



Everett Youth Soccer Club

Emergency Action Plan

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MYSC

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Purpose & Contacts

An emergency action plan is designed to help team officials and guardians respond to emergency situations in a responsible and clear-headed way.

Contact Information:

Emergency Phone Number: **9-1-1**

Non-Emergency Phone Number: **(425) 407-3999**

Hospital Address:

Providence Hospital
1700 13th St, Everett, WA 98201
(425) 261-2000

Swedish Medical Center: Mill Creek Campus
13020 Meridian Ave S, Everett, WA 98208
(425) 357-3900

Swedish Medical Center: Edmonds
21601 76th Ave W, Edmonds, WA 98026
(425) 640-4000

Walk-In Clinic Address:

Seattle Children's North Clinic in Everett
1815 13th St, Everett, WA 98201
(425) 783-6200

Everett Clinic - Harbour Pointe
4410 106th St SW, Mukilteo, WA 98275
(425) 493-6000

Club Contact Information:

Club President - president@everettyouthsoccerclub.com

Executive Registrar - registrar@everettyouthsoccerclub.com

Injured Player

When an injury occurs:

- Control the environment so no further harm occurs (stop all athletes)
- Assess Injuries

When to Activate EAP?

- No Pulse
- No Breathing
- Bleeding Profusely
- Impaired Consciousness
- Injuries to Back, Neck, Head
- Major Trauma to a Limb
- Cannot move or Feel Limbs
- Seizure
- Heat illness: Change in facial color or appearance, disorientation, or loss of consciousness.
- When you believe you should

How to Activate EAP?

- Call **9-1-1** or tell someone to call and relay the information about injuries.
- Provide First Aid: STABILIZE victim
- Gather facts by talking to the injured person and anyone who witnessed the incident
- Stay with the injured person and try to calm him/her
- Direct someone to the street side of the field to direct emergency vehicles to the incident

Calling **9-1-1**:

- Staying calm can be one of the most difficult, yet most important, things you do when calling 9-1-1.
- Listen and answer the questions asked. By doing this, it helps the call-taker understand your situation and will assist you with your emergency until the appropriate police, fire, or medical units arrive.
- The wireless 9-1-1 caller must be aware that the 9-1-1 center that answers the call may not be the 9-1-1 center that services the area that the wireless caller is calling from. Look for landmarks, cross street signs and buildings. Know the name of the city or county you are in. Knowing the location is vital to getting the appropriate police, fire, or EMS units to respond. Providing an accurate address is critically important when making a wireless 9-1-1 call.

9-1-1 Emergency Phone Guidelines:

When dialing 9-1-1 please have the following information available to give the dispatcher:

- Location of athlete including landmarks and/or road names. Know the name of the city or county you are in. BE AS SPECIFIC AS POSSIBLE!
- Location of where the ambulance will be met by a designated person to aid with directions.
 - Please designate a person to meet the ambulance at the entrance
- Caller's name and phone number
- As much information about athlete as possible:
 - Name, gender, age, current medical condition and mental status, medical history, allergies to medications

EAP (Once the player is Stabilized):

- Have the Emergency Medical Form of the player ready for emergency responders
- Notify parents if not on the scene
- Take notes of the player's name and injuries, hospital name, time, location, witnesses, referees...
- Record incident/injuries on Special Incident Report Form

Important:

- Each player is required to have an Emergency Medical Form completed
- The Club encourages all Team Officials to take a First Aid and CPR course.

Cardiac Conditions

Sudden cardiac arrest is not a heart attack but is often due to a cardiovascular disorder causing the heart to suddenly and unexpectedly stops beating. The leading cause of death for youth and teen athletes during exercise, sudden cardiac arrest can happen without warning during any physical activity. Knowing how to react when a player suddenly drops on the field is crucial to saving a life.

RECOGNIZE

- Warning symptoms of an existing heart condition include: chest pain and/or passing out with exercise; racing heart; and/or a family member who died suddenly from a heart condition or suffered a sudden cardiac arrest before the age of 50.
- The first sign of cardiac arrest is when a player collapses without contact during practice or a game.
- Risk factors for sudden cardiac arrest include smoking, obesity, diabetes, sedentary lifestyle and drug abuse.
- Males and African-Americans are more likely to suffer from sudden cardiac arrest.

RECOVER

- Have a plan identifying quick help for all practices and games.
- Identify the collapsed individual.
- Assign someone to call 9-1-1, and someone to retrieve an automated external defibrillator (AED).
- Start hands-only CPR – chest compressions in the center of the chest, pushing hard and fast. Hands-only CPR is easier to remember, perform, and teach than traditional CPR. It also does not require mouth-to-mouth contact.
- Continue chest compressions. Once the AED arrives, place the pads on the individual as shown by the device. The AED will guide you by voice on the next steps.
- If no AED is available, continue chest compressions until emergency personnel arrives. Switch with another person if you get tired.
- Coaches, parents, players, and referees that have CPR training and access to an automated external defibrillator (AED) can save lives. In fact, when an AED is used within three minutes of collapse, there is an 89 percent survival rate.

Concussions

A concussion can be difficult to recognize on the field. Most occur without a loss of consciousness or an obvious sign that something is wrong with a player's brain function. They can occur at any time throughout games or practice, as a blow to the head or body from contact with the ground, the ball or another player. This will help coaches, players, parents, and referees identify the signs and symptoms of concussion and immediately take action with the appropriate treatment.

Video: <https://youtu.be/ZbiFxxlGt4E>

RECOGNIZE

Changes in brain functions:

- Unaware of the game (opposition colors, the score of the game, last play)
- Confusion
- Amnesia (does not recall events prior to the hit or after the hit)
- Drastic changes in alertness
- Does not know time, place, or date
- Slowed responses to questions or conversation
- Decreased attention and concentration

Mental and emotional changes:

- Depression
- Anxiety
- Anger
- Irritability
- Emotionally unstable

Physical changes:

- Headache
- Dizziness
- Nausea
- Unsteadiness/loss of balance
- Feeling "dinged" or stunned or "dazed"
- Seeing stars or flashing lights
- Ringing in the ears
- Double vision
- Unconscious or loss of consciousness (Immediate medical attention required)

RECOVER

Remove, Evaluate and Rest are key steps to treating a concussion or other head injury in soccer. When a concussion is identified quickly, it prevents the injury from getting worse and prevents the player from staying off the field for even longer.

Remove

An athlete who experiences a blow to the head or body should immediately be removed for play and should not return to play until he/she is evaluated. When in doubt, the athlete should sit out.

Evaluate

Have a health care professional evaluate the athlete immediately. Do not try to judge the severity of the injury yourself.

Rest

Never rush a return to play. A return to play should only occur after an athlete has been cleared by a medical professional. If you rush the return, a player is at a significantly higher risk for more problems in the future.

Scenes of Violence - Active Shooter

An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined and/or populated area; in most cases, active shooters use firearm(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 10-15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.

If you hear shots fired on campus or on the field, if you witness an armed person shooting or threatening people (active shooter):

Immediately choose the best way to protect your life. Very quickly, make your best determination of what is occurring and which of the best options below will provide the greatest degree of security for you employing the **“RUN, HIDE, or FIGHT”** protocol.

Video: <https://youtu.be/5VcSwejU2D0>

RUN: Evacuate If Possible

- If there is a considerable distance between you and the gunfire/armed person, quickly move yourself and players away from the sound of the gunfire/armed person. If the gunfire/armed person is in your building and it is safe to do so, run out of the building and move far away until you are in a secure place to hide.
- Leave your belongings behind.
- Keep your hands visible to law enforcement.
- Take others with you, but do not stay behind because others will not go.
- Call 9-1-1 when it is safe to do so. (See instructions below on calling 9-1-1) Do not assume that someone else has reported the incident. The information that you are able to provide law enforcement may be critical, e.g. the number of shooters, physical description and identification, number and type(s) of weapons, and location of the shooter.

HIDE: Hide silently in as safe a place as possible

- If the shooter is in close proximity and you cannot evacuate safely, hide in an area out of the armed person's view.
- Choose a hiding place with thicker walls and fewer windows, if possible.
- Lock doors and barricade with furniture, if possible.
- Turn off the lights.

- Silence phones and turn off other electronics.
- Close windows, shades and blinds, and avoid being seen from outside the room, if possible.
- If you are outdoors and cannot RUN safely, find a place to hide that will provide protection from gunfire such as a brick wall, large trees or buildings.
- Call 9-1-1 when it is safe to do so. (See instructions below on calling 9-1-1)
- Remain in place until you receive an “all clear” signal from first responders.

FIGHT: Take action to disrupt or incapacitate the shooter

- As a last resort, fight. If you cannot evacuate or hide safely and only when your life is in imminent danger, take action.
- Attempt to incapacitate or disrupt the actions of the shooter.
- Act with physical aggression towards the shooter.
- Use items in your area such as fire extinguishers or chairs.
- Throw items at the shooter if possible.
- Call 9-1-1 when it is safe to do so. (See instructions below on calling 9-1-1)

Immediately after an incident:

- Wait for law enforcement officers to assist you out of the building, if inside.
- When law enforcement arrives, players, parents, team officials must display empty hands with open palms.

Note:

- Understand that gunfire may sound artificial. Assume that any popping sound is gunfire.
- If there are two or more persons in the same place when a violent incident begins, you should spread out in the room to avoid offering the aggressor an easy target.
- Be mindful that violent attacks can involve any type of weapon, not just a gun. Knives, blunt objects, physical force or explosives can be just as deadly as a gun. The suggested actions provided here are applicable to any violent encounter.
- Plan ahead: Visualize possible escape routes, including physically accessible routes for anyone with disabilities and others with limited mobility.

Calling 9-1-1:

- Staying calm can be one of the most difficult, yet most important, things you do when calling 9-1-1.
- Listen and answer the questions asked. By doing this, it helps the call taker understand your situation and will assist you with your emergency until the appropriate police, fire or medical units arrive.
- The wireless 9-1-1 caller must be aware that the 9-1-1 center that answers the call may not be the 9-1-1 center that services the area that the wireless caller is calling from. Look for landmarks, cross street signs and buildings. Know the name of the city or county you are in. Knowing the location is vital to getting the appropriate police, fire or EMS units to respond. Providing an accurate address is critically important when making a wireless 9-1-1 call.

Environmental

Environmental conditions can significantly impact player health and safety. Extreme temperatures, severe weather, and the integrity of the playing field and its equipment all impact players' ability to practice and compete safely. This gives players, parents, coaches, and referees information and guidelines to make sure the desire to play does not cloud the decision-making process when it comes to evaluating environmental conditions to ensure the safety of those on the field.

Heat & Hydration

Extreme heat can impact players' health and safe play. Proper hydration and knowing when you need to drink are critical, to help prevent many injuries and illnesses, from muscle cramps to heat stroke. Players should drink water before, during and after a game or practice, which means coaches should make sure there is adequate water available.

RECOGNIZE

Thirst is a warning that your body is already in an early stage of dehydration. Drink when you are thirsty. Recognizing the signs of dehydration are important because the amount of water required will vary from player to player.

- Dry, sticky mouth
- Sleepiness or tiredness
- Headache
- Dizziness or lightheadedness
- Rapid heartbeat
- Rapid breathing
- Fever
- In the most serious cases, delirium or unconsciousness

RECOVER

- Add hydration breaks
- Shorten practice
- Practice early or late in the day when temperatures are lower
- Use less-strenuous training activities during practice

Heat Guidelines

Heat-related illnesses, such as heat stroke and heat exhaustion, can be serious and potentially life-threatening conditions. This gives coaches, referees, and players when training or playing in warmer climates, outlining recommendations for 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 advice of your physician or healthcare provider. For specific questions or concerns, please consult your healthcare provider or physician.

HEAT-RELATED ILLNESS

Heat-related illnesses, such as heat exhaustion and exertional heat stroke (EHS), can be serious and potentially life-threatening conditions which can be brought on or intensified by physical activity. Recognizing the signs and symptoms as early as possible allows for treatment and rapid recovery with hydration and cooling down the individual.

- Early signs and symptoms of heat illness include weakness or fatigue, headache, nausea, and dizziness.
- Altered mental status, such as confusion, irritability, aggressive behavior, dizziness
- Slurred speech
- Hallucinations
- Loss of balance, falling down
- Throbbing headache
- Body temperature above 104 degrees Fahrenheit
- Complaining of chills, while skin may be warm to the touch

Preventing heat-related illness is the best medicine. It may become important to adjust training, match play and hydration breaks when playing in warmer climates and during extreme temperature conditions.

FIND YOUR ALERT LEVEL AND WORK TO REST RECOMMENDATIONS (Based on Puget Sound)

ALERT LEVEL	TEMP (°F)	EVENT CONDITIONS	RECOMMENDED WORK TO REST RATIOS (ACTIONS & BREAKS)
BLACK	>86.2 °F	Extreme Conditions	No Outdoor Training, delay training until cooler, or Cancel training.
RED	84.2- 86.1°F	High Risk for Heat-Related Illness	Maximum of 1 hour of training with 4 by 4 minute breaks within the hour. No additional conditioning allowed.
ORANGE	81.1- 84.1°F	Moderate Risk for Heat-Related Illness	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°F	Less than Ideal Conditions	3 Separate 4 minute breaks each hour, or a 12 minute break every 40 minutes of training.
GREEN	<76.1°F	Good Conditions	Normal Activities. 3 Separate 3 minute breaks each hour of training, or a 10 minute break every 40 minutes.

EXCESSIVE HEAT IMPACT ON PLAY

It is recommended that training or match play be canceled or delayed until cooler when the temperature exceeds 86.2°F.

Once an alert level is determined, follow these “Work to Rest” ratios to modify training to help ensure safe play:

- Alert Level Black - No outdoor training, delay training until cooler or cancel.
- Alert Level Red - Maximum of one hour of training with four separate 4 minute breaks within the hour. No additional conditioning allowed.
- Alert Level Orange - Maximum two hours of training time with four separate 4 minute breaks each hour or a 10 minute break after 30 minutes of continuous training.
- Alert Level Yellow - Use discretion, provide three separate 4 minute breaks each hour, or a 12 minute break every 40 minutes of continuous training.
- Alert Level Green - Normal Activities, provide three separate 3 minute breaks each hour of training, or a 10 minute break every 40 minutes.

RECOVER

- Remove from training and away from the source of heat
- Cool in a shaded area using ice towels
- Fan or spray with water to bring down body temperature
- Provide access to fluids/electrolytes and encourage rehydration

IN SEVERE CASES EXERTIONAL HEAT STROKE:

- 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
- Call 9-1-1 - Exertional heat stroke is a medical emergency

SPECIFIC HEAT-RELATED ILLNESS

The first steps to recovery in all these cases are replacing fluids and cooling the body by resting in a cool, shaded place. Fanning or spraying with water will also help bring down the body temperature.

HEAT CRAMPS

Heat cramps usually affect those who sweat a lot during strenuous activity. This sweating depletes the body's salt level, as well as hydration. Low salt levels lead to painful muscle cramps. Heat cramps may also be a symptom of heat exhaustion.

HEAT EXHAUSTION

Heat exhaustion is the body's response to an excessive loss of water and salt, usually through excessive sweating. Someone suffering from heat exhaustion may appear confused or disoriented. It can lead to extreme weakness or fatigue, dizziness, and nausea.

HEAT STROKE

Heat stroke is the most serious heat-related disorder. It occurs when the body becomes unable to control its temperature. When this happens, the body's temperature rises rapidly, the sweating mechanism fails and the body is unable to cool down. The surge in body temperature can happen very quickly, within 10 to 15 minutes, rising to 106° Fahrenheit or higher. Heat stroke can cause death or permanent disability if emergency treatment is not given.

Someone suffering from heat stroke will be dizzy and confused. They may slur their speech, have hallucinations, or complain of a throbbing headache. While their skin may be warm to the touch, they may actually complain of chills. If you suspect heat stroke, CALL 9-1-1.

Cold Weather Guidelines

The effects of cold weather can impact health and safety during practices and games. This is a guide for coaches, referees, and players for training or playing in colder climates. Additionally, it serves as a guide for match play or 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 advice of your physician or healthcare provider. For specific questions or concerns, please consult your healthcare provider or physician.

COLD WEATHER SAFETY TIPS

Dress for the Cold

When temperatures drop and wind increases, the body loses heat more rapidly. It is important to dress appropriately when training or playing in the cold weather. This also means to not overdress.

Layering clothing in a specific way is recommended and very effective. The layers can be added or removed based on body temperature and changing environmental conditions, such as temperature and wind. Allow players to wear additional clothing, like gloves, sweatshirts, sweatpants and/or hats or headbands. Also, avoid sweating before going outside because your body will cool too quickly.

Layering Technique for Effective Dressing in the Cold

Inner Layer 1: Wicking layer (wool or polyester)

Middle Layer 2: Insulated layer (fleece or wool)

Outer Layer 3: Water and windproof layer

Stay Dry

Wet and damp conditions add to the risk of injury or illness during cold weather. Players, coaches, and referees should recognize these factors and use additional caution to watch for potential cold injuries.

If players do get wet during training or play, remove wet or saturated clothing and replace it with dry clothing. This becomes more important if the individual will remain out of play or anticipates standing around for a prolonged period of time. A hat, gloves, and an extra pair of socks can also keep extremities dry in case of snow or rain.

Stay Hydrated

Cold weather often reduces our ability to recognize that we are becoming dehydrated. If you are thirsty you have already become dehydrated. Try putting warm or hot water in a water bottle so that your water doesn't freeze when training for extended amounts of time outside.

Take Action

If someone is suffering from a cold-related illness, get him or her into a warm location as soon as possible. Identify a nearby warming location before the start of training or play.

During games provide blankets or other items for players to stay warm while they are on the bench and allow additional substitutions or warming breaks.

Wind Chill

Pay attention to the wind chill temperature (WCT) index. Even prolonged exposure in relatively mild temperatures can lead to frostbite.

Determine Wind Chill Temperature

WIND CHILL TEMPERATURE (WCT) INDEX														
TEMPERATURE IN DEGREES FAHRENHEIT														
W I N D S P E E D		40	35	30	25	20	15	10	5	0	-5	-10	-15	-20
	5	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34
	10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41
	15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45
	20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48
	25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51
	30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53
	35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55
	40	27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57
	45	27	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58
	50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60

NOTE: This table was adapted from NOAA and NWS. It is compiled from the following formula Wind Chill (°F) = $35.74 + 0.6215T - 35.75(V^{0.16}) + 0.4275T(V^{0.16})$ where T=Air Temperature and V=Wind Speed (mph).

FIND YOUR ALERT LEVEL

Use this chart to determine the alert level at your location based on the wind chill temperature.

ALERT LEVEL	WCT (F)	EVENT CONDITIONS	RECOMMENDED ACTION
BLACK	< 0	Extreme Conditions	Cancel or attempt to move activities indoors. Frostbite could occur
RED	1-15	High Risk for Cold Related Illness*	Consider modifying the activity to limit exposure and allow for more frequent chances to rewarm.
ORANGE	16-24	Moderate Risk for Cold Related Illness*	Provide additional protective clothing, cover as much exposed skin as practical, and provide opportunities and facilities for rewarming
YELLOW	25-30	Less than Ideal Conditions	Be aware of the potential for cold injury and notify appropriate personnel of the potential
GREEN	>30	Good Conditions	Normal Activities

*In wet environments with colder conditions, the following situations are accelerated. Use additional caution to recognize potential cold injuries. (NOTE: These WCT guidelines were adapted from the NATA position statement: Environmental Cold Injuries by Cappaert et al. 2008.)

COMMON COLD RELATED ILLNESSES

FROSTBITE

Frostbite is what happens when the skin and tissue actually begins freezing. It can cause numbness, tingling or stinging in the affected area. The skin may also lose its natural color, turning pale or bluish. Frostbite can permanently damage body tissue, leading to the loss of an extremity in severe cases.

The most commonly affected areas for frostbite include nose, ears, cheeks, chin, fingers, and toes. Use body heat or warm (but not hot) water to begin warming the affected area.

RECOGNIZE

- Swelling / Edema
- Redness or mottled gray skin appearance
- Tingling or burning
- Blisters
- Numbness or loss of sensation

RECOVER

- Gradually rewarm affected area with warm water

WARNING:

- Do not rub or massage the frostbitten area. This may actually increase the damage.

- Do not use heating pads, heat lamps or the heat of a stove, fireplace, or radiator for warming since affected areas are numb and can be easily burned

*If any of the symptoms persist for longer than a few hours, seek medical attention from an emergency department or physician.

HYPOTHERMIA

Hypothermia is the result of your internal body temperature dropping to 95 degrees Fahrenheit (35 degrees Celsius) or less. It can be fatal if not detected promptly and treated properly.

Hypothermia typically begins with feelings of intense cold, shivering, and behavior which are quieter and disengaged than normal. As the condition worsens, the individual seems confused, sleepy and may begin slurring speech. To begin treating hypothermia, start by warming the center of the individual's body first. Make sure they are dry and cover them with layers of blankets, clothing, towels or whatever else is around to contain their body heat. Warm nonalcoholic beverages may also help increase body temperature. If hypothermia is suspected, get the on-site medical provider or call 9-1-1.

RECOGNIZE

- Shivering vigorously or suddenly not shivering
- Increased blood pressure
- Lethargy
- Impaired mental function
- Slurred speech

RECOVER

- Remove damp/wet clothing
- Apply heat to the trunk of the body, not limbs
- Provide warm fluids and food
- Avoid applying friction massage to tissues

WARNING:

Do not use a hot shower or bath to treat hyperthermia because it could cause the individual to go into shock.

*If symptoms persist seek medical attention from a physician or an emergency department.

Lightning

Should a game be suspended due to weather conditions all players, coaches, officials, spectators should seek shelter as appropriate. Play will not be resumed until 30 minutes after the last thunder/lightning sighting. Match officials are required to stay on site (sheltered) as long as the match can still be resumed. If the coaches indicate they will not resume due to weather/time then referees need to indicate that on the match report and contact their assignor. Coaches should notify the club. It is very likely that there is a match scheduled behind the current one and you may not be able to resume play.

If a game is delayed for weather, please try and get the game played. Re-scheduling is, as you may well guess, difficult. However, you need to be realistic; the lights may go off, other teams may be scheduled after your game, etc. It's possible you may need to shorten the halves; officials please include the coaches in your discussion, this may resolve some questions about whether to play or not given scheduling concerns. Games are considered played in full after so many minutes have been played, but that is not the decision of the referee. Referees should note on the score sheet at what minute game was suspended and what the score was. The club/association administration will determine whether the game needs to be replayed or the score stands.

Remember that the final decision as to safety lies with the referee once the match has started. If the field conditions are not safe, then don't play the game.

USSF/NCRRefs

Policy regarding weather issues references thunderstorms but works for snow and other conditions as well.

Lightning

A) Recognizing the threat

1) Apply the 30-30 rule

When you see lightning, count the time until you hear thunder. If this time is 30 seconds or less, seek proper shelter. If you can't see the lightning, just hearing the thunder is a good back-up rule. Wait 30 minutes or more after hearing the last thunder before leaving the shelter.

2) Know and heed warning systems and community rules

Many communities or park systems have lightning detection and warning systems. Use this information and obey the rules established by the community or park system.

3) Know and apply the rules and procedures established by the competition authority.

4) Minimize the risk of being struck

Protect the safety of all participants by stopping game activities quickly, so that participants and spectators may retire to a safer place before the lightning threat

becomes significant. Remember, if you can hear thunder, you are within reach of lightning.

B) Seeking proper shelter

1) No place outside is safe near thunderstorms.

2) The best shelter is a large, fully enclosed, substantially constructed building. A vehicle with a solid metal roof and metal sides is a reasonable second choice.

C) If there is no proper shelter, avoid the most dangerous locations: Higher elevations; wide open areas, including fields; tall isolated objects, such as trees, poles, or light posts; unprotected open buildings; rain shelters; bus stops; metal fences and metal bleachers.

D) If you cannot avoid these locations, crouch down on the balls of your feet, keeping your feet together, with your head tucked into your chest and your hands over your ears. If someone is hit, remember that all deaths from the lightning result from cardiac arrest and stopped breathing. CPR is the recommended first aid. Referees should become involved in such assistance only if they have proper training.

E) Remain calm. A calm official will often be able to prevent panic by young players.

*Do not lie flat on the ground

Field Conditions

Field conditions vary from location to location, but safety practices are the same. There may be hazards on the field that need attention before safe play can begin.

RECOGNIZE

- Trash and debris, including rocks, should be removed from the field.
- Make the players aware of inconsistent surface conditions, such as uneven edges or bumps.
- Soccer goals should be properly anchored with weights or posts to prevent tipping forward.

RECOVER

- If hazards remain, play should be suspended or moved to a different location.
- *Know your goal:* There are 500,000 soccer goals across the United States in many shapes and sizes, each with specific safe anchoring guidelines. Anchor your goal correctly.