

SPECTATOR CODE OF ETHICS

North Carolina High School Athletic Association

The Buncombe County Board of Education recognizes the importance of interscholastic sports for the mental, physical and social development of our students. To facilitate this need, the Board of Education adopts the core beliefs and values of the North Carolina High School Athletic Association as the guiding principles for interscholastic athletic programs.

The components of the core values and beliefs of the North Carolina High School Association are: Sportsmanship, Integrity, Fair play, Honesty, Respect, Equity, Fair Competition, and Development of Student Athletes. The highest potential of sports is achieved when competition reflects these eight pillars of character development.

Core Values and Beliefs

- **Sportsmanship** - following the rules of the game, respecting the judgment of referees and officials, treating opponents with respect, respect for one's opponent and graciousness in winning or losing
- **Integrity** - consistency of actions, values, methods measures, principles, expectations and outcomes - the truthfulness or accuracy of one's actions
- **Fair Play** - a shared interpretation of the rules, the equal treatment of all concerned, sticking to the agreed rules, not using unfair advantages
- **Honesty** - uprightness and fairness, truthfulness, sincerity, or frankness, freedom from deceit or fraud. To consistently seek and speak the truth
- **Respect** - a positive feeling of esteem for a person or other entity and specific actions and conduct representative of the esteem
- **Equity** - fairness, just and right, equitable treatment of all, dealing fairly and equally with all concerned
- **Fair Competition** - competitors within a competition should have similar performance potential and performance strength
- **Development of student-athletes** - participation in athletics should aid in the physiological and psychological development of the student-athlete

The Buncombe County Board of Education recognizes the importance of community support and participation at athletic events. To facilitate the safety of all, and the integrity of the athletic programs, the Board has adopted the following expectations for parents and spectators to adhere to while in attendance at athletic events.

As a parent and/or spectator:

1. Parents/Guardians will inform the school administration/coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
2. Parents/Spectators will be a positive role model and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials, at every game, practice, or other sporting event.
3. Parents will practice good sportsmanship by refraining from negative comments about student athletes' performance.
4. Parents/Spectators will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
5. Parents/Spectators will encourage positive behaviors and safe practices that will benefit the health and wellbeing of the student athletes.
6. Parents/Guardians will model and expect that student athletes treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
7. Parents/Spectators agree to encourage and support the opposing team, its players, coaches, cheerleaders, fans and officials/judges with words and actions.
8. Parents/Spectators will respect the officials and their authority during games.
9. Parents/Spectators will approach the coach at an agreed upon time and place with any questions or concerns as opposed to the game venue.
10. Parents/Spectators will respect that school property is drug, tobacco and alcohol free.
11. Parents/Spectators will refrain from coaching student athletes during games and practices unless identified as one of the official coaches of the team.
12. Parents/Spectators will not throw any foreign object that may harass or injure a spectator, player or official.
13. Parents/Spectators will respect the athletic venues at all times by staying in designated spectator areas and not entering restricted zones such as playing fields/surfaces, locker rooms, etc.

Adopted: November 8, 2012



MRSA Fact Sheet for Athletes

What is MRSA?

- MRSA (Methicillin-resistant *Staphylococcus Aureus*) is a type of “staph” bacteria that is resistant to certain antibiotics. Because of this resistance it can be hard to treat.
- MRSA can cause skin infections. Most are minor and can be treated without antibiotics. MRSA can also cause severe or deadly infections. Identifying MRSA infections early lowers the risk of severe infection.

What does MRSA look like?

- MRSA skin infections usually look like pimples or boils that are:
 - red
 - swollen
 - painful or
 - have pus or other drainage.People sometimes mistake these infections for spider bites.
- These infections usually occur:
 - where skin has been cut or scratched or
 - in areas covered by hair (like the back of the neck, between the legs, buttocks, armpit, or beard area of men) or
 - where sports equipment or uniforms rub or irritate the skin.

How is MRSA spread?

- MRSA is usually spread by contact with a person’s skin infection or objects that have touched their infected skin, like towels, bandages, razors or sports equipment.
- It is commonly spread in schools and locker rooms where athletes may share towels & sports equipment.
- You can become infected with MRSA when it gets into openings in your skin, like cuts, scrapes or even hair follicles.
- It is possible to get infected with MRSA more than once.

What should I do if I think I have a MRSA skin infection?

- Tell your parent and coach, athletic trainer, school nurse, gym teacher or doctor as soon as possible if you have skin that is red, warm, swollen, painful or draining pus.
 - The sooner your infection is found and treated, the sooner you can get back to playing sports and the smaller the chance that your infection will become severe.
 - Cover the affected area with a clean, dry bandage and see your doctor.
 - If other people you know or live with have the same infection, tell them to see their doctor.

- OVER -



How are MRSA skin infections treated?

- Many MRSA skin infections can be treated by having a healthcare professional drain the infection. **Do NOT try to pop, pick at, or drain the infection yourself!** You could make it worse or spread it to others.
- Always keep draining sores covered to prevent spreading the infection to others.
- If you are given an antibiotic, take all of the doses, even if the infection is getting better, unless your doctor tells you to stop taking it. Never share antibiotics or save them for another time.
- If your infection is not better within a few days of seeing your doctor, call them.

How can I prevent MRSA infections?

Practice good hygiene:

- Keep your hands clean by washing them well with soap and water or using an alcohol-based hand gel. Wash hands before & after playing sports, lifting weights, using shared sports equipment, and caring for cuts & sores.
- Shower immediately after exercise. Do not share bar soap or towels.
- Wash your uniform & clothing after each use.

Take care of your skin:

- Wear protective clothing or gear made to prevent skin scrapes or cuts.
- Keep scrapes, cuts and open wounds clean and covered with clean, dry bandages.

Do not share items that touch your skin:

- Avoid sharing personal items like towels, razors, uniforms & sports equipment that touches your skin.
- Do not share lotion or ointment that is applied by placing your hand into an open container.

Take precautions with common surfaces & equipment:

- Put a barrier (like sports gloves, other clothing or a towel) between your skin and shared sports equipment including weight-lifting, sauna or steam-room benches.

If you have questions about MRSA, see your healthcare provider. You may also call the Buncombe County Department of Health Disease Control Program at 828-250-5109.



Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Information Sheet

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

INFORMATION FOR STUDENT-ATHLETES AND PARENTS/LEGAL CUSTODIANS

What is sudden cardiac death in the young athlete? Sudden cardiac death is the result of an unexpected failure of proper heart function, usually during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automatic external defibrillator (AED).

How common is sudden death in young athletes? Rare. About 100 such deaths are reported in the US per year. The chance of death occurring to any individual high school athlete is about 1 in 200,000/year. Sudden cardiac death is more common in males than females; in football and basketball than in other sports; and in African Americans than in other races and ethnic groups.

What are the most common causes?

Research suggests that the main cause of is a loss of proper heart rhythm, causing the heart to quiver instead of pumping blood to the brain and the body. This is called ventricular fibrillation and is caused by one of several cardiovascular abnormalities and electrical diseases of the heart that may go unnoticed in healthy appearing athletes. The most common cause is hypertrophic cardiomyopathy, which is a disease of the heart with abnormal thickening of the heart muscle which can cause rhythm problems and blockages to blood flow. This is a genetic disease that may run in families and gradually develop over many years. The second most common cause is congenital abnormalities of the coronary arteries in which the blood vessels supplying the heart are formed abnormally. Other causes include myocarditis (inflammation of the heart, usually due to a virus), dilated cardiomyopathy (enlargement of the heart, often for unknown reasons), long QT syndrome and other electrical abnormalities of the heart, and Marfan syndrome (an inherited disorder involving abnormalities of the heart valves and major arteries, often seen in unusually tall athletes).



Are there warning signs to watch for?

Yes, in more than 1/3 of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. These include:

- Chest pains, at rest or during exertion
- Dizziness or lightheadedness, especially during exertion
- Fainting, seizure, or convulsions during physical activity
- Fainting or seizures during emotional excitement, emotional distress, or being startled
- Palpitations-awareness of the heart beating unusually (skipping, irregular, or extra beats) during athletics or cool down periods after athletic participation
- Fatigue or tiring more quickly than peers
- Being unable to keep up with friends due to shortness of breath (labored breathing)
- History of a heart murmur
- Family history of sudden death during physical activity or during a seizure
- Family history of sudden, unexpected death before age 50
- Family history of cardiac or aortic disease under 50 years of age

When should a student athlete see a heart specialist?

If the primary care provider or school physician has concerns, referral to a pediatric cardiologist is recommended. This specialist will perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram (ECHO), which is an ultrasound of the heart to allow for direct visualization of the heart structure may also be done. Other possible tests include a treadmill exercise test and monitor to enable longer recording of heart rhythm. None of the testing is invasive or uncomfortable.

Can sudden cardiac death be prevented through proper screening?

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. That is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus. That is why screening evaluations and a review of the family health history need to be performed on a yearly basis. With proper screening and evaluation, most cases can be identified and prevented.