

AYSO Region 36 Player Injured

San Mateo Coach Responsibility

- This presentation is to familiarize you, the coach as to your responsibilities to deal with injuries:
 - Upon discovering a player was injured
 - Determine to use First Aid or Call for Transport
 - Player Safety comes *FIRST*
 - Conduct accident investigation and report
 - Share insurance info with child's parents
 - Follow on as primary point of contact with parents later
 - Start the game when safe to do so
 - File report within Region
- When you're done, you should be able to answer each of the above items and know 5 emergency phone numbers

Player Down – Injured –

- What should a **COACH** do?
- You should always have:
 - **Medical Release Forms**
 - **First Aid Kit**
 - **Ice Packs**
 - **Cell Phone to call for help**
- **Your responsibility is first to the injured player**, not to continue the game around the person.
- Remain Calm – think then act
- ***Reassure Injured Player***
- **Call for Help – put in cell phone**
- **SMPD cell 650 522 7700**
- **San Mateo Sheriff 650 363 4961**
- **SMFD Dispatch 650 368 1421**
- 911 cell calls go to CHP Dispatch in Vallejo – you can wait on hold too long
 - **know local numbers**
- **STOP THE GAME**
- **Remain Calm / Reassure the player**
- Clear area by player
- **Do NOT Move Injured player – ASSESS condition first**
- Triage
 - Conscious Y/N
 - Move fingers/toes Y/N
 - Heat stroke Y/N dry hot skin? Sweat?
 - Medical attention needed?
 - Prevent player going into Shock
 - First aid needed?
- Parents at field – enlist help
- Transport or First Aid Only?
- Use other coach and referee to
 - keep track of idle players
 - Guide ambulance from street if transport needed.
- Same person always stays with player

SMPD 522 7700 Sheriff 363 4961
SMFD 368 1421


Player is Stabilized – next step

- Call for Transport
- Yes – use phone list
- No – restart game
- Make Notes for accident form later - look >>>>>>
- Get witness names, contacts & statements
- Utilize Asst. Coach & Ref
- Remove & tag unsafe equipment
- Make some quick notes
- Accident Investigation
- Who
- What
- Where
- Weather
- When
- How
- Why
- Field Conditions
- Witness

Make your notes for AYSO Incident Report for Player _____ **WHO** _____

- (**When** – date)
- (Time___) while playing ___ (note AM or PM)
- (**What** position)___ at ___
- (**Where** – i.e. Bayside field 2, San Mateo, Ca)___,
- in (**Weather** – clear/rain – day/dusk/night)
- **Who** – player(s)_
- **How** - _collided _
- **Why** ___did not see each other – Field Condition
- **Witnessed** ___(as witnessed by)___
- Get witness statements – names & phone numbers

AYSO Incident Report Form



AYSO INCIDENT REPORT FORM

Return the completed form to the regional commissioner, area director, safety director or tournament director

Complete this form for:

1. Injuries
2. Incident – threats
3. Incident – fighting – any type
4. Property damage
5. Law enforcement summoned

AFFECTED PARTY: <input type="checkbox"/> Player <input type="checkbox"/> Official <input type="checkbox"/> Coach <input type="checkbox"/> Spectator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other					
Last Name		First Name		MI	Section
Address:		City:		State:	Zip:
Telephone: ()		Birth date:		AYSO ID #	
Does the injured person have other medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, please provide name of company and policy #.</small>					
Employer Name & Address:					
Last Name		First Name		MI	Telephone Number: ()
Address:		City:		State:	Zip:
INCIDENT INFO: Date of Incident: Age Division: <input type="checkbox"/> Boys <input type="checkbox"/> Girls Time of Incident: AM / PM					
Tournament Name & Location (if applicable)					
Team Involved #1:		Coach Name:		Region #	
Team Involved #2:		Coach Name:		Region #	
BODY PART INJURED <input type="checkbox"/> Ankle (L/R) <input type="checkbox"/> Shoulder (L/R) <input type="checkbox"/> Tooth <input type="checkbox"/> Knee (L/R) <input type="checkbox"/> Wrist (L/R) <input type="checkbox"/> Back <input type="checkbox"/> Leg <input type="checkbox"/> Finger <input type="checkbox"/> Neck <input type="checkbox"/> Foot <input type="checkbox"/> Eye (L/R) <input type="checkbox"/> Internal <input type="checkbox"/> Toe <input type="checkbox"/> Ear (L/R) <input type="checkbox"/> No injury <input type="checkbox"/> Arm <input type="checkbox"/> Nose <input type="checkbox"/> Other <input type="checkbox"/> Hand			IF ANKLE INJURY, WAS ANKLE: <input type="checkbox"/> Taped/Supported <input type="checkbox"/> Unsupported Shoes: <input type="checkbox"/> Yes <input type="checkbox"/> No		
IF KNEE INJURY, WAS KNEE: <input type="checkbox"/> Braced/Supported <input type="checkbox"/> Unsupported Knee Pads: <input type="checkbox"/> Yes <input type="checkbox"/> No			PRIMARY INJURY <input type="checkbox"/> Abrasion <input type="checkbox"/> Dislocation <input type="checkbox"/> Pain <input type="checkbox"/> Burn <input type="checkbox"/> Foreign Body <input type="checkbox"/> Seizures <input type="checkbox"/> Cardiac <input type="checkbox"/> Fracture <input type="checkbox"/> Sting/Bite <input type="checkbox"/> Cold Injury <input type="checkbox"/> Heat Exhaustion <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Concussion <input type="checkbox"/> Laceration <input type="checkbox"/> Contusion <input type="checkbox"/> Nausea		
LOCATION <input type="checkbox"/> Before Competition/Event <input type="checkbox"/> During Competition/Event <input type="checkbox"/> After Competition/Event <input type="checkbox"/> Competition Area <input type="checkbox"/> Concession Area <input type="checkbox"/> Parking Lot <input type="checkbox"/> Restrooms <input type="checkbox"/> Off Property <input type="checkbox"/> Bleachers/Stands		INCIDENT <input type="checkbox"/> Collision (participant/spectator) <input type="checkbox"/> Collision (with object) <input type="checkbox"/> Collision (participant/participant) <input type="checkbox"/> Collision (spectator/spectator) <input type="checkbox"/> Struck by falling/flying object <input type="checkbox"/> Caught in, on, between goal <input type="checkbox"/> Animal/insect bite/sting <input type="checkbox"/> Slip/Fall <input type="checkbox"/> Overexertion <input type="checkbox"/> Assault/Sexual <input type="checkbox"/> Assault/Non-Sexual <input type="checkbox"/> Property Damage		DISPOSITION No care given: <input type="checkbox"/> Not Needed <input type="checkbox"/> Patient Refused Referred: <input type="checkbox"/> To Parent <input type="checkbox"/> To Personal Vehicle <input type="checkbox"/> To Doctor <input type="checkbox"/> To Hospital/Clinic EMS transport: <input type="checkbox"/> Region Recommended <input type="checkbox"/> Patient/Parent Requested	
FIELD SURFACE <input type="checkbox"/> Dirt <input type="checkbox"/> Grass <input type="checkbox"/> Indoor <input type="checkbox"/> Field Turf <input type="checkbox"/> Astro Turf		CLASSIFICATION <input type="checkbox"/> Non-Injury <input type="checkbox"/> Minor Injury or Illness <input type="checkbox"/> Serious Injury or Illness <small>(threat actuality)</small>			
POLICE REPORT FILED: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, report number: Officer's Name & badge #:					
Describe how the incident, injury or property damage occurred: (use the backside or attach a separate sheet if necessary – may attach a copy of the Referee Game Misconduct Report)					
WITNESS INFORMATION - Confidential					
Name		Address		Telephone Number	
Person/volunteer completing/submitting this form:					
Name:		Signature:		Ph: ()	
Position Title:		e-mail address:		Cell: ()	
				Date:	

Rev: 03-08-07

- Call Regional Safety Director Ken Rhodes
- Cell 650 218 4858 Fax 650 627 8207 within 48 hours of accident.
- Copy Regional Commissioner Brian Kersten & yourself.
- Keep extra blank forms
- Get forms- www.ayso.org for most up to date info

Provide Parents with SAI

It is the parents role to fill this out and follow instructions – not yours.

SAI Policy Limits

AYSO purchases Soccer Accident Insurance ("SAI"), which pays excess medical costs up to \$50,000 maximum per accident to an insured person for accidental bodily injuries incurred as a direct result of participation in a covered activity. This is an Excess Accidental Medical Expense Benefit, and all eligible expenses will be reimbursed in excess of a primary policy or on a Usual and Customary basis.

- All claims must be submitted within 90 days of the injury.
- Each claim is subject to a \$200 Deductible.
- Social Security Numbers required on SAI claim.

Who and What Is Covered?

COVERED PERSON:

All AYSO **currently** registered* members [players, coaches, referees and other volunteers] are "Covered Persons" for accidental bodily injury while participating in the following covered activities:

- Team practice sessions, scheduled games, tournaments, or other sponsored activities [meetings, banquets, fundraisers] provided they are under the direct supervision of an AYSO registered volunteer.
- Group travel of 5 or more participants directly, without interruption to or from such practice sessions, games, tournaments, or sponsored activities, provided that players are traveling as a team and a licensed adult driver operates the vehicle.

*Registration requirements will be verified before any benefits are paid.

COVERAGE INCLUDES:

- **Excess Accidental Medical Benefit:** The registered member must submit their medical bills to any other applicable health care plan in force for the registered member as well as to the SAI benefit. If the registered member's medical coverage is under an HMO or similar plan, you must follow their rules for obtaining benefits; otherwise no benefits will be paid under this policy.

- **No Primary Insurance:** If there is no other insurance available to the registered member, the medical benefit will be processed on a primary basis subject to Usual and Customary rates.
- **Expanded Medical Benefit:** The policy includes coverage for Eligible Expenses incurred by a Covered Person resulting from sports conditions for treatment of bursitis, sprains, hernia, strains, muscle tears, tendonitis and repetitive motion injuries if these conditions are aggravated by participation in a covered activity.
- **Heart or Circulatory System Malfunction Benefit:** The policy includes coverage for Eligible Expenses incurred by a Covered Person as a result of Heart or Circulatory System Malfunction which: (1) Is first diagnosed and treated while participating in, or within 24 hours after participation in a covered activity; and (2) The Covered Person has not previously received medical advice, diagnosis and care or treatment, including the use of prescription drugs for such Heart or Circulatory System Malfunction. If the Covered Person suffers loss of life resulting from heart or circulatory system malfunction within 90 days from the date of participation in a covered activity, a benefit amount is payable as shown under the Principal Sum of the Accidental Death & Dismemberment Benefit, which is sub-limited to \$10,000 and subject to the deductible.
- **Re-Injury Benefit:** The policy includes coverage for Eligible Expenses resulting from re-injury or re-aggravation of an injury that occurred prior to the effective date of this policy. In order to be eligible for this coverage, the Covered Person must: (1) have received a written medical clearance from a Doctor to participate in the covered activity; and (2) be participating in a covered activity or sport when the re-injury or re-aggravation occurs.
- **Sickness Benefit:** The policy includes coverage for Eligible Expenses (Usual and Customary charges) related to sickness. Benefits will be provided to a Covered Person who suffers a covered loss which: (1) results, directly and independently of all other causes, from bodily injury which is suffered in an Accident; or results from a Sickness; and (2) occurs while the person is a Covered Person under the Policy; and (3) is within the scope of the risk set forth in the policy. This benefit is sub-limited to \$2,500, and subject to the deductible.

OTHER BENEFITS:

- \$10,000 for Accidental Death & Dismemberment
- \$10,000 for Dental Benefit
- \$10,000 Orthopedic Benefit
- \$1,000 Physical Therapy and Chiropractic Limit

DEFINITIONS:

Usual and Customary Charges means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service of supply is provided.

Benefit Period under this policy is 104 weeks. The Benefit period means the period of time (104 weeks) between the date of the Accident causing the Injury for which benefits are payable and the date after which no further benefits will be paid.

What Is Not Covered?

- Treatment rendered by a Physician, nurse or any other person who is employed or retained by the Policyholder, or an Immediate Family member of the Covered Person.
- Sickness, disease or and bacterial infection not caused by an accidental cut, wound or food poisoning.
- War or any act of war, declared or undeclared.
- Use of drugs or narcotics or if the use of alcohol, illegal drugs or medicines contribute to the cause of the injury.
- Eyeglasses, contact lenses or hearing aids.
- Intentionally self-inflicted wounds, suicide (while sane or insane), self-destructions, attempted self-destruction or suicide.
- Injuries occurring while fighting, except in self-defense.
- Adults playing soccer.

*This SAI Brochure is designed to give you an overview of the insurance coverage. It is meant only as a general understanding of the SAI benefit and should not be construed as a legal interpretation of the insurance policies coverage, conditions, and exclusions.

Furnish Parents (SAI forms)

Forms at www.ayso.org come in English & Spanish with instructions
 Note: form is mailed or faxed to LOOMIS Company - Reading, PA



NOTIFICATION OF INJURY

This Notification of Injury Form is to be used for accident medical claims. Claims must be filed within 90 days of injury and contain a valid social security number and/or visa number before processing can begin.

Excess Coverage

Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance or medical payment plan. If the claimant is covered by any other health insurance or medical payment plan they must first submit claim to the primary insurance. This form must be filed within 90 days of injury. After the primary insurance has paid benefits, you must submit copies of all the EOB's (explanation of benefits) from the primary insurance. Only then will this insurance begin adjudication and pay benefits if available.

Deductible (\$200)

If the claimant is paying the deductible prior to submitting any claims for adjudication, please complete the back of this form. This will ensure we will be able to credit the appropriate charges to the deductible. Please be aware, although every effort will be made to match your requests, charges that have been reduced due to discounts, reasonable and customary guidelines, or plan maximums may not be credited towards the deductible.

Claim Form

This company claim form must be submitted for each individual claim. Part (A) must be completed in full by the Policyholder official or a staff member and signed by the Policyholder official or staff member. Part (B) must be completed in full by the injured person or the parent or guardian if that injured person is a minor and also must be signed. A fully completed claim form is not necessary when submitting additional medical bills; only one claim form is needed per accident/injury.

Medical Bills

Attach all medical bills. All submitted medical bills must be itemized for service. A balance due statement is not acceptable and will only delay processing. A physician's office should submit an invoice per CMS 1500. A hospital and/or emergency room should submit an invoice per UB04. CMS 1500 and UB04 are universal billing forms supplied by the physician's office and/or hospital. Notify all medical providers - hospitals and doctors - that you will be using this insurance. You may provide them with the name and mailing address requesting they submit the required billing forms to Loomis.

Information Request

In the event that a claim is not submitted in full or if additional information is needed, the claim will be closed, and the additional information will be requested via US Mail. Please forward the requested information immediately, so that we may finish adjudicating your claim in a swift manner. The explanation of benefits (information request) will be sent to the address of the injured person listed on the claim form in Part (B).

Claim Submission Checklist

Use the below checklist to assure a properly submitted medical claim is sent.

- If the injured person has primary health insurance has the claim been submitted first to the primary?* _____
- If claim has first been submitted to the primary, are copies of the EOB's (explanation of benefits) attached?* _____
- Is part (A) of the claim form completed by the Policyholder official or staff member and signed?* _____
- Is part (B) of the claim form completed by the injured person and signed?* _____
- Are the attached medical bills itemized in either a CMS 1500 or UB04 form?* _____
- Is part (B), item number 3, (social security number and/or visa number) completed?* _____

AYSO SAI claim form - rev 20090721

Cobertura de la Póliza SAI

LA COBERTURA INCLUYE:

- **Beneficio médico por accidente:** el miembro registrado debe enviar sus recibos médicos a todos los planes de salud primarios que se encuentren en vigencia tanto para el miembro como para los beneficios de SAI. Si la cobertura médica del miembro registrado está bajo una IMO (Organización del Estado de la Salud) o un plan similar, entonces debe seguir las normas para obtener los beneficios; de lo contrario, ningún beneficio se pagará bajo esta póliza.
- **No tiene seguro de salud:** si no hay otros seguros de salud disponibles para el miembro registrado, entonces el beneficio médico será procesado como si fuera un seguro primario y estará sujeto a tarifas usuales y acostumbres.
- **Beneficio médico expandido:** la póliza incluye cobertura por gastos aprobados y adquiridos por una persona con cobertura, como resultado de las condiciones deportivas tales como bursitis, tenositis, esguinces, hematomas, desganes musculares, tendinitis y lesiones por movimiento repetitivo si es que estas condiciones empezaron a participar en cualquier actividad cubierta por el seguro.
- **Beneficio del corazón o del funcionamiento de flectos del sistema circulatorio:** la póliza incluye la cobertura por los gastos aprobados e incurridos de una persona con cobertura, como resultado de mal funcionamiento del corazón o aparato circulatorio, que: (1) es diagnosticado y tratado mientras participa en una actividad aprobada o en un periodo de 24 meses de dicha actividad; (2) la persona con cobertura no ha recibido previo diagnóstico, cuidado o tratamiento médico, como el uso de medicamentos recetados para el funcionamiento deficiente del corazón o aparato circulatorio. Si la persona con cobertura tiene como resultado de mal funcionamiento del corazón o aparato circulatorio, durante un periodo de 90 días desde la fecha de participación de la actividad aprobada, se pagará un monto de beneficio, tal como se muestra a continuación en el Beneficio de Muerte y Desembarcamiento por Accidente, el cual tiene un límite de \$10,000 dólares y sujeto al deducible.
- **Beneficio de una lesión preexistente:** la póliza incluye cobertura por gastos aprobados como resultado de lesiones recurrentes o del empeoramiento de una lesión, que ocurran dentro de la fecha de vigencia de esta póliza. A fin de calificar para esta cobertura, la

¿Quién tiene cobertura y qué cubre?

PERSONA CON COBERTURA:

Todas las personas **actualmente** registradas* como miembros de AYSO (Organización Americana Juvenil de Fútbol, en sus siglas en inglés), incluyendo a los jugadores, entrenadores, árbitros y otros voluntarios califican como "personas con cobertura" para accidentes de lesiones físicas, siempre que participen en las siguientes actividades aprobadas:

- Sesiones de entrenamiento en grupo, partidos oficiales, torneos, y cualquier actividad patrocinada (por ejemplo reuniones, banquetes y eventos para recaudar fondos), siempre y cuando sea estrictamente supervisada por personal autorizado de AYSO.
- Viajes en grupo de cinco o más participantes, sin interrupciones de diez horas de viaje por dichas sesiones de práctica, juegos, torneos y actividades patrocinadas; siempre y cuando los jugadores viajen como equipo con un conductor adulto, con licencia, que opere un vehículo.

*Los requisitos de los registrados serán verificados antes de pagar cualquier beneficio.

PERSONA ASEGURADA DEBE: (1) haber recibido una autorización escrita por un médico que le permita participar en la actividad aprobada; y (2) ser parte de la actividad o deporte aprobada cuando la lesión preexistente o el empeoramiento de la misma ocurre.

- **Beneficio por enfermedad:** la póliza incluye cobertura por gastos aprobados (cargas usuales y acostumbres) relacionados con la enfermedad. Los beneficios serán suministrados a una persona con cobertura que no tiene cobertura, las cuales: (1) resultan directas e independientemente de todas las causas de una lesión física por un accidente, o, que resulten por una enfermedad; (2) ocurren mientras la persona tiene una cobertura vigente con el seguro; y (3) se encuentran bajo los límites de riesgo determinados en la póliza. Este beneficio tiene un límite de \$2,500 dólares y está sujeto al deducible.

OTROS BENEFICIOS:

- \$10,000 por Muerte y Desembarcamiento por Accidente
- \$10,000 por Beneficio Dental
- \$10,000 por Beneficio Oportunitario
- \$1,000 por Terapia Física y Quiropráctica

DEFINICIONES:

Cargas usuales y acostumbres: significa la tarifa usual cargada por la mayoría de los proveedores para un tratamiento, servicio o equipo en el área geográfica donde el tratamiento, servicio o equipo se provee.

El periodo de beneficios bajo la póliza es de 90 semanas. Esto significa, el periodo de tiempo (90 semanas) desde la fecha del accidente que causó la lesión por la cual se pagaron los beneficios, hasta la fecha en que se discontinuó el pago de dichos beneficios.

¿Qué es lo que no está cubierto?

- Totalmente médico o no médico por un doctor, enfermera o cualquier otra persona empleada o contratada por el asegurado, o, un miembro de la familia del asegurado.
- Enfermedad, dolencia o infección bacteriana que no ha causado por una contusión accidental, herida o intoxicación alimentaria.

AYSO – Coach Incident Training

- Questions - **Let's Review** Hey, did you note phone #'s?
- Where can you find forms – www.AYSO.org
- Do you need Medical Release Forms at practice? Yes
- List the emergency telephone numbers (5) what are #4&5
- Play or Stop Play – who decides – you and the referee
- Incident form – when is it due? – 48 hours
- **SAI** – Insurance starts after primary insurance or with a deductible if parents have no insurance.
- Who is point of contact with parents – you the coach
- Safe Play starts with a field inspection – you again!
- ***Thanks for your time and volunteering*** 😊

In Closing- AYSO *Safety* Region 36

- Be a point of contact for parents to AYSO.
- Respect HIPPA privacy laws
- **You are VALUED** and seen by others for **what you do – Leadership** - not what you say.
- **Player Safety Comes First**
- Program emergency cell phone numbers now.
- Ken Rhodes – AYSO Safety Director Region 36
- Ken's Cell: 650 218 4858
- Questions? Email: ualrhodes@comcast.net