



MONTANA YOUTH SOCCER RISK MANAGEMENT MANUAL

Updated December 2019

Contents

Risk Management Manual

SECTION 1 – Risk Management Overview	2
SECTION 2 – MYSA Risk Management Plan for Member Clubs	3
SECTION 3 – Zero Tolerance Policy Against Abuse	8
SECTION 4 – Prevention – Child Abuse	11
SECTION 5 – IRS Status & Financial Guidelines	14
SECTION 6 – Safety & Facilities	18
SECTION 7 – Health & Safety Montana	22

Appendices

APPENDIX A: Zero Tolerance Policy Against Abuse	28
APPENDIX B: Montana Youth Soccer Risk Management Director Code of Conduct	29
APPENDIX C: US SOCCER Warming Up & Periodization	31
APPENDIX D: US SOCCER Monitoring Training Loads	33
APPENDIX E: US SOCCER Methods of Recovery	36
APPENDIX F: US SOCCER Hot & Cold Conditions	39

SECTION 1 – RISK MANAGEMENT OVERVIEW

1.1 What is Risk Management?

Risk Management is a method for identifying risks in all areas and developing and implementing a plan to protect an organization and prevent loss. An effective Risk Management program consists of these four basic steps:

- 1.1.1 Assess, identify, analyze and prioritize potential risks.
- 1.1.2 Select methods to prevent loss.
- 1.1.3 Implement the best methods.
- 1.1.4 Monitor the results and revise as necessary.

1.2 Authority:

Section 2 of Article VI of the US Youth Soccer Bylaws requires US Youth Soccer and Montana Youth Soccer to establish and monitor a Risk Management Program within its jurisdiction. That program must include, at a minimum:

- 1.2.1 The use of employment/disclosure statements for all volunteers, employees, coaches and program administrators.
- 1.2.2 Identification of a Risk Management Coordinator and an alternate for the organization.

1.3 Montana Youth Soccer Risk Management Policy Statement:

Montana Youth Soccer is committed to protecting its human, financial and goodwill assets and resources through the practice of effective Risk Management. The Montana Youth Soccer Board of Directors and staff are dedicated to safeguarding the safety and dignity of its paid and volunteer staff, **its member clubs** and anyone who has contact with the organization. To this end, the board will ensure that the Montana Youth Soccer has a Risk Management Plan for the organization that is reviewed and updated on an annual basis.

1.4 Purpose of Montana Youth Soccer Risk Management Plan:

The purpose of the Montana Youth Soccer Risk Management Plan is to communicate methods of minimizing risk to players, volunteers, paid personnel, spectators, clubs and leagues. This Plan does not provide professional legal or tax advice and may not be relied upon for that purpose. Consult an attorney for legal advice or a tax professional for said information.

While this program may require time and effort, there is no higher priority than the protection of the soccer players and volunteers within our organization.

SECTION 2 – MYSA RISK MANAGEMENT PLAN FOR MEMBER CLUBS

2.1 Background Check Policy

This policy on background checks is for the protection of the member clubs as well as the players, coaches, parents, trainers and all other persons participating in Montana Youth Soccer sanctioned activities.

- 2.1.1 Prior to the start of each seasonal year, which starts in September and runs through August, each member club of Montana Youth Soccer shall be required to appoint a Risk Management Director and to develop a comprehensive Risk Management Plan for their member club or league.
- 2.1.2 In addition, all adults as defined in Section 4.2.1 of this document who participate in any manner in Montana Youth Soccer activities shall be required to have a background check conducted by the RMD of the individual member club or league. These background checks shall be completed on all adults who either currently participate or have applied to participate in any manner in Montana Youth Soccer activities.
- 2.1.3 These background checks shall be performed upon application or, in the case of existing participants, on or before August 1 of each year, and every two years thereafter. The same procedure will be used throughout the year as new paid staff or volunteers are identified.
- 2.1.4 No member club may be able to register players or participate in Montana Youth Soccer sanctioned activities until it has complied with these rules. Participation by any individual in Montana Youth Soccer sanctioned activities involving children is prohibited until a background check has been performed. In the event a member club or league does not have separate Risk Management guidelines this document shall serve.

2.2 State Level

2.2.1 Structure of Montana Youth Soccer Risk Management Committee (RMC):

- a. Chair of the RMC shall be the Montana Youth Soccer Vice President and shall serve in accordance with Montana Youth Soccer rules governing committee members. If the vice president position is vacant, the MYSA President will appoint a Chair.
- b. RMC shall consist of at least three (3) members appointed by the Chairman.
- c. The Executive Director (ED) of Montana Youth Soccer (or Designee) shall serve as the designated representative of the RMC for the purposes of receipt, protection, storage and disposal of all background check information collected pursuant to these rules to insure confidentiality.

2.2.2 Responsibilities of Montana Youth Soccer Risk Management Committee:

- a. Oversee the administration of the background checks.
- b. Develop and maintain policy and procedures on Risk Management for Montana Youth Soccer.
- c. Ensure all member clubs appoint an RMD.
- d. Ensure the RMD for all member club completes background checks for all individuals in his/her member club or league required by this RMP.

- e. Ensure the RMD for all member clubs notifies Montana Youth Soccer ED of all names submitted for background checks.
- f. Research materials relevant to Risk Management for member clubs.
- g. Distribute at minimum, on an annual basis, appropriate educational material regarding the Montana Youth Soccer Risk Management Plan and requirements.
- h. Provide appropriate Risk Management Presentation at the Montana Youth Soccer Winter Meeting.

2.2.3 Denial, Suspension and Revocation of Privileges:

- a. Subject to an appeal to the Montana Youth Soccer Discipline and Appeals Committee, the RMC has the authority to summarily deny or summarily suspend any applicant's privileges if it determines that the person is disqualified as a result of information gathered from a background check. The affected person has the right to appeal said action pursuant to the appeal and disciplinary procedures of Montana Youth Soccer. Said action shall remain in effect until otherwise rescinded through the appeal procedures.
- b. A member club may summarily suspend or deny a person if it determines that said person is disqualified pursuant to these rules by:
 - Said suspension or denial shall be delivered to said person in writing within five (5) business days of said decision.
 - Said notice shall be delivered in a manner that requires a signature by only the person to whom it is sent.
 - Said method shall have plainly visible on the outside of said envelope a designation that says "Personal and Confidential" or words of similar import.
 - The notice shall also be sent to the Organization at the same time in an envelope or method designated by the RMC which may be changed from time to time.
- c. If the background check determines that the person who completed the Disclosure Form is not the person convicted, then the RMC or the ED on his/her behalf shall notify the RMD and the person reviewed. If the background check indicates further information is necessary, then the person shall be required to provide fingerprints and a current photograph for further examination. Any person who refuses to provide fingerprints and a photograph when requested under these rules shall be suspended from all Montana Youth Soccer activities.
- d. Upon the receipt of the disclosure forms, the ED shall cause to be performed a complete criminal history as such is allowed by law. The ED shall immediately notify the RMC Chair, or in his/her absence the Montana Youth Soccer President, of any background checks that disclose any possible disqualifying information. If the RMC Chairman, or in his/her absence the Montana Youth Soccer President, has reason to believe that the person should be disqualified, the Chairman of the RMC shall suspend that person immediately and notify the RMC of said action.

2.2.4 Disqualifying Offenses

- a. Any person who has been convicted of an offense or had a true finding of an offense, such that the person would be required to register in Montana pursuant to Montana Code Annotated 46-23-Part 5 is disqualified from participating in any Montana

Youth Soccer activities. This disqualification applies even if the person would no longer be required to register due to the passage of time from the offense.

- b. **Felony Offense** – Any person who has been convicted of a felony offense will automatically be disqualified from participation.
- c. **Misdemeanor Excluding Traffic Violations & Drug Related Offenses** – Any person who has been convicted of a misdemeanor (excluding traffic violations and drug related offenses) will only be able to participate should their member club approve.
- d. **Sexual Offense of Any Type** – Any person who has been convicted of a sexual offense of any type will automatically be disqualified from participation.
- e. **Single DUI Offense** – Any person who has been convicted of one (1) DUI offense will only be able to participate should their member club approve.
- f. **Multiple DUI Offenses** – Any person who has been convicted of multiple DUI offenses will automatically be disqualified from participation.
- g. **Single Drug Possession Offense** – Any person who has been convicted of one (1) drug possession offense will automatically be disqualified from participation until one (1) year after the conviction. Between year one (1) and year two (2) since conviction, the person will only be able to participate should MYSA approve. In years three (3) and more since conviction, the person will only be able to participate should their member club approve.
- h. **Multiple Drug Possession Offenses** – Any person who has been convicted of multiple drug possession offenses will automatically be disqualified from participation.
- i. **Drug Manufacturing Offense** – Any person who has been convicted of a drug manufacturing offense will automatically be disqualified from participation.
- j. **Drug Distribution Offense** – Any person who has been convicted of a drug distribution offense will automatically be disqualified from participation.
- k. If the person was suspended due to pending charges, the status of such person shall be reviewed by the RMC at the completion of the litigation if so requested by said person.

Type of Conviction	Years Since Last Conviction				
	1	2	3	4	5+
Felony	DQ	DQ	DQ	DQ	DQ
Misdemeanor Excluding Traffic Violations & Drug Related Offenses	CD	CD	CD	CD	CD
Sexual Offense of Any Type	DQ	DQ	DQ	DQ	DQ
DUI - 1 Offense	CD	CD	CD	CD	CD
DUI - 2+ Offenses	DQ	DQ	DQ	DQ	DQ
Drug Possession - 1 Offenses	DQ	MYSA	CD	CD	CD
Drug Possession - 2 Offenses	DQ	DQ	DQ	DQ	DQ
Drug Manufacturing	DQ	DQ	DQ	DQ	DQ
Drug Distribution	DQ	DQ	DQ	DQ	DQ

- l. **MYSA** – MYSA will make the decision whether to allow the person to participate.
- m. **CD** – The member club will make the decision whether to allow the person to participate.
- n. **DQ** – Automatic disqualification for person to participate.

- o. This table should be considered a guide as each case may pose unique situations not covered by a standard format.
- p. Any person who has intentionally falsified material information on the Disclosure Form is disqualified from participating in any Montana Youth Soccer activities.
- q. Any person who has refused to fully complete the Disclosure Form or to submit fingerprints when required is disqualified from participating in any Montana Youth Soccer activities until said person has fully complied.
- r. Any person who participates in any way in any MYSA sanctioned youth soccer program or event without having first completed all MYSA risk management procedures as herein required shall be subject to a fine not to exceed \$1,000.00 and to a lifetime suspension from all MYSA sanctioned programs or events.
- s. Any person who becomes or has been involved as a defendant in litigation regarding the welfare of children and youth players, may be suspended from participating in any Montana Youth Soccer activities. Upon written request of the person suspended due to an existing litigation, the status of such person shall be reviewed by the RMC at the completion of the litigation if so requested by said person.

2.2.5 Responsibilities of Montana Youth Soccer Executive Director or Designee:

- a. Cause a background check to be performed on all persons applying to serve as RMD annually.
- b. Cause a background check to be performed on all Montana Youth Soccer office staff, Montana Youth Soccer Board of Directors, Montana Youth Soccer Committee Chairpersons annually and all Montana Youth Soccer Coaching Staff and MDP Coaches and Administrators.
- c. Ensure all background check reports are received from all member club.
- d. Notify the MYSA RMC of receipt of background check reports.

2.3 Member Club Level

2.3.1 Risk Management Director Approval Procedure:

- a. Each member club shall designate an RMD.
- b. Each member club shall submit a completed Disclosure Form and signed RMD Code of Conduct (Appendix A) to the Executive Director (ED) of Montana Youth Soccer.
- c. Montana Youth Soccer will perform background check on said RMD.
- d. If the background check does not disclose any disqualifying information, the ED or Designee shall notify the President of the member club in writing within five (5) business days whether the RMD has been accepted by Montana Youth Soccer.
- e. Upon receipt of said notice of acceptance, the RMD shall be the designated person in charge of Risk Management issues for the Organization.

2.3.2 Responsibilities of Member Club's Risk Management Director:

- a. The RMD shall ensure that each person in his/her organization required by these rules, complete a Disclosure Form and an MYSA approved background check form (MYSA reserves the right to verify the background check by examining a government issued picture identification or any other document necessary with such information on it). These individuals include, but are not limited to:

- Director of Coaching and any paid staff.
 - All coaches, assistant coaches and trainers.
 - All team managers.
 - Members of Board of Directors.
 - Any other individual or volunteer having on-going contact with children.
- b. The RMD shall insure that his/her organization adopt and sign the Montana Youth Soccer Zero Tolerance Policy Against Abuse. This document should be publicized to all organization members.
 - c. The same procedure will be used throughout the year as new paid staff or volunteers are identified. Participation in Montana Youth Soccer sanctioned activities involving children is prohibited until background check has been performed.
 - d. File all information for all persons in his/her organization being checked for a period of four years (Disclosure Forms and negative reports of any persons leaving your organization or at the end of the specified time-period.).
 - e. If negative reports are returned on an individual, the RMD will:
 - If the offense is included in the Disqualifying Offenses (Section 2.2.4), immediately suspend in writing said individual from all Montana Youth Soccer activities.
 - Notify the Montana Youth Soccer ED and the President of your member club or league of any suspension.
 - If the offense is not included in the Disqualifying Offenses section, together with the President of your member club or league, determine if the offense warrants suspension and take appropriate steps.
 - Contact the Chairperson of the Montana Youth Soccer RMC for advice, if needed.
 - f. Any MYSA member club that permits any person to participate in any capacity or in any way in any MYSA sanctioned youth soccer program or event without having first completed all MYSA risk management procedures as herein required shall be subject to a fine not to exceed \$1,000.00. Further, the MYSA member club may not be covered under insurance provided by MYSA if this procedure is not adhered to in full.
 - g. Refer for investigation all complaints of abuse and report findings to Organization President and to the Montana Youth Soccer RMC.
 - h. Develop and maintain policy relevant to Risk Management for his/her organization.
 - i. Monitor Risk Management for his/her organization in areas other than background checks, including, but not limited to:
 - SafeSport
 - Prevention – Child Abuse
 - Prevention – Financial Guidelines
 - Safety – Facilities (including goals, parking lots, etc.)
 - Safety – Severe Weather
 - Safety – First Aid Guidelines
 - Guidelines – Tournament and Travel

SECTION 3 – ZERO TOLERANCE AND REPORTING ABUSE

3.1 Zero Tolerance Policy Against Abuse:

Each member club Risk Management Director shall insure that his/her organization adopt and sign the Montana Youth Soccer Zero Tolerance Policy Against Abuse (Appendix B). A copy of this document should be sent to Montana Youth Soccer prior to the start of the Fall Soccer Season. This document should be publicized to all organization members.

3.2 Procedures for Reporting Abuse or Suspected Abuse

One of the most important aspects of creating an awareness program with regard to abuse is to establish set procedures and specific contact person(s) for reporting incidents of abuse or alleged abuse. Communicate these procedures to all participants in your organization so that they know who to turn to and how to report cases of abuse or alleged abuse. In particular, learning about these procedures must be part of each staff or volunteer's initial training or continuing education-type training.

The following steps for reporting abuse or suspected abuse are taken from the book, *"For Their Sake: Recognizing, Reporting and Responding to Child Abuse"* by Becca Cowan Johnson. Most of these guidelines reference children as victims. However, persons of any age can be victims of abuse. These guidelines are equally applicable to adults as well as children.

3.2.1 Taking the Initial Report:

- a. **Assure privacy but not confidentiality.** A child may say to you that they have something to tell you but only if you promise not to tell anyone else. If you are a legally mandated reporter, you cannot make such a promise. You may tell the child, "Everything we talk about will be private. But if I think you are going to hurt yourself or someone else, or if someone is hurting you, then I may have to share our conversation with someone else who can help you."
- b. **Be calm.** If your response to hearing about an abusive situation reflects shock, it will adversely affect the abused child. It is appropriate to share your feelings of concern with the individual. But getting upset about the situation may result in the child's feeling worse about it or worse about his/her role in it.
- c. **Believe the child.** Do not ask "why" questions, as they may be accusatory. Many children think that adults will not believe them, especially if their abuser has reinforced such thinking by saying, "No one will believe you because you're just a kid." Therefore, it is important not to discount anything a child tells you that involves an abusive situation.
- d. **Get the facts, but don't interrogate.** In making a report, it is necessary to have certain factual information. However, as mentioned, you do not have to interview the child to determine whether the abuse occurred or didn't occur. Leave that to the experts. Your responsibility is to present the child's story to the authorities.
- e. **Reassure the child.** It may have taken quite a bit of courage for the child to finally tell his or her story. Assure the child that what happened was not his or her fault. Use such statements as "I believe you," or "This happens to other kids, too," or "It's not your fault this happened." Tell the child that he or she was very brave and mature to tell you about the situation.

3.2.2 Reporting the Information to Authorities:

After you have made a verbal report to the authorities, you will need to follow up with a written statement. Although the amount and type of information included on an abuse report may vary from state to state, the basic information required for either report usually includes the following (if available):

- a. Name, address and phone number of the victim
- b. The nature and extent of injury or abuse
- c. Name, address and phone number of the alleged abuser
- d. Your name, address, phone number and relationship to the victim (if you are not a mandated reporter, you may request anonymity)

It is also beneficial to know or have access to the following information, if possible:

- a. The gender, date of birth or estimated age of the victim.
- b. If the abuse is interfamilial, the names and ages of other children in the household.
- c. The names, addresses, phone numbers of the child's parents or guardians.
- d. Any indication of prior injuries, abuse or neglect.
- e. The circumstances under which you first became aware or were notified of the person's abuse, injuries or neglect.
- f. If the information was given to you by a third party, the identity of that person (unless anonymity was requested).
- g. A description of the incident(s) as reported by the victim.
- h. Physical indicators noted.
- i. Behavioral indicators noted.

3.2.3 General Reporting Procedures within Your Organization

- a. State that staff members, volunteers, parents and program participants have a duty to report any incidents of abuse or suspected abuse.
- b. Communicate the names of appointed persons within the organization to whom any incidents of abuse or suspected abuse should be reported. However, let every participant, particularly the youth participants, know that any abusive or suspected abusive situation may be reported to any person with whom they feel comfortable. That person will then have the duty to notify the appropriate person within the organization and report the situation to the local authorities.
- c. Express the organization's commitment to taking immediate steps to investigate and follow up on every complaint or report of abuse.
- d. Strongly communicate to all members of your organization the consequences of abuse. Every person should know that in the event of a complaint of abuse against them, they may be temporarily suspended from their duties while an investigation takes place. Once they are cleared of any charges, they may apply for reinstatement within the organization. However, there is no guarantee that they will be reinstated to their former position.
Apply these procedures uniformly for all abusers and alleged abusers, regardless of position within the organization.

- e. Give clear authority to a specific individual (or committee) for monitoring the conduct and coaching style of coaches and other volunteers, to ensure that your organization's goals are being met.
- f. Make a clear commitment to educating staff, volunteers, parents and children about abuse.

3.2.4 Reporting to Montana Youth Soccer

- a. The person that filed the report must notify their member club's RMD and provide a summary of the report.
- b. The member club RMD will then forward that report onto the MYSA Executive Director.

SECTION 4 – PREVENTION – CHILD ABUSE

4.1 The four types are physical abuse, emotional abuse, sexual abuse and neglect.

- 4.1.1 Physical abuse is any non-accidental injury to a child. It is often caused by an action or omission of a caregiver. Injuries include bruises, welts, cuts, fractures, burns or internal injuries. Physical abuse can be one or two isolated incidents, or it can occur over a prolonged period of time.
- 4.1.2 Emotional abuse includes all acts that result in the child's sense of "self" being seriously impaired. This type of behavior can include demeaning remarks, rejecting the child, ignoring or isolating the child, name calling or telling the child that he is not a good person or athlete.
- 4.1.3 Sexual abuse is any sexual activity between a child and an adult, or between children when an unequal distribution of power exists (such as when one is significantly older or physically larger than the other).
- 4.1.4 Neglect occurs when a caregiver fails to provide basic needs such as adequate food, sleep, safety, supervision, clothing or medical treatment.

4.2 Definitions:

- 4.2.1 **ADULT** – Adult defines all per persons over 18 who work with or around children as coaches, team managers, board members, game officials or adult volunteers. This would include anyone older than the age group they are interacting with. For example, a 15-year old assistant coach of an 11Uteam would be considered an *adult* for the purposes of these guidelines.
- 4.2.2 **PLAYER** – Player defines all persons who are members of or play on a soccer team. This definition does include those players who participate at the 19U level, even though they may be of legal age. Also, in the case of the 15-year old assistant coach, if she/he is also a participant on a 16U or higher team, that person would be considered a *player* for the purposes of these guidelines.

4.3 Guidelines:

Typically, there is a relationship where the adult has authority over the player. These guidelines recognize that the lines of authority and separation between adults and players must be acknowledged and respected. Generally, players are children and as such, deserve special protection. These guidelines provide that protection while setting levels of acceptable conduct for adults.

4.4 Physical Contact:

- 4.4.1 Adults and others in positions of authority must be aware that physical contact can be misinterpreted. Physical contact must be limited to that necessary and appropriate to teach a skill, treat an injury or console or congratulate a player. Physical intimidation, physical punishment or threatening a player with physical harm is not appropriate behavior.
- 4.4.2 Sexual contact of any kind between adults and players is prohibited whether or not the contact is consensual. The exemption to this guideline would be in the event of player/coach spouses or legally declared domestic partners.

4.4.3 Hazing or any type of initiation to a club or a team is prohibited.

4.4.4 Corporal punishment is prohibited.

4.5 Social Contact:

4.5.1 An adult in a one-on-one situation with a child is generally considered inappropriate and should be avoided.

4.5.2 Adults should not spend time or socialize with players except at games, practices or team functions.

4.5.3 Adults must not drive alone with a non-family player. However, in the event that a player remains on a field waiting for transportation, the adult should wait with the player on the field or in the parking lot (weather permitting) to guarantee the player's safety and well-being.

4.5.4 Adults must respect the privacy of players.

4.6 Verbal Contact:

4.6.1 Offensive or insulting language by adults or players is unacceptable. Adults must model good communication skills.

4.6.2 Language that is denigrating in nature, content or tone or refers to one's gender, race, national origin, disability, sexual orientation or religion is unacceptable.

4.6.3 Inappropriate language targeting officials, opponents or spectators may be grounds for removal from a game or the premises or both.

4.7 Violations:

4.7.1 Violations of these guidelines by adults or players will subject them to disciplinary actions, including but not limited to, warnings, sanctions, suspensions or release by their member club and/or Montana Youth Soccer.

4.7.2 Any person witnessing a violation of these guidelines should report the incident to their club's Risk Management Director.

4.7.3 The appropriate legal authorities will be notified based upon the nature of the violation.

4.8 Reducing the Risk:

4.8.1 Methods for Parents to Reduce Risk

a. No rule, law or policy can replace a proactive parent. Parents must be willing to speak up when they have concerns. Sideline suspicions and gossip are destructive and do not address the issue.

b. Bring the problem to someone who can act – i.e. the club's RMD or local officials.

c. Formal risk management, such as background checks, offers a SECOND line of protection. This does not replace an observant parent.

d. Parents and/or guardians should be responsible for the safe and timely transportation of their player to and from the field.

e. Parents should supply coach/team manager with current phone numbers, including emergency contacts, and a medical release form for their player.

4.8.2 Methods for Member Clubs to Reduce Risk

- a. Appoint and support a club RMD.
- b. Never fill your coaching slots with a “warm body.” Check background, experience and history of a coach.
- c. Do not allow an adult to come, unsolicited, into your club solely to coach children of a particular gender or age.
- d. Create a structure where multiple adults share responsibility for the wellbeing of each team. Adults should avoid being isolated with a child or leaving a child unsupervised.
- e. Follow up on players who leave a team without explanation. Minimally, a phone call asking about the reasons is essential.
- f. Educate parents about the expectation that they will raise issues to the coach or the club to assure that issues are properly addressed...
- g. Prohibit gift-giving by coaches that is excessively lavish or is not equal amongst the entire team (with the exception of “awards” of nominal value.)
- h. If there is concern about the motives of a new or unfamiliar coach, consider asking a more experienced coach to co-coach for a few sessions with the coach, and to mentor the new coach.
- i. Require all team travel to be preceded by a plan for lodging, supervision and other details, and to be signed by all parents and players. No club volunteer should be alone in the front seat of a vehicle with a child who is not part of their family or household.
- j. Avoid identifying players by name, either first or last, on team uniforms.
- k. Website precautions include:
 - Password protect any information that facilitates contact directly with children.
 - Do not post pictures of individual players.
 - Do not post practice time and places on public board.
 - Avoid “profiles” of children, especially with a great deal of identifying information including game and practice schedule, time and place.
 - Do not attach first names to images.

4.8.3 How to Protect against Accusations of Inappropriate Conduct

- a. Avoid being alone with players in non-public settings.
- b. Document unusual situations and forward the documentation to your club RMD.
- c. Do not buy gifts or give money to team members.
- d. Let your language set the tone. Avoid profanity, even in conversations that you think are private but may be overheard by players.
- e. Never verbally demean, negatively label or ridicule a child based on appearance, gender, weight, sexual orientation, race or any other identifying characteristic.

SECTION 5 – IRS STATUS AND FINANCIAL GUIDELINES

5.1 IRS Status

All MYSA member Clubs must be a 501(c)(3) organization and maintain their status.

5.2 Financial Guidelines – Duties of Club Treasurer:

The Treasurer of a youth soccer club is responsible for the oversight and implementation of all accounting policies and procedures as set forth by the Board of Directors. Duties include:

- 5.2.1 Prepare or review monthly financial statements and present them to the finance committee or Board of Directors.
- 5.2.2 Prepare or oversee the preparation of the annual budget and present the budget to the finance committee or Board of Directors.
- 5.2.3 Prepare or oversee the timely preparation of all required tax filings.
- 5.2.4 Responsible for identifying the segregation of financial duties.

5.3 Financial Guidelines - Segregation of Duties/Internal Controls:

Duties should be segregated so that no one person has the ability to initiate, execute, record and reconcile a transaction from beginning to end.

- 5.3.1 A person who prepares checks should not have the duty of depositing cash receipts.
- 5.3.2 A person other than the check preparer should receive the bank statements and images or cancelled checks and reconcile the account.
- 5.3.3 Two signatures should be required on checks over a certain amount. The amount should be determined by the member club's Board of Directors.
- 5.3.4 Internal controls put into place to help prevent against fraud.

5.4 Financial Guidelines – Receipts:

- 5.4.1 Incoming mail should be opened, and a listing of cash and/or checks received should be compiled. This listing should be sent to an accountant or the Treasurer and compared to the actual deposit made to ensure the completeness of the deposit.
- 5.4.2 Checks received by the organization should be immediately restrictively endorsed.
- 5.4.3 Deposit all cash receipts intact frequently, if possible, and adequately safeguard undeposited receipts.
- 5.4.4 Prompt investigation should be made of checks returned for insufficient funds. Send a certified letter to the addressee with a copy of the check.

5.5 Financial Guidelines – Handling of Actual Cash:

- 5.5.1 Cash generated from concession or like events:
 - a. Cash should be counted in the presence of another person.
 - b. Cash should be placed in an envelope with currency count on the outside.
 - c. The person verifying should initial the cash count.

- d. A cash receipt should be sent to the Treasurer noting the amount of cash collected.
- e. The cash should then be forwarded to the person designated as the depositor of cash receipts.

5.5.2 Cash generated during the normal course of business:

- a. All cash receipts should be logged.
- b. A receipt given should be given to the payee at the time of receipt.

5.6 Financial Guidelines – Cash Disbursements:

- 5.6.1 Physical access to cash (such as petty cash) and unissued checks should be restricted to authorized personnel.
- 5.6.2 Checks and bank transfers should be prepared only by authorized and documented transactions by authorized personnel.
- 5.6.3 A responsible individual indicating proper authorization should initial all supporting documentation for disbursements such as invoices and check receipts.
- 5.6.4 The organization should require two signatures on all checks over a certain dollar amount. This restriction should be printed on the check over the two signature lines. The signatory should review the supporting documentation to ensure that each payment item has been reviewed and approved. Packing slips or bills of lading should be reviewed to see that goods billed were actually received.
- 5.6.5 Disbursements and bank transfers should be prepared by someone other than the person who initiated the transaction.
- 5.6.6 Payment should only be made from an original invoice rather than from a statement or invoice photocopy.
- 5.6.7 Supporting documents (vouchers, invoices, etc.) should be stamped, “posted” or “paid” to prevent subsequent reuse.
- 5.6.8 Checks should be pre-numbered and issued in numerical sequence. Voided checks should be retained so that the numerical sequence can be verified.
- 5.6.9 The use of postdated checks, checks payable to bearer or cash, and pre-signed blank checks should be prohibited.
- 5.6.10 Your Board should have a rule on the amounts which individuals can spend or bind the organization to in liability. A letter should be sent to all vendors setting forth your financial policy along with a list of names of those authorized to make such expenditure.
- 5.6.11 All purchases should require a purchase order. A copy of the purchase order should be sent to the Treasurer. The same restriction that applies to checks should apply to purchase orders.

5.7 Financial Guidelines – Credit Cards:

The use of credit cards is typical in many not-for-profit organizations. The following controls should be put into place to prevent unauthorized use:

- 5.7.1 Cards should be issued to a limited number of people in the organization.
- 5.7.2 The limit on these cards should be minimal.
- 5.7.3 Receipts should be turned in to the Treasurer or accountant along with an expense report which documents the nature of the expenditure.
- 5.7.4 Personal use of the credit cards issued should be prohibited.

5.7.5 The credit card statement should be sent directly to the Treasurer or accountant for examination and reconciliation and payment.

5.8 Financial Guidelines – Budget:

A budget should be prepared annually (before the beginning of the fiscal year) by the Treasurer or accountant. The budget should be presented to the Board of Directors by the Treasurer. Once approved, the budget should be used to determine the reasonableness of disbursements. If a request for disbursement is made that exceeds the budget, approval from the Board of Directors should be obtained. The Board should determine to what extent a budget can be modified without Board approval.

A monthly report of budgeted vs. actual revenue and expenses should be presented to the Board of Directors. Significant variances should be identified and explained to the Board of Directors.

5.9 Financial Guidelines – Taxes:

Examples of tax returns that could be filed for a typical youth soccer organization are:

- 5.9.1 990 – This is due annually 5 months after the close of the organization's fiscal year. This return is due to the IRS and is the tax return that is submitted for all organizations with a not-for-profit status.
- 5.9.2 1099 and 1096 – These reports are due annually. The 1099 form is sent to all independent contractors that the organization paid over \$600 during the calendar year. This is due to the independent contractor's by the 31st of January. The 1096 is the transmittal form that is filed with the IRS which totals the 1099's your organization prepared. This is due on the last day of February.
- 5.9.3 W-9 – This is a form that should be completed by any person that you pay. It provides you information such as name, address, and social security number.
- 5.9.4 Paid Employees – If a youth soccer organization has employees, it is our recommendation that a payroll service be utilized to prepare payroll and payroll tax returns. The employment of a payroll service will minimize payroll and payroll tax errors. It will ensure timely filing of payroll taxes and payroll tax returns and also aid in keeping payroll information confidential.
- 5.9.5 There are also certain informational returns that must be filed with various taxing authorities. You should make sure that these are filed as it can cause otherwise non-taxable property to become taxable and in the case of land, that could cause a substantial cost to the club.

5.10 Financial Guidelines – Reports:

The following reports should be presented to the Board of Directors on a monthly basis.

- 5.10.1 Balance Sheet – This is a snapshot of the financial position of the organization at any given time. This and all the following reports should be presented on an accrual basis.
- 5.10.2 Income Statement – This report is the total revenues and expenses the organization has incurred on a monthly basis.
- 5.10.3 Budget to Actual Report – This report will show variances of actual revenues/expenses to the budget. Any significant variance should be explained.

5.10.4 Cash Disbursement Journal or Check Register – This report lists each check written during the period.

5.10.5 Accounts Payable Aging – This report lists all bills that the organization owes.

5.10.6 Accounts Receivable Aging – This report shows all clients/customers amounts outstanding and the age of the accounts.

5.11 Financial Guidelines – Audits:

Large youth soccer organizations should consider having an annual audit of their financial statements performed by an independent Certified Public Accountant (CPA). Smaller organizations should have their records audited internally by a committee which does not include any persons having accounting functions in the organization. A report of findings should be issued which details discrepancies from established policies and procedures.

5.12 Financial Guidelines – Storage of Records:

The recommendation for length of time to keep financial records, including tax forms, bank statements, etc., is seven (7) years.

SECTION 6 – SAFETY & FACILITIES

- 6.1 Physical facilities are a significant risk exposure for youth soccer clubs. Injuries to players, referees, coaches and spectators can be caused by physical hazards anywhere at the complex. Common risk exposures include slips, trips and falls; insect bites and stings; goals tipping over; motor vehicle accidents in the parking lot and food poisoning if a concession stand is provided. These exposures can cause broken bones, sprains, contusions, cuts, pain, allergic reactions and even death.

6.2 Field and Ground Maintenance:

A field and ground maintenance program should include routine activities such as cutting the grass and striping fields. Safety issues include securing the goals (covered in the next section) and a regular inspection of all areas where occupants may walk or run to locate and remove trip and fall hazards. Particular attention should be focused on the fields, walkways from the parking area to the fields, player bench area, spectator areas including the concession stand and restrooms. Recommended safeguards for fields and grounds include:

- 6.2.1 Holes discovered during the inspection must be filled or covered; or a warning sign and barrier must be installed over the hole until permanent repairs can be made.
- 6.2.2 Sprinkler heads should be recessed and secured to eliminate trip/fall hazards.
- 6.2.3 Mowing and fertilization limited to times when the complex is not in use.
- 6.2.4 If stairs are present, secure handrails should be provided.
- 6.2.5 Bleachers should be secured and free from sharp edges.
- 6.2.6 Tables, chairs and benches in the concession stand and at the player bench area must be sturdy and free from sharp edges including splinters.

6.3 Goal Safety:

Injuries and fatalities occur each year involving soccer goals. The crossbars can injure or kill a youth player if the goal tips over or the cross bar comes loose. Goals are constructed from a variety of heavy materials including metal, aluminum, plastic and other materials. The injuries typically occur because goals are not secured to the ground, children hang on the crossbar or strong winds cause the goal to tip over. In many cases these events occur outside of normal play either during practice or warm-up sessions; or when the complex is “closed.” Many complexes remain open to the public when games and practice are not in session. Goals are considered an attractive nuisance and youngsters tend to use them like “Jungle-Gyms.”

Recommended safeguards for soccer goals include:

- 6.3.1 Securely anchor or counterweight movable soccer goals at ALL times.
- 6.3.2 Secure goal to the ground (preferably at the rear of the goal), making sure the anchors are flush with the ground and clearly visible.
- 6.3.3 Moveable soccer goals should only be used on level (flat) fields and must be anchored.
- 6.3.4 Eliminate homemade goals. Do not manufacture or design your own goalposts.
- 6.3.5 Periodically inspect for structural integrity and proper connecting hardware before every use. Replace damaged or missing parts or fasteners immediately.

- 6.3.6 Always stand to the rear or side of the goal when moving it, NEVER to the front and allow adequate manpower to move goals of varied sizes and weights.
- 6.3.7 Limit those with authority to move goals to maintenance staff, club staff and coaches, and advise them to secure goals after moving them.
- 6.3.8 Players shall not move goals.
- 6.3.9 Remove and secure from unauthorized access, goals that are no longer in use.
- 6.3.10 Remove nets when goals are not in use.
- 6.3.11 Anchor or chain one goal to another, to itself in a folded down position, to nearby fence posts or any other similar, sturdy fixture when not in use, or at the very least secure them to the ground and place a "Do Not Use Without Approval" sign.
- 6.3.12 Coaches should always conduct a visual inspection of goals prior to all scheduled activities.
- 6.3.13 Referees MUST conduct a visual inspection of goals prior to every game.
- 6.3.14 Educate players and adults about the dangers associated with soccer goals.
- 6.3.15 Adults shall not allow hanging or climbing on a soccer goal or soccer net.
- 6.3.16 Ensure safety/warning labels are clearly visible (placed under the crossbar and on the sides of the down-posts at eye level).

6.4 Goal Posts on Public Property:

- 6.4.1 Do not own goals on public property.
- 6.4.2 Donate funds to the property owner for purchase of goals.
- 6.4.3 Have written documentation of this transaction.
- 6.4.4 Perform periodic surveys of all locations to determine who owns the goals where your teams' practice and play.

6.5 Parking Lot Safety:

Parking lots are a significant source of risk for any youth soccer club. Accidents that occur include trips and falls, motor vehicle/motor vehicle accidents and motor vehicle/pedestrian accidents. Recommended safeguards for parking lots include:

- 6.5.1 Maintain a smooth surface free from holes and other trip/fall hazards.
- 6.5.2 Maintain proper drainage to minimize puddles of standing water.
- 6.5.3 Provide a clearly marked path of travel for pedestrians with pedestrian warning signs as needed.
- 6.5.4 Post speed limit signs as needed.
- 6.5.5 Provide adequate lighting if complex is used after daylight hours.

6.6 Mobile Equipment – Golf Carts and Mowers:

Mobile equipment is another risk exposure for youth soccer clubs. Specifically, golf carts, lawn mowers and tractors are found at many soccer complexes. If used properly this equipment is safe; however, if operated by inappropriate people or at inappropriate times, mobile equipment can cause injuries to the driver, passenger and pedestrians at the complex. Recommended safeguards for mobile equipment include:

- 6.6.1 Use qualified drivers/users of this equipment; qualification should include valid driver's license, formal training on each device used and a history of safe use with the device.
- 6.6.2 Maintenance schedule for all mobile equipment to assure all safety devices, brakes, shut-off switches, etc. are fully functional.

6.7 Facility Signage:

Signs posting facility regulations and information can minimize risk in two ways:

By posting the appropriate warning, individuals using the complex will be forewarned of facility rules and regulations and may avoid risk by adhering to said warnings.

From an insurance perspective, warning signs may do little to stop someone from participating in a specific activity, but they can go a long way in defending the club should an injured party alleging negligence file a claim or lawsuit. Facility rules and regulations signage should include:

- 6.7.1 No trespassing.
- 6.7.2 No alcohol.
- 6.7.3 No smoking.
- 6.7.4 No pets.
- 6.7.5 Hours of operation.
- 6.7.6 Code of conduct including language that anyone who violates the rules can be invited to leave the complex.
- 6.7.7 Parking lot speed limit and pedestrian crossing signs.
- 6.7.8 Employees and volunteers working the concession stand must wash their hands before coming on duty and after any breaks.
- 6.7.9 Emergency contact list with phone numbers for police, fire and medical assistance.

6.8 Emergency Information:

Prior to start of each playing season, the member club Risk Management Director should notify local authorities (fire, police or medical) of season dates and general hours. This information should include any special events held at the field that would increase traffic in the area, number of games, number of spectators, etc.

It is important that a member club have a designated Safety Officer at the field during hours of operation. The following emergency numbers should be posted in a highly visible location:

- 6.8.1 Fire Department
- 6.8.2 Police Department
- 6.8.3 Medical Facility/Ambulance Service
- 6.8.4 Club RMD, Safety Officer or other appropriate Administrator/Board Member

6.9 Concession Stand Safety and Sanitation:

Concession stands have built in risk exposure to those serving the food and those purchasing the food. Risks include volunteer injuries including burns, cuts, contusions, falls, etc. for those serving the food; and food poisoning and communicable diseases like Hepatitis for those purchasing the food.

Recommended safeguards for proper purchase, storage, cooking and serving food are:

- 6.9.1 Purchase food from a reliable vendor.
- 6.9.2 Store food at appropriate temperatures.
- 6.9.3 Document food storage temperatures as well as food serving temperatures, with cold storage at 40 degrees F or below and hot foods at 180 degrees.
- 6.9.4 Provide plastic gloves and hairnets as appropriate for food servers.
- 6.9.5 Prohibit food handlers from contacting money/payment as money is unsanitary.
- 6.9.6 Document clean-up and sanitation of food preparation equipment.

If possible, member clubs might consider hiring an outside service to run the concession stand and secure a certificate of insurance showing outside group is covered for general/products liability and workers compensation for their employees.

SECTION 7 – HEALTH & SAFETY

- 7.1 A good general rule of thumb: When in doubt, call 9-1-1 and let the professionals help.
- 7.2 Emergency Action Plans
 - 7.2.1 Every member club should have a system in place to manage medical emergencies or threats to health and safety.
 - 7.2.2 The goal of an EAP is to provide a comprehensive and practical response to an emergency as it may impact personnel, players and fields/venues.
 - 7.2.3 An effective EAP addresses:
 - a. High risk incidents such as severe injuries, cardiac, heat, weather and other safety matters.
 - b. Information specific to the venue including location of healthcare services, emergency services, medical equipment and emergency access.
 - c. Contact information for local emergency services, Club Director, Venue Director and venue location.
 - 7.2.4 Feedback on the EAP should sought from local emergency services, medical organizations and venues.
 - 7.2.5 The club's Risk Management Director should ensure that the EAP is updated and reviewed annually with all staff and shared with athletes and families. An effective plan is one that is easy to understand, available to all parties and is up to date.
 - 7.2.6 Copies of the EAP should be made available to all staff, coaches and athletes.
 - 7.2.7 Clubs should consider developing a pocket card with key EAP information.
- 7.3 Injury Prevention
 - 7.3.1 Injury prevention is central to safe play. The US Soccer Recognize to Recover program provides resources and guidance to help prevent injury.
 - 7.3.2 A preparticipation sports physical is an important tool in ensuring that undiagnosed medical conditions are identified and mitigated and chronic injuries appropriately managed. All youth athletes 13 years old and older **should** undergo annual preparticipation physical assessment by a licensed medical professional (MD/DO/NP/PA).
 - 7.3.3 Athletic trainers play a critical role in preventing, identifying and treating injuries. The American Academy of Pediatrics has shown that the presence of athletic trainers can lower injury rates, improve diagnosis and accelerate return-to-play decisions. Member clubs should consider involving athletic trainers in injury prevention.
 - 7.3.4 Warmups and Periodization
 - a. Start slow, stretch and integrate a ball
 - b. Progress to multi-directional activities
 - c. Additional resources from the US Soccer Recognize to Recover program can be found in Appendix C.

7.3.5 Monitoring Training Loads

- a. Soccer is a physically demanding activity and monitoring training intensity and cumulative load can ensure optimal fitness, reduce injury rates and accelerate recovery.
- b. There are different 'loads' a player experiences in soccer:
 - Duration – length of session
 - Volume – number of sessions completed
 - Intensity – physical difficulty
- c. Tracking training loads can help coaches and clubs ensure a varied training prescription with high and low intensity days for promoting fitness as well as recovery.
- d. Additional resources from the US Soccer Recognize to Recover program can be found in Appendix D.

7.3.6 Protective Equipment – A player may not use in any competition any equipment not authorized by the ruled of lay per FIFA.

7.4 Injury Recovery



- 7.4.1 Warm-up is critical to recovery – players should spend at least 20m stretching and warming up the body at the beginning of practice or before a game.
- 7.4.2 Training and strengthening programs will enhance natural protection systems, especially for the ankles and knees (most frequently soccer injuries). Consider incorporation of balance boards to strengthen supporting musculature.
- 7.4.3 Remember the more an injured player rests the faster they will recover.
- 7.4.4 Management of stressors in and out of sport can better balance training/competitive loads with recovery. Clubs should consider incorporating sleep, nutrition, hydration, travel, social life, employment/school, psychological factors, physiological factors and environmental conditions when managing a player's recovery from injury.
- 7.4.5 Additional resources from the US Soccer Recognize to Recover program can be found in Appendix E.

7.5 Cardiac Conditions

- 7.5.1 All staff, players 10 years and older, parents and coaches should be educated and trained in CPR and use of an automated external defibrillator.
- 7.5.2 First aid kits should contain a CPR mask
- 7.5.3 Access to an AED at all venues is encouraged

7.6 Head and Brain

7.6.1 Heading and Sub-Concussive Blows

- a. Per Montana Youth Soccer Policy  heading the ball is not allowed for players on teams younger than 13U.
- b. Per Montana Youth Soccer Policy  the time spent practicing heading should be limited to thirty (30) minutes per week.

7.6.2 Traumatic Brain Injury – i.e. Concussion

- a. Education and Awareness – Per Montana Youth Soccer Policy and Montana Code Annotated 20-7-1301 (Dylan Steigers Act), every coach must complete annual concussion training. The training will be provided and tracked through Montana Youth Soccer.
- b. Identification – a concussion can be difficult to recognize and can occur at any time throughout games or practice with a blow to the head or body from contact with the ground, the ball or another player. An athlete suspected of sustaining a traumatic brain injury (TBI) must immediately be removed from play and should not return to play until he/she is evaluated by a medical professional. When in doubt, sit them out.
- c. Alarm symptoms – if the individual experiences any of the following symptoms, they require urgent/emergent medical evaluation – Call 9-1-1.
 - Loss of consciousness – even if brief
 - Altered mental status or seizure after injury
 - Severe headache
 - Erratic behavior – amnesia, agitation, somnolence, repetitive questioning
 - Slow to respond to verbal communication
 - Repeated episodes of vomiting
 - Depressed skull injury
- d. Recovery - Never rush a return to play. Return to play can only occur after an athlete has been cleared by a medical professional. If you rush the return, a player is at significantly higher risk for more problems in the future.

7.7 Environmental Factors

- 7.7.1 Heat and Humidity – 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. Risk can be reduced by adding hydration breaks, shortening practice, using less-strenuous training activities or suspending activities altogether.
 - a. MYSA recommends that clubs suspend outdoor training when Wet Bulb Globe Temperature or Heat Index (WBGT/HI) exceed 86.2F
 - b. MYSA recommends that clubs limit outdoor training to 1 hour when WBGT/HI is 84-86F and 2 hours when 81-84F
- 7.7.2 Cold Weather – The effects of cold weather can impact health and safety during practices and games. Wet and damp conditions add to risk of injury or illness. Wind Chill Temperature (WCT) can lead to injury like frostbite.
 - a. MYSA recommends that clubs suspend operations when WCT is at or below 0 F.
 - b. MYSA recommends that clubs limit activity when WCT is between 1-24F and should provide protective cover to assist players in rewarming.

7.7.3 Lightning and Severe Weather

- a. MYSA and US SOCCER Recognize to Recover provides these guidelines for responding quickly and safely when lightning and severe weather threaten practice or a game.
- b. When there is lightning present within 10 miles all outdoor soccer activities are suspended. The decision to suspend or cancel play due to weather conditions is the responsibility of coaches, officials, athletic trainers and administrators. These individuals should be aware of safe shelter locations and know how to evaluate when it is safe to resume play after severe weather leaves an area.
- c. Outdoor activity may resume 30 minutes after the last flash of lightning within a 10-mile radius. The 30-minute clock restarts every time lightning flashes within a 10-mile radius.
- d. No place outside is safe when thunderstorms are in the area. All activity should be suspended, even if lightning or thunder has not yet been observed, and everyone should get indoors. Communicate this information completely and quickly to all participants.
- e. Safe locations should be available with enough capacity to hold all who may need safe shelter. A primary location would be a fully enclosed building with wiring and plumbing. A fully enclosed vehicle with a solid metal roof, like a school bus, would be a safe secondary option. Open fields and open-sided shelters are not safe.

7.7.4 Field Conditions

- a. Per **Montana Youth Soccer Policy X-XXX** Goal Safety and Section 6.3 of this document, soccer goals must be safely and adequately anchored.
- b. Trash and debris, including rocks, must be removed from the field of play before soccer activities can begin.

7.7.5 See Appendix F for US SOCCER Recognize to Recover Environmental Guidelines

7.8 First Aid Kits

7.8.1 General Supplies Should Include:

- a. CPR mouth barrier or pocket mask
- b. Medical release forms
- c. Emergency phone numbers – (County Sheriffs, Hospitals, Poison Control, Member Club Administrators, RMD)
- d. Medical gloves

7.8.2 Additional Supplies Might Include:

- a. Ace wraps
- b. Alcohol swabs
- c. Band-Aids – variety of sizes and shapes
- d. Blister care (moleskin, mole foam or first aid tape)
- e. Tape – athletic and cloth tape
- f. Gauze pads – suggested sizes 2” and 4”

- g. Hand sanitizer
- h. Instant chemical cold pack(s) or Ziploc bags (if ice is available)
- i. Saline solution or hydrogen peroxide to clean wounds
- j. SAM splint (moldable splint material)
- k. Sunscreen
- l. Granola Bars or other Protein Bars
- m. Large plastic bags

7.9 Handling Bloodborne Pathogens (from U.S. Youth Soccer Risk Management Committee)

- 7.9.1 The first concern is always to make sure the player is not seriously injured. Never move a player that may have a serious injury. If a serious injury is suspected, clear the field and summon medical help (9-1-1).
- 7.9.2 If a player has an injury with bleeding, all blood must be cleaned off the player and their uniform before they can return to play.
- 7.9.3 The soccer community is like all other segments of society - Some participants may have bloodborne diseases including HIV/AIDS or Hepatitis B. This section sets forth guidelines pertaining to bloodborne diseases.

7.9.4 Rights of Participation

- a. Individuals with infectious diseases have the right to participate in youth soccer programs. Efforts to exclude individuals from participation in youth soccer program because of infectious diseases are governed by the Americans with Disabilities Act ("ADA") and the Rehabilitation Act.
- b. Another legal area of concern for youth soccer is confidentiality of information - Individuals with infectious diseases have the right to confidentiality. Revealing confidential information in a nonprofessional setting may qualify as a breach of privacy and opens up the possibility of a civil suit. There is no law governing who should know, nor is there any law protecting the privacy of individuals. Sharing information about an individual with an infectious disease should be governed by that individual and/or the family involved. Let them be your guide in how much they want to be known.

7.10 Communicable Disease Precautions

- 7.10.1 Treat every person on the field, as in any area of society, with the assumption they are HIV positive. Precautions for reducing the potential for transmission of infectious diseases should include, but are not limited to, the following:
 - a. Routine use of medical gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.
 - b. If bleeding is profuse and requires the assistance of a supervising adult, medical gloves should be donned. Medical care should be sought.
 - c. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.

- 7.10.2 A bloodied athlete's uniform must be properly disinfected, or the uniform changed before the athlete may participate.
- 7.10.3 Clean all blood-contaminated surfaces and equipment with a solution made from 1-100 dilution of bleach before competition resumes. Use a new mixture for each event and discard the mixture after each event.
- 7.10.4 Disposable mouthpieces, resuscitation bags or other ventilation devices should be available for use to minimize the need for emergency direct mouth-to-mouth resuscitation.
- 7.10.5 Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct care until the condition resolves.
- 7.10.6 Contaminated towels, dressings and other articles containing body fluids should be properly disposed of or disinfected.

7.11 Recommended Safety Procedures for Dealing with Injuries Involving Blood

- 7.11.1 These are just a few things that should be done during the games. There are many more safety procedures that can apply.
- 7.11.2 First concern is always to make sure the player is not seriously injured. Never move a player that has possible internal injuries.
- 7.11.3 If possible, remove the player from the field, move the player to the side lines away from the spectators.
- 7.11.4 Carry medical gloves at all times in your bag.
- 7.11.5 Carry empty plastic bags, large enough to dispose of a uniform and shoes.
- 7.11.6 Carry rags to clean surrounding areas and carry some type of cleaning substance to clean the injured player.
- 7.11.7 Per FIFA Law 5, referees should never allow the player back onto the field without a clean jersey, shorts, shoes, etc. Therefore, it should be recommended that each player have extra clean shirt, shorts, shoes and socks with them.
- 7.11.8 The field of play should be inspected and cleaned up prior to resuming play. This means cutting out as much as possible of the blood area in grass and removing it to a proper disposal area. On artificial turf apply a cleaning agent, one that is safe for the surface.



Appendix A

Risk Management Director Code of Conduct

A. PURPOSE

The purpose of this signed statement is to inform all club Risk Management Directors (RMD) of the security and confidentiality requirements of the information that they will be gathering. It is not meant to reflect negatively on the RMD's performance, nor does it imply that the RMD is suspected of any wrongdoing.

As an RMD you have an obligation to safeguard the records entrusted to you. This document is to remind you of the security, confidentiality and ethical requirements for RMD's.

B. STATEMENTS

As my club's Risk Management Director, I will:

- Represent the interests of all people served by this organization, and not favor special interests inside or outside of this organization.
- Not use my position as RMD for personal advantage or for the advantage of my friends or associates.
- Keep confidential information confidential.
- Do nothing to violate the trust of those who elected or appointed me to the position of RMD or of those we serve.
- Never exercise authority as an RMD except when acting as I am delegated by the organization that elected or appointed me.
- Ensure that any disclosure made is, in fact, made only to those individuals having a legitimate need to know in the course of their official duties.
- Consult with a higher authority, i.e. Association President, State President, State RM Committee Member, etc., prior to taking any action when in doubt whether such action is in conformance with privacy and confidentiality standards.
- Disclose personal information about an individual only with the written consent or at the written request of the individual to whom it pertains.

C. DISCLOSURE

The Montana Youth Soccer Risk Management Committee will maintain a copy of this document. The signature below acknowledges that you were counseled about the security and confidentiality pertaining to your responsibilities as a Risk Management Director and that you were afforded the opportunity to obtain clarification regarding any of the requirements of the position which you did not fully understand.

D. SIGNATURE OF AGREEMENT

CLUB RISK MANAGEMENT DIRECTOR SIGNATURE

DATE

Submissions must be mailed to Montana Youth Soccer, PO Box 3466, Butte, MT 59702



Appendix B

Zero Tolerance Policy Against Abuse

A. CLUB INFORMATION

CLUB NAME

B. STATEMENTS

Our club is committed to providing a safe environment for its members and participants, and to preventing abusive conduct in any form. Every member of our member club is responsible for protecting our participants and ensuring their safety and well-being while involved in sponsored activities.

To this end, we have established the following guidelines of behavior and procedures for our staff, volunteers and participants. All members of our member club, we well as parents, spectators and other invitees are expected to observe and adhere to these guidelines.

1. Abuse of any kind is not permitted within our member club. This means we do not tolerate physical, sexual, emotional or verbal abuse or misconduct from our players, coaches, officials, volunteers, parents or spectators.
2. Physical and sexual abuse, including, but not limited to, striking, hitting, kicking, biting, indecent or wanton gesturing, lewd remarks, indecent exposure, unwanted physical contact, any form of sexual contact or inappropriate touching, are strictly prohibited within our member club.
3. Emotional abuse or verbal abuse is also prohibited. These include but are not limited to such forms of abuse as: yelling, insulting, threatening, mocking, demeaning behavior or making abusive statements in regard to a person's race, gender, religion, nationality/ethnicity, sex or age.
4. We are committed to providing a safe environment for our players, participants and staff. We do so by appointing all coaches, officials and volunteers – and anyone else affiliated with our member club – as protection advocates. Every member of this club is responsible for reporting to the Club Risk Management Director, any cases of questionable conduct or alleged mistreatment toward our members by any coach, official, volunteer, player, parent, sibling or spectator.
5. Buddy System: We recommend that every activity sponsored by our program put a Buddy System in place. Each youth participant should be assigned a buddy during sponsored activities. No child should go anywhere – to the bathrooms, locker rooms or other location – without his or her buddy.
6. To further protect our youth participants, as well as our coaches and volunteers, we strongly advise that no adult person allow him/herself to be alone with a child (other than their own) or with any group of children during sponsored activities. In particular, we recommend that coaches or other adult members of this club:
 - a. Do not drive alone with a child participant in the car.
 - b. Do not take a child alone to the locker room, bathrooms or any other private room.
 - c. Provide one-on-one training or individual coaching with the assistance of another adult or the child's Buddy.
 - d. If you must have a private conversation with a youth participant, do it within view of others, in the gym or on the field, instead of in a private office.
 - e. Coaches and other adult members of our member club should not socialize individually with the participants outside of sponsored activities.

7. Supervision/Chaperone ratio: We recommend that for any sponsored activity, the ratio of adults to youth participants be 1:8 – one (or more) adults for every eight children, with a minimum of two adults for every activity.
8. When traveling overnight with youth participants, children should be paired up with other children of same gender and similar age group, with chaperones in separate, but nearby rooms.
9. We want to empower our children to trust their feelings and let them know that their concerns, fears and hopes are important by listening to them. Open communication between children and parents, or between children and other adults in our member club may help early warning signs of abuse to surface.
10. We encourage parents to become as active as possible in sponsored activities, games, practices and other events. The more the parents are involved, the less likely it is for abusive situations to develop.
11. We will respond quickly to any and all allegations of abuse within our member club. This information will be communicated to the authorities for investigation and will be reviewed by the member club's Risk Management Director and/or President. The alleged offender will be notified of such allegations promptly. Montana Youth Soccer will be copied on all correspondence.
12. Any person accused of sexual or physical abuse may be asked to resign voluntarily or may be suspended by the board until the matter is resolved. Regardless of criminal or civil guilt in the alleged abuse, the continued presence of the person could be detrimental to the reputation of our member club and could be harmful to the participants. A person who is accused but later cleared of charges, may apply to be reinstated within our member club. Reinstatement is not a right, and no guarantee is made that he or she will be reinstated to his/her former position.
13. We promote good sportsmanship throughout our member club and encourage qualities of mutual respect, courtesy and tolerance in all participants, coaches, officials, volunteers and spectators. We advocate building strong self- images among the youth participants. Children with a strong self-image may be less likely targets for abuse; similarly, they may be less likely to abuse or bully others around them.

C. SIGNATURES OF AGREEMENT

CLUB RISK MANAGEMENT DIRECTOR SIGNATURE

DATE

CLUB PRESIDENT SIGNATURE

DATE

Submissions must be mailed to Montana Youth Soccer, PO Box 3466, Butte, MT 59702



A proper warmup is an important first step to preventing injury in soccer. U.S. Soccer's Recognize to Recover program highlights the elements of an appropriate warmup to maximize the injury prevention benefits before any game or practice.

A good warmup creates a foundation for good performance. In youth soccer, an appropriate warmup should last at least 20 minutes. Numerous studies show the dramatic effect a proper warmup has in reducing injuries on the field. During the warmup, players prepare mentally as well as physically. A good warmup helps players focus their attention on the game or practice that follows, increasing the level of performance.

Warmup exercises typically concentrate on preparing the body for play. These physical activities target different muscles which are important for maximizing soccer performance. In doing so, the warmup also helps protect the player from injuring these different muscles.

JOG BEFORE YOU RUN

Warmup activities should build in intensity and lead into the activity which follows, whether a game or practice.

Start slow

Begin the warmup with low intensity movements like jogging, skipping and shuffling side-to-side. Increase the heart rate gradually to be ready for the practice or game to start.

Stretch

Stretching is extremely important. Stretching should be dynamic, not done standing still. Incorporate full range of motion stretches into low-intensity movements, like walking or jogging.

Include a ball

Integrate ball skills into the warmup, such as dribbling at slower speeds. This is an opportunity to work on technical skills and become more acquainted with the ball.

PROGRESSION OF ACTIVITIES

A typical warmup progresses from linear to multi-directional activities. Initial warmup exercises should have players moving along a straight line. Once muscles have begun to warm, exercises can incorporate changes of direction to increase the intensity and effectiveness of the warmup.

The warmup should finish with accelerations, sprints or high-intensity changes of direction to simulate actual game-play situations to make sure the player is prepared for the game or practice session.

WARM UP THESE MUSCLE GROUPS TO BEST PREVENT INJURIES

• Groin

• Hip Flexors

• Hamstrings

• Quadriceps

• Calves

DEVELOPING A WARMUP PROGRAM

Incorporating a variety of exercises into a warmup program may allow players and coaches to create a program tailored to their interests and needs. Some exercises or activities may not be appropriate for certain age groups or skill levels.

One warm-up program that has shown to reduce injuries by as much as 50 percent is FIFA 11+. Find out more about the program on the FIFA website.



Developing a high level of skill in any sport requires thousands of hours of training and competition. Soccer is no exception. U.S. Soccer's Recognize to Recover program promotes periodization as an important element in the development of a strong player and team.

PERIODIZATION PROTECTS PLAYERS

Excessive training and an intense competitive schedule can be counter-productive to player health and potentially result in decreased performance, injury and burnout. It is important to apply a detailed and disciplined periodization schedule to soccer training and competition to allow athletes time to recover from the demands of the sport.

Player fatigue is a natural and expected result of any soccer training and competition. Intense play, such as during a game, leads to acute fatigue characterized by a decline in physical performance over the following hours and days. This fatigue impacts both the nervous system and muscular system. In cases of acute fatigue, players may require more than three days to completely recover, both physically and mentally. During this time, the player may also be at a higher risk for injury.

PERIODIZATION SIMPLIFIED

Periodization creates a systematic training plan for an athlete or team involving progressive increases and decreases of different training components, such as strength, power, speed, endurance. The training differs for each period of the season and reflects different training goals specific to that time of the season. The concept helps players reach their best possible performance in the most important competitions of the year.

BASIC STRUCTURE OF THE YEAR

At a minimum, each year should be made up of distinct phases of training and recovery. In simplest terms, it should include:

- **Pre-Season:** light workouts allow the player to adjust to rigors of training
- **In-Season**
- **Pre-competition:** builds aerobic stamina and skills; training may include longer practice sessions and increased intensity
- **Competition:** prepares players for best performance by increasing practice intensity and reducing practice length or adding recovery time
- **Transition or Off-Season:** recovery period allowing the body time off through complete rest or by engaging in other activities that do not include typical soccer skills

EIGHT TIPS FOR TRANSITION

1. **Focus on mental and physical recovery**
2. **Training sessions should focus on fun and simple objectives**
3. **Allow for family time and individual needs**
4. **Consider the length of the season and the length of the off-season when designing a transition plan**
5. **Allow players flexibility in deciding what activities they want to participate in during off-season**
6. **Maintain no more than two structured training sessions per week**
7. **Focus on injury prevention by training 'weaker' areas of body, small muscles and strength imbalances**
8. **Maintain fitness to be better prepared when pre-season conditioning resumes**

Periodization Scheduling:

It typically takes from four to eight weeks to see significant improvements in skills such as strength, speed, power or endurance. Divide the training schedule into smaller segments, each with a beginning, end and rest period.

- **Annual Plan:** yearly plan of major training and competition components
- **Macrocycle:** training unit of four to six months
- **Mesocycle:** training divided into monthly time periods
- **Microcycle:** one-week training periods
- **Training Day:** each day's exercises and goals
- **Training Unit:** reps and sets of specific exercises

This article is directed towards coaches and technical staff of grassroots level soccer to be able to gain an understanding of, and then implement basic monitoring practices in their own environment.

SOCCER DEMANDS

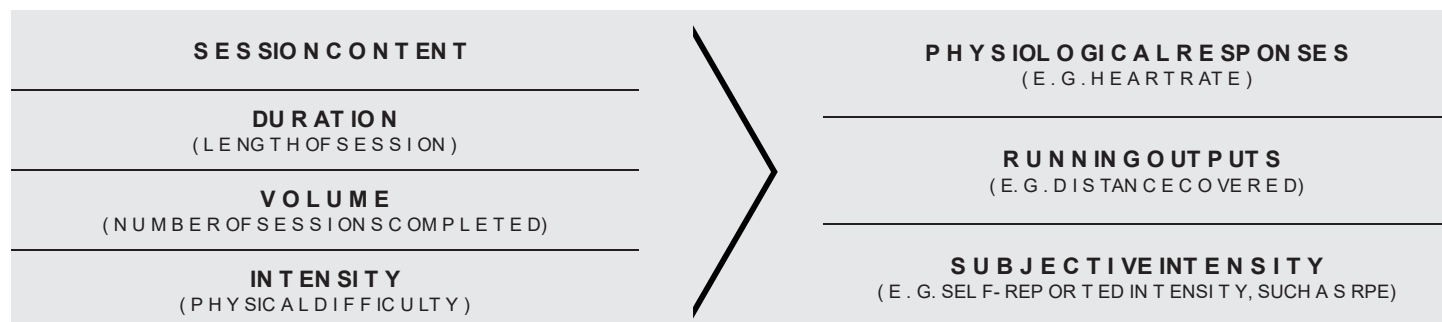
Physical demands in soccer are increasing, as is the amount of games scheduled. This affects the way players are trained at all levels of the game. Monitoring training effectively may help optimize physical and technical development as well as lowering risk of injury and sickness when:

- Increasingly busy schedules mean high-intensity sessions are separated by little recovery.
- Absence of days for physical and psychological regeneration and the expectation of high work-rate from players can have negative consequences.
- Accumulation of fatigue over days and weeks might reduce ability to exercise and increase susceptibility to sickness and injury.

WHY MONITOR TRAINING LOAD?

The use of monitoring techniques can have several benefits in the soccer environment. Consistent recording of the duration, content and intensity of training sessions and games can be carried out for both the team and individual players. Information collected can be used to ensure varied training prescription with high and low intensity days with periods for promoting fitness as well as recovery. As a result, the likelihood of overtraining and other negative consequences is reduced.

There are different types of 'load' a player experiences in soccer. Understanding contributors to training load and ways to measure this can help in planning training sessions:



Factors influencing exercise intensity

Many factors influence individual responses to exercise and should also be considered when planning training intensity:

- Field size
- Number of players per team
- Coach encouragement
- Age
- Fitness levels
- Level of play
- Weather and altitude

Rate of Perceived Exertion (RPE)

- RPE is popular for measuring training load - Seen as a global measure of exercise intensity.
- Can be used to measure load in any sport.
- Easy to use and requires no equipment or cost.
- Thirty minutes after a session, a player may be asked 'How was your workout'?
- Players provide an RPE score of how hard the session was on the 0-10 scale (Figure 1).
- Session Training Load = RPE x Session Duration (minutes).

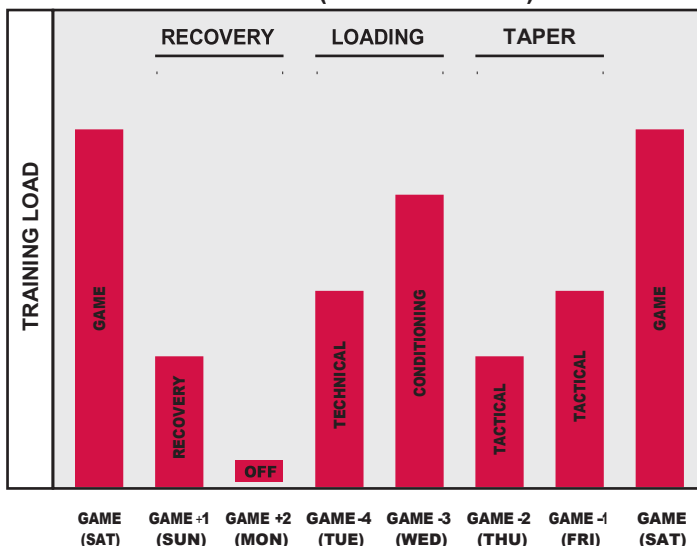
Points to consider when using RPE

- Can change depending on aims and content of a session.
- Accounts for situational, physiological and psychological factors.
- Can help with varying 'hard' and 'easy' sessions to reduce monotony of training.
- Ensures variation in training load (such as in pre-season, and weekly cycle before a game).
- Can take into account weekly activities and sports undertaken other than soccer.
- Subjective reporting may vary with age and experience.
- More experience gives appreciation for range of intensities and what is 'maximal' effort.

FIGURE 1:

RPE SCALE	
0	NOTHING AT ALL
1	VERY LIGHT
2	FAIRLY LIGHT
3	MODERATE
4	SOMEWHAT HARD
5	HARD
6	
7	VERY HARD
8	
9	
10	VERY, VERY HARD (MAXIMAL)

FIGURE 2: ONE-GAME WEEK (2 DAY RECOVERY)



	INTENSITY	AIMS	AREAS
Game	Highest intensity	Reference to plan training	
G +1	Recovery	Low intensity activity, stretch, nutrition	
G +2	OFF	Recovery	
G -4	Moderate Intensity	Technical-tactical	Small spaces
G -3	High Intensity	Conditioning	Large spaces
G -2	Moderate Intensity	Tactical	Large Spaces
G -1	Low Intensity	Tactical	Limit speed work
GAME			

REFERENCES

- Rampinini, E., Impellizzeri, F.M., Castagna, C., Abt, G., Chamari, K., Sassi, A. and Marcora, S. (2007). Factors influencing physiological responses to small-sided soccer-games. *Journal of Sports Sciences*, 25, (6), 659-666.
- Halsom, S.L. (2014). Monitoring training load to understand fatigue in athletes. *Sports Medicine*, 44, S139-147. Coutts, A.J. (2001). Monitoring training in team sports. *Australia's Coaching Magazine*, 24, (3), 19-24.
- Eston, R. (2009). What do we really know about children's ability to perceive exertion? Time to consider the bigger picture. *Medicine and Science in Sports and Exercise*, 21, 377-383.
- Dellal, A., Lago-Penas, C., Rey, E., Chamari, K. and Orhant, E. (2013). The effects of a congested fixture period on physical performance, technical activity and injury rate during matches in a professional soccer team. *British Journal of Sports Medicine*, 49, (6), 390-394.

Recovery is an important component to the design and application of periodization in soccer. An extensive schedule of practice and games, in addition to other stressors outside of the sport can compound the level of fatigue experienced by an athlete. U.S. Soccer's Recognize to Recover initiative promotes achieving balance between training and competition with both recovery and rest to help ensure athletes are physically and mentally prepared to perform.

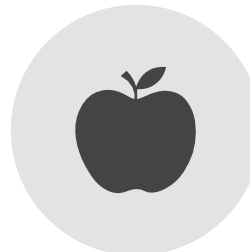
Factors that affect Athletes' Fatigue and Recovery:



Practice &
Games



Sleep



Nutrition &
Hydration



Travel



Employment
and/or School

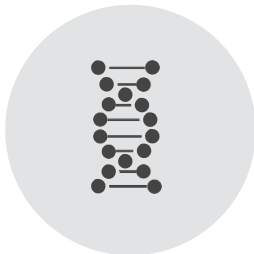
Fatigue & Recovery



Recovery
Interventions



Social Life



Genetics



Psychological &
Physiological
Factors

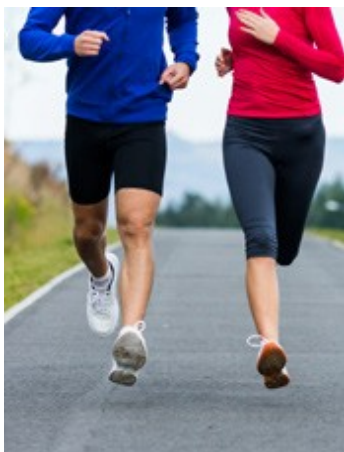


Environmental
Conditions

Recovery is usually the period between the end of one practice and the start of the next. Sleep, nutrition, and hydration should make up the foundation of an athlete's recovery to counteract fatigue, reduce the risk of injury, and help drive the body's adaptive responses to exercise. There are a variety of recovery interventions available that can be utilized by an athlete to help boost their recovery process.

METHODS OF RECOVERY

Appendix E



ACTIVE RECOVERY

DYNAMIC AND STATIC
STRETCHING

FOAM ROLLING



HYDROTHERAPY

ACTIVE RECOVERY

involves low to moderate-intensity exercise that can be carried out after practice and games (also referred to as “cooling down”) or be a separate bout of physical activity held on a rest day. The duration of active recovery can be 15 to 30 minutes of land-based or water-based exercise, or a combination of the two. Active recovery on land can be continuous light aerobic work, or light resistance training—such as body weight strength exercises—all of which can be completed outdoors or at a local gym. Active recovery in water can include activities, such as swimming or simulated running in-place or jogging along the length of the pool.

DYNAMIC AND STATIC STRETCHING

Two styles of stretching that are frequently incorporated into warm-up and cool-down periods, respectively. Dynamic stretching is performed by moving a limb in a slow and controlled manner through its full available range of motion. The motion can be repeated several times with small increases in the speed of movement as the available range of motion increases. Static stretching entails selecting a target muscle that is slowly lengthened and held in a comfortable range for 15 to 30 seconds. As the position is held, the feeling of the stretch diminishes, and the athlete can move gently into a deeper stretch and hold again.

FOAM ROLLING

An emerging recovery method with several proposed physiological effects, similar to those of massage, that may assist in recovery and reduce muscle soreness. During foam rolling, individuals use their own body mass on the foam roller to exert pressure on the affected muscle group. A standard foam rolling protocol can be 20 minutes of foam rolling, performing different exercises targeting the muscle groups most used in soccer, including quadriceps, hamstrings, gluteals and gastrocnemius. For each muscle group, roll as smoothly as possible for two 45-second bouts on both the right and left legs.

HYDROTHERAPY

Also known as water immersion recovery, hydrotherapy consists of covering part of the body, or the whole body, in water. Community pools and showers at home both provide adequate means of utilizing hydrotherapy. Simply being submerged waist deep in a pool allows hydrostatic pressure to act on the body by displacing fluid from the lower body to the upper body, which is purported to enhance recovery. Another hydrotherapy recovery technique is contrasting water temperature, which consists of alternating immersion in cold and hot water and can be easily done in a shower at home. Simply alternate between cold and hot temperatures for 1 to 2-minute intervals for 2 to 3 cycles, ensuring water is in contact with the lower back and legs.

SAMPLE TRAINING & GAME SCHEDULE

MON	TuE	wED	THu	FRI	SAT	SuN
Foam rolling	Foam rolling	Rest Day	Team Practice	Team Practice	Game	Rest Day
						Foam rolling
Team Practice	Team Practice					Dynamic stretching
Active recovery; 10 min light jogging			Dynamic and static stretching		Hydrotherapy; pool-based water immersion	Active recovery; 30 min bike ride
Static stretching						Static stretching
						Contrast hydrotherapy
wORKLOAD	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW/RECOVERY	

REFERENCES

Bompa, T. & Haff G. 2009. Periodization: theory and methodology of training. Champaign, IL: Human Kinetics.

McAtee, R. & Charland, J. 2007. Facilitated Stretching. Champaign, IL: Human Kinetics.

Reilly, T. & Ekblom, B. 2005. The use of recovery methods post-exercise. J Sports Sci, 23 (6): 619-627.

Rey, E, Padrón-Cabo, A. Costa, P. & Barcala-Furelos, R. 2017. The Effects of Foam Rolling as a Recovery Tool in Professional Soccer Players. J Strength Cond Res.

Heat-related illnesses, such as heat stroke and heat exhaustion can be serious and potentially life-threatening conditions. U.S. Soccer's RECOGNIZE TO RECOVER program prepared this guide for 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 the advice of your physician or other healthcare provider. For specific questions and 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.

- 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 having a health care provider such as an athletic trainer onsite for all practices and competitions

Resources to Help Ensure Safe Play in Extreme Heat

- WBGT monitor
- Hydration capabilities: water bottles, coolers, hoses, etc.
- National Weather Service website: 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



To assist coaches and athletes in this, RECOGNIZE to RECOVER created an easy reference poster. The guidelines are intended to help evaluate situations to prevent heat-related illness before it begins. The three-step Heat Guidelines include methods for evaluating danger levels and appropriate responses to those various levels

TO USE THE GUIDELINES, FOLLOW THESE THREE STEPS:

STEP 1

FIND THE WET BULB GLOBE TEMPERATURE (WBGT)

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

WET BULB GLOBE TEMPERATURE (WBGT) FROM TEMPERATURE AND REL ATIVE HUMIDIT Y

		TEMPER ATURE IN DEG REES FA HRENHEIT																															
		68.0 69.8 71.6 73.4 75.2 77.0 78.8 80.6 82.4 84.2 86.0 87.8 89.6 91.4 93.2 95.0 96.8 98.6 100.4 102.2 104.0 105.8 107.6 109.4 111.2 113.0 114.8 116.6 118.4 120.2 122.0																															
RELATIVE HUMIDIT Y (%)	0	59.0 60.8 60.8 62.6 64.4 64.4 66.2 66.2 68.0 68.0 69.8 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 91.4 91.4 93.2 95.0																															
	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 84.2 84.2 86.0 86.0 87.8 87.8 89.6 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 86.0 87.8 89.6 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 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 75.2 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																															
	30	64.4 66.2 68.0 68.0 69.8 71.6 73.4 75.2 77.0 78.8 80.6 82.4 84.2 86.0 87.8 89.6 91.4 93.2 95.0 96.8 98.6 102.2																															
	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 96.8 100.4 102.2																																
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 96.8 100.4																																
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.



CATEGORY 1
 CATEGORY 2
 CATEGORY 3

TRAINING & MATCH PLAY LIMITS

CANCELLATION OF TRAINING

Depending on your region category, recommend cancellation of training or delay until cooler when WBGT for

Cat 1 >86.2°F

Cat 2 >89.9°F

Cat 3 >92.0°F

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)

STEP 3 FIND YOUR ALERT LEVEL AND WORK TO REST RECOMMENDATIONS

Based on your WBGT and Regional Category determine your Alert Level and Work to Rest Recommendations using the table below.

ALERT LEVEL	WBGT BY REGION (° F)			EVENT CONDITIONS	RECOMMENDED WORK TO REST RATIOS (ACTIONS & BREAKS)
	CAT 1	CAT 2	CAT 3		
BLACK	>86.2°	>89.8°	>92.0°	Extreme Conditions	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	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	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	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	Normal Activities. 3 Separate 3 minute breaks each hour of training, OR a 10 minute break every 40 minutes

EXCESSIVE HEAT IMPACT ON PLAY

Depending on your Region Category, it is recommended that training or match play be canceled or delayed until cooler when

WBGT exceeds these levels:

- Region Category 1 >86.2°F;
- Region Category 2 >89.9°F
- Region Category 3 >92.0°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.

It is recommended to include scheduled hydration breaks when the WBGT reaches 89.6°F. Provide hydration breaks of four minutes for each 30 minutes of continuous play. In a regulation 90-minute match, this would schedule the hydration break at minute 30 and 75.

Provide adequate communication of environmental conditions, cooling methods and other resources to players and staff. This includes ensuring unlimited access to water and other fluids, making sure players and coaches are aware of planned breaks for hydration and the duration and time of training.



HEAT POLICY

A heat policy is intended to serve as a guide for regulating match play, practice sessions, hydration breaks and participant safety during extreme temperature conditions. Such a heat policy can be shared with participants, making sure everyone is aware of the safety precautions in place. The steps listed below should be considered when developing a heat policy:

- Heat policy should be part of an overall EAP
 - Prevention
 - Follow heat acclimatization guidelines (see box)
 - Activity modification guidelines based on environmental conditions
- Frequently monitor environmental conditions
 - WBGT device or Heat Index
- Increase the number and duration of hydration breaks
- Shorten practice/reduce intensity of exercises
- Postponing practice/competition until cooler parts of the day
- Management and treatment of heat-related illness
- Remove from training and source of heat
- Cool in a shaded area using ice towels, cooling tub or wading pool
- Provide access to fluids/electrolytes and encourage rehydration
- If emergency continues, call 9-1-1 for immediate medical assistance
- 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 having a healthcare provider such as an athletic trainer onsite for all practices and competitions

ACCLIMATIZATION

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

GUIDE FOR ACCLIMATIZATION (10-14 DAYS)

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

Days 1-5

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

Days 6-14

- Double practice days can begin day 6 and not exceed five hours in total practice time between the two practices.
- Minimum of three-hour rest period between each training session during double practice days. The three-hour rest period should be in a cool environment to allow the body to fully recover.
- Each double practice day should be followed by a single practice day with practice time not to exceed three hours.
- Athletes should receive one day rest following six days of continuous practice.



RECOVERY

- 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

SPECIFIC HEAT-RELATED ILLNESSES

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.

In severe cases of 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

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 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, get the on-site medical provider or call 9-1-1.

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)
- Contributors: Korey Stringer Institute and Dr. George Chiampas





The effects of cold weather can impact health and safety during practices and games. The definition of “cold stress” varies across the United States, depending on how accustomed people are to cold weather. A player from Minnesota will have a much different threshold for cold than a player from Florida.

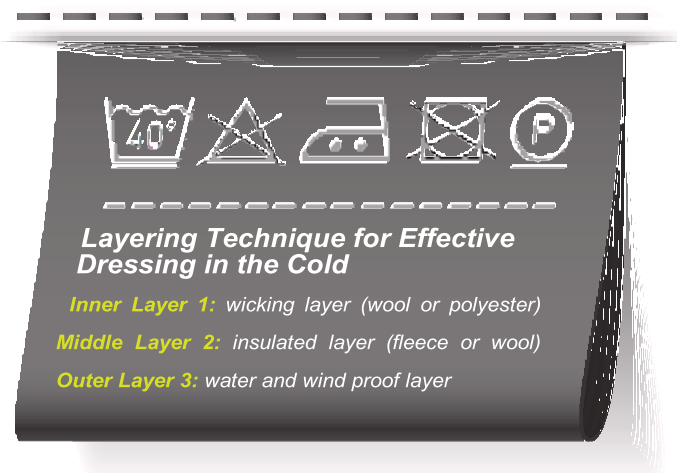
U.S. Soccer’s RECOGNIZE TO RECOVER program prepared this guide for coaches, referees and players for training or playing in colder climates. Additionally, it serves as a guide for match play and participant safety during extreme temperature conditions. The information provided is not a substitute for medical or professional care, and you should not use the information in place of a visit, consultation or the advice of your physician or other healthcare provider. For specific questions and concerns, please consult your health care provider or physician.

COLD WEATHER SAFETY TIPS

Dressing 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 cold weather. This also means to not overdress.

Layering clothing in a specific way (see box) 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, sweat pants and/or hats or headbands. Also, avoid sweating before going outside because your body will cool too quickly.



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 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. (see chart below) Even prolonged exposure in relatively mild temperatures can lead to frostbite. The National Weather Service wind chill chart can serve as a guide to safe play in cold weather.



COLD WEATHER GUIDELINES

Appendix F

STEP ONE – DETERMINE WIND CHILL TEMPERATURE

The effects of cold weather can impact health and safety during practices and games. The definition of “cold stress” varies across the United States, depending on how accustomed people are to cold weather. A player from Minnesota will have a much different threshold for cold than a player from Florida.

WIND CHILL TEMPERATURE (WCT) INDEX TEMPERATURE IN DEGREES FAHRENHEIT														
WIND SPEED		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

STEP TWO – 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 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 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 emergency department or physician

Heat loss can occur through head and hands



Exposed skin is a greater risk for frostbite

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 more quiet 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 911.

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 hypothermia because it could cause the individual to go into shock.

*If symptoms persist seek medical attention from a physician or Emergency department

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