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.

Questions? Contact USA Ultimate
W: www.usaultimate.org
E: info@hq.usaultimate.org
P: 800-872-4384

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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.

<table>
<thead>
<tr>
<th>Keep records of athletes’</th>
<th>Identify tournament resources</th>
<th>Be prepared with</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medical conditions</td>
<td>• Athletic Trainer?</td>
<td>• Directions to local hospitals</td>
</tr>
<tr>
<td>• Medications</td>
<td>• EMT?</td>
<td>• Emergency action plan for athletes with medical conditions</td>
</tr>
<tr>
<td>• Emergency contacts</td>
<td>• Ambulance?</td>
<td>• Familiarity with symptoms</td>
</tr>
</tbody>
</table>

Common Injuries & Illnesses

<table>
<thead>
<tr>
<th>Description</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abrasions</td>
<td>Clean wound thoroughly. Apply antibacterial ointments and cover with gauze or non-stick bandage.</td>
</tr>
<tr>
<td>Concussions</td>
<td>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.</td>
</tr>
<tr>
<td>Fracture vs. Sprain</td>
<td>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.</td>
</tr>
<tr>
<td>Children/growth plates</td>
<td>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.</td>
</tr>
<tr>
<td>Heat Illness</td>
<td>If untreated, symptoms can progress to confusion, loss of coordination, seizures – in this case, call 911. Prevent: Do not exercise in excessive heat and humidity. Practice in cooler parts of the day. Ensure access to adequate fluids. Seek shade when able.</td>
</tr>
</tbody>
</table>

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.
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.
- 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.

<table>
<thead>
<tr>
<th>Time before exercise</th>
<th>Drinking recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-4 hours before</td>
<td>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.</td>
</tr>
<tr>
<td>1-2 hours before</td>
<td>Have a snack or meal high in carbs, moderate in protein.</td>
</tr>
</tbody>
</table>
| During exercise      | Eat: 30-60 gm of carbs every hour of exercise. Drink:  
- 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. Regardless of what you drink, snacks and salty foods are important to maintain electrolytes, endurance. |
| Immediately after    | Drink: At least 16-24 oz (450-675 ml) of fluid for every pound (0.5 kg) of body weight lost during exercise. Eat: Within 30 minutes after intense exercise: 1 gm carbs/kg body weight and 0.5 g protein/kg body weight. On a tournament day or after intense exercise: 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 |
| exercise             | |
| 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

Player can walk

No trainer available
Send someone to get ice and first aid kit
Wrap ankle with horseshoe wrap
Apply ice over wrap
Elevate ankle above chest
Ice for 20 minutes
Keep wrap on for at least 24 hrs
Repeat ice every 20 min 3-5 times (no heat for 24 hours)
See health professional for evaluation and treatment
Rehab exercises and more information can be found at injurytimeout.org
Player can painlessly perform drills of progressive difficulty. If painful, player should stop. Complete full rehab program even after player returns to play

Player cannot walk

Call for trainer if available
Call emergency contact. Take player to ER or urgent care.

Return to play when…
Concussions

Player is conscious or only briefly unconscious

- No trainer available
  - Send someone to get first aid kit
  - Fill out concussion assessment (SCAT form)
- Player should NOT play any more that day
- Do not leave the athlete alone until all symptoms are gone
- See a doctor for every concussion
- More information can be found at injurytimeout.org
- Return to play when…

Player is unconscious for more than 1 minute

- Call for trainer if available
  - If the player gets up on their own, then evaluate them on the sideline
  - Call 911 and emergency contact
- Player is unconscious for more than 1 minute
  - Do not move player because they may have a neck injury.
  - Call for trainer if available
  - If player cannot get up, has neck pain, or has any of the symptoms below
  - Fill out concussion assessment (SCAT form)
  - Player should NOT play any more that day
  - Do not leave the athlete alone until all symptoms are gone
  - See a doctor for every concussion
  - More information can be found at injurytimeout.org
  - Return to play when…

Concussion

Call 911

- Concussion more than a few twitches
- Loss of consciousness > 1 minute
- Decrease in level of consciousness
- Difficulty awakening
- Increased confusion or agitation
- Increased difficulty with balancing
- Any weakness, numbness, or tingling
- Decreased or irregular pulse
- Decreased or irregular breathing
- Unequal, large, or unchanging pupils

Cognitive
- Loss of consciousness
- Seeing stars
- Feeling “slowed down”
- Feeling “in a fog”
- Disorientation
- Memory problems
- Easily distracted
- Sleep disturbance
- Excess sleep

Sensory
- Fatigue
- Headache
- Nausea/Vomiting
- Dizziness
- Poor balance/coordination
- Ringing in the ears
- Sensitivity to noise
- Sensitivity to light
- Blurred vision

Emotional
- Irritability
- Nervousness
- Sadness
- Quickly shifting emotions
- More intense emotions
- Personality change

The player can perform drills of progressive difficulty without any concussion symptoms recurring. If concussion symptoms recur stop and wait 24hrs. There is increased risk of concussion after a prior concussion. Avoid situations that lead to concussion2.
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.

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### 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

Knee injury

Player can walk

Player cannot walk

Call emergency unless: Take player to ER or urgent care.

Player can walk

No trainer available

Send someone to get ice and first aid kit

Wrap knee

Apply ice over wrap

Elevate knee above chest

Ice for 20 minutes

Keep wrap on for at least 24 hrs

After 20 minutes repeat ice. Ice 3-5 times (no heat for 24 hours)

See health professional for evaluation and treatment

Rehab exercises and more information can be found at injurytimeout.org

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

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
Shoulder Injury

Shoulder injury

Player can move arm

Player cannot move arm

No trainer available

Send someone to get ice and first aid kit

Sling shoulder (see photos below)

Apply ice to shoulder

Ice for 20 minutes

After 20 minutes repeat ice. Ice 3-5 times (no heat for 24 hours)

See health professional for evaluation and treatment

Rehab exercises and more information can be found at injurytimeout.org

Return to play when…

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

Call for trainer if available

Call emergency contact. Take player to ER or urgent care.

Common shoulder injuries in Ultimate

- Rotator cuff injury
  - Injury to one or more of the muscles that allow the shoulder to move in any direction

- Bursitis/Impingement
  - Inflammation of the structures that pass under the shoulder cap and make overhead movement painful or impossible

- Separated shoulder (AC joint separation)
  - Pain or inability to move arm across chest towards opposite shoulder. May see a bump at the AC joint

- Shoulder dislocation or partial dislocation (subluxation)
  - Shoulder “popped out”. Very painful when “out”

- Broken collar bone (clavicle)
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.

Player can walk

Obvious limp

Send someone to get ice and first aid kit

Wrap injured muscle (see side box)

Apply ice over wrap

Elevate leg above chest

Ice for 20 minutes

Keep wrap on for at least 24 hrs

After 20 minutes repeat ice. Ice 3-5 times (no heat for 24 hours)

See health professional for evaluation and treatment

Rehab exercises and more information can be found at injurytimeout.org

Player didn’t notice the injury until the next day

Walking well

Player can walk

Player didn’t notice the injury until the next day

Wrap injured muscle with extra compression at the muscle tear (see side photos)

Consider compression shorts or socks

Consider muscle rub

(Ice after exercise)

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

strains are likely to become chronic problems if not treated and rehabilitated properly

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.