



# COACH SAFELY ACT

The **Coach Safely Act**, or the **Alabama House Bill 9**, requires all coaches or other athletic personnel of youth athletes ages 14 and under to complete a training course to help prevent and respond to injuries that may occur in any high-risk youth athletic activities.

**As per the law, the Coach Safely training course covers prevention and injury recognition of:**

- Concussions
- Heat and Exertion Illnesses
- Trauma and Overuse
- Sudden Cardiac Arrest
- Emergency Action Plan
- Physical Conditioning
- Equipment Usage

The course will also cover the physical and emotional characteristics of the youth athlete, information regarding physical and mental abuse awareness, and age-appropriate training and tips for communication with children and parents.



# COACH SAFELY ACT



## WIN WITHOUT LOSSES



[coachsafely.org](http://coachsafely.org)



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## CONCUSSIONS

### WHAT IS A CONCUSSION?

An injury to the brain that is caused by a hit to the head, face, neck, or elsewhere on the body with a force that is transmitted to the head. They can occur at any time throughout games or practice, as a blow to the head or body from contact with the ground, the ball or another player.

### WHAT ARE THE SYMPTOMS?

A concussion can be difficult to recognize on the field. Most occur without a loss of consciousness or an obvious sign that something is wrong with a player’s brain function. Symptoms can last are typically short-lived but can last from a number of minutes to hours and even days. Please review changes below:

Changes in Brain Functions:	Mental and Emotional Changes:
<ul style="list-style-type: none"> <li>Unaware of game (opposition colors, score of game, last play)</li> </ul>	<ul style="list-style-type: none"> <li>Depression</li> </ul>
<ul style="list-style-type: none"> <li>Confusion</li> </ul>	<ul style="list-style-type: none"> <li>Anxiety</li> </ul>
<ul style="list-style-type: none"> <li>Does not know time, place or date</li> </ul>	<ul style="list-style-type: none"> <li>Emotionally unstable</li> </ul>
<ul style="list-style-type: none"> <li>Decreased attention and concentration</li> </ul>	<ul style="list-style-type: none"> <li>Anger</li> </ul>
<ul style="list-style-type: none"> <li>Amnesia (does not recall events prior to the hit or after the hit)</li> </ul>	<ul style="list-style-type: none"> <li>Irritability</li> </ul>
<ul style="list-style-type: none"> <li>Drastic changes in alertness</li> </ul>	
<ul style="list-style-type: none"> <li>Slowed responses to questions or conversation</li> </ul>	

Physical Changes:	
<ul style="list-style-type: none"> <li>Headache</li> </ul>	<ul style="list-style-type: none"> <li>Nausea</li> </ul>
<ul style="list-style-type: none"> <li>Dizziness</li> </ul>	<ul style="list-style-type: none"> <li>Unsteadiness/loss of balance</li> </ul>
<ul style="list-style-type: none"> <li>Feeling “dinged” or stunned or “dazed”</li> </ul>	<ul style="list-style-type: none"> <li>Seeing stars or flashing lights</li> </ul>
<ul style="list-style-type: none"> <li>Ringing in the ears</li> </ul>	<ul style="list-style-type: none"> <li>Double vision</li> </ul>
<ul style="list-style-type: none"> <li>Trouble sleeping</li> </ul>	



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## **WHAT TO DO?**

### **Remove the athlete from play.**

Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. Athletes who experience signs or symptoms of concussion should not be allowed to return to play. When in doubt, keep the athlete out of play. They will not be allowed to run, jump, play contact activities, or other activities that can cause jolting to the brain.

### **Ensure that the athlete is evaluated right away by an appropriate health care professional with experience in evaluating concussions.**

Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help healthcare professionals in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head
- 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

### ***Please Note:***

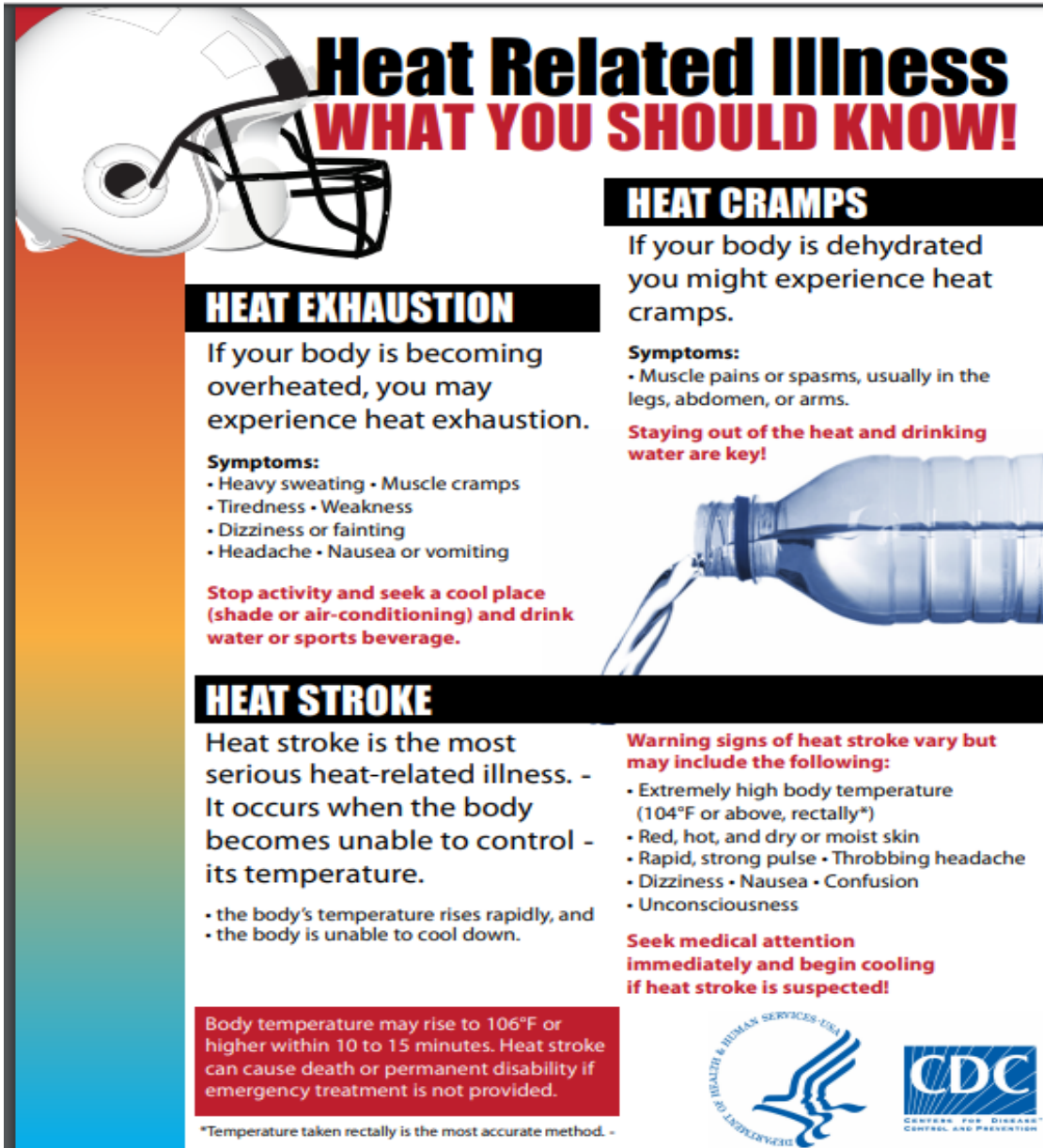
- Drinking lots of liquids (especially water) and rest are essential in the athletes recovery\*
- If you rush the return, a player is at a significantly higher risk for more problems in the future.

## **WHEN CAN THEY RETURN TO PLAY?**

Players cannot participate in practices or games until they are reported “symptom free” from a healthcare professional. A signed letter from a doctor or approval from athletic training/professional must be reported to the athletic coordinator before the player can return.

## HEAT AND EXERTION ILLNESSES

1. **The most important thing you need to know:** the coach should be on the lookout for unexpectedly poor performance or fatigue in hot weather- this may be the only thing you see and may be the first sign of heat illness.
2. A good hydration strategy will go a long way towards minimizing the chance of heat illness.
3. A young athlete with suspected heat illness will typically respond to cooling and rehydration in around 15 minutes.
4. Beware of hot skin. This is a possible sign of heat stroke, and is a medical emergency



### Heat Related Illness WHAT YOU SHOULD KNOW!

#### HEAT EXHAUSTION

If your body is becoming overheated, you may experience heat exhaustion.

**Symptoms:**

- Heavy sweating • Muscle cramps
- Tiredness • Weakness
- Dizziness or fainting
- Headache • Nausea or vomiting

**Stop activity and seek a cool place (shade or air-conditioning) and drink water or sports beverage.**

#### HEAT CRAMPS

If your body is dehydrated you might experience heat cramps.

**Symptoms:**

- Muscle pains or spasms, usually in the legs, abdomen, or arms.

**Staying out of the heat and drinking water are key!**

#### HEAT STROKE

Heat stroke is the most serious heat-related illness. - It occurs when the body becomes unable to control - its temperature.

- the body's temperature rises rapidly, and
- the body is unable to cool down.


**Warning signs of heat stroke vary but may include the following:**

- Extremely high body temperature (104°F or above, rectally\*)
- Red, hot, and dry or moist skin
- Rapid, strong pulse • Throbbing headache
- Dizziness • Nausea • Confusion
- Unconsciousness

**Seek medical attention immediately and begin cooling if heat stroke is suspected!**

Body temperature may rise to 106°F or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not provided.

\*Temperature taken rectally is the most accurate method. -





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## TRAUMA AND OVERUSE

Acute Injuries	Overuse Injuries
<p><b>Cause:</b> Usually the result of a single, traumatic event.</p>	<p><b>Cause:</b> They are the result of repetitive micr-trauma to the tendons, bones, and joints.</p> <p>*Subtle and usually occur over time from too much exposure to repetitive or high-intensity activities. Often difficult to diagnose and treat.</p>
<p><b>Examples:</b> Fractures, ligament sprains, joint dislocations, and muscle strains.</p>	<p><b>Examples:</b> Patella tendinitis, shin splints, increase in arthritic symptoms in joints.</p> <p>*Please not that overuse injuries can lead to more severe injuries that may require surgery such as ACL tears, rotator cuff tears, and more.</p>

**It's not just an injury from a game, it's an injury that they may have to deal with for the rest of their lives.**

### HOW CAN WE PREVENT IT?

- Most can be prevented by a short period of rest, ice, and elevation.
- Have the athlete's injury evaluation by a sports medicine professional or athletic trainer.
  - Some more severe injuries may need further evaluations which will need clearance to return to play.
- Avoid over repetition of activities- limit sprinting and long distance running.
  - Focus on skill related activities.
- Listen to your athletes.



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## SUDDEN CARDIAC ARREST

### WHAT IS SUDDEN CARDIAC ARREST?

A sudden, abrupt loss of heart function. Most often, death is due to a heart abnormality.

### SIGNS AND SYMPTOMS:

- Fainting (syncope) or seizure during or after exercise.
- Fainting (syncope) or seizure resulting from emotional excitement, emotional distress or being startled (e.g. diving into a pool).
- Chest pain during exercise.
- Unexplained fainting or seizures.
- Unusual shortness of breath during exercise.
- Unusual fatigue/tiredness during exercise.
- A racing heartbeat.
- Dizziness/lightheadedness during or after exercise.

### HOW IS IT TREATED?

Cardiac arrest is reversible in most victims if it's treated within minutes, but the only effective treatment is the delivery of an electrical shock. If your child suddenly collapses and does not immediately awaken, call 911 and start CPR. If an AED is available, it should be applied.



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## EMERGENCY ACTION PLAN

### Foley 5-Plex Emergency Action Plan →

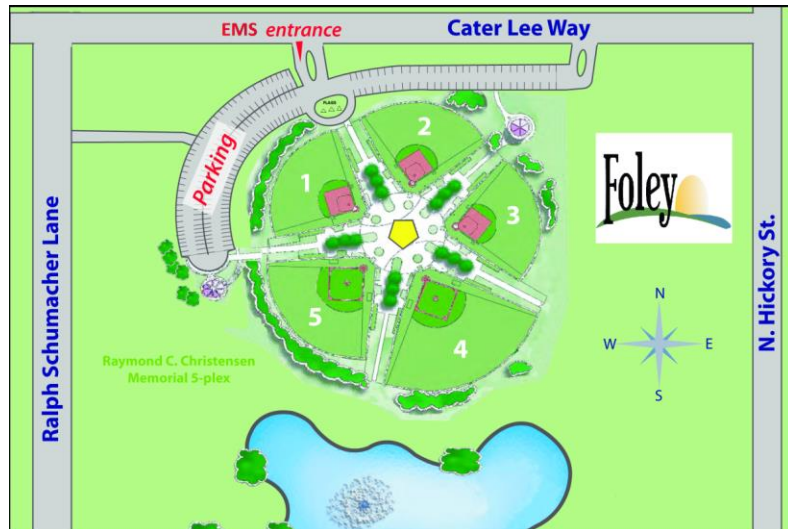
Raymond C. Christensen Memorial 5-Plex  
ADDRESS: 1250 Cater Lee Way Foley, AL 36535  
GPS Address: 998 W. Section Ave. Foley, AL 36535

#### CONTACT NUMBERS:

- Emergency Ambulance/Fire: Call 911
- Foley Police Dispatch: (251) 943-4431

#### INFO TO BE GIVEN TO 911 OPERATORS

- Name and address of current location and phone number of the caller
- Type of emergency situation
- Number of victims
- Suspected injury/symptoms and the current condition of injured / ill person(s)
- Current assistance or care being given
- Other information as requested by the 911 operator. Be prepared to stay on the line until EMS arrives



#### EMERGENCY EQUIPMENT:

- First Aid and AED located in the concession stand.
- ABC Extinguisher and Class K Extinguisher are located within the concession stand.

#### CONSENT OR PARENT INFORMATION FORM:

- Head Coach or person in charge (if guardian is not available)
- Head coach and witnesses should fill out the Incident Report

#### FSC STAFF RESPONSIBILITIES:

- Control players and crowd (2 persons)
- Meet EMS / Unlock doors and/or gates

#### COMMUNICATIONS:

- Step 1: Contact 9-1-1 immediately (determined by the severity of the injury/illness.)
- Step 2: First responder: Immediate attention should be given to the injured or ill outlined by the following:
- Step 3: Call athletic coordinator.

Note: If you are a trained/certified sports medicine/orthopedic professional then please notify the coordinator.





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If Heart Attack is suspected	If Stroke is suspected	If Neck or Back injury is suspected	If Concussion is suspected	If Broken Bone is suspected	If Heat Illness or Heat Stroke is suspected
Call EMS (9-1-1) immediately	Call EMS (9-1-1) immediately	Call EMS (9-1-1) immediately	Take to E.R.	Call 9-1-1 or take to E.R.	Call EMS (9-1-1) immediately
Keep the person calm and loosen restrictive clothing.	Note: Time is critical in treating a stroke.	Do not move the victim unless he is in immediate danger of further injury or you need to open an airway for them to breathe	Assess for signs of head injury: drowsiness, severe headache or stiff neck, dizziness, speech difficulties or loss of consciousness.	Retrieve First Aid Splint in concession stand	Keep the person calm and loosen restrictive clothing.
Ask the person if he carries any prescribed medication for heart problems.	Assess for F.A.S.T. (can victim smile, raise both arms or repeat a simple phrase?).	Stabilize the victim to prevent any movement of the head, neck, or body. You want to keep the victim totally still until EMS arrives, if possible.	Stop any bleeding by applying pressure with a clean cloth.	Apply ice to reduce swelling and alleviate pain until emergency personnel arrive.	Move the victim to a cool and shaded place.
Check the person's breathing and pulse. Request the AED and begin CPR, if needed.	Check for breathing and pulse. Request the AED and begin CPR, if needed.	If the victim is conscious, try to keep them calm. Explain what you are doing for them and ask that they remain still.	Immobilize the head and neck.	Splint the injury, if possible. <b>Do Not Attempt to Force the Joint Back Into Place.</b>	Allow the victims to drink cool fluids (heat exhaustion). Allow victim to rest and monitor body temperature.
Turn patient care over to EMS personnel, upon their arrival.	Turn patient care over to EMS personnel, upon their arrival.	Check the person's breathing and pulse. Request the AED and begin CPR, if needed. Note: When opening the airway, use the modified jaw thrust and avoid the head tilt chin lift.	Check the person's breathing and pulse. Request the AED and begin CPR, if needed.	Check the person's breathing and pulse. Request the AED and begin CPR, if needed.	Check the person's breathing and pulse. Request the AED and begin CPR, if needed.
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## PORTABLE FIRE EXTINGUISHERS

### Types of Fire Extinguishers



Class A extinguishers put out fires in ordinary combustible materials such as cloth, wood, rubber, paper, and many plastics.



Class B extinguishers are used on fires involving flammable liquids, such as grease, gasoline, oil, and oil-based paints.



Class C extinguishers are suitable for use on fires involving appliances, tools, or other equipment that is electrically energized or plugged in.



Class D extinguishers are designed for use on flammable metals and are often specific for the type of metal in question. These are typically found only in factories working with these metals.



Class K fire extinguishers are intended for use on fires that involve vegetable oils, animal oils, or fats in cooking appliances. These extinguishers are generally found in commercial kitchens, such as those found in restaurants, cafeterias, and caterers. Class K extinguishers are now finding their way into the residential market for use in kitchens.





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## Is the fire at a point where it might be controlled by a fire extinguisher?

Portable fire extinguishers are valuable for immediate use on small fires. They contain a limited amount of extinguishing material and need to be properly used so that this material is not wasted. For example, when a pan initially catches fire, it may be safe to turn off the burner, place a lid on the pan, and use an extinguisher. By the time the fire has spread, however, these actions will not be adequate. **Only trained firefighters can safely extinguish such fires.**

Use a fire extinguisher only if:

- You have alerted other occupants and someone has called the fire department;
- The fire is small and contained to a single object, such as a wastebasket;
- You are safe from the toxic smoke produced by the fire;
- You have a means of escape identified and the fire is not between you and the escape route; and
- Your instincts tell you that it is safe to use an extinguisher.

If *all* of these conditions are not present, you should NOT try to use a fire extinguisher. Alert other occupants, leave the building following your escape plan, go to the agreed upon meeting place, and call the (9-1-1) from a cell phone.

## How to Use a Portable Fire Extinguisher



Note: Make sure to utilize the correct fire extinguisher for the fire type. The concession stand is equipped with ABC multi-use extinguishers and Class K extinguishers (Grease). The definitions for each class of fire are listed above.



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## PHYSICAL CONDITIONING

- Keep physical activities related to the sport and gamelike as possible. Excessive running is not an appropriate and will increase the risk of overuse injuries.
- Practices/Conditioning should consist of skills development such as learning how to sprint, dribble, pass, shoot, and other proper biomechanics needed in the sport.
- Do not use running as a punishment for those who are struggling with a skill/task. Instead, allow your remaining players to continue while you assist in helping.
- Avoid activities that consist of long lines. Create sessions that keep everyone occupied and interested.
- Conditioning will come from player.
- Make to educate parents on proper athletic nutrition and hydration. These will greatly assist in the physical conditioning process.

### **Coaching Goal:**

1. Each player gets as many touches on the ball as possible.
2. Make the practices player-centered to encourage individual development that can be used cohesively during games.
3. Make the activities fun!

### *Sessions should include:*

1. **Warm-up:** 10-15 minutes (fun games are great)
2. **Small sided games:** 15-20 minutes (1v1, 3v3, etc)
3. **Game:** remainder of practice (offense vs. defense)

Utilize the small sided games/beginning of practice game to allow coaching points. Leave time so that you can add addition technique or tactic activities.

### **Game Substitutions:**

Substitute players in shifts of 5-10 minutes to ensure that everyone has equal playing time.



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## EQUIPMENT USAGE

These rules must always be followed during practices and games.

### Players are required:

1. Wear appropriate sized shin guards. (Must cover entire shin).
2. Wear outdoor soccer cleats. No screw in studs, indoor/futsal, or tennis shoes allowed!
3. Socks should always be worn.
4. Athletic apparel only. No blue jean or school pants or shorts.
5. Remove all jewelry and objects from wrists. This includes earrings, necklaces, bracelets- hard or soft, watches, fitbits, and rings. Hairbows are allowed but clips and hairpins are not.

### **Field Equipment:**

#### Coaches may use:

1. Whistles and stopwatches
2. Mini goals/pop up goals (pugs)
3. Cones
4. Agility poles and ladders
5. Practice pinnies/jerseys