**FIRST AID AT A GLANCE**

**CHECK**
- Check the scene for safety
- Check the victim for consciousness, breathing, signs of circulation, pulse, and severe bleeding

**CALL**
- Dial 9-1-1 or local emergency number

**CARE**
- Care for conditions you find

---

**To Control Bleeding**

1. **Step 1**
   - Apply direct pressure and elevate limb above heart

2. **Step 2**
   - Apply a bandage

3. **Step 3**
   - If bleeding doesn’t stop:
     - Apply pressure to a nearby artery
     - ARM: Inside upper arm, between shoulder and elbow
     - LEG: Crease at front of hip, in the groin

---

**Care for Burns**

1. **Step 1**
   - Stop the burning
   - Cool burned area with large amounts of cool water

2. **Step 2**
   - Cover the burn with dry clean dressings

---

**Shock**

Shock is likely to develop in any serious injury or illness.

- **Signals of shock**
  - Restlessness or irritability
  - Altered consciousness
  - Pale, cool, moist skin
  - Rapid breathing
  - Rapid pulse

- **Caring for Shock**
  - Have the victim lie down or rest in a comfortable position
  - Control bleeding
  - Maintain normal body temperature
  - Reassure the victim
  - Elevate the legs unless you suspect head, neck, or back injuries or possible broken bones
  - Do not give anything to eat or drink
  - Call your local emergency number

---

**Positions**

- **If a conscious victim has a head wound or is having trouble breathing, elevate the head and shoulders.**
- **If possible head, neck or back injury, or if unsure of the victim’s condition, keep flat.**
- **If bleeding from the mouth, vomiting, or may vomit, roll victim on side.**

---

Do not move the victim unless the scene becomes unsafe.
<table>
<thead>
<tr>
<th>TYPE OF INJURY OR ILLNESS</th>
<th>SIGNS &amp; SYMPTOMS</th>
<th>FIRST AID</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FRACTURES &amp; DISLOCATIONS</strong></td>
<td>Pain &amp; tenderness, Difficulty moving injured part, Obvious deformities, Swelling and discoloration</td>
<td>Keep broken bone ends and adjacent joints from moving, Give care for Shock and CALL for an ambulance</td>
</tr>
<tr>
<td><strong>CARE FOR SUDDEN ILLNESS</strong></td>
<td>Whenever a person becomes suddenly ill, he or she often looks sick. Common signals include: Light-headedness, Changes in skin color (pale/flushed), Sweating, Nausea or vomiting, Diarrhea</td>
<td>CARE FOR ANY LIFE-THREATENING CONDITIONS FIRST, THEN: Help the victim rest comfortably, Keep victim from getting chilled or overheated, Reassure the victim, Watch for changes in consciousness and breathing, Do not give anything to eat or drink unless victim is fully conscious</td>
</tr>
<tr>
<td></td>
<td>Some sudden illnesses may also include: Changes in consciousness, Seizure, Paralysis or inability to move, Slurred speech, Difficulty seeing, Severe headache, Breathing difficulty, Persistent pressure or pain</td>
<td>If the Victim: Vomits - Place on his or her side, Faints - Position on back, elevate legs 8 to 10 inches- if you do not suspect head or back injury, Diabetic Emergency - Give victim some form of sugar, Seizure - Do not hold or restrain the person or place anything between the victim’s teeth; remove any nearby objects that might cause injury; cushion the victim’s head using folded clothing or a small pillow</td>
</tr>
<tr>
<td><strong>POISON</strong></td>
<td>Symptoms vary greatly. How to determine if poison is involved: Information from victim or witness, Presence of poison container, Condition of victim (sudden onset of pain or illness), Burns around lips, Breath odor, Pupils constricted</td>
<td>All Victims CALL 9-1-1, CALL Poison Control Center, Save label or container for I.D., Save sample of vomit, Conscious Victims Have the victim rest comfortably, Call Poison Control Center, Do not give anything to drink or induce vomiting unless instructed to do so by the Poison Control Center, Unconscious Victims Roll victim onto side, Keep airway open, Give Rescue Breathing or CPR if necessary until rescue squad arrives and takes over, Do not give any fluids or induce vomiting</td>
</tr>
<tr>
<td><strong>COLD AND HEAT-RELATED ILLNESSES</strong></td>
<td>Hypothermia: Shivering, numbness, glassy stare, apathy, Weakness, impaired judgement or loss of consciousness</td>
<td>CARE for Hypothermia: CHECK Pulse &amp; Breathing, Send someone to CALL for an ambulance, Move person to warm place, Remove wet clothing and dry the person, Warm person SLOWLY! DO NOT WARM TOO QUICKLY! Can cause problems with heart</td>
</tr>
<tr>
<td></td>
<td>Heat Exhaustion: Cool, moist, pale or flushed skin, Headache, nausea, dizziness, weakness, exhaustion, Heavy sweating</td>
<td>CARE for Heat Illness: CHECK Pulse &amp; Breathing, Send someone to CALL for an ambulance, Move person to cool place, Loosen tight clothing, Remove perspiration-soaked clothing, Fan the person, If conscious, give cool water to drink, If person resists water, vomits, or starts to lose consciousness, CALL for ambulance immediately</td>
</tr>
<tr>
<td></td>
<td>Heat Stroke, Life-threatening! Red, hot, dry skin, Changes in level of consciousness, Vomiting</td>
<td>Place person on side, continue to cool, monitor pulse and breathing</td>
</tr>
<tr>
<td><strong>FIRST AID KIT</strong></td>
<td>First Aid Kit Tips: Be prepared for an emergency, Keep a first aid kit in your home and your car, Carry a first aid kit when doing outdoor activities, Know locations of first aid kits where you work, Check your kit regularly for replacement of batteries and supplies, Personalize your first aid kit by stocking it with over-the-counter medications (pain reliever, cold tablets, medication to control diarrhea, etc.), Keep an emergency supply of any vital prescription medication (or prescription slip) that you or a family member must have to ensure your well-being</td>
<td>A First Aid Kit Should Include: Small flashlight (extra batteries and bulb), Scissors &amp; tweezers, Emergency blanket, Triangular bandages, Antiseptic towelettes (hand cleaner), Adhesive strips (assorted sizes) &amp; adhesive tape, Gauze pads and roller bandage (assorted sizes), Disposable gloves, Rescue breathing face shield or mask, Cold pack, plastic bags, Syrup of ipecac &amp; activated charcoal, List of emergency telephone numbers, Copy of American Red Cross First Aid book</td>
</tr>
</tbody>
</table>

For more information about CPR & First Aid training or to obtain posters, informational brochures, first aid kits and first aid books, 1-800-627-7000

American Red Cross
U.S. Soccer Federation Issues New Hydration Guidelines to Prevent Dangerous Heat Illness in Young Players

Monday June 5, 5:04 pm ET

New First-of-Its-Kind Study Shows Chronic Dehydration is a Significant Issue among Youth Soccer Players

CHICAGO--(BUSINESS WIRE)--June 5, 2006--Adolescent males typically lose up to 1.5 liters of sweat per hour when performing intense soccer activities in the heat, says a new first-of-its-kind study from the University of Connecticut presented this week at the American College of Sports Medicine (ACSM) annual conference in Denver, Colorado. The three-year research project also showed that nearly two-thirds of male and female youth soccer players are dehydrated before they even take the field and the average hydration routine observed by parents and coaches isn't preventing the problem. However, educational intervention implemented by researchers positively influenced hydration knowledge and attitudes among youth soccer players, and improved the chances of proper hydration status on the field.

This study, coupled with the extra attention soccer is getting leading into the sport's most elite international tournament and the quickly approaching heat of summer, has prompted the U.S. Soccer Federation - the governing body of soccer in the United States - to develop and distribute new Youth Soccer Heat and Hydration Guidelines to coaches and parents nationwide. The goal is to help prevent the potentially deadly effects of heat illness among the 14 million U.S. children who play soccer and, as it relates to more elite levels, increase physical performance of the next generation of US soccer stars.

"The release of the new Youth Hydration Guidelines by U.S. Soccer is a big step in better protecting youth soccer players from dehydration and heat illness," said Bruce Arena, manager of the U.S. Men's National Team. "Every coach out there should be aware of the dangers of dehydration and should be taking the important steps to prevent it among their players. When proper hydration isn't taken into consideration, coaches are not only risking inadequate performance from their players, but, in some cases, serious injury."

The guidelines provide coaches with an overview of the latest research and information regarding: 1) physiological and environmental factors that place young soccer players at risk for heat illness, 2) signs of dehydration and heat illness, 3) prevention techniques and 4) recommended fluid guidelines that coaches, parents and players should be following on the field of play.

"We were amazed that two-thirds of youth players arrived at practice significantly dehydrated and, in turn, were potentially at-risk for heat illness from the moment they stepped on the field," said Douglas Casa, lead researcher and director of athletic training at the University of Connecticut. "Findings like this reinforce the fact that youth soccer players should be drinking before, during and after practice and games. They should avoid carbonated and caffeinated beverages, and consume a sports drink with electrolytes such as sodium, which research shows is better than water to keep kids hydrated for optimal safety."

Casa also points out the importance of the findings in the study and how educational intervention implemented by researchers positively influenced hydration attitudes among youth soccer players -- and that this could be the most important step in eliminating chronic dehydration as a significant issue among kids who play soccer.

Key points from the guidelines include making sure youth players gradually adapt to increased exposure to high temperatures and humidity; recognize the signs of heat illness; and realize that thirst is not an accurate indication of fluid needs.

To ensure these points are memorable for coaches, parents and kids, the U.S. Soccer Federation has developed the acronym - G.O.A.L. - which stands for:

- Get acclimated - bodies need time to gradually adapt to increased exposure to high temperatures and humidity (especially young athletes)
- On schedule drinking - Youth athletes should be encouraged to drink on a schedule before they become thirsty, and should drink before, during and after practice and games
- Always bring a sports drink - replacing electrolytes and providing energy is crucial to keeping kids safe and performing at their best
- Learn the signs - if someone becomes unusually fatigued, dizzy, and nauseous or has a headache during exercise in the heat, have them stop, rest and drink fluids
As one of the best means to preventing heat illness, The U.S. Soccer Federation recommends parents and coaches ensure children are well hydrated before practice and games. During activity, young athletes should drink on a schedule; because thirst is not an accurate indicator of fluid needs, athletes should drink before they become thirsty. The Federation plans to incorporate the Heat Illness and Hydration Guidelines into its already existing coaches’ curriculum, reaching thousands of youth soccer coaches across the country.

About U.S. Soccer

Founded in 1913, U.S. Soccer is one of the world's first organizations to be affiliated with FIFA, the Federation Internationale de Football Association, soccer's world governing body. As the governing body of soccer in all its forms in the United States, U.S. Soccer has helped chart the course for the sport in the USA for 88 years. In that time, the Federation's mission statement has been very simple and very clear: to make soccer, in all its forms, a preeminent sport in the United States and to continue the development of soccer at all recreational and competitive levels.

To receive a copy of the new Youth Soccer Heat and Hydration Guidelines from US Soccer or for additional information about the U.S. Soccer Federation, please visit its Web site at www.ussoccer.com.

Powered by NewsWire One
Nutrition Information

Soccer players need energy, which comes from food, to achieve and maintain top-notch athletic performance; young athletes need even more energy to fuel growth and development.

- Carbohydrates provide the primary source of energy for the high intensity nature of soccer; insufficient carbohydrates can result in fatigue and decreased performance.

- Carbohydrates can be found in both starchy and sweet foods, such as rice, breads, cereal, pasta and vegetables, as well as, candy, fruit juices, frozen yogurt and sport drinks.

- Players should eat at least a small meal 2 to 4 hours before the game to prevent "starving" the muscles of the fuel they will need.

- Bring foods and drinks for a snack break during the game to supply energy for the second half of the game.

- The after-game celebration should include carbohydrate-rich foods to replenish and re-fuel tired muscles.

- Carbohydrates-rich foods should make up 55-65% of the total calories in the diet.

- Young players need 200-300 grams of carbohydrates per day; teens need 300-400 grams or more, depending on the level of activity.

- Amounts of carbohydrates in some common foods:

  Bagel          35-40 grams  
  SNICKERS bar  36 grams  
  Sport drink (8 fl.oz.) 15-20 grams  
  Granola bars  10-20 grams  
  Orange        18 grams  
  Frozen Yogurt bar 10-20 grams  
  Toasted oat cereal (3/4 cup) 12 grams

Prevent dehydration

If you saw any World Cup action, you may recall that players were given water from the sidelines during the games. Young players can learn from this example. Adequate hydration is one of the simplest but most important things players need to feel and perform well.

- Kids dehydrate easier than adults. A 90-lb child can begin to feel ill after losing as little as a pint of fluid; and can approach life-threatening heat stroke after losing a quart. In hot weather that’s easy to do.

- Thirst is not a good indicator of the need for fluids. Often, kids don’t feel thirsty until after they are dehydrated.

- Kids should drink fluids frequently, and in small amounts, during play-especially in hot or humid weather.

- Water, sports drinks and diluted fruit juices are all good choices for fluid replacement during play.

- Sodas are okay to replace fluids after play. Caffeine, found in some sodas, removes water from the body, and should be avoided for immediate fluid replacement.

- Care should be taken that kids do not contaminate common drinking containers by putting their hands into water containers to scoop out or ice, or by passing around a common drinking bottle.
• **NEVER withhold fluids from kids**; thirst won’t make them tough, it will just endanger them. DO not tell kids to just “wet their whistle” or “take a sip!”

• There is no magic to orange slices at halftime, especially since some kids don’t like them. Plain, cool water, in whatever amount they want, will do players the most good.

Proper hydration is extremely important during exercise. Adequate fluid intake for athletes, even the recreational kind, is essential to comfort, performance and safety. The longer and more intensely you exercise, the more important it is to drink plenty of fluids. Inadequate water consumption can be physically harmful. Consider that a loss of as little as 2% of one's body weight due to sweating, can lead to a drop in blood volume. When this occurs, the heart works harder in order to move blood through the bloodstream. Pre-hydration and re-hydration are vital to maintaining cardiovascular health, proper body temperature and muscle function.

Dehydration is a major cause of fatigue, poor performance, decreased coordination and muscle cramping. To avoid the above, the American College Of Sports Medicine suggests the following:

1. Eat a high carbohydrate, low fat diet & drink plenty of fluids between exercise sessions. (Plain water or fluids WITHOUT sugar, caffeine or alcohol are the best).
2. Drink 17 oz (2+ Cups) of fluid 2 hours before exercise.
3. Drink every 15 minutes during exercise.
4. Keep drinks cooler than air temperature & close at hand (a water bottle is ideal).
5. If you exercise for more than 60 minutes, you may benefit from a sports drink containing carbohydrate (not greater than 8% concentration, though).
6. Take 30-60 grams of carbohydrate per hour to delay fatigue & fuel muscle contractions.
7. Inclusion of sodium (0.5-0.7 g.1(-1) of water)ingested during exercise lasting longer than an hour may enhance palatability, and therefore encourage athletes to drink enough.

Although athletes are more prone to suffer symptoms of dehydration, all exercisers can increase performance & delay fatigue or muscle pain by staying properly hydrated. Consider 'pre-hydrating' by drinking 12-16 ounces of water 1-2 hours before exercising.

How much is enough?
To get an idea of just how much you need to drink, you should weigh yourself before and after your workouts. Any weight decrease is probably due to water loss (sorry, but you didn't just lose 2 pounds of body fat). If you have lost 2 or more pounds during your workout you should drink 24 ounces of water for each pound lost.

Another way to determine your state of hydration is by monitoring your morning and pre-exercise heart rate. Over the course of a few weeks, you will see a pattern. This information can be extremely helpful in determining your state of recovery. Days when your heart rate is elevated above your norm may indicate a lack of complete recovery, possibly due to dehydration.

What about Sports Drinks?
Sports drinks can be helpful to athletes who are exercising at a high intensity for 90 minutes or more. Fluids supplying 60 to 100 calories per 8 ounces helps to supply the needed calories required for continuous performance. It's really not necessary to replace losses of sodium, potassium and other electrolytes during exercise since you're unlikely to deplete your body's stores of these minerals during normal training. If, however, you find yourself exercising in extreme conditions over 5 or 6 hours (an Ironman or ultramarathon, for example) you will need to add a complex sports drink with electrolytes. Athletes who don't consume electrolytes under these conditions risk overhydration (or hyponatremia). The most likely occurrence is found in the longer events (five hours or more) when athletes drink
excessive amounts of electrolyte free water, and develop hyponatremia (low blood sodium concentration).

What about Caffeine? While caffeine may have some ergogenic properties, remember that it acts as a diuretic causing your body to excrete fluid instead of retaining it, so it is not the wisest choice when trying to hydrate. You're better off with plain water or fruit juice until your weight reaches that of your pre-exercise state. For additional information on hydration and exercise, check out the following links.