



US Youth Soccer ODP Boys Interregional

Event Location: IMG Academy

Back Guard House (West Campus) --- 5697 Bollettieri Blvd, Bradenton, FL 34210

December 18-22, 2018

EMERGENCY ACTION PLAN

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

Athletic Training Services:

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

Premier Sports Medicine is owned and operated by Adam Greenfield, ATC. He will be onsite for this most of this events needs but can be contacted via cell phone at [954-592-4723](tel:954-592-4723) at anytime.

Local PSM Contact

Shawn McDermott, ATC is the Area Director for PSM in Florida. He can be contacted for any local needs at 727-641-8987.

Premier Sports Medicine Athletic Trainers

Premier Sports Medicine will be onsite for the duration of the event and will be represented by the following athletic trainers working with each region:

East Region:

Amanda Igartua, ATC: 941-356-0874

Michael Sole, ATC: 201-602-9177

Midwest Region:

Adam Greenfield, ATC: 954-592-4723

Sam Castillo, ATC: 786-312-3512"

South Region:

Patrick Tanner, ATC: 941-914-3879

Shawn McDermott, ATC: 727-641-8987

Jacob Keller, ATC: 941-730-8059

West Region:

Jen Tabares, ATC: 407-259-1225

Manuel Ozoa, ATC: 708-645-6223



East Region Administrator & Main Contact: Katia Sarokan - (716) 860-4160

Midwest Region Administrator & Main Contact: Katia Sarokan - (716) 860-4160

South Region Administrator & Main Contact: Scott McGuinn - (919) 696-6073

West Region Administrator & Main Contact: Mica Goodrich - (801) 831-0593



IMG Assistant Head of Athletic Training

Kaitlyn Deshaies (617) 899-5765

IMG Academy Event Contact

Jason Roberts - (941) 900-8237

IMG Campus Security / Manager on Duty: 941-650-1000



Premier Sports Medicine of FL, LLC Supervising Physician
Patrick Mularoni, MD
“Sports Medicine Physician”

Dr. Mularoni graduated from Michigan State University with an undergraduate degree in Biology from the Lyman Briggs College of Science. He completed Medical school at the American University of the Caribbean where he achieved honors in his third and fourth year clinical rotations at Ascension Health Hospitals in Detroit, Michigan. Dr. Mularoni completed his Pediatric Residency at St. John Hospital and Medical Center in Detroit, Michigan. His Fellowship in Pediatric Emergency Medicine was completed in Atlanta, Georgia through Emory University.

While at Emory University, Dr. Mularoni completed research on procedural pain reduction in the emergency setting and was awarded the American Academy of Pediatrics Willis Wingert award for best fellow research. He has continued conducting research at All Children's looking at best practice for procedural sedation in reduction of Pediatric forearm fractures. His current research interests include concussion management and prognosis in patients with mild traumatic brain injuries. He is the chairman of the Medical Emergency Committee. Dr. Mularoni lectures internationally on Pediatric Emergency and Sports related topics and is a regular contributor to Fox television's Good Day show.

Dr. Mularoni is married to Kim Mularoni who is a Pediatrician in St. Petersburg and together they have three children. During free time, Dr. Mularoni competes in Running, Triathlon and stand up paddleboarding race.

Premier Sports Medicine is proud to have Dr. Mularoni as one of its supervising sports medicine trained orthopedic surgeons. Dr Mularoni is the supervising sports medicine physician for Premier Sports Medicine of FL, LLC in and around the Bradenton / Sarasota Area. Dr. Mularoni is always available by phone for physician to athletic trainers communication (who all have his direct cell phone number). Dr Mularoni will be the one of the on call physicians for the athletic trainers representing Premier Sports Medicine during this event.



Premier Sports Medicine of FL, LLC Supervising Physician
Daniel Lamar, MD
“Orthopaedic Surgeon / Sports Medicine Physician”

At Coastal Orthopedics, their mission is to improve the quality of life of patients, athletes, their families and the communities in which they serve while fostering a culture of excellence in all aspects of our professions. Their 15 world-class physicians specialize in the care and treatment of the entire musculoskeletal system, including: orthopedics, sports medicine and pain management. They use the very latest in minimally invasive computer-guided surgeries, and state of the art non-surgical procedures and their physicians are trusted as the sports medicine provider to many of the world's top athletes. Since 1973, Coastal has been proudly serving the communities of both Manatee & Sarasota Counties. From diagnosis to treatment and rehabilitation, Coastal physicians and staff focus on personalized, patient-centered care by customizing a treatment plan for your specific needs.

Dr. Lamar specializes in:

- Specializes in sports medicine, total joint replacement, cartilage rejuvenation, pediatric injuries and arthroscopy
- Sports medicine physician to the Pittsburgh Pirates, Baltimore Orioles, U.S. Soccer Team and IMG Academies
- Served as a sports medicine physician to Tampa Bay Buccaneers from 2004-2014
- Medical Director for Gatorade Sports Science Institute in Bradenton, Florida
- Completed orthopedic residency at the University of Pennsylvania Hospital and Children's Hospital of Philadelphia
- Completed fellowship in Orthopedic Sports Medicine at the world-renowned University of Miami
- Serves as Assistant Medical Professor at the University of South Florida College of Medicine
- Board certified by the American Board of Orthopedic Surgery
- 2015 Vice Chief of Staff for Lakewood Ranch Medical Center's Medical Staff Leadership

Dr. Lamar is a sports medicine physician to the Pittsburgh Pirates, U.S. Soccer Team and IMG Academy. Premier Sports Medicine is proud to have Dr. Lamar as one of its supervising sports medicine trained orthopedic surgeons. Dr Lamar is the supervising sports medicine trained orthopedic surgeon for Premier Sports Medicine of FL, LLC in and around the Bradenton / Sarasota Area. Dr. Lamar is always available by

phone for physician to athletic trainers communication (who all have his direct cell phone number). Dr Lamar and the team of Coastal physicians will be the on call physicians for the athletic trainers representing Premier Sports Medicine during this event.

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.
. "Vj g"KOI "O QF "o ww'dg"pqhkgf "xkc "KOI "Y cmkg"Vcmkg".
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 / First Responders

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

Emergency Equipment onsite at IMG Academy

- A. **For the stadium / field house**, there is an AED is located in the athletic training room.
For Fields 3, 4, 5, 8, 9, 10, there is an AED is located between fields 3 and 8 behind the goals as well as between fields 4, 5, 10 on the lacrosse side of the fence.
For Fields 11-16, there is an AED located between fields 13 and 14.
For Ascender, there are 2 AED's located in the dorms.
*** Please see the map below with yellow dots indicating AED locations ***
- B. **There are AED's in each the New & Old Basketball Gyms and in the Main Athletic Training Rooms.**
- C. Any splinting or bracing equipment will be with the Athletic Trainer on the field.
- D. Spine board equipment will arrive with EMS, if necessary.

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.



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.

*** Rrgcug'gzrrqt g'f qwt 'xgpwg'v'g'pwt g'v'j g'dgw'r quikdr't qwgu'ht "co dwrpeg'ceegu0', , "

911 Emergency Phone Guidelines:

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

- [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:
 - o Name, gender, age, current medical condition and mental status, medical history, allergies to medications
- o Example Script: "ōO{'pco g'ku'aaaaaaaaaaaa"cpf "Kj cxg"cp'cvj rvg'kp'p'ggf "qllko o gf kv'v'o gf kcn'c wgpv'kp"cv' aaaaaaaaaaaaaaa0"Vj g'cvj rvg'ku'c"38/{gct/qif "o crg'wv'htgt kpi 'It qo "aaaaaaaa0"Rrgcug'o ggv'aaaaaaaaaaaaaa"cv' vj g'o ckp'gpvt cpeg'v'j g'lc'ek'k'f "cpf 'j g'y kulj gr 'f k gev'v'j g'co dwrpeg'v'w'w"

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 Founder & President), Shawn McDermott, ATC (PSM Area Director) and Patrick Mularoni (Johns Hopkins All Children's) and/or Daniel Lamar, MD (Coastal Orthopaedics) MUST be notified immediately about the transported injury. All PSM Athletic Trainers have direct access to Dr Mularoni and/or Dr Lamar via cell or office phones.

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 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)

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 also serve as a guide for match play, hydration breaks and participant safety during extreme temperature conditions. The information provided herein is not 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
- 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°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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 66.0 | 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 | | | | |
| 0 | 59.0 | 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 | 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 | 60.8 | 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 | 80.6 | 80.6 | 82.4 | 84.2 | 84.2 | 86.0 | 86.0 | 87.8 | 89.6 | 89.6 | 91.4 | 93.2 | 95.0 | 96.8 | 96.8 | 98.6 | | | |
| 15 | 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 | 78.8 | 78.8 | 80.6 | 82.4 | 84.2 | 84.2 | 86.0 | 87.8 | 89.6 | 91.4 | 91.4 | 93.2 | 95.0 | 96.8 | 98.6 | 100.4 | 102.2 | | | | | |
| 20 | 62.6 | 64.4 | 64.4 | 66.2 | 68.0 | 69.8 | 69.8 | 71.6 | 73.4 | 75.2 | 75.2 | 77.0 | 78.8 | 80.6 | 80.6 | 82.4 | 84.2 | 86.0 | 87.8 | 89.6 | 89.6 | 91.4 | 93.2 | 93.2 | 95.0 | 96.8 | 98.6 | 100.4 | 102.2 | | | | | | |
| 25 | 64.4 | 64.4 | 66.2 | 68.0 | 68.0 | 69.8 | 71.6 | 73.4 | 73.4 | 75.2 | 77.0 | 78.8 | 80.6 | 82.4 | 82.4 | 84.2 | 86.0 | 87.8 | 89.6 | 91.4 | 93.2 | 95.0 | 96.8 | 98.6 | 100.4 | 102.2 | | | | | | | | | |
| 30 | 64.4 | 66.2 | 68.0 | 68.0 | 69.8 | 71.6 | 73.4 | 73.4 | 75.2 | 77.0 | 78.8 | 80.6 | 82.4 | 84.2 | 84.2 | 86.0 | 87.8 | 89.6 | 91.4 | 93.2 | 95.0 | 96.8 | 98.6 | 100.4 | 102.2 | | | | | | | | | | |
| 35 | 64.4 | 66.2 | 68.0 | 69.8 | 71.6 | 73.4 | 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 | | | | | | | | | | | | |
| 40 | 66.2 | 68.0 | 69.8 | 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 | | | | | | | | | | | | | |
| 45 | 66.2 | 68.0 | 69.8 | 71.6 | 73.4 | 75.2 | 77.0 | 78.8 | 80.6 | 80.6 | 82.4 | 84.2 | 86.0 | 89.6 | 91.4 | 93.2 | 95.0 | 96.8 | 98.6 | 100.4 | | | | | | | | | | | | | | | |
| 50 | 68.0 | 69.8 | 71.6 | 73.4 | 73.4 | 75.2 | 77.0 | 78.8 | 80.6 | 82.4 | 84.2 | 86.0 | 87.8 | 91.4 | 93.2 | 95.0 | 96.8 | 98.6 | 102.2 | | | | | | | | | | | | | | | | |
| 55 | 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 | 93.2 | 95.0 | 96.8 | 98.6 | 100.4 | | | | | | | | | | | | | | | | | |
| 60 | 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 | 95.0 | 96.8 | 98.6 | 100.4 | | | | | | | | | | | | | | | | | | |
| 65 | 69.8 | 71.6 | 73.4 | 75.2 | 77.0 | 78.8 | 80.6 | 82.4 | 84.2 | 87.8 | 89.6 | 91.4 | 93.2 | 96.8 | 98.6 | 100.4 | | | | | | | | | | | | | | | | | | | |
| 70 | 71.6 | 73.4 | 75.2 | 77.0 | 78.8 | 80.6 | 82.4 | 84.2 | 86.0 | 87.8 | 91.4 | 93.2 | 95.0 | 96.8 | 100.4 | 102.2 | | | | | | | | | | | | | | | | | | | |
| 75 | 71.6 | 73.4 | 75.2 | 77.0 | 78.8 | 80.6 | 84.2 | 86.0 | 87.8 | 89.6 | 91.4 | 95.0 | 96.8 | 98.6 | 102.2 | | | | | | | | | | | | | | | | | | | | |
| 80 | 73.4 | 75.2 | 77.0 | 78.8 | 80.6 | 82.4 | 84.2 | 86.0 | 89.6 | 91.4 | 93.2 | 96.8 | 98.6 | 100.4 | | | | | | | | | | | | | | | | | | | | | |
| 85 | 73.4 | 75.2 | 77.0 | 78.8 | 82.4 | 84.2 | 86.0 | 87.8 | 89.6 | 93.2 | 95.0 | 98.6 | 100.4 | 102.2 | | | | | | | | | | | | | | | | | | | | | |
| 90 | 75.2 | 77.0 | 78.8 | 80.6 | 82.4 | 84.2 | 87.8 | 89.6 | 91.4 | 95.0 | 96.8 | 98.6 | 102.2 | | | | | | | | | | | | | | | | | | | | | | |
| 95 | 75.2 | 77.0 | 78.8 | 80.6 | 84.2 | 86.0 | 87.8 | 91.4 | 93.2 | 95.0 | 98.6 | 100.4 | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | 75.2 | 78.8 | 80.6 | 82.4 | 84.2 | 87.8 | 89.6 | 91.4 | 95.0 | 96.8 | 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.

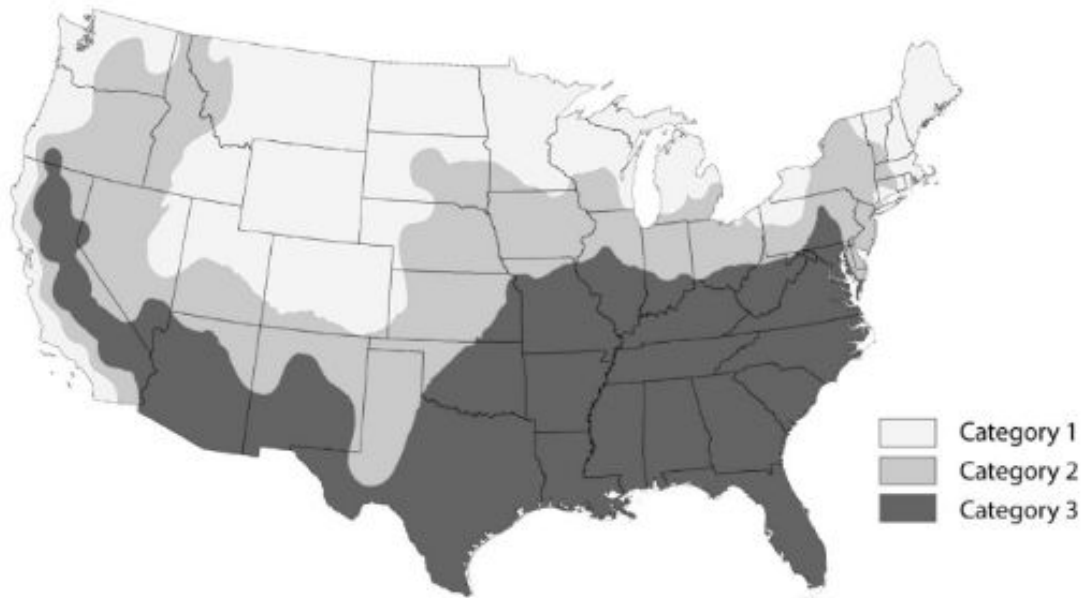


Figure: Regional Heat Category. Reprinted from "Regional heat safety thresholds for athletics in the contiguous United States", A. Grundstein, C. Williams, M. Phan, and E. Cooper, 2015, Applied Geography, Vol 56, p55-60.

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"> No Outdoor Training, delay training until cooler, or Cancel Training |
| 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"> Maximum of 1 hour of training with 4 by 4 minute breaks within the hour. No additional conditioning allowed. |
| 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"> Maximum of 2 hours of training with 4 by 4 minute breaks each hour, OR a 10 minute break every 30 minutes of training |
| Yellow | 76.3-81.0° | 79.9-84.6° | 82.2-87.0° | Less than Ideal Conditions | <ul style="list-style-type: none"> 3 Separate 4 minute breaks each hour, OR a 12 minute break every 40 minutes of training |
| Green | <76.1° | <79.8° | <82.1° | Good Conditions | <ul style="list-style-type: none"> Normal Activities 3 Separate 3 minute breaks each hour of training, OR a 10 minute break every 40 minutes |

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
 - Planned breaks for hydration, duration & time of training & during warmer conditions, plan ahead for matches & trainings
 - Ensure unlimited access to water and other fluids

Follow your Emergency Action Plan

Vj ku'i wlf grkpg'y cu'f gxgrqr gf 'd{ 'WUWUqeegt au'Urqt w'O gf lekpg'F gr ctwo gpv'lp'eqmcdqt cvkqp'y kj 'vj g'Mqt g{ 'Ut lpi gt 'KpukwngO'
 "

The following concussion protocol as noted by US YOUTH SOCCER overrides any other protocol when dealing with a USYS ODP athletes"



Concussion Procedure and Protocol

Eqpewuukqp<'c 't cwo cvke'dt ckp'kplwt { 'vj cv'kpvgt lgt gu'y kj 'pqt o cr'dt ckp'hwpevkqp0'O gf kecnf. 'c'eqpewuukqp'ku'c'eqo r rrgz. "
rcvj qr.j { ukqrqi kecn'gxp v'vq'vj g'dt ckp'vj cv'ku'kpf wgef "d{ 't cwo c0

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. 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 2nd 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 sport 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

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 5. Premier Sports Medicine, its athletic trainers, coaches, parents, and athlete 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. *Erkp'L'Urqtu'Of02005*; 15(2):48-55.
- Guskiewicz KM, et al. National Athletic Trainers' Association Position Statement: Management of Sport- Related Concussion. *L'Cyj nVt c'p*. 2004;39(3):280-297

Missing Athlete Protocol

1. If a parent, guardian, camp director, 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 to 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 on available on site to communicate the tournament is undergoing a “Code Adam”.

If the child is not found within 5-10 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 provide with a detailed description of the person leaving with the child.

Premier Sports Medicine

Recommended Care for Overnight Sports Activities

A. Safety/Security

1. Camper Accountability

Athletes are to remain in their approved areas at all times. Athletes are not permitted to wander the campus unless previously approved by Director.

Athletes must have the Director's permission to leave the campus.

No athlete will be allowed to leave the campus during a session (for a non-sponsored activity) without the written permission of (or accompanied by) their parent or legal guardian or unless it is an emergency.

Event Staff are responsible for verifying the presence of their campers at all camp-led activities, including breakfast and final arrival at the residence hall at night.

2. Lost or Damaged Items

Premier Sports Medicine / USYS Eastern Region ODP is not responsible for personal property or other items belonging to staff members, volunteers, or athletes which are lost or damaged.

a. Staff members/volunteers and campers must reimburse the university for lost keys and swipe access cards, to include re-keying charges.

Unaccounted for property is typically turned into the Director who should then check with the facility manager to determine lost and found procedures. Items found should be turned into the Director or designated representative until claimed by the owner.

4. Visitation Policy

The Director must approve all visitors during camp activities. The Director should be immediately notified if any unauthorized visitor is found in and amongst the group.

5. Youth Protection Requirements

Child abuse in any form will not be tolerated. This includes improper touching/contact, abusive or suggestive language, or striking a child. Avoid compromising situations. Children can mistake well-meaning attention as sexual misconduct. Anyone who suspects or discovers child abuse should report it immediately to the Director.

The Director and Local Police will be immediately notified of any suspected abuse or neglect.

B. Medical Care

All campers must complete and submit a Medical Information and Release Form. The form must be completed by the parent or legal guardian if the camper is less than 18 years old.

1. Staff Medical Training

It is highly recommended that staff members be certified and licensed athletic trainers who are trained to assist during minor emergencies. Staff members and volunteers should receive instructions from the onsite athletic trainer for how to assist with campers' minor injuries.

Athletic Trainers are required by law to work under the direction of a licensed physician when providing athletic training services.

2. Medication

Athletes requiring daily prescription or over the counter (OTC) medications must turn in their medications, with complete instructions, during check-in. Prescription medications must be in the original pharmacy container with the child's name and dosage on it. Please include a note from the parent/legal guardian with specific directions in addition to the labeled instructions.

Prescriptions and medications will be secured in a designated location in a room that can be locked and access restricted. The Director should designate the onsite athletic trainer as the trained professional to access/administer medications and provide treatment protocols. A record of when medication is dispensed will be maintained and the onsite athletic trainer and campers are responsible for keeping track of medication schedules. In the event that an injection, breathing treatment, or other serious form of medication is necessary, the parent or legal guardian will be responsible for administration. No athlete is to self-medicate.

Director and Athletic Trainer should allow athletes to have access to their personal EpiPen or inhaler (if applicable) for the duration of the camp.

3. Medical Treatment

Any time a camper is injured or becomes ill and is under the age of 18 years old, the parent or legal guardian should be notified.

A First Aid Station will be designated and equipped with any and all possible needs. Premier Sports Medicine will always be responsible for all aspects of medical supplies and equipment outside of ice being onsite for injuries that occur.

Minor Medical Needs

(1) Sick or injured camper (minor): This plan may be initiated by any staff member and the Director must be notified immediately.

(a) In the event of a new injury, campers must be escorted by a counselor or other staff member to and from the First Aid Station to receive medical treatment. If campers are of appropriate age, they may move to and from first aid room individually.

(b) During camp day time operations, campers suffering from minor illness or non-serious injury may be escorted to the First Aid Station to receive treatment from the onsite Athletic Trainer or other properly trained staff member.

(2) Sick or injured athlete (serious): This plan may be initiated by any staff member or volunteer and the Director or Assistant must be notified.

(a) The athlete may be any Minor Emergency Clinic or Trauma Center for treatment and this will be coordinated with the Director or Assistant and onsite Certified and Licensed Athletic Trainer representing Premier Sports Medicine.

(b) The athlete's medical treatment release form must be taken for any required treatment. The original will be on file with the Director; a copy will be made available prior to the camper being transported for treatment. The record of when medication was dispensed (if applicable) should also be taken

C. Severe Injury / Emergency Medical Needs

**** Please see previous section on **General Guidelines for Emergency Situations or Other Injuries** ****

Call 911 to request EMS to treat / transport the injured to the nearest appropriate medical treatment facility. If the decision is made by EMS to transport the camper, a staff member should accompany or follow the ambulance to assist as necessary.

Whether the injured camper is taken to a medical treatment facility or treated by the camp staff, the incident must be reported as soon as practicable.

D. Reporting

A athlete Accident/Incident Report should be completed in Healthy Roster just as all injury notes should be completed. This report should be completed by the athletic trainer on staff who witnessed the accident and promptly reported.

CLOSEST MAJOR HOSPITAL

Blake Memorial Hospital

2020 59th St. W., Bradenton, FL 34209

Main Phone: 941-792-6611

Emergency Room (Main): 941-798-6303

*** This Hospital / ER is approx. 3.8 miles away from IMG Academy ***"

"

CLOSEST PEDIATRIC HOSPITAL

*** (for admits, significant trauma, head injuries, etc) ***

Johns Hopkins All Children's Hospital

550 6th Street South, St Petersburg, Florida 33701

Main Phone: 727-898-7451

Emergency Room (Main): 727-767-8400

*** This Hospital / ER is approx. 31 miles away from IMG Academy ***

Manatee Memorial Hospital

206 2nd St E, Bradenton, FL 34208

Main Phone: 941-746-5111

Emergency Room (Main): 941-745-7564

*** This Hospital / ER is approx. 6.0 miles away from IMG Academy ***

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URGENT CARE FACILITIES

Healthcare American Medical Group

315 75th St W, Bradenton FL 34209

Phone: 941-752-2700

Hours of Operation: Mon- Fri, 8am to 7pm, Sat-9am to 2pm, Sun 9am to 1pm

*** This urgent care facility is approx. 2.3 miles away from IMG Academy ***

PrimeCare of Manatee

6011 State Rd 70 E, Bradenton FL 34203

Phone: 941-755-4242

Hours of Operation: Mon 8am to 7pm, Tue-Thu 8am to 6pm, Fri 8am to 7pm,

Sat 9am to 2pm

*** This urgent care facility is approx. 8.1 miles away from IMG Academy ***

The above mentioned urgent care facilities are hgt 'wt i gpv'ecugu'vj cv'f q'pqv't gsw't g'go gti gpe'f 'igt'x'eg'qt "; 33'cu'knc'peg0'Vj gl 'j cxx dggp'pqvdkgf 'qhlvj ku'gxgp0'Vj gl 'ct g' cxkcdrg'c'pf 'ij gt g'ht 'wu'ij qwf 'c' rrc'gt 'pggf 'wt i gpv'c'wgpv'kq'p'c'pf 'do have x-ray onsite0Qwt 'rnc'gt u'y knldg'r'rc'egf 'lp'vj g'uf ugo 'lp'r'tkqt kf 'qtf gt 'f wg'v'q'ugxgt kf 'qhluf o r'vqo u' c'pf 'lplwt {0'Y g'j cxx'dggp'v'q'f 'ij cv'qwt 'c'vj 'rgu'v'y knldg'ecmgf 'dceniku's'wemf 'cu'r'quakdr0Rt c'evskqpgtu'c't g'f'htgt g'v'f'cl'f 'dw'cnly knldg'cy ct g'qhlvj g'gxgp'c'pf 'pggf u'0'Vj gl 'f'q" j cxx'g'f'k'v't'le'v't'c'k'p'g'f 'r'j {ukek'p'u'c'x'k'c'drg'lp'vj g't'rc'el'k'f'c'pf 'ct g'gs'w'r'g'f 'y'kj 'z't'c'u'g'v'e'ij cv'v'g'y'qwf 'pggf 0'



Campus Entrances

- E1 East Entrance
- E2 West Entrance

Academic / Administrations

- 47 Academic Center
- 48 Campus Center
Hospitality Services, Dining,
Campus Life, Student Bank, AT&T
- 25 Residence Halls & Resort Style Pvd
- 40 Lodge
- 41 Balchater Resort Villas
- 42 Champion's Walk Residence Halls
- 43 Academy Park Villas
- 49 Legacy Hall

Housing & Accommodations

Sports

- 23 M&I Academy Fieldhouse
- 45 M&I Academy Stadium
- 49 Performance and Sports Science Center,
Gazade Sports Science Institute (GSSI)
- 50 Soccer & Team Training Building,
Soccer Science Stadium
- 05 Jani K. Wooten Center for Character & Leadership
- 17 Physical Therapy & Rehab
- 18 Performance Center East
- 20 SPRI Performance Zone/Owned Turf
- 27 Training Hill
- 45 M&I Oxeas and Lab
(M&I Academy Stadium, 2nd Floor)

Athletic and Personal Development

Baseball

- 23 Baseball Office (M&I Academy Fieldhouse)
- 29 Baseball Fields
- 30 Batting Cages and Pitching Mounds

Basketball

- 19 Basketball Offices
- 21 Basketball Gymnasium #1
- 21 Basketball Gymnasium #2

Football

- 23 Football Office (M&I Academy Fieldhouse)
- 37 Football Fields

Golf

- 31 Golf Cart/Amateur Studio
- 32 Driving Range/Chipping & Putting Area
- 33 Golf Course

Lacrosse

- 23 Lacrosse Office (M&I Academy Fieldhouse)
- 24 Lacrosse Fields

Soccer

- 34 Soccer Office / Locker Rooms
- 35 Soccer Fields/Multi-Sport Fields

Tennis

- 13 Tennis Office
- 14 Indoor Tennis Center
- 22 Tennis Courts

Track & Field and Cross Country

- 23 Track & Field and Cross Country Office
(M&I Academy Fieldhouse)

Dining & Retail

- 01 Cafeteria (Adult Dining & Registration, Archiver Saunders Runy)
- 02 The Walkers 554
- 15 Administrative Offices
- 44 Golf Club (Not pictured)
- 49 Dunlap Innovation Center
- 49 Brubaker Campus Center
- 04 Mail Room
- 06 Conference Center
- 09 Pool

Other

- Team Shops
- Health Services
- Parking
- Fair
- Restrooms

