



CROTON LITTLE LEAGUE SAFETY MANUAL

FOR MANAGERS
COACHES & VOLUNTEERS

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EMERGENCY CONTACT INFORMATION

FOR ANY EMERGENCY CALL 911

CROTON POLICE	914-271-5177
CROTON FIRE & EMS	914-271-2694
CROTON RECREATION & PARKS	914-271-3006
CROTON PUBLIC WORKS	914-271-3775
CON EDISON	800-752-6633
PHELPS MEMORIAL HOSPITAL	914-366-3994
HUDSON VALLEY HOSPITAL CENTER	914-734-3300
WESTCHESTER MEDICAL CENTER	914-493-7307
CLL SAFETY OFFICER MARC ALBANESE	617-306-7629

FIELD ADDRESSES

DOBBS PARK	143 Maple Street
DUCK POND	10 Bungalow Road
CET UPPER	8 Gerstein Street (Enter from Hughes St)
FIREFIGHTERS MEMORIAL	10 Gerstein St (End of Gerstein St.)
VASSALLO	10 Old Post Road South (Rear of)
MANES	19 Alexander Lane (End of Road)
PVC	3 Glen Place

CONTACT INFORMATION CROTON LITTLE LEAGUE BOARD

President	Richard Wetherbee	646.898.9103
Treasurer	Meredith Korn	914.536.6565
Secretary	Brian Godleski	212.671.2984
Player Agent	Alex Dick	516.557.1877
Safety Officer	Marc Albanese	617-306-7629
Equipment Manager	John Munchoff	914.355.8557
VP Softball/Fundraising	Eric Korn	914.338.3476
VP Seniors	Ben Abbatiello	646.468.7309
VP Majors	Robert Wilson	716.310.3166
VP AAA Minors	Adam Milavsky	347.920.7680
VP AA Minors	Jarid Kemink	917.207.2004
VP Rookies/Social Media	Caron Mineo	917.650.1496
VP T-Ball	Lindsey Thomas	914.672.2213
VP Travel	Matt McCulloch	917.362.5815
At Large	Adrian Elzy	646.251.7263
At Large	Brian Hauswirth	516.242.3141
At Large	Jeremy Rosen	267.216.7313

WHY A SAFETY PROGRAM?

It has been shown statistically that since the implementation of Little League's Safety Program, ASAP (A Safety Awareness Program), in 1995, a 77 % reduction in injuries has been achieved.

We run background checks with the Department of Justice nationwide sex offender registry on all individuals associated with Croton Little League. Anybody refusing to fill out our confidential form or with a conviction as a sex offender is not allowed to be a volunteer.

A method to report and track injuries as well as "near misses" is implemented to evaluate the need for improvement in our safety practice.

Using ASAP's recommendations and guidelines for a safety program, Croton Little League follows a proven formula that reduces incidents that cause injury and is updated annually.

This manual serves as a tool to place the most important safety information in Croton Little League at the manager and coach's fingertips. The Safety Officer is available as a resource and should be contacted if an issue, injury or need for continuing education exists.

Safety is continuous. Don't ignore problems or contribute to them. We as a community need to protect people in spite of themselves.

CODE OF CONDUCT

NO ALCOHOL ALLOWED IN ANY COMMON
AREA

NO SMOKING WHILE IN THE COMPANY OF
PLAYERS

NO PROFANITY OR GAMBLING

NO DISCUSSING PUBLICALLY IN A
DEROGATORY MANNER ANY PLAY OR
OPINION OF PLAYERS OR LITTLE LEAGUE
PERSONNEL

DO NOT SPEAK DISRESPECTFULLY TO
OTHERS

DO NOT CHALLENGE THE UMPIRES
AUTHORITY

DO NOT VERBALLY OR PHYSICALLY ATTACK OR
THREATEN ANY PLAYER OR LITTLE LEAGUE
PERSONNEL

DO NOT BEHAVE UNSPORTSMANLIKE IN

OBJECTION TO A PLAY OR DECISION DURING A GAME.

RESPECT THE RULES AND AS MANAGERS AND COACHES, ENFORCE THEM.

FIELD SAFETY

CHECK TO SEE IF A FIRST AID KIT AND AUTOMATED EXTERNAL DEFIBRILLATOR (AED) IS PRESENT AND STOCKED BEFORE EACH GAME. ADDITIONALLY, A LEAGUE VOLUNTEER WITH AED TRAINING MUST BE PRESENT

ANY MISSING SUPPLIES/NEEDS ARE TO BE REPORTED TO THE SAFETY OFFICER IMMEDIATELY.

MANAGERS AND COACHES ARE RESPONSIBLE TO CHECK THE FIELD BEFORE PLAY FOR SAFETY HAZARDS. EXAMPLES: HOLES, DITCHES, BOTTLES, ROCKS, BROKEN CHAIN LINK FENCES.

HAVE PLAYERS AND COACHES BE AWARE OF PLAY ON THE FIELD. YOUNGER PLAYERS NEED FREQUENT REMINDERS.

MAINTAIN CONTROL OF PRACTICE AND/OR GAME. NO HORSEPLAY.

NO PLAYING IN PARKING LOTS.

PLAYERS AND SPECTATORS KEEP FINGERS OUT OF CHAIN LINK FENCES.

NO CLIMBING OVER FENCES OR IN TREES.

NO CHILD LEFT UNATTENDED. A PARENT OR RESPONSIBLE ADULT SHOULD BE PRESENT AT ALL TIMES.

ONLY PLAYERS, MANAGERS, COACHES AND UMPIRES ARE ALLOWED ON THE PLAYING FIELD OR DUGOUT DURING PRACTICE OR GAMES.

PLAYING CONDITIONS

NO INNING OR HALF INNING IS TO START AFTER PUBLISHED SUNSET TIME. MANAGERS AND/OR UMPIRES HAVE THE AUTHORITY TO STOP PLAY BEFORE THIS TIME FOR ANY REASON IF THE CONTINUATION OF PLAY WOULD BE UNSAFE.

NO PLAY ON ANY FIELD CLOSED BY CROTON RECREATION AND PARKS DEPARTMENT. STOP PLAY IF PLAYING CONDITIONS BECOME UNSAFE. USE COMMON SENSE.

INFIELDS SHOULD BE RAKED BEFORE AND AFTER PLAY. UPON COMPLETION OF GAMES OR PRACTICES, MAKE SURE TRASH IS COLLECTED PROPERLY. NEGLIGENCE OF THE FIELDS REFLECTS POORLY ON CROTON LITTLE LEAGUE.

NO PLAY ON ANY FIELD/COMMON AREA FROM THE FIRST SIGHT/SOUND OF LIGHTNING/THUNDER TO **30 MINUTES** AFTER THE LAST SOUND OF THUNDER.

LIGHTNING IS A REAL RISK ON CROTON FIELDS.

REMEMBER **3 MAIN FACTORS** ATTRACT LIGHTENING:

1. HEIGHT RELATIVE TO OTHER NEARBY OBJECTS.
2. ISOLATION.
3. POINTINESS.

1 OUT OF EVERY 4 PEOPLE INJURED WERE UNDER A TREE.

THE SAFEST PLACE IS IN A LARGE BUILDING.
SMALL SHEDS OR DUGOUTS ARE NOT.

A CAR IS A GOOD SECOND CHOICE, BUT NO CONVERTIBLES.

IT IS NOT ACCEPTABLE TO WAIT ON AN OPEN FIELD FOR A STORM TO PASS.

EQUIPMENT SAFETY

All equipment must be inspected prior to use in each game. Any damaged or improperly fitting equipment must be taken out of use. Our equipment manager inspected your equipment prior to distribution but, expect during the season for equipment to wear out or break. Any need for replacement, contact the equipment manager or VP of your league.

Have properly fitting equipment available to all. Improper fit will hinder performance and lead to injury.

All team equipment must be stored behind fence or off field of play. Responsibility for this is the manager/coach or when age appropriate a player may be assigned.

Bases are to be breakaway or not strapped down. (This rule has virtually eliminated offensive sliding injuries).

Only soft, reduced impact balls are allowed for play and practice for Tee Ball, Rookie and AA Divisions.

No metal spiked shoes. Only rubber cleats allowed.

Helmets, NOCSAE approved, are required to be worn AT ALL times while on the field batting and running bases. Players coaching bases are required to wear helmets. Faceguards are encouraged but not required. **Coaches should confirm that helmets are on properly.**

Beginning with the 2018 season, non-wood and laminated bats used in the Little League (Majors) and below, Intermediate (50-70) Division, Junior League divisions, and Challenger division shall bear the USA Baseball logo signifying that the bat meets the USABat – USA Baseball’s Youth Bat Performance Standard. All BPF – 1.15 bats will be prohibited beginning with the 2018 season. Additionally, starting in 2018, the bat diameter shall not exceed $2\frac{5}{8}$ inches for these divisions of play. Bats meeting the Batted Ball Coefficient of Restitution (BBCOR) standard may also be used in the Intermediate (50-70) Division and Junior League divisions. Additional information is available at LittleLeague.org/batinfo.

Catchers must wear catchers helmet, mask, throat guard, and long model chest protector and shin guards. In addition, for boys AA level and up, a protective cup with supporter for all practices and games while catching.

No on deck batters in little league. Bats are not to be picked up until it is that player’s turn to bat. There is no swinging of the bat anywhere during a game other than in the batter’s box.

No bats handled in dugout.

Remind your players to be alert to what is around them before swinging a bat.

Encourage parents who have children wearing glasses to purchase “safety glasses.”

PLAYER SAFETY AND INJURY PREVENTION

Players are to warm up by running bases or doing calisthenics followed by muscle stretching and throwing drills.

No bats/balls on field during warm up/stretching.

During drills, space players apart to prevent injury from missed catches or wild throws.

Observe children during warm up for signs of injury or illness.

Coaches do not play catcher to children pitching.

Encourage players to focus on play and be aware of each pitch. Most injuries are during defensive play.

Except when returning to a base, no head first slides.

No throwing baseballs against dugouts, fences, or backstops.

Young athletes of same age can differ greatly in size and physical maturity. Try to recognize less mature individuals who might try to perform at the level of their age group and therefore be more susceptible to injury.

For kid pitch leagues, players should learn how to properly avoid getting hit by a pitch. See link [here](#).

Players must not wear watches, rings, pins or other metallic items during play or practice.

In hot weather make sure players stay hydrated and rest those showing signs of fatigue. Have players drink BEFORE they get thirsty. Dehydration is one of the most common causes of sudden decreased sports performance.

When possible, encourage players/parents to practice/train outside our games and practices. Remember, many injuries are prevented by being in proper physical condition. Poor conditioning is the most common reason for joint injuries.

As a manager, you are to carry your players' **medical release forms** during practice and games. Be aware of major medical issues and consult the Safety Officer if you have any questions on how those medical conditions could affect the player.

Teaching of curveballs and sliders should be reserved to only those who have excellent mechanics. Fastball and change ups are first and are as far as most players in our age groups should go. Throwing curveballs with bad mechanics may lead to permanent injury as well as taking away from time needed to master the fastball.

There are regulations regarding the amount a player may pitch ([baseball](#)). The manager must remove the pitcher when they reach the limit for his/her age group. The pitcher may remain in the game at another position.

13-16	95 pitches per day
11-12	85 pitches per day
9-10	75 pitches per day
6-8	50 pitches per day

In addition, there are rest requirements following pitching outings:

66+ pitches in a day:	4 calendar days rest
51-65 pitches in a day:	3 calendar days rest
36-50 pitches in a day:	2 calendar days rest
21-35 pitches in a day:	1 calendar day of rest
20 pitches or less in a day:	no rest

After hard throwing, apply ice for 15 min an hour for a total of 3-4 hours to reduce inflammation and long-term damage.

The managers involved must designate someone to keep pitch count during play (counter should be in equipment bag).

It is the manager who is ultimately responsible for knowing when to remove a player.

[Softball:](#)

A player may pitch in a maximum of twelve (12)

innings in a day. If a player pitches in seven (7) or more innings in a day, one calendar day of rest is mandatory. Delivery of a single pitch constitutes having pitched in an inning.

WHAT TO DO IF AN INJURY OCCURS

Any situation that you are uncomfortable with or unable to control, call 911. Have people ready to direct EMS to the injured person when they arrive.

Assess the injury to determine if it is mild or severe in nature. Act appropriately. **Don't go beyond your limits.**

Any incident that causes any player, manager, coach, umpire or volunteer to receive medical treatment and/or first aid **must** be reported to the safety officer. An injury report must be filed within 24 hours (forms and instructions are with this manual). Any "near misses" must also be reported to the safety officer so trends can be tracked and safety evaluated.

After an injury, younger children prefer the company of their parents, while older children might want their manager/coach.

While you are attending to the injured player, make sure another coach/manager is monitoring all other players on field. Stop all play. Bats and balls down.

Do not move the injured who have had trauma involving the head, chest, back or neck.

IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE TAKE THE FOLLOWING STEPS:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a healthcare professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the factsheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

AEDs are now required onsite at any practice or game.

Training is required.

You should feel comfortable to operate an AED after training.

Do not administer medication to children.

Report the injury to the Safety Officer.

QUICK & SIMPLE FIRST AID

KNOW WHERE YOUR FIRST AID KIT IS!

NOTIFY PARENT OR GUARDIAN OF **ANY INJURY NO MATTER HOW MINOR IT SEEMS!**

SCRAPES/ABRASIONS:

Wash out or clean with provided antiseptic wipes all dirt debris.
Dress with available bandage. Provide antibiotic ointment.

CUTS/OPEN WOUNDS:

Any skin break that:

Doesn't stop bleeding after 10 minutes

Is deep and greater than ½ inch long

Is on a cosmetic area (face)

Bleeds with a pulsing action

Should be cleaned, bandaged and pressure applied to control bleeding. Encourage medical attention to parent/guardian, whether by requesting EMS or taking to appropriate care facility via own vehicle.

BRUISES:

Ice pack to the affected area with light pressure- 20 minutes on, 20 minutes off. Bruising to head, face or chest should be followed up by healthcare provider.

JOINT INJURIES:

Ice pack to affected area, 20 minutes on, 20 minutes off, with an Ace bandage to prevent further swelling. Elevate injured part.

Any:

Massive bruise

Deformity (compare to unaffected side)

Inability to bear weight on joint

Joint should be splinted; ice applied and seek medical attention.

“JAMMED” FINGERS:

Any finger that the player is unable to straighten out and has tenderness at the joints (bends of finger) needs medical attention. Do not attempt to “fix” this injured finger.

BEE STINGS:

Refer to medical release forms or parents for medical history. Any child with multiple allergies or asthma is prone to an allergic reaction.

Seek medical attention for first timers or those that are allergic.

Move child from the stinging area (more bees will come)

Scrape stinger out (if present)

Ice pack to area and insect sting ointment.

Any breathing problem, redness/swelling/hives to upper body/face/neck seek immediate medical attention.

HEAD INJURY:

Take child out of game/practice and rest. Seek immediate medical attention if:

loss of consciousness for any time

nausea, vomiting, or dizziness

loss of memory of the event

repetitive speech

mechanism or injury is severe (IE: if hit by bat or fast-moving ball, etc.)

TOOTH LOSS:

If tooth is an adult tooth, clean tooth gently with water and put

into Save a Tooth container located in first aid kit.

Pack tooth socket with gauze to control bleeding.

Have parent/guardian seek attention from dentist for reinsertion.

Best-case scenario would be to clean tooth, reinsert into socket and then see dentist. Most children are uncooperative with this after trauma and will often swallow tooth.

BABY TEETH DO NOT GET REINSERTED

EYE INJURIES:

Dirt/speck in eye:

attempt to wash with clean water or with clean hand.

Pull upper eyelid gently over lower to create tears.

Blunt trauma:

With intact globe, cover with provided eye patch, apply ice pack as tolerated, follow head injury precautions.

HEAT EXHAUSTION:

Remove from heat, cool body.

Ice packs to cramping muscles.

Water or juice, no caffeinated drinks. **Seek medical attention if:**

loss of consciousness or altered mental status

drowsiness

skin is hot, red and dry

headache, nausea, vomiting

CHILDREN DON'T DISSIPATE HEAT AS QUICKLY AS ADULTS DO!

OVERUSE INJURIES:

Players who exhibit pain that

* does not improve/resolve with rest

does not have definitive cause of injury

returns periodically in same nature

occurs in the elbow or shoulder and are regularly pitching

Have a more serious problem that involves physical hurt and playing mechanics. 1 out of 4 injuries are from overuse. Make parents aware and encourage medical attention.

Should we play one more inning???

Don't push it. Especially on hot and humid days.

CHILD PROTECTION UPDATE

Utilize the Little League volunteer application form to conduct annual background checks on volunteers and prohibit anyone with any offenses that would disqualify them as a participant in any Little League activity.

Annually require all volunteers to complete an Abuse Awareness Training provided by USA Baseball or a comparable training.

Report child abuse, including sexual abuse, within 24 hours to proper authorities.

Adopt policy prohibiting retaliation against good faith reports of child abuse.

Adopt a policy that limits one-on-one contact with minors without being in an observable and interruptible distance from another adult.

Regular meetings to discuss child abuse prevention. Provide training for minors, participate in ASAP, offer additional resources.

ANY QUESTIONS?

[Link to Child Protection Policy.](#)

NOTES:

PLEASE INFORM SAFETY OFFICER OF USED OR MISSING SUPPLIES FROM FIRST AID KITS SO THAT THEY MAY BE REPLACED IMMEDIATELY

CROTON LITTLE LEAGUE:

Does not have concession stands at the fields

Has completed an Annual Facility Survey.

Enforces League rules with zero tolerance.

Provides fundamentals and safety instruction/training according to little league standards. A minimum of one representative from each team will attend and coaches/managers were reminded that it is required that they attend once every three years. This manual was distributed there and is further available through the Safety Officer.

