

Recognize to Recover

Program for Player Health & Safety

January 15, 2016





Recognize to Recover, or R2R, is a first-of-its-kind program that aims to reduce injuries in soccer players of all ages and promote safety by those on and off the field

RECOGNIZE > TO RECOVER

A PROGRAM OF
U.S. SOCCER



Why Recognize to Recover



- Keep player safety a priority at all levels
- Strengthen the role parents, players, coaches and officials have in player safety
- Centralize ongoing work to provide a resource in areas of player health and safety



- Prevention
- Safety
- Recovery
- Performance

Concussion Education and Rule Changes





- Created by U.S. Soccer
- 12 experts in the field of concussion injuries
- Reviewed current scientific data
- Developed rule changes and best practices



- Recommendations for members
 - Adequate number of HCP present for all major youth tournaments and accessible as needed during play
 - HCP should be licensed, such as ATC or MD/DO, with skill set in emergency care and sports medicine with knowledge related to concussion evaluation and management
 - Hosting entities should collaborate with HCP on overall emergency action plan and discuss the management of injuries and return to play



- Recommendations for all members – follow new Development Academy substitution rules
 - If player suffers significant blow to the head remove the player from the game for medical evaluation
 - A substitution for evaluation of concussion/head injury will not count against the team
 - If player has received clearance from HCP to return, player may re-enter at any stoppage of play

Heading Recommendations



- U11 and younger (10y and under)
 - No heading in practices or games
- U12 and U13 (11y-13y)
 - Heading training limited to maximum of 30 minutes per week with no more than 15-20 headers per player, per week

Heat Guidelines





Heat-Related Injuries are Preventable



Heat deaths rising

Heat-related fatalities that occurred during sports have more than doubled since 1975.

1975-79



1980-84



1985-89



1990-94



1995-99



2000-04



2005-09



Source: Korey Stringer Institute

By Veronica Salazar, USA TODAY

Heat Guidelines



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 separate 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 separate 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

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).

COMMUNICATION

Provide adequate communication of environmental conditions, cooling modalities and other resources to players and staff including:

- Planned breaks for hydration
- Duration and time of training
- During warmer conditions, plan ahead for matches and trainings

Ensure unlimited access to water and other fluids
Follow your Emergency Action Plan

Emergency Action Plan for Cardiac Arrest

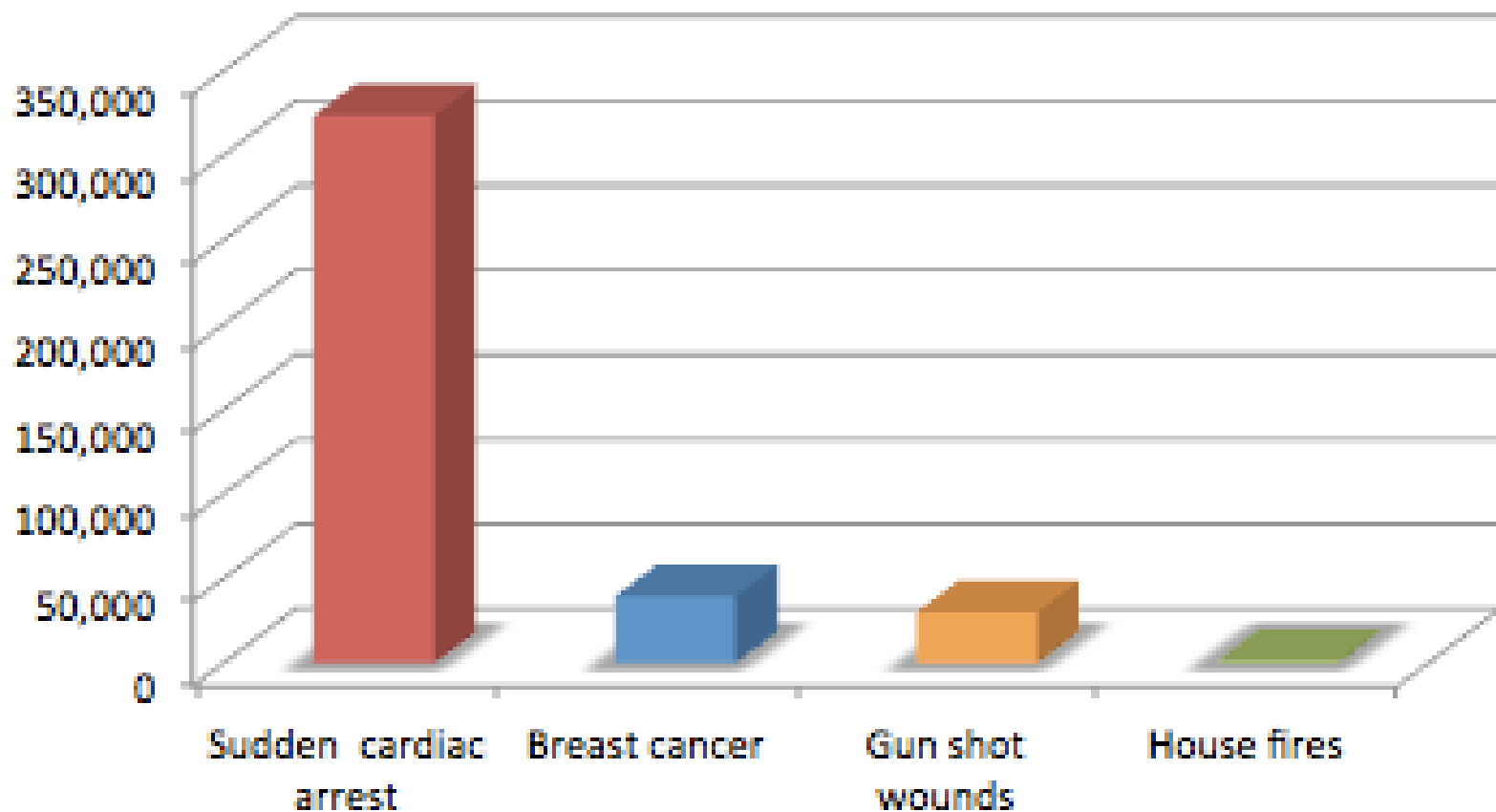




Annual Incidence of Death

Compiled by Sudden Cardiac Arrest Foundation

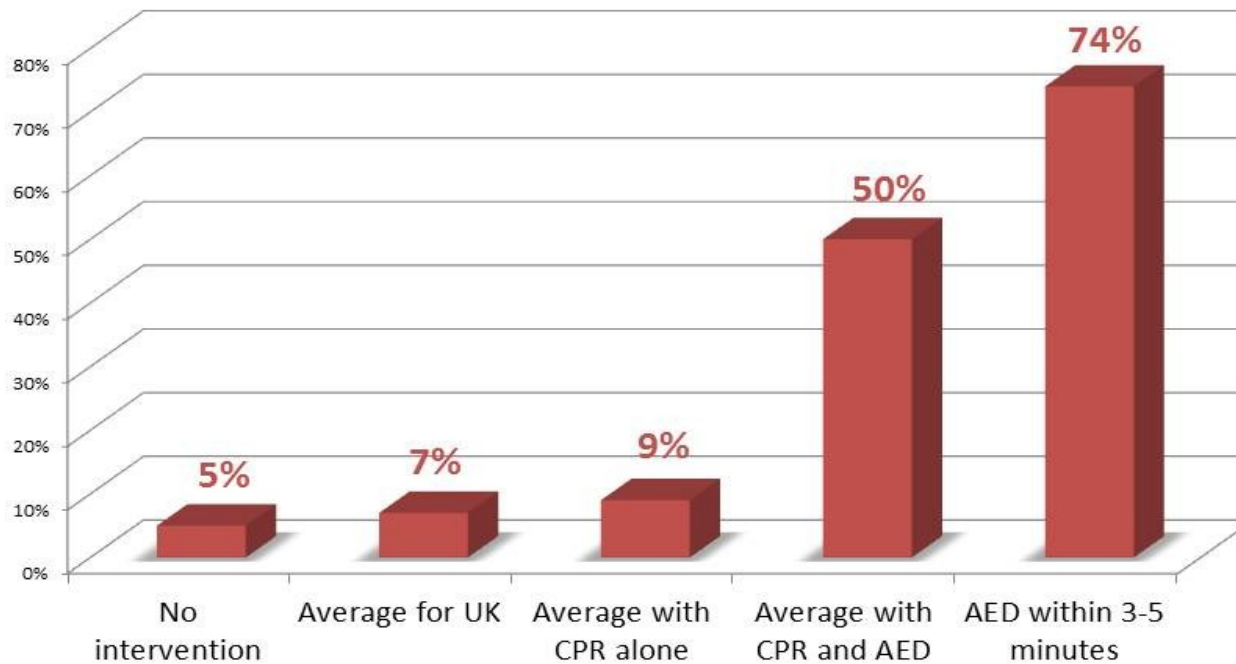
www.sca-aware.org





The impact of public-access defibrillators on survival

Survival rates from sudden cardiac arrest



Steps In Place



TRADITIONAL CPR VS HANDS-ONLY CPR

Traditional CPR

1. Gently shake victim to check if conscious
2. Do mouth-to-mouth ventilations
3. Do chest compressions
4. Alternate cycles of mouth-to-mouth ventilations and chest compressions

Hard to remember, perform, teach, requires mouth-to-mouth contact and is useful for victims younger than 12 years old and drowning

VS

Hands-Only CPR

1. CHECK if victim is conscious
2. CALL 9-1-1 if not conscious
3. COMPRESS - Do Hands-Only CPR
4. NO mouth-to-mouth ventilation is needed

Easy to remember, perform, teach, does NOT require mouth-to-mouth contact and is useful for adults and non-drowning victims



Hand Position: Interlock your fingers; place the heel of your lower hand on the chest



Arm Position: Keep your elbows straight; push on the center of the chest Push 100 times per minute. Push down at least 2 inches. Push hard and fast in the center of the chest

Hands-only CPR:

- Easy to remember
- Easy to perform
- Easy to teach
- Does *not* require mouth-to-mouth contact
- Useful for adults and non-drowning victims

Role of Coaches





- You are a leader in soccer
- You have a strong voice and are trusted
- Become educated on U.S. Soccer's R2R Campaign and utilize it in your own programming
- Help spread positive messages about player safety in our sport



- Be informed
- Take the lead
- Set the tone
- Know the cues
- Take action
- Create a culture



For more information on
R2R or U.S. Soccer's
initiatives in the area of
player safety, please contact
medical@ussoccer.org