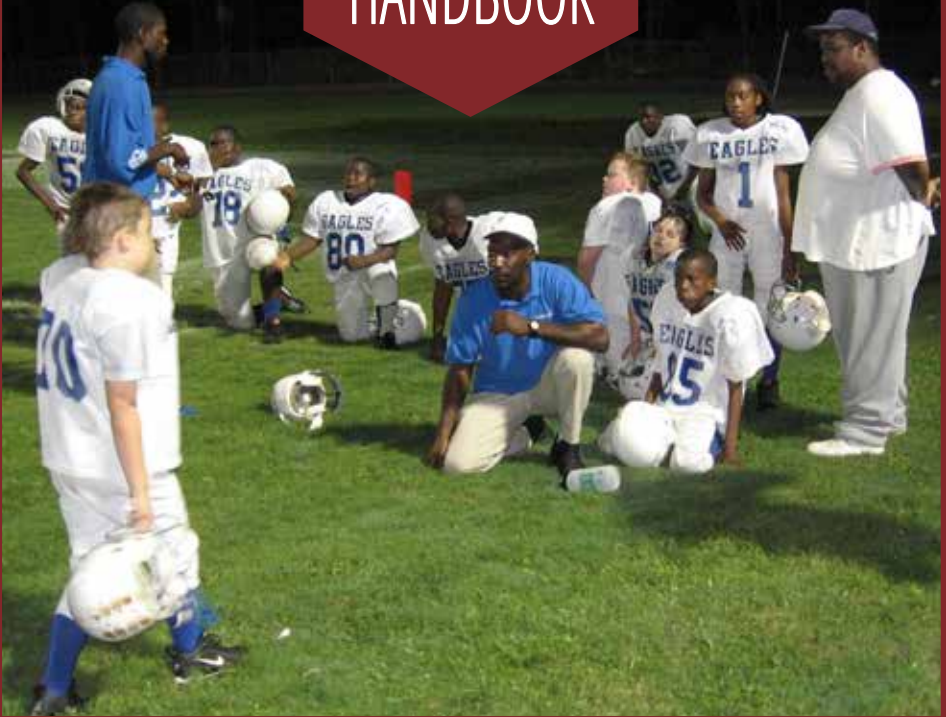




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**YOUTH SPORTS
COACHES
HANDBOOK**



EDITION JANUARY 2016





Welcome to Charleston County Park and Recreation Commission Youth Sports!

Participation in athletics plays a valuable role in the development of children. Aspects of teamwork, dedication, discipline, physical fitness, self-esteem, and fair play all contribute to the overall growth and maturation of young people. The Community Recreation Program takes this responsibility seriously and strives to offer quality programs that will aid in this development.

This handbook is presented to serve as a reference for you, as a coach, so you may understand the philosophies of this agency regarding youth athletics and to do your part in making this program a success. If everyone works together and does their best to enrich the lives of children in the Charleston County area, we can accomplish remarkable things. The Charleston County Park and Recreation Commission (CCPRC) would like to extend our sincerest thank you to all volunteer coaches participating in our youth sports program. We look forward to your involvement in our Youth Athletics Programs.

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PHILOSOPHY OF YOUTH SPORTS

The CCPRC's Youth Sports Program strongly believes in the benefits of participating in organized sports. Participation in sports has been proven to build self-esteem, promote teamwork, develop the body as well as the mind, and is an integral part of the maturation process. The goal of the CCPRC Youth Sports Program is to provide programs and venues for young people of all backgrounds to participate and enjoy a variety of recreational activities while maintaining a safe, wholesome environment.

The CCPRC's Youth Sports Program has embraced the philosophies set forth in the "National Standards for Youth Sports," a publication compiled by the National Alliance for Youth Sports based on an assembly of 48 of the nation's leading experts representing a vast variety of disciplines affecting youth sports. The following standards were established:

Quality Sports Environment: Youth sports programs must be developed and organized to ensure, as well as to enhance, the emotional, physical, social, and educational well-being of children.

Sports Participation: Youth sports are only one portion of a child's life that must be balanced with other social and educational experiences and activities.

Training and Accountability: Adults involved with youth sports must receive training and important information about the program and must be held accountable for their behavior.

Screening Process: To ensure the safety and well-being of children in youth sports, individuals with regular, repetitive access or contact with children must complete the screening process.

Parents' Commitment: Parents/guardians must take an active and positive role in their child's youth sports experiences.

Sportsmanship: Everyone involved in youth sports programs should exhibit positive sportsmanship behavior at all times.

Safe Playing Environment: Youth sports programs must provide safe playing facilities and equipment, healthful playing situations, and proper first aid applications should the need arise.

Equal Play Opportunity: Parents, coaches, and program administrators must provide equal play opportunity for all youth regardless of race, creed, sex, economic status, or ability.

Drug, Tobacco, Alcohol, and Performance Enhancer-Free Environment:

Parents, coaches, officials, fans, players, and administrators must be drug, tobacco, vapor cigarette, alcohol, and performance enhancer-free at youth sports activities.



NATIONAL YOUTH SPORTS COACHES ASSOCIATION (NYSCA) COACHES' CODE OF ETHICS PLEDGE

I hereby pledge to live up to my certification as an NYSCA member coach by following the NYSCA Coaches' Code of Ethics:

- I will place the emotional and physical well-being of my players ahead of personal desire to win
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group
- I will do my best to provide safe playing situations for my players
- I will promise to review and practice the basic first aid principles needed to treat injuries of my players
- I will do my best to organize practices that are fun and challenging for all my players
- I will lead by example in demonstrating fair play and sportsmanship to all my players
- I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events
- I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players
- I will use those coaching techniques appropriate for each of the skills that I teach
- I will remember that I am a youth sports coach, and that the game is for children and not adults
- I hereby pledge to live up to my membership as an NYSCA coach by following the NYSCA Coaches' Code of Ethics



“Train a Coach...Change a Life”

What is a Concussion?

A concussion is a type of traumatic brain injury, caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth-literally causing the brain to bounce around or twist within the skull.

This sudden movement of the brain causes stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

How Can I Recognize A Possible Concussion?

To help spot a concussion, you should watch for, and ask others, to report the following two things:

Signs and Symptoms

Observed by Coach, Parent/Guardian

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed, stunned, or confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavioral, or personality changes

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just “not feeling right” or “feeling down”

What are Concussion Danger Signs?

In rare cases, a dangerous blood clot may form on the brain in an athlete with a concussion that crowds the brain against the skull. Call 9-1-1 or take the athlete to the emergency room right away if after a bump, blow, or jolt to the head or body the athlete exhibits one or more of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

Why Should I Be Concerned About Concussions?

Most athletes with a concussion will recover quickly and fully. But for some athletes, signs and symptoms of concussion can last for days, weeks, or longer. If an athlete has a concussion, his or her brain needs time to heal. A repeat concussion that occurs before the brain recovers from the first - usually within a short time period (hours, days, weeks) - can slow recovery or increase the chances for long-term problems. In rare cases, repeat concussions can result in brain swelling or permanent brain damage. It can even be fatal.



How Can I Help Athletes Return To Play Gradually?

An athlete should return to sports practices under the supervision of an appropriate health care professional.

Below are five gradual steps that you and the health care professional should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

BASELINE: Athletes should not have any concussion symptoms. Athletes should only progress to the next step if they do not have any symptoms at the current step.

STEP 1: Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.

STEP 2: Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, or moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).

STEP 3: Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

STEP 4: Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

STEP 5: Athlete may return to competition. If an athlete's symptoms come back or she or he gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him or herself too hard. The athlete should stop these activities and the athlete's health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.



How Can I Help Prevent Concussions or Other Serious Brain Injuries?

Insist that safety comes first. To help minimize the risks for concussion or other serious brain injuries:

- Ensure that athletes follow the rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure the athlete wears the right protective equipment for their activity. Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Wearing a helmet is a must to reduce the risk of severe brain injury and skull fracture.
- Helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So even with a helmet, it is important for kids and teens to avoid hits to the head.

CONCUSSION ACTION PLAN

WHAT SHOULD I DO WHEN A CONCUSSION IS SUSPECTED? No matter whether the athlete is a key member of the team or the game is about to end, an athlete with a suspected concussion should be immediately removed from play. To help you know how to respond, follow the Heads Up four-step action plan:

- 1. REMOVE THE ATHLETE FROM PLAY.** Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. When in doubt, sit them out!
- 2. ENSURE THAT THE ATHLETE IS EVALUATED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL.** Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:
 - Cause of the injury and force of the hit or blow to the head or body
 - Any loss of consciousness (passed out/knocked out) and if so, for how long
 - Any memory loss immediately following the injury
 - Any seizures immediately following the injury
 - Number of previous concussions (if any)
- 3. INFORM THE ATHLETE'S PARENTS OR GUARDIANS.** Let them know about the possible concussion and give them the Heads Up fact sheet for parents. This fact sheet can help parents monitor the athlete for signs or symptoms that appear or get worse once the athlete is at home or returns to school.
- 4. KEEP THE ATHLETE OUT OF PLAY.** An athlete should be removed from play the day of the injury and until an appropriate health care professional says they are symptom-free and it's OK to return to play. After you remove an athlete with a suspected concussion from practice or play, the decision for returning to practice or play is a medical decision.

DEHYDRATION

Research shows that 2/3 of kids are significantly dehydrated when they arrive at practice. If kids don't drink enough to replace sweat lost during activity, they become dehydrated. Dehydration not only hurts young athletes' performance, it may endanger their health. Kids are at increased risk for heat stress or illness, because during activity they heat up more quickly and cool down less efficiently than adult.

Warning Signs

Headache, dizziness, nausea, and muscle cramps are signs of dehydration. Teach your athletes to drink fluid before, during, and after activity.

What to Drink

Encourage your athletes to drink water or Gatorade, but water is the best. Most youth athletes will drink water if it is lightly sweetened with Gatorade.

How much Fluid?

One hour before practice, athletes less than 90 pounds should drink 3 to 6 ounces and over 90 pounds should drink 6 to 12 ounces

During practice, athletes should drink 3 to 9 ounces of fluid every 20 minutes

After practice, athletes should drink 8 to 12 ounces to replace fluid loss through sweating



INCLEMENT WEATHER POLICY

LIGHTNING/RAIN

To ensure that the safety of participants is a priority, CCPRC provides proper procedures to mitigate the lightning hazard at all Community Recreation athletic facilities and activities.

Lightning is the most consistent and significant weather hazard that may affect outdoor activities. Therefore, the following procedures are to be followed to help ensure the safety of Community Recreation athletic participants and spectators by monitoring how far away the lightning is occurring, and how fast the storm is approaching relative to the distance of a safe shelter.

OUTDOOR FACILITY CLOSURES AND CANCELLATIONS

After severe weather or large amounts of rain, a Community Recreation representative may close or restrict the use of outdoor facilities. As a matter of safety and precaution, all activities must come to a stop upon the first sound of thunder or sign of lightning. Activities may resume only a 30-minute delay beyond the last sign of lightning.

SPECIFIC PROCEDURES:

- 1.** We have established a chain of command as to who monitors threatening weather and who makes the decision to remove a team or individuals from an outdoor site or event. The chain of command will be as follows:
 - Community Recreation Program Manager
 - Community Recreation Program Coordinator
 - Recreation technician/manager assigned to activity
 - Game Officials/Referees/Umpires
- 2.** The Facility Supervisor assigned to the activity/site will be the Community Recreation representative at the site in the absence of the Program Manager or Coordinator. The Facility Supervisor will include in their daily procedures monitoring of the weather by visual, audio and electronic means.

- 3.** Staff will obtain a weather report each day, 3 hours prior to a practice or event. Staff will be aware of potential thunderstorms that may form during scheduled activities.
- 4.** Staff will monitor the weather reports and National Weather Service-issued (NWS) thunderstorm “watches” and “warnings” as well as signs of thunderstorms developing nearby.
 - A.** A watch means that conditions are favorable for severe weather to develop in an area.
 - B.** A warning means that severe weather has been reported in an area and for everyone to take proper precautions.
- 5.** Staff will know where the closest “safe structure or location” is to the field/court or play area and will know how long it takes to get to that safe structure or location. Safe structure or location is defined as:
 - A.** Any building normally occupied or frequently used by people, i.e., a building with plumbing and/or electrical wiring that acts to electrically ground the structure. Shower facilities are not to be used for safe shelter and do not use the showers or plumbing facilities during a thunderstorm
 - B.** In the absence of a sturdy, frequently inhabited building, any vehicle with a hard metal roof (not a convertible or golf cart) and rolled-up windows can provide a measure of safety. The sides of the vehicle are not to be touched.
- 6.** Community Recreation has designated the following areas as a “safe structure or location” for the sites listed below:
 - St. James Santee Elementary School or individual vehicles in parking lot
 - R. D. Schroder Middle School or individual vehicles in parking lot
 - Lincoln High School or individual vehicles in parking lot
 - Baptist Hill High School or individual vehicles in parking lot
 - St. John’s High School or individual vehicles in parking lot
 - Haut Gap Middle School or Individual vehicles in parking lot

7. Overhangs, toilet trailers, restroom buildings, picnic shelters, tents, enclosed brick dugouts or other areas not listed in section 6 are not to be used to provide shelter.
8. It is the responsibility of Staff to be aware of how close lightning is occurring, by using a combination of the “flash-to-bang method.” To use the “flash-to-bang method”, count the seconds from the time the lightning is sighted to when the clap of thunder is heard. Divide this number by five (5) to obtain how far away (in miles) the lightning is occurring. For example, if an individual counts 15 seconds between seeing the flash and hearing the bang, 15 divided by five (5) equals three (3); therefore, the lightning flash is approximately three (3) miles away.
9. Lightning awareness should be increased with the first flash of lightning or the first clap of thunder, no matter how far away. The most important aspect to monitor is how far away the lightning is occurring and how fast the storm is approaching, relative to the distance of a safe shelter.
10. At a minimum, by the time the monitor obtains a “flash-to-bang” count of 30 seconds, all individuals should have left the outdoor site and reached a safe structure or location.
11. Activities may resume only after a 30-minute delay beyond the last sign of lightning.



Managing Emergencies and Contacts

These are general guidelines, not step-by-step procedures. Staff and coaches are expected to act within the realm of their training and good judgment. Prevention, organization, planning, and monitoring are vital to good emergency management.

Assess the situation: Keep cool, don't panic. Do not move child until you assess the nature of injury.

Decide on the appropriate action and designate team members to manage areas of response.

First Aid: Give First Aid only within the realm of your training.

For serious injuries: 911 should be called immediately. Be prepared to provide location, phone number, caller's name, number, condition of person(s) injured, and what kind of First Aid is being administered.

- Send a messenger to wait for EMS personnel at a location visible to incoming vehicles
- Do not move the injured child until you assess the nature of the injury
- Apply First Aid necessary to stabilize the patient
- Contact parent immediately
- Staff should move remaining athletes away from the scene and keep them calm and occupied if possible
- If the patient must be evacuated by ambulance to the hospital, and the parents cannot be reached, a coach or a CCPRC staff member must accompany the child to the hospital
- Remaining staff should process the accident and response with the group and should provide accurate information about the injured participant to the group, as appropriate. Decide to continue or to end the program.
- CCPRC staff must complete an Incident Report form, and notify their supervisor. This form is due within 48 hours to the Director of Recreation. Be factual concerning what occurred, do not speculate.
- Follow up. Within 24 hours, the child's coach or CCPRC staff in charge of the program should call the parent to see how child is doing. In the event staff is questioned by the media about the accident, the ONLY statement to the media shall be: "Everyone involved did the best they could; you can get further information by speaking to the Program Manager." Participants should be asked to refrain from talking to the media.

Managing Emergencies and Contacts *(Continued)*

For minor injuries:

- Do not move the injured child until you assess the nature of the injury
- Apply First Aid if necessary
- Contact parent
- Move injured child away from the field of play
- Remaining staff should process the accident and response with the group and should provide accurate information about the injured participant to the group, as appropriate
- CCPRC staff must complete an Incident Report form, and notify their supervisor. This form is due within 48 hours to the Director of Recreation. Be factual concerning what occurred, do not speculate.
- Follow up (within 24 hours, call parent to see how child is doing)

Volunteer Injuries: Volunteers are treated as participants.

For **weather emergencies** regarding scheduled games, please call your area Recreation Coordinator or Manager.

McCLELLANVILLE AREA

Jeff Coan: (843) 300-7839

Sonya Gardner: (843) 408-9425

JOHNS ISLAND AREA

David Campbell: (843)300-7893

Tonya Brown: (843) 343-2153

BAPTIST HILL AREA

Joel Warren: (843)300-7658

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Child Abuse in Youth Sports

South Carolina Code Ann. 20-7-550 states the mandatory reporting of suspected child abuse and neglect by child care providers. CCPRC recognizes that sports coaches are included in this classification and will comply by reporting to local authorities as need arises. Coaches must notify the Recreation Coordinator or Recreation Manager immediately if suspicious of abuse or neglect.

At times, adults are unaware that they are being abusive to the children participating in youth sports. Below is a list of common inappropriate behaviors coaches, volunteers, and parents should never participate in while serving in our youth sports program:

1. One-on-one contact is prohibited. Two adults must be present with players at all times (games and practices).
2. Benching less skilled athletes.
3. Grabbing players by their facemasks or equipment.
4. Wrapping athletes in plastic wrap to force weight loss to make a weight limit.
5. Cursing, yelling, or using 'put-downs' that demean a child.
6. Using excessive physical training techniques to punish/discipline young athletes (running laps).
7. Name calling (clumsy, stupid, klutz, wimp etc...).
8. Not allowing a young athlete to take a break or to use the restroom when needed.
9. Depriving young athletes of water.
10. Throwing equipment at players.
11. Grabbing or shaking players in a fit of anger.
12. Using racial slurs.
13. Using sexual put-downs ("you are playing like a girl").
14. Making cruel comments about body type.
15. Stereotyping athletes (overweight athlete as catcher).
16. Paying attention to only the best players, casting aside the less talented.
17. Cutting young athletes from the team

Child Abuse in Youth Sports *(Continued)*

18. Hurtful comments and/or participation denial to persons with disabilities.
19. Demanding unrealistic expectations, perfect performances, no mistakes, no losses, etc...
20. Inappropriate sexual contact between adult and child.
21. Teaching and/or expecting players to taunt, cheat, intimidate, fight, or trash talk.

Communicable Disease Procedures

While the risk of one athlete infecting another with HIV/AIDS during competition is close to nonexistent, there is a remote risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in the blood as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

- The bleeding must be stopped, the open wound covered, and if there is an excessive amount of blood on the uniform it must be changed before the athlete may participate.
- Routine use of gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.
- Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
- Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
- Practice proper disposal procedures to prevent injuries caused by needles, scalpels, and other sharp instruments or devices.
- Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth to mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices should be available for use.
- Athletic staff/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition is resolved.
- Contaminated towels should be properly disposed of/disinfected.

Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth-guards and other articles containing body fluids.

Enforcement of the Code of Conduct

The Community Recreation Program, along with the National Youth Sports Coaches Association (NYSCA), is dedicated to raising the standard of service to youth in sports through the enforcement of this Code of Conduct among its membership.

This Code of Conduct defines the expectations for adults serving as coaches in youth sports and provides the tools to be used by the Program, when necessary, to check behavior and to respond with resolve to protect all children from the psychological, emotional, physical or social abuses that can be perpetrated against them by youth sport coaches.

The Program and the NYSCA firmly believe that for the sports experience to be positive, safe, and a learning experience for youth, volunteer coaches must be trained and held accountable for their behavior when working with and around children. Every NYSCA member coach is required to sign and adhere to a Coaches' Code of Ethics Pledge. The Code of Conduct has been developed to help explain how each of the "canons" of the Code of Ethics should be manifested in the actions and behaviors of an NYSCA Certified Coach. It is the duty of the Community Recreation Program, as a NYSCA Chapter, to be responsible for certifying the coaches to respond to complaints lodged against an NYSCA member coach that has allegedly violated the Code of Ethics.

In order to provide the Program the flexibility to take appropriate action when an NYSCA member coach is found to have violated the Coaches' Code of Ethics, a range of possible review committee actions has been developed to accompany the Code of Conduct.

Possible actions include:

1. Warning to and/or Apology from the coach
2. Probation
3. One Game Suspension
4. Multiple Game Suspension
5. Season Suspension
6. Permanent Revocation of Certification

Enforcement of the Code of Conduct *(Continued)*

The specific response of the review committee may include terms and conditions supplementing one or more of the listed sanctions. When reviewing a complaint and deciding what action is the most appropriate in a given situation, the committee must take into consideration various extenuating circumstances.

Factors that might suggest a more lenient sanction include:

- First Offense
- Remorse
- Apparent Desire to Reform
- Other Good Coaching Attributes
- Dedication to Youth Sports

Factors that might suggest a harsher sanction include:

- Child Endangerment
- Violation of Law
- Prior Complaints/Review Action
- Lack of Remorse
- Number of Ethics Canons Violated
- Number of Expected Behaviors Violated
- Breach of Duties as a Role Model
- Extraordinarily Poor Judgment Around Children





“Winning is not everything. What matters is how you get there.”



Contact Us

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