

# HEALTH AND SAFETY

## Preventing Physical, Emotional and Sexual Abuse of Special Olympics Athletes

As a Special Olympics volunteer, your efforts are critical to achieve the Special Olympics mission and ensure that all athletes have a positive, safe and rewarding experience in Special Olympics.

These guidelines are designed to protect athletes and volunteers by providing information on how to prevent emotional, sexual and physical abuse of athletes. Please take a moment to review this information carefully and ask SOTX staff if you have any questions.

### Preventing Physical Abuse of Athletes

- Do not use corporal punishment including spanking, hitting, slapping or other forms of physical discipline. Any discipline techniques used should be constructive and positive.
- Do not withhold water or food from athletes as a form of punishment. To avoid dehydration, water should be available for athletes during practice sessions, especially strenuous ones, and during competition.
- Only medications that have been prescribed by the athlete's physician should be dispensed to that athlete, and then only as indicated on his or her athlete medical form signed by either a parent or legal guardian.
- Check to make sure water for bathing is not too hot.

### Preventing Emotional Abuse of Athletes

- Do not use profanity or otherwise curse at athletes for their performance or behavior. Athletes are not to be threatened or intimidated for any purpose including attempts at improving athletic performance or for controlling behavior.
- Treat all athletes with courtesy and respect.
- Do not use demeaning nicknames or other negative or abusive language.

### Preventing Sexual Abuse of Athletes

- Have at least two volunteers present to supervise activities such as changing into team uniforms, showering and using toilet facilities.
- When speaking privately to an athlete, volunteers should find a place out of earshot but within sight of others.
- Hugs between Special Olympics athletes and volunteers should be open to observation (not secretive) and be respectful of limits set by the athlete.
- Avoid touching areas normally covered by swimsuits: breasts, buttocks and groin. Kissing on the lips and seductive massaging is not permitted (massaging pursuant to an injury or strain is permitted, but should be open to observation by others).
- If an athlete attempts to initiate inappropriate physical contact with a volunteer, that volunteer should identify the objectionable behavior; explain that it makes him/her feel uncomfortable; and suggest more appropriate ways to communicate feelings such as "high fives" or handshakes.
- When Special Olympics events require athletes to stay overnight, the gender, age and developmental levels of the athletes should be taken into consideration when making room assignments. Athletes should also be assigned sleeping rooms with athletes of similar size and intellectual functioning. In addition, male and female athletes require separate accommodations, as well as need chaperones of their own gender.





- For all events requiring an overnight stay, the SOTX ratio of four athletes to one adult is required by gender as well, and any minor Unified Sports® partners (17 years old or younger) need to be counted with the athletes. For example, if a delegation has six male athletes, three male minor Unified Sports® partners, and five female athletes, four chaperones are needed – three male chaperones and two female chaperones.
- It is always helpful to have a sleeping chart, clearly marking which athletes are sleeping where.
- Delegation chaperones should be assigned to protect athletes anytime they are in the sleeping quarters, by ensuring that the athletes are in their assigned rooms and that any unauthorized individuals are kept out of the athletes' sleeping quarters.
- Volunteers can assist Special Olympics staff by knowing where athletes are at all times when the athletes are in the care and custody of Special Olympics.
- All the rules of behavior should be clearly explained to the athletes before each road trip, no matter the length of the trip. Language used should be simple, but explicit.
- Information regarding trip (itinerary, hotel info, cell phone numbers for delegation leads, etc.) should be provided to all parents, guardians or caregivers prior to departing on the trip.

## Identifying Signs of Abuse

In addition to statements by the athlete, there may be physical or behavioral indicators of abuse.

Physical indicators include questionable injuries such as bruises, burns or lacerations in the soft tissue areas of an athlete's body. Bruises change color during the healing process, thereby indicating that the injuries happened on more than one occasion. Injuries to genital areas may indicate sexual abuse: for example, cigarette burns on the inside of the upper leg or on the buttocks. Tether marks or rope burns and abrasions caused by tying wrists, ankles, or neck are also indicators of probable abuse.

Some athletes' injuries are a consequence of athletic competition and the location of the injury may indicate whether the injury was due to abuse or competition. Injuries that happen during competition are most likely to be on the shins, knees, elbows, etc. They are less likely to be on the abdomen, across the back, on the backs of the legs or on facial cheeks.

If you notice that any athlete has been injured (regardless of the delegation), please ask how the injury happened. Could the incident described by the athlete have resulted in the injury you observed?

## Reporting Suspected Abuse

The priority is to protect the athlete from further abuse.

When an athlete discloses possible abuse to you or you have reasonable grounds to suspect that an athlete has been abused, you should also take two steps:

### **Step One: Contact the Authorities**

Abuse, neglect and exploitation are against the law in Texas and so is failure to report it. If you suspect a child, a person 65 years or older, or an adult with disabilities has been abused or mistreated, you are required to report it to the Texas Department of Family and Protective Services or to a law enforcement agency. You are required to make a report immediately, and you can report your suspicions to the Texas Department of Family and Protective Services on their Texas Abuse/Neglect Hotline toll-free at 800.252.5400.

### **Step Two: Contact Special Olympics Texas**

Please notify your Special Olympics Texas area staff person immediately. If you cannot contact your area staff, please call the chapter office at 800.876.5646, ext. 2933.

During both calls, please inform the person you notify of the actions you have taken to protect the athlete. In addition, the athlete should be encouraged to report the abuse to the proper authorities as well.

# Disclosure of Misconduct or Inappropriate Behavior

It is critical that behavior deemed inappropriate is disclosed to SOTX staff as soon as the behavior is witnessed or when there is an awareness that it has occurred. Below is a chart that will identify some guidelines for which behaviors are important to disclose and what steps SOTX will take related to the level of severity. Use the Disclosure of Misconduct or Inappropriate Behavior Form to divulge information.

By following these guidelines, we are able to protect not only our athletes, but the integrity of the umbrella insurance coverage that is in place for all Special Olympics programs. The coverage is tied together such that one situation can jeopardize the coverage for every state.

Level	Examples of Behaviors	Disclose or Not	Action Taken by SOTX
1	<p>Not following directions</p> <p>Slapping or hitting another athlete (one time occurrence), no injury</p> <p>Stealing from a coach or an athlete</p>	No, but incident needs to be documented and filed by the HoD.	None
2	<p>Destruction of property</p> <p>Consensual sexual contact during a Special Olympics training or competition</p> <p>Aggressive Behavior</p>	Incident should be reported on the Disclosure of Misconduct or Inappropriate Behavior Form.	<p>SOTX may notify American Specialty depending on the issue.</p> <p>Athlete may be suspended until an investigation is completed.</p> <p>Area Sports Management Team will meet and determine consequences associated with the behavior.</p>

(continued on the next page)





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<b>Level</b>	<b>Examples of Behaviors</b>	<b>Disclose or Not</b>	<b>Action Taken by SOTX</b>
3	<p>Indecency with no physical contact</p> <p>Repeated overt sexual contact at a Special Olympics training or competition which is deemed consensual or not, showing a pattern of behavior</p>	<p>Must immediately disclose regardless of when and where the incident occurs.</p> <p>Incident should be reported on the Disclosure of Misconduct or Inappropriate Behavior Form.</p> <p>Go directly to the area staff or call either the Vice President of Field Services or the Vice President of Shared Services.</p>	<p>SOTX will work with American Specialty to investigate and will coordinate public relations around the incident.</p> <p>Athlete is automatically suspended pending the outcome of the investigation.</p> <p>The appropriate Management Team will meet and determine the consequences associated with the behavior.</p>
4	<p>Sexual Assault</p> <p>Bodily assault that results in serious injury</p> <p>Arson</p>	<p>Must immediately disclose regardless of when or where the incident occurs.</p> <p>Incident should be reported on the Disclosure of Misconduct or Inappropriate Behavior Form.</p> <p>Go directly to the area staff or call either the Vice President of Field Services or the Vice President of Shared Services.</p>	<p>SOTX will work with American Specialty to investigate and will coordinate public relations around the incident.</p> <p>Athlete is automatically suspended pending the outcome of the investigation. A letter will come directly from the chapter office.</p> <p>Consequences associated with the behavior will be handled directly by the chapter office.</p>

## Special Olympics Texas Disclosure of Misconduct or Inappropriate Behavior

*This report should be completed for any situation at a practice or competition where a participant creates a behavior problem that violates the code of conduct, is detrimental to participating athletes, or affects the positive image of Special Olympics. Participants are defined as, but not limited to, athlete, coach, volunteer or family member.*

**THIS REPORT SHOULD BE COMPLETED AND FORWARDED FOR FOLLOW UP WITHIN 24 HOURS OF THE INCIDENT.**

Forms should be faxed to the Vice President of Field Services at 512.835.7756.

<b>Person completing this report:</b>			
Delegation ID _____ - _____			
Name: _____			
(Last)	(First)	(MI)	
Address: _____			
(Street)	(City)	(State)	(Zip)
Home Phone: (____)____-_____		Cell Phone:(____)____-_____	
SOTX Role: <input type="checkbox"/> HoD <input type="checkbox"/> Coach <input type="checkbox"/> Volunteer <input type="checkbox"/> Family <input type="checkbox"/> Athlete <input type="checkbox"/> Other			

<b>Who was involved in the Misconduct or Inappropriate Behavior:</b>			
Delegation ID _____ - _____		Date of Incident: _____	
Name: _____			
(Last)	(First)	(MI)	
Address: _____			
(Street)	(City)	(State)	(Zip)
Home Phone: (____)____-_____		Cell Phone:(____)____-_____	
SOTX Role: <input type="checkbox"/> HoD <input type="checkbox"/> Coach <input type="checkbox"/> Volunteer <input type="checkbox"/> Family <input type="checkbox"/> Athlete <input type="checkbox"/> Other			

<b>Who was involved in the Misconduct or Inappropriate Behavior:</b>			
Delegation ID _____ - _____		Date of Incident: _____	
Name: _____			
(Last)	(First)	(MI)	
Address: _____			
(Street)	(City)	(State)	(Zip)
Home Phone: (____)____-_____		Cell Phone:(____)____-_____	
SOTX Role: <input type="checkbox"/> HoD <input type="checkbox"/> Coach <input type="checkbox"/> Volunteer <input type="checkbox"/> Family <input type="checkbox"/> Athlete <input type="checkbox"/> Other			

<b>Witness:</b>			
Delegation ID _____ - _____			
Name: _____			
(Last)	(First)	(MI)	
Address: _____			
(Street)	(City)	(State)	(Zip)
Home Phone: (____)____-_____		Cell Phone:(____)____-_____	
SOTX Role: <input type="checkbox"/> HoD <input type="checkbox"/> Coach <input type="checkbox"/> Volunteer <input type="checkbox"/> Family <input type="checkbox"/> Athlete <input type="checkbox"/> Other			

<b>Witness:</b>			
Delegation ID _____ - _____			
Name: _____			
(Last)	(First)	(MI)	
Address: _____			
(Street)	(City)	(State)	(Zip)
Home Phone: (____)____-_____		Cell Phone:(____)____-_____	
SOTX Role: <input type="checkbox"/> HoD <input type="checkbox"/> Coach <input type="checkbox"/> Volunteer <input type="checkbox"/> Family <input type="checkbox"/> Athlete <input type="checkbox"/> Other			

**WHERE (training site, competition venue, locker room, hotel room, committee meeting, bus, etc.) did the incident occur?**

Name of SOTX Event:	Exact Location:
City:	

**WHEN did the incident occur? (Please provide as much detail as possible.)**

Date	Day	Time

Briefly describe the incident:

[Empty text box for incident description]

What action or follow up occurred on site or to date? Check here if not involved in the follow up: \_\_\_\_\_

[Empty text box for action or follow up]

Was a police report filled out?

Yes

No

*For SOTX Use Only*

RESULT / ACTION taken: \_\_\_\_\_  
[Empty text box for result or action]

Date by which SOTX chapter or area office will notify parties involved: \_\_\_\_\_

Timeframe for the result / action? (e.g., suspended for a year, overnight travel restricted for a month, etc.)

Beginning Date	End Date

SOTX Representatives involved in the process:

Name: _____	Title: _____	Phone: (____) ____ - _____
Name: _____	Title: _____	Phone: (____) ____ - _____
Name: _____	Title: _____	Phone: (____) ____ - _____
Name: _____	Title: _____	Phone: (____) ____ - _____



## Heat Exposure

Special Olympics practices, competitions, and activities often are conducted outdoors, and we would like to provide some safety procedures to help keep everyone safe and cool.

Following the simple risk management techniques outlined below can help prevent heat stroke injuries and illnesses:

- Provide consistent breaks/rest periods for all athletes and coaches.
- Make available shade/fans/cooling systems, if possible. During periods when athletes are not participating, but may be waiting on the sidelines, athletes should not sit or stand in sunshine or sit in cars without air conditioning for extended periods of time.
- Ensure there is a continuing supply of fresh drinking water at all outdoor practices and competitions.
- Have access to medical personnel on site, if possible.
- Promote the use of sunscreen and have it available.
- Ensure that athletes are wearing clothing that is loose fitting, light colored and cotton, if possible, including hats.
- Consider the Heat Index (temperature and humidity combined) and suspend competition (or practice) if heat conditions become overly oppressive or if several athletes are laboring or show any symptoms listed below.
- Avoid activities in the early and mid afternoon hours (11:00 a.m. to 2:00 p.m. is usually the hottest time of day).

Coaches/volunteers should be alert to the symptoms of overheating and dehydration:

- increased thirst
- headache
- dry mouth and swollen tongue
- weakness
- dizziness
- confusion
- sluggishness
- vomiting
- inability to sweat

Anyone experiencing the above symptoms should seek medical attention immediately.

To increase the fluid intake of a person who has become dehydrated or is beginning to show any of the above symptoms, have that person try the following:

- Sip small amounts of water (too much water too fast is not effective and may be harmful).
- Drink carbohydrate/electrolyte-containing drinks (e.g., PowerAde or Pedialyte). Carbonated soft drinks or drinks with caffeine should not be consumed.
- Suck on popsicles made from juices or sports drinks.
- Suck on ice chips.
- Sip through a straw.
- Cool water-soaked towels around the back of the neck may provide some relief.



# Sports Injuries

## Blood-Borne Contagious Infection Carriers

Special Olympics, Inc. has issued the following position regarding blood-borne contagious infection carriers:

- It is not necessary nor justifiable to discriminate against any individual having ordinary behavior (behavior that does not pose a personal risk) on the basis that they are carriers of a blood-borne contagious infection.
- Under casual social interaction, carriers of a blood-borne contagious infection pose no danger to those around them; therefore, it is neither necessary nor justifiable to exclude them from participation in Special Olympics activities, nor isolate them from other participants in dormitories or sports competition.
- Participants may have a blood-borne contagious infection that is new and unknown. Therefore, universal precautions should be used for every exposure to anyone's blood, saliva or other bodily fluid.
- Special Olympics, Inc. recommends that blood and body fluid precautions be consistently used for all people regardless of their blood-borne infection status. This practice is referred to as "universal blood and body fluid precautions" or "universal precautions."

## Precautions for the Prevention of Transmission of Infectious Diseases

Since medical history and examination cannot reliably identify individuals infected with HIV or other diseases, blood and body fluid precautions should be used consistently. This approach, recommended by the Centers for Disease Control and Prevention (CDC), referred to as "universal precautions," should be used in the care of all individuals participating in Special Olympics (athletes, coaches, volunteers and staff).

Important: While the following procedures should be followed as closely as possible, emergency medical care involving blood or mouth-to-mouth contact should not be delayed due to the lack of gloves, towels or mouthpieces.

### Towels

Use towels to place a barrier between yourself and blood or body fluids containing visible blood when there is no time to put on gloves. Cloth or paper towels are acceptable as long as they provide an effective barrier (thick and absorbent) to protect against direct contact with blood. Towels should be disposed of in a covered, plastic-lined container. Wash hands after handling soiled towels or linens.

### Gloves

Gloves are required in the following instances:

- Whenever you will be in contact with blood or body fluids containing visible blood.
- Whenever you are diapering a person with diarrhea.
- If you have cuts, open wounds or lesions on your hands and you will be providing services directly to an individual, such as diapering or first aid, involving body fluids.
- Change gloves between procedures which require gloves. Dispose of gloves in a plastic bag and then discard in a covered, lined container.

### Hand Washing

Hands must be washed immediately and thoroughly:

- If contaminated directly with blood or body fluids (urine, feces, vomit or mucous).
- Before and after each diaper change.
- Immediately after gloves are removed.
- Before eating or handling food.
- After using the restroom.



Accepted hand washing procedures are as follows:

- Use soap and running water.
- Rub your hands vigorously for 15 seconds.
- Wash all skin surfaces including:
  - Backs of hands
  - Wrists
  - Between fingers
  - Under fingernails
- Rinse well.
- Dry hands with a paper towel. Turn the water off with a paper towel – not with your bare hands.
- Any soap product is acceptable. If using bar soap, be sure that it is kept in a self-draining soap dish.

## Procedure for Cleaning and Disinfecting Environmental Surfaces

Studies have shown that viruses, including the HIV virus, are rapidly inactivated after being exposed to commonly used chemical germicides at concentrations that are much lower than used in practice. A diluted solution of household bleach should be prepared in the ratio of 1 to 100 which is the same as two tablespoons chlorine bleach to one gallon of water. This solution can be used for general cleaning and disinfecting purposes, and can be placed in spray bottles. All containers with bleach-water solution must be stored in a secure location.

### Cleaning the Surfaces of Mats, Work and Play Areas

Wipe surfaces with a solution of chlorine bleach using a 1 to 100 ratio, dispensed from a spray bottle. Wipe or rinse with clear water.

### Cleaning Athletic Equipment and Toys

An easy procedure for cleaning athletic equipment and plastic toys is simply to immerse them in a chlorine bleach and water solution. Then immerse them in a container of water or spray to rinse. It is important to rinse the equipment so that the cleaning solution will not dry on the surface. They can be air dried. Porous equipment, such as wooden bats, may be dipped and rinsed immediately, but not soaked.

### Laundry

Standard laundry procedures are acceptable for preventing the spread of infectious diseases.

### Trash

All waste should be placed in bags and tied securely for removal.

### Mouthpieces for Use in Performing CPR

Use mouthpieces for mouth-to-mouth resuscitation. Mouthpieces must be available for use in areas in which there may be a resuscitation. To disinfect the mouthpieces, wash in soap and water and disinfect in a chlorine bleach and water solution.

## Procedure for Cleaning and Decontaminating Spills of Blood or Other Body Fluids

A diluted solution of household chlorine bleach and water is also acceptable for use in cleaning spills of body fluids. The solution must be made daily and containers with bleach water solution must be stored in secure locations. Gloves must be worn for this procedure.

- Remove any visible matter with disposable towels.
- Spray the surface with chlorine bleach solution. Leave the solution on the area for 10 minutes.
- Rinse with water and wipe dry.
- Dispose of gloves and paper towels in a plastic bag and discard into a covered, lined container.



## Aquatics Safety Standards

All Special Olympics teams and athletes must abide by the Aquatics Minimum Safety Standards while participating in recreational swimming (see page H-31).

### First Aid Kits

All Special Olympics teams must have access to a first aid kit at all trainings, clinics, competitions, etc. All first aid kits should include:

Item	Example	Minimum Amount
Hydrocortisone cream	(1%) Benadryl, Cortaid	1 – 1 oz. tube
Antibacterial cream	Neosporin	1 – 1 oz. tube
Ammonia	capsules	10 capsules
Sports cream	Icy-Hot, Flex 454	1 – 1 oz. tube
Ammonia	wipes	10 packets
Saline eyewash	Bausch & Lomb	1 – 6 oz. bottle
Eye drops	Visine, Murine	1 – 1 oz. bottle
Hydrogen peroxide		2 – 8 oz. bottles
Lip balm	Carmex, Chapstick	1 – 2 oz. tube
Cotton swabs	Q-tips	25 sticks
Bandages	Curad, Band-Aid	25 bandages
Bandages for knuckles	Johnson & Johnson (J&J)	14 bandages
Gauze pads, 4" x 4"	J&J, Kendall	50 sterile pads
Gauze rolls 2", 3" and 4"	J&J, Kendall	5 rolls each size
Elastic wraps 3",4" and 6"	Ace	3 rolls each size
Triangular bandages	Johnson & Johnson	4 bandages
Tape 1" and 2"	Johnson & Johnson	2 rolls each size
Athletic tape in 2"	Mueller	4 rolls
Elastic tape in 2"	Coban	4 rolls
Sealed plastic bags, quart size	GladLock	10 bags
Sanitary napkins	Maxi-Pads	4 pads
Tweezers	Revlon	1 pair
Fingernail clippers	Revlon	1 pair
Bandage scissors, 5"	Revlon	1 pair
Non Latex glove		1 pair
Mouth mask		1 mask

Medications (prescription and nonprescription) will not be dispensed without the written consent of the parent and/or guardian of the athlete. If permission is given to dispense medication, it shall be in its original container with the athlete's name, date, directions and physician's name. Medications dispensed will be limited to routine oral ingestion not requiring special knowledge or skills of coaches and/or chaperones.

Special Olympics encourages coaches interested in additional information to contact the American Red Cross and go through First Aid and/or CPR Training which counts toward continuing education requirements.



# Website Sources

- Epilepsy: [www.efa.org](http://www.efa.org)
- Diabetes: [www.diabetes.org](http://www.diabetes.org)
- Health/First Aid Info: [www.healthy.net/clinic/firstaid](http://www.healthy.net/clinic/firstaid)
- Asthma: [www.lungusa.org](http://www.lungusa.org)
- Cerebral Palsy: [www.cerebralpalsyinfocenter.com](http://www.cerebralpalsyinfocenter.com)
- Disability Fact Sheets: [www.pencentral.com](http://www.pencentral.com)
- Go to project inspire and then to the disability fact sheets.

## First Aid for Seizures

(Convulsions, generalized tonic-clonic, grand mal)

Although most seizures end naturally without emergency treatment, a seizure in someone who does not have epilepsy could be a sign of serious illness. Call for medical assistance if:

- seizure lasts for more than five minutes.
- no "epilepsy/seizure disorder" I.D.
- slow recovery, a second seizure, or difficult breathing afterwards.
- pregnancy or other medical I.D.
- any signs of injury.

<b>Cushion Head</b>	<b>Loosen Necktie</b>
<b>Turn On Side</b>	<b>Nothing In Mouth</b>
<b>Look For ID</b>	<b>Don't Hold Down</b>
<b>As Seizure Ends</b>	<b>...Offer Help</b>

### Handling Partial Seizures

Simple partial seizures don't require any special response except to recognize what's happening and be supportive when the seizure is over.

Handling Complex Partial Seizures – the following steps may help:

- Reassure others. Explain that any unusual behavior is a temporary condition brought on by a seizure and that it will end in a few minutes.
- Remove hazards or anything from the area that might injure someone who doesn't know where he is or what he is doing.
- Don't restrain the person during a complex partial seizure, especially if he or she is already agitated and confused. Efforts to restrain may produce an unconscious aggressive response.
- Guide gently away from or block access to anything that could be dangerous to someone in a semi-conscious state, like an open fire or a busy street.
- Stay back until the episode has ended if the person appears obviously agitated or belligerent.
- Be reassuring and helpful as awareness returns. Remember that people may get back their ability to hear and understand before they are able to speak again. Confusion, depression, agitation, irritability, belligerence or drowsiness are all possible after effects of seizures.



## Injury Prevention and Treatment

### What can I do to help prevent injuries?

There are two factors in preventing injuries that you should be aware of: providing a safe environment for athletes and spectators, and creating a safe work environment.

In addition to providing a safe environment for the athletes you train, you also must do your part to provide volunteers and workers with an appropriate and safe environment in which to contribute. One aspect of a safe workplace is to train personnel in proper work techniques, such as lifting, workspace ergonomics, use of tools and machinery, and defensive driving. Personnel need to become aware of workplace dangers and strive to minimize the risks, either through safe work practices or the prompt correction of hazardous situations.

### What is medical emergency preparedness, and how do I prepare?

Answer the following questions to assess your preparedness for emergency medical response. The answer to all questions should be "yes." If an answer is "no" you should take steps to address the situation.

#### Medical Emergency Awareness

1. Are coaches and chaperones aware of athletes' pre-existing medical problems, such as diabetes, epilepsy or allergic reaction to a bee sting?
  2. Do coaches and chaperones have ready access to the Athlete/Parent Release Forms which give permission for medical treatment in case of emergency?
  3. Do coaches and chaperones have these waivers available at each of the training sessions and competitions?
  4. Is a well-stocked first aid kit also available at the training sessions and competitions?
  5. Have coaches been instructed how to use the materials in the first aid kit?
  6. If a medical emergency occurs at a training site, do coaches know the location of the nearest telephone to call the appropriate emergency number? If that phone is in a locked room, do they have a key? Is a custodian on duty and easily found? If the phone is out of order, do they know the location of the next available phone? If it is a switchboard phone, do they know how to get an outside line?
  7. If a medical emergency occurs at an event or training site, are there adequate assistant coaches or volunteers available to stay with other team members while medical emergency procedures are taken?
  8. If a medical emergency occurs at a competition or event, does each coach and volunteer know the emergency plan: who to contact, location of contact, method of communication and follow-up procedures? Has an emergency plan been developed, and has it been included in the pre-event training of each volunteer?
  9. If paramedics have to be called, will they find locked gates blocking access to the injured athlete? If so, do coaches or volunteers have a key for those gates or a way to get one quickly?
  10. Do coaches or chaperones have a list of the names and phone numbers of the parents or group home providers to call in the event of a serious injury?
  11. Where is the nearest hospital to the training or competition site? Is that where an ambulance will take the injured athlete?
- \* If the answer to any of these questions is "no," coaches or volunteers are not prepared to deal with a medical emergency at an event or training site.



## Recommended Emergency Medical Procedures

1. Do not move an athlete who you believe may be seriously injured, especially in the case of a head, neck or back injury.
2. A responsible person must stay with the injured athlete at all times and have the athlete's Medical Release Form available.
3. For a medical emergency in the United States, a responsible person should call 911 for the paramedics as quickly as possible, and go to meet them at the site entrance.
4. Contact the parent or care provider as soon as possible.

### Information to give the emergency operator:

- Caller's name
- Name of site and location of its intersecting streets
- Injured athlete's location at the site
- Type of injury

### Care for Common Minor Injuries

It is the coach's job to maintain as safe an environment as possible. It is strongly recommended that coaches have certification in CPR and First Aid or that volunteers be recruited who already have first aid training, medical athletic training or emergency care certification. Athlete medical forms should be reviewed prior to the start of practice and available at all trainings and competitions. There should be a plan for emergencies. Using the Coach's Safety Checklist will help to prevent injury by assuring adequate supervision, equipment, facility, warm-up and stretching.

When an injury does occur, stay calm, and administer only basic first aid. When in doubt, or when more care is needed, consult the athlete's family and a physician.

### Treating Floor Burns, Strains, Contusions, Minor Bumps and Bruises

R	Rest; stop any pain-causing activity.
I	Ice for 24-36 hours after the injury.
C	Compress with elastic bandage if needed.
E	Elevate to avoid edema and subsequent swelling.

### Conditions Requiring Medical Attention

- Significant swelling or dislocation of an extremity
- Obvious deformity of an arm or leg
- Severe pain
- Inability to bear weight on a lower extremity
- Lacerations with or without fractures.
- Significant swelling of a joint (e.g., elbow, wrist, knee, ankle)
- Loss of sensation in an extremity



## Conditions Mandating That Only Experienced Medical Personnel Move the Athlete

- Loss of consciousness
- Neck or back injury with loss of sensation or motor power in arms or legs
- Head injury with disorientation and/or visual changes

If an arm or leg may be broken — that is, if it looks deformed or has major swelling and tenderness — treat it like a break. Take the athlete to a physician.

Always have someone familiar with basic life support and cardiopulmonary resuscitation (CPR) at every training session. Even though the possibility of cardiac arrest is much greater in the spectator section than with the athletes, it is always present. Initial measures include:

- Establishing unresponsiveness
- Calling out for assistance
- Positioning the victim

## Rehabilitation/Treatment for Chronic Injuries

### Blisters

- Keep pressure off new blisters using a felt “doughnut.”
- Where the skin is torn, use extreme care.
- Keep it clean, and cut skin halfway around the perimeter without removing the skin.
- Apply antiseptic ointment and a sterile dressing.
- When underlying tissue toughens, cut away the remaining flap of skin.

### Abrasions and contusions (floor burns and deeper bruises)

- Keep them clean.
- Expose them to the air when possible.
- Keep them dry.
- Encourage gentle activity.
- Chronic rest for 5-7 days.
- Ice for pain.
- Stretch related muscles to strengthen them.
- Move gently, stopping at the point of pain.
- Exercise to strengthen afflicted area as it heals.