



Serra  
Little League  
Safety Manual

# Serra Little League Safety Manual

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# Introduction and Safety Contact Card

This Serra Little League season continues in the implementation of the Little League Headquarters endorsed ASAP Safety Plan Program. The purpose is to ensure the safest possible environment for all participants of Serra Little league is achieved through training, information dissemination and awareness of safety concerns at all times. With implementation of this program, SLL hopes to prevent injuries and make the season an enjoyable and constructive activity for all our children and adult participants.

This manual and the supplementary documents outline the basic tenets of Little League Baseball safety and provides managers, coaches, and umpires with the necessary information to conduct a safe season.

Safety related contact and other information which is changes regularly is presented on the separate, "Safety Introduction and Contacts Card", which accompanies this manual in all team First Aid kits and is available at the Snack Shack.

## **Safety Officer**

Serra Little League has a dedicated Safety Officer, who serves as a member of the Board of Directors. The Safety Officer for this year is listed on the card: "Introduction to Safety at Serra" / "Serra Emergency and Other Contacts" which should accompany this manual.. The Safety Officer can be reached by phone at the number indicated on the laminated card or by e-mail at [safety@serralittleleague.com](mailto:safety@serralittleleague.com).

If you have any questions about the SLL Safety Program, or if you have any ideas or suggestions that would enhance the safety of league activities, please feel free to contact the League Safety Officer, or any Board member.

## **League, District and City Emergency Contacts**

The Emergency and other important Serra contacts for this year are located on the public and confidential versions of the laminated "Public Emergency and Other Telephone Numbers" sheet distributed with this manual. You can download the public version of the document from: [www.serralittleleague.com/](http://www.serralittleleague.com/) If you need a replacement copy of the laminated sheet, contact the Serra Little League Safety Officer at [safety@serralittleleague.com](mailto:safety@serralittleleague.com).

# Emergency Safety Procedures

**Managers: Always have your completed player applications and Medical Releases and your First Aid Kits with you for every practice and game.**

A medical release from the player's physician must be obtained once a player has recovered from any accident and before being allowed to play or practice in Serra Little League. Please inform the parents ahead of time so that they will request the release from their doctor.

Each team received a First Aid Kit containing: 2 chemical ice packs, tape, 2-inch Ace wrap, rolled gauze, latex gloves, small and medium gauze pads, and band aides. Please call the Safety Officer if you need additional supplies. For better Ice pack ... i.e. colder ... ice in a zip-lock bag is more effective for swelling and pain (available at Bob Bernhardt Field/Serra 1 Snack Shack).

## **On-Field First Aid For Coaches and Parents**

Knowledge of basic first aid is a must for all coaches and others involved in supervising sports participants. Injuries are to be anticipated, and best results occur if there is adequate preparation and proper first aid provided on-site. At the time of injury, be calm and reassuring - remember, most injuries are mild and will heal with rest and basic first aid. The most universal first aid treatment can be remembered by **R - I - C - E** (Rest, Ice, Compression, Elevation). Most serious injuries (with exceptions noted by "**GET HELP!**" below) can be referred for medical attention if problems are still apparent after basic first aid has been applied.

Examples of common injuries and *appropriate first aid measures*:

**SPRAIN** - partial ligament tear (Finger, wrist, bow, knee, ankle) – *Rest, Ice, Compression (pressure wrap) Elevate (R-I-C-E). May return if stable and pain-free after 20 minutes.*

**STRAIN** - partial muscle tendon tear or "pull" (Thigh, calf, back, neck) - *Same as above.*

**CONTUSION** - muscle or bone bruise - *Same as above. Gently stretch muscle.*

**HEAT CRAMPS** - muscle spasm (Calf, thigh, buttocks) - *Apply gentle pressure to muscle. Stretch and hold steady pressure.*

**HEAT EXHAUSTION/HEAT STROKE** caused by dehydration, often in poorly conditioned athletes with hard workouts on hot days. - *At first, player is cold and clammy. Rest in shady area, elevate legs, give cool fluids. If skin is dry and hot, or if player is confused, **GET HELP!***

**LACERATIONS** - cuts of the skin - *Apply direct pressure. Wash and dry. Close with bandage or butterfly. May require stitches.*

**ABRASIONS** - scrapes of skin - *Stop bleeding with pressure. Wash out all dirt. Cover with bandage.*

**NOSE BLEED** - *Apply pressure by pinching nostrils. Lean forward.*

**"WIND KNOCKED OUT"** - *Lie on side or back. Encourage slow breathing.*

**"HEAD INJURY"** - Concussion = temporary disturbance of brain or nerve function. - *Check for headache, memory, confusion. Keep player out. If unconscious, check airway, breathing, pulse, and **GET HELP!***

**NECK INJURY** - from "burners" or pinched nerves to catastrophic spinal cord injuries. - *If severe pain, numbness, or tingling persists, or player can't move arms or legs, do not allow neck to move and **GET HELP!***

**FRACTURES** - broken bones (arm, wrist, finger, legs, feet). - *Suspect if tenderness or swelling exists at one point. Splint and send for medical help.*

**DISLOCATIONS** - *Splint or immobilize as best you can. Do not attempt to straighten. Send for medical help.*

**CHOKING** - airway obstruction - *Encourage coughing if conscious. Otherwise, use Heimlich Maneuver and **GET HELP!***

## American Safety & Health Institute Essentials in Basic Emergency Care

### Emergency Action Steps

#### **ASSESS**

- Assess the scene for safety
- Assess the victim for consciousness.
- If No Response, go to next step (ALERT)
- If responsive, go to Head-To-Toe Exam

#### **ALERT**

- Call EMS (911 or local emergency number). If you are alone and victim is under 8 years old, give 1 minute of care and then call EMS/911

#### **ATTEND**

- A** = Open Airway (tilt head and lift chin)
- B** = Check for Breathing
- C** = Check for signals of Circulation (normal breathing, coughing, movement and pulse)

#### **Triage**

Triage refers to the prioritization of injured victims at the scene of an emergency when there are multiple victims. It is the best way to provide care that will

benefit the greatest number of victims. The first aid provider(s) should classify the victim's priority status into one of four groups:

1. **Critical** – Life Threatening injuries or illnesses that may be corrected or treated successfully
2. **Serious** – Not life-threatening injuries
3. **Walking Wounded** - Victims who appear to be stable or are able to move to a specified site for classification
4. **Fatally Injured or dead** – Victims who have exposed brain matter, have been decapitated, have a severed trunk or have been incinerated

### **Head-To-Toe Exam**

1. Introduce yourself and ask for permission to provide care.
2. SAMPLE – follow these helpful victim assessment steps prior to checking for obvious problems  
S = Signs and Symptoms  
A = Allergies  
M = Medications  
P = Pre-Existing Conditions  
L = Last Meal  
E = Events
3. Proceed with head-to-toe assessment. Look for obvious injuries from head to toe.

### **Adult- Basic Life Skill Steps (CPR)**

- If no signals of circulation, begin CPR.
- Compressions-Airway-Breathing (C-A-B)
- Chest should be depressed at least 2 inches and performed at a rate of at least 100/minute. (same beat as the song "Staying Alive").
- 2 rescue breaths after 30 compressions is ideal, but compression only allowable.

### **Child/Infant – Basic Life Skill Steps (CPR)**

- Compressions less deep, @ 1.5 inches
- Same ratio for compressions to rescue breaths (30:2)
- May do compressions only if uncomfortable with rescue breaths, but less effective

### **Choking**

- **Conscious – Adult/Child Victim (unable to cough or speak)**  
Perform abdominal thrusts until the foreign object is expelled or the victim becomes unconscious
- **Unconscious – Adult/Child Victim**  
If choking victim is unconscious and not breathing, go to CPR steps

### **Bleeding Emergencies**

- Clean wound with warm water and soap. Dress wound with bandage to prevent infection.
  1. **Direct Pressure** (at this time a direct pressure bandage may be applied)
  2. **Elevate** (unless broken bones are suspected)
  3. **Pressure Point**

## Burns

**1<sup>st</sup> Degree** (Skin is red and dry and usually painful)

**Treat** by cooling the burned area by immersing in cold water or apply cold cloths

**2<sup>nd</sup> Degree** (Skin is red with blisters present, usually painful)

**Treat** by cooling burned area by immersing in cold water or applying cold cloths

**3<sup>rd</sup> Degree** (All layers of skin are destroyed including underlying tissue: may be quite painful or relatively painless due to nerve ending damage)

**CALL EMS/911 IMMEDIATELY.** Do not apply water unless 3<sup>rd</sup> degree burn is very small

## Care for Shock

Care for shock is standard treatment in all first-aid related emergencies.

1. Keep victim lying down if possible
2. Try to make victim comfortable
3. Speak in a comforting and reassuring tone to relieve anxiety
4. Control any external bleeding, if necessary
5. Elevate legs 10-12 inches unless you suspect spinal damage or broken bones. When in doubt, leave the victim flat
6. Cover victim. Maintain body temperature. If possible, provide a barrier between victim and surface. Do not move victim if you suspect spinal damage
7. Don't give victim anything to eat or drink unless it is a diabetic emergency

## Dislocations and Fractures

### I – A – C – T

**I** Immobilize area (Use pillows, jackets, blankets, etc. Stop movement by supporting injured area)

**A** **Activate EMS 911** (or transport victim to a medical center)

**C** **Care for shock**

**T** **Treat any additional secondary injuries**

## Strains and Sprains

### R-I-C-E

**R Rest** – Discontinue activity

**I Ice** – Apply a cold pack. Do not place ice directly on skin

**C Compress** – Use an elastic or conforming wrap to hold the ice in place on the injury. Do not make the wrap too tight.

**E Elevate** – above heart level to control internal bleeding

**Accident Reports need to be completed for any injury requiring first aid. It is through the compilation of the data in these reports that the league at both the local and the national levels can develop safety policies.**

**Accident report forms are located in team First Aid kits, can be obtained on the websites of Serra Little League and Little League Inc. [www.serralittleleague.com/safety](http://www.serralittleleague.com/safety), and are also available in the Snack Shack at Bob Bernhardt Field (Serra 1).**



## Communicable Disease Procedures

While the risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that any blood-borne infectious disease can be transmitted. Procedures for reducing the potential for transmission of infectious agents should include, but are not limited to the following:

1. Bleeding must be stopped and any open wound covered. If there is an excessive amount of blood on the uniform, it must be changed before the athlete can resume participation.
2. Routine use of gloves or use of other precautions to prevent skin and mucous membrane exposure when in contact with blood or other bodily fluids is strongly recommended.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other bodily fluids. Wash hands immediately after removing gloves.
4. Clean all contaminated surfaces and equipment with a solution made from a proper dilution (1-100) of household bleach or other disinfectant before competition resumes.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels, or other 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 used when available.
7. Athletic trainers/coaches with bleeding or oozing skin should refrain from all direct care until condition resolves.
8. Contaminated towels should be disposed of /disinfected properly.
9. Follow acceptable safety guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards or other articles containing bodily fluids.

# Safety Tips and Leadership Expectations

The following information is provided to assist Serra Little League personnel in carrying out basic safety policies, thereby making participation in SLL a safer and more enjoyable activity for all. Those who are engaged in administration, management, and execution should have an understanding of how safety fundamentals can be applied to various assignments and activities in the program. Safety practices should become habits, and a standard by which we conduct all activities. In short, all involved should become "safety-minded".

## Safety Cornerstones

The four cornerstones for building an effective safety program can be described as follows:

- **EDUCATION** refers to the important matter of including suitable safety precautions in instructions, communications, drill work and follow-up.
- **EQUIPMENT** applies to the safe upkeep and use of physical property such as fields, bleachers, personal protective equipment, bats, balls, etc.
- **ENTHUSIASM** is the key to selling this important ingredient called safety, which can prevent painful and disabling accidents
- **ENFORCEMENT** should be applied more as an incentive for safe, skillful ball playing rather than as a disciplinary tool. Far better results can be obtained by praise and recognition of safety consciousness, than by forcing players into line. Tactful guidance must be backed by firmness and judicious discipline.

## Responsibilities

The success of an effective safety program is the responsibility of all who participate in the Little League system on all levels. The inexperience and dependence of young children on adult supervision and guidance make it imperative that everyone involved make safety an integral part of their behavior during practices, games, team meetings, and when conducting all league affairs.

## Attitude

Everyone's approach to the goal of accident prevention must be from a positive point of view if it is to be effective. We should be concerned primarily with *preventing* the causes of accidents. This can be accomplished without taking any of the fun or competitiveness out of the game. All involved should foster an attitude of alertness, hustle and enthusiasm. There is no place for a poor attitude or antagonistic behavior. Appropriate instruction and properly functioning equipment are critical in preventing accidents and injuries. Instructions should be given in a positive manner.

## Communication of Expectations

It is the intent of Serra Little League to hold team managers and coaches primarily responsible for communicating expectations of behavior to team members, parents of team members and others who come to watch games

and/or practices. **Educating others about what is expected is a core safety value and should take place at least weekly as a team building exercise.**

These expectations set the tone for conduct and behavior (80-95% of all accidents are the result of unsafe behavior, a significant portion of these accidents are the result of the victims being unaware of what is expected).

Timing of specific communication topics will be at the discretion of the coaching staff.

### **Teaching the Basics**

To minimize accidents, particularly during the initial learning period, instruction in the proper execution of basic baseball skills is essential. This applies particularly to fundamentals such as fielding and throwing, hitting, running and sliding.

Proper teaching of basic skills is one of the best protections against accidents and injuries. A second basic factor that is very important to the safe development and use of baseball skills is the understanding that teamwork and good sportsmanship play important parts in the game of baseball. These intangibles have a direct bearing on accident prevention. The following should be emphasized:

1. Adults must display a courteous and considerate attitude towards umpires, players coaches, managers, parents and spectators. They must set a good example.
2. Coaches must continuously emphasize teamwork and cooperation between teammates, good sportsmanship toward opponents, and respect to officials.

### **Safety Inspection**

Regular inspections of all fields, permanent and temporary structures, playing equipment and personal protective equipment are the best way to determine if unsafe conditions exist which require correction. Managers, coaches and the League Safety Officer should work together to ensure serious safety hazards are corrected promptly. It is valuable learning experiences to have players take part in these procedures.

The following list will be of assistance in determining conditions that can cause accidents. Prompt corrective action must be taken to remove serious hazards.

1. Inspect fields for unsafe conditions such as holes, ditches, rough or uneven spots, slippery/wet areas, foreign objects like stones, broken glass, pop bottles, rakes, etc. and excessively long grass.
2. Correct defects in protective screens and chain link fences, including holes, sharp edges and loose edges.
3. Repair protruding nails, loose boards, and splintered wood fences/backboards.
4. The bat rack areas behind protective screens should be free from protrusions and other hazards.
5. All dugouts and benches should be clean and free of debris and other hazards.

6. Home plate, batter's boxes and the pitcher's mound should be checked periodically for tripping and stumbling hazards.
7. Loose equipment such as bats, gloves, masks, balls, helmets, etc., must be properly stored when not in use.
8. Managers, coaches and umpires should be on the lookout for missing or poorly fitting personal protective equipment. This includes helmets, masks, catcher's equipment and other protective gear (including foot wear). A protective cup and supporter are required for all male catchers and highly recommended for all male players in addition to regular supporters.
9. Jewelry, badges, pencils, etc., can be a hazard to the wearer and are not permitted (except for medical ID type jewelry).

### **Conditioning**

Conditioning is an important phase of Little League training, and has a direct bearing on safety and accident prevention. Extensive studies on the effect of conditioning, especially pre-activity "warm-up" have demonstrated that:

1. The stretching and contracting of muscles just before and athletic activity improves general control of movements, coordination and alertness.
2. Such drills also help develop the strength and stamina needed by the average youngster to compete, thus minimizing exposure to accident and injury.

These warm-up skills are most effective when the motions are patterned after natural baseball movements, such as reaching for a ball, running and similar footwork. This is also a good place to reinforce the basic safeguard of keeping one's eye on the ball.

### **Exposure to Unsafe Practices**

Unsafe acts are far more difficult to control than hazardous conditions. They are also the most challenging to prevent because they are involved almost entirely within the human element. It has been estimated that unsafe acts account for 80-95% of all accidents. Assuming that every effort has been made to provide safe playing conditions and equipment for participants, the next major area of risk exposure to a player's own or someone else's unsafe acts. Identifying the causes and developing strategies to limit and counteract unsafe behavior are essential.

Serra Little League's intent is to create a proactive approach to behavior on everyone's part through regular review of safety issues and topics, solicitation and reporting of unsafe conditions and behavior (from any league associate) so a positive and safe culture will result.

With proper instruction and practice, players will develop the skills necessary to reduce the risk of accident and injury. As in all endeavors, the development and ability level of children varies (in some cases considerably). Managers and coaches should be aware of both the maturity level and ability of each of their

players, thus allowing them to provide appropriate guidance/instruction. Several factors can contribute to reducing the instances of unsafe behavior:

### **Attitude (Part Two)**

1. An attitude of alertness, hustle and enthusiasm should be expected from all players to encourage them in the development of better skills.
2. Good sportsmanship and courtesy, which are necessary ingredients for a safe and harmonious environment, are best taught by adults who set an example, both on and off the field.
3. Your most effective tool to inspire an attitude of excellence and self-confidence is the use of **PRAISE and RECOGNITION**. Emphasis should be placed not only on achievement, but on the effort as well. A word of encouragement for the effort put forth on a failed attempt may result in a successful play on the next attempt. Keep your players "emotional tank" on full.

### **Warm-up Drills**

Warming up before a practice session can safeguard youngsters, at least to a degree, from injuries caused by the placing of sudden demands on muscles that are not ready for the rapid stretching and contracting required to play ball. Calisthenics are not the only exercises performed prior to activity. We frequently use the term "warming-up" to refer to ball-handling drills as well. These drills can pose serious accident risk (primarily due to misdirected balls) if not properly supervised. The following suggestions will reduce the risk of being struck by a misdirected ball:

1. All unauthorized people should remain off the field during drills.
2. The most basic fundamental of safely playing baseball is that of watching the ball at all times. Managers and coaches must stress that eyes must be kept on the ball at all times. This fundamental should be drilled regularly into players and adults involved in practices and games until it becomes second nature rather than a conscious act.
3. Another danger from misdirected balls is the exposure of hitters to inexperienced (i.e. wild) pitchers. The use of batter's helmets is essential! However, the use of protective equipment does not justify permitting a player to pitch to a hitter until control is demonstrated.
4. The danger of being struck by a ball can be further minimized by having throwing and catching drills organized with players in two lines facing each other with ample room between players for misdirected balls.

### **Safe Ball Handling**

1. Misjudging the flight of a batted or thrown ball may be corrected by slowly increasing the level of difficulty, beginning with easy fly balls that are made more difficult as a player's judgment and skill improve.

2. In addition to a player being constantly aware of the location of the ball, the player should keep the glove positioned and the body balanced in a "ready" position so that a rapid reaction can be made if necessary.
3. An infielder can be best protected from a difficult fielding play by always keeping the "nose pointed at the ball" and the eyes glued on it. An added benefit is that moving forward, rather than retreating, puts the player in a better position to make a throw.
4. Emphasize that it is better to knock the ball down and re-handle it, than to "let the ball" determine the play.

## **Collisions**

### **Collisions result in more injuries than almost any other type of accident.**

They are usually caused by errors in judgment or lack of communication between fielders. It is important to establish **zones of defense** to avoid collisions between players. It is particularly important when players are chasing fly balls. Once these zones are established, "situation" drills should be conducted until these zones and patterns become familiar to the players. The responsible player should call out his intentions in a loud voice to warn others. Here are some general rules to follow:

- The fielder at third base should catch all balls which are reachable and are hit between third base and the catcher.
- The fielder at first base should catch all balls that are reachable and are hit between first base and the catcher.
- The shortstop should call all balls reachable which are hit behind third base.
- The fielder at second base should catch all balls reachable which are hit behind first base.
- The shortstop has the responsibility for fly balls hit in the center of the diamond and in the area of second base. Since the glove is on the left hand (usually), it is easier for the shortstop than the second baseman to catch fly balls over second base.
- The centerfielder has the right of way in the outfield and should catch all balls which are reachable. Another player should take the ball if it is seen that it is not reachable by the centerfielder.
- Outfielders should have priority over infielders for fly balls hit between the outfield and infield.
- Priorities are not so easy to establish on ground balls, but most managers develop a system of priorities for grounders hit to the infield (i.e. third baseman field any ball they can reach...).
- The catcher is expected to field all topped and bunted balls which can be reached except when there is a force play or squeeze play at home plate.

## **Keep Grounds and Dugouts Clear**

Substitute players should be used to pick up bats (be sure they are wearing a helmet whenever they enter the field), and store in the bat rack. Proper storage of other loose equipment should be included in this assignment. Of course, each player should already have stored their gear properly when not in use.

## **Sliding Safety**

As with other baseball fundamentals, a proper slide is also a safe one. During a slide, it is also essential that the player remain aware of the potential for a collision with the defensive player, or the possibility of being struck by a thrown ball. Metal cleats may not be worn except as allowed in the Junior Senior divisions. The following can make learning to slide a safer endeavor:

- If available, the sliding pad(s) should be used. They can be checked out at the batting cages at Serra Park.
- Long grass has been found to be better than a sand or sawdust pit to teach sliding.
- The base should not be anchored down.
- Tennis shoes are suggested footwear when first learning to slide and tagging practice to avoid injury to the defensive player.
- It should be stressed that head-first sliding is prohibited except when returning to a base.

## **Batter Safety**

A batter's greatest accident exposure comes from the unsafe acts of others, namely wild pitches, which account for a major portion of all accidents/injuries. Again, the best defense against being hit is an alert, confident concentration on the ball. Since the danger is increased as pitchers learn to throw with greater velocity, this type of injury is more prevalent in the upper divisions than in Minor (and below) league play.

- A well-fitted helmet is the first line of defense.
- The development of a batter's ability to take evasive action can be improved by getting the player to relax and concentrate on the ball from the time the pitcher starts his/her delivery until it is struck or lands in the catcher's mitt. Players with slow reflexes can also be helped by simulated batting and ducking practice with whiffle or tennis balls.
- The practice of crowding the plate or jumping around to rattle the pitcher must not be tolerated. It could endanger the batter if it causes the pitcher to lose concentration and control.
- Painful finger and hand injuries can be reduced by making sure the batter holds the bat correctly when bunting. Youngsters have a tendency to lean too far over the plate, increasing their exposure to being hit by the ball. This error should be promptly corrected.

- When the batter becomes a base runner, he/she should be taught to run outside the foul lines when going from home plate to first base and from third base to home. This technique reduces the chances of being hit by a thrown ball.

### **Safe Handling of Bats**

One of the most common practices that result in accident and injury is when the novice batter throws the bat after contact with the ball and running to first base. This unthinking act may be corrected through individual instruction to drop the bat safely. This can be accomplished by:

- A reminder from the coach before each at-bat.
- During practice, having the batter drop the bat in a marked off area near the beginning of the base line.
- Counting the player "out" in practice whenever the player fails to drop the bat correctly.

Managers, coaches and umpires should also be on the alert to correct batters who have a tendency to step back into the catcher as they swing.

### **A Dangerous Weapon**

This heading is used to highlight a problem that can and does result in very serious injury every year in Little League baseball. The precautions outlined in the previous paragraph apply only to the actions of individuals who are wielding a bat. A more serious injury is caused when an absent-minded youngster unconsciously walks into the swing of a coach's bat, or an equally unwary player walks into the swing of a player taking practice swings. These situations demonstrate the need of everyone on the field to become safety conscious, not only for their own well-being, but also for the safety of others. The following precautions are hereby set forth:

- ***The player*** assigned to catching balls for the coach using a bat should be assigned the specific task of warning anyone who comes too close to the path of the swing. Further, this person must wear a catcher's mask or batting helmet.
- All players and adults should give wide berth to players taking practice swings. The ingrained safety habit of keeping clear may save someone from a painful injury.

### **Catcher Safety**

The catcher is the most accident-prone player on the field. Statistics show that the severity of injuries decreases with an increased level of play. Again, this highlights the fact that the more proficient the player, the less chance there is of sustaining an injury. Assuming that the catcher is wearing the required protective equipment, the greatest exposure is to the throwing hand. The catcher must learn to:

- Stay relaxed!



- Always have the catcher let the ball come to him/her. Do not reach into a swing to catch a ball.
- Hold all fingers in a cupped position near the mitt, ready to trap the ball and throw it. Alternatively, the catcher can place the throwing hand behind the leg prior to each pitch.
- Be taught to throw the mask/catcher's helmet in a direction away from the batter when going for a foul or passed ball.
- As the catcher learns to play this difficult position, he/she should keep a safe distance from the swinging bat. A good estimate is to start one foot farther from the batter than the ends of the catcher's outstretched arm.

### **General Inattention**

Inattention due to inaction or boredom is another underlying cause of accidents. This situation can be partly offset by using idle time to practice basics of skillfull and safe play, such as:

- Idle fielders should be encouraged to "talk it up". Plenty of chatter promotes enthusiasm and encourages hustle.
- Players waiting for a game or practice to start can pair off and play catch to improve their skills.
- Practice should include plenty of variety in the drill work to preclude boredom.
- Put in a time limit on each drill and do not hold the total practice for more than two hours (when fields are available for that long). There is nothing wrong in ending a practice early if interest begins to lag. Better safe than sorry!
- Idle players along the sidelines can be given the job of studying the form of other players to improve their own techniques and provide encouragement and feedback to their teammates.

### **Control of Horseplay**

No discussion of measures to minimize the human element in accident prevention would be complete without discussing the problem of horseplay in the dugout or near the field of play (i.e. T-ball Pond area and Serra Park's "creek", cement circle near the bathrooms, backstops, bleachers, fencing, etc.). This includes any type of youthful behavior that could even remotely be the cause of an accident. Even the mildest form of childish behavior can distract another player, resulting in an accident. After all... team play requires 100% cooperation among all players, and good sportsmanship demands courtesy to opposing players. If poorly behaved children cannot find sufficient outlet for their energy during a practice or game, immediate and impartial disciplinary action must be taken.

## Volunteer Applications and Background Checks

As a condition of service to the league, all Board of Director members, managers, coaches, team parents, adult umpires and other persons deemed by the Serra Little League Board of Directors to have repetitive access or contact with players or teams **must** complete and submit an official "Little League Volunteer Application" to the SLL Safety Officer for the current season. Applications do not transfer from year to year. Applications will be maintained by the SLL Safety Officer in a secure location for the duration of the current season. At the end of each season, the records are destroyed. Volunteers must provide a completed application before starting volunteer duties within SLL.

The Volunteer Application can be obtained at the following locations:

- The Official Little League Website:
- [http://www.littleleague.org/Assets/forms\\_pubs/VolunteerApp2011.pdf](http://www.littleleague.org/Assets/forms_pubs/VolunteerApp2011.pdf)
- The Official Serra Little League Website: <http://serralittleleague.com> (See "Forms" under "Coaching Resources")
- During Player Registration

In accordance with Little League International requirements, Serra Little League will conduct an annual criminal background check via [littleleaguerepsheets.com](http://littleleaguerepsheets.com) to include a search of sex offender registries throughout the United States on all personnel that are required to complete the "Little League Volunteer Application" prior to applicants assuming their duties for the current season. The background check will be conducted by the Safety Officer. Concerns will be brought to the attention of the league president.

# Accident Reporting Procedures

**An "Incident Report" form should be completed and provided to the League Safety Officer for all occurrences that meet the criteria described below.**

A copy of the form is included with this manual and can be obtained on-line at <http://www.serralittleleague.com/safety>

In our effort to prevent accidents and injuries to all involved in Little League, we must deal with the unpredictable actions of many small athletes. One of the most widely accepted ways to reduce the occurrences of unsafe acts is to document the reasons behind such acts and take suitable action to prevent them from happening again. Since we cannot eliminate all mishaps, we must use them as tools to help reduce the number of similar or related accidents. Also, safety consciousness allows us to determine the root causes of near misses", so that action can be taken to prevent occurrences of injury-producing accidents in the future.

## **Which Accidents to Analyze**

Good judgment must be used when deciding which accidents to analyze. The severity of an injury should not be the only basis for deciding to report/investigate an accident. The prevention of a similar, more severe accident should be our main reason for exploring causes and taking suitable corrective action.

## **Examples of Accidents Requiring Thorough Study**

- A collision that occurs when two players go after the same fly ball, even though no one is hurt, has the possibility of resulting in a serious injury. Questioning the players involved may reveal that they had forgotten priority assignments in the "heat of the battle". A corrective measure might include re-emphasizing ball priority drills in the next practice. A completed incident report passed on to the Safety Officer will serve to highlight this area as one needing additional emphasis from managers and coaches.
- If a player should trip and fall over a bat left on the ground and suffer a small abrasion, the cause and correction may be obvious. A report, however, would serve as a reminder, not only to this team, but to others in the league that equipment left on the field can cause falls, some of which can result in fractures.
- Face, mouth or teeth injuries caused by improper use of a catcher's mask, or the failure to wear a catcher's mask, should obviously be reported and the causes investigated.
- A turned ankle caused by a hole in the outfield should be reported so that the league Facilities Director can contact Parks and Recreation so that they are aware of the condition and can make appropriate repairs or corrections.

## **Other Uses for Accident Reports**

The need for corrective measures, of course, is most evident when an injury is severe enough to require professional medical attention or services. In addition to the need for immediate preventive action, it is very important to have accurate information to complete an insurance claim report.

As in any organized endeavor, communications among teams within our league, and between leagues within our district, is important. This safety program can be an effective tool in accident prevention if each adult with safety responsibility is given a briefing on serious accidents, unusual hazards, and corrective action taken to remedy them. In order to accomplish this, the League and District Safety Officers must be kept informed of all accident cases. Your assistance in achieving this is greatly appreciated.

Even after corrective action has been taken, responsible adults should continue to monitor to ensure that unsafe habits are not resumed. *Make sure that you are worthy of example.* We continually advise players to keep their eyes on the ball. Let's do the same when it comes to safety precautions.