



*St. Cletus Catholic School
700 W. 55th Street
La Grange, IL 60525
Phone – (708) 352-4820*

COACHES' HANDBOOK

August 2016

It's a great day to be a Cardinal!

Coaches are the public face and the most important people involved in St. Cletus athletics. You determine the type of experience our students will have when participating in school sports. A coach has a great responsibility in guiding and influencing our student athletes. Coaches assume the role of teacher and mentor to their players. Proper attitude and behavior are critical to modeling athletes who strive to give their all while displaying sportsmanship consistent with our Catholic ideals. In addition, the actions of coaches generally influence how the outside world perceives St. Cletus.

With this in mind, the process and criteria for the selection of coaches is as follows:

- Candidates must possess those qualities outlined under the “Responsibilities” and “Code of Conduct” sections.
- Ideally, candidates must be 21 years of age. A coach under the age of 21 must be accompanied or assisted by an adult.
- It is desirable to select qualified non-parent head coaches.
- Prior to coaching, candidates must complete the 4-step “Protecting God’s Children” program. This program includes a volunteer code of conduct, a DCFS background check, a Chicago Archdiocese online criminal background check and the completion of a Virtus Training Program.
- Names of coaching candidates will be submitted to the Athletic Director who will verify completion of the “Protecting God’s Children” program.
- No coaches are guaranteed a position year after year. After the season, coaches should communicate to the Athletic Director or relevant Sport Coordinator what their intentions are for the following season.

Responsibilities

General: Coaches should know techniques for teaching the basic fundamentals of the sport and be knowledgeable of the rules. Tactics and strategies that are appropriate for the age/skill level of their athletes should be employed. Team goals should be emphasized over that of the individual. From an individual perspective, coaches should develop self confidence, discipline and sportsmanship. Participation should be a learning experience for all.

Attendance: Coaches should attend all practices and games. In the event of a conflict, coaches must ensure that one or multiple Virtus trained adults, who have met volunteer requirements, can substitute and perform coaching duties.

Accident Record: Any injury that occurs during a game or practice that requires medical attention must be communicated to the Athletic Director within 24 hours of the incident. The St. Cletus Athletic Director is required to submit injury reports to the principal.

Parent Meeting: Prior to the regular season, coaches are required to hold an introductory parent meeting to review league rules, coaching philosophy, playing time, schedules and other general information. It is also recommended that coaches ask parents for transparency regarding medical issues (asthma, allergies, etc).

Parent Communication: Communication with parents should be direct and preferably in written form via email. Coaches should **not** rely on a player to deliver an oral message to the parents.

Uniforms/Equipment: Coaches are responsible for the equipment issued to them and proper use of facilities where practices and games are held. Coaches should ensure that student athletes properly wear uniforms, safety equipment and any other expected attire.

Discipline Record: Coaches should maintain a written record of any repeated discipline problems and communicate any discipline issues to both the parents and the Athletic Director or relevant Coaching Coordinator. These records are important when discipline matters result in suspension or expulsion from the sport. Please see the “Grievances & Discipline” section for further specifics.

Assistant Coaches: Proposed assistant coaches must be submitted to the Athletic Director for approval and verification of training. Any adult who attends practice regularly, present on bench or sidelines during games and has regular contact with the athletes is considered an assistant coach.

Emergencies: Coaches should familiarize themselves with the location of fire alarms, fire extinguishers and the portable defibrillator at St. Cletus. Coaches should also review the “Treatment of Injuries” section at the end of this handbook for guidelines involving serious and non-serious injuries. Coaches should also be familiar with the school’s crisis plan.

Playing Time: All players deserve the opportunity to develop alongside their teammates. Student athletes, who attend practices, listen and work hard, should receive “fair” playing time during the course of the season. Reduced playing time for disciplinary reasons or missed practices should be communicated directly to the athlete prior to the game.

Code of Conduct

Coaches represent St. Cletus in our community and the greater Chicago land area. As a result, it is imperative to follow the below guidelines.

- Coaches should teach athletes fair play and how to win and lose in a respectful, courteous and gracious manner.
- Coaches should show respect for game officials and opponents, publicly shaking hands before and after games.
- Coaches should not engage in public protest which encourages similar behavior from students, parents and other spectators.

- Coaches should strive to be fair and unprejudiced in their relationships with student athletes and parents. Coaches should also be objective when evaluating talent. Athletes should be praised quickly and criticized constructively.
- Coaches will not tolerate a player using words or actions that devalue an opponent. Examples include name calling, taunting or deliberately trying to injure an opponent.
- St. Cletus will not “run up” scores and coaches should substitute players when ahead by significant margins.

Coaches are not allowed:

- To use inappropriate, abusive or vile language.
- To deny adequate playing time to students who are cooperative in effort and attendance.
- To place too much attention, or give preferential treatment to the most gifted athletes.
- To join another league or additional tournament without the Athletic Director’s approval.
- To select an assistant coach without the knowledge/approval of the Athletic Director or appropriate coaching coordinator.

Violation of these codes will result in disciplinary action which may include verbal notice, game suspension or immediate removal from the team. To summarize this section, coaches should use *COMMON SENSE* and understand that they are working with younger, impressionable athletes.

Grievances and Discipline

Situations sometimes arise that require a conference between the coach and the parent. It is important that both parties have a clear understanding of the other’s position. As a general rule, when an incident occurs, it is important to wait 24 hours before calling, emailing or setting up a meeting. Directly before or after a game/practice, can be an emotional time for both the parents and coach. Meetings during these times do not promote resolution. Allow time to reflect on the issues.

Appropriate Concerns to discuss with coaches:

- The Treatment of your child, both mentally and physically.
- Ways to help your child improve.
- Concerns about your child’s behavior.

Issues not appropriate to discuss with coaches:

- Game strategies.
- Play calling.
- Other athletes.
- Playing time.

If a parent/coaches meeting does not result in a satisfactory resolution, the Coaching Coordinator and or Athletic Director should be contacted. The following sequence in resolving player/parent/coach issues should be used.

- First:** Player with Coach
- Second:** Parents with Coach
- Third:** Parents with Coaching Coordinator
- Fourth:** Parents with Athletic Director
- Fifth:** Parents with Principal

Player Discipline: The following should be used as a guide when dealing with player discipline issues.

Disruptive or inappropriate behavior at practice/games will be handled as follows:

- 1st Offense – Warning from one of the coaches.
- 2nd Offense – Player is held out of practice while parent is contacted.
- 3rd Offense – One game suspension.
- 4th Offense – Dismissal from team.

Any coach or player ejected from a game for unsportsmanlike conduct, the following should occur:

- 1st ejection – One Game Suspension
- 2nd ejection – Two Game Suspension

Discipline issues are ultimately handled at the discretion of the Athletic Director in tandem with the Principal. Any type of physical contact involving parents, coaches and or referees shall result in an immediate suspension determined by the AD and Principal.

Protecting God's Children Program

Prior to the season, all coaches are required to complete the Archdiocese of Chicago's Protecting God's Children Program. This program has four components:

- Completing a DCFS Background Check
- Completing a volunteer code of conduct form
- Completing an on-line criminal background check (CBC)
- Registering on-line for and then attending a Virtus training class for "Protecting God's Children"

The Code of Conduct Acknowledgment form can be acquired by contacting Bobbie Kallal (bkallal@stcletusparish.com). At the website www.virtus.org, there are a listing of workshop dates and locations. After attending Virtus training, be sure to provide Bobbie with the completion certificate, and keep a copy for your records.

Injuries

Being well prepared for injuries is vital. The following section offers some general guidelines. It is also recommended that coaches receive basic CPR and first aid training.

Major injuries:

Head, neck and back injuries; fractures; and injuries that cause a player to lose consciousness are among a class of injuries that you cannot and should not try to treat yourself.

- Check the player's level of consciousness.
- Do not move the injured player if the injury is to the head, neck, or back; if a large joint (ankle, knee, elbows, shoulder) is dislocated; or if the pelvis; a rib; or an arm or leg is fractured.
- Direct a contact person to call the appropriate medical personnel.
- Direct a contact person to call the player's parents.
- Direct a contact person to bring the portable defibrillator (if necessary).
- Send someone to wait for the rescue team and direct them to the injured player.
- Calm the injured player and keep others away as much as possible.
- Administer first aid to the extent of your qualifications.
- Evaluate whether the player's breathing has stopped or is irregular, and if necessary, clear the airway with your fingers.
- Administer artificial respiration if the player's breathing has stopped.
- Administer CPR if the player's circulation has stopped.
- If an irregular pulse is detected, use the portable defibrillator.
- Remain with the player until medical personnel arrive.
- Assist emergency personnel in preparing the player for transportation to a medical facility.
- Give emergency personnel the insurance and emergency consent form listing any medications the player may be taking or allergies the player may have.
- Appoint someone to go with the player if the parents are not available. This person should be responsible, calm and familiar with the player.

Concussion:

Definition: A concussion is a brain injury caused by an impact to the head. Concussions range in severity from mild to severe, but they all share one common factor, they temporarily interfere with the way your brain works. Some people have obvious symptoms of a concussion (such as passing out or feeling lightheaded). Most people who have concussions never black out and many people, who have concussions, don't even realize it. Every concussion, no matter how mild, injures your brain and the injury needs time and rest to heal properly.

Symptoms: Headache, disorientation, dizziness, slurred speech, amnesia (loss of memory of events just preceding the blow), nausea or vomiting, double vision, "seeing stars", sensitivity to light, ringing in the ears, having coordination and balance problems.

A player may not continue in sports until given permission by a physician if the player loses consciousness or experiences a delayed loss of consciousness (the injured person is awake, then loses consciousness) vomiting, confusion that does not go away quickly, extreme drowsiness, weakness or irritability or inability to walk, severe headache, loss of memory, keeps repeating the same thing over and over.

Immediately call emergency services If the person fails to regain consciousness after 2 minutes or the injury is severe, do not move the person. Prevent movement of the neck which may cause spinal injuries. If the person needs to vomit, carefully roll the person onto their side without turning the head.

Asthma:

Asthma can be a life-threatening disease if not properly managed. Asthma occurs when the air passages of the lungs, the bronchial tubes, become inflamed. The muscles of the bronchial walls tighten, and cells in the lungs produce extra mucus.

Common symptoms include:

wheezing

coughing

shortness of breath

chest tightness

fatigue

decreased athletic performance

Managing an Asthma Attack:

If an asthma attack does occur, it's important to act quickly to stop the episode. Asthma attacks can occur very suddenly and dramatically and can also subside quickly when the trigger is either removed or medication is administered. Here are the steps to take to treat an asthma attack:

Stop all activity and try to stay calm.

Get away from or remove any obvious triggers (smoke, dust, cold temperatures).

If you have prescription medication, take it.

Try to slow or control any erratic breathing.

If the symptoms continue, get medical attention quickly.

Minor Injuries:

Scrapes and cuts: Persons administering aid who may come in contact with blood should put on a pair of disposable latex gloves. Stop the bleeding by applying direct pressure with a clean dressing to the wound and elevating it. The player may be able to apply this pressure while you put on your gloves. Do not remove the dressing if it becomes soaked with blood. Instead, place an additional dressing on top of the one already in place. If the bleeding continues, elevate the injured area above the heart and maintain pressure. Cleanse the wound thoroughly once the bleeding is controlled to help prevent infection. Protect the wound with sterile gauze or a bandage strip. If the player continues to participate, apply protective padding if warranted over the injured area. Remove and dispose of gloves carefully to prevent anyone from coming into contact with blood.

Strains and Sprains: (PRICE)

- P** Protect the player and the injured body part from further danger or trauma.
- R** Rest the injured area to avoid further damage and foster healing.
- I** Ice the area to reduce swelling and pain
- C** Compress the area by securing an ice bag in place with an elastic wrap.
- E** Elevate the injury above heart level to keep the blood from pooling in the area.

Bumps and Bruises: Many players continue playing with such sore spots, but if the bump or bruise is large and painful, again use the PRICE method for injury care and monitor the injury. If swelling, discoloration, and pain have lessened, the player may resume participation—use protective padding, if warranted; if the symptoms do not improve, the player should be examined by a physician.

Tooth loss: If your tooth is knocked out, get emergency dental care. It's sometimes possible to successfully reimplant permanent teeth that have been knocked out. But this is an option only if you follow the steps below immediately — before you see a dentist.

If your tooth is knocked out:

- Handle your tooth by the top only, not the roots.
- Don't rub it or scrape it to remove debris. This damages the root surface, making the tooth less likely to survive.
- Gently rinse your tooth in a bowl of tap water. Don't hold it under running water.
- Try to replace your tooth in the socket. If it doesn't go all the way into place, bite down gently on gauze or a moistened tea bag to help keep it in place. Hold the tooth in place until you see your dentist.
- If you can't replace your tooth in the socket, immediately place it in whole milk, your own saliva or a warm, mild saltwater solution — 1/4 teaspoon salt to 1 quart water.
- Get medical attention from a dentist or emergency room immediately.
- Tooth loss can often be prevented when participating in contact sports by wearing a mouth guard, fitted by your dentist.

Nosebleeds:

Sit upright and lean forward. By remaining upright, you reduce blood pressure in the veins of your nose. This discourages further bleeding. Sitting forward will help you avoid swallowing blood, which can irritate your stomach.

Pinch your nose. Use your thumb and index finger and breathe through your mouth. Continue to pinch for five to 10 minutes. This maneuver sends pressure to the bleeding point on the nasal septum and often stops the flow of blood. Seek medical care immediately if the bleeding lasts for more than 20 minutes.

Heat Cramps, Heat exhaustion and Heat Stroke At Outdoor Practices/Games

On hot humid days, the body has difficulty cooling itself. Because the air is already saturated with water vapor (humidity), sweat doesn't evaporate as easily. Therefore body sweat is a less effective cooling agent putting players at risk for heat cramps, heat exhaustion and the very serious condition of heat stroke. Close attention needs to be given to young athletes on hot, humid days as **children 12 and under have more difficulty regulating their body temperature than adults.**

Recommendations for Hot, Humid Weather:

Monitor weather conditions and adjust training sessions accordingly. Give players fluid breaks every 20 minutes.

Identify and monitor players who are prone to heat illnesses. This would include players who are overweight, out of shape, players who work excessively hard, or have suffered previous heat illness. Closely monitor these players and give them fluid breaks every 15-20 minutes.

Make sure players replace fluids lost through sweat. Encourage players to drink 17 to 20 ounces of fluid 2 to 3 hours before each practice or game, to drink 7 to 10 ounces every 20 minutes during and after each practice and games, and to drink 16 to 24 ounces of fluid for every pound lost.

Cause, Symptoms and Treatment of:

Heat Cramps:

Cause: Electrolyte loss, and fatigue are contributing factors of heat cramps

Symptoms: A severe tightening of a muscle.

Treatment: The immediate treatment is to have the player cool off and slowly stretch the contracted muscle. The player may return to play later that same day or the next provided the cramp doesn't cause a muscle strain.

Heat Exhaustion:

Cause: Heat exhaustion is a shock like condition caused by dehydration and electrolyte depletion.

Symptoms include headache, nausea, dizziness, chills, fatigue, and extreme thirst. Profuse sweating is a key sign of heat exhaustion. Other signs include pale, cool, and clammy skin; rapid, weak pulse; loss of coordination; and dilated pupils.

Treatment: The player should rest in a cool, shaded area; drink cool fluids, particularly those containing electrolytes; and apply ice to the neck, back, or abdomen to help cool the body. If you believe a player has heat exhaustion, seek medical attention. Under no conditions should the player return to activity that day or before he regains all the weight lost through sweat.

Heat Stroke:

Cause: Heat stroke is a life-threatening condition in which the body stops sweating and body temperature rises dangerously high. It occurs when dehydration causes a malfunction in the body's temperature control center in the brain.

Symptoms include the feeling of being extremely hot, nausea, confusion, irritability, and fatigue. Signs include hot, dry, and flushed or red skin (this is a key sign); lack of sweat, rapid pulse, rapid breathing, constricted pupils; vomiting; diarrhea; and possibly seizures, unconsciousness, or respiratory or cardiac arrest.

Treatment: If you suspect that a player is suffering from heatstroke, send for emergency medical assistance immediately and cool the player as quickly as possible. Remove excess clothing and equipment from the player, and cool the player's body with cool wet towels by pouring cool water over the player. Apply ice packs to the armpits, neck, back, abdomen, and between the legs. If the player is conscious, give him cool fluids to drink. If the player is unconscious, place the player on his side to allow fluids and vomit to drain from the mouth. A player who has suffered heatstroke may not return to the team until he has a written release from a physician.

Lightning Safety Guidelines

Lightning is a dangerous phenomenon that can put coaches and players in risk of serious injury. To monitor lightning, the Flash-to-Bang method will be used to determine if it is safe to remain outdoors.

Flash-to-Bang Method: Count the number of seconds from the time the lightning is sighted to when the clap of thunder is heard. Divide this number by 5 to obtain the how far away, in miles, the lightning is occurring. If it reveals that lightning to be within 6 miles (a 30 second count between the flash of lightning and the bang of thunder) activity is to be suspended and everyone should seek shelter immediately.

If no safe structure or location is within a reasonable distance, find a thick grove of small trees surrounded by taller trees, a dry ditch without water, or seek a flat area. When there, crouch down wrapping your arms around your knees and lower your head to minimize contact with the ground and wait for the storm to pass. Remember open sided shelters or tents may not protect you from a lightning strike so these are not adequate structures.

Resumption of Practice will be allowed 30 minutes after the last lightning strike within a 6 mile range using the flash-to-bang method.

Other Lightning safety tips:

- There should be no contact with metal objects (bleachers, fences)
- Avoid single or tall trees, tall objects and standing in a group
- If there is no other shelter, you may seek refuge in a hardtop vehicle
- Do not lie flat on the ground
- Avoid standing water in open fields

--If you feel your skin tingling, immediately crouch and grab your legs and tuck your head as described above to minimize your body's surface area.

--Persons who have been struck by lightning do not carry an electrical charge. Call emergency services and provide emergency care to any victim. (CPR is what is most often required). If possible, move the victim to a safe location.

| --For additional information refer to the National Lightning Safety Institute at:

www.lightningsafety.com