



***Special Olympics***

**COACHING GUIDE**

Sport Safety and Risk Management for Coaches

# Sport Safety and Risk Management for Coaches

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## Risk Management Responsibilities

Coaches have the ultimate responsibility to reduce the risks of participation for athletes involved in the sport that they are coaching.

### Conducting a Safe Program

#### Field of Play

The field of play should be checked before and after all practices and events for any obstacles. An indoor court should be clear of any obstacles or obstructions surrounding the out-of-bounds areas. The actual playing surface should be clear, safe and dry. All lines should be clearly visible. Any indoor facility must have proper ventilation, especially in warm climates.

Outdoor facilities should be checked for uneven playing surfaces, including holes, uneven grade, or moisture. The playing area should be also checked for additional obstacles. Out-of-bounds areas should be clear of obstructions. All boundaries should be clearly marked.

Other areas being used by players, such as locker rooms and showers, should be reviewed for safety and accessibility. Floors should be properly drained and have nonslip surfaces.

Areas utilized by spectators, families and other nonparticipating players should be assessed for safety and accessibility.

#### Equipment

Athletes need to have the proper equipment for each sport, and if equipment must be worn, it should fit properly. The following areas should be addressed:

- Adequate amount of equipment—all necessary equipment should be available for all practices and events. Athletes should be able to use the equipment for warm-up and participation.
- Well-maintained equipment—all equipment should be checked prior to the start of practice or competition. Equipment that is routinely or occasionally used should be maintained and checked before each use.
- Proper use of equipment—manufacturers develop equipment for specific uses. The coaching staff should instruct their players in the correct use of the equipment. Improper use is not only unsafe but may invalidate the warranty.
- Proper size of equipment—equipment should adhere to the standard specifications designated by the sport.
- Proper fit of equipment—any equipment used in the context of a sport should be properly fitted to each athlete.
- Proper warranty and safety criteria—review of the safety criteria and appropriate use is recommended.

#### Traveling

The coaching staff is responsible for all their athletes when traveling to play and compete. The coach should review any special instructions for each player with the parents or guardian. Written instructions for any medications should be reviewed and taken on the trip.

Transportation should be adequate for all players. The mode of transportation should be safe, as should any drivers. Weather conditions should be reviewed before leaving for any competition.

The coach should contact the opposing team's coach to review arrangements for supplies, such as water, emergency management plans and locker room space. Important telephone numbers should be recorded.

## Sport Safety and Risk Management for Coaches

### Risk Management Responsibilities

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If the trip involves overnight lodging, safe and accessible accommodations should be secured. Contact information should be given to all parents. Special dietary concerns should be clarified with parents and arrangements made to address them.

Parents need to be advised when and where to pick up their children upon return. A plan for a telephone tree should be developed in case of an alteration of plans.

#### Supervisory Planning

The coach needs to provide appropriate supervision for all practices and events. Any other personnel or volunteers should be properly trained and supervised in their work with the athletes. Suitable credentials are recommended for those who are involved, such as Special Olympics and National Governing Body (NGB) coaching credentials and CPR and First Aid Certification.

We recommend that practices and games are covered by medical personnel, including physicians, athletic trainers, physical therapists, and emergency personnel.

#### Prevention of Injury

Many factors contribute to the prevention of injury or the reduction of risk for injury.

- Appropriate assessment of athlete readiness and skill—the coaching staff should determine a starting point for each athlete based on his readiness and skill. Motivation, interest, and physical skill all contribute to development of a plan of action.
- Training program for year-round fitness—the coach should work with each athlete and family to develop and encourage compliance with a year-round fitness and nutrition plan to foster and develop positive health behaviors as well as physical preparation for activity.
- Sport-specific training plan—the coach should work with the athlete and family to develop an individualized sports training plan for development of the appropriate skills and conditioning for sport.
- Availability and completion of medical forms and special medical instructions are recommended for all practices and games.
- First aid kits should be available at all practices and games.
- Acclimatization to the environment is recommended.
- Heat—athletes should gradually adjust to exercising in the heat over a two-week period. Initially, they should exercise in light clothing during the cooler portions of the day. Gradually expose athletes to short periods of exercise during the hotter part of the day, similar to the time of competition. If the sport involves heavy clothing and equipment, they should first adjust to wearing their uniforms, and then adjust to wearing the uniform in the heat. Hydration should be maintained at all practices and games.
- Cold—athletes should adjust to the cold over a period of several days. They should learn to layer their clothing so they can adjust attire for the temperature. Hats and gloves should be worn if necessary.
- Altitude—athletes who are not accustomed to exercising at high altitudes should adjust gradually over a period of 10-14 days. Exercise should be gradually increased in length and intensity. Altitude sickness, consisting of nausea, dizziness, shortness of breath, and flu-like symptoms are common without gradual adjustment.
- Sun or snow blindness—to prevent both sun and snow blindness, athletes are required to wear dark glasses with lateral shields during outdoor activities. Glasses should have ultraviolet blocking.
- Sunburn—visors or long-sleeve shirts should be worn if athletes will be exposed to the sun during their activities. Sunscreen with a minimum SPF 15 should be used on all exposed body parts, including the nose, ears, face, lips and any bald spots on the scalp.

## Sport Safety and Risk Management for Coaches Risk Management Responsibilities

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- Wind—wind can cause an increase in chills, dry skin and eye irritation. Glasses will provide some protection, as will eye drops or artificial tears. Lip balm maintains moisture of the lips. Proper clothing will provide protection from skin irritation and chilling.

## Special Considerations for Special Olympics Athletes

### Atlantoaxial Instability in Down Syndrome Crisis and Emergency Management

#### Developing an Emergency Management Plan

- Development of an Emergency Management Team
- Ideally, a physician, an athletic trainer, or a physical therapist knowledgeable in the triage and immediate management of athletic injuries should cover practices and games.
- The coach should provide the athletes' medical forms and any special instructions to medical personnel.
- An emergency medical technician (EMT) and ambulance should be available immediately upon calling.
- The coaching staff should be educated and skilled in immediate management designed to contain the extent of the illness/injury until appropriate medical personnel are available.
- The coach and all personnel should be certified in cardiopulmonary resuscitation (CPR) and first aid.

#### Each coach is responsible for activating an Emergency Management Plan.

1. The coach should assess the situation as quickly as possible after an incident has occurred.
2. The coach should assess the incident right where it occurred to determine whether the athlete can be safely moved.
3. The coach should know the athlete and his/her personality to best assess injury versus reaction.
4. The coach should remain calm, which will also serve to keep the athlete and others calm.
5. The coach should listen to the athlete describe what happened.
6. The coach should ask simple, clarifying questions.
7. The coach should observe the athlete's face and eyes while talking.
8. The coach should observe for any asymmetry, trauma, general body alignment and functional abilities.
9. The coach should survey the area where the injury occurred for any unsafe articles or terrain.
10. The coach should evaluate the criticality of the situation, and then institute action based on the evaluation of the situation (see enclosed chart).
  - The primary survey evaluates airway, breathing, circulation and consciousness.
  - The secondary survey evaluates the seriousness of all other injuries once it is determined that the athlete is breathing and alert, with good cardiac function.
  - If no medical personnel are available, the coach should respond based on his/her assessment of the criticality of the situation.
  - When in doubt, do not put the athlete back into play.
  - Always refer to a health care professional for additional follow up.

### **Crisis Communication Plan**

- All activities should be calmly and simply explained to the athlete.
- A telephone or cellular phone should be immediately available in case of an emergency situation.
- Plans for access to emergency transportation and early notification of a physician or emergency room are recommended.
- Parents should be immediately notified not only for information but also for planning of immediate or follow-up care.
- All illnesses and injuries should be thoroughly documented on an Incident Form. The form should be kept on file.
- The coach should obtain a report from the medical personnel who handle an incident.
- This report should also indicate changes in risk or future participation.

### **Immediate Care Skills**

Certain immediate care skills are necessary for triage and containment of injury.

- Cardiac or respiratory dysfunction or arrest—follow the tenets of CPR.
- Abrasions or Contusions—clean the area with either soap and water or hydrogen peroxide. Keep the area clean and dry. Bandage the area securely while exercising, but expose it to air whenever possible.
- Blisters—do not cut the skin off a blistered area. Use a foam or felt pad to keep pressure off the area. Only break the blister if it impedes activity. When puncturing a blister, use a sterile pin to make an entrance on two sides of the blister. Place a pressure bandage or second skin on the blister to allow the covering skin to re-adhere to the skin below.
- Heat Cramps—heat cramps normally accompany strenuous activity in which there is profuse sweating. These cramps are not usually serious and will respond to gentle stretching and hydration.
- Heat Exhaustion—this is the result of exercise in hot weather. The athlete will sweat profusely and have cool, clammy skin. The athlete will complain of a slight headache, dizziness, nausea or fatigue. The athlete should be taken out of the heat (and sun) and the uniform or equipment removed. The athlete should lie down with his/her feet elevated, and be cooled by drinking cool water and/or being sponged. If the athlete does not respond in a short period of time, he/she should be sent for immediate referral.
- Immediate care for sprains, strains, and contusions (RICE):

R — rest; stop any activity that causes pain  
I — ice for 24-48 hours after the injury  
C — compression with an elastic bandage to contain the swelling  
E — elevate the injured area to control swelling

All other injuries or illnesses should be evaluated by an appropriate health-care professional for management and advice. The coach should communicate with the health-care personnel for information and instructions regarding future care and return to sport.

## Sport Safety and Risk Management for Coaches Frequently Asked Questions

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### Frequently Asked Questions Relating to Risk Management

(Answers to these questions are in order below)

**What is risk management?**

**What risk management responsibilities do I have as a coach?**

**What risk management issues do I need to be aware of concerning the field of play (FOP)?**

**How do I assess the field of play?**

**Which loss prevention methods do I select to protect against the exposures I have identified?**

**Am I done with risk management after I implement the best method?**

**What risk management issues do I need to be aware of concerning traveling?**

**How does a coach conduct a sports program safely?**

**As a coach, what supervisory planning am I responsible for?**

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

**What do I need to know about crisis and emergency management?**

**How can I develop an emergency action plan?**

**What about a crisis communication plan?**

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



### What is risk management?

Risk management is a method for identifying risks and developing and implementing programs to protect the organization and prevent loss. An effective risk management program consists of four basic steps that are part of a continuing process. As you engage in new activities and plan different events, continue to use these four steps to help protect against the new exposures that arise:

- **Assess**—identify, analyze and prioritize potential risks
- **Select** methods to prevent loss
- **Implement** the best methods
- **Monitor** the results and revise as necessary

### What risk management responsibilities do I have as a coach?

As a leader within the Special Olympics organization, you must take the steps necessary to protect yourself and your Program. Your goals would include the following.

- To maximize safety of athletes, volunteers and spectators
- To protect assets and reputation
- To transfer risk of financial loss through contracts and a quality insurance program
- To proactively manage claims to achieve fair settlement

### What risk management issues do I need to be aware of concerning the field of play (FOP)?

Using the four basic risk management steps, you would:

1. **Assess** the FOP to determine whether it provides a safe environment conducive to accomplishing Special Olympics objectives and allows for an appropriate response to an emergency.
2. Once exposures are identified, **select** alternatives that will remove the exposure. There may be several different ways to accomplish the same goal.
3. **Implement** the best method that will most effectively minimize the exposure.
4. Continuously **monitor** and **revise** the situation as sometimes new exposures are created.

### How do I assess the field of play?

Many tools are available to you. Use checklists provided in the Special Olympics Risk Management Manual, or at the end of this section, to determine the suitability of the FOP. Draw upon the experience of veteran Special Olympics personnel. Identify potential risks by inspecting the area well before the competition starts.

As an example—considerations for outdoor playing surfaces:

- Look for and address such hazards as rocks, glass, uneven surfaces, uncovered drains, holes, above ground sockets and excessive wet spots.
- If a baseball or softball field is enclosed by an outfield fence, it is preferable that the field contain a warning area that is both visible and clearly identifiable adjacent to the fence.
- Examine the areas immediately adjacent to the playing field for hazards (e.g., light posts, guy wires, and holes) that might be encountered by a player whose momentum carries him/her out of bounds.
- Be sure there is adequate separation (e.g., distance, fencing and netting) between the spectators and the playing field.

## Sport Safety and Risk Management for Coaches Frequently Asked Questions

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Considerations for indoor playing surfaces:

- Ensure that all clocks, lights and windows are properly guarded and there is adequate lighting.
- There needs to be sufficient space between the boundary of an activity or playing surface and the location of team benches, bleachers, walls, dividers, other activities and objects.
- With regard to basketball courts, make sure that there are no unprotected glass doors, windows or unpadded walls directly behind the basketball backboard.
- If temporary 24/45-second clocks have to be stationed at each end of the court, an effort should be made to place them as far away from the playing area as possible, while still permitting easy visibility to the players.
- Make sure the playing surface is even, with no boards or nails protruding.

### **Which loss prevention methods do I select to protect against the exposures I have identified?**

Many options may exist—choose the method that will maximize the safety of athletes, volunteers and spectators. Work with your local Special Olympics coordinator to determine which choices might be better than others. Additional resources are the Sport Specific Competition Guides, which contain sport specific information.

### **Am I done with risk management after I implement the best method?**

No way! It is a continuous process. Keep monitoring the FOP and make necessary revisions to minimize exposures.

### **What risk management issues do I need to be aware of concerning traveling?**

Some of the most devastating losses for nonprofit organizations involve motor vehicle accidents. To protect against the risks associated with driving while you are volunteering as a Special Olympics coach, become very familiar with the following topics that are discussed in the Special Olympics Risk Management Manual (Section L).

- Safety Policy
- Driving Responsibilities
- Guidelines for Vehicle Use
- Driver Selection, Training and Supervision
- Safe Condition of Vehicle
- Accident Procedures
- Guidelines for Borrowing a Vehicle
- Guidelines for Renting a Vehicle
- Selection of a Transportation Company
- Insurance (for Non-owned, Hired and Owned Vehicles)

### **How does a coach conduct a sports program safely?**

Preventing injuries to participants and spectators is a primary risk management objective. The participants and spectators at a Special Olympics event expect that the activity will be conducted in a reasonable and prudent manner. The Special Olympics Risk Management Manual (Section C) provides guidelines to assist you in developing programs and techniques to reduce the risk of injury to athletes. Areas covered include:

- **Preparation**—Providing proper planning for each step of training and competition.
- **Environment**—Selecting an appropriate venue and using proper equipment.
- **Instruction and Competition**—Ensuring appropriate sport skills instruction for practice and competition.
- **Athlete Group Composition**—Matching according to strength, size and ability
- **Athlete Assessment**—Continually assessing each athlete for participation in appropriate activities within his/her ability.
- **Supervision**—Ensuring acceptable supervision and maintaining an adequate volunteer-to-athlete ratio.
- **Inherent Dangers**—Informing athletes of inherent risks associated with a specific sport.
- **Emergency Action Plan**—Establishing and using an emergency action plan that includes. procedures for emergency medical support, postponements, cancellation, communication and incident and accident reporting.
- **Medical Assistance**—Medical support is to be provided at all times. The greater the risk within an activity, the higher the level of medical support required.

### **As a coach, what supervisory planning am I responsible for?**

Each coach needs to create a supervisory plan that includes assignments for assistant coaches and chaperones. The head coach should review each plan and provide clarification of responsibilities as needed. Some of the responsibilities of a coach include the following.

- Providing appropriate training time, instruction, conditioning and competition experiences
- Being familiar with trends in the sport
- Ensuring an appropriate venue: walk through the venue to become familiar with the medical support, rules compliance, etc.
- Familiarizing athletes with the venue surroundings and features
- Understanding athletes' specific and unique health issues such as medications, illnesses, sensitivities or intolerances
- Coordinating transportation to and from training or competition
- Securing an on-site clothing change area that separates men and women
- Monitoring the physical and emotional condition of athletes
- Assisting with life skills for overnight situations
- Monitoring weather conditions that may affect athlete training, competition and travel to and from events
- Chaperoning special events such as dances and Opening or Closing Ceremonies
- Understanding Special Olympics and international governing bodies sport-specific rules

## Sport Safety and Risk Management for Coaches Frequently Asked Questions

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### **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. The Risk Management Manual provides extremely useful information to help you attain these goals.

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 do I need to know about crisis and emergency management?**

A crisis management plan is vital to ensuring that Special Olympics Program staff and volunteers know what to do and how to properly communicate during a crisis. This plan is absolutely necessary because incidents involving athletes and volunteers may occur during Special Olympics events. Prior planning is often the only difference between a properly handled incident and a disorganized, rapidly escalating crisis. Each Special Olympics Program must be prepared to handle any type of emergency situation.

### **How can I develop an emergency action plan?**

Though this Coach's Guide is not designed to provide you with a Crisis Management Plan, you should be aware that four steps are critical to creating an effective crisis communication plan:

1. Establish a chain-of-command
2. Identify a media spokesperson
3. Prepare a statement to/for the media
4. Follow emergency action plan procedures

Details on how to develop a crisis management or emergency action plan can be found in the Special Olympics Risk Management Manual (Section E). Additionally, various Special Olympics Programs have created very effective and comprehensive plans that can be adapted to other groups.

### **What about a crisis communication plan?**

It is absolutely critical to plan ahead when developing a crisis communication plan. Special Olympics has included a chapter on crisis management communication in the Special Olympics Public Relations Handbook, which is available through the headquarters' communications department or online on the Special Olympics Knowledge Management System (KMS). Check with your state or national Program for information on how to access KMS.

### **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 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? 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 of 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?
12. 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.

## Sport Safety and Risk Management for Coaches

### Medical Emergency Awareness

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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

Procedures regarding an emergency action plan can be found in the Special Olympics Risk Management Manual (Section E).

## First-Aid

### First-Aid Kits

Special Olympics teams must have access to a first-aid kit at all competitions, trainings, clinics and other sporting functions. All first-aid kits should include the following items.

Item	Example	Amount
Hydrocortisone cream	Benadryl, Cortaid (1%)	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 tube
Eye drops	Visine, Murine	1 – 1 oz bottle
Hydrogen peroxide		2 - 8 oz. bottles
Lip balm	Carmex, Chap stick	1 – 2 oz tube
Cotton swabs	Q-tips	25 sticks
Bandages	Curad, Band-Aid	25 bandages
Band-aids for knuckles	Johnson & Johnson	14 bandages
Gauze pads: 4 in x 4 in	J & J, Kendall	50 sterile pads
Gauze rolls: 2 in, 3 in & 4 in	J & J, Kendall	5 rolls each size
Elastic wraps: 3 in, 4 in & 6 in	Ace	3 rolls each size
Triangular bandages	Johnson & Johnson	4 bandages
Tape: 1 in and 2 in	Johnson & Johnson	2 rolls each size
Athletic tape: 2 in	Mueller	4 rolls
Elastic tape: 2 in	Coban	4 rolls
Ziplock bags: quart size	Glad Lock	10 bags
Sanitary napkins	Maxi-Pads	4 pads
Tweezers	Revlon	1 pair
Fingernail clippers	Revlon	1 pair
Bandage scissors: 5 in	Revlon	1 pair
Non Latex Gloves		
Mouth Mask		

# Sport Safety and Risk Management for Coaches

## First Aid

### Medications

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 who are interested in additional information to contact the Red Cross and go through First-Aid and/or CPR training which counts toward continuing education requirements.

### 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
- You find no "epilepsy/seizure disorder" identification
- Slow recovery, a second seizure or difficult breathing afterward
- Pregnancy or other medical identification
- Any signs of injury

### 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.



For complex partial seizures, the following steps may help:

1. Remove hazards or anything from the area that might injure someone who doesn't know where he is or what he's doing.
2. 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.
3. 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.
4. Guide gently away from or block access to anything that could be dangerous to someone in a semiconscious state, like an open fire or a busy street.
5. Stay back until the episode has ended, if the person appears obviously agitated or belligerent
6. Be reassuring and helpful as awareness returns. Remember that people may regain their ability to hear and understand before they are able to speak again. Confusion, depression, agitation, irritability, belligerence and/or drowsiness are all possible aftereffects of seizures.
7. Watch the time. Most partial seizures last a minute or two, but people may feel confused for up to half an hour afterward. Longer periods of confusion may mean seizure activity is continuing and the person needs medical help.



**Web Site Sources**

Epilepsy	<a href="http://www.efa.org">www.efa.org</a>
Diabetes	<a href="http://www.diabetes.org">www.diabetes.org</a>
Health/First-Aid Information	<a href="http://www.healthy.net/clinic/flrstald">www.healthy.net/clinic/flrstald</a>
Asthma	<a href="http://www.iungusa.org">www.iungusa.org</a>
Cerebral Palsy	<a href="http://www.cerebraipalsyinfocenter.com">www.cerebraipalsyinfocenter.com</a>
Disability Fact Sheets	<a href="http://www.pcentral.com">www.pcentral.com</a>
	Go to project inspire and then to the disability fact sheets

## Sport Safety and Risk Management for Coaches Care for Common Minor Injuries

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### 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 training 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; i.e., 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 sensations 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 cardiovascular 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 knee pain, thigh muscle overload, tendonitis, stress fractures and ligament strain.

- Follow the doctor’s directions, which will generally include:
- 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.

## Heat Exposure

Special Olympics’ practices, competitions, and activities are often conducted outdoors. The following suggestions provide some basic safety procedures to help keep everyone safe and cool. Heat problems often occur when athletes play too long and hard, and stay in the sun too long. Because sunlight reflects off shiny surfaces, being around water can increase exposure. Sunburn can occur on overcast days as well as sunny days. When athletes are in the sun, they need to wear a water-resistant sunscreen lotion which provides maximum protection. Sunglasses and a hat provide added protection.

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

- Provide consistent breaks and rest periods for all athletes and coaches.
- Make available shade/fans/cooling systems, if possible. During periods when athletes are not training or competing but are waiting on the sidelines, they should not sit or stand in the sunshine or sit in cars without air conditioning for extended periods of time.
- Keep a fresh supply of drinking water at all outdoor practices and competitions.
- Have access to medical personnel on-site, if possible.

## Sport Safety and Risk Management for Coaches Care for Common Minor Injuries

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- Promote the use of sunscreen and have it available.
- Ensure that athletes are wearing cotton clothing that is loose fitting and light colored and hats if possible.
- Consider the Heat Index—temperature and humidity combined. Suspend competition or practice if heat conditions become overly harsh, or if several athletes show any symptoms listed below.
- Avoid activities during the hottest time of the day, usually early and mid afternoon? 11 a.m.- 2 p.m.

### **Symptoms of Overheating and Dehydration**

Anyone experiencing the symptoms below needs to seek medical attention immediately:

- Increased thirst
- Headache
- Dry mouth and swollen tongue
- Weakness
- Dizziness
- Confusion
- Sluggishness
- Vomiting
- Inability to sweat

To increase the fluid intake of an athlete who has become dehydrated or is beginning to show any of the above symptoms, have the athlete try the following methods.

- Sip small amounts of water. Drinking too much water too fast is not effective and may even be harmful.
- Drink carbohydrate, electrolyte-containing drinks (e.g., PowerAde or Pedalyte). Carbonated soft drinks or drinks with caffeine should not be consumed.
- Hold in the mouth Popsicles made from juices or sports drinks.
- Hold ice chips in the mouth.
- Sip through a straw.
- Place a cool water-soaked towel around the back of the neck.

### **Heat Stroke**

Signs and symptoms include hot, red skin; very high body temperature; shock; or unconsciousness

#### **What to Do**

Treat heat stroke as a life threatening emergency, and call the paramedics. Cool the victim by immersing him/her in a cool bath or wrapping in wet sheets and fanning. Care for shock by laying the athlete down and elevating the feet. Give nothing by mouth.

### **Heat Exhaustion**

Signs and symptoms include cool, pale, moist skin; rapid, weak pulse; weakness/dizziness; nausea/vomiting

#### **What to Do**

Treat heat exhaustion as an emergency, and call the paramedics. Get the athlete into the coolest place available. Place the athlete on his/her back with feet elevated. Cool athlete by applying wet sheets or towels to the body and by fanning. Give half a glass of water to drink every 15 minutes for an hour.

### **Heat Cramps**

Signs and symptoms include muscular pains and spasms, usually in the legs or abdomen.

#### **What to Do**

Get the athlete into the coolest place available. Give half a glass of water to drink every 15 minutes for an hour.

#### **Prevention**

Seek protection from the sun and extreme heat. Replace fluids by drinking water, sports drinks or fruit juices.