*\*\*

### **University Medical Center of Princeton at Plainsboro**

1 Plainsboro Rd, Plainsboro Township, NJ 08536

**Main Phone:** (609) 853-7000      **Emergency Department Main Phone:** (609) 853-7700

\*\*\* This Hospital / ER is approx. 8.5 miles away from Rider University \*\*\*

### **Robert Wood Johnson University Hospital - Hamilton**

One Hamilton Health Place, Hamilton, NJ 08690

**Main Phone:** (609) 586-7900      **Emergency Department Main Phone:** (609) 584-6666

\*\*\* This Hospital / ER is approx. 9.1 miles away from Rider University \*\*\*

## **Closest to Kirkwood Soccer Complex**

### **Christiana Hospital      \*\*\* Level 1 Trauma Center \*\*\*\***

4755 Ogletown Stanton Rd, Newark, DE 19713

**Main Phone:** (302) 733-1000      **Emergency Department Main Phone:** (302) 733-1620

\*\*\* This hospital is approx. 9.1 miles away from Kirkwood Soccer Complex \*\*\*

### **Children's Hospital: Nemours / Alfred I Dupont Hospital for Children**

1600 Rockland Rd, Wilmington, DE 19803

**Main Phone:** (302) 651-4000      **Emergency Department Main Phone:** (302) 651-4186

\*\*\* This hospital is approx. 18 miles away from Kirkwood Soccer Complex \*\*\*

*There is not one specific person to contact at these hospital as the ER back line desk is manned differently throughout each day. They are available and there for us should a player need urgent attention. Our players will be placed in the system in priority order due to severity of symptoms and injury. Most importantly they will know they are coming. We have been told that our players will be called back as quickly as possible. Charge nurses, nurse practitioners, physician assistants and physicians are different daily but all will be aware of the event and our needs. They do have pediatric trained physicians available in their emergency room and are equipped for any and all pediatric cases. They are not equipped at this facility for more significant injuries such as severe fractures, head injuries or chest trauma.*

# **URGENT CARE FACILITIES**

## **Closest to Rider University**

### **MedExpress Urgent Care**

811 NJ-33, Hamilton Township, NJ 08619

**Phone Number:** (609) 587-8298

**Hours of Operation:** 7 days a week, 8am - 8pm

\*\*\* This Urgent Care Facility is approx. 7.4 miles away from Rider University \*\*\*

### **In Focus Urgent Care**

Windsor Plaza, Store No. 2, 64 Princeton-Hightstown Rd. West Windsor, NJ 08550

**Phone:** (609) 799-7009

**Hours of Operation:** M-F: 10am - 8pm, Sat: 10am - 6pm, Sun: 10am - 4pm

*\*\* Call first to make sure the doctor is in; sometimes they have to wait for MD to get there if it is early in the morning.*

\*\*

\*\*\* This location is approx. 8 miles away from Rider University \*\*\*

## **Closest to Kirkwood Soccer Complex**

### **Got A Doc - Walk-In Medical Center**

234 New Castle Ave, New Castle, DE 19720

**Phone Number:** (302) 276-8602

**Hours of Operations:** M-F 8am-8pm; Sat and Sun 10am-5pm

\*\*\* This Urgent Care Facility is approx. 5.5 miles away from Kirkwood Soccer Complex \*\*\*

### **MedExpress Walk-In Care**

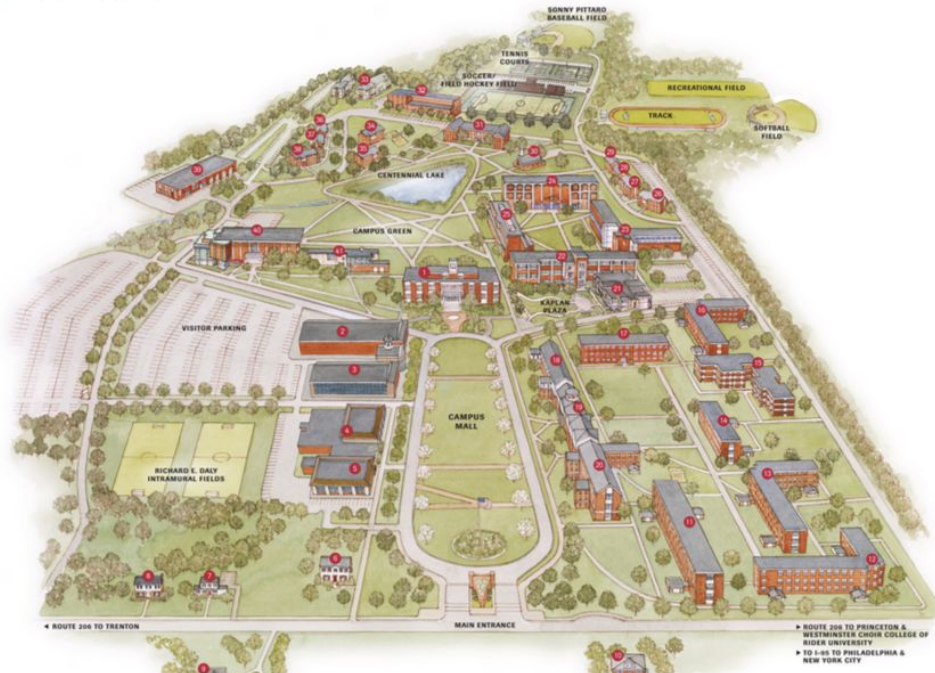
129 N Dupont Hwy, New Castle, DE 19720

**Phone Number:** (302) 328-5150    **Hours of Operation:** 7 days a week, 8am - 8pm

\*\*\* This Urgent Care Facility is approx. 4.5 miles away from Kirkwood Soccer Complex \*\*\*

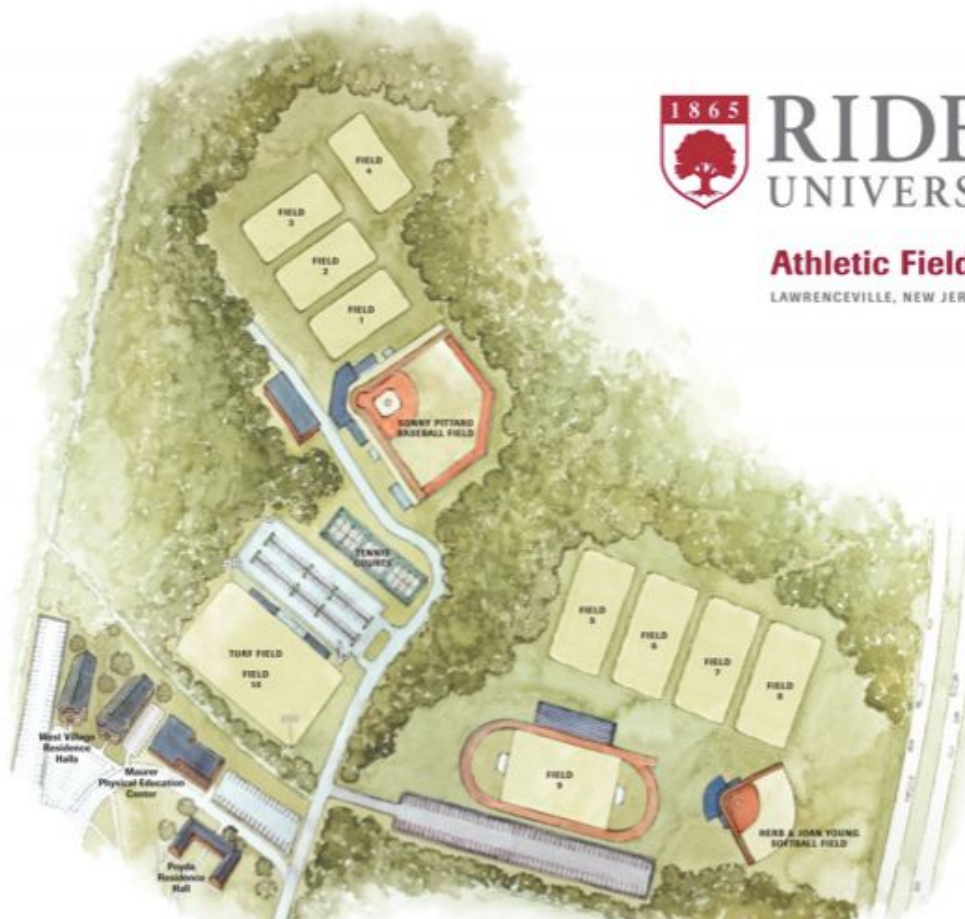
*The above mentioned urgent care facilities will be used for urgent cases that do not require emergency services or 911 assistance. They have been notified of this event. They are available and there for us should a player need urgent attention and **do have x-ray onsite**. Our players will be placed in the system in priority order due to severity of symptoms and injury. We have been told that our athletes will be called back as quickly as possible. Practitioners are different daily but all will be aware of our event and needs. They do have pediatric trained physicians available in their facility and are equipped with x-rays, etc that we would need.*

# Field Maps for Rider University



## Lawrenceville Campus Map

- 1 Franklin F. Moore Library (Ground Floor: University Administrative Offices)
- 2 Student Recreation Center
- 3 Alumni Gymnasium
- 4 Daily Dining Hall
- 5 Joseph P. Vona Academic Annex (Learning Resource Center)
- 6 Van Cleve Alumni House
- 7 Zoomer House (Counseling Center)
- 8 West House (Public Safety)
- 9 President's House
- 10 Erasmus House (Catholic Student Center)
- 11 Switlik Residence Hall
- 12 Conover Residence Hall
- 13 Olson Residence Hall
- 14 Giv Residence Hall
- 15 Lincoln Residence Hall
- 16 Kraver Residence Hall
- 17 Wright Residence Hall
- 18 Ziegler Residence Hall
- 19 Hank and Bonnie Moore Residence Hall
- 20 Hill Residence Hall
- 21 North Hall
- 22 Memorial Hall (School of Education)
- 23 Science and Technology Center
- 24 Fine Arts Center & The Vona Theater
- 25 Anne Bossman Swigart Hall (College of Business Administration)
- 26 Delta Phi Epsilon Sorority
- 27 Centennial House
- 28 Alpha Xi Delta Sorority
- 29 Zeta Tau Alpha Sorority
- 30 Gill Memorial Chapel
- 31 Poyts Residence Hall
- 32 Maurer Physical Education Center
- 33 West Village
- 34 Omega House
- 35 University House
- 36 Phi Sigma Sigma Sorority
- 37 Ridge House
- 38 Lake House
- 39 General Services Building
- 40 The Bart Luedtke Center (Student Center)
- 41 P.J. Clambell Hall



**RIDER UNIVERSITY**

## Athletic Field Map

LAWRENCEVILLE, NEW JERSEY



**Lawrenceville  
Campus Map**

- 1 Student & Alumni Library
- 2 Student Center
- 3 Student Center Plaza
- 4 Student Center Plaza
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OPP Soccer  
Tournament  
~~Opto case~~

AT tents 4 Total @ Rider 1 e. never  
X Port-o-john AT's will have water tanks & air horns

Set up 2 chairs @ each AT tent  
& Port-a-cup tables AT's will bring to each tent



**Athletic Field Map**  
LAWRENCEVILLE, NEW JERSEY

\* 16 total units  
- Clean all Sat/Sun  
prior to 7am.

Kelsey  
609-649-41



Not sure if water  
will be @ each field or if you  
want to do stations

Field on  
Route 306  
South Centre  
2 units

# Field Map for Kirkwood Soccer Complex



