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Considerations for Youth Sports in Alabama

This is a review by the CoachSafely Foundation of the recommendations by the Centers for Disease Control and Prevention (CDC) for assimilation into **Coaches' Best Practices Regarding COVID-19** and to be distributed under the **Coach Safely Act, Alabama Act 2018-0496**, to youth sports coaches of U14 athletes as a supplemental resource for the CoachSafely™ Communicable and Infectious Disease education module.

Points of this review:

CDC Recommendations' Purpose: Prevention of COVID-19 spread through sports activity by 40 mm sports-active children in the 50 states.

Background on Federal Involvement in Amateur Sports

The federal reach into amateur sports has been reserved and acknowledged as a State's right except for the **1978 Amateur Sports Act** and its revision in 1998 forming and funding the nation's Olympic efforts through sport-specific national governing bodies (NGB). In **2018 the Safe Sport Authorization Act** formed the United States Center for SafeSport as an independent watchdog entity to investigate reports of abuse and to protect athletes from abuse in the United States Olympic Movement.

The CDC had as early as 2010 deemed youth sports injuries an epidemic. All 50 states have adopted Concussion Laws, supported by CDC-funded prevention campaigns regarding concussions and heat illness. Fifty percent of these injuries were estimated by the CDC to be preventable.

CDC Recommendations' Intent: To be supplementary in 50 states to currently stated community accepted "best practices" for implementation of COVID-19 prevention guidelines for youth sports organizations.

Background on Youth Sports Organization(s) in Coaches' Best Practices. There are two forms of governance:

In the 50 states, local governments own the vast majority of dedicated youth sports fields and facilities. These are supervised through park and recreation boards and authorities. They have authority over athletic programs that are sponsored locally, and the responsibility for the supervision of children participating is provided by mostly volunteer coaches. Coaches' Best Practices are not a universal standard. Under the **2018 Coach Safely Act, Alabama Act 2018-0496**, safety training for volunteer youth coaches is mandated for government and sub-government youth sports organizations.

Regional, statewide and national travel sports associations are independently sponsored and use multiple government-owned fields and facilities. Some are Olympic NGBs. Each independent sport's governing body has a supervisory responsibility for oversight of coaches' behavior. The vast majority practice and compete on government property.

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This review gives an assessment of each of the six sections of the CDC recommendations to separate the policy requirements of governance from the best practices as guidelines for a coach's implementation of the recommendations. The role of the health and coaching expertise of the CoachSafely Foundation is to implement the CDC recommendations in a practical and behavior-friendly manner consistent with the CoachSafely Foundation's state-mandated education program, which delivers a training module on Communicable and Infectious Diseases.

Here is the CoachSafely Foundation's assessment of the implementation requirements of each section of the CDC's "Considerations for Youth Sports":

1. Guiding Principles Section

This section delineates risk factors associated with volume of practices and competitions. These determinations may be best established as community recreational athletics policy by the governance of the youth sports organizations operating in the community.

2. Assessing Risk Section

This section specifies the risk associated with practice organization and the use of shared equipment, which is clearly within the domain of the coach's behavior, which will be addressed in the **Coaches' Best Practices Regarding COVID-19**.

3. Promoting Behaviors that Reduce Spread Section

This section deals with strategies that produce communication on universal hygiene for prevention of the spread of COVID-19. Implementation is jointly dependent on community organizational policy and compliance by the coach addressed in the **Coaches' Best Practices Regarding COVID-19**.

4. Maintaining Healthy Environments Section

This section deals with strategies that secure the physical environment of prevention and care. Implementation is jointly dependent on community organizational policy and compliance by the coach addressed in the **Coaches' Best Practices Regarding COVID-19**.

5. Maintaining Healthy Operations Section

This section deals with activities of the coach and athlete that insure preventing the spread of COVID-19. Implementation is jointly dependent on community organizational policy regarding behaviors of others and compliance by the coach in supervising the athlete as addressed in the **Coaches' Best Practices Regarding COVID-19**.

6. Preparing for When Someone Gets Sick Section

This section deals with protocols for screening, recognition and response to signs and symptoms of COVID-19 infections. Implementation is jointly dependent on community organizational policy and compliance by the coach addressed in the **Coaches' Best Practices Regarding COVID-19**.

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Alabama Department of Public Health's Guidelines

- Players, coaches, officials and spectators over the age of 5 shall wear a mask or other facial covering that covers his or her nostrils and mouth at all times except when a player or official is directly participating in the athletic activity.
- Keep 6 feet of social distancing between people of different households off the field of play and, when practicable, on the field of play.
- Players, coaches, officials and spectators should refrain from high-fives, handshakes and other physical contact except to the extent necessary—and only to the extent necessary—for players, coaches and officials to directly participate in the athletic activity.
- Players, coaches and officials should not share water coolers, drinking stations, water bottles, cups or other drinking devices.

Other Adaptations:

- Use at a game site when practicable a clearly designated entrance and a separate clearly designated exit to help maintain social distancing.
- Regularly and frequently clean and sanitize as often as practicable shared resources/equipment and high-touch surfaces such as balls, bats and other athletic equipment, chairs and restrooms.
- Make hand sanitizer, disinfecting wipes, soap and water or similar cleaning or washing materials readily available at game sites.
- Encourage parent/guardian supervision for all children, in part to ensure that children comply with guidelines.

Summary:

- Coaches will be recognized and communicated with as the gatekeepers of prevention of COVID-19 spread in the context of sports activity while practicing and competing in organized youth sports.
- Coaches will have specific do's and don'ts in organizing and executing a practice routine and a game-day routine. Collectively they are the **Coaches' Best Practices Regarding COVID-19**.
- Coaches also will be required to have a working knowledge of the policy by their governing authority.
- Coaches also will be required to be certified in the CoachSafely™ course training.

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Coaches' Best Practices Regarding COVID-19

Communicable & Infectious Disease Prevention

1. Obtain certification in communicable disease prevention training.
2. Be equipped to take the temperature of your athletes. (A temperature of 100.4 degrees or higher is cause for concern, and the athlete should be sent home.)
3. Be aware of pre-existing factors that raise the risk of detrimental effects to the body. This includes asthma and diabetes or other such health problems.
4. Ask before and after every practice if any athletes feel feverish or faint, and monitor your team for coughing, excessive sneezing and trouble breathing. Remove from play immediately.
5. Report any of the above observations to parents and your immediate official of your sports organization.
6. Any coach, athlete, official or team member that becomes sick prior to arrival at practice or competition should stay home until symptoms have passed or the individual is tested.
7. Emphasize wearing a cloth mask whenever possible. This includes when arriving, during and after practice or competition. Direct team members to leave immediately after practice.
8. Focus practice time on individual skill development in smaller groups when organizing practice schedules to reduce large team gatherings.
9. Assign "at home" or privately supervised skill development routines (hitting, throwing, shooting, kicking, dribbling, agility, etc.) to limit the number of practice days and the length of a team practice.
10. When conditioning, ensure a 6-foot distance separating team members.
11. Require athletes to keep 6-foot distancing from teammates while recovering or while not actively engaged in drills.
12. Do not allow spitting.
13. Coaches should be aware of maintaining 6 feet or more of distance while using a whistle.
14. Hydrate athletes from daily sanitized receptacles. Encourage athletes to bring their own hydration containers and do not allow sharing.
15. Physical contact (football, basketball, lacrosse, etc.) in preparation for competition should be limited whenever possible, and athletes should be allowed to visit sanitation stations after each physical contact period or session. During competition, athletes should rewash hands whenever possible unless wearing gloves. (Examples: between innings, series or possessions or during timeouts.)
16. Scheduling of competition should be limited to access that does not require team travel.
17. Limit out-of-town exposure by scheduling competition in your home community or immediate neighborhoods.
18. With the youngest athletes, schedule team parents to monitor social distancing and scheduled visits to the sanitation station. Hand sanitizer should contain 60% alcohol.
19. Schedule a "wash-down" of all shared equipment when there is intermittent recovery time.
20. Limit team exposure to non-family visitors, spectators, volunteers and others.

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