

# **Stingers Soccer Club Risk Management Guide 2010**

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# I. Health & Safety

## E Coli

In Evergreen our fields are frequently covered with Elk scat. We highly recommend that coaches and parents keep food and drinks off the ground to avoid contamination from e coli. We also recommend that parents and coaches keep hand sanitizer for use anytime players will be transitioning from the field to eating snacks.

## Goal Safety

Unfortunately, there are many instances of injury related to soccer goals tipping. According to the U.S. Consumer Product Safety Commission, most soccer goal related deaths/injuries involved either unsecured or homemade goals. Injuries frequently occurred during horseplay such as climbing on the goal or attempting to do chin-ups.

All goals should be properly secured to the ground to avoid injuries. There are several ways to anchor soccer goals. Anchor types include:

- Auger-style anchors that are screwed into the ground.
- Semi-permanent anchors, which require a permanently secured base buried underground with the use of tethers or bolts to secure the goal.
- Peg, stake or j-hook style anchors that are driven into the ground.
- Sandbags or counterweights for indoor facilities.

## Conclusions/Safety Tips

SSC asks coaches, officials, parents and players follow these safety guidelines:

- Keep food and drinks off the ground
- Use hand sanitizer before players eat snacks
- Securely anchor or counter-weight portable goals at all times
- **Do not allow players to climb on the net or goal framework**
- **Always** use extreme caution when moving goals and allow adequate manpower to move goals of varied sizes and weights
- Check all connecting hardware before every use and replace damaged or missing anchors immediately
- Movable soccer goals should only be moved by authorized adults
- Movable soccer goals should only be used on level (flat) fields

## **II. Child Exploitation**

This pamphlet is based upon Workshop Presentations presented by Fran Sepler of Sepler & Associates. Contact Info: 651.642.9449, Sepassoc@aol.com

*In most instances of child exploitation, parents suspect a problem but hesitate to act. No rule, law or policy can replace a proactive parent.*

- Parents must speak up when they have concerns. Too often, parents second-guess themselves or fear that speaking up will have a negative impact on their child's participation.
- Bring the problem to someone who can act – the coach, club administrator or local officials. "Sideline suspicions" and gossip are destructive and do not address the issue.
- Formal risk management, such as criminal record checks, offers a SECOND line of protection. This does not replace an observant parent.

### **What Everyone Should Know about Risk to Children in Youth Sports**

- Criminal record checks are important, but they are not enough to keep kids safe. Most sexual predators have no criminal history.
- Offenders see opportunity where sports success is considered all-important. Sexual offenders take advantage of the needs and desires of parents and children. They know that by offering success, they will have access to children.

### **The Different Types of Risk:**

*To protect children, understanding the variety of risks they face is important. Monitoring and addressing these risks may require different approaches.*

### **The Molester/Abductor/Sexual Psychopath:**

*Perhaps every parent's worst nightmare is the kidnapping or violent assault of a child. Because this type of victimization occurs in an environment of trickery and surprise, diligence and prevention is essential.*

### **Who is their target?**

- Vulnerable, exposed, unsupervised, or easily manipulated children, often very young
- Unsupervised children (male and female)
- Children upon whom they have become fixated or obsessed, generally from a distance

### **What is the risk?**

- Manipulating children to touch an adult
- Surreptitious sexual contact
- Assault
- Abduction
- Homicide

### **Prevention:**

- Never leave young children unsupervised, even in a “safe” place.
- Teach children to check with a parent before going anywhere with another adult.
- Give children permission to run away from adults who make them uncomfortable.
- Develop a family “code word” that can be used by an adult who may be asked to transport or care for a child. The child should know that if someone does not know the “code word”, that they are not safe.
- Avoid garments imprinted with children’s names.
- Children should never be allowed to go unescorted to public restrooms.
- Never leave a child alone awaiting transportation after a practice or game.
- Approach adults who appear to be observing children at play or practice and strike up a conversation. Engaged, caring adults are a deterrent to someone seeking vulnerable children.

### **Pedophile/Fixated/Seductive Sexual Offender**

#### **Who is the target?**

Pedophiles may “lock in” to an attraction to certain characteristics such as appearance or age. In addition, their targets are:

- Typically, but not exclusively male
- Predominantly preadolescent or adolescent
- Vulnerable or needy, i.e. have experienced recent loss
- From families with poor support systems

#### **What is the risk?**

- Creates/seeks opportunities for access to children
- Has tremendous aptitude for identifying children’s needs and vulnerabilities
- Highly manipulative and seductive
- May initially attain gratification by proximity
- Will take the time to gain child’s and parent’s trust before acting
- Creates “special” relationships
- Convinces child to distrust other adults

#### **Red Flags:**

- Coach/adult shows particular, notable, and intense interest in one or several children
- Coach/adult gravitates towards children with troubled home lives or poor social acceptance by peers
- Coach/adult gives extravagant gifts or shows extreme favoritism
- Coach/adult characterizes certain children as “outsiders”, who are chided or ostracized
- Coach/adult attempts to be isolated with one child
- Coach/adult tells players “secrets” not to be shared with parents or adults
- Coach/adult makes repeated comments about the appeal or attractiveness of a child
- Child is withdrawing from normal support network
- Child’s attitude toward activity changes, i.e., avoids or gets symptoms

### **Prevention**

- Check references thoroughly
- Follow up on concerns and suspicions in a responsible way
- Be wary of rigid age group preferences
- In the case of non parent coaches, at least one parent should be involved in team organization/administration (e.g. team coordinator, team parent or assistant coach)
- Question expansion of the coaching relationship into other areas.
- Disallow coaching expectations that require extensive one on one time away from other players or adults
- Let players know that they will be supported for seeking help with anything that makes them uncomfortable
- Assure that there are multiple avenues of support
- Conduct exit interviews for any players that withdraw without explanation
- Get involved

### **Regressed Sex Offender: The Known, Trusted Adult:**

#### **Who is the target?**

- Children of a variety of ages and young adults
- Generally, but not exclusively heterosexual conduct
- Young people with whom they have a relationship outside of sports, such as a familial relationship or close family ties

#### **Identifying Issues:**

The regressed offender builds pseudo-adult relationships with children by taking advantage of their trust or affection. Since they tend to appear “normal”, this type of abuse/exploitation can be hidden. Characteristics of regressive predation include:

- Sporadic conduct

- Impulsive, immature, egocentric abuser
- Possible drug or alcohol use
- Adult/Coach generally has a sexual partner available
- Mixes nurturance and sexuality
- Commonly driven by shame and compulsion

Unlike other forms of predation, most cases will emerge solely as a result of the child's symptoms. Symptoms will include:

- Depression, avoidance, nightmares, fears, acting out, simulating the conduct, precocious behavior, self-harm or withdrawal
- Children fear "telling" will mean loss of loved one, loss of affection or punishment. Often think no one will believe them.

### **Sexual Exploitation and Harassment:**

#### **Who is at risk?**

- Older adolescents and young adults

#### **What is the risk?**

- Sexual behavior, sexual advances or romantic involvement become part of the terms and conditions of participation
- Coach/adult suggests that play time, team membership, recommendations, or other benefits will be affected based upon an intimate sexual relationship
- A "consensual" relationship begins between coach and player. Adult/youth sexual relationships cannot be consensual within youth sports.

#### **Indicators:**

- Coach/adult discloses intimate or personal feelings or emotions to the player
- Coach/adult seeks personal intimacy with the player
- Coach/adult "courts" the player
- Coach/adult responds in kind to seductive behavior
- Coach/adult makes physical contact excessively/disproportionately with 1 player
- Coach/adult openly states appropriateness of "dating" players

#### **Protecting Kids:**

- Strictly prohibit any sexual or romantic relationship between adults and youth
- Do not tolerate flirtation, banter, teasing or other conduct between coach/adult and players. This conduct blurs the boundaries between adult and youth, and creates confusion and risk for improprieties

### **If You Suspect a Child is Being Harmed:**

- Talk to the child or have another respected adult talk to the child. It may be helpful to normalize your question by saying, “sometimes, kids feel uncomfortable...” and then asking them if this is the case with them.
- Talk to the parents if you have concerns about another child. Be specific in describing things you have observed and express concern for the child’s well being.
- If you are reasonably convinced that there is a problem, report your concerns to your club administrator.
- If you feel your concerns are not addressed, it is appropriate to contact your State Youth Sports Organization.
- If you are concerned that a child is being sexually abused, you may be able to bring an anonymous complaint to your local Child Protective organization.
- You may be mandated to report suspected child abuse and neglect. Check your local and state laws.

### **As a rule:**

- Monitor situations closely
- Document concerns carefully
- Ask questions of others to see if they have similar concerns
- If you observe behavior that raises flags, it may be appropriate to let the individual know that you have concerns. Be sure to address it from the perspective of concern for THEM.
- Be present. Observe practices. Insist on accompanying the team to tournaments. Urge others to do the same.
- Involvement of healthy, caring adults is the best form of risk management.

### **Do Not:**

- Jump to conclusions
- Gossip or speculate
- Use intuition as more than an incentive to investigate further.
- Be conclusive or careless in expressing concerns to others.
- Summarily pull a child or a coach from an unclear situation!
- Confuse sexual orientation with sexual aggression
- Attempt to act on impressions gained by stereotypes

### **III. Injury Prevention**

#### **Ease into soccer play, prevent sports injuries**

Preparation for spring and summer activity is heating up. Baseball to soccer, organized sports to recreational activities, young, euphoric Minnesotans are cleaning the cleats and oiling gloves as they ready for a sunny season of sporting fun.

Unfortunately for some, it won't be easy to overlook a byproduct of this seasonal euphoria affecting millions of children and youth annually: sports injury. For the one in 10 athlete aged 5-17 who will be injured this year, it'll likely be a season to forget.

Injuries among young athletes are on the rise, according to the National Youth Sports Foundation; it attributes 40 percent of all childhood injuries to sports or recreation. Growing sports participation is cited as a factor.

Many injuries are preventable, says Jim Rakow, ATC/R, a certified athletic trainer and sports conditioning specialist at the Minneapolis Sports Medicine Center, a sports medicine provider. Rakow, who has worked with athletes across the Twin Cities metro area says: "Adult supervision, pre-season conditioning, an understanding of growth plate risk factors and fitted equipment can reduce injury."

#### **Slow down, ease in to play**

The good news is that most soccer injuries can be prevented. Research shows that proper pre-season and in-season sport-specific training can help to improve performance and reduce, even eliminate, the number of soccer-related injuries by as much as 25 percent. Proper conditioning can also help to diminish the impact of an injury and help return athletes to the game more quickly.

Parents and coaches play a role in preventing soccer injury. "Everyone is eager to get outside and be active, often leading to injuries that are a result of too much, too soon," Rakow says. Many youth don't understand the concept of training for sports, or transitioning from winter to spring and summer activities. In addition to pre-season conditioning, adults can help children take a deep breath and move into seasonal activity progressively.

Symptoms of "too much, too soon" often surface early in the season, and include ankle, shin and knee pain. Proper warm up and cool down, stretching, rest, ice and practices 60 minutes in length are remedies for these early complaints, says Rakow. "Pain lasting more than two weeks warrants a visit to a doctor."

#### **Pre-season Soccer Conditioning**

A progressive, pre-season conditioning program should include a soccer-specific full-body warm-up, leg and core strengthening, agility and balance drills, plyometric jump training and stretching. Pre-season, coaches are encouraged to spend more practice time laying the foundation for in-season play by building leg and core strength and agility skills, helping young bodies to acclimate to soccer-specific motion after a lengthy off-season.

### **Leg strengthening**

Research shows that strength training can reduce soccer-related injuries by as much as 50 percent. Not only that, strength-training can help improve coordination and confidence, contributing to improved performance on the field. Partner “wall sits,” lunges to the front and side, bridges and heel raises are examples of soccer-specific strengthening exercises.  
Partner Wall Sit

This exercise helps to strength the front and back of the thighs and the buttock muscles, all necessary for stability and power. This is a great exercise to start pre-season.

### **Single Leg Balance**

Standing on a level surface, raise one leg off of the ground and hold for 30 seconds. Repeat with the other leg. Coaches can introduce players to this exercise pre-season and add a simulated header or kicking motion later in pre-season.

## **Soccer Injury Prevention Workshop**

Taken from [http://www.hss.edu/conditions\\_14329.asp](http://www.hss.edu/conditions_14329.asp)

Women's Sports Medicine Center,  
Hospital for Special Surgery

### **Stay off the Sideline and On the Field**

No one wants to get sidelined with an injury. Ankle sprains and injuries to the knee, particularly the ACL (anterior cruciate ligament) are common in soccer. Is there anything you can do to prevent yourself from missing valuable playing time? YES!!!

Learn how to move with good alignment so you protect your knees. Develop body awareness and balance to support your knees and ankles. Always jump, land, stop and move with your knees directly over your feet. Do NOT let your knees collapse inward. Develop strength in your hips and hamstrings. Warm up and stretch before games and practice. Perform the following drills until the movement patterns are second nature and you don't have to think about it. Say to yourself: KNEES OVER TOES. LAND SOFT.

Practice these drills on your own and with your team. Don't wait until the season starts. Get in shape to play, don't play to get in shape!

#### **1. SQUAT**

- Stand with your feet about hip width apart.
- Bend from your hips and knees.
- Sit back. Stick your buttocks out with your chest high. Keep your knees behind your toes. Don't go any lower than if you were sitting in a chair.
- Remember, keep your knees and feet facing straight ahead as you squat.
- Try squatting on just on leg. Careful! Don't let your knee turn inward.

## 2. BALANCE & HIP STRENGTHENING

- Stand on one leg with your knee slightly bent and your hip, knee and foot in a straight line. How long can you stand on each foot?
- Now turn your right leg out and lift it to the side 10-15 times. Keep your body straight. Try to keep your balance. Perform 3 sets of 10-15 repetitions. Need more of a challenge? Do the exercises with your eyes closed or use an elastic band.

## 3. WALKING LUNGES

- Perform walking lunges halfway across the field and then back.
- As you step, keep your front knee over your ankle in line with your toes.

## 4. CHANGING DIRECTION

- Run to a line or cone, plant your outside foot **without letting your knee collapse inward** to change direction. Move in patterns that take you front to back, side to side and diagonally. Start by running slowly so you can concentrate on good position: HIPS over KNEES over TOES! Then pick up the pace and maintain good technique.

## 5. JUMPING and LANDING DRILLS

- Jump straight upward several times. Spring up, then land with your feet and knees pointing straight ahead. NO KNOCK KNEES! Let your knees bend softly each time you land. Practice these jumps facing a teammate and ask her to watch your form. KNEES BENT! CHEST HIGH! BUTT BACK! LAND SOFT!
- Have your teammate throw a ball up. Head it and land correctly.
- Jump over a line on the field or a soccer ball and stick your landing. Don't let your knee(s) turn in!
  - Jump side-to-side with both feet over a ball or line.
  - Jump from your left to right foot over a ball or line.
  - Jump forward-and-back with both feet over a ball or line.
  - Jump forward-and-back over a ball or line leading with your right foot. Keep feet hip width apart. Now lead with your left.

## **U.S. Soccer's General Injury Protocol**

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The general guidelines listed below should not be used as a substitute for seeking trained medical personnel. In all situations, trained personnel should be the first contact. What follows are just general guidelines and are not intended to be used as an alternative to trained medical personnel.

Coaching sports can be rewarding and stressful as it is without having to worry about injuries to your players. However, there may be situations when appropriate medical personnel are not available and the care of the athlete is in your hands. Here are some general guidelines regarding injuries that often occur on the soccer field.

- 1.** Coaches should at the very minimum be certified in CPR and First Aid. Knowing these basics will allow you to think clearly should an emergency arise.
- 2.** Remember R.I.C.E.: Rest, Ice, Compression, Elevation. Most common injuries encountered in soccer will follow this general principle. **DO NOT** use heat while swelling is present to the extremity. Apply ice to the injured area for 15-20 minutes. Adding heat will increase the swelling, while ice will help decrease it.
- 3.** Let common sense prevail. If there is a deformity, **DO NOT** move the athlete. Call 911 and let trained personnel handle the situation.
- 4.** Communicate with parents and inform them of the situation if they are not on-site at the time of the injury.
- 5.** Be conservative. If you have doubts as to an athletes' ability to play, do not let them play.

### ***Ankle Injuries***

- 1.** Most ankle injuries involve ligaments and tendons (i.e. sprains). In instances like this, follow the R.I.C.E. principle. These injuries often turn into recurring injuries if the athlete returns to activity too soon. If the athlete experiences pain during activity, he/she should be removed from competition. If the pain level increases in the following days, the athlete should see a physician.
- 2.** If a deformity is present, do not attempt to put the limb in place or move the limb. Immediately call 911 or EMS personnel.

### ***Deep Thigh Bruise***

Usually caused by direct contact to the thigh, a deep thigh bruise is very painful and can lead to potential problems.

- 1.** Ice immediately with the knee in a bent position. This will help maintain flexibility to the thigh muscle.

2. Instruct the athlete to keep stretching the thigh. This will prevent swelling/blood from "settling" in the muscle and limit movement.

### ***Knee Injuries***

The knee is the most vulnerable joint in the body and should be dealt with caution. Injuries can occur to the ligaments, tendons, kneecap, cartilage (meniscus) and bones (growth plates). Here are some indications of significant injury to the knee:

- Hearing or feeling a "pop" or a "snap" in the knee.
- Feeling that the knee "gave out"
- Sharp pain
- Obvious deformity
- Limited movement
- Swelling

1. Apply ice immediately and immobilize the knee. When immobilizing the knee, be sure to splint the ankle. As a general rule to follow, the joint above and below the injured joint should be splinted.

2. In all instances involving a knee injury, the athlete must follow-up with a physician.

### ***Head Injuries***

There are currently many different theories regarding head injuries and concussions and how to treat them. The following guidelines are essential to insuring safe return to play for your athlete:

1. When in doubt, keep the athlete out. Any player who appears to have suffered a concussion should be removed from participation and evaluated by a physician as soon as is practical. Players exhibiting prolonged loss of consciousness or marked amnesia should be evaluated immediately in an emergency room. Players should not be allowed to return to play if they exhibit the symptoms (headache, nausea, blurred vision, dizziness, ringing in the ears, unsteadiness, confusion) of concussions.

2. If an athlete loses consciousness, call 911 and activate EMS. Before this athlete can return to competition or practice, he must be cleared by a physician.

3. Athletes, in the eagerness to play, may fudge the truth when telling the coach how they feel. As part of the overall evaluation, have the athlete perform sport-specific movements on the sideline and watch for unsteadiness, lethargy, uncoordinated movements. They may lie, but their bodies won't.

### ***Neck Injuries***

Any athlete that sustained a hit and complains of neck pain, or numbness and tingling to extremities, **MUST NOT BE MOVED**. Immediately call 911. If the athlete is not breathing, your priority is to get the athlete breathing, which means you – or another trained person on-site must begin CPR. However, neck injuries pose a unique problem

when CPR is initiated. We encourage all coaches and staff to contact their local EMS provider and learn how and when to use ‘log rolling’ when in this situation.

Soccer, like most sports, contains the risk of injury, but the use of shin guards and on-field awareness can lessen that risk. In the case of an injury, stay calm and seek medical help. The general guidelines listed above should not be used as a substitute for seeking trained personnel. Remember that a player’s health is the first priority in situations where an injury appears to have occurred, and trained medical personnel are best able to deal with such situations.

*As a coach, the most important thing one can do to protect his/her players is to undergo CPR and First Aid training. In all situations where an injury occurs on the field, coaches should seek the help of trained medical personnel whenever possible. Having a cellular phone accessible on the sidelines is advised, as it is often the fastest and easiest way to call 911.*

*Information compiled by U.S. Soccer’s Hughie O’Malley and Athletico trainers Lynn Grosman and Rich Monis. For more information please contact O’Malley at [homalley@ussoccer.org](mailto:homalley@ussoccer.org) or 312 528 1225.*