Hamilton Wenham Little League

Safety Manual 2019

Adam Strozier, Safety Officer

Introduction

This manual is designed for managers, coaches, players, and league parents, to assure that everything is done to provide the safest possible environment for all participants in Hamilton Wenham Little League. While some risk is inherent in any sport, the application of some basic, common sense rules, can prevent many dangerous hazards and unnecessary injuries.

It is required that all managers, coaches, and assistant coaches review this manual prior to the beginning of the season, and to be familiar with its contents. The league will also hold a safety meeting on April 9, 2019 to handout and review this information. Attendance by at least one member of the coaching staff of every team is mandatory and is likewise mandatory for all coaching staff members who have not attended a HWLL safety meeting in the last three years.

Important Points to Remember

This section is NOT a substitute for reading this entire document nor for attending the safety meeting, but is solely meant to reinforce some key points:

Always have a **working cell phone** at all practices and games. This is extremely important and easy to overlook.

Collect **Medical Forms** for all players prior to the first practice. Keep these with your equipment. Make note and inform safety officer of any players with asthma, diabetes, seizures or allergies (such as to nuts, bee stings, etc.) especially if the player brings emergency medicines to practices (such as inhalers, insulin, glucose tablets, or an EpiPen).

Coaches should have all players and their parents review, sign, and return to them the **Code of Conduct** before the first practice. Remind players and parents of these expectations as needed throughout the season.

Coaches should not hesitate to suspend a practice or game due to the **threat of lightning**. Lightning injuries are usually severe, and the hassle of rescheduling is nothing compared to results of a lightning injury.

Do not hesitate to call 911 for what seems to be a severe illness or injury. Better to call an ambulance unnecessarily than to fail to do so when one is needed.

Coaches should not allow their players to use any broken or otherwise **inadequate equipment**. Contact Chris Schrock, Sean O'Bannon or Lou Levesque, our equipment managers, for replacements as needed.

A new baseball bat standard was implemented in 2018. No unapproved bats are permitted. See below for details.

No player is to hold or otherwise use a baseball bat except when at bat or when performing a coach-supervised activity at practice. Those waiting to take their turn for a batting exercise at practice should **not** be holding bats. Players waiting to take their turn at bat during a game are not allowed to hold a bat. They are to remain in the dugout and are not allowed to warm up in the on-deck circle.

All injuries to players, managers or onlookers requiring evaluation by either coaches or parents, with or without treatment, are to be reported to the Safety Director, Adam Strozier, within 48 hours. He can be reached at 857 719 9493 or astrozi2001@yahoo.com.

General Safety

The most important aspect of organizing and running a little league baseball program is safety. It overrides all other concerns. **Managers and coaches are responsible for seeing that all safety rules are followed**. If anything seems unsafe, either the weather, the field, the equipment, or anything else, do not hesitate to cancel the practice or game. Do not hesitate to contact the Safety Office, Adam Strozier, or any of the other Board Members listed above. We are here to help you play baseball in the safest possible way.

Managers and coaches are to meet all the players' parents. Keep their contact information with you at all practices and games. Keep a charged mobile phone with you at all times. Managers and coaches must see that all players are picked up after games and practices. If a player's parents are late for pick-up, a manager or coach must stay behind with that player until they are picked up. Players may come and go to and from practice on their own (walking or biking) if this has been prearranged with parents and weather permitting.

Make sure all players give you a completed Medical Form at the first practice. Review these and make note of any medical conditions your player may have any medicine they may have with them. Managers and coaches need to be aware of the possibility of a sudden medical emergency before it happens. This is the purpose of the Medical Form.

To avoid injury, coaches and managers are to **keep all players focused on the game or practice**. This is most important with respect to kids waiting in line at practice, or kids in the dugouts during games. At practice, it is best to have kids waiting in line as little as possible. Breaking up practice activities into multiple small groups can help with this.

If you have a player whom you feel to be at risk of injury due to inattention or other behavior, you must report this to the Safety Officer.

All coaches and managers as well as all other volunteers and hired personnel must undergo background checks before any contact with players. This includes a CORI and a nation-wide criminal database search. There is no exception to this rule. This means all background check paperwork must be submitted and approved by the Safety Officer before the first practice. Any parents who volunteer to help MUST undergo a background check. It is tempting to allow casual and occasional participation by interested parents, especially when regular coaches or managers are unable to make a practice, but this is **NOT PERMITTED** without a background check.

Field Safety

Managers and coaches should inspect the field of play before all practices and games. Look for water/mud, holes, debris or uneven ground. Contact a board member or league commissioner for repair ASAP. Pay attention to the forecast, especially for the possibility of thunderstorms.

The speed limit at all our fields is 5 MPH. Please gently remind parents and others who exceed this limit. Please make sure you point out all roadways and parking areas to your players and advise them to use extreme caution in these areas, such as when retrieving batted or thrown balls.

Do not hesitate to cancel and event due to the threat of lightning. If you hear thunder or see lightning, you must clear the field and get everyone to safety. The safest place is in an automobile or in a grounded building (i.e. not in a shed). Avoid all metal objects, such as backstops and flagpoles, and do not shelter under a tree.

Game and Practice Safety

On-deck batters are not permitted. No player is allowed to use or even hold a bat, in a game or in practices, unless he or she is at bat and supervised by a coach or manager.

Players must wear prescribed safety equipment at all times, no exceptions. Required safety equipment includes:

Catchers must wear cups (males only), chest protectors long enough to cover the abdomen and groin, and helmet and face guard WITH an attached neck protector. This rule applies to warming up pitchers and batting practice, as well as games.

Little League approved batting helmets are required for all batters, whether in practice or games. Any activity with a bat must also include the use of a helmet.

Only Little League approved bats are permitted. A **new bat standard** was adopted for the 2018 season. This includes t-ball. This change was made to institute the use of metal bats that perform like wood bats. Wood bats are still permitted. All metal bats MUST have the USA Bat or USA Baseball logo. A list of approved metal bats is available at https://usabat.com.

Each level of Little League uses a reduced impact baseball. Use only those balls supplied by the equipment manager for games as well as practice. T-Ball balls are marked “t-ball,” Farm League Balls are marked DFX, Minors balls are DOB or DLL, and Majors balls are marked DLL.

Use only pop-up or loose bases to avoid sliding injuries.

While cups are only required for catchers, they are strongly encouraged for all male players.

No jewelry, watches or other metallic items are to be worn by players at practice or in games.

No head first sliding, except when a player is returning to a base, such as on a pick-off play.

All warm ups are to take place on the field of play. Be sensible: have players adequately spaced from each other and orient them so that overthrown balls do not injure spectators.

Warn players to be cautious when retrieving overthrown balls from roadways or parking areas. Managers and coaches are to supervise all warm ups.

Keep all equipment in the dugouts, not on the playing field, except when in active use. Only players, managers and coaches are permitted on the field or in the dugouts during games and practices.

Horseplay is not permitted, before, during or after games or practices. Climbing the fence or dugouts is prohibited. Players are not to throw balls against fences or dugouts. No throwing of rocks or dirt is permitted.

All coaches must submit a Volunteer Application yearly before participating in any Little League activity. They must also undergo a satisfactory background check before participating in any way, **NO EXCEPTIONS.**

First Aid

Your first task, when it comes to first aid, is determining whether you are dealing with an emergency or not and deciding whether to call 911. Therefore, your most important first aid tool is **A CHARGED AND WORKING MOBILE PHONE.**

Although unlikely to occur, the worst type of illness with which a coach may be confronted is the sudden loss of consciousness of a player, coach or spectator. In such a scenario, you may be called on the perform CPR and use an AED. Doing so promptly can save a life.

The first step is, as above, to **call 911**.

The next step is to see if the person can be awoken. If not, you should check the person for breathing and a pulse. This can be a challenge in an emergency, and so it is never wrong to start CPR if you aren't ABSOLUTLEY sure that the person has a pulse. It is safe to say if they appear to be breathing, then they also have a pulse. If they are moving purposefully on their own, then they are breathing and have a pulse. If a patient doesn't appear to be breathing it is likely that they don't have a pulse. **AGAIN, WHEN IN DOUBT, START CPR and have someone obtain an AED.**

AEDs (Automated External Defibrillators) are located in the dugouts at our Patton and Pingree Park fields. They are designed to deliver an electric shock to a victim to get their heart pumping again. They are designed to analyze the person's heart and decide whether an electrical shock is needed or not.

AEDs are easy to use. They contain two pads which are attached to the person's bare chest. They chest must be dried first if it is wet. After attaching the pads, you push the "analyze" button. The machine will then say one of two things: you will be told to make sure no one is touching the patient and then a shock will be delivered to the patient, or you will be told that no shock is needed and that you should continue CPR.

IT IS VITAL TO START CPR ASAP, BEFORE OBTAINING THE AED. IT IS ALSO VITAL TO CONTINUE CPR WHILE THE AED IS BEING SET UP, WHILE THE PADS ARE PLACED ON THE CHEST, AND OTHERWISE AT ALL TIMES UNLESS THE AED MACHINE INSTRUCTS YOU NOT TO TOUCH THE PATIENT.

The American Heart Association has introduced HANDS FREE CPR and has reduced everything to two basic steps:

- Call 911
- Press down on the lower part of the victim's breast bone with both hands at a rate of 120 beats a minute (think the Bee Gee's *Staying Alive*)

That's it. No breaths. The purpose is to simplify things to the point that anyone can give CPR, regardless of training. It is not wrong to give rescue breaths, but it is not required, and is not that much more helpful than doing chest compressions alone.

Other injuries and emergencies for which you must also call 911:

- If there is confusion, drowsiness or loss of consciousness
- If there is numbness or weakness. i.e. the victim can't move a part of the body such as the toes or the fingers
- If there is neck injury in which there is pain in the neck, the victim is unwilling to move the neck, and of course if there is numbness and weakness. **NEVER MOVE A VICTIM WITH A SUSPECTED NECK INJURY. CALL 911 AND KEEP THEM STILL UNTIL AN AMBULANCE ARRIVES.**
- Anyone who is unconscious or drowsy after trauma such as a collision should be assumed to have a neck injury until proven otherwise and **SHOULD NOT BE MOVED**.
- If there is any difficulty in breathing.
- Any eye injury
- Any neck, face or throat injury resulting in hoarseness or other difficulty with speech, any neck or tongue swelling, and any other visible deformity of the face, throat or neck

Non-emergency injuries include superficial cuts and abrasions. Gauze, bandages or towels should be used to compress the area until bleeding stops. Then, the area should be washed

with water and a bandage applied. A player who is not in pain and otherwise appears well can return to play as long as there is no active bleeding, and any bloody garments have been changed.

Nose bleeds are treated by having the player squeeze the nostrils shut using gauze or a towel. The player should sit with the head tilted forward to keep blood from draining in to his or her throat or lungs. Any player with a nose bleed from a collision may also have a brain or neck injury and should be evaluated accordingly.

Non-emergency injuries also include muscle and joint strains, sprains, and pulls. If the victim seems to be in severe pain, and is unwilling to move the injured part, a broken bone could be present. Any deformity of a body part strongly suggests a broken bone, and the victim should be transported for emergency evaluation, by ambulance or by car in the care of a parent or guardian. A coach should accompany an injured player if he or she is transported for medical evaluation when a player's parent is not present. Less severe appearing strains or sprains should be treated with rest and an ice pack. Parents should be advised to have their child see a doctor if pain and swelling do not improve over the next 24 hours.

All equipment bags include a first aid kit. This kit includes gauze, tape, and various bandages. It should not contain medications. Coaches may only administer a medication to a player if the player has a prescription for that medication, and then only in an emergency. Call the safety officer if your first aid kit is absent or deficient. Also call for restocking of your kit as needed.

Cold packs, to be used for muscle or joint sprains or strains, are located in the metal lockers behind the back stop at each field. Examine the contents of the locker at the field you are using and call the Safety Officer if cold packs are not present, or if they appear old or damaged.

Head Injury

Head injury can occur in several forms: broken bones in the skull or face, bleeding in the head due to injury to blood vessels, and injury to the brain, i.e. concussion. The first two require immediate emergency treatment at a hospital.

Concussion can occur in any collision, even if the head isn't directly involved. Most concussions get better on their own, but **PERMANENT BRAIN DAMAGE CAN OCCUR IF THERE IS A SECOND CONCUSSION WITHIN 7-10 DAYS.**

You should suspect your player has had a concussion after an injury when:

- They are groggy or dazed
- They cannot remember recent events
- They have headaches
- They have difficulty getting up
- They stumble or walk in an uncoordinated way
- They feel fine right after the injury, but develop headaches, depression, sleepiness or insomnia, irritability or memory problems later in the day or the following day.

PLAYERS WITH THE ABOVE SHOULD BE REMOVED FROM PLAY AND EVALUATED BY A DOCTOR BEFORE RETURNING TO PLAY.

Accident and Injury Reporting Procedures

All accidents and injuries should be reported to the Safety Officer within 48 hours. This doesn't apply only to severe injuries but any injuries where a parent or coach does any evaluation of an injury. This can be done via email, telephone call, or in person. The Safety Officer collects pertinent information, such as the time and place of the injury, the mechanism, and the condition of those injured. The Safety Officer will follow up with the player and his or her family to find out what if any treatment was necessary, and to help plan follow up for the player and to establish safe guidelines for that player's return to play. The Safety Officer will also determine what, if any, conditions may have predisposed the player to injury, and what can be done to lessen any future risk. This is not a punitive process, but a proactive process meant to decrease the chance of injuries in the future.