

# **Adapting Worlds Foundation Volunteer Code of Conduct**

All Adapting Worlds Foundation volunteers agree to observe the following code:

## **VOLUNTEER AGREEMENT**

As an Adapting Worlds Foundation volunteer, I agree that while serving as a volunteer, I will:

Provide for the general welfare, health and safety of all AWSL participants and volunteers.

Dress and act in an appropriate manner at all times.

Follow the established rules and guidelines of Adapting World Foundation and/or any agency involved with Adapting Worlds Foundation.

Report any emergencies to the appropriate authorities after first taking immediate action to ensure the health and safety of the participants.

Abstain from the consumption or use of all alcohol, tobacco products and illegal substances while involved with any Adapting Worlds Foundation event, or competition.

Not engage in any inappropriate contact or relationship with athletes, volunteers or other participants of Adapting Worlds Foundation.



# **Adapting Worlds Foundation Sportsmanship Code of Conduct**

## **Sportsmanship and Code of Conduct for All**

In perception and practice, sportsmanship is defined as those qualities that are characterized by generosity and genuine concern for others. The ideals of sportsmanship should always be exemplified in AWSL competition. Individuals, regardless of their role in activities, are expected to be aware of their influence on the behavior of others and model good sportsmanship.

### **Expectations of Coaches**

- Always set a good example for participants and fans to follow.
- Instruct participants in proper sportsmanship responsibilities and demand that they make sportsmanship and ethics the top priorities.
- Respect judgment of contest officials, abide by rules of the event and display no behavior that could incite fans.
- Treat opposing coaches, directors, participants and fans with respect.
- Shake hands with officials and the opposing coach in public.
- Develop and enforce penalties for participants who do not abide by sportsmanship standards.

### **Expectations of Athletes and Partners**

- Treat teammates with respect.
- Encourage teammates when they make a mistake.
- Treat opponents with respect: shake hands prior to and after contests.
- Respect judgment of contest officials, abide by rules of the contest and display no behavior that could incite fans.
- Cooperate with officials, coaches or directors and fellow participants to conduct a fair contest.
- Do not retaliate (verbally or physically) if the other team demonstrates poor behavior.
- Accept seriously the responsibility and privilege of representing AWSL
- Define winning as doing your personal best.
- Live up to the high standard of sportsmanship established by your coach.



## CONCUSSION INFORMATION for volunteers



As a youth sports volunteer, you play a key role in the recreation organization. No matter what role you volunteer for, you can also help protect athletes from concussion or other serious brain injury by learning how to spot a concussion.

### CONCUSSION SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

#### SYMPTOMS REPORTED BY ATHLETES

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

#### SIGNS OBSERVED BY COACHING STAFF OR VOLUNTEERS

- Appears dazed or stunned
- Is 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, behavior, or personality changes
- Can't recall events prior to hit or fall

**"IT'S BETTER TO  
MISS ONE GAME  
THAN THE WHOLE  
SEASON."**



ADAPTING  
WORLDS  
FOUNDATION 

**If you suspect an athlete may  
have a concussion, report this  
information to a parent, coach,  
or official.**

JOIN THE CONVERSATION AT  [facebook.com/CDCHeadsUp](https://facebook.com/CDCHeadsUp)

TO LEARN MORE, GO TO  [cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)

**HEADS UP**

Content Source: CDC's Heads Up Program.  
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# Sport Safety and Risk Management

## Risk Management Responsibilities

All Adapting Worlds Foundation staff, coaches and volunteers have the responsibility to reduce the risks of participation for participants involved in all volunteer responsibilities

## 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 a 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.

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.

- 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.

- 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.

- 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.

## **Developing an Emergency Management Plan**

- Ideally, a physician, an athletic trainer, or a physical therapist knowledgeable in the triage and immediate management of athletic injuries should cover all Adapting Worlds Foundation events.

- 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 and parent/ guardian 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 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 or refer to an athlete's parent/guardian for evaluation.
6. The coach should ask simple, clarifying questions or refer to the athlete's parent/guardian for evaluation.
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 and brief the athlete's parent/ guardian.

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 and parent/guardian.
- 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.

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

### **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? Is it 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?
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, 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

### **First-Aid Kits**

AWSL 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:

### **Medications**

Medications (prescription and nonprescription) will not be dispensed unless insisted with the written consent of the parent and/or legal 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.

### **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 immediately and contact the parent/guradian.

### **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.

## **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 on site medical personnel.

### **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**

Adapting Worlds Foundation activities are occasionally 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.

-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.

## **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 Pedialyte). 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

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.

