



2023 SAFETY MANUAL

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TO SOUTHSIDE COACHES:

Here for your guidance as a Southside Coach is the Southside Little League Safety Manual. The manual contains important safety measures, first-aid notes, contact numbers and other information we hope you find useful this season.

Please note that this manual is not meant in lieu of safety training. We strongly encourage all of our coaches to attend safety and other related training that give you more in-depth information on how to handle player injuries and promote a safe and fun environment for your players and Southside will continue to provide or direct you to those opportunities.

A few things I'd ask of you in getting started....

- First, please review the manual so you are familiar with the material and know what's there and how to find it. That familiarity will come in handy if you do find yourself in a predicament with a player injury or other anxiety inducing issue on the field.
- Second, please include with this manual and keep handy:
 - Your team roster (including parents' and emergency contact numbers)
 - Your players' medical information forms
- Lastly, your feedback is important. Please provide us any suggestions or comments that may help us improve future versions of this manual.

Thank you for volunteering your time and talent to Southside! This is a great community investment and we much appreciate your participation and help.

Your Southside Little League Board



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Introduction to Safety Planning

In 1995, Little League International, the recognized governing body for little league baseball and softball based in Williamsport PA, introduced **ASAP** (A Safety Awareness Program) to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League and with the goal of re-emphasizing the primary importance of safety to local little leagues around the United States. In order to be an ASAP compliant league, the league must meet certain safety plan criteria and have their plan submitted and approved by Little League International (LLI).

The Little League Safety Plan required elements are as follows:

1. Designation of a league Safety Officer
2. Development and distribution of a Safety Manual to all applicable volunteers
3. Posting and distribution of emergency and key officials phone numbers
4. Screening all volunteers for sexual abuse (background checks)
5. Provide and require fundamental safety training by at least one coach from each team
6. Require that at least one coach from each team attend first-aid training
7. Require coaches to walk field before each game to ensure it is clear of hazards
8. Complete an annual facility survey and submit to LLI
9. Development and distribution of a written safety manual for concession stand and require food safety training attendance by concession manager
10. Require regular equipment inspection and replacement as necessary
11. Development and implementation of prompt incident reporting and tracking procedures
12. Require that a first aid kit be on hand at each game and practice
13. Enforcement of Little League rules including proper equipment
14. Collection and submission of player, coach and manager data to LLI
15. Report best practices and safety initiatives to LLI
16. Submission of Safety Plan to LLI for approval

The intent of a fully implemented safety plan is not simply to be in compliance with LLI requirements but rather, is the reduction of actual and potential harm to players, volunteers, game officials and spectators. We also hope the safety plan will have the added effects of improving coaches' understanding and competency in safety issues and help the league craft new measures that will heighten safety and fun for our players, parents and volunteers.



Southside Board Members - Roles & Contact Information

Southside Little League maintains an elected, all-volunteer board that is responsible for maintaining league operations per its charter as registered with LLI and as a not-for profit organization recognized as a 501(c) (3) organization with state and federal governments. Board members typically take on operational responsibilities in addition to their Board governance roles.

Don't hesitate to reach out to the appropriate person on the board when you have questions or need guidance. Remember too that in case of an emergency, your first call is to 9-1-1

| <u>BOARD MEMBER NAME</u> | <u>POSITION / ROLES</u> | <u>PHONE</u> Area code 585 unless otherwise noted | <u>EMAIL</u> |
|---|--------------------------------|---|--|
| Roger Janezic | President | 454-4670 | RogerJanezic@gmail.com |
| Jeff Dormitzer | Vice President | 455-1918 | jcdormitzer@gmail.com |
| Jim Morris | Secretary | 244 - 6072 | jimsmorris68@gmail.com |
| Mike Mahoney | Treasurer | 314-8592 | Foodmike@gmail.com |
| Edward Hill | Safety coordinator | 813-580-6534 | Echfsu@gmail.com |
| Michael Laver | Equipment Manager | 455-1918 | Michael.laver@gmail.com |

FOR EMERGENCIES

Call 9-1-1 in any emergency or for urgent medical assistance.

Stay on the line and provide information requested by the dispatcher including the location of the field or practice area you are calling from.

- School 12 Field.....999 South Ave. Rochester NY. 14620
- Marie Daily Field.....160 Gregory St. Rochester, NY. 14620
- GenValley Park Field #31316 Genesee Street, Rochester, NY 14611
- Tryon Park10 Loudisa Drive, Rochester, NY 14609



Safety Officer Responsibilities

Southside's Safety Officer is a member of the Southside Little League Board. This person acts as the league's primary point of contact for safety issues and is charged to review, modify and communicate the league's safety plan each year. The plan is presented to the Board for approval prior to each upcoming season.

The League President and Safety Officer have primary responsibility for ensuring compliance with the safety plan. However, the entire Southside Board, Volunteers and Coaches share in the responsibility to ensure awareness and compliance with the safety plan relative to their respective position or office.

Southside's Safety Officer's responsibilities include:

- Development, revision and dissemination of the league safety plan (encompassed in the safety manual).
- Collection of incident reports and reporting of summary / identified trends to the Southside Board
- Ensuring that each team receives its Safety Manual and its First-Aid Kit at the beginning of the season.
- Regular communication with coaches throughout the season to reinforce safety protocols and assess and address safety needs including replenishment of first aid kits.
- Assisting the President and Coach Coordinator in pre-season preparatory measures to ensure coach safety training
- Assisting President and Field Maintenance Coordinator in addressing identified hazardous field maintenance issues.
- Report best practice and innovative safety practices to Little League International



President Responsibilities

- Southside's League President is responsible for ensuring that all required ASAP forms, surveys and data are submitted to the LLI Data Center.
- The President may delegate the submission of these forms including the *Qualified Safety Plan Registration*, the *Annual Little League Facility Survey* and other required forms to an appropriate board member.
- Southside is a member of DICK's Sporting Goods Blue Sombrero registration program and therefore its league player registration and coach data is automatically submitted to LLI



Volunteer Screening & Background Checks

Southside Little League will take appropriate measures to ensure that all of its volunteers, coaches, Board Members and anyone else who provides regular service to the league or who have repetitive access to youth participants are screened and undergo a background check to ensure that they pose no threat to youth participants nor harm to the league itself. These measures will include that:

- All of the above mentioned persons complete a Volunteer Application form approved by Little League International and submit that form accompanied by a copy of valid government issued photograph identification to the President for conducting a background check that will, at a minimum, include review of sex offender registries, child abuse and criminal history records for approval of such volunteer, prior to the applicant assuming his/her duties for the current season.
- Southside Little League shall not permit any person to participate in any manner, whose background check reveals a conviction or guilty plea for any crime involving or against a minor. The league may prohibit any individual from participating as a volunteer or hired worker, if the league deems the individual unfit to work with minors.
- If Southside Little League becomes aware of information, by any means whatsoever, that an individual including, but not limited to, volunteers, players and hired workers, has been convicted of or pled guilty to any crime involving or against a minor, the local league must contact the applicable government agency to confirm the accuracy of the information. Upon confirmation of a conviction for, or guilty plea to, a crime against or involving a minor, the local league shall not permit the individual to participate in any manner.
- No individual may serve as league treasurer or have any Southside bank or other financial account signor authority or status who has any history of any criminal conviction for theft, forgery, conversion of property, possession of stolen property, robbery, burglary, moral turpitude, other similar misdemeanor or felony conviction history.



Coaches' Responsibilities

Each Southside team will have a designated coach (or head coach) who is responsible for the team's actions on the field, in practice sessions and represents the team in communications with the umpire and the opposing team.

- The coach shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
- The coach will promote and reinforce the Southside philosophy through all team activities to youth, parents and other volunteers
- The coach is responsible for ensuring the highest level of safety for his/her players.
- The coach is responsible for teaching his/her players the fundamentals of the game so that they are safely performing baseball actions such as sliding, catching and hitting.
- The coach is responsible for the actions of designated assistant coaches.
- If a coach leaves the field, he/she will designate an assistant coach to act and assume the responsibilities of the head coach.
- The coach must ensure that he/she is in possession of both a Safety Manual and a First- Aid Kit for all practices and games.
- The coach should always have access to a mobile phone at all activities, games and practices in case of emergencies.

Providing Training

All Southside coaches are strongly encouraged to attend or complete the following training courses:

- A training session on safety that includes, concussion/head injuries, injury prevention and First Aid provided or arranged by Southside or District 4 Little League Association.
- A baseball/ softball fundamentals training session provided or arranged by Southside or District 4 Little League Association.
- The Positive Coaching Alliance (PCA) Training to become certified PCA coaches through completion of the on-line course at:
<https://positivecoach.org/online-courses/>



Communicating Southside Philosophy

The coach is first and foremost responsible for instilling the "Southside Philosophy" through all team activities. Our league philosophy includes the concept that everyone gets to play and participate regardless of skill level. There are no "tryouts" or "cuts". Our league provides a program for children to teach them the ideals of fair play, sportsmanship, and teamwork. The "Southside Philosophy" contains five key points:

1. **Have Fun!** Our job as coaches and administrators is to keep things active and engaging for players. We know that fun is the #1 reason kids play sports. We encourage them to smile and remember that sports are first and foremost about having fun.
2. **Work Hard!** Practice is an important time for developing skills and learning more about baseball and softball. Giving your best effort is key. We emphasize a "Mastery Approach" to coaching that emphasizes hard work and keeping players focused on self-improvement from practice to practice and game to game.
3. **Mistakes are OK!** Mistakes are part of any sport knowing that mistakes are okay can help players feel like there is room to take risks and try their hardest. This is particularly important in baseball and softball, where players who succeed 3 times out of 10 are called "All-Stars". We emphasize the importance of bouncing back after making a mistake and coming back ready to make the next play.
4. **Pick each other up!** An important part of our program is emphasizing the need for players to support each other. We tell our players "we pick each other up and we don't put people down". We are here to learn that being a good teammate is about supporting each other and helping players around you to feel confident and ready to play.
5. **Honor the game!** Baseball and softball are beautiful sports that offer the most fun and enjoyment for all when we work together to honor the game. We do this through emphasizing respect for the Rules, Officials, Opponents, Teammates, and Self (ROOTS) in all that we do.



Promoting Game Safety

- Before each game, the coach must work with the umpire and/or opposing coach to walk the field for hazards. Look for rocks, glass, holds etc. and correct if feasible. If there are any serious hazards posing a safety risk to players which cannot be rectified, the game should not be played on that field. The hazard should immediately be reported to the league president or safety officer.
- Coaches should warm-up players before games and practices
- Inspect the equipment before use to ensure that none are defective, damaged or missing components
- Ensure that the equipment used for the players is appropriate for the age, size, and ability of the player and that equipment is appropriately certified for play by authorizing entities such as *USA Baseball* or the ILL.
- Bat information:

PLEASE NOTE NEW SINCE 2018: Effective January 1, 2018, Little League Baseball (and by extension Southside Little League) will adhere to new USABat standards. All bats (excluding tee ball and or softball bats) used in little league games or practice must be USABat certified and be designated as such bearing the below certification label:



Bats that are USA Baseball approved have only been available for purchase since the fall of 2017. Bats previously approved for use in Little League play may no longer be used (Junior level and below excluding tee ball and softball play). For more information on the USABat standard and a complete list of bats approved through the USABat Standard, visit usabat.com







- Keep players alert, and maintain discipline at all times.
- Observe the “no on-deck” rule for batters – the only player that should have a bat in his/her hand is the player who is up at bat. No player may take batting swing “warm- ups” in any place besides the batter’s box.
- Keep players behind the screens at all times.
- Get players to drink often so they do not dehydrate. Get players to apply a generous amount of sunscreen.
- Never allow children to play if they are ill, sustained a suspected concussion or head injury, or are injured.



Helpful Coach Safety Checklist



HAVE YOU:

-  **Walked field for debris/foreign objects**
-  **Inspected helmets, bats, catchers' gear**
-  **Made sure a First Aid kit is available**
-  **Checked conditions of fences, backstops, bases and warning track**
-  **Made sure a working telephone is available**
-  **Held a warm-up drill**



General Guidelines for Attending to an Injured Player

Coaches are not expected to act as medical professionals at times when a player is injured. However, as the person responsible for the safety of his/her players, ***the coach is expected to assess and manage the situation when an injury occurs and take appropriate actions to address the injury.*** Coaches will be in the best position to fulfill this duty if they avail themselves of training and follow the guidelines in their safety manual

- Always halt play to attend to children that become injured in a game.
- Assess the situation – observe do not assume
- **FOR ANY SERIOUS INJURY OR MEDICAL EMERGENCY CALL 9-1-1 IMMEDIATELY**
- Involve the player's parent if available
- Offer reassurance to players who are injured or frightened
- Provide, or assist in obtaining, medical attention for those who require it
- Ask for assistance from medical professionals or certified first aid providers as necessary who may be in the stands or on the other bench
- Assist those who require medical attention - and when administering aid, remember to:
 - LOOK for signs of injury (blood, black-and-blue deformity of joint etc.).
 - LISTEN to the injured describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- Use the material in your first-aid kit as appropriate
- Know your limitations- you are the coach not a doctor (unless you actually are a doctor):
 - DO NOT administer any medications.
 - DO NOT provide any medical intervention you are not qualified for
 - DO NOT provide any food or beverages other than water.
 - DO NOT move unconscious players except in extreme emergencies
 - DO NOT transport injured individuals except in extreme emergencies



Once the Injury is Initially Addressed:

- Immediately notify parents of their child's injury no matter the severity of the injury.
 -
- Describe to the parent all details regarding the injury – how it happened, how the player reacted, actions taken by the coaches and how the player has been since the injury occurred.
- Supervise ill or injured players until released to the parent, guardian, or person the parent or guardian designates.
- If the player has suffered a significant injury requiring ambulance transport to a hospital and the parent is not present, the coach must accompany or follow the player to the hospital and remain until such time as the parents or designated guardian arrives.

After the Game is Concluded:

- Complete an incident report
- Provide the report and information to the league safety officer and discuss the injury or safety problems that occurred with the league president or safety officer.

Returning to Play Following Injury or Illness:

- According to Little League Baseball National Headquarters Regulation III (D) for all levels of baseball and softball: "When a player misses more than seven (7) continuous days of participation for an illness or injury, the coach must receive written permission given by a physician or other medical provider for a return to full baseball/softball activity."
- Physician or other medical provider permission must also be secured following a concussion or head injury as outlined in the Concussion Information Sheet attached to this manual.



Reporting Incidents & Injuries

All coaches and volunteers should use the following procedures for reporting injuries.

What to Report

Any incident that causes any player, coach, umpire, spectator or volunteer to receive medical treatment and/or first aid must be reported to the Safety Officer. The terms "medical treatment and/or first aid" include any injury that either:

- Causes a player to miss any practice or game time— OR —
- Any event that has the potential to require the medical assistance of a physician for evaluation and diagnosis must be reported promptly.

When to Report

All such incidents described above must be reported to the safety officer within 48 hours of the incident.

Significant incidents or injuries should be immediately relayed to the league president or safety officer by phone.

How to Report

Southside uses LLI's *A Safety Awareness Program Incident/ Injury Tracking Report Form* to document incidents and injuries. Copies of the form are included in this binder and can also be found on-line at:

<https://www.littleleague.org/downloads/incident-injury-tracking-form/>

In completing the form make sure the following information is provided:

- Our League name is: Southside Little League
- The name and phone number of the individual involved (and their parents).
- The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the individual reporting the incident.

Form Submission

Completed forms must be submitted to the safety officer either by:

- Email submission to the safety officer (for email address see the *Board Member* section of this manual)



Safety Officer Responsibility for Injury Reporting

The Safety Officer will receive the injury report and record the incident within the league's designated platform. Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party's parents and

- Verify the information received
- Obtain any other information deemed necessary
- Check on the status of the injured party
- In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of District 4's insurance coverage and the provisions for submitting any claims for reimbursement.
- The Safety Officer will forward the completed Accident Notification Form to Southside's President and to the appropriate person at Little League District 4 who will file a copy of the notice and forward it to appropriate Little League Official(s) for processing.
- If the extent of the injuries are more than minor in nature, the League Safety Officer may periodically call the injured party to check on the status of any injuries and to check if any other assistance is necessary such as submission of insurance forms, the medical release form, etc. or until such time as the incident is considered "closed" (i.e. no further claims are expected and/or the individual is participating in the league again).



Head Injuries & Concussions

The facts:

- A concussion is a **brain injury**.
- Concussions are no longer graded as mild, moderate or severe – **they are all serious**
- Concussions can occur **without** loss of consciousness – less than 10% of concussions are accompanied by loss of consciousness.
- Concussions may occur in **all sports**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

What is a concussion?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost, even if they do not directly hit their head.

The potential for concussions is greatest in athletic environments where collisions are common. Concussions can occur, however, in **any** organized or unorganized sport or recreational activity. As many as 3.8 million sports and recreation-related concussions occur in the United States each year.

Recognizing a possible concussion

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head.

–OR–

2. Any change in the athlete’s behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)



Signs and Symptoms

Observed by Coaching Staff

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or falls

Symptoms Reported By Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

Players who experience any of these signs or symptoms after a bump or blow to the head should be kept from play until given permission to return to play by a **health care professional** with experience in evaluating for concussions.

Signs and symptoms of concussion can last from several minutes to days, weeks, months, or longer in some cases.

Remember, you can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury.

If you have any suspicion that your athlete has a concussion, you should keep the athlete out of the game or practice.



What should a coach do when a concussion is suspected?

1. Remove the athlete from play. Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Players who experience signs or symptoms of concussion must not be allowed to return to play. When in doubt, keep the athlete out of play.
2. Ensure that the player is evaluated right away by an appropriate health care professional. Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:
 - Cause of the injury and force of the hit or blow to the head
 - Any loss of consciousness (passed out/knocked out) and if so, for how long
 - Any memory loss immediately following the injury
 - Any seizures immediately following the injury
 - Number of previous concussions (if any)
3. Inform the parents or guardians about the possible concussion and give them the fact sheet on concussion. Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.
4. Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion. A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare second impact syndrome by delaying the athlete's return to the activity until the player receives appropriate medical evaluation and approval for return to play.

If you think your athlete has sustained a concussion...take him/her out of play, and have the parent/guardian seek the advice of a health care professional experienced in evaluating for concussion.



Lightning / Weather Considerations

Upon hearing thunder or seeing lightning, the coach must:

- Stop game/practice immediately.
- Have all players seek appropriate shelter immediately – Cars are good, or if at School 12, the Recreation Center attached to the back of the school is frequently open and can be used.
- Keep players away from metal fencing and bleachers
- Do not have players clean up equipment (grab hold of metal bats etc.) – direct them immediately to shelter
- Do not resume play until you have not heard thunder or seen lightning for at least 30 minutes.
- If at a game, consult with other coach and umpire about appropriateness of resuming play





Heat & Hydration Considerations

Overheated players suffering from dehydration is the most likely health threat that our coaches will face over the course of the season.

- Be cognizant of the day's heat index for your practices and games.
- See the attached *Heat Index Activity Chart* (**PAGE 29**) for recommendations about how to handle players' hydration needs and level of activity for heat indices above 85 degrees.
- Be cognizant as well of the progression of the heat index through the game or practice period.
- Be observant of your players' condition, physical indicators and behavior in the context of heat and hydration.
- Require your players to bring water bottles to all games and practices
- On hot days, bring a cooler filled with ice for towels and water, take regular breaks for rest and water – REMIND PLAYERS TO DRINK WATER!



Heat Exhaustion

- Signs of heat exhaustion:
 - Headache
 - Nausea
 - Diffuse sweating
 - Extreme fatigue
 - High thirst
 - Weak pulse
 - Change in balance / walking
 - Clammy, inelastic skin
- Actions to address Heat Exhaustion:
 - Remove the player from play immediately
 - Get the player into shade
 - Remove excess / loose clothing
 - Cool the body with air and water
 - Hydrate
 - Watch for worsening conditions (vomiting, diarrhea, slurred speech)
– get player to ER if condition deteriorates

Heat Stroke

- Signs of heat stroke:
 - Core temperature above 103 degrees
 - Rapid pulse that will diminish with time
 - Confusion, irritability, anxious
 - May become hysterical
 - Hot skin, usually dry
- Actions to address Heat Stroke:
 - **CALL 911 Immediately**
 - Remove all clothing
 - Apply wet sheets, ice towels
 - Cool body as quickly as possible – apply ice packs to armpit, wrist, knees, groin, ankles



HELPFUL SAFETY GUIDES

- 1. Incident Reporting form**
- 2. Player stretching guide**
- 3. Sprains and Strains guide**
- 4. Addressing broken bones**
- 5. Addressing nose bleeds**
- 6. Helpful concussion guide**
- 7. Heat Index guide**
- 8. Heat Exhaustion vs. Heat Index Guide**



Little League Incident Reporting Form

| Activities/Reporting | A Safety Awareness Program's Incident/Injury Tracking Report | | |
|--|--|--|--|
| League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____ Field Name/Location: _____ Incident Time: _____ Injured Person's Name: _____ Date of Birth: _____ Address: _____ Age: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female City: _____ State _____ ZIP: _____ Home Phone: () _____ Parent's Name (If Player): _____ Work Phone: () _____ _____ Parents' Address (If Different): _____ City _____ | | | |
| Incident occurred while participating in: A.) <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Challenger <input type="checkbox"/> TAD B.) <input type="checkbox"/> Challenger <input type="checkbox"/> T-Ball (5-8) <input type="checkbox"/> Minor (7-12) <input type="checkbox"/> Major (9-12) <input type="checkbox"/> Junior (13-14) <input type="checkbox"/> Senior (14-16) <input type="checkbox"/> Big League (16-18) C.) <input type="checkbox"/> Tryout <input type="checkbox"/> Practice <input type="checkbox"/> Game <input type="checkbox"/> Tournament <input type="checkbox"/> Special Event <input type="checkbox"/> Travel to <input type="checkbox"/> Travel from <input type="checkbox"/> Other (Describe): _____ | | | |
| Position/Role of person(s) involved in incident: D.) <input type="checkbox"/> Batter <input type="checkbox"/> Baserunner <input type="checkbox"/> Pitcher <input type="checkbox"/> Catcher <input type="checkbox"/> First Base <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Short Stop <input type="checkbox"/> Left Field <input type="checkbox"/> Center Field <input type="checkbox"/> Right Field <input type="checkbox"/> Dugout <input type="checkbox"/> Umpire <input type="checkbox"/> Coach/Manager <input type="checkbox"/> Spectator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____ | | | |
| Type of injury: _____ _____ _____ | | | |
| Was first aid required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____ | | | |
| Was professional medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____ (If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.) | | | |
| Type of incident and location: <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> A.) On Primary Playing Field <input type="checkbox"/> Base Path: <input type="checkbox"/> Running <i>or</i> <input type="checkbox"/> Sliding <input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched <i>or</i> <input type="checkbox"/> Thrown <i>or</i> <input type="checkbox"/> Batted <input type="checkbox"/> Collision with: <input type="checkbox"/> Player <i>or</i> <input type="checkbox"/> Structure <input type="checkbox"/> Grounds Defect <input type="checkbox"/> Other: _____ </td> <td style="vertical-align: top; width: 50%;"> B.) Adjacent to Playing Field D.) Off Ball Field <input type="checkbox"/> Seating Area <input type="checkbox"/> Travel: <input type="checkbox"/> Parking Area <input type="checkbox"/> Car <i>or</i> <input type="checkbox"/> Bike <i>or</i> C.) Concession Area <input type="checkbox"/> Walking <input type="checkbox"/> Volunteer Worker <input type="checkbox"/> League Activity <input type="checkbox"/> Customer/Bystander <input type="checkbox"/> Other: _____ </td> </tr> </table> | | A.) On Primary Playing Field <input type="checkbox"/> Base Path: <input type="checkbox"/> Running <i>or</i> <input type="checkbox"/> Sliding <input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched <i>or</i> <input type="checkbox"/> Thrown <i>or</i> <input type="checkbox"/> Batted <input type="checkbox"/> Collision with: <input type="checkbox"/> Player <i>or</i> <input type="checkbox"/> Structure <input type="checkbox"/> Grounds Defect <input type="checkbox"/> Other: _____ | B.) Adjacent to Playing Field D.) Off Ball Field <input type="checkbox"/> Seating Area <input type="checkbox"/> Travel: <input type="checkbox"/> Parking Area <input type="checkbox"/> Car <i>or</i> <input type="checkbox"/> Bike <i>or</i> C.) Concession Area <input type="checkbox"/> Walking <input type="checkbox"/> Volunteer Worker <input type="checkbox"/> League Activity <input type="checkbox"/> Customer/Bystander <input type="checkbox"/> Other: _____ |
| A.) On Primary Playing Field <input type="checkbox"/> Base Path: <input type="checkbox"/> Running <i>or</i> <input type="checkbox"/> Sliding <input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched <i>or</i> <input type="checkbox"/> Thrown <i>or</i> <input type="checkbox"/> Batted <input type="checkbox"/> Collision with: <input type="checkbox"/> Player <i>or</i> <input type="checkbox"/> Structure <input type="checkbox"/> Grounds Defect <input type="checkbox"/> Other: _____ | B.) Adjacent to Playing Field D.) Off Ball Field <input type="checkbox"/> Seating Area <input type="checkbox"/> Travel: <input type="checkbox"/> Parking Area <input type="checkbox"/> Car <i>or</i> <input type="checkbox"/> Bike <i>or</i> C.) Concession Area <input type="checkbox"/> Walking <input type="checkbox"/> Volunteer Worker <input type="checkbox"/> League Activity <input type="checkbox"/> Customer/Bystander <input type="checkbox"/> Other: _____ | | |
| Please give a short description of incident: _____ _____ _____ | | | |
| Could this accident have been avoided? How: _____ _____ | | | |
| <p>This form is for Little League purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.</p> | | | |
| Prepared By/Position: _____ Phone Number: () _____ Signature: _____ Date: _____ | | | |

<https://www.littleleague.org/downloads/incident-injury-tracking-form/>



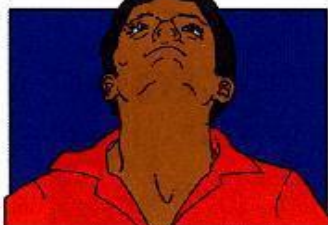
Suggestions for Warm up drills

Suggestions for Warm-up Drills



Heel Cord Stretches

Lean up against a wall. Reach one leg behind you. Keep the knee straight, heel on the ground, and toes pointed forward. Slightly bend the leg that's closer to the wall. Lean forward. You should feel the stretch along the back of your calf. Repeat with the other leg.



Head and Neck Circles

Make a circle with your head, going around first in one direction five times. Then reverse and make five circles in the opposite direction.



Low Back Stretches

Lie on your back, bring one knee up, and pull the knee slowly toward your chest. Hold and repeat three times. Switch legs and repeat.



Shoulder Stretches #1

Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.



Shoulder Stretches #2

Stand or sit, holding onto the elbow of your throwing arm with your other hand. Gently pull your throwing arm across your chest. You should feel the stretch inside your shoulder, especially at the back.



Shoulder Stretches #3

Stand or sit with your pitching arm out to the side and your elbow bent. Move your arm back until you feel the stretch in the front of your shoulder.



Thigh Stretches #1

Sit on the floor. Stretch both legs out in front of you. Reach forward, touching your toes. Eventually, you want to lean forward far enough to put your head on your knees. You should feel the stretch along the backs of your legs.

Thigh Stretches #2

Sit on the floor with one leg stretched out in front of you. Bend the other knee and put your foot behind you. Lean backwards. You should feel the stretch along the front of your thigh.





Strains and Sprain Information

Strains and Sprains

What's the difference between a strain and a sprain? Sprains involve a stretch or partial tear of ligaments (which connect two bones) or tendons (which connect muscle to bone). The ankle is where sprains occur most commonly.

What to Expect:

- pain
- difficulty moving the injured part
- decreased strength
- swelling and bruising



What to Do:

1. Stop activity right away.
2. Think R.I.C.E. for the first 48 hours after the injury:

Rest: Rest the injured part until it's less painful.

Ice: Wrap an ice pack or cold compress in a towel and place over the injury immediately. Continue for no more than 20 minutes at a time, four to eight times a day.

Compression: Support the injury with an elastic compression bandage for at least 2 days.

Elevation: Raise the injured part above heart level to decrease swelling.

3. Give the child ibuprofen (such as Motrin) for pain and to reduce swelling.
4. The doctor will prescribe an exercise program to prevent stiffness.

Seek emergency medical care if the child has:

- severe pain when the injured part is touched or moved
- trouble bearing weight and the child can't walk more than 4 steps after an injury
- increasing bruising
- numbness or a feeling of "pins and needles" in the injured area
- a limb that looks "bent" or misshapen
- signs of infection (increasing warmth, redness, streaks, swelling, and pain)
- a strain or sprain that doesn't seem to be improving after 5 to 7 days



Think Prevention!

Teach children to warm up properly and to stretch before participating in any sports activity, and make sure they always wear appropriate protective equipment.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Kate Cronan, MD Date reviewed: June 2007



Addressing Suspected Broken Bones

Broken Bones

Broken bones are not uncommon in children – especially after a fall. A broken bone requires emergency medical care.

The child may have a broken bone if:



- you or the child heard a "snap" or a grinding noise during the injury
- there is swelling, bruising, tenderness, or a feeling of "pins and needles"
- it's painful to bear weight on the injured area or to move it



What to Do:

1. Remove clothing from the injured part.
2. Apply a cold compress or ice pack wrapped in cloth.
3. Keep the injured limb in the position you find it
4. Seek medical care, and don't allow the child to eat, in case surgery is needed.

Do not move the child – and call for emergency medical care – if:

- the child may have seriously injured the head, neck, or back
- a broken bone comes through the skin (apply constant pressure with a clean gauze pad or thick cloth, and keep the child lying down until help arrives; do not wash the wound or push in any part of the bone that is sticking out)

Think Prevention!

Prevent injuries as children grow: use safety gates at bedroom doors and at the top and bottom of any stairs for toddlers, make sure children playing sports always wear helmets and safety gear, and use car seats or seatbelts at all ages.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007



Addressing Nosebleeds Information

Nosebleeds

Although they can be scary, nosebleeds are common in children ages 3 to 10 years and usually aren't serious. In fact, most nosebleeds stop on their own and can be treated safely at home.

Did You Know?



If a child's bed is near a heater – in the wintertime, especially – the membranes inside the nose can become dry and itchy, causing the child to pick at his or her nose and further irritate the nasal tissue.



What to Do:

1. Have the child sit up with his or her head tilted slightly forward. Do not have the child lean back (this may cause gagging, coughing, or vomiting).
2. Pinch the soft part of the nose (just below the bony part) for at least 10 minutes.

Call a doctor if the child:

- has frequent nosebleeds
- may have put something in his or her nose
- tends to bruise easily, or has heavy bleeding from minor wounds
- recently started a new medication

Seek emergency medical care or call the child's doctor if bleeding:

- is heavy, or is accompanied by dizziness or weakness
- continues after two attempts of applying pressure for 10 minutes each
- is the result of a blow to the head or a fall

Think Prevention!

Most childhood nosebleeds are caused by dryness and nose picking. To help combat dryness, use saline (salt water) nasal spray or drops (or put petroleum jelly on the inside edges of the child's nostrils) and use a humidifier in the child's room. To help prevent damage from nose picking, keep the child's fingernails short.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007



Helpful Concussion Guide

Pocket SCAT2



FIFA®



Concussion should be suspected in the presence of **any one or more** of the following: symptoms (such as headache), or physical signs (such as unsteadiness), or impaired brain function (e.g. confusion) or abnormal behaviour.

1. Symptoms

Presence of any of the following signs & symptoms may suggest a concussion.

- Loss of consciousness
- Seizure or convulsion
- Amnesia
- Headache
- "Pressure in head"
- Neck Pain
- Nausea or vomiting
- Dizziness
- Blurred vision
- Balance problems
- Sensitivity to light
- Sensitivity to noise
- Feeling slowed down
- Feeling like "in a fog"
- "Don't feel right"
- Difficulty concentrating
- Difficulty remembering
- Fatigue or low energy
- Confusion
- Drowsiness
- More emotional
- Irritability
- Sadness
- Nervous or anxious

2. Memory function

Failure to answer all questions correctly may suggest a concussion.

"At what venue are we at today?"

"Which half is it now?"

"Who scored last in this game?"

"What team did you play last week / game?"

"Did your team win the last game?"

3. Balance testing

Instructions for tandem stance

"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

Observe the athlete for 20 seconds. If they make more than 5 errors (such as lift their hands off their hips; open their eyes; lift their forefoot or heel; step, stumble, or fall; or remain out of the start position for more than 5 seconds) then this may suggest a concussion.

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently assessed medically, should not be left alone and should not drive a motor vehicle.



Heat Index Information

Guide to help assess how the “heat index” impacts coaches' decision to play.

| | | |
|---|--|---|
| | RealFeel (Heat Index) under 79 degrees | Full activity. No restrictions |
| R E C O M M E N D E D | Heat Index Caution: RealFeel (Heat Index) 80 degrees to 85 degrees | Provide ample water and multiple water breaks. Monitor athletes for heat illness. Consider reducing the amount of time for the practice session. |
| | Heat Index Watch: RealFeel (Heat Index) 86 degrees to 90 degrees | Provide ample water and multiple water breaks. Monitor athletes for heat illness. Consider postponing practice to a time when RealFeel temp is lower. Consider reducing the amount of time for the practice session. 1 hour of recovery time for every hour of practice (ex. 2hr practice = 2hr recovery time). |
| | Heat Index Warning: RealFeel (Heat Index) 91 degrees to 95 degrees | Provide ample water and water breaks every 15 minutes. Monitor athletes for heat illness. Consider postponing practice to a time when RealFeel temp is much lower. Consider reducing the amount of time for the practice session. 1 hour of recovery time for every hour of practice (ex. 2hr practice = 2hr recovery time). Light weight and loose fitting clothes should be worn. For Practices only Football Helmets should be worn. No other protective equipment should be worn. |
| REQUIRED | Heat Index Alert: RealFeel (Heat Index) 96 degrees or greater | No outside activity, practice or contest, should be held. Inside activity should only be held if air conditioned. |

Approved May 1, 2010



Heat Exhaustion and Heat Stroke Guide

| HEAT EXHAUSTION | OR | HEAT STROKE |
|---|----|---|
| Faint or dizzy | | Throbbing headache |
| Excessive sweating | | No sweating |
| Cool, pale, clammy skin | | Body temperature above 103° Red, hot, dry skin |
| Nausea or vomiting | | Nausea or vomiting |
| Rapid, weak pulse | | Rapid, strong pulse |
| Muscle cramps | | May lose consciousness |
| <ul style="list-style-type: none">• Get to a cooler, air conditioned place• Drink water if fully conscious• Take a cool shower or use cold compresses | | <h1>CALL 9-1-1</h1> <ul style="list-style-type: none">• Take immediate action to cool the person until help arrives |



Weather.gov/socialmedia
Weather.gov/heat



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