JBLM CHILD & YOUTH SERVICES

Reporting Suspected Child Abuse

IMMEDIATELY CALL all of the following:

Lewis MP's
(253) 967-3107

Sports Director
Cynthia Williams-Patnoe
(253) 967-2405 wk

Washington State (CPS)
(866) 363-4276

MAMC Family Advocacy
Behavioral Health Svc Intake
(253) 968-4159

****

1. **Talia's Law requires reporting suspected Child Abuse in a time sensitive manner.**
2. **Our sports director has 2 hours to report up the chain once a coach or staff becomes aware of suspected abuse or neglect.**
3. **When unsure, call your Sports Director for advice so a timely report can be made if required.**

DEPARTMENT OF THE ARMY
JOINT BASE GARRISON
BOX 339500, MAIL STOP 1AA
JOINT BASE LEWIS-MCCHORD, WA 98433-9500

REPLY TO ATTENTION OF

IMLM-MWA 23 October 2017

SUBJECT: TALIA'S LAW-Changes to Joint Base Lewis McChord (JBLM) Child & Youth Services (CYS) Child & Youth Abuse Reporting Procedures

1. PURPOSE. To change child abuse reporting procedures and protect children and youth.

2. REFERENCE. Talia's Law (HR3894) and National Defense Authorization Act, 23 Dec 2016

3. SCOPE. This SOP is applicable to CYS employees, contractors, volunteers and Family Child Care (FCC) providers.

4. Background.

a. On December 23, 2016 former President Obama signed Talia's Law, HR3894, and it was added to the Nation Defense Authorization Act. "Talia's law," introduced by U.S. Rep. Tulsi Gabbard, requires the military to report any abuse on base to civilian authorities.

b. In 2005, 5-year-old Talia Williams died after months of abuse by her father, who was a soldier stationed at Schofield Barracks, and her stepmother. Despite multiple reports to military officers, state child protection services was never contacted. There were gaps in the military's reporting requirements that failed to protect Talia and so many other military children remained. Enactment of Talia's law closes these gaps by requiring the same protections that exist for any other child to also protect children in military families.

5. Mandatory Reporting Procedures for CYS employees, contractors, volunteers and FCC providers are as follows:

a. Contact the JBLM Military Police, 1-253-967-3107, and report immediately upon awareness of the possible suspected child abuse or neglect.

b. Contact Washington State Child Protective Services (CPS) AT 1-866-363-4276 or 1-866-END-HARM and report.

c. Contact your CYS Chain of Command and provide an oral and written report.

d. Contact the Madigan Army Medical Center (MAMC) Family Advocacy Behavioral Health Services (FABHS) intake desk, 1-253-968-4159, and report.

6. CYS supervisory personnel additional reporting requirements are as follows:

a. Verify that the military police, CPS and MAMC FABHS intake has been contacted and a report has been made by your staff, contractor, volunteer or FCC provider.

b. Contact your chain of command and provide an oral report.

c. Complete a written Report of Unusual Incidence (RUI) and send to chain of command.

d. If the allegation occurred in a CYS setting, remove the employee, contractor, volunteer or FCC provider from caring for children while an investigation is conducted by authorities.

7. CYS employees, contractors, volunteers and FCC providers must react in a timely manner and report to their CYS chain of command immediately. Each person in the CYS chain of command must also be cognizant of the time sensitive nature of this process. The JBLM Garrison Commander must receive the written report within 2-hours of the awareness and initial report to the military police.

8. POC is the undersigned.

SOPHIA L. WESTCOTT- CURL
Coordinator
Child & Youth Services

INDICATORS OF CHILD MALTREATMENT: SEXUAL ABUSE

PHYSICAL SIGNS	CHILD/YOUTH'S BEHAVIOR	PARENTAL CHRACTERISTICS
Difficulty Walking	Sudden Drop In School Performance	Possessive and Jealous of the Victim • Denies the child/youth normal social contact • Accuses the child/youth of sexual promiscuity and seductiveness • Is abnormally attentive to the victim
Torn, Stained or Bloody Underclothing	Poor Peer Relations	Low Self-Esteem
Abnormalities in Genital/Anal Areas • Itching, pain, swelling • Bruises or bleeding • Frequent urination • Vaginal/penal discharge • Poor sphincter control	Unwillingness to Change Clothing for Gym	Poor Impulse Control Believes Sexual Contact Expresses Familial Love
Venereal Disease	Sexual Knowledge Beyond Age • Displays bizarre, sophisticated sexual behavior	Was Sexually Abused as a Child
Pregnancy	Poor Self-Concept • Depressed/apathetic • Suicidal	Abuses Alcohol/Drugs
Psychosomatic Illnesses	Extreme Behavior • Sexual aggressive • Withdrawn/careful of opposite sex	Socially Isolated
States that he/she has been abused.	Regression to Earlier Developmental Stage	Poor Relationship with Spouse
		Believes Child/Youth Enjoys Sexual Contact

INDICATORS OF CHILD MALTREATMENT: PHYSICAL NEGLECT

PHYSICAL SIGNS	CHILD/YOUTH'S BEHAVIOR	PARENTAL CHRACTERISTICS
Poor Growth Pattern • Emaciated • Distended stomach	Developmental Lags • Physical, emotional, intellectual	Apathetic/Passive
Consistent Hunger/Malnutrition	Extremes in Behavior • Hyperactive • Aggressive • Withdrawn • Assumes adult responsibilities • Acts in a pseudo mature fashion • Submissive or overly compliant	Depressed

INDICATORS OF CHILD MALTREATMENT: PHYSICAL NEGLECT, cont…

PHYSICAL SIGNS	CHILD/YOUTH'S BEHAVIOR	PARENTAL CHRACTERISTICS
Poor Hygiene • Lice • Body order	Infantile Behavior	Unconcerned with the Child • Is not bothered by child/youth's lack of basic nece3ssities nor by child/youth's behavior due to his/her negligence • Does not seek child care • No food in the house
Lacks Appropriate Necessary Clothing	Depressed/Apathetic • States no one cares	Socially Isolated
Unattended Physical Problems or Medical Needs • Lack of proper immunization • Gross dental problems • Needs glasses/hearing aids	Begs or Steals Food • Forages though garbage • Consistent hunger	Low Self-Esteem Abuses Alcohol/Drugs Maltreated as a Child
Constant Lack of Supervision • Especially in dangerous activities or circumstances	Seeks Attention/Affection • Hypochondria	Impulsive Mentally Retarded
Constant Fatigue/Listlessness • Falls asleep in school	Consistent Absence or Tardiness at School or Delinquency	Unsafe Living Conditions • Chaotic home life, overcrowding • Drugs/poisons in reach of children • Garbage/waste in living areas

INDICATORS OF CHILD MALTREATMENT: PHYSICAL ABUSE

PHYSICAL SIGNS	CHILD/YOUTH'S BEHAVIOR	PARENTAL CHRACTERISTICS
Unexplained Bruises or Welts • On several different areas • In clusters or unusual patterns • In various stages of healing (bruises of different colors, old and new scars) • In the shape of instruments used to inflict them.	Extreme Behavior • Very aggressive • Very withdrawn • Submissive, overly compliant, caters to adults • Hyperactive • Depressed/apathetic	Conceals Child/Youth's Injury • Gives explanations which doesn't fit the injury or has no explanation • Dresses child/youth to cover injury • Keeps child/youth home from school
Unexplained Burns • In the shape of instruments used to inflict them. (Cigarettes, rope, iron) • Caused by immersion into hot liquid (may be gloved-like or sock-like)	Easily Frightened/Fearful • Of parents, adults • Of physical contact • Of going home • When other children cry	Does Not Appear To Be Concerned About the Child/Youth • Care more about what will happen to him or her than what happens to the child or youth.
Unexplained Lacerations or Abrasions • To mouth, lips or gums • To external genitalia • On the back of army, legs, torso	Destructive to Self/Others	Describes Child/Youth as Bad, Different or Evil • Believes in severe discipline • Or inappropriate discipline for child/youth's age or size

INDICATORS OF CHILD MALTREATMENT: PHYSICAL ABUSE, cont…

PHYSICAL SIGNS	CHILD/YOUTH'S BEHAVIOR	PARENTAL CHRACTERISTICS
Unexplained Skeletal Injuries • Fractures of skull or face • Multiple fractures • Stiff, swollen joints • Bald sports, from pulling hair • Missing or loosened teeth • Human-size bite marks (especially if adult sized and reoccurring) • Detached retina (from shaking or hitting)	Poor Social Relations • Craves affection • Indiscriminate attachment to strangers • Relates poorly to peers • Manipulates peers to get attention	Unrealistic Expectation • Regarding development • Regarding emotional gratification (expects child/youth to fill emotional void)
School Absences Correlates with Appearance of Injury	Reports • Fear of parent(s) • Injuries inflicted by parent • Unbelievable reasons for injuries	Low Self-Esteem
Clothing Inappropriate for the Weather (concealing injuries)	Demonstrates Poor Self-Control	Abuses Drugs or Alcohol
	Learning Problems • Poor academic performance • Short attention span • Language delayed	Immature
	Chronic Runaway	Maltreated as a Child
	Delinquency	

INDICATORS OF CHILD MALTREATMENT: EMOTIONAL ABUSE

PHYSICAL SIGNS	CHILD/YOUTH'S BEHAVIOR	PARENTAL CHRACTERISTICS
HEALTH PROBLEMS • Obesity • Skin disorders—acne • Speech disorders—stuttering • Asthma, allergies, ulcers	Learning Problems	Unrealistic Expectations of Child/Youth
Infantile Behavior • Pants/bedwetting • Thumb sucking	Developmental Lags • Physical, emotional, intellectual	Belittles, Rejects, Degrades, Ignores the Child/Youth
Failure to Thrive in Infancy	Extremes in Behavior • Aggressive • Withdrawn	Threatens the Child/Youth • With Severe punishment • With abandonment
Poor Appearance	Destructive to Self & Others	Describes the Child/Youth as Bad, Different or Evil
	Demonstrates Poor Self-Concept • Depressed • Apathetic • Suicidal	Low Self-Esteem

AR 608-10 and AR 608-18 require that all installation commanders implement a "home alone" policy to address the ages and circumstances under which a child may be left at home alone during parental duty hours without adult supervision. In addition there is a HQDA guideline for the supervision of children and youth, newborn through age 18. The following tables summarize the requirements of these regulations and guidelines:

HQDA Guideline

OUT OF SCHOOL CHILD SUPERVISION CRITERIA

Supervision Levels	Definition	School Grade/Age Range	Supervision Options
Direct supervision at all times	Adult supervision on a regular basis during out of school hours during parental duty day.	0 years to 4th Grade	**CYS Sponsored:** • School-Age Services (SAS) • Child Development Center (CDC) • Family Child Care (FCC) **Community Resources:** • In-home babysitter • Nanny • Civilian CDC/SAC Programs
Monitored	An adult is aware of child's location and activities during out of school hours. An emergency contact is available at all times.	5th and 6th grade(at least 10 years old) 2 consecutive hours	**CYS Sponsored:** Middle School (MS) Program • Team Sports • Clubs/Volunteer Activities • Open Recreation • Special events/trips **Community Resources:** • Designated adult • Schools • Churches • YMCA • Youth Centers
Self Care	Parents assess child's ability to be in self-care.	7th thru 8th Grade 4 consecutive hours. 9th thru 10th Grade- 6 consecutive hours 11th thru 12th Grade- 10 consecutive hours (Ages 16-17	

CHILD SAFETY AGE GUIDELINES

AGE	REQUIREMENTS
0-1 years old	Constant supervision in and out of the home (e.g., playgrounds & outdoor play).
2-5 year old	Constant supervision in and out of the home (e.g., playgrounds & outdoor play).
6-10 years old	Direct supervision; they must be officially registered with a CYS program or be under the direct supervision of an adult with parental responsibility and/or designee, or teen or adult babysitter, within the child's home **during parental duty hours.**
11 years old	Children can be without direct supervision for not more than two (2) hours at a time. Children who have not reached their 11th birthday, or are incapable of caring for themselves (physically or mentally) will not be left alone or inadequately supervised.

GUIDELINES FOR BABYSITTING SIBLINGS/PERMANENT YOUTH RESIDENTS.

AGE	REQUIREMENTS
12 years old	May babysit siblings or permanent youth resident 1-11 years old for a maximum of three (3) hours without direct adult supervision. Children who have not reached their 12th birthday, or are incapable of caring for themselves (physically or mentally) will not be allowed to babysit siblings/visitors.
13-14 years old	May babysit siblings or permanent youth resident 0-11 years old up to three (3) hours without direct adult supervision.
15-17 years old	May babysit siblings or permanent youth resident 0-11 years old.
18 years old	May babysit siblings or permanent youth resident overnight or for extended periods of time (TDY, parents on vacation, deployment)

GUIDELINES FOR BABYSITTING OTHER CHILDREN.

AGE	REQUIREMENTS
13-15 years old	May babysit other people's children ages 1-12 years old for not more than twenty (20) hours a week, eight (8) hours at a time and not to include overnight. If babysitting under age one, then must have direct adult supervision.

Active Start/First Skills Phase (3-5)

Kinds of Activities:

Body control skills - like balance, moving the arms and legs in rhythmic ways to music, and developing coordination.
Locomotors skills - like crawling, walking, running, skipping, jumping, leaping, rolling.
Sending & receiving skills-Kicking, throwing overhand, throwing underhand, catching, punting, bouncing, striking a ball, stopping ball w/ foot.

Social and Emotional Considerations:

Learning to share and take turns
Emotions can be extreme and short lived
Needs encouragement and reassurance
Activities need to be fun, engaging and diverse

Intellectual Considerations:

Can begin to learn rules of game, practice drills
Can communicate their needs, ideas and questions
Can be very talkative
Begin to ask questions, "why" "how" "when"
Begin to develop reasoning skills

FUNdamental/Basic Fitness Stage (6-9)

Physical Considerations:

Girls begin to mature faster than boys

*Avoid competitions between boys and girls

Increase in muscle development, strength, balance & coordination

More apt to increase aerobic and muscle power at this phase

Hand and foot speed can be developed especially well during this stage

Strength, endurance and flexibility need to be developed, but through games and fun activities rather than a training regimen.
*Plan activities that allow youth to move and use their full body

Social and Emotional Considerations:

Enjoy group activities and feel loyal to a group or club

*Emphasize group learning & plan activities together

Prefer to be with members of the same sex
*Plan activities that allow youth to work with members of the same sex and also work with members of the opposite sex

Need guidance from adults and admire & imitate older youth

*Enlist older youth to help teach and mentor

Comparisons between youth are often and can erode confidence and prefer praise and recognition

*Praise all equally and identify talents of all participants

Intellectual Considerations:

Eager to try new things and easily motivated

*Provide a variety of games, drills, etc.

Vary greatly in academic abilities, interests and reasoning skills

*Provide activities that allow all children to succeed.

Children this age have a strong sense of what is "fair" and should be introduced to the simple rules and ethics of sports.

*Basic rules, tactics, decision making and ethics of sport can be introduced.

*Children can begin learning to "read" the movements going on around them and make sound decisions during games

Learn to Train/Early Team Phase (females 8-11, males 9-12)

Physical Considerations:

Muscle strength fall short of what it will be during main growth spurt

Lack nervous connections necessary to activate full fore of muscles
Wide variations of muscle strength and power (girls develop faster than boys)

Significant gains in height and weight

*This is an important time to work on flexibility. Stamina and strength should be developed through games, relays, and own-body weight exercises as opposed to more formalized physical training

While most children naturally enjoy healthy competition, skills training and practice should be the focus at Learn to Train – not winning. 70% of time in the sport should be spent in practice, and no more than 30% of time spent competing in formal games and competitions

Social and Emotional Considerations:

Can begin to become self conscious and have mood swings

Concerned with being liked by peers and susceptible to hero worship

Can become "bored" sitting on the bench

*Develop activities that provide both teaching leadership and also teaching how to follow as both are important at this stage

Kids are told they are not "good" Avoid negative assessments but focus on talents and areas of improvement

Dropout rates begin (especially with female participants)

Intellectual Considerations:

By this stage, children have developed clear ideas about the sports they like. Their enthusiasm and personal sense of success should be encouraged

Familiar with teamwork and able to understand importance and meaning of rules

Can accept responsibility for their actions and more cognitive thinking occurs

Begin to think more rationally and logically

Train to Train (females 11-15, males 12-16)

Physical Considerations

Experience rapid changes in growth and appearance

Major height and weight gains

Puberty onset

Physical strength and ability develop between male and females

Social and Emotional Considerations

Girls can feel inadequate when competing with boys and therefore quit

Large sport drop out in female athletes

Dependence upon parents shifts to dependency of peer opinions

Desire independence but still need parents

Opinions of sport and fitness become fixed!!

Intellectual Considerations

Begin to reject adult solutions in favor of their own

*Allow youth to create their own games and work together to officiate, solve problems on the field

Take more responsibility for planning and outcome

*Involve youth in practice planning and activities

Begin to think abstractly and hypothetically and use reason, logic and cause and effect

*Involve youth in rule setting and team philosophy

Train to Compete (females 15-21, males 16-23)

Physical Considerations

Most have overcome awkwardness of puberty but many are still growing.

Body image concerns are enhanced
*Avoid comments that criticize stature, size or shape

Muscular strength apparent and organs reach size of adult

Physical strength characteristics between male and females evident

Social and Emotional Considerations

Strong desire for status within peer groups

Desire for independence and adult leadership roles

Want to be recognized as unique individuals

Have formulated their opinions on importance/desire for continuing in sports and fitness

Intellectual Considerations

Increase of self knowledge, personal philosophies begin to emerge

Reach high levels of abstract thinking and problem solving

Able to determine their athletic abilities and future sport and fitness desires

Develop community consciousness and concern the well being of others

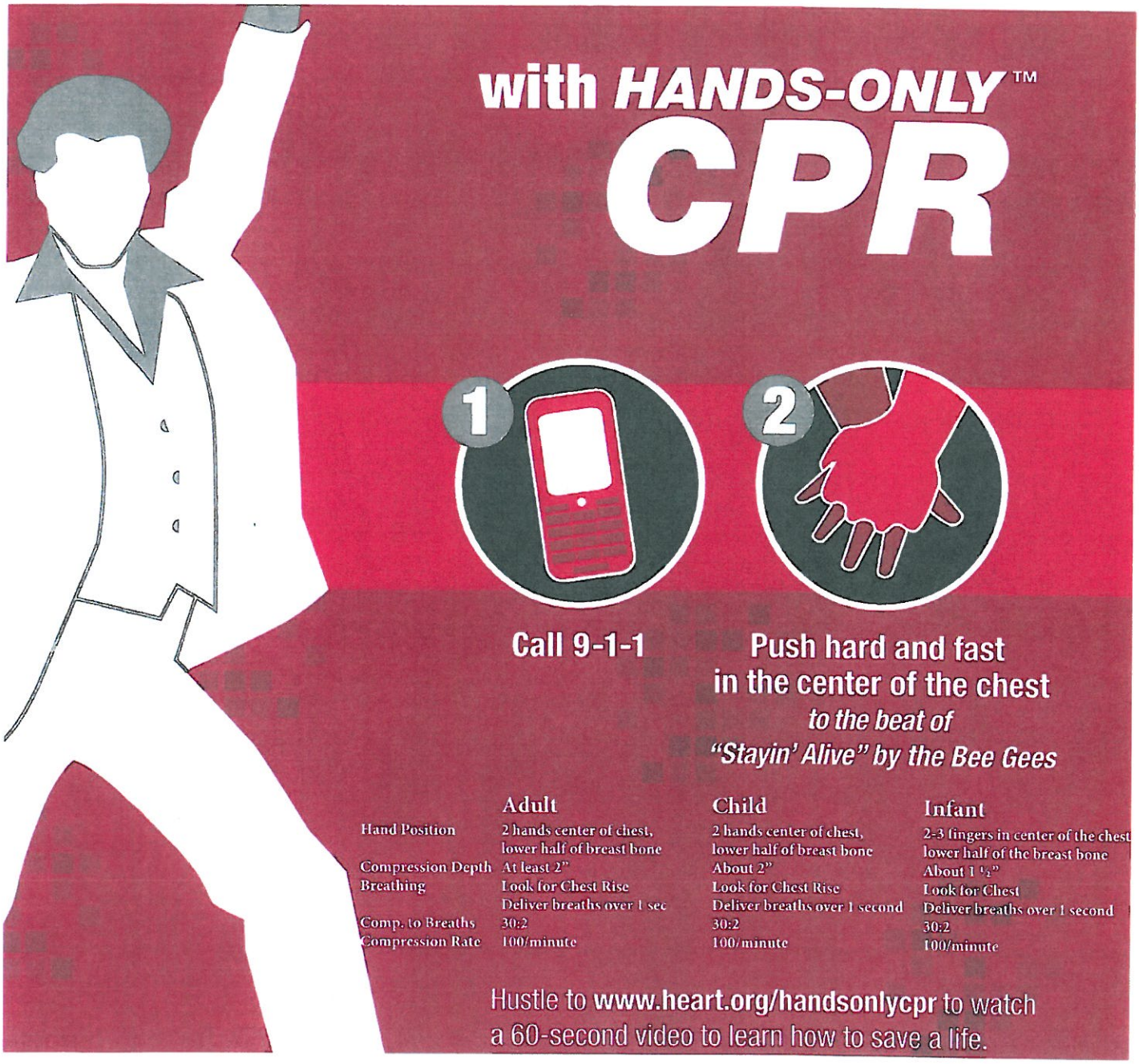
REFERENCES

Long Term Athletic Development Model (Ages and stages of sport)
Istvan Balyi, Richard Way, Colin Higgs
Canadian Sport for Life Society

Development Stages of Youth
Army CYS Services, Sports and Fitness Director's Handbook, Version One, 2008

NAFTA Kids Fitness Study Guide
National Alliance of Fitness Trainers of America, 2015

TWO STEPS TO STAYING ALIVE



with *HANDS-ONLY*™ CPR

1

2

Call 9-1-1

Push hard and fast in the center of the chest *to the beat of "Stayin' Alive" by the Bee Gees*

	Adult	Child	Infant
Hand Position	2 hands center of chest, lower half of breast bone	2 hands center of chest, lower half of breast bone	2-3 fingers in center of the chest lower half of the breast bone
Compression Depth	At least 2"	About 2"	About 1 ½"
Breathing	Look for Chest Rise Deliver breaths over 1 sec	Look for Chest Rise Deliver breaths over 1 second	Look for Chest Deliver breaths over 1 second
Comp. to Breaths	30:2	30:2	30:2
Compression Rate	100/minute	100/minute	100/minute

Hustle to **www.heart.org/handsonlycpr** to watch a 60-second video to learn how to save a life.

American Heart Association® | **CPR & First Aid**

www.heart.org/handsonlycpr

Find us on

HANDS-ONLY CPR

FOR WITNESSED SUDDEN COLLAPSE

American Red Cross

1. CHECK and CALL

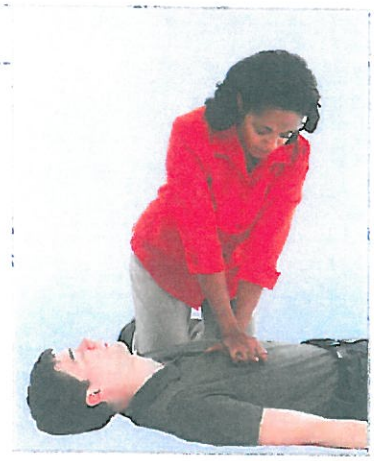
1. **CHECK** the scene, then **CHECK** the person.
2. Tap on the shoulder and shout, "Are you okay?" and quickly look for breathing.
3. CALL 9-1-1 if no response.
4. If unresponsive and not breathing, BEGIN CHEST COMPRESSIONS.

TIPS:

- Whenever possible use disposable gloves when giving care.
- Occasional gasps are not breathing.

2. GIVE CHEST COMPRESSIONS

1. Place the heel of one hand on the center of the chest.
2. Place the heel of the other hand on top of the first hand, lacing your fingers together.
3. Keep your arms straight, position your shoulders directly over your hands.
4. Push hard, push fast.
   - Compress the chest at least 2 inches.
   - Compress at least 100 times per minute.
   - Let the chest rise completely before pushing down again.
5. Continue chest compressions.



3. DO NOT STOP

Except in one of these situations:

- You see an obvious sign of life (breathing).
- Another trained responder arrives and takes over.
- EMS personnel arrive and take over.
- You are too exhausted to continue.
- An AED is ready to use.
- The scene becomes unsafe.

AED AUTOMATED EXTERNAL DEFIBRILLATOR

If an AED is available:

1. Turn on AED.
2. Wipe chest dry.
3. Attach the pads.
4. Plug in connector, if necessary.
5. Make sure no one is touching the individual.
6. Push the "Analyze" button, if necessary.
7. If a shock is advised, push the "Shock" button.
8. Perform compressions and follow AED prompts.

Go to redcross.org or call your chapter to sign up for training in full CPR, First Aid, Babysitter's Training, Pet First Aid and much more.

Developed with the support of the American Red Cross Badger Chapter.

FIRST AID
What you should know!

BASIC RULES

- **DO NOT** move the patient
- If the patient is unconscious and not breathing follow the EMERGENCY RESUSCITATION PROCEDURE
- If breathing place in the recovery position as shown in FIGURE 5
- Keep patient warm and covered
- **DO NOT** give the patient food, drink or allow to smoke
- Loosen any tight clothing
- Reassure the patient
- If you have any doubts about the injury call an ambulance

BURNS

- Cool the skin immediately with running water and continue this treatment for at least 10 minutes.
- Remove any restrictive jewellery
- Apply a clean dressing

BLEEDING

- Raise the wound
- Apply pressure to the wound with your hand or a clean dry cloth until the bleeding has stopped
- Apply a clean dressing

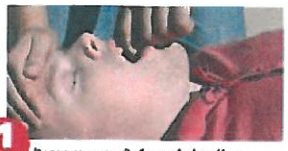
EMERGENCY RESUSCITATION PROCEDURE

ARTIFICIAL RESPIRATION (KISS OF LIFE)
Mouth to Mouth method

1. **SAFEGUARD YOURSELF**
   If patient collapses due to an ELECTRIC SHOCK - switch off the current or break the circuit
   Use or stand on some DRY non-conducting material to REMOVE THE CASUALTY from contact with the cable or source of electricity

2. **IMMEDIATELY** start artificial respiration and send for MEDICAL AID

3. **METHOD**
   SEE DIAGRAMS 1-5
   Lay casualty on back, if possible on a table or bench. Kneel or stand by the casualty's head



1. Remove any obvious obstruction, including broken or displaced dentures from the mouth, by sweeping a finger around the inside of the mouth

2. Open the airway by head and chin lift. Pinch the casualty's nostrils together with your fingers

3. Open the mouth wide and take a deep breath. Seal your lips around his/her mouth. Blow into casualty's mouth until the chest rises.

4. Remove your mouth, allow the chest to fall. Continue at a rate of 10 breaths a minute, until normal breathing is restored or until medical aid arrives

5. When the casualty is breathing, place in the recovery position, this prevents choking on the tongue and allows fluids to drain

EMERGENCY SERVICES

DOCTOR
TELEPHONE: .....

AMBULANCE
TELEPHONE: .....

NEAREST FIRST AID
.....

This poster is for guidance use only and should not replace formal first aid training.
Report all accidents to nominated staff member.
For more information visit www.sja.org.uk

BLOODBORNE PATHOGENS

UNIVERSAL PRECAUTIONS FOR THOSE OCCUPATIONALLY EXPOSED TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS

OSHA 29 CFR 1910.1030

BE AWARE
Treat All Blood and Body Fluid as if They Were Infected With:

1) HIV (Human Immunodeficiency Virus) Which Frequently Leads to **AIDS**.

2) HBV (**HEPATITIS B** Virus).

3) Other Bloodborne Pathogens (Microorganisms Found in Human Blood Which Can Cause Disease).

READ Your Organization's Exposure Control Plan.

KNOW Procedures, Practices, Vaccination Requirements, and Appropriate Reporting for Incidents of Exposure.

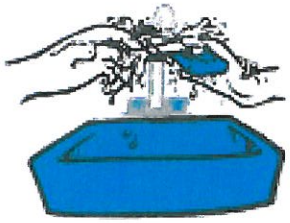
KNOW Color Codings:
1) Labels and Signs are Fluorescent Orange-Red with the Lettering or Symbol in a Contrasting Color.
2) Red Bags or Containers Don't Have to Be Labeled Since Their Red Color Indicates They May Contain Biohazards.

READ All Signs and Labels Carefully.

USE Appropriate Personal Protective Equipment

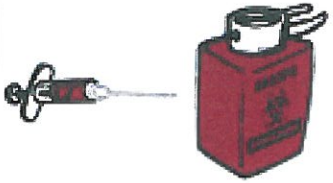
GOAL: REDUCE TO ZERO YOUR RISK OF INFECTION

ALWAYS Wash Hands.



FOLLOW Safe Hygiene and Work Practices.

NEVER Recap, Bend, or Break Needles.



ALWAYS Dispose of Needles in Appropriate Containers.

DISPOSE of Personal Protective Equipment and Contaminated Laundry Properly in Designated Areas.

CLEAN Worksite and Decontaminate Equipment. Follow All Safe Handling Requirements.

REMEMBER Consider All Body Fluids as Potentially Infectious

HEADS UP
CONCUSSION IN YOUTH SPORTS

SIGNS AND SYMPTOMS

These signs and symptoms may indicate that a concussion has occurred.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETE
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets sports plays	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows behavior or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Does not "feel right"

ACTION PLAN

If you suspect that a player has a concussion, you should take the following steps:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play **only** with permission from an appropriate health care professional.

IMPORTANT PHONE NUMBERS

FILL IN THE NAME AND NUMBER OF YOUR LOCAL HOSPITAL(S) BELOW:

Hospital Name: _____

Hospital Phone: _____

Hospital Name: _____

Hospital Phone: _____

For immediate attention, CALL 911

If you think your athlete has sustained a concussion... take him/her out of play, and seek the advice of a health care professional experienced in evaluating for concussion.

For more information and to order additional materials **free-of-charge**, visit:
www.cdc.gov/ConcussionInYouthSports

July 2007

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

CDC

CYS Sports at JBLM

HEADS UP CONCUSSION ACTION PLAN

IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE TAKE THE FOLLOWING STEPS:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON."

CONCUSSION SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

SYMPTOMS REPORTED BY ATHLETE
- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

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

JOIN THE CONVERSATION AT www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

DON'T GET CAUGHT OUTSIDE

No place outside is safe when a thunderstorm is in the area. Get inside as soon as you hear thunder. Run to a substantial building or hard-topped metal vehicle as fast as you can. If you can't get to a safe building or vehicle:

- ✓ Avoid open areas. Don't be the tallest object in the area.
- ✓ Stay away from isolated tall trees, towers or utility poles. Lightning tends to strike the taller objects in an area.
- ✓ Stay away from metal conductors such as wires or fences. Metal does not attract lightning, but lightning can travel long distances through it.
- ✓ If you are with a group of people, spread out. While this actually increases the chance that someone might get struck, it tends to prevent multiple casualties, and increases the chances that someone could help if a person is struck.

IF SOMEONE IS STRUCK

Cardiac arrest is the immediate cause of death for those who die. Lightning victims do not carry an electrical charge and may need first aid immediately.

- ✓ Call for help. Call 9-1-1.
- ✓ Give first aid. Begin CPR if you are trained.
- ✓ Use an Automatic External Defibrillator if one is available. These units are lifesavers!
- ✓ Don't be a victim. If possible, move the victim to a safer place. Lightning CAN strike twice.

NOAA PA 201752

ORGANIZED OUTDOOR ACTIVITIES

It's essential that people in charge of organized outdoor activities understand the dangers of lightning and have a lightning safety plan. Don't be afraid to ask. If you hear thunder, it's time to get to a safe building or vehicle. Speak out!

LEARN MORE ABOUT LIGHTNING SAFETY AT:

www.weather.gov/lightning

NATIONAL WEATHER SERVICE

LIGHTNING SAFETY

FOR YOU AND YOUR FAMILY

NOAA
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
U.S. DEPARTMENT OF COMMERCE

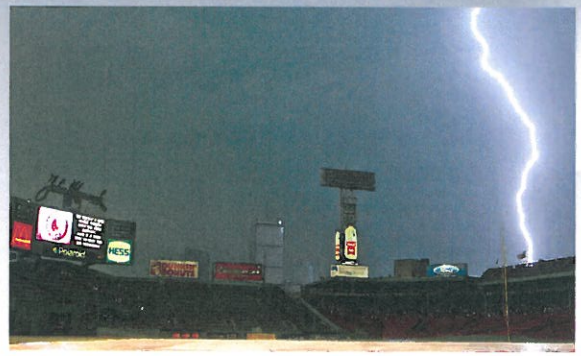
WHEN THUNDER ROARS, GO INDOORS!

Each year in the United States, there are about 25 million cloud-to-ground lightning flashes and about 300 people struck by lightning. Of those struck, about 30 people are killed and others suffer lifelong disabilities. Most of these tragedies can be prevented. When thunderstorms threaten, get inside a building with plumbing and electricity, or a hard-topped metal vehicle!

The National Weather Service collects information on weather-related deaths to learn how to prevent these tragedies. Many lightning victims say they were "caught" outside in the storm and couldn't get to a safe place. Other victims simply waited too long before seeking shelter. With proper planning, similar tragedies can be avoided.

Some people were struck because they went back outside too soon. Stay inside a safe building or vehicle for at least 30 minutes after you hear the last thunder. While 30 minutes may seem like a long time, it is necessary to be safe.

Finally, some victims were struck inside homes or buildings while they were using electrical equipment or corded phones. Others were in contact with plumbing, outside doors, or window frames. Avoid contact with these electrical conductors when a thunderstorm is nearby!



Stadiums and other outdoor venues should have a lightning safety plan. Photo: NOAA

WHAT YOU MIGHT NOT KNOW ABOUT LIGHTNING

- ✓ **All thunderstorms produce lightning and are dangerous.** Fortunately, people can be safe if they follow some simple guidelines when thunderstorms are forecast.
- ✓ **Lightning often strikes outside the area of heavy rain and may strike as far as 10 miles from any rainfall.** Many lightning deaths occur ahead of storms before any rain arrives or after storms have seemingly passed and the rain has ended.
- ✓ **If you can hear thunder, you are in danger.** Don't be fooled by blue skies. If you hear thunder, lightning is close enough to pose an immediate threat.
- ✓ **Lightning leaves many victims with permanent disabilities.** While only about 10% of lightning victims die, many survivors must live the rest of their lives with intense pain, neurological disabilities, depression, and other health problems.

AVOID THE LIGHTNING THREAT

- ✓ **Have a lightning safety plan.** Know where you'll go for safety and ensure you'll have enough time to get there.
- ✓ **Postpone activities.** Consider postponing activities if thunderstorms are forecast.
- ✓ **Monitor the weather.** Once outside, look for signs of a developing or approaching thunderstorm such as towering clouds, darkening skies, or flashes of lightning.
- ✓ **Get to a safe place.** If you hear thunder, even a distant rumble, seek safety immediately. Fully enclosed buildings with wiring and plumbing are best. A hard-topped metal vehicle with the windows closed is also safe. Stay inside until 30 minutes after the last rumble of thunder. Sheds, picnic shelters, tents or covered porches do NOT protect you from lightning.
- ✓ **If you hear thunder, don't use a corded phone except in an emergency.** Cordless phones and cell phones are safe to use.
- ✓ **Keep away from electrical equipment and plumbing.** Lightning will travel through the wiring and plumbing if your building is struck. Don't take a bath or shower, or wash dishes during a storm.

Lightning discharge on a golf green. Photo: E. Philip Krider

For more information, visit www.weather.gov/lightning