

West Deptford Little League

Baseball & Softball



Safety Manual

League Year 2025



West Deptford Little League

PO Box 414

West Deptford, NJ 08086

Email: wdlittleleagueboard@gmail.com

Website: clubs.bluesombrero.com/westdeptfordll

West Deptford Little League Safety Manual

Introduction

Welcome to the 2025 season of West Deptford Little League (WDLL) Baseball and Softball. Our league is a Non-Profit organization run solely by volunteers of the community. The purpose of our safety program is to help to prevent injuries from occurring, and to ensure we provide playing fields that are as safe as possible given the resources available. We hope to encourage active participation of not only league officials of all levels, but the player's parents as well. WDLL is a volunteer-led organization, so we need a coordinated effort and support of our little league community to ensure we provide a fun, educational and safe little league environment for our community.

Remember, safety is everyone's job.

- ★ Prevention is the key to reducing accidents to a minimum.
- ★ Report all hazardous conditions to the Safety Officer or another Board member immediately.
- ★ Don't play on a field that is not safe or that has unsafe playing equipment.
- ★ Be sure your players are fully equipped at all times, especially catchers and batters.
- ★ Check your team's equipment often.

**Working together, we all can make
Little League Baseball / Softball fun
and safe!**

WDLL Safety Manual

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Board of Directors

2025 WDLL Board of Directors

League President- Kristyn DeGregorio	Kmwilkers25@gmail.com	302-293-1474
Vice President Baseball – Chris Yates	cyates@legendsbp.com	
Vice President Softball – Jon Yates		
Player Agent Baseball - Mike Reagle	michael.reagle@americanenv.com	215-840-7226
Player Agent Softball - Kelly Citrone	kcitrone@verizon.net	856-220-7602
Secretary – Maura Downing	Mgallag24@gmail.com	
Treasurer - Kathryn Killian	kathryn.killian@gmail.com	609-221-1416
Information Officer - Jody Savage	jhatton1@gmail.com	856-491-0261
Safety Officer - Gina Dechen McCuin	ginadechen@yahoo.com	856-430-0767
Coaching Coordinator Baseball - Fletcher Duddy	fletcher.duddy@gmail.com	856-418-6744
Coaching Coordinator Softball – Sydney Jakubowski	Sydneyjake21@gmail.com	
Future Growth - Rich Giuliani	rmg1040@aol.com	856-848-1234
Grounds & Maintenance Chairperson - Mike Eichenberg	ikemike1185@yahoo.com	856-371-0185
Umpire in Charge – Krystin DeGregorio	Kmwilkers25@gmail.com	302-293-1474

Uniforms - Amy Stafford	alrds46@gmail.com	609-320-2723
Equipment - Steve Felder	bear2114@hotmail.com	609-868-9666
Fundraising Co-Chairperson - Gina McCuin	ginadechen@yahoo.com	856-430-0767
Fundraising Co-Chairperson - Kelly Leise	kleise826@gmail.com	856-761-8734
Snack Stand Coordinator - Kelly Leise	kleise826@gmail.com	856-761-8734
Tee Ball/Rookie Coordinator -		
Coach Pitch Baseball Coordinator - Fletcher Duddy	fletcher.duddy@gmail.com	856-418-6744
Coach Pitch Softball Coordinator - Ryan Smith	rsmith1@bayada.com	856-261-8808
Majors Baseball Coordinator - Trevor Savage	tresav63@yahoo.com	856-625-2643
Minors Softball Coordinator - Amy Stafford	alrds46@gmail.com	609-320-2723
Majors Softball Coordinator -		
Intermediate/Juniors Baseball Coordinator - Paul Stafford	PaulStafford1@comcast.net	609-320-5200
Juniors Softball Coordinator - Kristyn DeGregorio (Fall)	kmwilkers25@gmail.com	302-293-1474
Tournament Coordinator - Ryan Smith	rsmith1@bayada.com	856-261-8808

West Deptford Little League

Emergency Contact Information

A **true emergency** is defined as a sudden, urgent, usually unexpected occurrence or occasion requiring immediate action.

In the event of a true emergency -

Ambulance / Fire / Police	9-1-1
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Non-Emergency Contact Information

Animal Control	856-881-2828
Emergencies (Nights/Weekends)	856-845-2300
Police Department (Non-emergency)	856-845-2300
WD Twp. Electrical Inspector	856-845-4004 ext. 125
WD Twp. Parks & Recreation Dept.	856-251-0990 ext. 103
WD Twp. Water & Sewer Maintenance	856-845-4004 ext. 127

Safety Officer

The WDLL Board of Directors utilizes a Safety Officer to manage all safety related information, incidents, policies, procedures, documentation and league requirements as denoted by the New Jersey State Little League and Little League® (littleleague.org).

The Safety Officer develops and implements all safety procedures in conjunction with the Board of Directors of the WDLL. The procedures shall be reviewed on an annual basis and modifications will be made as necessary to ensure our standards meet and/or exceed those established by regional organizations.

The Safety Officer reports to the President of the League and has the following responsibilities:

1. Distributing and collecting the Little League Volunteer and Fingerprint applications. All forms must be maintained and kept on file for up to two (2) years.
2. Managing all incident/accident reports that are filed as a result of a situation, event or injury that occurs within our facilities. Within 48 hours of a report being filed, the Safety Officer will contact the involved persons to verify the information in the report and obtain all details of the incident.
3. Investigate and handle any insurance related claims.
4. Distribute First-Aid kits to all Team Coaches prior to the start of the season.
5. Identify and control unsafe conditions that exist on the playing fields and work with the proper individuals to remedy each concern.
6. Schedule all CPR trainings, First-Aid clinics, Fundamentals Training course, and Safety classes for all coaches, assistant coaches, umpires, and volunteers.

The Safety Officer, along with the Coaches/Assistant Coaches and the Umpires are responsible for inspecting all league equipment in the off-season. Any damaged equipment will be disposed of immediately. All equipment issued to new season Team Coaches must be in full working order and without defects or damage that could result in player injury.

Annually, the Little League will complete and submit a Facility Survey to the West Deptford Township representatives to include, but not limited to, specific areas for improvement, repair, replacements or removal, or additions to our existing facilities located at 100 Grove Street, Thorofare, NJ 08086.

Coaches and Assistant Coaches

RESPONSIBILITIES

The WDLL Coaches and Assistant Coaches are responsible for the safety of the participants and fans at all times during practices and games.

The Coaches will:

- always be responsible for the teams conduct,
- be responsible for the safety of the players, and
- be patient, use good judgement, rational thinking, and be responsive.

All Coaches and assistant coaches must have a digital fingerprinting appointment completed at a local Indentogo office and a background screen completed through the Little League® Player Safety JDP QuickApp database prior to the beginning of the season of play. Documentation can be found by visiting the following website: [Volunteer Coaching Background Fingerprint check](#). Additionally, coaches must attend the annual Safety Class. It is required that the Coaches complete a Fundamentals Training course to learn best practices for teaching: hitting, fielding, pitching, sliding, etc.

Coaches shall maintain an adequate supply of both Incident Reports and Accident Reports in the unlikely circumstances that a situation arises during a practice/game. All reports must be completed and submitted to the Safety Officer within 48 hours of the incident/accident.

Coaches are responsible for inspecting the playing area for damage or potentially harmful issues prior to games or practices.

- Playing fields should be checked for: holes, damage, stones, glass, and other foreign objects, etc.
- Team dugouts should be scanned for damage, stones, glass, foreign objects, etc.

PLEASE NOTE: **Any safety hazards (*including but not limited to those mentioned above*) must be corrected prior to the start of the team taking the field for either practice or a game.**

No games or practices shall be held if weather conditions or field quality are unacceptable.

- **Weather** issues include: heat & humidity, sun exposure, thunder & lightening, high winds and flooding.
- **Field quality** issues may arise as a result of any of the above mentioned weather systems and will be determined by the WDLL Grounds & Maintenance Officer. Additionally teams shall not play on fields that do not provide players with adequate lighting.

Coaches must inspect all team equipment to ensure items are in good condition and properly fit for players prior to beginning practice or a game. Any damaged equipment shall be reported to the Equipment Manager and disposed of.

It is the responsibility of the Coaches to supervise the players from the time they arrive until they leave the West Deptford Little League complex. If a parent or guardian is NOT present after a game or practice, you must remain with the player(s) until transportation arrives.

All team equipment shall be stored inside the dugout or behind the fence when on the field of play. Equipment shall never be left within the area defined by the umpires as "in play". The responsibility of keeping bats and loose equipment off the field of play should be delegated to a player on the team and oversight of that job shall rest with the Coach.

Coaches may NOT warm up pitchers before or during a game.

Coaches must have a First Aid kit on hand for all practices and games, both home and away. The Safety Officer will ensure distribution of all kits is handled in a timely manner to all Coaches before the first official practice of the season. It is recommended that all Coaches become familiar with basic First Aid practices and attend a First Aid class organized by WDLL prior to starting the season. During the Spring season, ice is available at the concession stand if needed.

BASICS

1. Teach the fundamentals of the game to the players in an age appropriate manner commensurate with the level/age of the players: catching fly balls, proper sliding technique, fielding ground balls, pitching mechanics, hitting, base running, rules of baseball, and teamwork.
2. Encourage the players and teach good sportsmanship.
3. Ensure players are using and wearing their gear appropriately.
4. Ensure equipment is in proper working condition.
5. Support the umpires decisions.
6. Observe the no "on-deck" rule for batters and ensure no player should handle a bat in the dugout.
7. Respond to any player that becomes injured during the course of the practice or game.
8. Keep players alert, use common sense, be organized, and maintain discipline.

RESTRICTIONS

1. Smoking, drugs and alcohol are NOT PERMITTED in or around the WDLL complex.

2. Profanity is NOT PERMITTED by the Coach, Umpire, or parents/guardians on site during a practice or game.

RULES OF CONDUCT

1. Good conduct shall be maintained at all times by the Coaches to set the example. Control the conduct of your team while at the field. All Coaches are expected to adhere to the [West Deptford Little League Code of Conduct](#).
2. Teach respect by practicing it with your players, fans, the opposing team and their fans, and with the umpire.
3. Keep a cell phone on your at all times while utilizing the field in case of emergencies.



Umpires

BEFORE THE GAME

The umpire cannot be expected to survey and check the entire field for safety before the game. However, the following shall be his/her responsibility:

1. Check the backstop and fencing to make sure there is nothing protruding or loose that could cause an injury.
2. Examine the bats, batting helmets, and other equipment to ensure there are no cracks or damage that could cause a player to become injured. Any damaged equipment must be removed from the dugout so it is not used by the players.
3. Confirm that players have removed all jewelry before the start of play.
4. Catchers and pitchers are required to wear a protective cup at all times while warming up and during the course of the game. It is recommended that the entire team be encouraged to also wear a protective cup to protect against major injury.
5. Ensure that all equipment and balls are stored in the dugout at all times.

DURING THE GAME

The umpire will enforce the following rules throughout the entire game:

1. In T-ball, Coach Pitch, Minors, and Majors, there is a NO 'on-deck' batter rule strictly enforced. No player shall be permitted to handle a bat until it is his/her turn at bat.
2. Warm up swings are only permitted just before the batter steps into the batter's box.
3. Bats must be removed from the area of play and placed in the dugout after each batter has batted.
4. Little League does not have a "Must Slide" rule for a runner sliding into home or any other base. However, any runner is out when the runner does not slide or attempt to get around a fielder who has the ball and is waiting to make the tag.
5. The game shall be stopped when a fire siren or other distraction occurs, and not resumed until the distraction is no longer affecting the game.
6. The umpire makes the final determination about whether a game shall start, be delayed or suspended due to weather related conditions. The safety of the players and fans is the primary objective. (See lighting guidelines).

AFTER THE GAME

In the best effort to teach good sportsmanship, the players should line up and shake hands with the opposing team. The team managers and coaches are responsible to do so, but the umpire should monitor this custom and ensure that it is conducted safely.

Players

WDLL has put into practice the following rules to create a safe and healthy environment for its players, both on the field and off.



1. Be at the field earlier than game or practice time in order to warm up properly.
2. No playing in the parking lot at any time.
3. No playing on or around equipment of any kind.
4. No swinging bats or throwing baseballs except on the field.
5. No horseplay in the dugout.
6. No throwing rocks or climbing fences.
7. Be alert at all times for foul balls and errant throws.
8. During the game, remain in the dugout area.
9. After the game, pack up your equipment, the team equipment and clean up your trash.
10. Players must not wear jewelry during games or practices.
11. Wear a protective cup with athletic support at games or practices is strongly suggested.
Catchers MUST wear a cup.
12. Only a player at bat may swing a bat in T-ball, Minors, and Majors.
13. Juniors and Seniors (age 13-16) may swing a bat only 'on deck' or at bat. Be alert for others in the area when swinging.
14. Batters, runners, and base coaches must wear Little League approved protective helmets during practices or games.
15. Catchers must wear a catcher's helmet, mask, throat guard, long model chest protector, skin guards, and protective cup at all times for all practices and games.
16. Any player warming up pitchers between innings or in the bullpen must wear a catcher's helmet and mask with a throat guard.
17. Except when a runner is returning to a base, headfirst slides are not permitted in T-ball, Minors, or Majors.
18. No profanity at any time.
19. During practice and games, all players should be alert and watching the batter on each pitch.
20. While warming up, spread out so that no one is endangered by wild throws or missed catches.

Parents and Spectators

WDLL has put into practice the following rules to create a safe and healthy environment for its parents, guardians and spectators, both on the field and off.

1. Do not exceed the 5 mph speed limit in roadways and parking lots. Watch for small children around parked cars.
2. No alcohol is allowed in any area of the WDLL complex.
3. No profanity at any time.
4. Spectators should be alert at all times for foul balls and errant throws.
5. Return all foul balls to the nearest dugout. Do not throw the ball onto the field.
6. Parents of players who wear glasses are encouraged to provide "safety glasses".
7. Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
8. No pets are permitted at games or practices.
9. Observe all posted signs.

WDLL has a Code of Conduct that we are firmly committed to upholding in order to ensure our players safety and continue a quality of excellence that we wish to instill in our program to create a sporting experience that is positive and enjoyable for everyone involved. Please review the Code of Conduct, which can be found on our website [here](#).

Fields

Regular safety inspections of the fields is the best way to ensure that unsafe conditions are managed and corrected as necessary. The Safety Officer, Coaches, Umpires, and Grounds & Maintenance personnel will all work together to ensure potential accident/injury exposures are identified and corrected promptly. During any field walk-through, the Coaches may include the players in the review to make them aware of issues on their playing field and to create ambassadors of good safety practices of the players.

The following is a list of conditions and hazards that can cause accidents:

1. Unsafe field conditions such as holes, ditches, rough or uneven spots, slippery areas, and long grass.
2. Foreign objects like stones, glass, old boards, rakes, and trash.
3. Incomplete or defective screen.
4. Defects in wire or link fencing.
5. Gates should be closed.
6. Boards and fences should be free of protruding nails, loose boards, and splintered wood.
7. Forty feet in the center section of the outfield fence should be painted a dark color and kept free of signs to provide a contrast for the batter.
8. The warning track should be well-defined and at least 10 feet wide.
9. The backstop should be padded and painted green for the safety of the catcher.
10. The dugout should be kept clean and free of trash and debris.
11. Dugouts and bleachers should be free of protruding screws or metal shards and fragments.
12. Home plate, batter's box, bases, and areas around the pitching rubber should be checked periodically for tripping and stumbling hazards.
13. Material used to mark the field should be a non-irritating white pigment.
14. Safety should be the major factor when making a decision on canceling a practice or game because of bad weather or darkness.

**All Coaches and Assistant Coaches are referred to
'Appendix 1 - Forms' of this Safety Manual, page 32
for a full [Field & Safety Checklist](#) to be completed
during all field walk-throughs.**

Concession Stand

Concession stand operation standards shall meet or exceed the local board of health regulations. Concession safety procedures will be posted at all times and the menu shall be posted and approved by the league Safety Officer and league President.

1. All workers will be trained in the safe handling of food and food preparation.
2. All workers will be trained in the safe use, care and operation of all equipment in the concession stand.
3. A concession stand safety manual with procedures will be given to all workers.
4. The procedures for safe concession stand operation will also be posted in the stand.
5. No children under the age of 16 are to be permitted in the concession stand.

The U.S. Center for Disease Control and Prevention list the following as the circumstances most likely to lead to illness. Check this list to make sure the concession stand is not subject to these common causes of food borne illnesses:

- Inadequate cooling and cold holding.
- Preparing food too far in advance for service.
- Poor personal hygiene and infected personnel.
- Inadequate reheating.
- Inadequate hot holding.
- Contaminated raw foods and ingredients.

HAND WASHING PROCEDURES

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Follow these steps every time:

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them vigorously together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.
6. Use the paper towel to turn off the water, instead of your bare hands.

Wash your hands in this fashion before you begin work and frequently during your shift, especially after performing any of the following activities:

1. After touching bare human body parts other than clean hands.
2. After using the restroom.
3. After handling animals.
4. After coughing, sneezing, using a tissue or handkerchief.
5. After handling soiled surfaces, equipment, or utensils.

6. During food preparation, as often as necessary to remove soil and contamination, and to prevent cross-contamination when changing tasks.
7. When switching in between working with raw food and working with ready-to-eat food.
8. Directly before touching ready-to-eat food or food contact surfaces.
9. After engaging in activities that contaminate hands.

CDC Guidelines

Stop Germs! Wash Your Hands.

When?

- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage



How?



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.



www.cdc.gov/handwashing

This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.



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HAND SANITIZER BASICS

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that

contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

How to use hand sanitizer:

1. Apply the gel product to the palm of one hand (read the label to learn the correct amount).
2. Rub your hands together.
3. Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

Sanitizers can quickly reduce the number of germs on hands in many situations. However,

- Sanitizers do not get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.

CDC Guidelines



Storage Sheds

All individuals with keys or combinations to the storage sheds are responsible for the orderly and safe storage of machinery, tools, equipment, chemicals, and organic materials.

Before you operate any machinery located in the shed (i.e. pitching machine, weed wackers, etc.) familiarize yourself with its proper operation.

All chemicals or organic materials shall be properly marked and labeled as to its contents. All chemicals or organic materials stored within these equipment sheds will be separated from the areas used to store machinery and tools in order to minimize the risk of puncturing storage containers.

Any witnessed "loose" chemicals or materials within these sheds shall be cleaned up and disposed of as soon as possible.

General Safety Information

Weather: LIGHTNING

FACTS AND SAFETY PROCEDURES

Lightning is the most frequent weather hazard affecting athletic events, such as baseball, football, swimming, skiing, track and field, soccer, and lacrosse. Lightning can strike and injure both players and spectators in outdoor stadiums during an organized sporting event.

Facts

- No place outside is safe when thunderstorms are in the area!!!
- If you hear thunder, lightning is close enough to strike you.

“Flash-Bang” Method

One way of determining how close a recent lighting strike is to you is called the “flash-bang” method. With the “flash-bang” method, a person counts the number of seconds between the sight of a lighting strike and the sound of thunder that follows it. Halt-play and evacuation should be called for when the count between the lighting flash and the sound of its thunder is 15 seconds or less.

Rule of Thumb

The ultimate truth about lighting is that it is unpredictable and cannot be prevented. Therefore, a manager, coach, or umpire who feels threatened by an approaching storm should stop play and get the kids to safety – regardless of whether or not the lighting detector goes off or if the “flash-bang” proximity measures apply.

Precautions

If you are attending an organized sporting event at an outdoor stadium during a lightning storm, you can minimize your risk of being struck by taking precautions:

- Remain calm.
- Listen for instructions from Little League personnel.
- When you hear thunder, immediately move to the designated safe shelters, away from metal poles and the open field. These shelters should be determined before the event if a chance of a storm exists.

Where to Go?

No place is absolutely safe from the lighting threat, but some places are safer than others. Large enclosed shelters and substantially constructed buildings are the safest (like our snack stand). For the majority of participants, the best area to seek shelter is in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area and cannot get to shelter in a car, put your feet together, crouch down, and put your hands over your ears (to try and prevent eardrum damage).

Where NOT to Go!!

Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, dugouts, flagpoles, light poles, bleachers (metal or wood), metal fences, and water.

Wait for an all-clear signal, which should occur approximately 30 minutes after you hear the last clap of thunder.

Resuming Activities

If there is lightning or thunder, play must be suspended for 30 minutes from the last time lightning is seen or thunder is heard.

The 30-minute countdown restarts every time lightning is seen or thunder is heard.

Players must wait in cars/vehicles and NOT in their dugouts or batting cage.

The concession stand will be closed during this time.

Activities can resume once 30-minutes have passed from the last time lightning is seen or thunder is heard and/or an all-clear announcement has been made.

First Aid to a Lightning Victim

Giving first aid to lightning strike victims while waiting for professional medical attention can save their lives. It is safe to touch a lightning strike victim. People struck by lightning DO NOT carry a charge. Follow these four steps immediately to help save the life of a lightning strike victim:

1. Call for Help

Call 911 immediately. Give directions to your location and information about the strike victim(s). It is safe to use a cell phone during a storm.

2. Assess the Situation

- How many victims are there?
- Where was the victim struck?
- Is the storm still continuing?

Safety is a priority. Be aware of the continuing lightning danger to both the victim and rescuer. If the area where the victim is located is high risk (e.g., an isolated tree or open field), the victim and rescuer could both be in danger. If necessary, move the victim to a safer location. It is unusual for a victim who survives a strike to have any major broken bones that would cause paralysis or major bleeding complications unless the person suffered a fall or was thrown a long distance. Therefore, it may be safe to move the victim to minimize possible further exposure to lightning.

3. Respond

Lightning often causes a heart attack. Check to see if the victim is breathing and has a heartbeat. The best place to check for a pulse is the carotid artery which is found on your neck directly below your jaw, as shown in the picture.



4. **Resuscitate**

If the victim is not breathing, immediately begin mouth-to-mouth resuscitation. If the victim does not have a pulse, start cardiac compressions as well (CPR). Continue resuscitation efforts until help arrives. If the area is cold and wet, putting a protective layer between the victim and the ground may help decrease hypothermia (abnormally low body temperature).

IMPORTANT REMINDER: Lightning may also cause other injuries such as burns, shock, and sometimes blunt trauma. Treat each of these injuries with basic first aid until help arrives. Do not move victims who are bleeding or appear to have broken bones.

General Safety Information

FIRST AID

First Aid refers to the emergency or immediate care you should provide when a person is injured or ill until full medical treatment is available. For minor conditions, First Aid care may be enough. For serious problems, First Aid care should be continued until more advanced care becomes available.

The decision to act appropriately with First Aid can mean the difference between life and death. Begin by introducing yourself to the injured or ill person. Explain that you are a First Aid provider and are willing to help. The person must give you permission to help them; do not touch them until they agree to be helped. If you encounter a confused person or someone who is critically injured or ill, you can assume that they would want you to help them. This is known as "implied consent."

FIRST AID BASICS

First Aid is as easy as ABC – **Airway**, **Breathing** and **CPR** (cardiopulmonary resuscitation). In any situation, apply the DRSABC Action Plan.

DRSABC stands for:

- **D**anger – always check the danger to you, any bystanders and then the injured or ill person. Make sure you do not put yourself in danger when going to the assistance of another person.
- **R**esponse – is the person conscious? Do they respond when you talk to them, touch their hands or squeeze their shoulder?
- **S**end for help – call nine-one-one (9-1-1). Don't forget to answer the questions asked by the emergency operator.
- **A**irway – Is the person's airway clear? Is the person breathing?
 - If the person is responding, they are conscious and their airway is clear, assess how you can help them with any injury.
 - If the person is not responding and they are unconscious, you need to check their airway by opening their mouth and having a look inside. If their mouth is clear, tilt their head gently back (by lifting their chin) and check for breathing. If the mouth is not clear, place the person on their side, open their mouth and clear the contents, then tilt the head back and check for breathing.
- **B**reathing – check for breathing by looking for chest movements (up and down). Listen by putting your ear near to their mouth and nose. Feel for breathing by putting your hand on the lower part of their chest. If the person is unconscious but breathing, turn them onto their side, carefully ensuring that you keep their head, neck and spine in alignment. Monitor their breathing until you hand over to the ambulance officers.

- **CPR** – if an adult is unconscious and not breathing, make sure they are flat on their back and then place the heel of one hand in the centre of their chest and your other hand on top. Press down firmly and smoothly (compressing to one third of their chest depth) 30 times. Give two breaths. To get the breath in, tilt their head back gently by lifting their chin. Pinch their nostrils closed, place your open mouth firmly over their open mouth and blow firmly into their mouth. Keep going with the 30 compressions and two breaths at the speed of approximately five repeats in two minutes until you hand over to the ambulance officers or another trained person, or until the person you are resuscitating responds. The method for CPR for children under eight and babies is very similar and you can learn these skills in a CPR course.

IMPORTANT TO REMEMBER

Do...

- Reassure and aid children who are injured, frightened, or lost.
- Provide or assist in obtaining medical attention for those who require it.
- Know your limitations and use your best judgment on when to call emergency services and notify parents..
- Carry your first-aid kit to all games and practices.
- 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). Calm and soothe the injured as necessary.
 - Feel gently and carefully around the injured area for signs of swelling, broken bones, or dislocated joints.
- Have your players medical clearance forms with you at all games and practices.
- Ensure all coaches have a cell phone available when playing or practicing.

Do Not...

- Administer any medication.
- Provide any food or beverages other than water.
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedures.
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazard to the Safety Officer immediately.

COMMUNICABLE DISEASE PROCEDURES

1. Bleeding must be stopped, the open wound covered and the uniform changed if there is blood on it before the athlete may continue.
2. Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluids is anticipated (provided in First Aid kit).
3. Immediately wash hands and other skin surfaces if contaminated with blood.
4. Clean all blood contaminated surfaces and equipment.
5. Managers, coaches and volunteers with open wounds should refrain from all direct contact until the condition is resolved.
6. Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

***** First Aid kit and ice are available at the Concession Stand.**

***** AED is located inside the shed beside the clubhouse.**

**Contact West Deptford Emergency Medical Services at 9-1-1.
WDLL Board members have been instructed on how to use the AED.**

General Safety Information

INJURY REPORTING and TRACKING

What to report

Any incident which causes a player, coach, umpire, volunteer, or fan to receive medical treatment and/or first aid must be reported to the Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of injury or periods of rest.

When to report

All such incidents must be reported to the Safety Officer within 48 hours of the accident. See the directory for the appropriate phone numbers.

How to complete report

Incident / Injury tracking forms are available at the concession stand.

A form must be completed within 24 hours of the incident by the coach of the injured player. The completed tracking form can be turned in at the concession stand or given to the Safety Officer or other Board Member.

SAFETY OFFICER'S RESPONSIBILITIES

Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the parents/guardian and verify the information received. Any other necessary information will be obtained. Check on the status of the injured party.

In the event that the injured party required medical treatment (doctor or hospital visit), the Safety Officer will provide the parent or guardian information on the insurance coverage provided by WDLL, and the provisions for submitting any claims.

The Safety Officer shall notify the WDLL President, the Chief Financial Officer of West Deptford Township, the District 15 Director of Safety, and Little League Eastern Regional headquarters in Bristol, CT.

If the extent of the injury is more than minor in nature, the Safety Officer shall periodically contact the injured party to check on the status of any injury.

The Safety Officer will provide any other assistance necessary for the processing of insurance claims until the incident is considered closed.

Concussion

A FACT SHEET FOR Youth Sports Coaches



CDC HEADS UP
SAFE BRAIN, STRONGER FUTURE.

Below is information to help youth sports coaches protect athletes from concussion or other serious brain injury, and to help coaches know what to do if a concussion occurs.

What is a concussion?

A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.

What is a subconcussive head impact?

A subconcussive head impact is a bump, blow, or jolt to the head that *does not* cause symptoms. This differs from concussions, which *do* cause symptoms. A collision while playing sports is one way a person can get a subconcussive head impact. Studies are ongoing to learn about subconcussive head impacts and how these impacts may or may not affect the brain of young athletes.

How can I keep athletes safe?

As a youth sports coach, your actions can help lower an athlete's chances of getting a concussion or other serious injury. Aggressive or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury.³ Here are some ways you can help:

Talk with athletes about concussion:

- Set time aside throughout the season to talk about concussion.
- Ask athletes about any concerns they have about reporting concussion symptoms.
- Remind athletes that safety comes first and that you expect them to tell you and their parent(s) if they think they have experienced a bump, blow, or jolt to their head and "don't feel right."

Focus on safety at games and practices:

- Teach athletes ways to lower the chances of getting a hit to the head.
- Enforce rules that limit or remove the risk of head impacts.
- Tell athletes that good sportsmanship is expected at all times, both on and off the field.
- Bring emergency contact information for parents and healthcare providers to each game and practice in case an athlete needs to be seen right away for a concussion or other serious injury.

Multiple concussions

Athletes who have ever had a concussion have a higher chance of getting another concussion. A repeat concussion can lead to more severe symptoms and longer recovery.^{1,2}

Coach's to-do list:

- ✓ Talk with athletes about concussion.
- ✓ Teach athletes ways to lower their chances of getting a hit to the head.
- ✓ Encourage concussion reporting among your athletes.
- ✓ Know what to do if you think an athlete has a concussion.
- ✓ Learn how to help an athlete safely return to play after a concussion.

cdc.gov/HEADSUP

Make sure athletes do not perform these unsafe actions:

- Use their head or helmet to contact another athlete.
- Make illegal contact or check, tackle, or collide with an unprotected opponent.
- Try to injure another athlete.

Stay up to date on concussion information:

- Review your state, league, and organization's concussion plans and rules.
- Take a training course on concussion. The Centers for Disease Control and Prevention (CDC) offers free concussion training at cdc.gov/HEADSUP.
- Download CDC's HEADS UP app or another resource that provides a list of concussion signs and symptoms.

Check equipment and sports facilities:

- Make sure all athletes wear a helmet that is appropriate for the sport or activity; ensure that the helmet fits well and is in good condition.
- Work with the game or event manager to fix any concerns, such as tripping hazards or goal posts without proper padding.

One study found that nearly 70% of athletes continued to play with concussion symptoms.⁴



How can I spot a possible concussion?

Athletes who show or report one or more of the signs and symptoms listed below—or who simply say they just "don't feel right"—after a bump, blow, or jolt to the head or body may have a concussion or other serious brain injury. Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not show up for hours or days.

Signs coaches or parents may observe:

- Seems confused
- Forgets an instruction or is unsure of the game, position, score, or opponent
- Moves clumsily
- Answers questions slowly or repeats questions
- Can't remember events before or after the hit, bump, or fall
- Loses consciousness (even for a moment)
- Has behavior or personality changes

Signs of a more serious brain injury

In rare cases, a concussion can cause dangerous bleeding in the brain, which puts pressure on the skull. Call 9-1-1 if an athlete develops one or more of these danger signs after a bump, blow, or jolt to the head or body:

- A headache that gets worse and does not go away
- Significant nausea or repeated vomiting
- Unusual behavior, increased confusion, restlessness, or agitation
- Drowsiness or inability to wake up
- Slurred speech, weakness, numbness, or decreased coordination
- Convulsions or seizures (shaking or twitching)
- Loss of consciousness (passing out)

Symptoms athletes may report:

- Headache
- Nausea or vomiting
- Dizziness or balance problems
- Bothered by light or noise
- Feeling foggy or groggy
- Trouble concentrating or problems with short- or long-term memory
- Does not "feel right"

Some athletes may not report a concussion because they don't think a concussion is serious.

They may also worry about:

- Losing their position on the team or losing playing time during a game,
- Putting their future sports career at risk,
- Looking weak,
- Letting down their teammates or the team, and/or
- What their coach or teammates think of them.⁵⁻⁷

What should I do if an athlete has a possible concussion?

As a coach, if you think an athlete may have a concussion, you should:

Remove the athlete from play.

When in doubt, sit them out! Record and provide details on the following information to help the healthcare provider or first responders assess the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out) and for how long
- Any memory loss right after the injury
- Any seizures right after the injury
- Number of previous concussions (if any)

Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a healthcare provider.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess an athlete for a possible concussion and decide when it is safe for the athlete to return to play.

Inform the athlete's parent(s) about the possible concussion.

Let parents know about the possible concussion and give them the CDC HEADS UP fact sheet for parents to help them watch the athlete for concussion signs and symptoms at home.

Ask for written instructions from the athlete's healthcare provider on return to play.

This should include information about when the athlete can return to play and steps you should take to help the athlete safely return to play. Athletes who continue to play while having concussion symptoms have a greater chance of getting another concussion. A repeat concussion that occurs before the brain has fully healed can be very serious and can increase the chance for long-term problems. It can even be fatal.

Offer support during recovery.

An athlete may feel frustrated, sad, angry, or lonely while recovering from a concussion. Talk with them about it, and allow an athlete recovering from a concussion to stay in touch with their teammates, such as cheering on their team at practices and competitions.



What steps should I take to help an athlete return to play?

An athlete's return to school and sports should be a gradual process that is approved and carefully managed and monitored by a healthcare provider. When available, be sure to also work closely with your team's certified athletic trainer.

There are six gradual steps to help an athlete safely return to play. These steps should not be done in one day, but instead over days, weeks, or months. **An athlete should move to the next step only if they do not have any new symptoms at the current step.**

Step 1: Return to non-sports activities, such as school, with a greenlight from the healthcare provider to begin the return-to-play process

Step 2: Light aerobic exercise

- Goal: Increase the athlete's heart rate
- Activities: Slow to medium walking or light stationary cycling

Step 3: Sport-specific exercise

- Goal: Add movement
- Activities: Running or skating drills; no activities with risk for contact

Step 4: Non-contact training drills

- Goal: Increase exercise, coordination, and thinking
- Activities: Harder training drills and progressive resistance training

Step 5: Full-contact practice

- Goal: Restore confidence and have coaching staff assess functional skills
- Activities: Normal training activities

Step 6: Return to regular sports activity

Remember: It is important for you and the athlete's parent(s) to watch for concussion symptoms after each day's activities, particularly after each increase in activity. If an athlete's concussion symptoms come back, or if he or she gets new symptoms when becoming more active at any step, this is a sign that the athlete is working too hard. The athlete should stop these activities, and the athlete's parent should contact the healthcare provider. After the athlete's healthcare provider says it is okay, the athlete can begin at the step before the symptoms started.



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2. Guskiewicz KM, McCrea M, Marshall SW, et al. Cumulative effects associated with recurrent concussion in collegiate football players: the NCAA Concussion Study. *JAMA*. 2003;290(19):2549-2555.

3. Collins CL, Fields SK, Comstock RD. When the rules of the game are broken: what proportion of high school sports-related injuries are related to illegal activity? *Inj Prev*. 2008;14(1):34-38.

4. Rivara FP, Schiff MA, Chrisman SP, Chung SK, Ellenbogen RG, Herring SA. The effect of coach education on reporting of concussions among high school athletes after passage of a concussion law. *Am J Sports Med*. 2014;42(5):1197-1203.

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6. Register-Mihalik JK, Guskiewicz KM, McLeod TC, Linnan LA, Mueller FO, Marshall SW. Knowledge, attitude, and concussion-reporting behaviors among high school athletes: a preliminary study. *J Athl Train*. 2013;48(5):645-653.

7. Chrisman SP, Quitiquit C, Rivara FP. Qualitative study of barriers to concussive symptom reporting in high school athletics. *J Adolesc Health*. 2013;52(3):330-335.

The information provided in this fact sheet or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.

Revised August 2019

To learn more,
go to cdc.gov/HEADSUP



Link - [A Fact Sheet for Youth Sports Coaches](#)

APPENDIX 1 - FORMS

Activities/Reporting		A Safety Awareness Program's Incident/Injury Tracking Report	
League Name: <input type="text" value="West Deptford Little League"/>	League ID: <input type="text"/>	-	<input type="text"/> Incident Date: <input type="text"/>
Field Name/Location: <input type="text"/>	Incident Time: <input type="text"/>		
Injured Person's Name: <input type="text"/>	Date of Birth: <input type="text"/>		
Address: <input type="text"/>	Age: <input type="text"/> Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
City: <input type="text"/> State <input type="text"/> ZIP: <input type="text"/>	Home Phone: (<input type="text"/>) <input type="text"/>		
Parent's Name (If Player): <input type="text"/>	Work Phone: (<input type="text"/>) <input type="text"/>		
Parents' Address (If Different): <input type="text"/>	City <input type="text"/>		
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): <input type="text"/>			
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: <input type="text"/>			
Type of injury: <input type="text"/>			
Was first aid required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: <input type="text"/>			
Was professional medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: <input type="text"/> (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:			
A.) On Primary Playing Field <input type="checkbox"/> Base Path: <input type="checkbox"/> Running or <input type="checkbox"/> Sliding <input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched or <input type="checkbox"/> Thrown or <input type="checkbox"/> Batted <input type="checkbox"/> Collision with: <input type="checkbox"/> Player or <input type="checkbox"/> Structure <input type="checkbox"/> Grounds Defect <input type="checkbox"/> Other: <input type="text"/>		B.) Adjacent to Playing Field <input type="checkbox"/> Off Ball Field <input type="checkbox"/> Seating Area <input type="checkbox"/> Travel: <input type="checkbox"/> Parking Area <input type="checkbox"/> Car or <input type="checkbox"/> Bike or 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: <input type="text"/>	
Please give a short description of incident: <input type="text"/>			
Could this accident have been avoided? How: <input type="text"/>			
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.			
Prepared By/Position: <input type="text"/>	Phone Number: (<input type="text"/>) <input type="text"/>		
Signature: <input type="text"/>	Date: <input type="text"/>		



Little League® Baseball and Softball M E D I C A L R E L E A S E



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: _____ Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player
------	-------	------------------------

Name	Phone	Relationship to Player
------	-------	------------------------

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____ Authorized Parent/Guardian Signature _____ Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

Field & Safety Checklist

FIELD CONDITION	Good	Repair	Players	Good	Repair
Bases - Condition			Athletic cup		
Bases - Secured to the ground			Bats - dents, cracks, etc.		
Batters Box - level and marked			Helmets - check for cracks		
Coaches box - square			Jewelry - removed		
Fence - 3rd base side			Uniform - hats, shirt, cleats, etc.		
Fence - 1st base side					
Fence - backstop area			Catchers	Good	Repair
Fence - outfield area			Athletic cup, catchers mitt		
Fields - level			Helmet w/ mask, throat guard		
Foul Line - marked			Shin guards, chest protector		
Foul poles					
Gopher holes			Safety	Good	Repair
Grass infield - surface even			First-Aid kits in possession		
Grass outfield - surface even			Ice available for injuries		
Home plate			Safety Manual		
In-field surface - dirt needed					
Pitchers Mound			Fans - Bleachers	Good	Repair
Roto-Till			Bleacher condition		
			Bleacher - clean		
Dugouts	Good	Repair	No Alcohol		
Bat rack secure			No Pets		
Benches			No Smoking		
Ensure no Bees, Wasps, etc.			Trash Empty		
Fence condition					
Roof			Press Box	Good	Repair
Trash - Before game			Benches		
Trash - After game			Electrical/PA System		
			Stairs		
MISC Info or Remarks	Good	Repair	Roof		
			Scoreboard		