

Coaches Safety Manual, Rules and Regulations

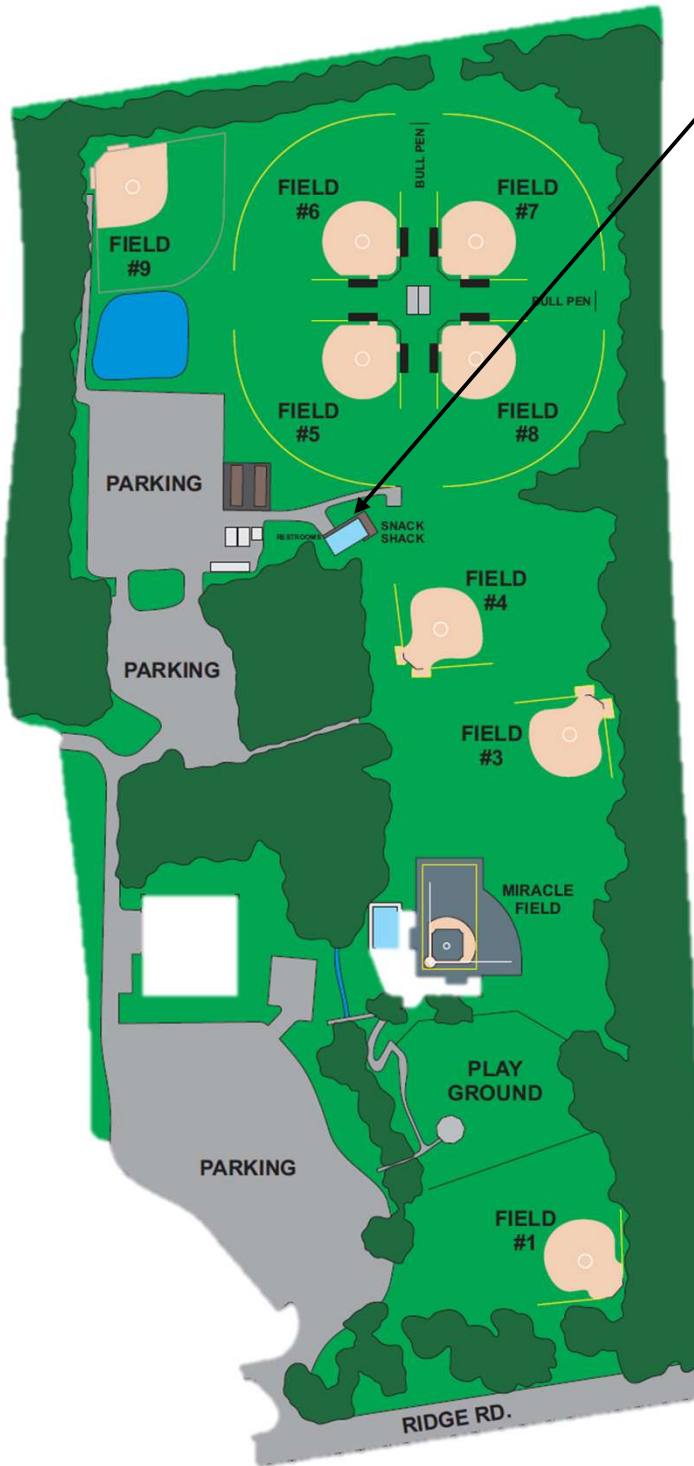


Property of
W.A.A Softball
Must be returned with equipment

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Ridge Park Fields



AED Location

Officer of the day posted at Snack Shack

Ridge Park
Physical Address:
1000 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

Name (of Injured) _____ Age _____
Last First Date of Birth

Address _____ Phone _____
Street City Zip

Parents Name _____ Address _____
Street city Zip

Phone # () _____ () _____ () _____
Home Work Cell

Injury occurred while participating in:

Practice Warm up Game

Role Player Umpire Spectator Coach Volunteer

Position/Role of person(s) involved in incident:

Batter Baserunner Pitcher Catcher First Base Second Base Third Base

Short Stop Left Field Center Field Right Field Dugout Coaches Box

Type of incident and location:

A) On primary Playing Field B) Adjacent to Field C) Off Ball Field
 Base Path: Running or Sliding Seating Area Travel
 Hit by Ball Pitched Thrown Batted Parking Area League
 Hit by Bat Thrown While Swinging Concession Area
 Collision with Player Coach Umpire Structure

Type of Injury: _____

First Aid Required? Yes if yes, what: _____

Professional medical treatment required? Yes No if yes, what? _____

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

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

Address _____

Signature: _____ Date: _____

Witness Name _____ Signature _____

Address _____ 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.

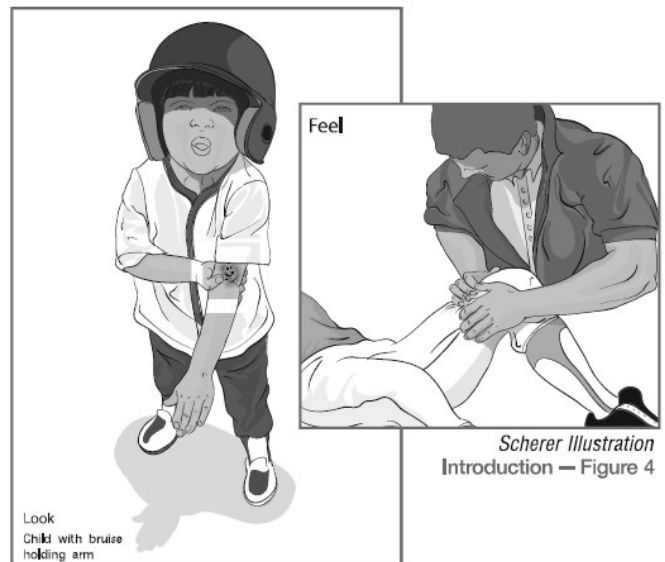
You'll discover the injured player's symptoms and signs as you evaluate the injury by **listening** and **looking**, then by carefully **feeling** and **moving** the injured part.

- 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 4



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

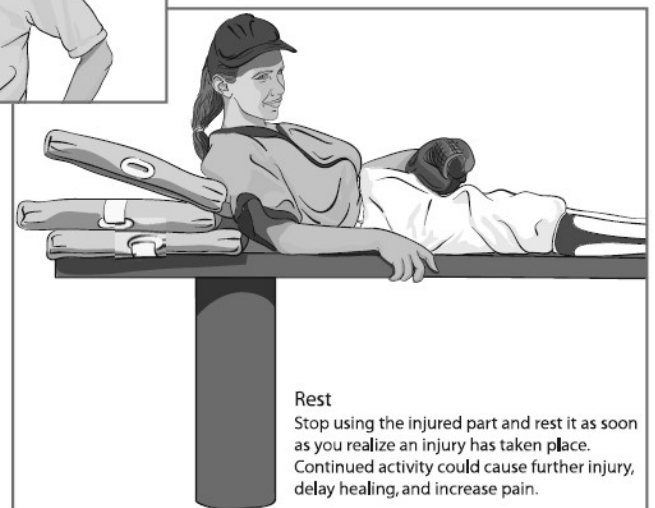
P	Protection
R	Rest
I	Ice
C	Compression
E	Elevation
S	Support

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

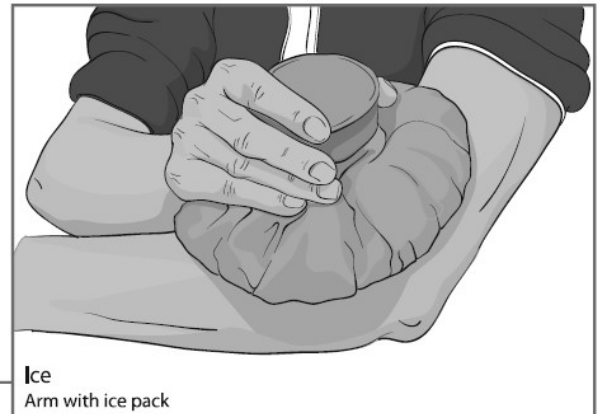


Scherer Illustration Introduction — Figure 7

Basic Evaluation & Treatment of injuries

Introduction

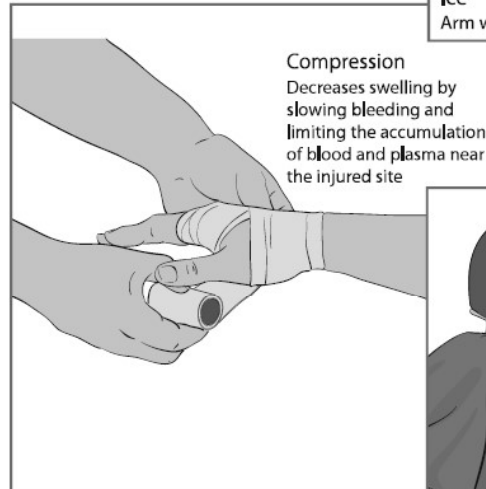
Ice not only makes your player comfortable by easing pain, it reduces swelling and inflammation. Ice should initially be applied for 20 to 30 minutes out of each hour. Place a thin towel or elastic wrap on the skin between the skin and ice. Commercially available Saran Wrap rolls or Ace wrap can be used 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)



Ice
Arm with ice pack

Scherer Illustration Introduction — Figure 8

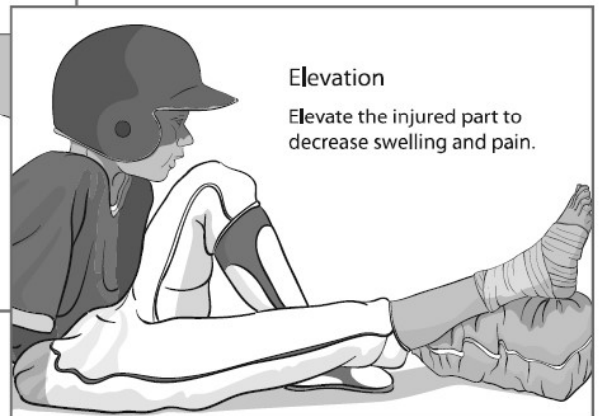
Apply compression carefully to keep swelling to a minimum. You must be cautious with elastic bandages, though. They must not be applied so tightly that they cause more swelling below where they are placed. The ideal technique is to wrap the entire exposed limb, from the most distant point to well above 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)



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

Scherer Illustration Introduction — 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)



Elevation
Elevate the injured part to decrease swelling and pain.

Scherer Illustration Introduction — Figure 10

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



Scherer Illustration Introduction — 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.

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.

Concussion Facts

HOW CAN I SPOT A POSSIBLE CONCUSSION?

Athletes who show or report one or more of the signs and symptoms listed below—or 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.

SIGNS OBSERVED BY COACHES OR PARENTS:

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can’t recall events prior to or after a hit or fall.

SYMPTOMS REPORTED BY ATHLETES:

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right”, or “feeling down”.

NOTE: 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 be noticed or may not show up for hours or days.

WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or ensure an athlete is taken to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

CONCUSSIONS AFFECT EACH ATHLETE DIFFERENTLY.

While most athletes with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with an athlete’s parents if you notice their concussion symptoms come back after they return to play.

WHAT SHOULD I DO IF I THINK 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!

KEEP AN ATHLETE WITH A POSSIBLE CONCUSSION OUT OF PLAY ON THE SAME DAY OF THE INJURY AND UNTIL CLEARED BY A HEALTH CARE PROVIDER.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion. After you remove an athlete with a possible concussion from practice or play, the decision about return to practice or play is a medical decision that should be made by a health care provider. As a coach, recording the following information can help a health care provider in assessing 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/knocked out) and if so, for how long.
- Any memory loss right after the injury.
- Any seizures right after the injury.
- Number of previous concussions (if any).

INFORM THE ATHLETE’S PARENT(S) ABOUT THE POSSIBLE CONCUSSION.

Let them know about the possible concussion and give them the HEADS UP fact sheet for parents. This fact sheet can help parents watch the athlete for concussion signs or symptoms that may show up or get worse once the athlete is at home or returns to school.

ASK FOR WRITTEN INSTRUCTIONS FROM THE ATHLETE’S HEALTH CARE PROVIDER ON RETURN TO PLAY.

These instructions should include information about when they can return to play and what steps you should take to help them safely return to play.

Child Abuse and Neglect Prevention

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

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 yourselves 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 ensure that our coaches as well as the girls have a safe and fun softball experience.

Lightning/Heat/Humidity Guidelines

Lightning:

If ANY lightning is seen, the field must be cleared immediately, and the games are over. All must go quickly to your cars.

**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!



	<p>Student Athletes</p>	<p>Coaches</p>	<p>Spectators/Parents</p>
<p>Cooperation</p>	<p>Be Cooperative:</p> <ul style="list-style-type: none"> Be positive with my words and actions, refrain from taunting, trash talking and derogatory remarks especially comments of an ethnic, racial or sexual nature 	<p>Be Cooperative:</p> <ul style="list-style-type: none"> Be positive with my words and actions Be a positive behavior role model. Hold my athletes & fans to the same standards. Exemplify leadership by having clear communication with players and parents 	<p>Be Cooperative:</p> <ul style="list-style-type: none"> Be a positive behavior role model Refrain from taunting, trash talking and derogatory remarks especially comments of an ethnic, racial or sexual nature Remember to wait 24 hours after the game to address the coach with a concern
<p>Accountability</p>	<p>Be Accountable:</p> <ul style="list-style-type: none"> Make academics my priority and remain in good standing Abide by the student athlete code of conduct Remember that it is a privilege to participate in my sport 	<p>Be Accountable:</p> <ul style="list-style-type: none"> Abide by and teach the rules of the game in letter and spirit. Describe and define respectful behavior. Avoid arguing, cursing, throwing objects, using gestures which demonstrate disrespect. 	<p>Be Accountable:</p> <ul style="list-style-type: none"> Attending a youth athletic event is a privilege. Refrain from the use of any controlled substance before, & during games or afterwards on or near the site. (tailgating)
<p>Respect</p>	<p>Be Respectful:</p> <ul style="list-style-type: none"> Treat all others including, coaches, athletes, officials and fans the way I want to be treated. Treat officials with respect even if I disagree with their call. During the playing of the National Anthem, face the flag, remove hats, stand still, & do not speak. 	<p>Be Respectful:</p> <ul style="list-style-type: none"> Treat all others including, coaches, athletes, officials and fans the way I want to be treated. Treat officials with respect even if I disagree with their call. During the playing of the National Anthem, face the flag, remove hats, stand still, & do not speak. 	<p>Be Respectful:</p> <ul style="list-style-type: none"> Treat all others including, coaches, athletes, officials and fans the way I want to be treated. Treat officials with respect even if I disagree with their call. During the playing of the National Anthem, face the flag, remove hats, stand still, & do not speak.
<p>Excellence</p>	<p>Be Excellent:</p> <ul style="list-style-type: none"> Win with humility; lose with grace. Do both with dignity. Demonstrate good sportsmanship. <p><i>"Sportsmanship for me is when a guy walks off the court and you really can't tell whether he won or lost, when he carries himself with pride either way."</i></p> <p>Jim Courier</p>	<p>Be Excellent:</p> <ul style="list-style-type: none"> Win with humility; lose with grace. Do both with dignity. Demonstrate good sportsmanship. Shake hands with officials and opposing coaches before and after the contest in full view of the public. 	<p>Be Excellent:</p> <ul style="list-style-type: none"> Recognize and show appreciation for an outstanding play by either team. Remember that often coaches and officials are volunteering their time and efforts. (or being paid a minimal amount)



How to Teach Your Team About CARE

Have a short meeting with your team.

1. Ask the athletes what it means to CARE at school? Allow them to tell you what that looks like at their schools. Some schools give out CARE coupons or other celebrations
2. Ask them what each letter stands for.
3. Once you get an athlete to tell you, ask them to give a few ideas what it would look like if they were to show cooperation on the team. They will have great ideas. If they miss one that is important to you, ask them if your idea would show cooperation.
4. Repeat the process for Accountability, Respect, & Excellence
5. It is important for YOU to continue to use the CARE words throughout the season when speaking with your team and reminding them to follow expectations.
6. Use CARE language when communicating with parents. They are aware of CARE as well.
7. Refer to the CARE grid to understand that there are CARE expectations not only for Athletes but for Coaches and Spectators as well.
8. Watch the accompanying video as many times as you need to so that you are comfortable talking about CARE.

Important things we learned when doing this activity:

- While it seems like Accountability is a hard word for young kids, we find that they surprise us with great definitions and understanding.
- When you get to Respect, remember to think about how to respect the team, the opponents, the officials, the dugouts/bench/gym areas & fields
- Please mention being safe, kind & accountable with social media if working with middle and high school students

Examples of what a coach might see if athletes are showing they CARE:

Cooperation: Following directions, assisting another athlete with completing a task

Accountability: Coming to practice with all equipment, being timely, being responsible for your own behavior

Respect: Responding to officials' calls and directions with a positive attitude, removing your hat and facing the flag during the National Anthem, avoiding trash talking, clean up the area before you leave

Excellence: Demonstrate good sportsmanship, remember you represent your sport on and off the field/court/mat, practice your skills to improve performance, thank the officials, coaches, and parents.



Board Members

Cory Constantino – President

William Bowers – Vice President

LoriAnn Shura – Treasurer/Website Admin

Holly McDonnell – Secretary

Pete Wlodarczk – Recreation League Commissioner

Dave Littlefield – Safety/Equipment

Heather Littlefield – Snack Shack Commissioner

Steve Devalder – Sponsorship Commissioner

Dan Hill – Board Member

Tammy Mason – Board Member

Michael Berchinski – Board Member

Brian McCoy – Board Member

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