



Athlete Health and Safety Packet

The content within the Health and Safety Packet has been compiled and reviewed by USA Ultimate staff and the USA Ultimate Medical Advisory Committee. Our goal is to help athletes, coaches, event staff, and spectators enjoy a safe experience and perform at their best both on and off the field. For any USA Ultimate event or sanctioned event, we ask team organizers, event organizers and tournament directors to share this packet with all participants and teammates and to have a copy available at the event.

The information contained in this packet is educational and is not meant to be a substitute for evaluation by a qualified health care professional. You should consult a qualified health professional if you are seeking medical advice for an injury or illness. For additional information you may find the complete [Health, Safety and Liability Requirements](#) on our website.

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Lightning Guidelines*

- Event staff will communicate with players and spectators that there is a lightning danger, play will be stopped, and everyone should seek shelter.
- Safe shelter for players and spectators at the field site includes any fully enclosed building or vehicle with a hard top and closed windows.
- If you can't get to a safe shelter, try to avoid being the tallest object in an open field or on open water. Avoid other tall objects, metal objects, and water. Assume a crouch position with only the balls of your feet touching the ground, your arms crossed and NOT touching any part of your lower body, and your head lowered. Minimize contact with the ground. Do not lie flat.
- Event staff will indicate to players when play is going to resume along with any schedule modifications.

*Event staff will provide detailed lightning guidelines and communication procedures to team contacts prior to the event and will also make them available at the on-site medical area.

Player Safety Quick Reference: Planning for Practices and Tournaments

Use the following chart to quickly reference what you should do to manage safety planning, common injuries and illnesses, and tournament hydration and nutrition.

Keep records of athletes': <ul style="list-style-type: none"> • Medical conditions • Medications • Emergency contacts 	Identify tournament resources: <ul style="list-style-type: none"> • Athletic Trainer? • EMT? • Ambulance? 	Be prepared with: <ul style="list-style-type: none"> • Directions to local hospitals • Emergency action plan for athletes with medical conditions • Familiarity with symptoms
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Common Injuries & Illnesses

	Description	Management
Abrasions	Shallow, often dirty wounds. Common with layouts.	Clean wound thoroughly. Apply antibacterial ointments and cover with gauze or non-stick bandage.
Concussions	The transmission of force (with or without direct impact to the head) can cause changes in brain function which constitute a concussion (McCrory 2008). It may take hours or days for full symptoms to become apparent.	No same-day return to play. Athlete should be evaluated urgently by a medical professional trained in concussion management. Be alert to the possibility of a neck injury and if concerned, call 911.
Fracture vs. Sprain	Without an x-ray it can be difficult to distinguish a fracture from a sprain in a swollen joint. It is important to treat fractures appropriately within a week or less.	If there is bruising and/or swelling of a finger or wrist or around any joint, the athlete should be evaluated within a week or less by a doctor trained in the care of athletes.
Children/growth plates	Children’s skeletons have growth plates, areas made of cartilage which break and suffer stress injury more easily than bone. Children are also more likely to suffer heat illness as they tend to drink less and absorb heat more.	If a youth athlete limps, complains of pain, is not playing normally or has an injury with bruising or swelling, keep them out of play until they can be evaluated by a specialist trained in management of youth athletes.
Heat Illness	Symptoms include unusual fatigue, nausea, headache, dizziness, vomiting or chills and can occur when heat and sometimes dehydration combine to overwhelm the body’s ability to stay at a normal temperature. More likely to occur when it is hot, humid, when the athlete is dehydrated or ill, using medications or alcohol, or doing high-intensity exercise (Joy, GSSI).	Treat with immediate rest in the shade and fluids. No return to play for at least 2 hours. If untreated, symptoms can progress to confusion, loss of coordination, seizures – in this case, call 911. <u>Prevention:</u> Do not exercise in excessive heat and humidity. Practice in cooler parts of the day. Ensure access to adequate fluids. Seek shade when able.
Sunburn Prevention: Use sunblock of at least SPF 30. Apply 15-30 minutes before sun exposure. Reapply every 2-3 hours.		

Medications for pain (NOTE: Medication cannot be administered to minors without express parental authorization)

- Acetaminophen (Tylenol) – a medication for pain without anti-inflammatory properties.
- Ibuprofen (Motrin, Advil) - a medication for pain with anti-inflammatory properties. It can bother your stomach, kidneys and elevate blood pressure. Take w/ food and at least 2 hours before bed. It is very important not to exceed the max dose for your weight and kidney function.
- Naproxen (Aleve) - a medication for pain with similar side effects and precautions as ibuprofen. Take with food and at least 2 hours before bed.

NOTE: Only use medications according to the instructions on the bottle. It is NOT safe to combine ibuprofen with naproxen or any other anti-inflammatory.

Tournament Hydration and Nutrition (ADA, Kreider)

Heat-related illness occurs when the body cannot cool itself adequately due to exercise in hot and/or humid conditions. Signs and symptoms of heat illness can include change in level of consciousness, abdominal cramps, nausea/vomiting, fatigue/tingling, chills, dry mouth, decreased urine output and darkening of urine. If any of these happen, see a doctor right away. Heat stroke is a serious illness that can lead to coma and death if not treated properly.

Prevention of heat illness

- Avoid alcohol, caffeine, and carbonated beverages.
- Some medications cause dehydration. Read the labels carefully or consult your doctor before taking them before ultimate.
- Avoid certain nutritional supplements (such as caffeine and ephedrine) that can dehydrate the body and/or increase metabolism and heat production.
- Know your body – Be honest! Are you fit enough to perform under current conditions?
- Drink and eat water AND sports drinks “optimally” before, during, and after play. Potassium is important (good sources include: sports drinks, yogurt, grapefruit juice, bananas and oranges). Sodium is also important (good sources include: sports drinks, vegetable juices, pretzels, nuts, cheese and crackers). After play, carbohydrates are important: foods such as potatoes, honey, cereal, white bread, corn chips, sports drinks, jelly beans, rice cakes, bagels, crackers, gummy candies.
- Don’t drink too much – Over-hydrating can be dangerous if it leads to a fluid and electrolyte imbalance.
- Monitor your urine – Clear/copious = hydrated. Dark = Need water/electrolytes.
- Be sensitive to prior illness – If you’ve been sick, your body may be more susceptible to dehydration.
- Rest and cool down after play – Find shade, wet the skin, get in front of a fan or breeze.

3-4 hours before exercise	Drink 2-3 mls per pound of body weight (i.e. 300-450 mls for a 150-lb person). More than this is not helpful.
1-2 hours before exercise	Have a snack or meal high in carbs, moderate in protein.
During exercise	<p><u>Eat:</u> 30-60 gm of carbs every hour of exercise.</p> <p><u>Drink:</u></p> <ul style="list-style-type: none"> • According to thirst. How much each person needs to drink should be individualized. • The athlete should drink enough to have roughly the same body weight after exercise as before. • Urine should be light in color • Hydration needs will vary with weather conditions. • For a workout < 2 hours, water is fine. • For a tournament, sports drinks can provide some carbs and electrolytes. <p>Regardless of what you drink, snacks and salty foods are important to maintain electrolytes, endurance.</p>
Immediately after exercise	<p><u>Drink:</u> At least 16-24 oz (450-675 ml) of fluid for every pound (0.5 kg) of body weight lost during exercise.</p> <p><u>Eat:</u> Within 30 minutes after intense exercise: 1 gm carbs/kg body weight and 0.5 g protein/kg body weight.</p> <p><u>On a tournament day or after intense exercise:</u> 1.0 to 1.5 g/kg body weight during the first 30 minutes and again every 2 hours for 4-6 hrs to replace glycogen stores</p>
Next meal	High carb meal within 2 hours of intense exercise

Rest/recovery: Increase workouts by no more than 10% per week. Going faster or harder increases the risk of overuse injuries. Rest at least 1 day per week. Work on skills, lower-impact drills and strategy with injured athletes.

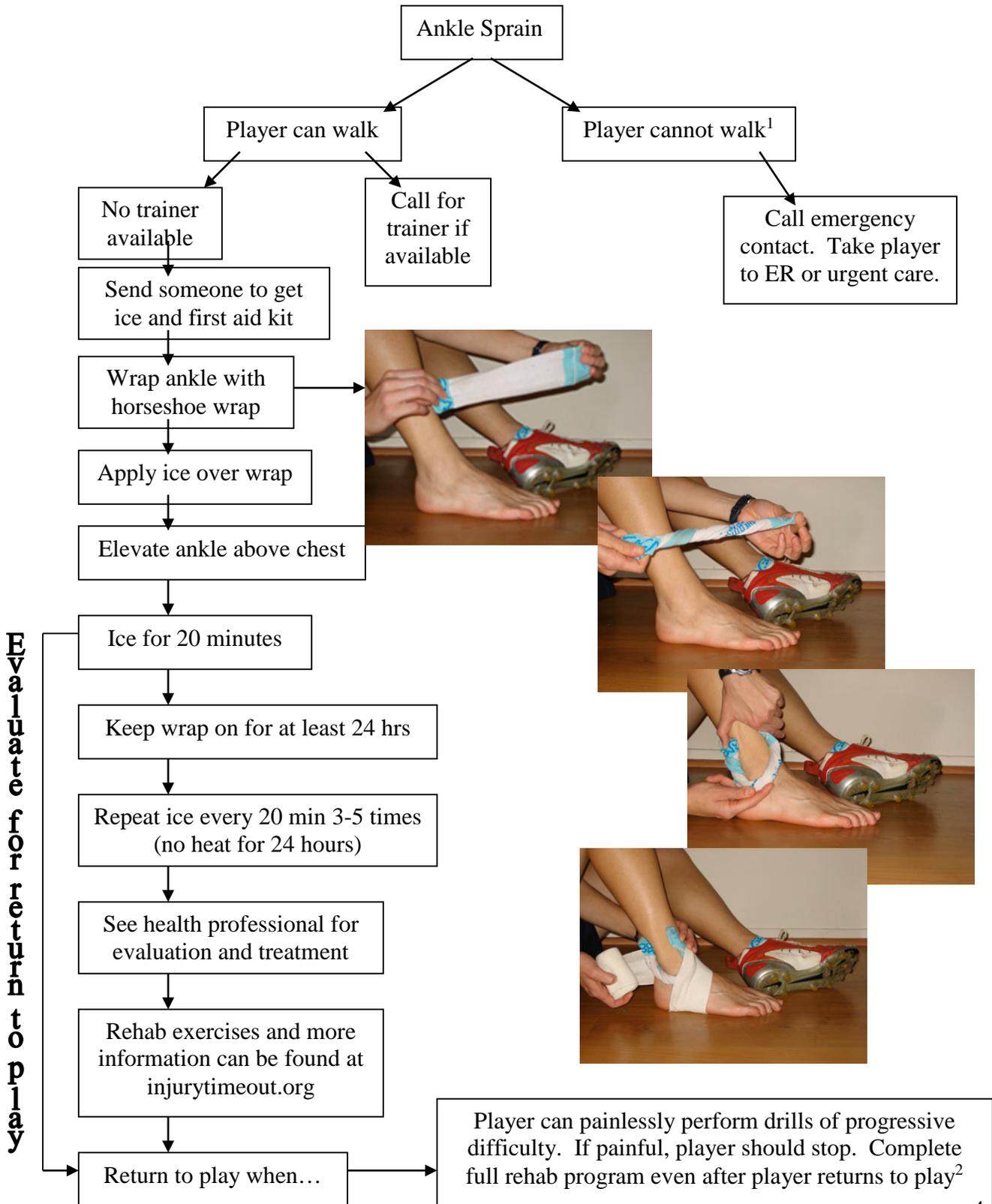
Source: USA Ultimate Medical Quick Reference Card. Leslianne Yen, M.D., Board-Certified Sports Medicine, Internal Medicine.

References – See Appendix 13 in the “Coaching Performance Workshop” Manual. The information contained in this packet is educational and is not meant to be a substitute for evaluation by a qualified health care professional. You should consult a qualified health professional if you are seeking medical advice for an injury or illness.

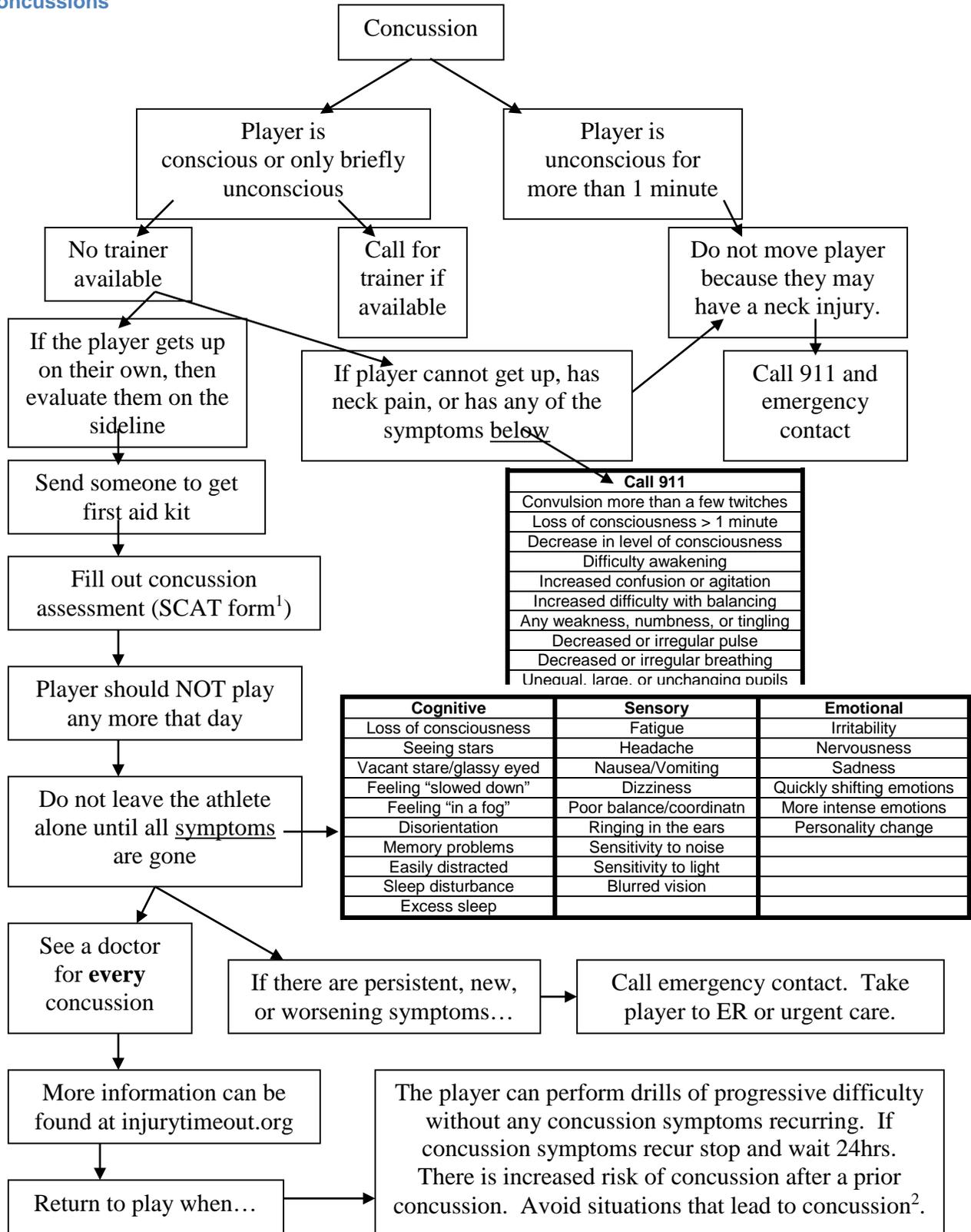
Injury Treatment Flowcharts

The Injury Treatment Flowcharts were created by Sports Medicine Series by Jamie Nuwer MD
 Illustration by Sierra Simmons (medical student) . Last updated 11/08

Ankle Sprain



Concussions



From the Parent/Athlete Concussion Information Sheet:

cdc.gov/concussion/headsup/pdf/Parent_Athlete_info_sheet-a.pdf

A concussion is a type of traumatic brain injury that changes the way the brain normally works. It is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump can be serious.

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion listed below after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Concussion Danger Signs: In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Loses consciousness (even if brief)
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Convulsions or seizures
- Slurred Speech

Why should an athlete report their symptoms? If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

What should you do if you think your athlete has a concussion? If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional. It's better to miss one game than the whole season. For more information on concussions, visit:

www.cdc.gov/Concussion.

Signs Observed by Coaching Staff

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily or answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to or after a hit or fall

Symptoms Reported by Athletes

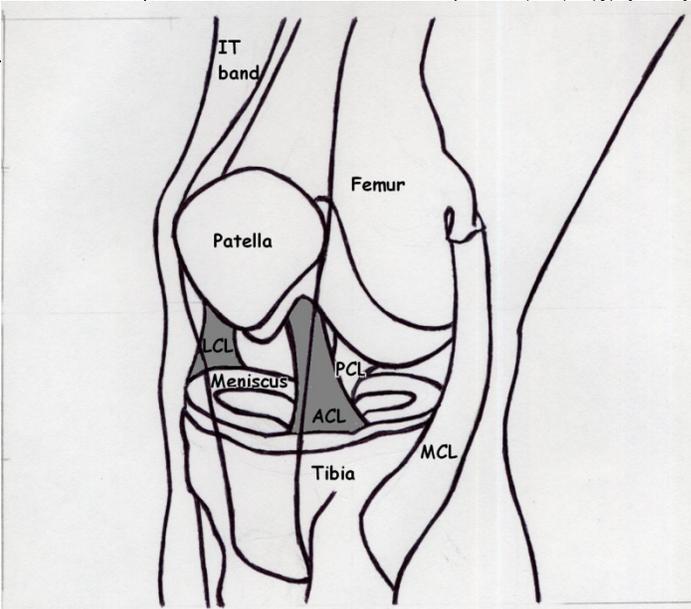
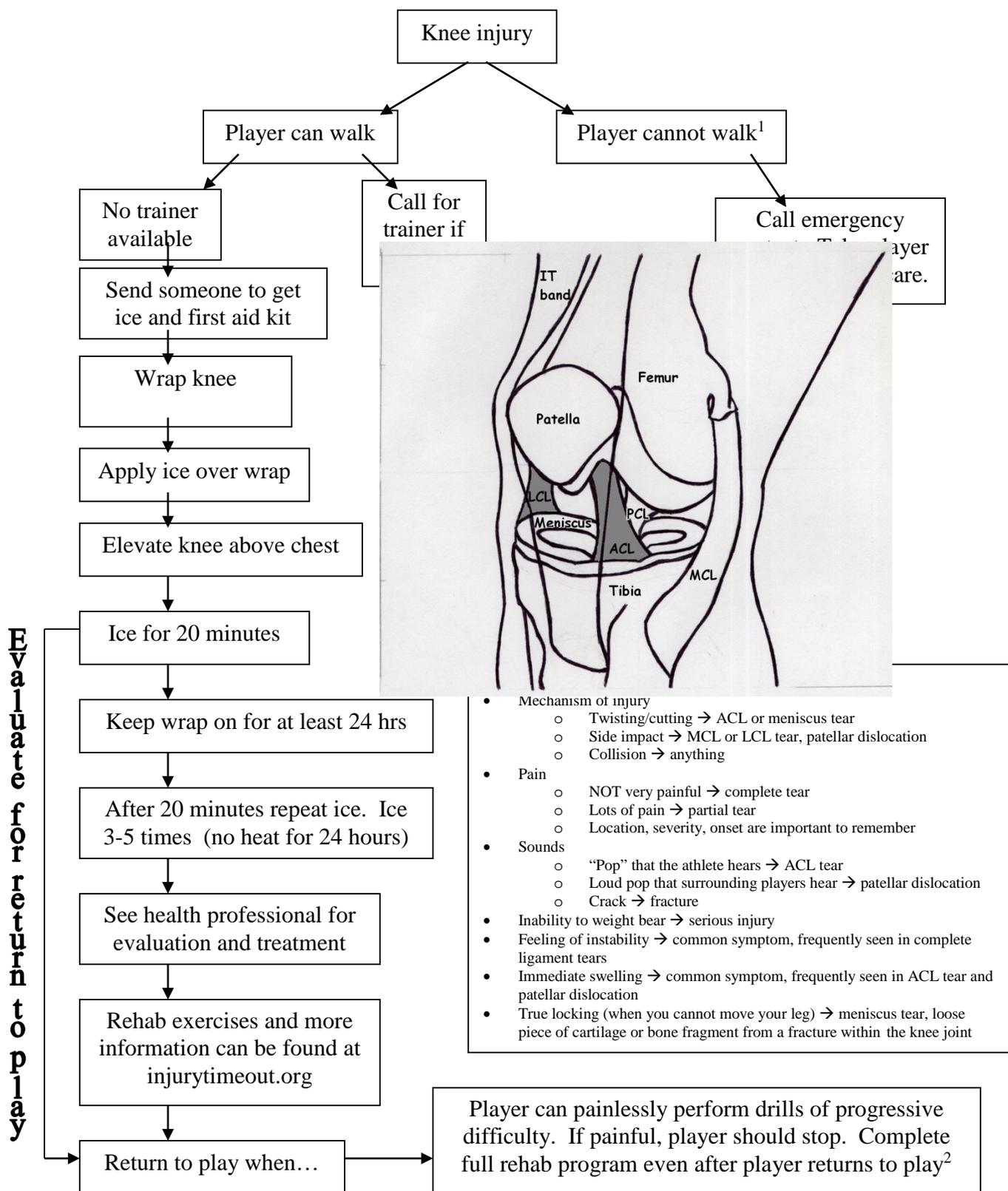
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems or confusion
- Just not “feeling right” or “feeling down”

Did You Know?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults

Remember... Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

Knee Injury

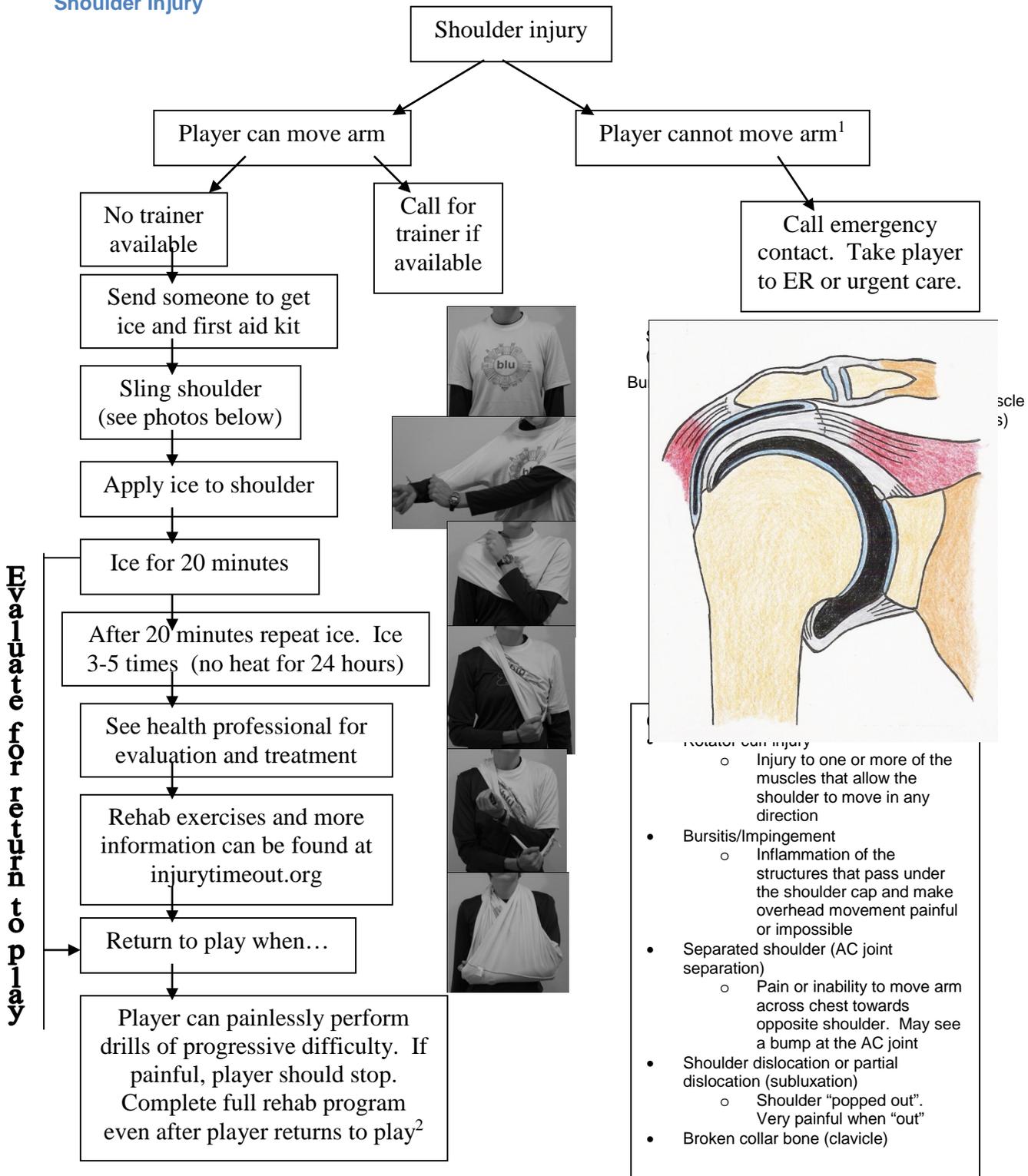


- Mechanism of injury
 - Twisting/cutting → ACL or meniscus tear
 - Side impact → MCL or LCL tear, patellar dislocation
 - Collision → anything
- Pain
 - NOT very painful → complete tear
 - Lots of pain → partial tear
 - Location, severity, onset are important to remember
- Sounds
 - “Pop” that the athlete hears → ACL tear
 - Loud pop that surrounding players hear → patellar dislocation
 - Crack → fracture
- Inability to weight bear → serious injury
- Feeling of instability → common symptom, frequently seen in complete ligament tears
- Immediate swelling → common symptom, frequently seen in ACL tear and patellar dislocation
- True locking (when you cannot move your leg) → meniscus tear, loose piece of cartilage or bone fragment from a fracture within the knee joint

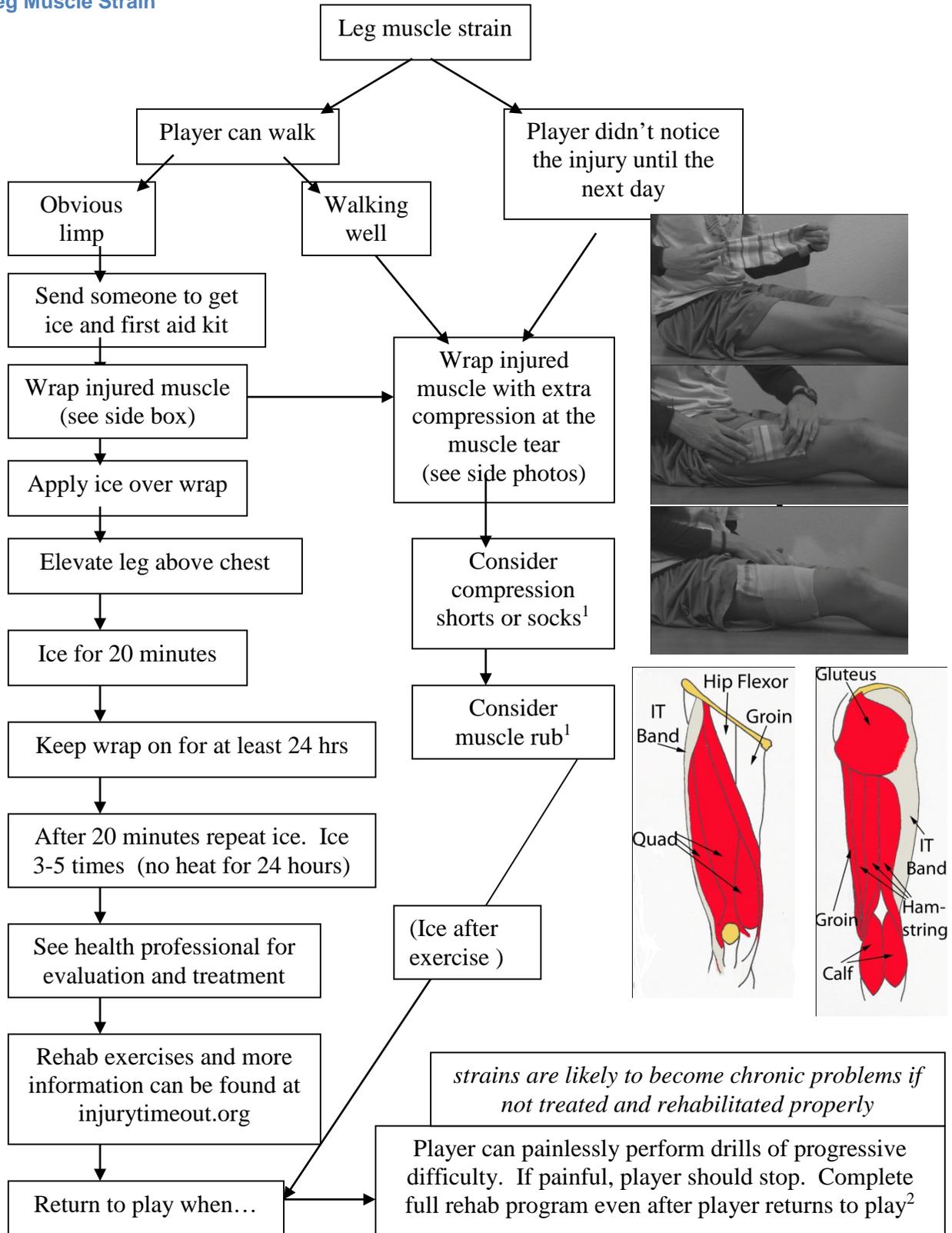
Player can painlessly perform drills of progressive difficulty. If painful, player should stop. Complete full rehab program even after player returns to play²

Evaluate for return to play

Shoulder Injury



Leg Muscle Strain



1. There's no definitive evidence that these interventions do anything.
 2. Wraps, taping, or braces do not prevent re-injury; only completed rehab can prevent re-injury.

Requirements for Youth Participants

The following requirements apply to any event where youth (under 18) are allowed to participate.

1. Chaperones

For all USA Ultimate events, one* [USA Ultimate approved chaperone](#) is required for each team with a player under the age of 18. The chaperone must be listed on the team roster. An approved chaperone is an individual who:

- a) has a USA Ultimate account (no membership required);
- b) has completed a USAU liability waiver;
- c) is 21 or older; and
- d) has completed a background screening through the National Center for Safety Initiatives and received a "green light" (This process takes 2-10 days and is good for two years).

**Some championship events may require more than one approved chaperone.*

2. Medical Authorization Form

A [Medical Authorization form](#) is required for all players under 18 and must be given to the team chaperone. The team chaperone should keep the form on site with them throughout the event in case of an emergency (please note that medical authorization forms are not submitted to USA Ultimate).

3. Alcohol Policy at Youth Events

Alcohol shall not be marketed, provided, served or sold at USA Ultimate official, sponsored, sanctioned or affiliated youth events (events where all of the participants are under 21).

4. Competition Requirements

For youth events, the following schedule parameters are mandatory:

- a) Max 3 games/day and 6 max on the weekend when using full length (2 hour, games to 15);
- b) Option to have more games within the 6 hour (per day) max game time (if # of teams/competition necessitates);
- c) Minimum of 30 minutes from hard cap to start of next round;
- d) If teams have more than 2 games in a day, one 1-hour break between games is recommended.

For non-youth events with youth players- while the above schedule parameters are not required, please be aware of youth participants in the event when creating the event schedule.

5. Additional Safety Considerations

Keep safety a priority. When minors are permitted to play with adults, consider:

- appropriate SKILL LEVEL
- adequate BODY SIZE
- LANGUAGE
- presence of ALCOHOL
- age-appropriate SOCIAL ACTIVITIES

Sideline Safety

- Players and spectators should make every effort to keep objects, including but not limited to bags, strollers, chairs, coolers and tents, as far away from the playing field as possible. Spectators and equipment are required to stay at least 3 yards (5 yards is recommended) from the field. If there are restraining lines or ropes, spectators and all equipment should remain behind them.
- If a player feels that an object on the sideline is not safe, s/he should inform Event Staff and should refrain from playing until s/he is satisfied that safe conditions have been established.
- Event Staff reserve the right to move or remove objects or spectators from on or near the playing field if those conditions are, in the opinion of the Event Staff, unsafe for players, staff, or spectators.

Hospitalization Policy

- If, during a USA Ultimate event, an athlete receives care at a hospital, medical clinic, or doctor's office, or is referred to a hospital/doctor by event medical staff, the athlete is barred from further competition in that event until s/he provides a doctor's note, on letterhead or prescription pad, to event medical staff stating that the athlete is authorized to return to competition.