

Beach Saint-Germain F.C.



Emergency Action Plan and Safety Response Policy

VYSA- and Virginia-Aligned Master Document

1. Policy Statement

Beach Saint-Germain F.C. ("BSG F.C.") is committed to providing a safe environment for all players, coaches, staff, volunteers, and spectators. Player safety takes priority over training, competition, scheduling, and results.

This Emergency Action Plan ("EAP") establishes the club's procedures for responding to medical emergencies, environmental hazards, missing-child situations, facility threats, and other critical incidents arising during club activities. This plan is intended to align with recognized youth soccer safety practices, including U.S. Soccer emergency planning principles, VYSA's participant safety and Recognize to Recover resources, CDC concussion guidance, and applicable Virginia requirements for youth programs using school property.

2. Scope

This policy applies to all BSG F.C. activities, including:

- team training sessions,
- matches,
- camps and clinics,
- tryouts,
- private or supplemental training conducted under club authority,
- tournaments or events hosted by the club.

This policy applies to all club personnel, including coaches, assistant coaches, team managers, staff, volunteers, contractors, and event support personnel.

3. Safety Governance

The Club Director or designee is responsible for implementing this policy across the club.

Each team must have a designated:

- **Emergency Lead**
- **Secondary Responder**
- **Player Supervision Lead**
- **Parent/Guardian Communication Lead**

VHSL's sports medicine guidance emphasizes that sound EAPs should identify an Emergency Response Team and be specific to each venue. That principle is directly applicable here.

4. Venue-Specific Appendix Requirement

This master EAP does not stand alone. A **site-specific venue appendix** must be completed for every facility used by BSG F.C.

Each appendix must include:

- exact venue name and street address,
- field number or training area,
- GPS pin or best EMS access point if the field is hard to locate,
- nearest hospital or emergency department,
- AED location,
- first aid kit location,
- severe weather shelter location,
- evacuation assembly point,
- best entrance for EMS vehicles,
- gate/lock/access instructions,
- field map or diagram if needed.

U.S. Soccer and Virginia sports medicine guidance both stress that an EAP should be venue-specific rather than generic.

5. Minimum Training and Readiness Standards

Before participating in BSG F.C. activities in a coach or designated volunteer role, personnel must complete or maintain the following as applicable:

- current CPR/AED certification,
- basic first aid training,
- concussion education,

- review of this EAP before each season,
- review of the relevant venue appendix before activities begin at that site.

CDC states that coaches should know how to identify possible concussion and that athletes should not return to sports the same day as a concussion and should return only with healthcare-provider approval and supervision. VYSA promotes Recognize to Recover as a safety framework for coaches, parents, players, and referees.

6. Pre-Activity Safety Check

Before each session or match, the Emergency Lead must confirm:

- player medical/emergency contacts are accessible,
- first aid kit is present,
- AED location is known,
- weather conditions are acceptable,
- field conditions are safe,
- exits and EMS access points are clear,
- there is a charged phone on site.

No activity should begin if conditions are unsafe or if emergency access is materially compromised.

7. Emergency Response Team Roles

Emergency Lead

Usually the head coach. Responsibilities:

- assesses the scene,
- activates emergency response,
- calls 911 or directs another person to call,
- oversees care until EMS arrives,
- determines suspension or cancellation of activity.

Medical Response Lead

Usually assistant coach or certified staff member. Responsibilities:

- provides immediate care within training level,

- initiates CPR and AED use if appropriate,
- monitors injured or ill participant.

Access Lead

Responsibilities:

- meets EMS at the designated entrance,
- guides responders to the exact location,
- clears access routes.

Player Supervision Lead

Responsibilities:

- moves non-injured players away from the scene,
- supervises remaining players,
- keeps the group calm and accounted for.

Family Communication Lead

Responsibilities:

- contacts parent/guardian,
- notifies club leadership,
- documents time and method of communication.

8. Activation Standard

Activate the EAP immediately when any participant experiences or is reasonably suspected of experiencing:

- unconsciousness,
- breathing difficulty,
- cardiac symptoms or collapse,
- seizure,
- suspected concussion with concerning symptoms,
- suspected neck or spinal injury,
- fracture or dislocation,
- severe bleeding,
- heat stroke or serious heat illness,
- allergic reaction/anaphylaxis,
- missing child event,

- violent threat, fire, lightning danger, or other major environmental hazard.
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9. Calling 911

When calling 911, provide:

- name of facility,
- exact address,
- field number or training location,
- nature of the emergency,
- age and condition of the participant,
- whether CPR/AED is in progress,
- best entrance for EMS.

Remain on the line unless directed otherwise.

10. Medical Emergency Procedures

A. Sudden Cardiac Arrest / Unresponsive Collapse

1. Call 911 immediately.
2. Start CPR immediately if indicated.
3. Retrieve and apply AED as soon as possible.
4. Continue care until EMS assumes control.

Virginia's cardiac emergency/EAP framework for schools emphasizes establishing a response team, integrating with EMS, annual drills, AED placement and access, and the goal of AED access within three minutes. Even though BSG F.C. is a club, that is the right operational benchmark when using school facilities.

B. Suspected Concussion / Head Injury

1. Remove the player from play immediately.
2. Do not allow same-day return.
3. Notify parent/guardian promptly.
4. Require evaluation by an appropriate licensed healthcare provider.
5. Require written clearance before return to play.

Virginia law requires immediate removal for suspected concussion, no same-day return, and written clearance before return; the same principle applies to non-interscholastic

youth programs using public school property. CDC guidance is consistent with that standard.

C. Symptoms Suggesting Sudden Cardiac Arrest

If a player reports chest pain, unexplained fainting, seizure-like collapse, unusual shortness of breath, or palpitations during exertion:

1. remove from play immediately,
2. monitor closely,
3. activate EMS if symptoms are significant or ongoing,
4. require written medical clearance before return.

Virginia law requires immediate removal from play for symptoms that may lead to sudden cardiac arrest and written clearance before return.

D. Suspected Spinal Injury

1. Do not move the player unless necessary for immediate safety.
2. Stabilize head/neck if trained.
3. Call 911.
4. Keep the player still and calm.

E. Severe Bleeding / Fracture / Dislocation

1. Stop play.
2. Provide first aid within training scope.
3. Call 911 when warranted.
4. Notify parent/guardian.

F. Allergic Reaction / Anaphylaxis

1. Call 911.
2. Assist with epinephrine auto-injector if available and permitted.
3. Monitor airway and breathing.
4. Prepare for CPR if condition worsens.

G. Heat Illness

For suspected heat exhaustion:

- stop activity,
- move athlete to shade,
- cool the player,
- hydrate if safe,

- monitor closely.

For suspected heat stroke:

- call 911 immediately,
- begin rapid cooling immediately,
- continue cooling while awaiting EMS.

Virginia law now requires school policies on extreme heat safety to be consistent with heat guidelines based on Wet Bulb Globe Temperature, and VHSL emphasizes that catastrophic heat injuries are preventable through dehydration prevention and limiting activity in dangerous conditions.

11. Environmental and Weather Safety

Lightning

Practice or competition must be suspended immediately when thunder is heard or cloud-to-ground lightning is seen. Participants must move to a safer location, preferably a substantial building or enclosed vehicle. Activities should not resume until at least 30 minutes have passed since the last thunder or lightning event. VHSL states that risk is present whenever lightning can be seen or thunder can be heard and that activity should be suspended immediately.

Extreme Heat

BSG F.C. shall:

- monitor heat conditions before and during activity,
- increase hydration breaks,
- reduce intensity or duration when conditions warrant,
- cancel or postpone activity when heat is unsafe,
- use a WBGT-based approach when possible.

Virginia law now specifically references WBGT-based heat guidelines for student-athlete safety.

Cold Weather

Coaches should monitor wet, windy, or cold conditions and modify activity when player safety is at risk. U.S. Soccer notes that wet and damp conditions increase cold-weather injury and illness risk.

12. Missing Child Procedure

If a child cannot be located:

1. stop activity immediately,
2. account for all players,
3. search the immediate area rapidly and systematically,
4. notify facility staff,
5. call 911 if the child is not found quickly,
6. notify parent/guardian and club leadership.

No player should leave the activity area without an authorized adult or approved dismissal procedure.

13. Security, Violence, or Fire

If there is a violent threat, unsafe person, fire, or other facility emergency:

- stop activity,
 - move players to a safe location,
 - call 911,
 - avoid confrontation unless necessary for immediate protection,
 - account for all players,
 - notify families once immediate safety is secured.
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14. Medical Information and Parent Acknowledgments

Each player must have on file before participation:

- emergency contacts,
- allergies/medical conditions disclosure,
- medications needed during participation if applicable,
- concussion information acknowledgment,
- sudden cardiac arrest information acknowledgment.

If BSG F.C. uses public school property, Virginia law requires annual review and signed acknowledgment concerning concussion information and sudden cardiac arrest information for participating student-athletes in covered settings.

15. Documentation and Reporting

For any significant incident, the Emergency Lead or designee must complete an incident report within 24 hours, documenting:

- participant name,
- date/time/location,
- type of incident,
- signs/symptoms observed,
- actions taken,
- EMS involvement,
- parent notification,
- follow-up restrictions or return-to-play status.

All reports must be retained in club records.

Virginia's newer EAP/CERP framework also stresses ongoing review and annual amendment where needed. Good documentation supports that review.

16. Annual Review, Drill, and Audit

BSG F.C. shall:

- review this master EAP annually,
- review each site appendix before each season,
- conduct at least one annual emergency walkthrough or drill,
- confirm AED access and signage where facilities provide AEDs,
- revise the plan when fields, staffing, or procedures change.

Virginia's cardiac emergency/EAP framework for schools requires annual practice drills and ongoing annual review; VHSL also emphasizes collaborative EAP development with emergency personnel and venue specificity.

17. Adoption

This Emergency Action Plan becomes effective upon approval by Beach Saint-Germain F.C. leadership and remains in effect until revised or replaced.

Approved by: _____

Title: _____

Date: _____

Appendix A — Coach Sideline Emergency Card

This is the one-page version every coach should carry.

BSG F.C. SIDELINE EMERGENCY CARD

1. STOP PLAY. TAKE CHARGE.

Safety first. Keep players back.

2. CHECK THE ATHLETE.

Is the athlete responsive? Breathing? Bleeding? Safe to remain in place?

3. CALL 911 FOR ANY SERIOUS EMERGENCY.

Give:

- facility name,
- exact address,
- field number/location,
- nature of emergency,
- athlete age and condition.

4. ASSIGN ROLES.

- One person: get first aid kit/AED
- One person: meet EMS
- One person: supervise players
- One person: call parent/guardian

5. FOR CARDIAC ARREST / NO NORMAL BREATHING

- start CPR,
- apply AED ASAP.

6. FOR CONCUSSION / HEAD INJURY

- remove from play,
- no same-day return,
- parent notification required,
- written medical clearance required before return.

7. FOR LIGHTNING / THUNDER

- suspend immediately,
- move to safe shelter,
- wait 30 minutes after last thunder/lightning.

8. FOR HEAT ILLNESS

- stop play,
- cool immediately,
- call 911 for suspected heat stroke.

9. DOCUMENT INCIDENT WITHIN 24 HOURS.

Appendix B — Venue-Specific EAP Template

Use one for every field.

BSG F.C. Venue Emergency Appendix

Venue Name:

Street Address:

Field Number/Area:

Nearest Cross Street:

EMS Entry Point:

Best Parking/Access Instructions:

AED Location:

First Aid Kit Location:

Shelter Location:

Evacuation/Assembly Point:

Nearest Emergency Department/Hospital:

Site Contact / Facility Representative:

Known Access Issues (locked gates, codes, etc.):

Map Notes

- field orientation:
- nearest gate:
- where EMS should be directed:
- where team should shelter/assemble:

Session-Specific Assigned Roles

- Emergency Lead:
 - Medical Response Lead:
 - Access Lead:
 - Player Supervision Lead:
 - Family Communication Lead:
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Appendix C — Incident Report Template

Participant Name:

Team/Age Group:

Date/Time:

Location:

Reporting Staff Member:

Incident Type:

Description of What Happened:

Symptoms/Observations:

Immediate Actions Taken:

911 Called? yes / no

EMS Arrived? yes / no

Parent/Guardian Contacted? yes / no

Time Contacted:

Disposition: returned home / EMS transport / urgent care / other

Restricted from play pending clearance? yes / no

Follow-up Needed:

Submitted to Club Leadership on:

Appendix D — Annual Compliance Checklist

BSG F.C. Annual EAP Compliance Checklist

- Master EAP reviewed and updated
- Venue appendices completed for every field
- Coaches reviewed EAP before season
- CPR/AED status verified
- Concussion training verified
- Emergency contacts updated
- Parent concussion acknowledgment collected
- Parent sudden cardiac arrest acknowledgment collected
- AED access confirmed where provided by facility
- Annual emergency drill/walkthrough completed
- Incident report file system in place
- Weather and heat monitoring procedure established