WARRIORS FC

EMERGENCY MEDICAL INFORMATION & RESPONSE GUIDE

Emergency reference • Safety protocols • First-response guidance

Effective Date: August 26, 2026 **Version:** 1.0

IMPORTANT

This guide is a Warriors FC emergency-response and safety reference. It does not replace professional medical training, emergency medical services, medical evaluation, or instructions from a qualified healthcare professional.

Core principle: A coach or staff member may call 911 without waiting for parent/guardian permission when they reasonably believe an emergency exists.

1. EMERGENCY ACTION CHECKLIST

STOP → ASSESS → CALL 911 IF NEEDED → PROVIDE CARE → NOTIFY PARENT → DOCUMENT → FOLLOW UP

Provide only care consistent with your current training and follow 911 dispatcher/EMS instructions.

1. CHECK THE SCENE

Make sure the area is reasonably safe. Use gloves/PPE when appropriate. Do not create another casualty.

2. CHECK THE ATHLETE

Check responsiveness, normal breathing, and life-threatening bleeding. If unresponsive, not breathing normally/only gasping, or another obvious life threat is present, activate EMS immediately.

3. CALL 911

Anyone may call 911 when an emergency is suspected. Give the exact location, access point, condition, and hazards. Send someone to meet EMS.

4. PROVIDE CARE

Provide care within your training. For suspected cardiac arrest, begin CPR and use an AED when available. For severe bleeding, control bleeding. For suspected heat stroke, begin rapid cooling while EMS is activated.

5. PROTECT FROM FURTHER HARM

Do not return an injured athlete to play simply because symptoms improve. Suspected concussion, significant injury, breathing emergency, heat illness, or other serious condition requires appropriate evaluation.

6. NOTIFY PARENT/GUARDIAN

For non-life-threatening injuries, notify the parent/guardian as soon as reasonably practical. Do not delay emergency care while attempting to reach a parent.

7. DOCUMENT

Complete a Warriors FC incident report for significant injuries, emergencies, EMS activation, suspected concussion, hospitalization, or other events requiring meaningful follow-up.

HEAD / NECK / SPINE RULE
If a head, neck, or spinal injury is suspected, leave the athlete in the position found unless movement is necessary for safety, CPR, or control of life-threatening bleeding. Do not ask the athlete to move the injured area.

2. WARRIORS FC EMERGENCY RESPONSE PRINCIPLES

- Warriors FC prioritizes player safety over competition, practice schedules, standings, or convenience.
- Any coach or staff member may stop activity, remove a player from participation, or call 911 when they reasonably believe immediate action is necessary.
- Parents/guardians are notified as soon as reasonably practical for non-life-threatening injuries and are expected to arrange appropriate follow-up care when needed.
- Warriors FC may modify, shorten, postpone, or cancel activity because of heat, humidity, air quality, lightning, smoke, or other environmental safety concerns.
- A coach, parent, or player may not override a medical restriction or safety removal imposed by Warriors FC or a qualified healthcare professional.
- Player-specific medical and emergency-contact information will be collected through the Warriors FC onboarding process.
- Warriors FC personnel should provide only care within their training and should follow emergency-dispatcher or EMS instructions.

Training recommendation

Warriors FC does not require every coach or staff member to hold CPR/AED/First Aid certification under this guide, but current certification is **strongly recommended** for coaches and staff who regularly supervise athletes.

3. CONCUSSION: RECOGNITION & PROTOCOL

WHEN IN DOUBT, SIT THEM OUT.

A suspected concussion is a medical concern. Remove the athlete from play immediately and do not allow a same-day return to sports. The athlete should be evaluated by a healthcare provider experienced in concussion management.

Possible signs and symptoms

- Headache or pressure in the head; dizziness or balance problems; nausea or vomiting.
- Blurred/double vision; sensitivity to light or noise; feeling slowed down or foggy.
- Confusion, difficulty concentrating, memory problems, or difficulty recalling the event.
- Unusual behavior, irritability, sadness, nervousness, or emotional changes.
- Excessive sleepiness, difficulty waking, or other sleep changes.

Immediate response

- Stop participation immediately and keep the athlete out of play.
- Notify the parent/guardian as soon as practical.
- Recommend prompt medical evaluation and follow healthcare-provider instructions.
- Do not permit same-day return to sports after a possible concussion.
- Before return to sports, obtain appropriate medical clearance and follow a gradual, healthcare-directed return-to-play process.

Danger signs — call 911

- Worsening/severe headache; repeated vomiting; increasing confusion or unusual behavior.
- Seizure/convulsion; loss of consciousness; inability to wake or extreme difficulty staying awake.
- Slurred speech, weakness/numbness, worsening coordination, or one pupil larger than the other.
- Neck pain with neurological symptoms or concern for serious head/neck injury.

4. HEAT-RELATED ILLNESS

Heat illness can progress rapidly. Coaches should take heat, humidity, acclimatization, hydration, equipment, and environmental conditions seriously.

Condition	Warning signs	Response
Heat cramps	Painful muscle cramps/spasms; heavy sweating during exertion.	Stop activity; move to a cool area; hydrate as appropriate; do not resume until symptoms resolve and the athlete is well.
Heat exhaustion	Heavy sweating, weakness, dizziness, headache, nausea/vomiting, cool/clammy skin, fast weak pulse, fainting.	Stop activity; move to a cool place; remove excess equipment/clothing; cool the athlete. Seek medical care for vomiting, worsening, fainting, or persistent symptoms.
Heat stroke	Confusion, altered behavior, loss of consciousness, seizure, very hot body, severe deterioration; temperature may be very high.	**CALL 911.** Begin rapid cooling immediately. Do not give fluids to an altered/unconscious athlete. Continue cooling while awaiting EMS.

HEAT STROKE = MEDICAL EMERGENCY

Call 911 immediately and cool rapidly. If appropriate resources and training are available, use active cooling such as cold-water immersion while EMS is activated. Do not delay emergency activation to obtain a temperature reading.

Prevention

- Encourage hydration before, during, and after activity.
- Provide and enforce additional rest/cooling breaks when conditions warrant.
- Allow appropriate acclimatization and avoid unnecessary layers/equipment in unsafe conditions.
- Watch for athletes who appear unusually fatigued, confused, dizzy, weak, or unwell.
- Players should promptly report symptoms rather than push through them.

5. OPEN WOUNDS, BLEEDING & BLOOD EXPOSURE

Use gloves or another appropriate barrier when reasonably possible. Stop activity when necessary to control bleeding and prevent blood exposure to other athletes or personnel.

Minor cuts, scrapes and abrasions

- Put on gloves/PPE when available.
- Control bleeding with clean gauze/dressing and direct pressure.
- Once controlled, clean and cover the wound according to training and available supplies.
- Do not return the athlete until bleeding is controlled and the wound is securely covered.
- Replace clothing/equipment contaminated with blood before return.

Severe or life-threatening bleeding

- Call 911 and get appropriate emergency equipment.
- Apply firm, direct pressure to the source of bleeding.
- For life-threatening bleeding from an arm or leg, use a tourniquet if available and you are trained to use it.
- If trained and appropriate, use wound packing for certain severe wounds when a tourniquet is not applicable.
- Continue care and monitor until EMS arrives.

Punctures, embedded objects, avulsions or deep wounds

- Do not probe, dig into, or attempt to remove a deeply embedded object.
- Control bleeding around the object without pressing directly on it.
- Call 911 for severe bleeding, shock, major tissue damage, penetrating injuries, or other serious concerns.
- Arrange medical evaluation for deep, contaminated, puncture, bite, or otherwise concerning wounds.

BLOOD-SAFETY RULE
An athlete should not return to play with uncontrolled bleeding or blood-contaminated clothing/equipment. Use barriers and follow applicable infection-control practices.

6. MUSCULOSKELETAL & GENERAL INJURY PROTOCOLS

Injury / concern	Response
Sprain / strain	Stop activity. Rest and protect the area. Use a cold pack wrapped in a barrier when appropriate. Seek evaluation for significant pain, swelling, instability, deformity, inability to bear weight, or persistent symptoms.
Suspected fracture	Treat as a possible fracture. Do not straighten or force the limb into position. Keep the athlete still and support the area. Call 911 for severe injury, deformity, bone protruding, major bleeding, shock, head/neck/spine/pelvis injury, or inability to safely move.
Dislocation	Do not attempt to put a joint back into place. Keep it in the position found and obtain medical evaluation. Call 911 for severe injury, neurovascular changes, major trauma, or other emergency concern.
Head injury	Evaluate for concussion and danger signs. Remove from play if concussion is suspected. Call 911 for severe or worsening neurological signs.
Neck / spine injury	Do not move unless needed for immediate safety, CPR, or life-threatening bleeding. Activate EMS and keep the athlete as still as practical.
Chest / abdominal injury	Stop activity. Call 911 for severe pain, trouble breathing, collapse, significant trauma, vomiting/coughing blood, abdominal rigidity/swelling, or signs of shock.
Eye injury	For vision loss, significant bleeding, penetrating injury, chemical exposure, or severe/continued pain, obtain emergency care. Do not press on a penetrating eye injury. Flush chemical exposure with clean water while activating emergency care.
Dental injury	For a knocked-out permanent tooth, seek urgent dental care. Handle the tooth by the crown, not the root, and follow dental/first-aid guidance.
Nosebleed	Sit upright and lean slightly forward. Pinch the soft part of the nose continuously for about 10–15 minutes. Seek care for severe, persistent, recurrent, or traumatic bleeding.
Fainting	Protect from injury and check responsiveness/breathing. Activate EMS if the athlete does not rapidly recover or serious symptoms are present. When the cause is uncertain, do not allow immediate return to play without appropriate evaluation.

7. OTHER MEDICAL EMERGENCIES

These conditions require prompt recognition and appropriate action. When in doubt, activate EMS.

Condition	Key response
Severe allergic reaction / anaphylaxis	Call 911. If the athlete has a prescribed epinephrine auto-injector and appropriate authorization/training is in place, assist/administer according to the emergency plan. Monitor breathing/responsiveness. Emergency evaluation is still needed even if symptoms improve.
Asthma / severe breathing difficulty	Stop activity. Allow prescribed rescue medication according to the athlete's plan. Call 911 for severe/worsening breathing difficulty, inability to speak normally, cyanosis, altered responsiveness, or poor response to medication.
Seizure	Protect from injury. Do not restrain and do not put anything in the mouth. Move hazards away. Afterward, use recovery position if safe and monitor breathing. Call 911 for prolonged/repeated seizure, injury, breathing problems, first-known seizure, or other emergency concern.
Cardiac arrest / sudden collapse	Call 911, begin CPR, and use an AED as soon as available. Follow AED prompts and continue CPR until the athlete shows signs of life, the AED directs a change, or EMS takes over.
Shock	Call 911 when significant or associated with serious injury. Keep the athlete still, monitor breathing/responsiveness, keep them from becoming cold/overheated, and do not give food or drink when serious injury/emergency care is suspected.
Lightning	Stop activity and move everyone to a substantial enclosed shelter when thunder/lightning is present. Resume only according to the current lightning-safety policy.
Poor air quality / smoke	Modify, move indoors, postpone, or cancel activity when conditions are unsafe. Follow current air-quality guidance and Warriors FC safety decisions.
Communicable illness	Do not knowingly allow an athlete with a condition that may place others at risk to participate. Warriors FC may require the athlete to leave activity and may require medical clearance or documentation when appropriate.

8. GENERIC AED / CARDIAC EMERGENCY PROTOCOL

IF AN ATHLETE IS UNRESPONSIVE AND NOT BREATHING NORMALLY, ACT IMMEDIATELY.
Call 911, start CPR, and get an AED. Do not wait for a parent/guardian before activating emergency services.

- Send someone to locate the nearest AED while another person activates 911 and another begins CPR, when enough people are available.
- Turn on the AED and follow its voice/visual instructions.
- Expose and dry the chest as necessary; attach pads exactly as shown.
- Make sure nobody touches the athlete while the AED analyzes or delivers a shock.
- If a shock is advised, clear the athlete and deliver the shock as directed.
- Immediately resume CPR after a shock or when no shock is advised, following AED prompts.
- Continue until the athlete shows signs of life, EMS takes over, or the AED directs otherwise.

AED preparedness

- Warriors FC does not currently maintain an AED at the primary facility identified for this guide.
- Teams and event organizers should identify the nearest available AED before activity whenever practical.
- Coaches/staff should know how to access emergency services and should not assume an AED will automatically be nearby.
- CPR/AED training is strongly recommended for coaches and staff.

9. PARENT NOTIFICATION, TRANSPORT & FOLLOW-UP

Emergency care comes first. Parent communication must never delay 911, CPR, AED use, bleeding control, rapid cooling, or other necessary first aid.

Non-life-threatening injury

- Notify the parent/guardian as soon as reasonably practical.
- Explain what happened, what symptoms were observed, what first aid was provided, and what follow-up is recommended.
- Document the incident and restrictions/instructions.

Emergency transportation

- When EMS transportation is indicated, Warriors FC personnel should not substitute a personal vehicle for EMS when doing so could delay or compromise emergency care.
- For non-emergency injuries requiring further evaluation, the parent/guardian is normally responsible for arranging transportation and medical follow-up.
- Do not send an injured athlete home alone.

Medical clearance / return to activity

- Warriors FC may keep a player out of activity whenever there is a reasonable safety concern.
- A coach, parent, or player may not override a medical restriction.
- Return-to-play after concussion or other significant injury must follow appropriate healthcare-provider instructions.
- Warriors FC may request medical clearance or documentation when reasonably necessary for player safety.

10. INCIDENT REPORTING & DOCUMENTATION

Document significant incidents as soon as practical while details are fresh. Keep the report factual and avoid medical diagnoses unless provided by a qualified healthcare professional.

Record	Examples
Date / time / location	Practice, game, tournament, travel event; exact time if known.
People involved	Player, coach/staff, witnesses, EMS personnel if applicable.
What happened	Objective description of the event, mechanism of injury, and observations.
Symptoms / condition	What the athlete reported and what staff observed; avoid speculation.
Care provided	First aid, CPR/AED, cooling, bleeding control, medication assistance, etc.
Emergency activation	Whether 911 was called, when, and by whom.
Parent notification	Who was contacted, when, and general information communicated.
Medical evaluation	Hospital/clinic/healthcare-provider follow-up if known.
Restrictions / return	Restrictions, clearance requirement, or follow-up instruction.
Follow-up	Additional contact, monitoring, or administrative action required.

11. TEAM EMERGENCY PREPAREDNESS

Because emergency resources vary by field, tournament, and facility, each team should review these items before activity whenever practical:

- Exact location/address and best EMS access point.
- Nearest known AED and how to access it.
- Location of first-aid supplies and team emergency equipment.
- How the team will call 911 and who will meet/guide EMS.
- How parents/guardians will be contacted.
- Known player-specific emergency plans obtained through onboarding.
- Weather, lightning, heat, and air-quality procedures applicable to the venue.
- Who is responsible for incident documentation and follow-up.

ASSIGN ROLES WHEN POSSIBLE

At a significant emergency, assign one person to the athlete, one to call 911, one to retrieve emergency equipment/AED, one to meet EMS, and one to contact the parent/guardian. If staffing is limited, prioritize the athlete and EMS activation.

12. MEDICAL AUTHORITY, LIMITATIONS & POLICY

Emergency medical authorization

When a player experiences an emergency, Warriors FC personnel may obtain or facilitate emergency medical care when a parent/guardian cannot be reached or when delay would reasonably endanger the player. A coach or staff member may call 911 whenever they reasonably believe an emergency exists.

Medication

Warriors FC personnel generally should not administer prescription or over-the-counter medication unless specifically authorized and permitted under applicable law and Warriors FC policy. An exception may apply to a player's prescribed emergency medication, such as an epinephrine auto-injector or rescue medication, when appropriate authorization and training are in place and the athlete's emergency plan calls for it.

Medical information

Player-specific medical and emergency-contact information will be collected through the Warriors FC onboarding process rather than duplicated in this generic guide. Coaches and staff should use authorized information when responding to an emergency and protect it appropriately.

Limitations

This guide provides general emergency-response information for Warriors FC activities. It is not a substitute for CPR/First Aid/AED certification, athletic training, physician evaluation, emergency medical services, or other professional medical care. Protocols may need to be adapted to circumstances, responder training, applicable law, and instructions from emergency dispatchers or healthcare professionals.

No diagnosis by staff

Coaches and staff should describe observed signs and symptoms rather than attempting to diagnose medical conditions. When a serious condition is possible, err on the side of safety and obtain professional evaluation.

13. ACKNOWLEDGMENT

The Warriors FC Emergency Medical Information & Response Guide is incorporated into the Warriors FC safety and parent onboarding process. Parents/guardians should review the guide and understand that emergency-response decisions are based on player safety, the circumstances present, applicable law, responder training, and professional medical direction.

PARENT/GUARDIAN ACKNOWLEDGMENT
By completing the Warriors FC onboarding process, the parent/guardian acknowledges receipt and review of this guide and understands that emergency medical care may be obtained when reasonably necessary to protect a player's health and safety. This acknowledgment does not replace any separate Warriors FC waiver, release, medical authorization, or other agreement.

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14. GUIDANCE REFERENCES

This guide was prepared using current public first-aid and sports-safety guidance. Warriors FC should periodically review the document and update it when authoritative guidance changes.

Centers for Disease Control and Prevention (CDC) — HEADS UP concussion guidance and heat-related illness guidance.

American Red Cross — First Aid Steps; severe bleeding; fractures; eye injuries; seizures; anaphylaxis; AED guidance.

American Heart Association — Sports-facility cardiac emergency response planning and CPR/AED principles.

Key guidance incorporated: remove an athlete from play after a possible concussion and do not permit same-day return; treat heat stroke as a medical emergency requiring immediate 911 activation and rapid cooling; activate EMS and provide CPR/AED care for cardiac arrest; use direct pressure for severe bleeding; avoid unnecessary movement when head, neck, or spinal injury is suspected; and provide care within the responder's level of training.