

# Coaching Youth to Success: Healthy Players Make a Winning Team!

A Coach's Handbook About  
Common Health  
and Safety Issues in Youth



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

## **Preface**

This Coach's Handbook is intended to be an educational resource to help anyone who coaches youth in Idaho. Your role as a coach is crucial because you can help guide youth to lead healthy lives and engage in positive behaviors. The handbook discusses specific topics that affect youth in sports, such as tobacco prevention, asthma, and nutrition. You'll find basic, important information and tips to help you coach kids to participate in safe and fun sports. It is not a comprehensive discussion of any health topic. We believe that the resources and references provided at the end can give you additional helpful sources of information. It is also not to be considered a curriculum, but it can supplement what you may already be using.

We sincerely appreciate the role you play in coaching and mentoring youth in Idaho. Your influence can help them develop healthy habits for life. We wish you much success in your endeavors.

**The Bureau of Community and Environmental Health  
Idaho Department of Health and Welfare**



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# Tobacco Prevention



Project Filter does not endorse the use of any commercial tobacco product.

## Coaches Can Make a Difference in Tobacco Prevention!

A coach is an extremely important and influential role model in guiding and shaping the behaviors of young athletes. Whether your athletes are thinking about trying tobacco or are already using it, your presence in their lives is vital. You're in a unique position to counter the effects of tobacco advertising and other negative social influences on your athletes.

Here in Idaho, 15% of high school students are current smokers and 14% of students smoked a whole cigarette before age 13.<sup>1</sup> Idaho data also shows that 19% of male students and 4% of female students used chewing tobacco, snuff or dip one or more of the previous 30 days.<sup>1</sup> **Across the U.S., nearly every adult who smokes — about 90% — took his or her first drag at or before the age of 18.**<sup>2</sup>

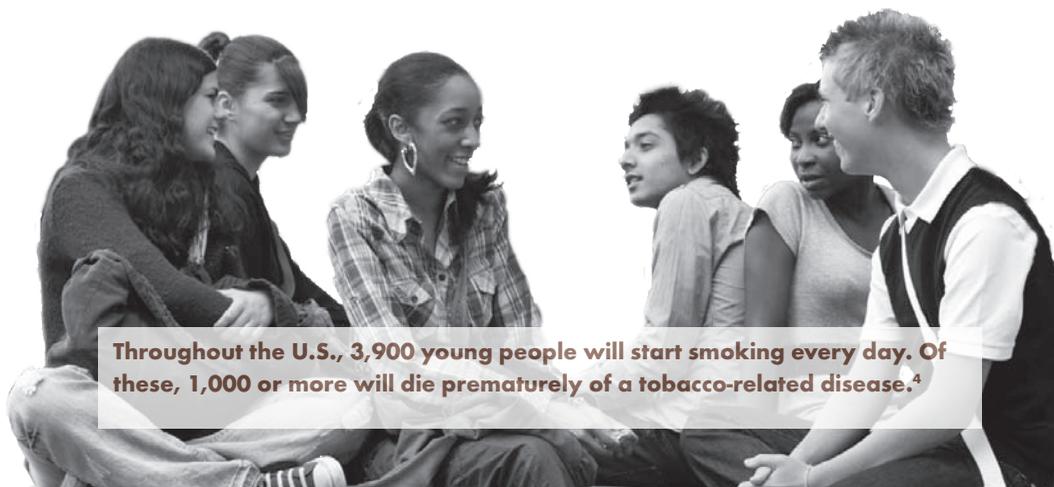
Studies have shown that coaches have more influence than parents and teachers—second only to friends. But like them, you teach through example. As their role model, please don't use tobacco around athletes. Anything you do or say to get them to stop smoking will lose credibility if you're seen smoking or using smokeless tobacco. Enforce a tobacco-free policy for athletes, other coaches, and referees. Voice your support for tobacco-free schools, sports and other community events.

Tobacco use is the single most preventable cause of death in the U.S. It leads to heart and lung diseases, cancers and strokes.<sup>3</sup> Teach your young athletes that being healthy makes each of them winners!

**Young people who do not start using tobacco by age 18 will most likely never start.**<sup>3</sup>

**By experimenting with tobacco, young people place themselves at risk for nicotine addiction. People who start smoking early have more difficulty quitting, are more likely to become heavy smokers, and are more likely to develop a smoking-related disease.**<sup>5</sup>

**Throughout the U.S., 3,900 young people will start smoking every day. Of these, 1,000 or more will die prematurely of a tobacco-related disease.**<sup>4</sup>



# Teaching Points

- **Most young people and adults don't smoke - so using the excuse that "everyone does it" is not a very good one.**
- **The short-term hazards and drawbacks to smoking and using tobacco are as unhealthy as they are unattractive.**
- **Smoking impairs physical performance in sports.**
- **There is no safe cigarette. Dip, chew and snuff have health hazards, too.**

## Tobacco Products and Healthy Teams Don't Mix!

Most young people don't think about the long-term hazards of tobacco. They're more aware of the short-term effects of tobacco use because they can see these immediately.

### Team Talk

Ask your athletes what happens to a person when they use tobacco for a short time.

Remind them to think about chewing tobacco, too. Have them write their thoughts on the whiteboard or on sticky notes and stick them to the walls.



Some of the ideas might include:

- Bad breath
- Difficulty breathing and getting out of breath while playing sports
- Smelly clothes and hair
- Spit stains on clothes and shoes
- Yellow teeth and fingers
- Coughing and hacking up phlegm
- Burns in clothes
- Less money to spend on other things
- Messy ashes and cigarette butts
- Being insulted by nonsmoking friends and classmates

If any of the athletes mentions a long-term hazard like cancer, remind the group that people can get cancer even after smoking or chewing for a relatively short time, too.

**Compared with nonsmokers, teens who smoke are less physically fit and have poor lung growth and lung function. In general, teen smokers are more likely to get respiratory diseases than nonsmokers. And because they tend to be less physically fit, teen smokers suffer in terms of physical performance and endurance.<sup>3</sup>**

# Nicotine Isn't the Only Thing People Inhale When They Smoke

## There are 4,000 Chemicals in Cigarette Smoke<sup>6</sup>

**43 of these chemicals cause lung and other cancers.**

Many of them are poisons that can kill humans.

### And once you light up, other chemicals get into your body when you inhale ...

**Ammonia** - Also toxic. It's used to boost the impact of nicotine.

**Formaldehyde** - A flammable gas. It's produced once the cigarette is lit.

**Carbon Monoxide** - This toxin poisons a person by entering the lungs and replacing the oxygen the body needs.

**Hydrogen cyanide** - A poisonous gas.

**Tar** - The word 'tar' describes the particles that are produced by burning tobacco. Tar is found in cigarette smoke. Each particle is composed of nitrogen, oxygen, hydrogen, carbon dioxide, carbon monoxide, and other chemicals.

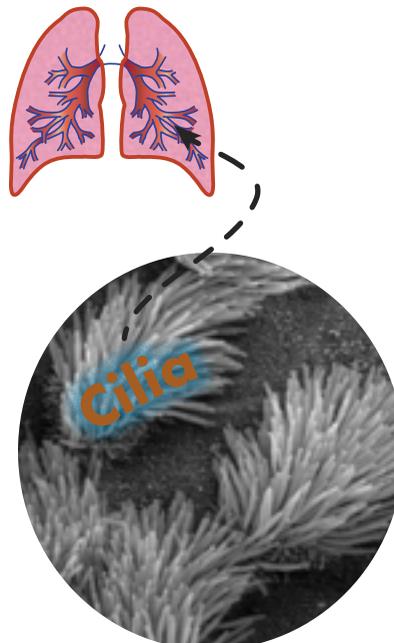
**Tobacco-specific N-nitrosamines (TSNAs)** - Some of the most potent cancer causing chemicals in smokeless tobacco and tobacco smoke. These get into your cigarette during the manufacturing process.

## Smoke and Lungs Don't Play Well Together

Tar, the product of burning tobacco, is the main cause of lung and throat cancer in smokers. Some tar is exhaled, some is coughed up and some is absorbed by the lungs, causing lung cells to die.

Normal lungs have tiny hair-like structures called *cilia*. Cilia are important because they sweep the lungs free of foreign particles and mucus. Tobacco smoke paralyzes the cilia. The lungs can't get rid of the mucus and all this gunk in the lungs creates the smoker's cough. A nonsmoker makes about one cup of mucus a day, but smokers make between two to three cups of mucus a day!

Name at least one of the organs an athlete needs to stay at the top of his or her game ...  
Yes, lungs!



## Cigarettes: A Deadly History as Long as Your Throwing Arm

The health hazards of tobacco use have been suspected for almost 400 years — that's a long time for us to be aware of how bad tobacco is for our health.<sup>7</sup> Healthy young people, including athletes, sometimes think they're invincible, but the hazards of smoking don't respect youth. This is a critical message for coaches to get across to their athletes.

### Smoking: The Enemy of Good Health

**Nicotine, one of the thousands of chemicals in tobacco, is a powerfully addictive drug.** Nicotine goes straight to the brain. You can easily get hooked on nicotine, although it's much more difficult to quit.

**Just because a cigarette has a filter, doesn't mean it's safe.** Filters don't remove enough tar to make cigarettes less dangerous.

**Lower nicotine or "light" cigarettes are not safer** even though they're advertised that way. Research is clear on that subject: smokers of low nicotine cigarettes do NOT take in less nicotine.<sup>8</sup>

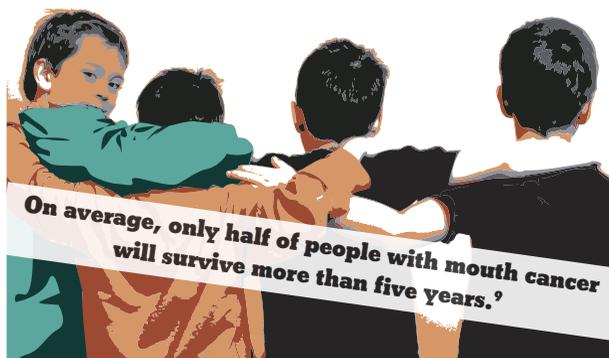
**The death rate from throat cancer** is many times higher in male cigar smokers than in males who have never smoked.<sup>10</sup>

### Cigars and Cigarillos

Youth can become addicted to cigars just as they can to cigarettes. Cigars come in sizes as small as a cigarette (called a cigarillo) and much larger. A very large cigar can contain more than half an ounce of tobacco. That's as much tobacco as a whole pack of cigarettes!<sup>9</sup>

Some companies add sweet flavors to cigarillos, which appeal to younger smokers. Because of the lower taxes on them, they're less expensive than cigarettes and more affordable for younger smokers. Most new cigar users today are teenagers and young adult males (ages 18 to 24) who smoke occasionally (less than daily).

The smoke of cigars dissolves more easily in saliva than cigarette smoke. This means cigar smokers **can get a big dose of nicotine** without inhaling the smoke into the lungs.<sup>9</sup>



## Spit, Snuff, Chew, Dip — No Good Choices

The tobacco industry calls spit, snuff, chew, and dip “smokeless tobacco” to make them seem safe. None of these products are, however. People who use these products can still get cancer.

The two main types of smokeless tobacco in the United States are chewing tobacco and snuff. Chewing tobacco can be bought as loose leaf, plug or twist. Snuff is finely ground tobacco that can be dry, moist, or in teabag-like pouches. Although some forms of snuff can be used by inhaling it through the nose, most smokeless tobacco users place the product in their cheek or between their gum and cheek. Users then suck on the tobacco and swallow or spit out the tobacco juices, which is why smokeless tobacco is often called spit or spitting tobacco.

### The Dangers of Smokeless Tobacco

Smokeless tobacco is a significant health risk and is not a safe substitute for smoking cigarettes. Chewing tobacco has at least 28 known cancer-causing chemicals.<sup>11</sup> People who use tobacco and drink too much alcohol have the highest risk of mouth cancer. Three-quarters of mouth cancers are caused this way.<sup>12</sup> Tell your athletes that getting mouth cancer is not pretty. It’s one of the toughest kinds of cancer to treat and surgery for it can leave a person disfigured for life (see the stories in the sidebar). The disease can spread quickly. If the cancer has spread, it may be necessary to remove parts of the jaw or neck.

The amount of nicotine absorbed from smokeless tobacco is **3** to **4** times the amount delivered by a cigarette.<sup>11</sup>

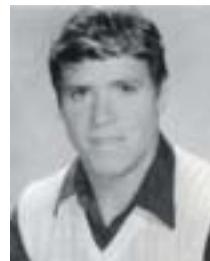
Each tin of snuff contains a **lethal** dose of nicotine.<sup>12</sup>

# Nicotine: It's addictive

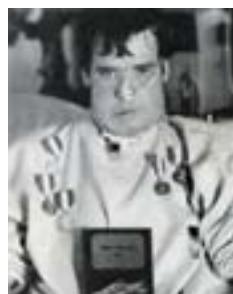
## Smokeless Tobacco's Tragic Faces

### Sean Marsee

Sean Marsee was a high school senior and star of the school track team who got hooked on chewing tobacco and snuff when he was 12. In his 18th



Sean before cancer



Sean before his death

year, the sore on his tongue was diagnosed as cancer. His death, ten months later from oral cancer that spread throughout his body, brought a tragic end to a promising life.

See **Handouts & Extras** for a sheet that you can print and hand out to your athletes.

### Gruen Von Behrens

Gruen Von Behrens was a good looking teenager, aiming for a professional baseball career. By age 14, Gruen was seriously hooked on snuff. At 16 he noticed a small white spot on his tongue that grew and spread. He eventually lost his lower teeth, half his tongue and lower jawbone to cancer and surgeries. The photos on this [website](#) tell a powerful and frightening story.

# Other Great Reasons Why Your Athletes Should Stay Tobacco-Free

## 1. Smoking Is NOT That Common

A lot of youth will claim that everyone smokes, so it's no big deal if they do, too. It's important to let them know the facts: Here in Idaho, only<sup>1</sup>:

**1 out of 6 high school students** smoke cigarettes

**3 out of 20 high school students** smoke cigars

**3 out of 25 high school students** use smokeless tobacco

The lower rates of smoking among student athletes could be related to:

- Their higher self-confidence because of their involvement with sports.
- Additional counseling about smoking from their coaches.
- Less peer pressure to smoke.
- Understanding that smoking would hurt their sports performance.
- Awareness of how smoking would harm their health.<sup>13</sup>

Tell your athletes that by being involved in sports, they're doing great things for their health already, but an added benefit is that they're less likely to get caught up in the smoking habit.

**High school students who participated in at least one sport are 40% less likely to be regular smokers and 50% less likely to be heavy smokers than students not involved in sports** (reported by researchers with the Centers for Disease Control).

## 2. It's Not That Easy Being a Tobacco User

Laws against smoking in public places — very often the places where young people spend time — are very effective in preventing smoking. Because most people want it that way, laws are passed to prevent smoking in public spaces and in places where secondhand smoke can harm others. Many state and local governments are enacting laws to prevent the sale of tobacco near schools. Companies throughout the U.S. are establishing policies that create smoke-free workplaces for their employees.

According to Americans for Nonsmokers' Rights of 2007, more than half of Americans live in a city or state with laws requiring workplaces, restaurants or bars to be smoke-free.



**See the Handouts & Extras Section for resources to help your athletes who use tobacco quit.**

### 3. Tobacco Companies: Why Should Your Athletes Support Them?

For a long time, tobacco companies have denied promoting smoking among young people. But tobacco companies know that almost every regular smoker tries his or her first cigarette before their eighteenth birthday. Without recruiting new, younger customers who will become addicted to smoking, the companies won't have enough adult customers to stay in business. That's why advertising and promotional efforts have to be appealing to young people and give them the impression that it's okay or "cool" to smoke. Cigarette and spit-tobacco companies continue to advertise at retail outlets near schools and playgrounds, with large ads and signs clearly visible from outside the stores.<sup>14</sup>

Tobacco marketing is also about creating brand loyalty. Just like their favorite sneakers and soda pop, pre-teens and teens will develop a preference for a particular cigarette brand. Tobacco companies know and count on the fact that this brand loyalty can persist throughout a person's life. Combined with the seriously addictive nature of nicotine, they can almost guarantee lifelong customers.<sup>14</sup>

#### **The National "truth"® Campaign**

The national truth® campaign is the largest national, youth-focused anti-tobacco education campaign ever. It engages teens by exposing Big Tobacco's marketing and manufacturing practices and it highlights the toll of tobacco in relevant and innovative ways.

The campaign is very effective — 90% of youths aged 12 - 17 (25 million) said the ads they saw were convincing and gave them good reasons not to smoke. The campaign's television ads are posted on the truth® website at [www.thetruth.com](http://www.thetruth.com).

## **TRUTH<sup>15</sup>**

**A report by a major cigarette manufacturer says that smoking is chemically "similar" to cocaine.**

**Tobacco companies changed the menthol levels in cigarettes depending on who they were marketing them to - lower levels for young smokers who liked the milder brands and higher levels to adult smokers who craved more menthol.**

**A 1975 internal memo from the nation's largest tobacco company shows that they knew as early as the 1970s that smokers of light cigarettes took larger puffs that delivered greater amounts of tar.**

**One tobacco company, the Liggett Group, Inc., has admitted that the entire tobacco industry conspired to market cigarettes to children.**

**A former U.S. Smokeless Tobacco (UST) company sales representative said that "Cherry Skoal is for somebody who likes the taste of candy, if you know what I'm saying."**



**Click here to watch an ad produced by the Truth Campaign**



## Talk to Your Team About Tobacco

Ask your athletes who don't smoke or use tobacco to share why they don't smoke. Then ask them if and why they've thought about starting. When you learn what these influences are, you can help your athletes think about what motivates them to smoke and then talk about whether these motivations make sense. You can also teach them the skills to resist tobacco use. Below are some common reasons why youth smoke and ways to help them see that these reasons aren't really good enough!<sup>16</sup>

**My friends smoke/use tobacco.** Ask your athletes if they know what "peer pressure" means. You might hear things like, "when someone tries to make me do something I don't want to do." But kids can feel pressure to use tobacco just by being around their friends who are using it. Explain to them that they don't have to go along with what others say or do to be liked or admired. That's not being cool — that's being a follower, not a leader!

**It's cool to smoke.** Youth see and hear messages from tobacco companies and from movies and music videos that imply that smoking is socially acceptable, even "cool." It's tough for young people to stand up against these influences. They want to fit in and be considered "cool." But as a coach, you can help your athletes see that being healthy will make them perform better at sports and other physical activities — and that's what will make them look "cool"!

**Smoking helps keep a person's weight down.** If you hear this from your athletes, remind them that by staying active and eating healthy, they'll be better able to manage their weight. Often, people gain weight when they stop smoking because they substitute food for the cigarettes. Remind your athletes that the health benefits of quitting smoking are far greater than the risks from gaining a few pounds.

**It helps relieve stress; it relaxes me.** Tell your athletes that the nicotine in tobacco actually increases stress over time. At first it might seem that it's relieving stress, but that's only short term.



# Sports and Tobacco Aren't a Winning Team!

Most young adults aren't swayed by the prospect of cancer or dying from tobacco-related diseases. But your athletes probably do care about being good athletes. Remind them about how tobacco use can reduce their ability to play sports.

## It's a Fact: Athletes Can't Perform Well if They Smoke

Tobacco Use	How It Can Affect Their Game
Ten drags on a cigarette tighten the airways and makes it more difficult for oxygen to travel to the lungs.	One more lap to go and you'll beat last year's record for the 50 meter butterfly. Your lungs just can't keep up, though, and you finish well behind your time.
Smoking significantly reduces total lung capacity and maximum breathing capacity in heavy smokers.	You hit a hard drive to left field. You round second. The outfielder scoops it up and throws it to the third baseman. You run out of breath and slow down. You're tagged out!
Smoking reduces the oxygen available for muscles used in sports.	You've got 2 laps to go around the track. You're right behind the first runner but your muscles give out and you finish 22 seconds back.
Smokers suffer from shortness of breath almost 3 times more often than nonsmokers.	Forty-five seconds to go until the end of what will be your best performance on dance team. Even though your legs are strong, your lungs can't keep up.

**If you have other examples of how smoking can ruin an athlete's performance, please use them. The important message to get across is that any kind of physical activity and smoking are a losing combination.**

## Helping Youth Say No to Tobacco

One of the most important things you can do as a coach is to help your athletes respond to tobacco influences in a healthy way rather than giving in to using. Youth may turn to tobacco use because they lack healthier ways to respond to problems. They may have trouble resisting peer pressure or coping with stress and anger. Pressure to use tobacco can come from friends, peers and the media. Kids with parents who smoke may find it difficult to not take up the habit. As someone who expects good physical effort from your athletes, you can remind them that the team depends on each person's individual contribution. Using tobacco, and, as a result, performing badly on the field, lets down the entire team. Teach your athletes that winning teams support each other and that team members are expected to give 100% on and off the field. Remind your athletes that a winning team sticks together and helps each other play their best, which means avoiding tobacco use!

# Team Activities

## 1 What you'll need: a stop watch

Have your athletes hold their breath for 45 seconds.

After 30 seconds, tell them that's how a smoker feels after running the length of a football or soccer field. (100 yards long)

After 40 seconds, tell them that's how a smoker feels after running twice the length of the field.

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## 2 What you'll need: drinking straws, stop watch

1. Hand out drinking straws and tell your athletes to hold their noses and breathe only through the straws.

2. Tell your athletes to stand and run in place. After about 15 - 30 seconds, tell them to stop.

Tell them that smokers feel that way when they try to exercise or play sports. People who smoke are less able to hold enough oxygen and will have difficulty breathing, especially while being active.

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## 3 What you'll need: a computer

Go online at [www.thetruth.com](http://www.thetruth.com) and at [www.projectfilter.org](http://www.projectfilter.org) and have your athletes watch the videos of ads done for tobacco prevention campaigns. Afterwards, lead them in a discussion about the ads. Ask questions like:

Why do you think the tobacco industry continues to advertise its products?

When you see people smoking in movies or in videos, what images are being portrayed?

Why is the word "truth" used for the ad campaign on the Truth<sup>®</sup> website?

! Athletes with asthma might not be able to participate in the first two activities. Have them hand out the straws or time the activities.

# Team Activities

## 4 What you'll need: at least 11 kids

Have 10 kids stand up. Tell 6 of those kids to sit down. Tell them that the kids who are sitting down are the number of kids out of every 10 who will die from tobacco use.

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## 5 What you'll need: a 2-cup measuring cup, molasses

Bring in a large measuring cup and enough molasses to fill the cup to the 2 cup mark. Pour the molasses into the cup (the molasses represents tar from cigarette smoking).



Tell your athletes that the average 15 to 20 cigarette a day smoker takes about 2 cups of brown, sticky tar into the lungs each year.

.....

## 6 What you'll need: a white board, blackboard or large poster paper

Draw up this table on the board:

Each day you have:	Cost per week	Cost per month	Cost per year	Number of music downloads from iTunes®
\$4.00 Pack of cigarettes (20)	\$28.00	\$120.00	\$1,440.00	1,626
\$3.00 Can of dip tobacco	\$21.00	\$90.00	\$1,100.00	1,111
\$2.00 Can of chewing tobacco	\$14.00	\$60.00	\$700.00	707

Ask your athletes what they would buy if they didn't spend it on tobacco. Have one of them write these on the board.

iTunes is a registered trademark of Apple Inc.

# Asthma



## Coaches Can Make a Difference in the Lives of Kids with Asthma!

Being involved in team sports can help kids feel good about themselves and work well with others. Your athletes with asthma don't want to feel that their disease makes them different, less capable or less athletic than players who don't have asthma.

Asthma treatment and management has come a long way in the last ten years. Asthma can't be cured, but it can be managed so that symptoms are fewer and less frequent. Asthma doesn't have to limit an athlete's involvement in physical activities as long as their asthma is well controlled by medicines and other therapies, monitoring and quick action when symptoms begin.

If precautions aren't taken, exercise can trigger asthma symptoms, but that shouldn't be a reason for your athletes to avoid it. Coaches and teachers may unintentionally limit the activities of children with asthma, but that's not fair to them. As a coach, you need to be able to recognize the early signs of an asthma episode and know what actions to take.

Athletes with asthma who have their disease well under control should be able to play any sport they choose. Let them know that many Olympians and pro athletes have asthma, so, there are no limits to what he or she can do if proper asthma management is practiced!

**1 in 10 Idaho children have asthma. On a team of 15 athletes, at least 1 will have asthma.<sup>1</sup>**

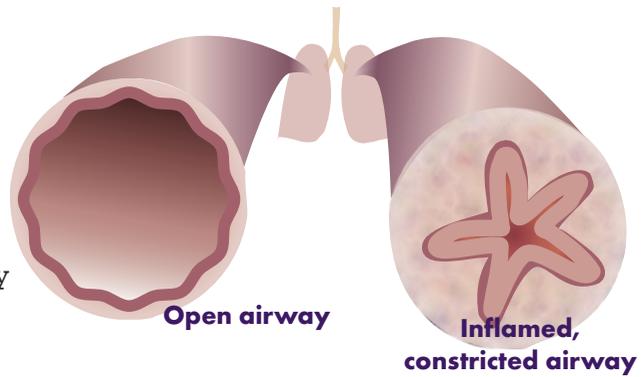


# Teaching Points

- **Your athletes with asthma can have symptoms that you might not see. Remind them that they should tell you if they're having any symptoms of an asthma attack.**
- **Usually, asthma symptoms get worse once they have begun. This means that your athletes with asthma must come to practice and games with their medications and inhalers.**
- **Know your athletes' asthma triggers so that you can help address them or minimize them. If your athlete has one, make sure to have his or her *Asthma Action Plan* on hand.**
- **Remind your athletes with asthma to maintain good daily control of their disease, including taking daily medication.**

## What is Asthma?

Asthma is a serious lung disease. If someone has asthma, the inside walls of the lungs' airways are inflamed and swollen. The inflammation makes the airways very sensitive so they react strongly to things that someone is allergic to or finds irritating. When the airways react, they become narrow, and less air flows through to the lung tissue. This causes symptoms like wheezing (a whistling sound when you breathe), coughing, shortness of breath, chest tightness, and trouble breathing, especially at night and in the early morning.



## What is an Asthma Attack?

When asthma symptoms become worse than usual, it's called an asthma episode or attack. During an asthma attack, muscles around the airways tighten up, making the airways narrower so less air flows through. Inflammation increases and the airways become more swollen and even narrower. Cells in the airways may also make more mucus than usual. This extra mucus also makes it difficult to breathe.

In a severe asthma attack, the airways can close so much that not enough oxygen gets to vital organs. This condition is a medical emergency. People can die from severe asthma attacks.<sup>2</sup>

Your might not see some symptoms of asthma. Remind your athletes to tell you if they're experiencing any of these symptoms: tight chest, shortness of breath, increased breathing rate or any change in the sensation of breathing.

### The 4 Signs of Asthma<sup>2</sup>

**Coughing**

**Wheezing**

**Breathing faster**

**Sucking in of the chest or neck skin**

[Click here to hear what an asthma attack sounds like.](#)



Symptoms like wheezing and coughing are things you can observe and should NOT be ignored. Treatment needs to happen right away. Usually, asthma symptoms get worse once they've begun. Doctors recommend that every episode should be treated, so your athletes with asthma must come to practice and games with their medications and inhalers.

## What Brings on an Asthma Attack?

An asthma trigger is something that brings on an asthma attack or makes it worse. A lot of things can be triggers for asthma attacks, including:

- Cigarette, cigar or pipe smoke
- Odors or strong smells (like cleaning products or perfume)
- Dust
- Cats, dogs or other animals
- Food and plant allergies
- Changes in weather and cold air
- Air pollution or smog
- Exercise and play
- Mold
- Colds or sickness
- Stress or strong emotions

Of course, many of these triggers are difficult, if not impossible, to avoid. As their coach, make sure that no one smokes around your athletes with asthma. You may also need to be more observant during cold weather practice sessions. And, on days the Environmental Protection Agency (EPA) and the Idaho Department of Environmental Quality has issued an air advisory, it might be a good idea to keep your athletes indoors until the air advisory is lifted.

## Managing Asthma

People with asthma use a **peak flow meter** to measure how well their airways are working. This device measures how fast a person can move air out of their large airways. If the airways are inflamed and swollen, less air will be able to move out of them. Peak flow is high when the airways are clear and lower when they are narrowed or blocked. Regularly monitoring peak flow is an excellent way to help prevent serious asthma attacks.<sup>2</sup>

### Signs of an Asthma Emergency!

If you see any of these behaviors in your athletes, act immediately. Call 911 or get the child to an emergency room.

- Athlete is hunched over
- Bluish fingernails or lips
- Difficulty walking or talking
- Severe sucking in of chest skin
- A slow breathing rate

For more information about Exercise-Induced Asthma, click here to see this slide show



# Asthma Medication: Effective and Essential!

There are two main kinds of medicines for asthma:

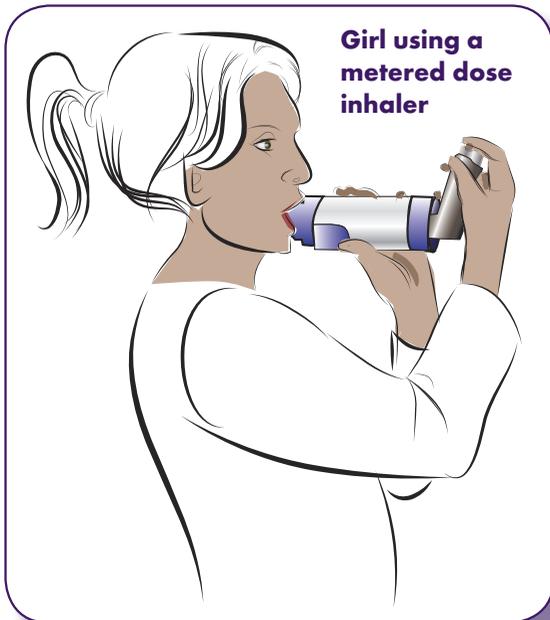
- Medicines that help with the long-term control of asthma
- Medicines that give temporary quick relief from asthma symptoms

## Long-term control medicines

The most effective long-term control medicines are those that reduce swelling in the airways. These medicines should be taken daily. The drug that reduces swelling is a steroid, but the steroids used for asthma are NOT the same as the unsafe steroids some athletes use to build muscles.<sup>2</sup> People give themselves long-term control medicines by inhaling them through special devices called inhalers.

## Quick-relief (rescue) medicines

People take these medicines only when they need them. Inhaled quick-relief medicine quickly relaxes and opens the airways and relieves asthma symptoms. Be sure your athletes with asthma immediately take the quick-relief medicine when they have symptoms – like coughing, wheezing, chest tightness or shortness of breath. This can keep them from having a serious asthma attack.



## Devices for Taking Asthma Medicine

People with asthma need special devices for inhaling their asthma medicine. Proper technique for using these devices should be taught by the patient's physician.

### Metered dose inhalers (MDI)



## People with Asthma Can Be Athletes, Too!

Asthma caused by exercise often doesn't occur **during** exercise. The symptoms can appear 5 to 20 minutes after exercise and may last as long as 30 minutes. But as you can see from the list on the right, people with asthma can be and are successful athletes. With proper asthma care and management, it's very realistic for youth to work toward being excellent athletes and even becoming professional athletes. As their coach, you play a very critical role in helping them reach their goals!

### Tips to Manage Asthma During Sports and Activities

- Know your athletes' asthma triggers so that you can help remove them or minimize them. If possible, have your athletes' Asthma Action Plans on hand.
- Remind your athletes with asthma to maintain good daily control of their disease, including taking daily medication.
- Remind them to use the quick-relief inhaler 15-20 minutes before exercise begins. This will open their airways and also reduce the need for medication after exercise.
- Make sure the quick-relief inhaler is on hand at all times.
- Warm up thoroughly, even a little longer than the other athletes.
- In cold weather, encourage your athletes to wear a scarf around the mouth and nose.
- Keep well hydrated throughout activities and events.
- Require cool downs at the end of games, workouts and practice.<sup>2</sup>

### Athletes with Asthma

#### Jerome "The Bus" Bettis

Former NFL star of the Pittsburgh Steelers

#### Nancy Hogshead

Olympic gold medalist in swimming

#### Jackie Joyner-Kersey

Olympic gold medalist in track and field

#### Greg Louganis

Olympic gold medalist in diving

#### Jim "Catfish" Hunter

Baseball Hall of Famer

#### Isaiah Thomas

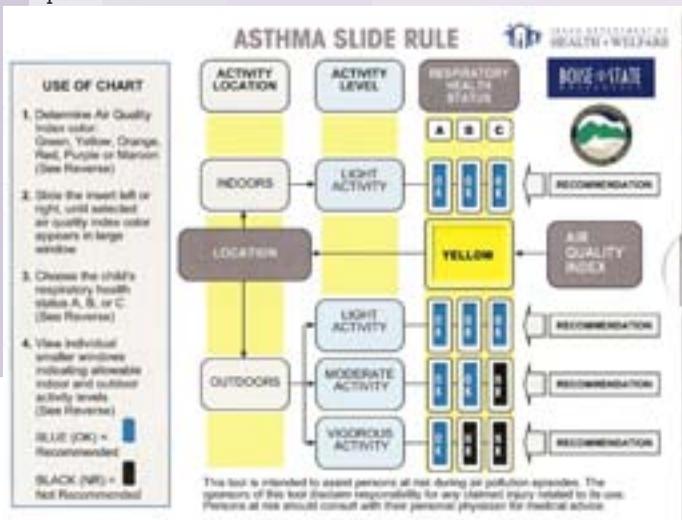
Former NBA basketball player

#### Mary Jo Fernandez

Top women's tennis professional in the 1990s

#### Joanna Zeiger

World class triathlete who has participated in Ironman competitions



Contact your health district's Asthma Coordinator to receive a free **Asthma Slide Rule**. This handy tool is intended to help people at risk during air pollution alerts.

## Guidelines from the National Asthma Education and Prevention Program<sup>3</sup>

Follow the athlete's *Asthma Action Plan*. Some Action Plans include pre-medication procedures the athlete should follow before taking part in activities. Know how to easily access the action plan. Consult with the school nurse or the athlete's parent/caregiver for clarification.

- Be sure the athlete's medications are available for exercise activities that take place away from school or after regular school hours.
- Warm-up and cool-down activities will help the athlete with asthma.
- Keep an athlete's quick relief medications readily available. Even with precautions, breathing problems may occur. Learn the signs of severe distress and allergic reactions.
- Have an emergency plan. Don't delay getting medical help for anyone with severe or persistent breathing difficulty.



### Free resource!

The Coach's Clipboard Program at [www.winningwithasthma.org](http://www.winningwithasthma.org). Find more resources about asthma at [www.idahoasthma.org](http://www.idahoasthma.org).

# Sun Safety



## Coach Your Athletes to Be Sun Safe!

Good coaching includes teaching youth about safety as well as how to perform well on the field or court. But safety doesn't begin and end with head protection and knee padding. With more than one million new cases of skin cancer (melanoma) diagnosed each year, teaching proper sun safety must be part of a coach's lesson plan. One blistering sunburn in childhood or adolescence more than doubles a person's chances of developing melanoma later in life.<sup>1</sup>

Skin cancer is the most common kind of cancer in the United States. In Idaho, between 2002 and 2006, there were 218 deaths from skin cancer and 1,588 cases of invasive melanoma.<sup>2</sup> Skin cancer is largely preventable when sun protection is used consistently, and that includes sunscreen combined with sun-protective clothing and, if possible, avoiding the sun during the most risky times of the day (10 am to 5 pm).

As a coach, you can be a role model for your athletes. That means wearing head covering and other sun protective clothing and requiring sunscreen use and re-application during team practice and activities.

We're fortunate to have year round wonderful weather in Idaho. Make all the seasons sun-safe seasons!

# Teaching Points

- **Ultraviolet radiation (UV), which is found in sunlight and tanning booths, can damage DNA and lead to melanoma, the deadliest form of skin cancer.**
- **Children and young adults often get a lot of intense UV sun exposure that may not result in an actual cancer for many years or even decades.**
- **Use sunscreen everyday even if it's cloudy.**
- **Apply sunscreen 30 minutes before going out into the sun. It takes that long for it to actively block the sun's rays.**
- **Reapply sunscreen every two hours if you'll be outside.**
- **Use "broad spectrum" sunscreens whose ingredients block both UVA and UVB rays. The SPF (Sun Protective Factor) should be a minimum of 15.**
- **Use sunscreens that are water resistant, so they won't easily come off when your athletes sweat or get in water.**

## Coaches and Teams Play Sun Safe!

If you're coaching outdoor sports, sun safety must be a priority for you and your athletes. Most people don't know that overexposure to the sun can lead to serious health problems, including melanoma, cataracts and premature aging of the skin. Melanoma is the deadliest form of skin cancer.

## Melanoma

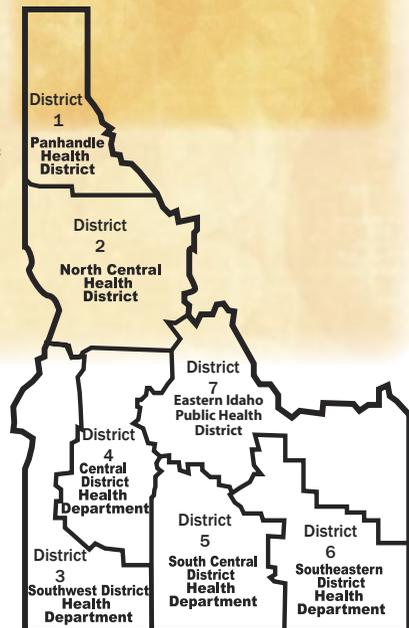
Melanoma is a type of cancer that starts in the skin cells responsible for making the color of your skin. Melanoma is a very dangerous skin cancer, which can occur anywhere on the skin, including the bottoms of the feet.

In the early stages, melanoma is almost always curable. But if it's not caught early, it can spread to other parts of the body.

## What causes melanoma?

DNA (deoxy ribonucleic acid) is the genetic material in each of our cells. It contains information that directs the activities of all cells in our body. Ultraviolet radiation (UV), which is found in sunlight and tanning booths, can damage DNA. Sometimes this damage affects certain genes that make up your DNA and results in cancer

Usually it's not clear exactly when UV exposure causes DNA damage that might eventually lead to cancer. Some of the damage may take place a few years before the start of the cancer. But it may be due to exposures that happened many years earlier. Children and young adults often get a lot of intense UV sun exposure that may not result in cancer for many years or even decades.



### Sunburns by Public Health District

Idaho adults aged 18 and older who reported having a sunburn in the past 12 months<sup>3</sup>

Statewide	Panhandle District 1	North Central District 2	Southwest District 3	Central District 4	South Central District 5	Southeastern District 6	Eastern Idaho District 7
48.0%	41.9%	46.6%	45.3%	49.8%	47.3%	51.0%	53.2%

## Keep Your Athletes Safe - Know Their Risks for Getting Melanoma

A risk factor is anything that increases your chance of getting a disease. The risk factors for the skin cancer, melanoma, include<sup>4</sup>:

**Ultraviolet (UV) light exposure** - Sunlight is the main source of UV radiation, but so are tanning lamps and booths. The amount of UV exposure depends on intensity of the light, the length of time the skin was exposed and whether the skin was protected with clothing and sunscreen. Research has linked getting melanoma to frequent sunburns, especially getting sunburnt as a child.

**Having moles on your skin** - Most moles will never lead to skin cancer, but a person with a lot of moles is more likely to get melanoma. And a certain type of mole increases a person's risk of melanoma.

**Fair skin, skin that freckles, light hair** - The risk of melanoma is more than 10 times higher for whites than for African Americans. Whites with red or blond hair or who have fair skin that freckles or that burns easily have a higher risk, too. Red-haired people have the highest risk.

**Family history of melanoma** - The risk of getting melanoma is greater if one or more of your first-degree relatives (mom, dad, brother, sister, child) has melanoma.

**Personal history of melanoma** - A person who has already had melanoma has an increased risk of getting it again.

**Immune system suppression** - People who have been treated with drugs to lower the immune system, such as people getting an organ transplant, have an increased risk of developing melanoma.

**Age** - Older people are more likely to get melanoma, but it is also one of the few cancers that young people can get.

**Gender** - Men get melanoma more often than women.



**Normal mole**



**Abnormal mole**



**Abnormal mole**

Photos courtesy of the Skin Cancer Foundation, unknown photographer, Sept 1988. Available at: <http://visualsonline.cancer.gov>.

# UV Rays, Sun Protection and the UV Index

Sunscreens absorb, reflect or scatter the sun's rays and, therefore, help prevent the sun's UV radiation from reaching the skin. Sunscreens are labeled with sun protection factor (SPF) numbers. The higher the SPF, the better the protection from sunburn caused by UVB rays.

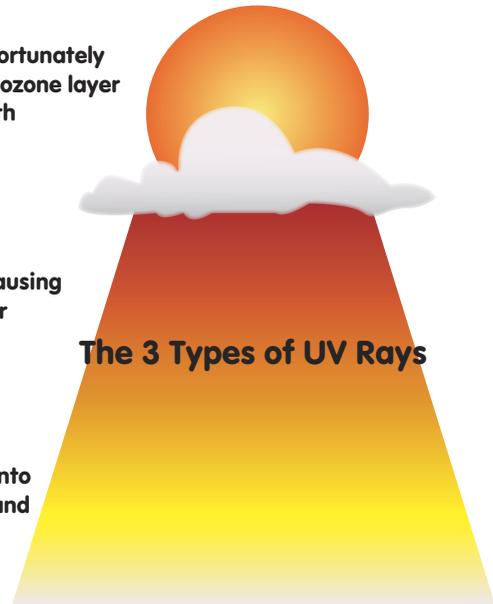
The UV index helps tell us the amount of UV radiation reaching the earth's surface at solar noon. This index ranges from 0 (low level) to 15 (dangerous level). The UV index depends on factors that include latitude, elevation, ozone and local air pollution.

Remember, sunscreen works differently for everyone — fair-skinned, red- and blond-haired people with freckles will burn much faster than people with dark hair, darker skin and dark eyes.

**UVC - Deadly rays, but fortunately they are blocked by the ozone layer and don't reach the earth**

**UVB - Dangerous rays, causing sunburns and skin cancer**

**UVA - Penetrates deeply into skin, makes skin wrinkle and age**



**Encourage your athletes to use a broad spectrum sunscreen that protects against both UVA and UVB rays. And they should apply sunscreen at least 30 minutes before going outside.**



## Athletes Sun Safety Defense

Not all sunscreens are alike. Help your athletes make good choices when it comes to the type of sunscreen to use, the SPF rating and when to apply them. Remind them to come to practice and games already wearing sunscreen, sunglasses, hats and other sun protective clothing. Ask them to carry sunscreen in their sports bags to reapply later on.

### Sunscreen<sup>5</sup>

#### When should sunscreen be used?

- Athletes need to use sunscreen every day.
- At all-day events, make sure your athletes reapply sunscreen every 2 hours.
- Sunscreen isn't just for sunny days. Even on a cloudy day, 80% of the sun's ultraviolet rays pass through the clouds. Athletes can still get burned.

#### What is sunscreen & what's the difference between sunscreen & sunblock?

- Sunscreens contain chemicals that help prevent the sun's ultraviolet (UV) radiation from reaching the skin.
- Since sunscreens can now either chemically absorb UV rays, or deflect them, the term sunblock is no longer used.

#### What type of sunscreen should we use?

- Use sunscreens whose ingredients block both UVA and UVB rays. The SPF should be a minimum of 15.
- Use sunscreens that are water resistant, so they won't easily come off with sweat or when the team gets in water.
- If any of your athletes has sensitive skin or allergies, read the label. Some people are sensitive to sunscreens that contain para-aminobenzoic acid (PABA).
- More expensive does not mean better. Although a costly brand might feel or smell better, it's not necessarily more effective than a cheaper product.

#### Does sunscreen expire?

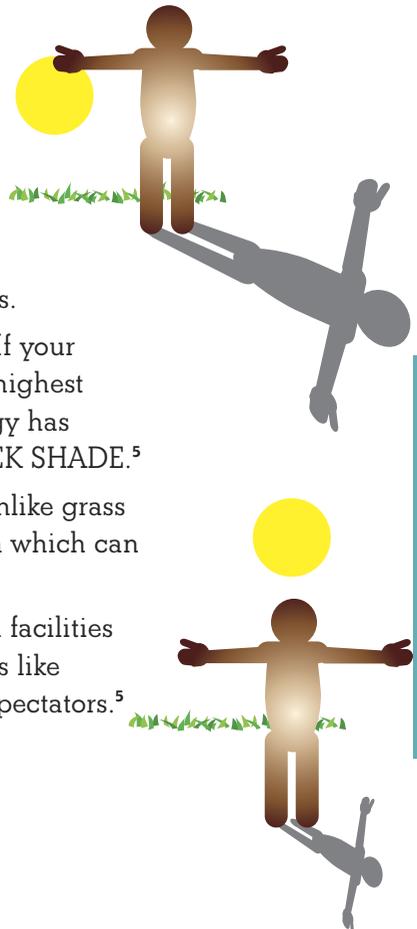
- Unless you see an expiration date, all sunscreens should keep their original strength for at least three years.
- If you're using sunscreen properly, a bottle of sunscreen should not last very long.

## How should I apply and use sunscreen?

- Apply sunscreen to dry skin 15-30 minutes BEFORE going outdoors. If athletes are going to wear insect repellent or makeup, tell them to apply the sunscreen first.
- One ounce, a palm full, is all that's needed to cover the exposed areas of the body properly.
- No sunscreen, no matter how high the SPF, will work longer than two hours without reapplying it.
- If your athletes are wearing baseball caps or helmets, remind them to put sunscreen on their ears and necks.
- Lips get sunburned too, so ask your athletes to apply a lip balm that contains sunscreen, preferably with an SPF of 15 or higher. Most products called "lip gloss" do not have an SPF **and can actually absorb harmful rays.**

## Sun and Shade

- If you can, limit your athletes' sun exposure during the hours when the sun's rays are the strongest —10 a.m. to 5 p.m.
- Refer to the daily UV index when planning outdoor events.
- Hold activities and games in the shade whenever possible. During tournaments, encourage athletes to seek shade between games.
- A person's shadow tells how intense the sun is. If your shadow is shorter than you are, the sun is at its highest intensity. The American Academy of Dermatology has established the Shadow Rule: No Shadow — SEEK SHADE.<sup>5</sup>
- Use extra caution near water, snow and sand. Unlike grass or turf, they reflect the damaging rays of the sun which can increase the chance of sunburn.
- When new sports facilities are being built or old facilities are being updated, advocate for shade structures like dugouts and covered benches for athletes and spectators.<sup>5</sup>



## Clothing

- Wear protective clothing, such as a long-sleeved shirt, pants, a wide-brimmed hat and sunglasses, when possible. Choose shirts, shorts and pants made of tightly woven fabrics — the kind you can't see through when you hold them up to the light.<sup>5</sup>
- Choose hats that shade the face, neck and ears.
- Instruct your athletes to wear sunglasses that block 99 to 100% of UVA and UVB rays. Some labels say, "UV absorption up to 400 nm." This means the same as 100% UV absorption. If there is no label, you can assume the sunglasses don't provide any protection.<sup>5</sup>
- Encourage athletes to bring a hat to wear when they are sitting on the sidelines. The hat should protect the face, neck and ears.



# Team Activities

## 1 UV Index Tracking

Hand out the UV Index Chart (see the *Handouts* section). Before your athletes arrive for play or practice, tell them to record the UV Index. Do this for at least 5 days.

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## 2 Sun Safety Team Leader

Each week, appoint a different athlete to announce and post the UV index and the sun safety tips for that day.

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## 3 Sun Safety Drills

**What you'll need:** baseball equipment (or basketball, etc.)

Each athlete will take turns hitting ground balls. When an athlete catches a ball, she or he yells out a sun safety tip. If that player can't think of one, another player takes his place. Keep going until all athletes have at least two times up to bat.

You can adapt this activity to other sports. For example, if your athletes are practicing baskets, before each player throws a basket, he or she has to call out a sun safety tip. Or, if they're running relays, the person handing off the baton has to call out a sun safety tip before the other runner can begin running.

# Nutrition



## Coaches Can Help Athletes Play Strong and Healthy!

Teaching your athletes about good nutrition is as important as teaching them the skills of the game. If you want your athletes to train hard, play well and recover fully after practice or a game, then helping them to follow simple healthy eating and hydration tips is essential. Nutrient-rich foods, the kinds that build and repair muscle and provide energy for endurance, will help your athletes play their best.

Making sure your athletes are well-hydrated is as important as eating the right foods. Dehydration can seriously limit an athlete's performance and be dangerous for their health.

Even if your athletes are getting good nutrition information and a healthy diet at home, coaches can reinforce these life skills in sports settings. By teaching these skills outside of their home life, you increase the chance that these healthy habits will stay with your athletes for the rest of their lives.

# Teaching Points

- **A diet with adequate vitamins, minerals and other nutrients will help give your athletes the energy they need to play their best.**
- **Water is the most important of the 6 essential nutrients athletes need in their diets.**
- **For practice or games held late in the afternoon, remind your athletes to eat breakfast and lunch, which consists of plenty of complex carbohydrates.**
- **Avoid snacks high in fat, protein and fiber before strenuous activity. These types of foods take longer to digest and could interfere with physical performance.**
- **Learning the symptoms of dehydration can help you and your athletes avoid serious problems.**
- **Create a positive, competitive environment by being careful about and attentive to food and weight issues.**

## Good Nutrition Is Part of Every Athlete's Sports Equipment

Your athletes can't give 100% to practice or to the game if they aren't eating right and getting enough fluids. A diet with adequate vitamins and minerals and other nutrients will help give them the energy they need and prepare them to play their best. Training and playing hard can use up essential nutrients, so it's important that your athletes eat a regular, healthy diet.

### The 6 Most Essential Nutrients in an Athlete's Diet<sup>1</sup>

**WATER** The most important. Most athletes can get by on 90 to 120 ounces a day - that's about 11 to 15 cups. (That includes the water in the foods we eat.) Tell your athletes to always drink water before, during and after sports.

**VITAMINS & MINERALS** Your athletes can get what they need from this group by having 9 to 13 servings of fruits and vegetables each day - about 2 and a half cups of vegetables and 2 cups of fruit. Tell them not to rely on vitamin and mineral supplements for these important nutrients, but to eat a variety of colorful foods at each meal (broccoli, tomatoes, spinach, etc.).

**CARBOHYDRATES** Carbs are the only thing that can fuel working muscles and are very important for athletes to have at each meal. Have between 6 and 13 servings a day from mostly whole grains (oats, whole wheat bread, etc.).

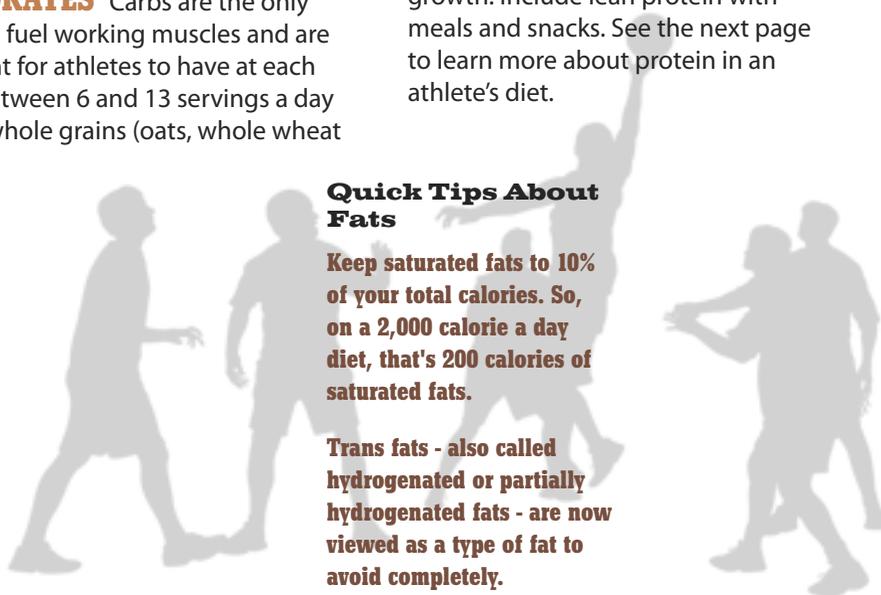
**FATS** Fats help us use the vitamins and minerals we take in. Good fats are called "unsaturated" fats and the fats to avoid are called "saturated" fats. Saturated fats are mostly found in animal products, like beef, bacon, ice cream, and cheese. Unsaturated fats are found in foods like avocados, canola and flaxseed oils, nuts and seeds, salmon, peanuts and natural peanut butter, and olives and olive oil.

**PROTEIN** Protein should be 12% to 15% of an athlete's total daily calories. Athletes need protein to repair, maintain and promote muscle growth. Include lean protein with meals and snacks. See the next page to learn more about protein in an athlete's diet.

#### Quick Tips About Fats

Keep saturated fats to 10% of your total calories. So, on a 2,000 calorie a day diet, that's 200 calories of saturated fats.

Trans fats - also called hydrogenated or partially hydrogenated fats - are now viewed as a type of fat to avoid completely.



## How Much Protein Should Your Athletes Get?

Protein plays a huge role in building and repairing muscle tissue. Your athletes can figure out how much protein they need if they know how much they weigh. Each day, kids need to eat about a half a gram of protein for every pound they weigh. That's one gram for every 2 pounds. Protein needs increase as children grow, but eventually the needs will level off in adulthood.

Food labels should state how many protein grams are in a serving. But if your athletes are eating a balanced diet, they don't need to keep track of it. It's pretty easy to get enough protein.<sup>2</sup>

### Good sources of protein

Food	Number of Grams of Protein
1 large egg	6
1 cup of milk	8
1/2 cup of cottage cheese	15
1 cup of yogurt	usually 8 - 12
1 ounce of soft cheeses (like Mozzarella)	6
1 ounce of medium cheeses (Cheddar, Swiss)	7 or 8
1 ounce of hard cheeses (Parmesan)	10
1 chicken breast (1.5 oz)	10.5
1/2 cup of tofu	20
1 cup of soy milk	6 - 10
1/2 cup of cooked beans (black, pinto, lentils, etc.)	7 - 10
1/2 cup cooked soy beans	14
1/4 cup of almonds, 1/4 cup - 8 grams	8
1/4 cup peanuts	9
1/4 cup cashews	5
1/4 cup pecans	2.5
1/4 cup sunflower seeds	6
1/4 cup pumpkin seeds	19

## Tips About Pre-Game Meal and Pre-Practice Snacks<sup>3</sup>

**Tell your athletes, like most things in life, they need to strive for balance in their everyday diet.**

**Your athletes should eat to have energy to carry them through the game, but remind them that they don't want to eat to the point they feel full or uncomfortable.**

**A light snack eaten before an activity can help fuel an athlete for that practice or game (depending on how long the sport lasts). It can also help them from getting too hungry after the workout.**

**Generally speaking, it usually takes our bodies about 3 or 4 hours to digest a moderate-sized meal and about one or two hours to digest a light snack. Allow some time for digestion before any strenuous activity.**

**If you hold practice or a game late in the afternoon, tell your athletes to eat breakfast and lunch. They should eat plenty of complex carbohydrates, such as whole grain cereals, fruits and vegetables. These foods are good for muscle strength and performance.**

**Eat healthy snacks or high energy foods between larger meals. Your athletes should not go longer than 4 hours without eating - professional athletes often eat 5-6 smaller meals a day.**

**Avoid snacks that are high in fat, protein and fiber before strenuous activity. These types of foods typically take longer to digest and can affect physical performance.**

**Tell your athletes not to try out a new food before a competitive event. You never know what effect it might have on their digestive system.**

**Athletes should eat at least three hours before a competition or big game. But they should avoid fatty foods, which can cause nausea.**

### **Healthy snacks:**

- fruit
- fruit juices (choose 100% fruit juices)
- whole-grain, unsalted crackers
- graham crackers with peanut butter
- plain bagels
- non- or low-fat yogurt
- pretzels
- low-fat soup, such as vegetable
- pair fruits or vegetables or whole-grain crackers with a slice of cheese or some peanut butter

## Water: One of the Best Sports Drinks Your Athletes Can Have

Making sure your athletes drink plenty of fluids is critical to their athletic performance. Tell them to drink water throughout the day rather than only right before a game or practice. Feeling thirsty is a first and mild symptom of dehydration, but as an athlete gets more and more dehydrated the symptoms get more severe and more dangerous. Children sweat less than adults, making it harder for them to cool off.<sup>4</sup> You may want to offer a sports drink to your athletes to increase fluid intake in the heat and to replace electrolytes lost through sweating.

### Know the Symptoms of Dehydration<sup>4</sup>

#### Mild to moderate symptoms

- Dry mouth
- Tiredness
- Thirst
- Decreased urine output and dark colored urine
- Muscle weakness
- Headache
- Dizziness or lightheadedness

#### Severe signs and symptoms (these are a medical emergency!)

- Extreme thirst
- Irritability and confusion
- Lack of sweating
- Little or no urination
- Sunken eyes
- Dry skin
- Low blood pressure
- Rapid heartbeat
- Fever
- Delirium or unconsciousness (most serious symptom of dehydration)

### Fluid Guidelines

#### Before activity

Drink 4 cups 1-2 hours before

Drink 3 cups 10-15 minutes before

#### During activity

Drink at least 1/2 cup every 20 minutes

#### After activity

Drink 2 cups for every pound of weight lost

Encourage athletes to drink even when not thirsty

## Food and Weight Issues: Creating a Positive, Competitive Environment<sup>6</sup>

- Both weight gain AND weight loss are student-athlete concerns. This is true for males AND females.
- Select restaurants that offer healthy food choices when traveling, this includes fast food. Also, make sure the athletes eat enough before and after competition.
- Consider body image concerns when choosing uniforms, especially shorts.
- Avoid frequent weight / body composition checks. A student-athlete should be focused on their performance and workout, not worrying about their weight.
- Become better educated on nutrition and eating disorder issues, including warning signs. Eating disorders are contagious and can spread through a team. Have a plan ready in case suspicious behaviors arise. Know who to talk to.
- Don't make inappropriate comments such as:
  - "You look like you've lost weight; are you on a diet?"
  - "You need to lose five pounds in the next week."
- Instead, include positive comments and actions into your training, such as:
  - "If our team is in good condition, it'll raise our level of competition. By becoming more fit, we'll have a steady foundation to build on. Let's do this together."
- Educate student-athletes that the scale may read more for a leaner body, because muscle weighs more than a comparable amount of fat.
- If you must confront student-athletes on any weight or body issues, discuss your concerns and ideas with nutritional and medical personnel first and see how they suggest handling it.
- Do not share an athlete's weight or body composition information.

# Team Activities

## 1 My name is ...

For at least a week or two of practices, have your teams name themselves after a healthy food.

.....

## 2 What you'll need: Nutrition Tracker Handout and MyPyramid Posters from the National Dairy Council. (Available at: [www.nutritionexplorations.org/kids/nutrition-pyramid.asp](http://www.nutritionexplorations.org/kids/nutrition-pyramid.asp))

Make copies of the Nutrition Tracker Handout and the MyPyramid posters and pass them out to your athletes. Ask them to fill out the Nutrition Tracker before the next practice. They don't have to share the completed handout with the team unless they want to. Use the handout as a way to discuss nutrition with your athletes.

.....

## 3 What you'll need: Cards with different foods pictured on them - some healthy and some not healthy. (Cut out foods from magazines and paste one kind on each card or use the ones supplied in Handouts & Extras.)

This activity is a warm-up relay game. Divide your athletes into two teams. The first runner starts at the opposite side of the field next to the spot where the food cards are placed.

When you say "Go!" the first person on the team grabs a card with a healthy food on it and runs to the opposite end of the field and hands it off to the next team member. That team member runs back to the card pile and chooses another healthy food card. The first team to finish up the relay wins.

# Diabetes



## Diabetes Shouldn't Get in the Way of Play

Diabetes is a serious, chronic disease that affects hundreds of thousands of people in the U.S. It is estimated that in children ages 10 to 19, there are almost 3 cases out of 1,000 youth.<sup>7</sup>

Among younger children, type 1 diabetes accounts for 80% of diabetes. In older youth, type 2 diabetes, the kind of diabetes associated with obesity, is on the rise. Because it's possible that one of your athletes could have diabetes, your ability to recognize the symptoms and know what to do if he or she is in trouble will help to make sure your athletes are safe. This section of the handbook covers basic information about diabetes and its management. Please check the *Resources* section for other, excellent sources of diabetes information and guides. It's important for coaches to treat the student with diabetes the same as other students, except to meet medical needs. There is no reason why well-managed diabetes should limit a youth's full participation in sports and other activities.

# Teaching Points

- **Among younger children, type 1 diabetes accounts for 80% of diabetes in the U.S.**
- **When a person has diabetes, high levels of glucose (blood sugar) build up in the blood and spill into the urine. Because of this, the body loses its main source of fuel.**
- **The symptoms of type 1 diabetes include increased thirst and urination, constant hunger, weight loss and blurred vision.**
- **Hypoglycemia can be a life-threatening condition. Learn to recognize the symptoms of hypoglycemia, which include hunger, shakiness, sweating, behavior change, and at the serious end, loss of consciousness.**
- **Playing safe with diabetes means planning for emergencies, for example, encouraging the athlete to have personal medical supplies on hand.**

## What is Diabetes?

Diabetes happens when the body does not make or properly use insulin, a hormone. Insulin is needed to convert sugar, starches and other food into energy. People with diabetes have increased blood glucose (blood sugar) levels because they lack insulin, don't have enough insulin or are resistant to insulin's effects. When a person has diabetes, high levels of glucose build up in the blood and spill into the urine. Because of this, the body loses its main source of fuel.

## Types and Symptoms of Diabetes

**Type 1 Diabetes** - The pancreas can no longer produce insulin. These individuals need to take insulin daily to live. Type 1 diabetes can occur at any age, but it occurs most often in children and young adults.

### Symptoms of type 1 diabetes

- Increased thirst and urination
- Constant hunger
- Weight loss
- Blurred vision
- Fatigue

If not diagnosed and treated with insulin, the child with type 1 diabetes can lapse into a life-threatening condition known as diabetic ketoacidosis (KEY-toe-asi-DOE-sis), or DKA.

**Type 2 Diabetes** - The body cannot use its insulin very well. A person will need increasing amounts of insulin to control blood glucose. The pancreas tries to make more insulin, but may not be able to keep up with the need.

### Symptoms of type 2 diabetes

- Fatigue
- Excessive thirst
- Nausea
- Urinating often
- Rapid weight loss
- Blurred vision
- Frequent infections
- Yeast infections
- Slow healing of wounds or sores



To control their diabetes, children with type 2 diabetes may need to take oral medication, insulin, or both.

## Type 2 Diabetes On the Rise

Type 2 diabetes used to be found mainly in overweight adults ages 40 or older. Now, as the obesity problem rises in the U.S., type 2 diabetes is starting to occur more often in young people.

For children and teens at risk, coaches can help them make lifestyle changes that may delay or prevent the onset of type 2 diabetes. These changes can include reaching a healthy weight and then maintaining it and engaging in regular physical activity.

## Playing Safe With Diabetes

Athletes with diabetes must check (or test) their blood glucose levels throughout the day by using a blood glucose meter. If blood glucose levels are too low (hypoglycemia) or too high (hyperglycemia), the athlete can then take action, such as eating, modifying their activity level or giving themselves insulin. Low blood glucose levels, which can be life-threatening, are an immediate danger to people with diabetes.<sup>8</sup>



**Example of blood glucose meter**

### Causes of Hypoglycemia

- Took too much insulin
- Missed a meal
- Didn't eat on time
- Got too much or too intense exercise
- Exercised without scheduling it with meals and insulin

The onset of hypoglycemia can happen suddenly, so be prepared!

## Symptoms of Hypoglycemia

If an athlete shows any of these symptoms, notify the school nurse or a trained diabetes person right away.

### Mild

Hunger  
Shakiness  
Sweating (not related to heat or exercise)  
Weakness  
Paleness  
Anxiety  
Irritability  
Dizziness  
Drowsiness  
Personality change  
Inability to concentrate

### Moderate

Headache  
Behavior change  
Poor coordination  
Blurry vision  
Slurred speech  
Confusion

### Severe

Loss of consciousness  
Seizure  
Inability to swallow

## PLAYING SAFE WITH DIABETES MEANS PLANNING FOR EMERGENCIES

An athlete with diabetes may have a diabetes medical management plan already developed. This plan will tell you what to do in an emergency as well as give information about the youth's insulin schedules. There are a few important things you should know so that you'll feel more confident about handling diabetic emergencies.<sup>8</sup>

- Work with the athlete, parents and the school's or facility's medical staff to develop a diabetes or emergency care plan.
- Encourage the athlete to have personal supplies on hand. These supplies can include insulin, blood glucose monitoring meter, glucose tablets and glucagon.
- Realize that a change in the athlete's behavior could be a symptom of changes in blood glucose levels. Be prepared to identify and respond to signs and symptoms of hypoglycemia or hyperglycemia.
- Treat hypoglycemia with a fast acting form of glucose. Keep hard candies or glucose tablets in the First Aid pack.
- Many students with type 1 diabetes are using an insulin pump, which greatly helps a student maintain good diabetes control. They may remove the pump during an athletic event.

# **Injury Prevention & Concussion**



## Coaches Can Help Athletes Play Safely!

In the U.S., about 1 million serious sports-related injuries happen annually to adolescents aged 10 - 17 years.<sup>1</sup> These serious injuries involve hospitalization, surgical treatment and missed school. Males are twice as likely as females to suffer from a sports-related injury. In sports with male and female teams (soccer and basketball), the female injury rate tends to be higher than the male injury rate.<sup>1</sup>

Concussion, a form of brain injury, is a serious condition that can happen in any sport. About 300,000 sports and recreation - related head injuries occur in the U.S. each year.<sup>1</sup> The potential for them is greatest in sports where collisions are more likely. Athletes not only collide into other athletes but they can also run into goalposts or trip over equipment and playing surfaces.<sup>2</sup>

Unfortunately, many young athletes don't know that the bump to the head they just received can lead to a concussion. Because of this, they may not get medical help at the time of the injury and they might not know that the headache and dizziness they're experiencing are serious signs of a concussion. Your role as a coach is to ensure safe participation in sports so that your team's experience is a healthy and fun one. This section includes information about concussion but it also covers injury prevention tips that guard against other types of injuries. The information about concussion will give you the tools to recognize the signs and symptoms and to act promptly when head injuries happen.

# Teaching Points

- **Young people adjust to heat more slowly and show less ability to get rid of body heat than adults in a hot environment.**
- **Prepare your athletes for practices and games in the heat by conditioning them before the first official practice begins.**
- **MRSA (methicillin-resistant Staphylococcus aureus) is a serious infection that can occur in healthy people. Athletes are at risk, especially if they participate in contact sports.**
- **Recognizing the signs and symptoms of a concussion is important because an athlete can have a concussion and still be conscious and awake.**
- **Your athletes should not be allowed to play with an injury.**
- **Having a Concussion Action Plan in place will help you make sure that concussions are managed correctly and your athletes play safe (see page 53).**

# Every Sport Has Its Risks

## Types of Injuries<sup>3</sup>

### Sprains

Overstretching and stress to a ligament is called a sprain. Ligament damage is most common in sports such as basketball, football and soccer, where players make sudden twist and turn movements. Sprains and ligament tears are some of the more common injuries in adolescent athletes. Joint dislocations are the most severe form of ligament damage and can lead to long-term disability in the athlete.

### Strains

A strain happens when a muscle or tendon is stretched or torn and can happen suddenly or develop over days or weeks. Common strains resulting from sports injuries occur in the hamstrings, quadriceps and calf muscles.

### Fractures

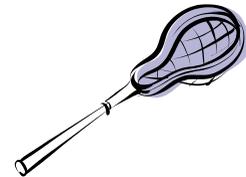
A fracture is a break in the bone. Fractures occur more often in sports where players run into each other (football, baseball, soccer). Stress fractures, caused by excessive exercise without proper rest time, occur most commonly in the bones of the lower leg and feet.

### Overuse Injuries

All types of overuse injuries are happening more and more often in young athletes. Damage to the muscles, tendons and ligaments commonly occur in the shoulder and elbow in sports involving throwing, whereas running and jumping sports may cause injuries to the leg, knee, ankle or foot. Overuse injuries happen most often in baseball, basketball, running, gymnastics, dancing and swimming.

### Spinal Cord Injuries

Approximately eight percent of spinal cord injuries result from sports injuries.<sup>4</sup> Football players using the tops of their helmets to "spear" opponents are at high risk for serious cervical spine injury. Athletes should be instructed to block and tackle with the head up to reduce the risk of head and spinal injuries.



## Heat Stress Injuries

Heat stress injuries are classified from the least dangerous heat cramps, to heat exhaustion, to heat stroke, which is a life-threatening emergency. Your young athletes adjust to heat more slowly than adults and can't easily rid themselves of body heat in a hot environment because they don't sweat as much.

To get used to the heat, athletes should exercise or work outdoors 4-5 days a week at a high enough intensity to maintain a steady sweat. Athletes should begin this type of exercise at least two weeks before the first official practice begins.<sup>4</sup>

Starting with a minimum of 15-20 minutes the first day, your athletes should increase outdoor activity 5-10 minutes daily to prepare themselves for the heat and humidity that may occur during practices in warmer seasons.<sup>4</sup>

Games and practices should be suspended, delayed, or postponed during extreme weather conditions to prevent heat-related injury and illness.

## MRSA (methicillin-resistant Staphylococcus aureus)

MRSA is a staph infection that's resistant to antibiotics commonly used to treat it. In the past several years, serious infections have been occurring in otherwise healthy people in the community such as athletes. Your athletes may be at risk especially if they participate in contact sports. The bacteria spread easily through cuts and abrasions and skin-to-skin contact. In addition, MRSA has spread among athletes sharing razors, towels, uniforms or equipment.

Signs and symptoms of an infection include redness, warmth and tenderness of the wound; pus — a yellowish-white fluid that may have a foul smell; and fever.



## Preventing MRSA Infection<sup>5</sup>

### Wash your hands.

Scrub hands briskly for at least 15 seconds, then dry them with a disposable towel and use another towel to turn off the faucet. Use hand sanitizers when the team is away from the locker room.

### Keep personal

**items personal.** Avoid sharing personal items such as towels, sheets, razors, clothing and athletic equipment.

### Keep wounds

**covered.** Keep cuts and abrasions clean and covered with sterile, dry bandages until they heal.

### Shower after athletic games or practices.

Shower immediately after each game or practice. Use soap and water. Don't share towels.

### Sit out athletic games or practices.

If an athlete has a wound that's draining or appears infected — for example, is red, swollen, warm to the touch or tender — consider having him or her sit out until the wound has healed.

### Sanitize linens.

If an athlete has a cut or sore, wash towels in a washing machine set to the "hot" water setting (with added bleach, if possible) and dry them in a hot dryer. Tell your athletes to wash gym and athletic clothes after each wearing.

## Coaches Can Help Prevent Common Athletic Injuries

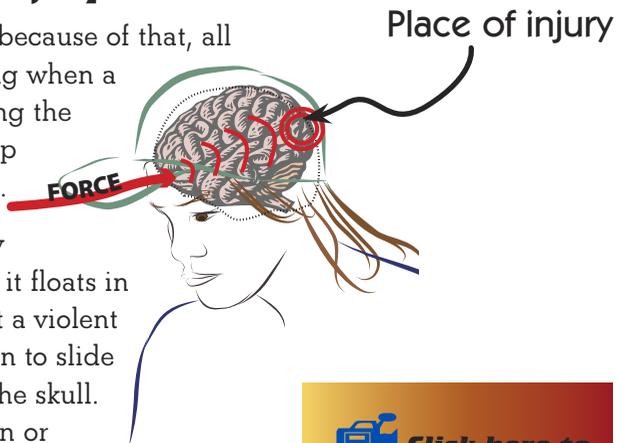
The following checklist can help you make sure your athletes play safe and manage emergencies.<sup>6</sup>

- If any of your athletes has a medical condition, including allergies, be sure their caregivers talk to you. Parents should provide you with an emergency medical authorization form, with contact information and permission for emergency medical care for their children. Check with your school or organization to obtain the form.
- Establish an emergency action plan. This plan can be reviewed by your local Emergency Medical Service (EMS).
- Inspect, maintain and instruct the proper use of sports equipment (including mouth guards).
- Check sports facilities regularly. Before every practice or game, inspect the facility or field for safety.
- Make sure you include warm up, cool down and flexibility regimens. Before every workout, your athletes should do a 15 minute gentle warm up. Once warmed up, they should do safe stretching exercises. After each workout and competition, your athletes need a cool down period with stretching. Limit workouts and practices to no more than two hours — less for youth under 14.
- Establish weather policies, including preparations to avoid lightning. Designate an athlete to “make the call” to stop activity and move the team to a safe area.
- Create a hydration plan and encourage your athletes to drink fluids before, during and after exercise. Fluid breaks should be offered at least every 30-45 minutes (more often during warmer weather). Water is sufficient, but a sports drink may provide better results if the activity lasts longer than 45-50 minutes or is intense.
- Have a heat sickness program in place. Coaches should be able to recognize the symptoms of heat sickness, know how to treat the minor conditions and when to notify EMS for emergencies. If an athlete suffers heat stroke, a method to rapidly cool him or her must be close at hand.

## A Concussion is a Brain Injury

A concussion is a brain injury, and because of that, all concussions are serious. Recognizing when a concussion has happened and giving the appropriate care right away can help prevent further injury or even death.

A brain is soft tissue and fortunately it's fairly well-protected by the fluid it floats in and the dense bone of the skull. But a violent blow to the head can cause the brain to slide forcefully against the inner wall of the skull. This impact can result in bleeding in or around the brain and the tearing of nerve fibers.



## Signs and Symptoms of a Concussion

An athlete can have a concussion and still be conscious and awake. It might not be obvious at first that an athlete has suffered from a concussion, but learning the signs and symptoms before they happen will give you more confidence as a coach. The term "signs" of a concussion means the things that you, the coach, or other people can see. The term "symptoms" are what the athlete who has had a concussion tells you he or she is experiencing.

### Recognizing the Signs and Symptoms of Concussion<sup>7</sup>

Signs the Coaching Staff Sees	Symptoms the Athlete Tells You About
<p>Appears dazed or stunned</p> <p>Is confused about directions</p> <p>Forgets plays</p> <p>Is unsure of game, score or opponent</p> <p>Is clumsy</p> <p>Answers questions slowly</p> <p>Loses consciousness</p> <p>Shows behavior or personality changes</p> <p>Can't remember events before being hit</p> <p>Can't remember events after being hit</p>	<p>Headache</p> <p>Sick to stomach</p> <p>Balance problems or dizziness</p> <p>Double or fuzzy vision</p> <p>Sensitivity to light or noise</p> <p>Feeling sluggish</p> <p>Feeling foggy or groggy</p> <p>Concentration or memory problems</p> <p>Confusion</p>



See the **Handouts & Extras** Section for a concussion signs and symptoms poster that you can hang in your office, locker rooms and practice areas.

# When it Comes to Winning, Safety Comes First

As a coach, you play an important role in preventing concussions and other injuries, and acting promptly when they happen. Here are a few key points to remember:

## Concussion Tips<sup>8</sup>

**Don't allow unsportsmanlike behavior.**

**Teach your athletes safe playing skills.**

**Enforce the rules of play.**

**Make sure your athletes wear the right protective equipment for the sport, including mouth guards.**

**Make sure protective equipment fits and keep all protective equipment in good working condition.**

**Teach your athletes that it's not smart to play if they have an injury. Don't let an athlete persuade you that he or she is just fine after they have gotten a bump or jolt to the head.**

**Ask your athletes if any of them have had a previous concussion. Athletes with a history of concussion are at increased risk for subsequent injuries. In athletes with a history of 3 or more concussions and experiencing slowed recovery, temporary or permanent disqualification from contact sports may be necessary.**

**Report concussions to appropriate staff so that they can help you monitor the athlete's condition.**

You can find an excellent web resource about concussion at:

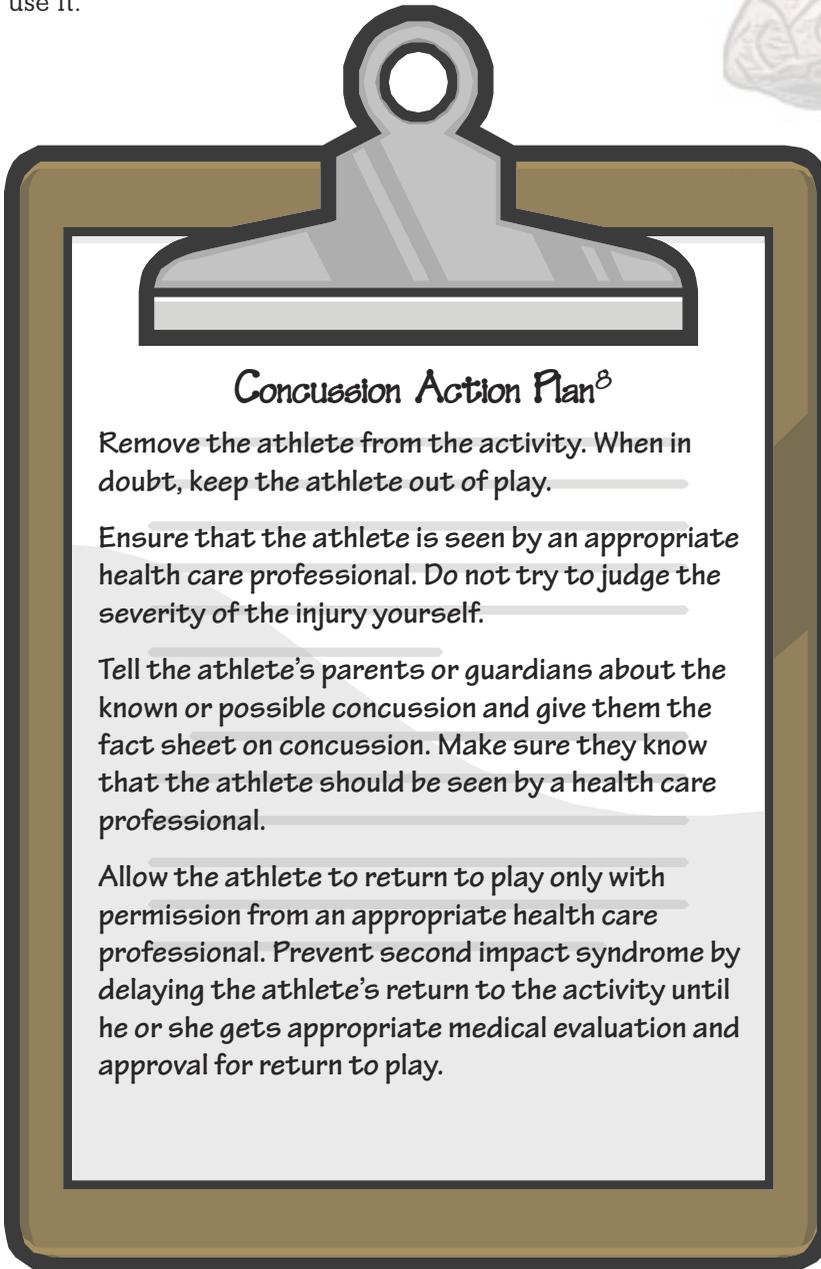
[www.knowconcussion.org](http://www.knowconcussion.org)

Read the online newsletter written by Caroline E. Faure, EdD; ATC Assistant Professor of Sport Science and PE Idaho State University



Having a **Concussion Action Plan** in place will help ensure that concussions are managed correctly and your athletes play safe. If you suspect an athlete has a concussion, implement your action plan. Identify a health care professional to manage injuries during practice and games.

Be sure that other athletic and school staff and health care professionals know about the plan and have been trained to use it.



## **Second Impact Syndrome<sup>8</sup>**

This occurs when an athlete, who has already gotten a head injury, gets a second head injury before symptoms have cleared from the first one.

Many times this occurs because the athlete has returned to the game or practice before his or her first injury symptoms resolve. Coaches and athletes may not realize that days or weeks may be needed before concussion symptoms resolve.



**See the Handouts & Extras Section for posters and fact sheets about concussion.**

# Violence Prevention



## Coaches Can Teach Athletes to be Good Citizens!

Coaches play an important role by teaching their athletes to show positive sportsmanship and other appropriate behaviors at all times. Your athletes regard you as an adult role model and will follow your example. They'll develop values and standards based on what they see and hear from you. They can learn positive and negative behaviors and attitudes alike.

A well-researched theory states that aggressive behavior is learned through modeling and reinforced by rewards and punishments.<sup>1</sup> Young athletes take sports heroes as role models and imitate their behavior. Parents, coaches and teammates are also models who, perhaps, may demonstrate support for an aggressive style of play and behaviors toward opponents and spectators. Unfortunately, compelling evidence suggests that, for many youth, the pressures associated with sports produce low self-esteem, excessive anxiety and aggressive behavior.<sup>1</sup>

Through sport, coaches have the opportunity to teach youth to be responsible, show respect for self and others, and use teamwork. Coaches and athletes can speak out against violent attitudes and behaviors. Use situations that occur during games, practices and in the locker room to teach your athletes that violence, whether physical or verbal, is not acceptable.

# Teaching Points

- **Children and youth learn violent behaviors by listening to and watching others. It's the responsibility of adults to model and promote nonviolent attitudes and behaviors.**
- **Teams that show respect for each other play better as teams and help each other perform to the best of their ability.**
- **Do not allow your athletes or your staff to use language that degrades anyone. Don't reinforce the myth that being aggressive is "manly."**
- **Praise your athletes when they demonstrate positive, nonviolent athletic behaviors.**

## Playing with Respect: Keeping Violence out of Sports

Violent behaviors can be learned just by listening to and watching others. Adults have a responsibility to model and promote nonviolent attitudes and behaviors. Through sports, coaches have the ability to influence the actions and attitudes of athletes. By encouraging and demanding teamwork, coaches have many opportunities to teach youth to be responsible and to show respect for self and others. By teaching young athletes these positive behaviors, you can help your players become better athletes and better people.

The 2007 Idaho Youth Risk Behavior Survey (YRBS), found that about one out of every three Idaho students had been in a physical fight one or more times during the past year.<sup>2</sup>

According to a youth sports study conducted by the Minnesota Amateur Sports Commission:  
45 percent of young athletes said they had been called names, yelled at or insulted while participating in sports.

17 percent said they had been hit, kicked or slapped while participating in sports.

8 percent said they had been pressured to intentionally harm others while playing sports.

Edgar Shields, a professor of exercise and sport science, says his study of more than 2,000 male and female athletes in a broad range of sports showed 81 percent accepted intimidation and 45 percent accepted on-field violence as part of the game, even though 56 percent thought physical, verbal or gesture intimidation was bad sportsmanship.<sup>3</sup>

In his book **Power at Play**, Sociologist Michael Messner interviewed a former NFL player known for hurting other athletes during the game. He was rewarded with status when he hurt others in high school games. The rewards continued with college scholarships and a professional career. The athlete told Messner, "It could be you. It could be him. Most of the time it's better if it's him, so you know, you just go out and play your game." The result of this attitude is what Messner calls the development of the body as a weapon to be used against an objectified opponent.

"There's nothing better than excelling at a game you love. There's nothing worse than thinking your accomplishments as a player outweigh your responsibilities as a person."

- Doug Flutie, Quarterback, New England Patriots

## Encourage Nonviolent Behavior

A coach can encourage nonviolent behavior in many important ways. Teams that show respect for each other play better as teams and help each other perform to the best of their ability. Remember:

Watch your own language, attitudes and behaviors. You're a role model!

Tell your athletes what you expect from them in the areas of respect towards each other, their opponents and towards spectators.

Hold your athletes accountable for their behavior and actions on and off the playing field.

Encourage your athletes to hold their teammates responsible for their behaviors.

Do not allow your team or staff to use language that degrades anyone or that being aggressive is the same as being "manly." Words like sissy, dike or fag are unacceptable! Using phrases like, "You throw like a girl" or "You looked like a bunch of girls out there" cast a negative slant towards one gender.<sup>4</sup>

Praise your athletes when they demonstrate positive, nonviolent athletic behavior.

Create a code of conduct for your athletes that clearly penalizes anyone who commits abusive acts, including acts of violence against women and girls. (See the Handouts & Extras section for a Sample Code of Conduct.)<sup>4</sup>

Don't post advertisements or posters that denigrate either sex or use violent images to promote products.

Recruit women to act as coaches to increase the visibility of strong, confident female role models for both girls and boys.<sup>4</sup>



**Click here to watch the video:**

**Break the Silence: Stop the Violence**

**Source: National Center for Injury Prevention and Control (NCIPC)**

**Running Time: (4:12)**

**Release Date: 8/4/2008**

One out of every eleven teens reports being hit or physically hurt by a boyfriend or girlfriend in the past twelve months. But why is that, and how can we change it? In "Break The Silence: Stop the Violence," parents talk with teens about developing healthy, respectful relationships before they start dating.

# Team Activities

Go to the **Coaching Boys Into Men<sup>SM</sup>** website at [www.coaches-corner.org](http://www.coaches-corner.org). Here you'll find excellent resources for team activities that can help your athletes learn about respect on and off the field. Here's a sample from the website that coaches can use to teach athletes about the use of insulting language.<sup>5</sup>

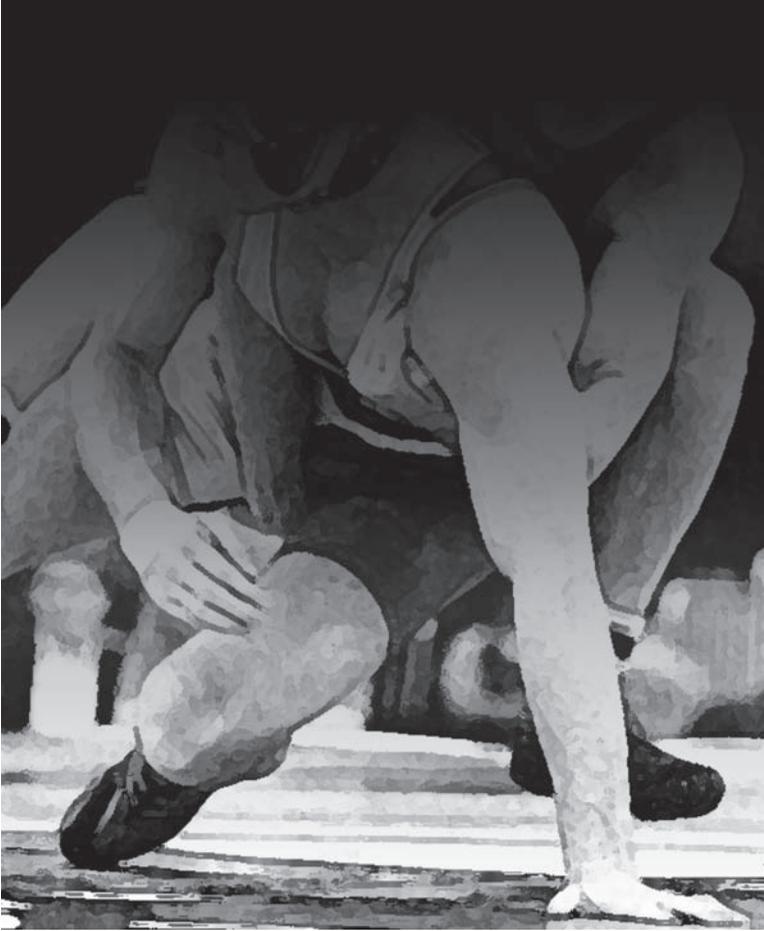
## Ask the Athletes

1. What are respectful ways we can use language to help a fellow teammate who may not be playing so well?
2. What do you think about saying to a guy "You play like a girl?" Why might this also be insulting to girls?
3. How would you feel if someone used demeaning language when talking about you or someone you know?
4. How would you feel if someone talked negatively about something you have no control over, like how you look?

## Wrap Up

- Instead of taunting or mocking, help your teammates out by providing positive suggestions for how they can improve.
- Insults like "you play like a girl" may seem harmless, but they're not. Using gender to insult someone reinforces a stereotype that females are inferior. That is unacceptable.
- It's also demeaning to make negative comments about someone's race, appearance, disability, or sexual orientation.
- If it's something you wouldn't like said about you, don't say it about someone else.

# References and Resources



## Tobacco Prevention

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## Website Resources

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Tobacco-Free Sports Initiatives (Centers for Disease Control and Prevention)  
[www.cdc.gov/tobacco/youth/educational\\_materials/sports/index.htm](http://www.cdc.gov/tobacco/youth/educational_materials/sports/index.htm)

National Spit Tobacco Education Program  
[www.nstep.org](http://www.nstep.org)

Project Filter  
[www.projectfilter.org](http://www.projectfilter.org)

Tobacco Free Sports  
[www.tobaccofreesports.ca](http://www.tobaccofreesports.ca)

### Asthma

TeensHealth™  
[http://kidshealth.org/teen/diseases\\_conditions/allergies\\_immune/asthma\\_center.html](http://kidshealth.org/teen/diseases_conditions/allergies_immune/asthma_center.html)

FreeBreather Information for Coaches  
[www.freebreather.com/asthma/information\\_for\\_coaches.aspx](http://www.freebreather.com/asthma/information_for_coaches.aspx)

Coach's Clipboard Program  
[www.winningwithasthma.org](http://www.winningwithasthma.org)

Idaho Asthma Control Program  
[www.idahoasthma.org](http://www.idahoasthma.org)

### Sun Safety

Skin Cancer (Centers for Disease Control and Prevention)  
[www.cdc.gov/cancer/skin/chooseyourcover/qanda.htm#cover\\_up](http://www.cdc.gov/cancer/skin/chooseyourcover/qanda.htm#cover_up)

Play Sun Smart™  
[www.playsmartsun.org/index.htm](http://www.playsmartsun.org/index.htm)

### Nutrition and Diabetes

Take Charge of Your Health! A Guide for Teenagers  
[http://win.niddk.nih.gov/publications/take\\_charge.htm](http://win.niddk.nih.gov/publications/take_charge.htm)

Youth Training and Coaching. Pre-Game Meal/Pre-Practice Snacks  
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Dehydration. MayoClinic.com

[www.mayoclinic.com/health/dehydration/DS00561/DSECTION=symptoms](http://www.mayoclinic.com/health/dehydration/DS00561/DSECTION=symptoms)

National Diabetes Education Program

[www.ndep.nih.gov](http://www.ndep.nih.gov)

American Diabetes Association

[www.diabetes.org](http://www.diabetes.org)

Physical Activity and Nutrition Program of Idaho

<http://healthandwelfare.idaho.gov/Health/PhysicalActivityandNutrition/tabid/114/Default.aspx>

### **Injury Prevention**

Concussion in High School Sports Guide for Coaches

[www.cdc.gov/ncipc/tbi/CGToolKit/Coaches\\_Guide.htm](http://www.cdc.gov/ncipc/tbi/CGToolKit/Coaches_Guide.htm)

National Athletic Trainers Association (NATA)

[www.nata.org](http://www.nata.org)

Heads Up: Concussion in Youth Sports

[www.cdc.gov/concussion/HeadsUp/youth.html](http://www.cdc.gov/concussion/HeadsUp/youth.html)

### **Violence Prevention**

Men Today Men Tomorrow

[www.mentodayidaho.org](http://www.mentodayidaho.org)

Coaching Boys INTO MEN

[www.coaches-corner.org](http://www.coaches-corner.org)



## **The Sean Marsee Story**

It was early on February 25th. Sean Marsee smiled a tired smile at his sister, pointed his index finger skyward, and an hour later, at age 19, Sean Marsee was dead. Just ten months earlier, Sean, an 18 year-old high school senior and star of the school track team, was just a weekend away from competing in the state track finals and just a month away from graduation. It was then that Sean opened his mouth and showed his mother an ugly sore on his tongue. His mother, a registered nurse, took one look and felt her heart sink.

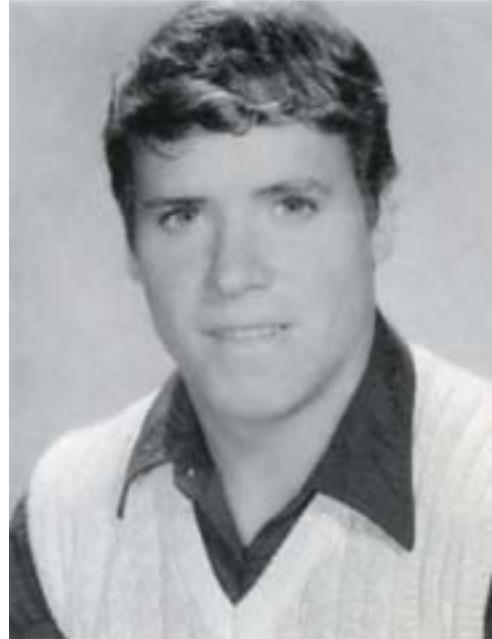
A user of smokeless chewing tobacco and snuff since age 12, rarely was Sean without a dip. Living from nicotine fix to nicotine fix, he went through a can of snuff every day and a half. When Sean's mother finally discovered his secret she hit the roof. She tried explaining how hazardous tobacco was for him, smoke or no smoke, but Sean refused to believe her. He argued that other boys on the track team were dipping. He argued that his coach knew and didn't seem to care. He argued that high profile sports stars were using and marketing smokeless tobacco. How could it be dangerous, he pleaded. In the end, his mother simply dropped the subject.

When the sore turned into an angry red spot with a hard white core about the size of a half-dollar, Sean's mom took him to see a doctor. "I'm sorry, Sean," said Dr. Carl Hook, the throat specialist. "It doesn't look good. We'll have to do a biopsy." Sean was stunned. Aside from his addiction to nicotine, he didn't drink, he didn't smoke and he took excellent care of his body; watching his diet, lifting weights and running five miles a day, six months a year. How could it be? "I didn't know snuff could be that bad for you," Sean said.

"I'm afraid we'll have to remove that part of your tongue, Sean," Dr. Hook said. The high school senior was silent. "Can I still run in the state track meet this weekend?" he finally asked. "And graduate next month?" Dr. Hook nodded.

On May 16th, Dr. Hook performed the operation. More of Sean's tongue had to be removed than was anticipated. Worse yet, the biopsy results were back and the tumor tested positive for cancer. Arrangements were made for Sean to see a radiation therapist, but before therapy began, a newly swollen lymph node was found in Sean's neck. It was an ominous sign that the cancer had spread. Radical neck surgery had now become necessary. Dr. Hood gently recommended to Sean that he undergo the severest option: removing the lower jaw on the right side, as well as all lymph nodes, muscles and blood vessels except for his artery.

His mother began to cry. Sean was being asked to approve his own mutilation. This was a teenager who was so concerned about his appearance that he'd even swallow his dip rather than be caught spitting tobacco juice. They sat in silence for ten minutes. Then, dimly, she heard him say, "Not the jawbone. Don't take the jawbone." "Okay, Sean," Dr. Hook said softly. "But the rest; that's the least we should do." On June 20th Sean underwent his second surgery. It lasted eight hours.



**Sean Marsee Before Getting Cancer**

At school, 150 students and teachers assembled in June to honor their most outstanding athlete. Sean could not be there to receive their award. His coach and his assistant came to Sean's home to present their gift, a walnut plaque. They tried not to stare at the huge scar that ran like a railroad track from their star performer's earlobe to his breastbone. Smiling crookedly out of the other side of his mouth, Sean thanked them.

With five weeks of healing and radiation therapy behind him, in August Sean greeted Dr. Hood with enthusiasm, plainly happy to be alive. Miraculously, Sean had snapped back. He really believes his superb physical condition is going to lick it, Dr. Hook thought. Let's hope he's going to win this race too.

But in October Sean started having headaches. A CAT scan showed twin tentacles of fresh malignancy, one snaking down his back, the other curling under the base of his brain. In November, Sean underwent surgery for the third time. It was the jawbone operation he had feared - and more. After 10 hours on the operating room table, he had four huge drains coming from a foot long crescent wound, a breathing tube sticking out of a hole in his throat, a feeding tube through his nose, and two tubes in his arm veins. Sean looked at his mother as if to say, "My God, Mom, I didn't know it was going to hurt like this."

The Marsees brought Sean home for Christmas. Even then, he remained optimistic until that day in January when he found new lumps in the left side of his cheek. His mother answered the phone when the hospital called with the results of the biopsy. Sean knew the news was bad by her silent tears as she listened. When she hung up, he was in her arms, and for the first time since the awful nightmare started, grit-tough Sean Marsee began to sob. After a few minutes, he straightened and said, "Don't worry. I'm going to be fine." Like the winning runner he was, he still had faith in his finishing kick.



**Sean Marsee After Surgery for Cancer**

One day Sean confessed to his mother that he still craved his snuff. "I catch myself thinking," he said, "I'll just reach over and have a dip." Then he added that he wished he could visit the high-school locker room to show the athletes "what you look like when you use it." His appearance, he knew would be persuasive. A classmate who had come to see him fainted.

Shortly before Sean's death he told his mother that there must be a reason that God decided not to save him. Sean's mother believes that Sean's legacy is in having his story spread and hopefully "keeping other kids from dying." When Sean became unable to speak, a friend asked him if there was anything he wanted to share with other young athletes. With pencil in hand Sean wrote, "Don't dip snuff." On the morning of February 25th, Sean Marsee, age nineteen, exhaled his last breath.

# UV Index Chart

UV Index →	0-2 very low	3-4 low	5-6 medium	7-9 high	10+ very high
Your Game Plan for Protection					stay indoors
				stay in the shade	stay in the shade
					
	SPF 15 	SPF 15 	SPF 15 	SPF 30 	SPF 45 
					
Minutes to a Burn	60	45	30	15-24	10 or less

# **CONCUSSION**

## **Signs and Symptoms**

### **Signs the Coaching Staff Sees**

**Appears dazed or stunned**  
**Is confused about directions**  
**Forgets plays**  
**Is unsure of game, score or opponent**  
**Is clumsy**  
**Answers questions slowly**  
**Loses consciousness**  
**Shows behavior or personality changes**  
**Can't remember events before being hit**  
**Can't remember events after being hit**

**Don't ignore  
the signs and  
symptoms of  
concussion!**

**It's better to miss  
one game  
than a whole  
season!**

### **Symptoms the Athlete Tells You About**

**Headache**  
**Sick to stomach**  
**Balance problems or dizziness**  
**Double or fuzzy vision**  
**Sensitivity to light or noise**  
**Feeling sluggish**  
**Feeling foggy or groggy**  
**Concentration or memory problems**  
**Confusion**

# Coaches Code of Conduct

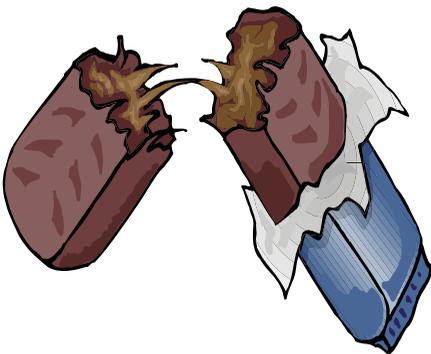
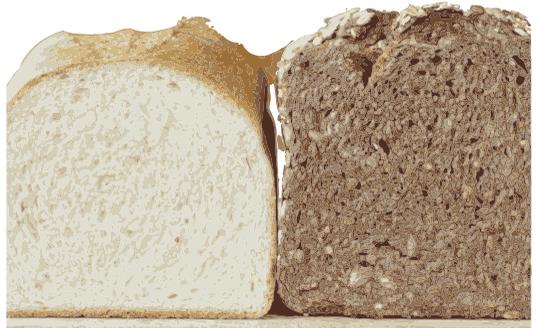
- Treat athletes respectfully, praise their efforts, and actively encourage athletes to work cooperatively through positive words and examples.
- Use constructive criticism and positive language; avoid excessively harsh criticism when coaching or disciplining an athlete.
- Actively discourage athletes from criticizing or talking negatively about officials; discipline athletes who publicly criticize officials.
- Show respect for opponents by speaking cordially with and shaking the hand of the opposing coach before and after the game.
- Use positive words, even when being critical, and avoid vulgar or offensive language or gestures and aggressive or taunting actions or language when involved in any sport activity.
- Speak positively of the opposing team's play, regardless of outcome.
- Meet with parents as needed and answer parents' questions respectfully and honestly.
- Ensure that facilities, equipment, and uniforms are treated with respect and care by the athletes and others involved in sport.
- Maintain a professional relationship with all athletes; avoid engaging in conduct, gestures, actions, or comments of a sexual nature with any athlete; report any incident of sexual harassment to the appropriate authorities.
- Exercise self-control during practice and games and in other sport-related activities.
- Avoid showing excessive emotion, anger, frustration, or physical or verbal aggression.
- Do not start a fight or become involved in a fight in any situation.

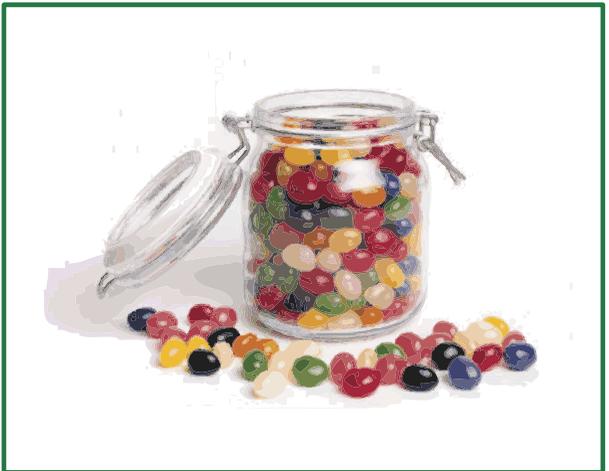
# **Athletes**

## **Respectful Play**

### **Code of Conduct**

- Cooperate with officials' decisions and not argue with, question, or indicate disagreement with any official's decision.
- Show respect for opponents by speaking cordially with and shaking the hand of the opposing team and coach before and after the game.
- Use positive words, even when being critical, and avoid vulgar or offensive language or gestures and aggressive or taunting actions or language when involved in any sport activity.
- Speak positively of the opposing team's play, regardless of outcome.
- Maintain a professional relationship with all teammates; avoid engaging in conduct, gestures, actions, or comments of a sexual nature with any team member; report any incident of sexual harassment to the appropriate authorities.
- Exercise self-control during practice and games and in other sport-related activities.
- Avoid showing excessive emotion, anger, frustration, or physical or verbal aggression.
- Do not start a fight or become involved in a fight in any situation.
- Help your teammates avoid fights or other displays of aggression.







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IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

**January 2010**