

Webster Athletic Association Girls Softball



Coaches Safety Manual



Property of
W.A.A. Softball
Must be returned with equipment



Table of Contents

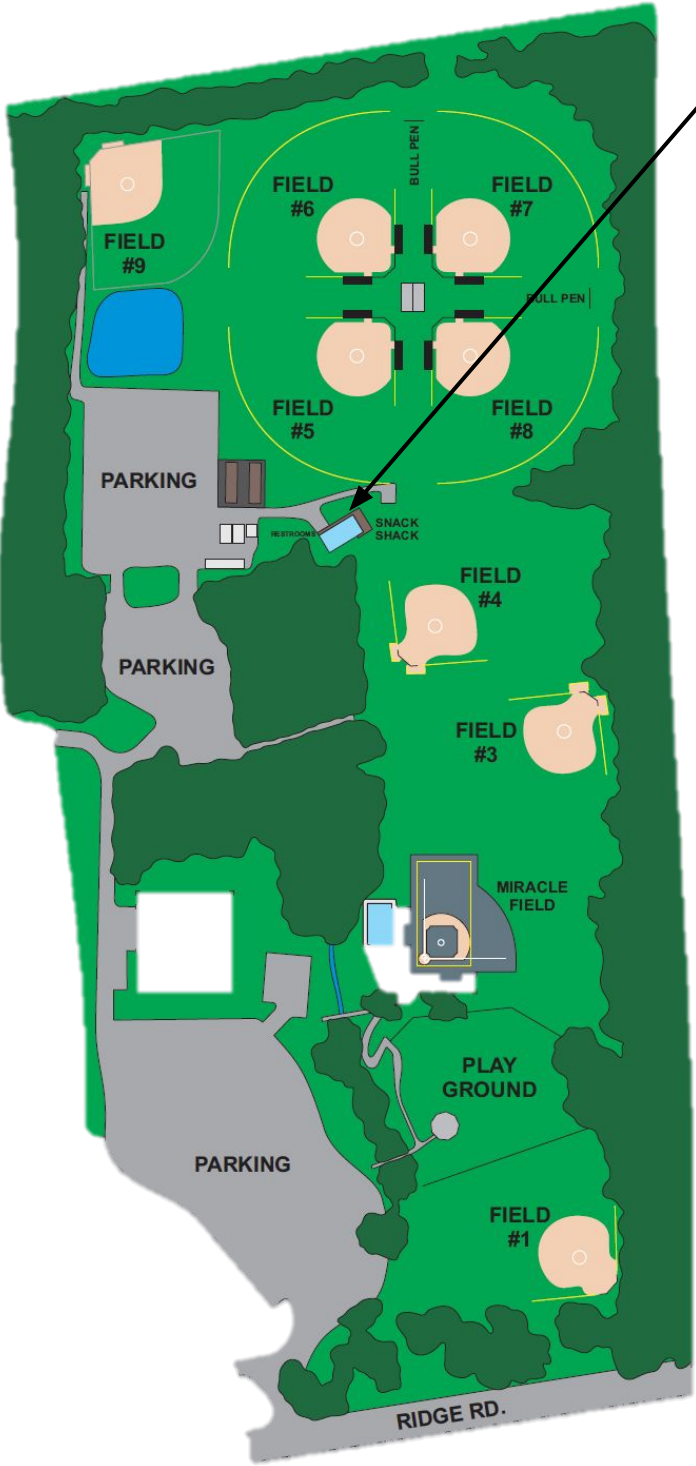
- 1) Ridge Park Map
- 2) Safety Mission
- 3) Emergency Action Plan
- 4) Incident Report Form
- 5) Basic Evaluation & Treatment of injuries
- 6) Communicable Disease Procedures
- 7) Concussion Guidelines
- 8) Concussion Facts Sheet for Coaches
- 9) Concussion Fact Sheet for
Parents/Caregivers
- 10) Child Abuse/Neglect Prevention/Head Lice
Statement
- 11) Lightning/Heat/Humidity Guidelines
- 12) C.A.R.E
- 13) Board Members Responsibility Title
- 14) League Rules and Regulations

Ridge Park Fields

AED Location

Officer of the day posted at
Snack Shack

Ridge Park
Physical Address:
1002 Ridge Rd,
Webster, NY 14580



WAA Mission Statement

MISSION STATEMENT

WAA Girls Softball is a non-profit youth sports organization dedicated to teaching softball fundamentals and life skills through good sportsmanship, leadership, positive coaching, and peer and parent communication. WAA offers participants the opportunity to play in a youth sports program and provide a positive athletic experience by fulfilling needs for physical activity, social interaction, fun, skill development and most importantly building lasting relationships with good friends.

SAFETY MISSION

To create and maintain through education and enforcement a comprehensive safety program and Emergency Action Plan to provide a safe environment for participants and spectators of WAA Softball

OBJECTIVES

The objectives of WAA Girls Softball Program are as follows:

- To offer programs to fulfill the recreation needs and wants as a service to the community.
- To offer an equal amount of participation opportunities to all skill levels.
- To make these programs safe and enjoyable in an atmosphere that promotes learning and participation first and competition second.
- To have the best possible people volunteer as coaches and to train them to do the best that they can.
- To demand from our coaches that those who need the most assistance are given it, rather than those who are already advanced.
- To expect that good sportsmanship and fair play are standard behaviors.
- To demand from our parents to respect our volunteer coaches by being supportive of their coaching strategies and philosophies.
- To ensure that the child's participation in youth sports is a positive and worthwhile experience.

WAA Girls Softball Emergency Action Plan

Officer of the Day is a WAA board member who will be on site at the fields.

Name of Officer of the Day will be posted at the snack bar.

Coach is “first responder”

Responsibilities of the coach:

- Control situation i:e team and spectators.
- Assess and treat injury using PRICES until more qualified personal arrive.
- Contact Officer of the Day.
- Fill out Incident/Injury Report

Officer of the Day:

- Will assume responsibility from coach so coach can resume game if appropriate.
- With coach and parent/guardian will decide if professional care is needed.
- Call 911.
- Fill out Insurance forms and collect Incident/Injury report.
- Stay with injured player/spectator until qualified help or guardians arrive.

WAA Girls Softball Injury Report Form



Step 1: Fill out entire Incident Form

Step 2: Take a picture of the Incident Form and text it to Derek Hagen, 724-683-4177

Step 3 (optional): Email the picture/copy of the Incident Form to waagirsoftball@gmail.com

Step 3: Leave a paper copy of the Incident Form at the Snack Shack.

Name (of injured) _____ Date of Birth _____ Date of Incident _____
Address _____ City _____ Zip _____
Parent(s) Name(s) _____ Phone _____

Injury occurred while participating in: Practice Warm up Game Other _____

Role of injured person: Player Umpire Spectator Coach Volunteer

Position of injured person: Batter Baserunner Pitcher Catcher First Base Second Base
 Third Base Shortstop Left Field Center Field Right Field Dugout Coaches Box

Type of incident: Hit by Bat Thrown Base Path Running Sliding Hit by Ball Pitched
 Thrown While swinging Collision with Player Collision with Structure Other: _____

Location of Incident:

On primary Playing Field: Field # _____ Describe location: _____
 Xtreme Training Center: Describe location: _____
 Adjacent to Field: Describe location: _____
 Seating Area: Describe location: _____
 Parking Area: Describe location: _____
 Concession Area: Describe location: _____
 Other: _____

Type of Injury:

Describe: _____

First Aid Required?

No Yes; if yes, describe: _____

Professional medical treatment required?

No Yes; if yes, describe: _____

Description of Incident: (Use back of form if necessary) _____

Name of person filling out report (Print) _____ Phone: _____

Signature: _____ Date: _____

Witness Name: _____ Signature: _____ Phone: _____

Basic Evaluation & Treatment of injuries

Introduction

Evaluating Injuries

As much as they may vary, most injuries can be classified according to whether they are:

- mild,
- moderate, or
- severe.

This is a convenient classification. As we discuss each injury, we will sometimes give specific ways you can classify it according to these categories and then determine the right treatment. Many times, however, it is simply a judgment call, based on swelling, pain, tenderness, and disability.

Classification and treatment depend on symptoms and signs.

A **symptom** is what your player reports: “*My head really hurts, coach!*” Or “*I can’t move my arm.*”

A **sign** is what you observe: Billy’s got a bloody nose. Or Susan’s eye looks really puffy. Or when you move Johnny’s foot, you can feel a grating sensation around the anklebones.

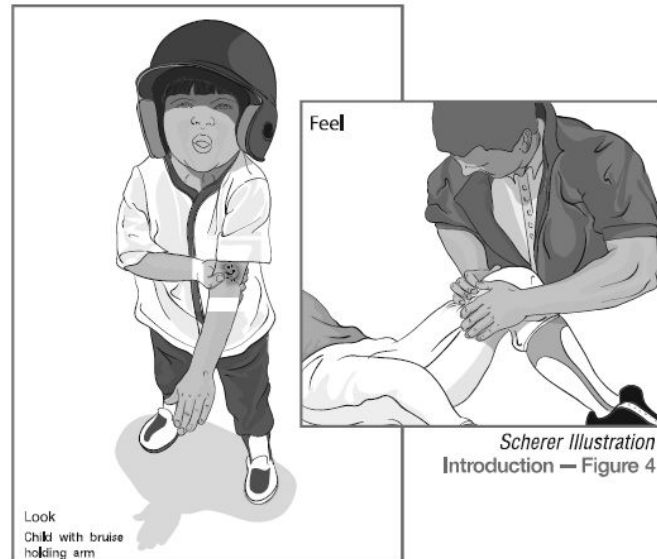
You’ll discover the injured player’s symptoms and signs as you evaluate the injury by **listening** and **looking**, then by carefully **feeling** and **moving** the injured part.

- Listen to the player to determine what happened. “*I was reaching for the ball, and I fell down.*” “*It felt like something went out of place in my knee.*” “*I saw Jerry stumble and hit his head on the dugout bench.*” Before questioning, though, you may have to calm and soothe an excited child to get an accurate description of the injury. (Figure 2)

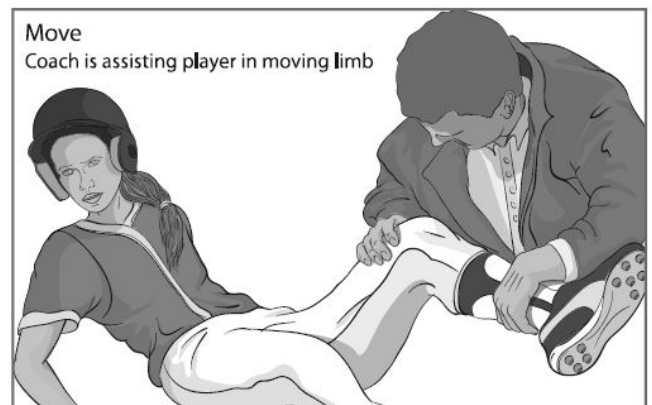


Scherer Illustration Introduction — Figure 2

- What do you see as you look at the injured player? **Bleeding?** **Black-and-blue** discoloration? An obviously broken bone? (Figure 3)
- As you gently and carefully feel the injured area, you will be able to detect signs like swelling or the grating of a broken bone. (Figure 4)
- Have the player move the injured part carefully to determine whether he or she can do so without pain. Assist the player if necessary, but **DO NOT FORCE** the player to move if it is extremely painful to do so. Inability to move an injured area generally means a more serious injury. (Figure 5)



Scherer Illustration Introduction — Figure 3



Scherer Illustration Introduction — Figure 5

Basic Evaluation & Treatment of injuries

Introduction

In evaluating an injured limb, it may be useful to remember the three kinds of motion. In active motion, the injured person can still move voluntarily and freely. In active assisted motion, your player may be able to move the injured part with a little help from you. In this case, a response like "OUCH! Don't do that, it hurts!" is a warning sign.

Passive motion means that someone else must move the injured body part. For example, you might be able to move a friend's stiff shoulder, even though it's uncomfortable for the person to do it. Passive motion signals the need for extreme caution. As we have said, if there is no active or active assisted motion possible, you are probably looking at a serious injury.

We cannot list every symptom and sign of each injury. Some injuries, eye injuries for example, have their own very specific symptoms and signs. But you can rely on the following general statements in most cases.

The sooner a player's disability manifests itself, the more serious the injury. By disability, we mean that the player cannot use this body part as it should be used. If Johnny twists his ankle but has only a slight limp, his injury may be mild or moderate. If he falls and cannot get up at all, he probably has a severe injury.

The larger and more immediate the swelling, the more serious the injury, because swelling seen from the outside means bleeding on the inside.

A noticeable deformity means a serious injury. If this body part doesn't look the way it did before the accident, something's wrong. Examples of deformity might be limbs that bend where they're not supposed to bend, or bones that are clearly not in their normal relationship.

Always consider unconsciousness or any eye injury a serious situation, in the category of severe injuries, until medical personnel assure you otherwise.

In real life, several things may be happening at the same time. For the sake of clarity, we have devoted each of the early lessons to one kind of injury. But we will also

discuss the time when you may have more than one seriously injured player on your hands and will have to make some fast and correct decisions. These decisions are part of emergency management.

Treatment

For a general guide to treating sports injuries, remember, the word PRICES

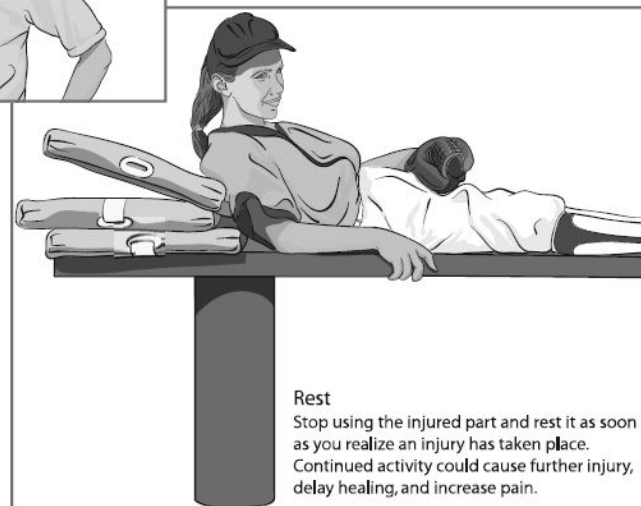
P	Protection
R	Rest
I	Ice
C	Compression
E	Elevation
S	Support

Protect the injured part of the body; for example, use crutches for an ankle or knee injury. (Figure 6)

Have the player rest and avoid using the injured part. There are different degrees of rest that are appropriate for different injuries at different stages of recovery. Usually, rest initially means avoiding the activity that created the injury. (Figure 7)



Scherer Illustration
Introduction — Figure 6



Scherer Illustration Introduction — Figure 7

Basic Evaluation & Treatment of injuries

Introduction

Ice not only makes your player comfortable by easing pain, it reduces swelling and inflammation. Ice should initially be applied for 20 to 30 minutes out of each hour. Place a thin towel or elastic wrap on the skin between the skin and ice. Commercially available Saran Wrap rolls or Ace wrap can be used to keep the ice in place. Instead of changing over to heat after the first few days, continue to use ice for any soreness that persists. Heat used any time following an injury may increase swelling and should be used cautiously. (Figure 8)

Apply compression carefully to keep swelling to a minimum. You must be cautious with elastic bandages, though. They must not be applied so tightly that they cause more swelling below where they are placed. The ideal technique is to wrap the entire exposed limb, from the most distant point to well above the injury site. For example, for an ankle injury, wrap all the way from the tips of the toes to just below the knee. (Figure 9)

Elevation of the injured part decreases pooling of blood and other fluids in the area, thereby helping to keep down the swelling. The most effective elevation is with the injured part higher than the heart. For example, in treating an ankle injury, the ankle should be higher than the knee, and the knee should be higher than the heart. Remember, water (swelling) runs down hill! (Figure 10)

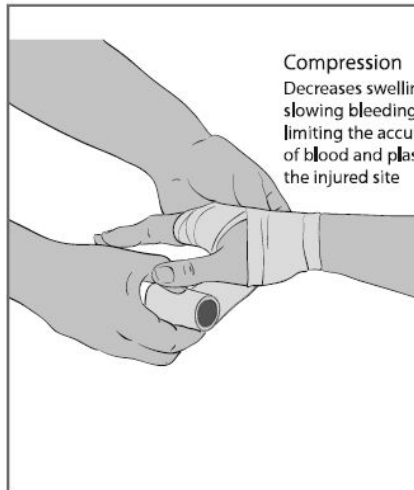
Support the injured part as necessary with taping or some type of functional bracing to guard against re-injury. (Figure 11)

At this point, perhaps you cannot yet visualize how you will put these ideas for evaluation and treatment into practice when you're actually there on the field. But as you work through our lessons on the different kinds of injury, both evaluation and treatment should become more clear, and you will see how part or all of the PRICES concept can be applied in almost any mild, moderate, or severe injury to any part of the body.



Ice
Arm with ice pack

Scherer Illustration Introduction — Figure 8



Compression
Decreases swelling by slowing bleeding and limiting the accumulation of blood and plasma near the injured site

Scherer Illustration Introduction — Figure 9



Elevation
Elevate the injured part to decrease swelling and pain.

Scherer Illustration Introduction — Figure 10



Scherer Illustration Introduction — Figure 11

Communicable Disease Procedures

While risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood born infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids.

In accordance with ASA Blood rule and NSA Communicable Disease procedures

Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

1. The bleeding must be stopped; the open wound covered and if there is an excessive amount of blood on the uniform it must be changed before the athlete may participate.
2. Routine use of gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
4. Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
7. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.
8. Contaminated towels should be properly disposed of/disinfected.
9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids.

Concussions

Child Abuse and Neglect

The Following guidelines are to insure a safe environment for our athletes and to protect the coaches/volunteers and employees of WAA Softball.

Prevention

Your Responsibilities:

If a child comes to you with claims of abuse, or you suspect abuse remember, the child may fear or want to protect the abuser. They also may believe that it is their fault that this had happened to them.

- 1 – Show support and concern of any youth who might be affected
- 2 – Do not jump to any conclusions. Act with all due diligence
- 3 – Ask the youth in indirect ways if “everything is all right” Be available for the child
- 4 – Consider stating your observations to the child’s parents. Do not directly or indirectly accuse suspected adult of child abuse.
- 5 - Speak confidentially with other adult leaders who have contact with the child
- 6 - Handle the matter as discreetly as possible
- 7 – If necessary, remove the child from danger and obtain medical treatment as needed.
- 8 - Report any league related concerns to the WAA Rec League Commissioner, WAA President or WAA Board Member.
- 9 – Notify Law Enforcement 1-800-342-3720 or Monroe County 461-5690

Protect Yourself:

Coaches/Volunteers: Never be by Yourself, Alone with Someone Else’s Child

- 1 – 2 Coach minimum at ALL team events; Never Coach Alone!
- 2 – Do not drive children that are not yours alone
- 3 – Except in an Emergency, never be alone with a child who is not your own.
- 4 – Physical contact between an adult and youth is not absolutely prohibited i.e high-fives etc., adults need to be very alert to the appropriateness of such contact. It is possible that contact may be experienced by the child or seen by others as inappropriate.
- 5 – Be aware of the situation that you put your selves into.

Above all else the safety of our children is always the number one priority of WAA softball. Please be aware of the above rules and guidelines to insure that our coaches as well as the girls have a safe and fun softball experience.

Lightning/Heat/Humidity Guidelines

Lightning:

When a game has been suspended because of lightning or thunder, it may be resumed when at least 20 minutes have passed without more lightning/thunder being seen/heard.

**DO NOT REMAIN IN THE DUGOUTS AND BLEACHERS.
Leave the fields.**

When you HEAR it – CLEAR it; when you SEE it – FLEE it!

Heat/Humidity:

Drink 8 oz. of water immediately before exercise; at least 4 oz. every 20 minutes during the event; and 16 oz. for every pound of weight lost afterwards.

Beverages containing small amounts of sodium and electrolytes are beneficial, but avoid those with caffeine or carbonation.

When it's HOT, Drink BEFORE you're thirsty!

CARE

WAA Board Members

Board Member	Role(s)
Cory Constantino	President
Bill Bowers	Vice President; Commissioner of Xtreme
LoriAnn Shura	Treasurer
Jamie Aldrich	Secretary
Dan Hill	Board Member
Pete Wlodarczyk	Director of Facilities
Derek Hagen	Commissioner of Rec League; Director of Safety
Brian McCoy	Board Member
Matt Gill	Commissioner of Snack Shack
Andrea Geglia	Commissioner of Sponsorship

waasoftball.com
waagirlssoftball@gmail.com

WAA Rules and Regulations

T-Ball (5-6 years old):

Saturdays 9:00 – 11:00 AM

Format: Focused on skills development for first half of season. Games played during second half of season (tee hitting).

Goal: To teach proper softball fundamentals and teamwork through appropriate use of proven practice drills and games.

Season length: Runs first Saturday in May through June

Team size: 6-8 players

Rookies (7-8 years old):

Tuesdays, Fridays 6:30 – 8:30 PM

Format: Focused on skills development through practices on Tuesday.

Games played on Friday (coaches pitch; no walks; if no hit after 4 swings, batter hits off batting tee; coaches instruct by being in field with players while on defense).

Goal: To teach proper softball fundamentals and teamwork through appropriate use of proven practice drills and games.

Season length: Runs April through June

Team size: 10-12 players

Scores are not kept, nor are there any standings.

Minors (9-10 years old):

Mondays, Wednesdays 6:30 – 8:30 PM

Format: Focused on skills development through practices on Mondays, including pitching. Games played on Wednesdays (players pitch; no walks; if no hit after 4 swings, offensive team's coach comes in to pitch to that batter until she gets a hit or strikes out).

Goal: To teach proper softball fundamentals and teamwork through appropriate use of proven practice drills and more competitive games.

Season length: Runs April 19, 2022 thru June 18, 2022

Team size: 10-12 players

Score is kept, but there are no league standings.

WAA Rules and Regulations

Majors (11-12 years old):

Tuesdays, Thursdays 6:30 – 8:30 PM

Team formation: Via an organized draft taking place in early April. Teams will be rebalanced as needed for Fall season.

Format: Focused on skills development through practices on Tuesdays. Games played on Thursdays during the season (players pitch at all times).

Season length: Runs April through June.

Team size: 10-12 players

Walks and stealing of 2nd and 3rd base introduced.

Seniors (13+ years old):

Mondays, Wednesdays 6:30 – 8:30 PM

Team formation: Via an organized draft taking place in early April. Teams will be rebalanced as needed for Fall Ball Season.

Format: Focused on skills development through practices one day of the week with games played the other day.

Season length: Runs April through June.

Team size: 10-12 players

Same rules as Majors level with introduction of dropped 3rd strike, stealing of home, and infield fly rule.