

Webster Athletic Association Girls Softball



Coaches Safety Manual



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



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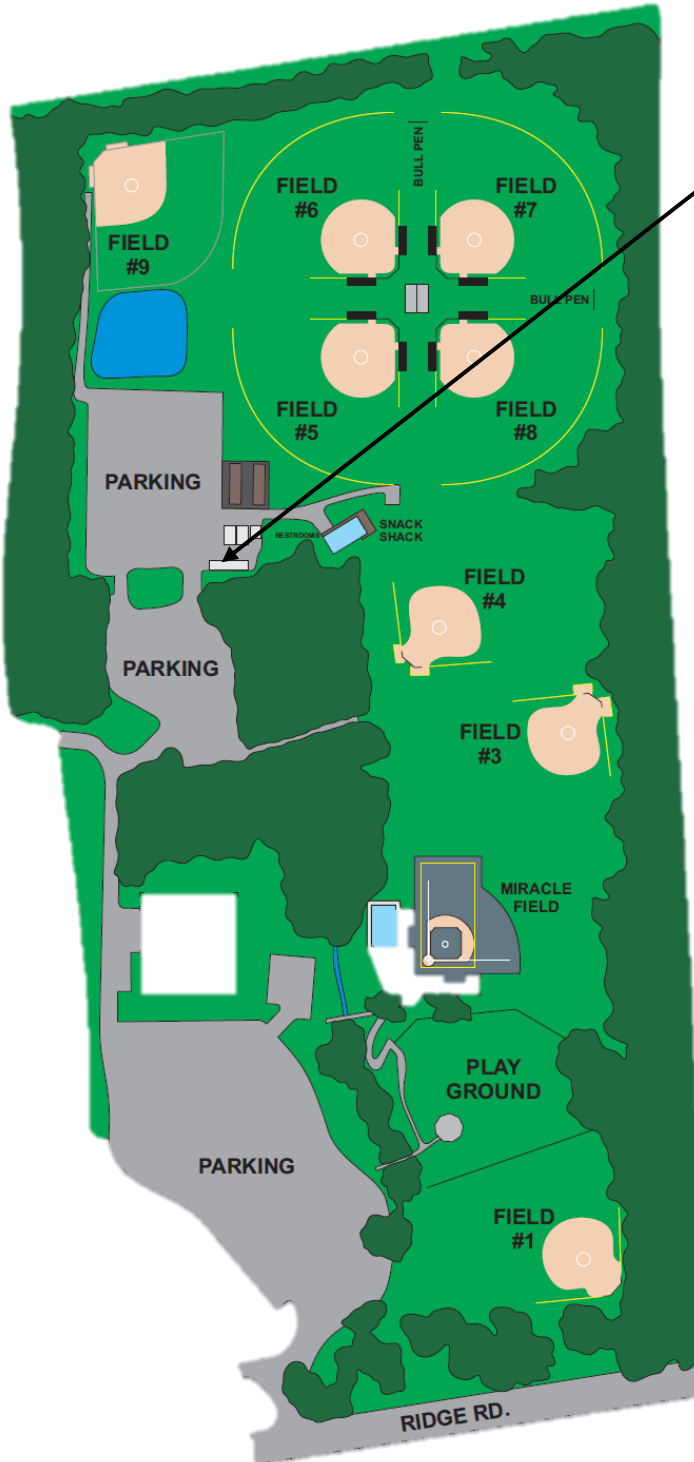
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Ridge Park Fields

AED Location
Men's Room

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.

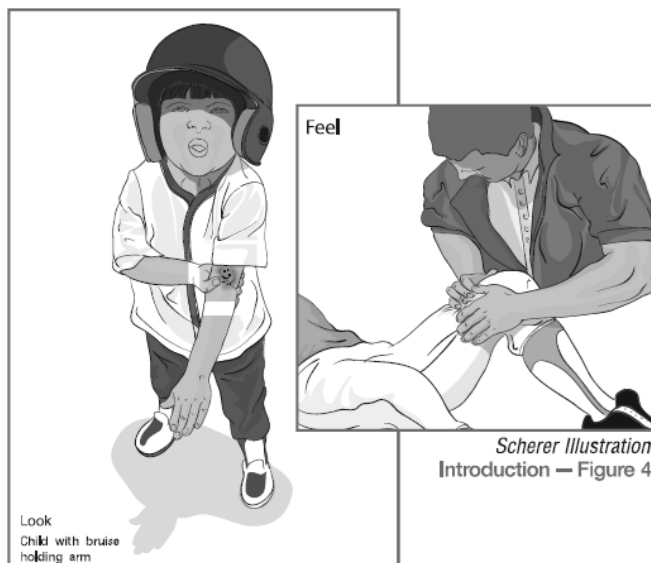
You’ll discover the injured player’s symptoms and signs as you evaluate the injury by **listening** and **looking**, then by carefully **feeling** and **moving** the injured part.

- 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 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

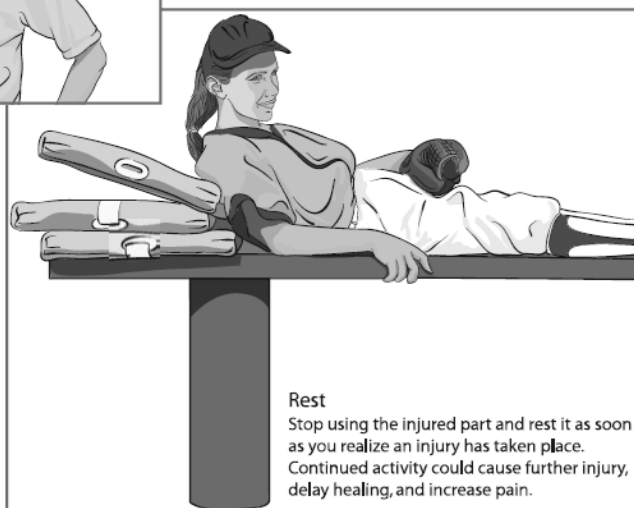
P	Protection
R	Rest
I	Ice
C	Compression
E	Elevation
S	Support

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

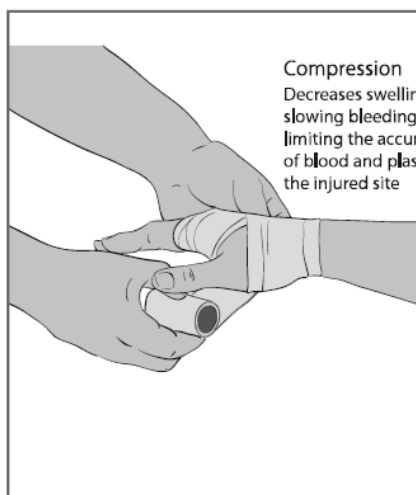
Ice not only makes your player comfortable by easing pain, it reduces swelling and inflammation. Ice should initially be applied for 20 to 30 minutes out of each hour. Place a thin towel or elastic wrap on the skin between the skin and ice. Commercially available Saran Wrap rolls or Ace wrap can be used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

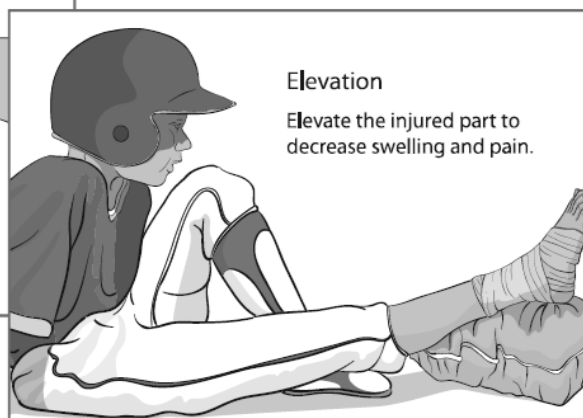
Apply compression carefully to keep swelling to a minimum. You must be cautious with elastic bandages, though. They must not be applied so tightly that they cause more swelling below where they are placed. The ideal technique is to wrap the entire exposed limb, from the most distant point to well above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

Concussions

HEADS UP CONCUSSION



SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs or symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

› SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of 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 hit or fall
- Can't recall events after hit or fall

› SYMPTOMS REPORTED BY ATHLETE

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



ACTION PLAN

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

1. **Remove the athlete** from play.
2. **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.
3. **Record and share information about the injury**, such as how it happened and the athlete's symptoms, to help a health care provider assess the athlete.
4. **Inform the athlete's parent(s) or guardian(s)** about the possible concussion and refer them to CDC's website for concussion information.
5. **Ask for written instructions from the athlete's health care provider** about the steps you should take to help the athlete safely return to play. Before returning to play an athlete should:
 - › Be back to doing their regular school activities.
 - › Not have any symptoms from the injury when doing normal activities.
 - › Have the green-light from their health care provider to begin the return to play process.

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.



For more information and to order additional materials **free-of-charge**, visit: www.cdc.gov/HEADSUP.

You can also download the CDC **HEADS UP** app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

The information provided in this document 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 health care provider.

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 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 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!

S.A.M Sex and Molestation Prevention

Youth Sexual Abuse Prevention Policy & Procedures

As a youth-serving organization, WAA Girls Softball and Webster Xtreme considers the safety and well-being of the youth in our programs a top priority. We prohibit abuse and strive to proactively address reports of this type of conduct, even if it means that someone will be embarrassed or upset. We want to hear about problems or concerns, and we will strive to act on them in a fair way in accordance with our policies.

We will report suspected abuse to the proper law enforcement agencies.

Policy and Procedures:

WAA Girls Softball and Webster Xtreme have adopted the following Policy and Procedures in an effort to provide a safe environment for our coaches, athletes, and their families.

1. The Coach Recruitment process shall include the following:
 - a. Volunteer Application – Every coach and volunteer working with youth must complete our organization’s written application that sets forth appropriate background information and requires disclosure of any prior claims or allegations of sexual abuse or other inappropriate conduct.
 - b. Background Check – All current and potential coaches will be subject to a background check, including appropriate inquiries regarding any previous record of sexual abuse or other unlawful activity. This background check will be updated at least every two (2) years for each coach.
2. An Abuse Prevention Orientation shall be conducted annually.
 - a. A Board Member will review this policy with coaches and volunteers each year. Coaches should forward this information to their athletes’ parents as well.
 - b. NEW - The Positive Coaching Alliance/Kidpower video [Protecting Youth Athletes from Sexual Abuse](#) will be shown and the companion information sheet, “Protecting Youth Athletes from Sexual Abuse: Key Actions for Parents and Coaches,” will be distributed to every coach, volunteer, and parent.
3. Prohibited Behavior
 - a. Use of degrading language or behavior. Coaches are also responsible for stopping disrespectful behavior between team members, including sexual harassment.
 - b. Threatening or intentionally inflicting physical injury upon anyone, especially a minor. Coaches are also responsible for stopping threatening behavior by players.
 - c. Committing any sexual offense against a minor, or engaging in any sexual contact with a minor.
 - d. Making any sexual advance, or engaging in other verbal, or physical conduct of a sexual nature with a minor.
 - e. Non-related one-adult/one-child interaction except in an emergency where following this policy would be dangerous to the child. In an emergency situation, the coach or volunteer must contact a representative of the organization to inform him or her of this contact and the reason for it. If a child is receiving individual instruction or working with a private coach, this activity must be in a public setting rather than behind closed doors.

S.A.M Sex and Molestation Prevention; Continued

4. Reporting of Suspected Child Sexual Abuse

- a. A member of the Board of Directors or other official representative (the Board liaison for each sport) will be designated to receive reports of sexual abuse or other inappropriate conduct. This representative will promptly notify the proper law enforcement agencies.
- b. All coaches, volunteers, parents, and program participants are directed to report any incident of abuse or suspected abuse that they witness or that is reported to them to the designated representative of the Board of Directors. Note: This does not preclude individuals from reporting abuse or suspected abuse to the proper law enforcement authorities.
- c. The designated representative will keep other Board members fully informed.
- d. Should a suspected incident of abuse be reported, the coach/volunteer in question may be temporarily suspended from duties while an investigation takes place.
- e. The Board of Directors, when appropriate, shall communicate reports of child sexual abuse to the league members. The confidentiality of any who makes such a report will be protected.

Sexual Abuse and Misconduct Prevention Policy

I acknowledge that I received and read the Sexual Abuse and Misconduct Prevention Policy and/or had it explained to me. I understand that it is my responsibility to abide by all rules contained in the policy. I also understand how to report incidents of sexual abuse or misconduct as set forth in the policy, including retaliation against any employee or volunteer exercising his or her rights under the policy.

I acknowledge that I will be alerted when changes and updates are made to the Sexual Abuse and Misconduct Policy and will be responsible for reading and complying with these updates.

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.

WAA Rules and Regulations

WAA Recreation League Softball Rule Matrix					
Category	Tee Ball	Rookies	Minors	Majors	Seniors
Age (as of 12/31 prior year)	5-6	7-8	9-10	11-12	13-16
Minimum # players	no min	no min	no min	6	6
# of players in field	10	10	10	10	10
Max runs/inning	na	4	4	5	6
Play stops due to run limit	na	yes	no	no	no
continuation scoring after max runs	na	no	no	no	no
Length of game (innings)	na	5	5	6	7
Official game (minimum innings)	na	na	na	3.5	4.5
Batter allowed in on-deck circle	no	no	no	yes	yes
Base distance	60'	60'	60'	60'	60'
Ball type	11" safety	11" safety	11"	12"	12"
Pitcher distance	na	na	35'	40**	43'
Walks allowed	no	no	no	yes	yes
Strikeouts allowed	no	no	yes	yes	yes
Stealing of 2nd and 3rd	no	no	no	yes	yes
Stealing of home	no	no	no	no	yes
Lead-off after	na	na	na	ball crosses home plate	pitcher releases ball
Dropped third strike rule enforced	na	na	no	no	yes
Bunting allowed	no	no	yes	yes	yes
Sliding permitted	no	yes	yes	yes	yes
Look back rule	na	na	na	yes	yes
Max innings pitched/player	na	na	2	3	4
Max innings by travel pitcher	na	na	1	1	2
Score kept	no	no	yes	yes	yes
League standings kept	no	no	no	yes	yes
Post-season tournament	no	no	no	yes	yes
Infield fly rule enforced	no	no	no	no	yes

WAA Board Members

Board Member	Role(s)
Cory Constantino	President
Bill Bowers	Vice President; Commissioner of Xtreme
LoriAnn Shura	Treasurer/Compliance
Jamie Aldrich	Secretary
Dan Hill	Board Member
Omar Rivera	Board Member
Pete Wlodarczyk	Facilities Director
Derek Hagen	Commissioner of Rec League; Safety Director
Jim O'Donnelly	Board Member
Matt Gill	Concessions Director
Christopher Geglia	Board Member
Andrea Geglia	Sponsorships Director

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waagirlssoftball@gmail.com