



Sarasota National

#3091613

2019 ASAP

“A Safety Awareness Program”



Table of Contents

Topic	Page
Little League Safety Plan	3
Safety Officer and Committee	3
Rules Committee	5
Volunteer Application	5
Managers and Coaches Responsibilities	6
Code of Conduct	9
Safety Code	11
Guidelines for Use of Batting Cages	13
Reporting Accidents and Injuries	14
Head Injuries	17
Action Plan	19
Basic Fundamentals, Training, and Safety Clinic Information	20
Lightning Evacuations Procedures	20
Annual Facility Survey	20
Concession Stand Safety Procedures	21
2019 Sarasota Little League Board	22
Safety Plan Forms	23
Additional Helpful Handouts	23

In 1995, Little League Incorporated introduced ASAP (A Safety Awareness Program) to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League, and with the goal of re-emphasizing the primary importance of safety to local Little Leagues around the United States. In order to be an ASAP compliant league, a Little League approved Safety Plan that meets certain acceptance criteria must be filed with Williamsport before the start of each season. Sarasota Little League annually fulfills this requirement.

Little League Safety Plan

The purpose of the Sarasota Little League Safety Plan is to develop guidelines for increasing the safety of activities, equipment, instruction and facilities through education, compliance, and reporting. In support of this goal, Sarasota Little League also commits itself to providing the necessary organizational structure and focus to develop, monitor, and enforce compliance with all aspects of the plan.

The Safety Plan includes the Code of Conduct and Safety Code adopted by the Sarasota Little League Board of Directors. These documents outline specific safety related policies and procedures of the League. All participants, volunteers, employees, spectators, and guests are bound by the guidelines set forth in these documents.

League Safety Officer & Committee

The League Safety Officer is an elected Member of the Sarasota Little League Board of Directors. This individual acts as the Sarasota Little League primary point of contact for safety issues and is responsible for reviewing, modifying and communicating the League's Safety Plan each year. The plan is presented to the Board for approval and ratification in February or March prior to each upcoming season.

The League President and Safety Officer have primary responsibility for ensuring compliance with the Safety Plan. However, the entire Sarasota Little League Board of Directors, elected League Officers, and Board Approved Managers and Coaches share in the responsibility of ensuring awareness and compliance with the Safety Plan relative to their respective position or office.

The Safety Officer:

The Safety Officer of Sarasota Little League is mainly responsible for the development and implementation of the League's safety program. The Safety Officer is the link between the Board of Directors of Sarasota Little League and its managers, coaches, umpires, team safety officers, players, spectators, and any other third parties on the complex in regards to safety matters, rules and regulations.

The Sarasota Safety Officer's and the Safety Committee's responsibilities include:

- Coordinating with the individual Team Managers/Coaches Officers in order to provide the safest environment possible for all.
- Assisting parents and individuals with insurance claims and will act as the liaison between Little League International and District 16, the insurance company, and the parents and individuals.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Keeping the First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions (major, coast, minors, and tee ball), at what times, and who was under what supervision at the time of the injury.
- Correlating and summarizing the data in the First-Aid Log to determine proper accident prevention in the future.
- Ensuring that each team manager understands the location of the Safety Manual and where to find the First-Aid Kit at the beginning of each season.
- Re-stocking the first aid kits as needed.
- Make Little League's "no tolerance with child abuse" policy clear to all.
- Checking fields with the Managers and listing areas needing attention.
- Scheduling a Safety Clinic for all managers, designated coaches, umpires, player agents and team safety officers during the pre-season.
- Creating and maintaining all signs at the ball fields, including No Parking signs, No Smoking signs, No Pets Allowed, batting cage rules, cautionary signs, etc....
- Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
- Making spot checks at practices and games to make sure all managers have their First-Aid Kits and Safety Manuals.
- Tracking all injuries and near misses in order to identify injury trends and report to Little League District 16 and Little League International and insurers.
- Making sure that safety is a monthly Board Meeting topic, allowing experienced people to share ideas on improving safety with the Board, coaches, volunteers and members, and keeping current on safety equipment.

The Safety Committee:

For 2019, the Sarasota Little League will maintain a League Safety Committee comprised of the League Safety Officer, President, Executive VP of Baseball Operations, Umpire in Chief, Field Services, and the Equipment Manager. This committee will have the primary responsibility for the initial annual review of the Safety Plan and to monitor the number of injuries and accidents that occur during the season. The Safety Committee will recommend courses of action regarding any safety issue that may present itself to the League. For example, it is envisioned that this committee will meet to assist the League Safety Officer in preparing revisions and updates to the League Safety Plan, which will then be distributed to the Board for comment. The 2019 League Safety Committee consists of the following members:

League Safety Officer – Steve Isaacson Cell - 941-356-9598 stevei@si-architect.com	President – Steve Isaacson Cell - 941-356-9598 stevei@si-architect.com
Exec. Co VP Baseball – Erin Whitlock Cell - 941-812-7870 erinntx@msn.com	Exec. Co VP Baseball – Molly Russo Cell - 941-209-9685 msr526228@gmail.com
Umpire in Chief – Steve Zeman Cell - 941-504-9432 zroc8ballz@gmail.com	Field Maintenance – Steve Isaacson Cell - 941-356-9598 stevei@si-architect.com
Equipment Manager – Cliff Ondercin Cell - 941-544-2046 tarpoonboy@aol.com	

Rules Committee

Each year, the Sarasota Little League Local Rules and Policies are reviewed and amended with the input of the Rules Committee, chaired by the Executive VP's of Baseball respectively. The Local Rules as amended have been approved by a vote of the Board of Directors. Areas such as competitive balance, player participation, pitch count, speed of play, and safety are discussed and any changes or additions are presented to the Board for discussion and/or ratification. Each year, these committees evaluate the Local Rules and consider necessary changes, additions and/or improvements

Volunteer Application

Sarasota Little League requires that all of the following personnel have annually submitted a fully completed official "Little League Volunteer Application" (located on www.Sarasotalittleleague.org) and a copy of valid government issued photograph identification to the President or Safety Officer for

conducting a national background check that at a minimum includes review of sex offender registries, child abuse and criminal history records for approval of such volunteer, prior to the applicant assuming his/her duties for the current season: Board of Director members, Umpires, Managers, Coaches, and any other persons, volunteers or hired workers, who provide regular service to the league and/ or have repetitive access to, or contact with, players or teams. For 2019, the application will be available online at the Sarasota Little league website. Failure to submit a completed Little League Volunteer Application for the current year with a copy of valid government issued photograph identification and social security number as required by the league and upon request makes that adult unable to maintain SLL membership and that adult or child is unable to volunteer in any capacity with SLL. The "Little League Volunteer Application" must be maintained by the president of the Sarasota Little League's board of directors for all personnel named above, for a minimum of the duration of the applicant's service to the league for that year.

Sarasota Little League will conduct an annual national background check on all personnel that are required to complete a "Little League Volunteer Application" prior to the applicant assuming his/her duties for the current season. Sarasota Little League shall not permit any person to participate in any manner, whose background check reveals a conviction or guilty plea for any crime involving or against a minor. Sarasota Little League may prohibit any individual from participating as a volunteer or hired worker, if the league deems the individual unfit to work with minors. Sarasota Little league must conduct a search of the applicable government operated statewide sex offender registry and nationwide sex offender registry. Failure to comply with this regulation may result in the suspension or revocation of tournament privileges and/or the Sarasota Little League's charter by action of the Charter of Tournament Committee in Williamsport, PA. If Sarasota Little League becomes aware of information, by any means whatsoever, that an individual including, by not limited to, volunteers, players and hired workers, has been convicted of or pled guilty to any crime involving or against a minor, the local league must contact the applicable government agency to confirm the accuracy of the information. Upon confirmation of a conviction for, or guilty plea to, a crime against or involving a minor, the local league shall not permit the individual to participate in any manner.

Additionally, no individual may serve as SLL treasurer or have any SLL bank or other financial account signor authority or status who has any history of any criminal conviction for theft, forgery, conversion of property, possession of stolen property, robbery, burglary, moral turpitude, other similar misdemeanor or felony conviction history.

Managers & Coaches Responsibilities

Managers and Coaches:

The Manager is a person selected through a manager selection committee and appointed by the President of SLL to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team.

- **The Manager** shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
- **The Manager** is also responsible for the safety of his/her players. He/She is also ultimately responsible for the actions of designated coaches.

- If a **Manager** leaves the field, that **Manager** shall designate a **Coach** as a substitute and such **Substitute Manager** shall have the duties, rights and responsibilities of the **Manager**.

Managers Must:

- Have knowledge as where to find Safety Manual and where to find the First-Aid Kit at the beginning of each season.
- Make sure that telephone access is available at all activities including practices. It is required that a cellular phone always be on hand for emergencies.
- Attend a **mandatory training session** on Safety, concussion/head injuries, injury prevention and First Aid given by SLL. At least one team representative is required to attend each year (either coach or manager).
- Attend the fundamentals training. At least one coach or manager from each team must attend annually (training qualifies the volunteer for three years but one team representative must attend annually).
- Teach players the **fundamentals** of the game while advocating safety, including but not limited to:
 - Catching fly balls
 - Sliding correctly
 - Proper fielding of ground balls
 - Simple pitching motion for balance, mechanics and technique batting positioning, loading, swinging, ball contact and safety
- Not expect more from their players than what the players are capable of.
- Notify parents that if a child sustains a suspected concussion he or she may not return to practice without a note from their doctor. This **medical release** protects you if that child should become further injured. **There are no exceptions to this rule.**
- Encourage players and volunteers to bring *water bottles* to practices and games. Also, strongly encourage parents that they bring **sunscreen** for themselves and their child.
- Ensure all of their coaches and volunteers have submitted completed current year volunteer application forms accompanied by social security number and government issued picture identification to the Safety Officer for background checks, and not permit anyone who have not complied with this requirement to assist with practice or games, or have substantial contact with SLL players.
- Ensure all Concussion Information and Medical Release are executed by players and parents and supplied to you before a player may attend practice or games with Sarasota Little League.

Prior to the Game Managers will:

- Work with the umpire to walk the field prior to the game for hazards. Look for rocks, glass, holes etc. and correct if feasible. It is the coach/managers **responsibility** to assure the players safety during the game. If there is a facility issue, report to the Facility Operations

- Work with the umpire to inspect the players' equipment before use. If a player has bad equipment: it is recommended it be made unusable to stop the player from "saving" it from waste.
- Ensure the players warm up prior to the game, are ready to play, are not injured or sick
- Make sure there is a phone and a first aid kit immediately available.



During the Game Managers will:

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Keep players **alert**, and maintain **discipline** at all times.
- Be **organized**. Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers are wearing the **proper equipment**.
- Encourage everyone to think **Safety First**.
- Observe the "**no on-deck**" rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.
- Keep players off the fences. No one should be climbing the fences, this is a preventable injury.
- Get players to **drink** often so they do not dehydrate. Get players to apply a generous amount of sunscreen.
- **Never allow children to play if they are ill, sustained a suspected concussion or head injury, or are injured.**

- Do not allow players to use ill-fitting or defective equipment. It is highly recommended that the player's equipment is made unusable to prevent a player from "saving" their equipment from discard. If it is league owned, arrange to have it replaced by the equipment manager.
- Always attend to children that become injured in a game. You must **notify parents if their child has been injured** no matter how small or insignificant the injury is. **There are no exceptions to this rule.** This protects you, Little League Baseball Incorporated and SLL. If there was an injury, make sure all accident report forms are filled out and promptly provide the forms and information to the SLL Safety Officer.
- Supervise ejected, ill or injured players until released to the parent, guardian, or person the parent or guardian designates.
- Discuss any safety problems that occurred before, during or after the game with the SLL Safety Officer.
- Ensure players utilize baseball equipment appropriate for age, division, ability and as allowed under Little League Baseball and Sarasota Little League local rules. (This is intended to encompass all Little League rules on composite bat restrictions and managers are to keep themselves updated on website updates during the season for such).



Code of Conduct

The Sarasota Little League Code of Conduct has been adopted by the Board of Directors. This Code is enforced by the League Safety Officer, the League President, the League's Vice Presidents, League Managers, and Umpires. All league officers, coaches, participants, members, parents and volunteers are required to abide by this code. Based on input and feedback, the League Safety

Officer will suggest revisions or modifications to this Code of Conduct from year to year, as necessary. Parental / Player Code of Conduct form to be signed by players and parents/guardians. Coaches/Managers are also expected to sign this form.

Code of Conduct

- Speed Limit 5 mph in roadways and parking lots while attending any Sarasota Little League function. Watch for small children around parked cars.
- No Alcohol allowed in any parking lot, field, or common areas within any Sarasota Little League complex or venue.
- No playing in parking lots at any time, use Crosswalks when crossing roadways and always be alert for traffic.
- All gates to the field must remain closed at all times. After players have entered or left the playing field, all gates should be closed and secured.
- During games respect umpires and their authority and do not question, discuss or confront them on any of their calls or decisions.
- Only team Managers and Coaches are allowed to coach players during games. Managers and Coaches are not to be questioned or confronted during games or practices and are to be spoken with at an agreed time and place.
- Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Use of profanity or unsportsmanlike conduct at Little League venues will not be tolerated.
- No throwing balls against dugouts or against backstop. Catchers must be used for all batting practice sessions.
- No throwing baseballs at any time within the walkways and common areas of any Sarasota Little League complex. Also, no rock/shell throwing.
- Do not allow children or players to climb fences, or backstops. Stairs shall not be played on.
- Pets are not permitted at games or practices.
- Observe all posted signs. Players and spectators must be on alert for foul balls and errant throws. Do not retrieve balls or other items from private property.
- During game, players must remain in the dugout in an orderly fashion at all times.
- During games, there is to be no food or snacks consumed in the dugouts or on the field of play.
- No tobacco or vaper products to be used by any visitors, coaches, managers or players at any time on field, dugout or SLL grounds.

- After each game, each team must clean up trash in dugout and around stands.
- There is a ZERO tolerance for child physical, emotional, or sexual abuse.
- Sexual harassment or discrimination based on race, color, gender, ethnicity, national origin or sexual orientation will not be tolerated by SLL.

Failure to comply with this Code of Conduct may result in expulsion from practice, games, playoffs, All Star play and the SLL Complex or any fields SLL uses for such.

Safety Code

The Board of Directors has adopted the Sarasota Little League Safety Code. All league officers, participants, members and volunteers are required to abide by this code. On game day and during practices it is expected that team managers and umpires will take actions necessary to comply with this code. The League Safety Officer will monitor compliance and make revisions to the Safety Code from year to year, as necessary.

Sarasota Little League Safety Code

- Little League Rules and the Safety Manual will be in force at all league activities.
- A comprehensive survey shall be conducted each year for all fields used by Sarasota Little League, and the results documented on appropriate forms.
- To contact emergency medical services, access to a fixed or mobile telephone is required for every league activity. Such arrangements should be confirmed prior to starting all games and practices.
- Managers, coaches and umpires will be provided with basic training in first aid, concussion and head injury detection and issues, proper mechanics/fundamentals, and Little League philosophy. More advanced training is available to coaches and teams upon request.
- First-aid kit is located inside the SLL building for team manager use.
- No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Managers and/or umpires shall walk the fields and inspect for hazards prior to using the field. Play area should be inspected frequently for holes, damage, rocks, glass and other foreign objects that could cause injury.
- All team equipment should be stored within the team dugout, or behind screens, and not within areas defined by the umpires as "in play".

- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and coaches.
- Procedure should be established for retrieving foul balls batted out of playing area. Do not retrieve balls from private property.
- During practice and games, all players should be alert and watching the batter on each pitch.
- Only a player on the field called to bat by the umpire may swing a bat (Age 5 - 12). No on deck position or swings are permitted. And only when called to bat by an umpire may a player pick up a bat, proceed to the batter's box and take a couple of practice swings along the way. At all times, players need to be alert of the area around them when swinging bats.
- No swinging bats at any time within the walkways, common areas, on deck position and dugouts.
- During warm-up drills, establish enough space between players so that no one is endangered by wild throws or missed catches.
- Equipment should be inspected regularly for condition, proper fit, and compliance with Little League Baseball rules and regulations.
- Batters must wear Little League approved protective helmets during batting practice and games.
- Catcher must wear catcher's helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter (males) at all times for all practices and games. NO EXCEPTIONS. Managers should encourage all other male players to wear protective cups and supporters for practices and games.
- The Catcher must wear catcher's helmet and mask with a throat guard while warming up pitchers. This applies to before games, between innings and in the bullpen during all games and practices. NO EXCEPTIONS.
- Managers and Coaches may not catch from a pitcher before or during a game, this includes standing at the backstop during practice as informal catcher for batting practice.
- Except when runner is returning to a base, headfirst slides are not permitted.
- During sliding practice, bases should not be strapped down or anchored.
- Breakaway bases only are placed on Major and Minor level league fields. Anchored bases are not allowed.
- At no time should "horse play" be permitted on the playing field.
- Parents of Players who wear glasses should be encouraged to provide "safety glasses".
- Parents of all players should be encouraged to have their child use mouth guards and batting helmets with face guards.

- Remove watches, rings, pins or other jewelry during games and practices.
- Pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger, spectators (i.e., playing catch, pepper, swinging bats, etc.).
- Reduced impact balls are to be used for T-ball play level.
- Players are to be encouraged to drink water or sports drinks in moderation during practice and games.
- No children under the age of 16 are to be permitted in the concession area.

Remember, safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the League Safety Officer or another Board Member immediately. Do not play on a field that is not safe or with unsafe playing equipment. Be sure your players are fully equipped at all times, especially catchers and batters. And, check your team's equipment often.

Guidelines for Use of Batting Cages

The Sarasota Little League has implemented the following guidelines for use of batting cages:

- Adult supervision is required at all times when the batting cage is in use.
- If a pitching machine is used to deliver the balls, the pitching machine must be operated by an adult.
- Players are not allowed to pitch to other players
- Only one batter and one pitcher/pitching machine operator are allowed in the cage at a time.
- The pitcher/pitching machine operator must use an "L" fence protector or screen.
- If possible, lock/secure the batting cage at all times when not being used by the league.
- Enforce helmet use for everyone in the batting cage; hitters and pitchers.
- Place second fence around the batting cage at a safe distance or give verbal warnings to those too close to keep people from being struck by balls hit into the netting and causing the netting to flare out.
- The only one to hold a bat will be the batter in the cage; all others will leave the bats on the ground, i.e. no swinging bats outside the batting cage.

Reporting Accidents & Injuries

All managers, coaches, parents, umpires, and volunteers should use the following procedures for reporting injuries.

EMERGENCY PHONE NUMBERS –

Call 9-1-1 in any emergency or for urgent medical assistance. Cell phone callers will be connected to the 9-1-1 dispatcher. Stay on the line and provide information requested by the dispatcher including the location of the field or practice area you are calling from.

For non-emergency calls contact:

Sarasota County Sherriff's Office: (941) 861-5800

Sarasota County Fire Department: (941) 951-4211

FIELD ADDRESSES FOR EMERGENCY DISPATCH

Twin Lakes Park, Little league Fields – 6700 Clark Rd, Sarasota, FL

Twin Lakes Park, Orioles Field – 6700 Clark Rd, Sarasota, FL

Sarasota Middle School - 4826 Ashton Rd, Sarasota, FL 34233

WHAT TO REPORT –

Any incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the Director of Safety. The terms "medical treatment and/or first aid" include any injury that (a) causes a player to miss any practice or game time; or (b) any event that has the potential to require the medical assistance of a physician for evaluation and diagnosis must be reported promptly.

WHEN TO REPORT –

All such incidents described above must be reported to Steve Isaacson, League Safety Officer, within 48 hours of the incident. Contact information is:

Mobile: (941) 356-9598

Email/Scan to: stevei@si-architect.com

SLL BASEBALL ACCIDENT NOTIFICATION FORM TO REPORT INJURIES –

The form is available upstairs in the SLL concessions building:

In completing the form make sure the following information is provided:

- Our League name is: Sarasota Little League and League I.D. No.: 3091613
- The name and phone number of the individual involved (and their parents).
- The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the individual reporting the incident.

SAFETY OFFICER RESPONSIBILITY FOR INJURY REPORTING –

The League Safety Officer will receive this injury report and will enter it into the League's safety database. Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents and (1) verify the information received; (2) obtain any other information deemed necessary; (3) check on the status of the injured party; and (4) in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Sarasota Little League's insurance coverage's and the provisions for submitting any claims for reimbursement. The League Safety Officer will forward the completed Accident Notification Form to the SLL President and to the Little League District 16 Administrator who will file a copy of the notice and forward it to appropriate League Official(s) for processing.

If the extent of the injuries are more than minor in nature, the League Safety Officer may periodically call the injured party to check on the status of any injuries and to check if any other assistance is necessary such as submission of insurance forms, the medical release form, etc. or until such time as the incident is considered "closed" (i.e. no further claims are expected and/or the individual is participating in the league again).

RETURNING TO PLAY FOLLOWING INJURY OR ILLNESS –

According to Little Baseball National Headquarters Regulation III (D) for all levels of baseball:” When a player misses more than ten (10) continuous days of participation for an illness or injury, the team Manager must receive written permission given by a physician or other medical provider for a return to full baseball activity.”

Physician or other medical provider permission must also be secured following a concussion or head injury as outlined in the **Concussion Information Sheet** that parents and players are required to review and sign in the registration process before play with the league and as attached. Some Important Do's and Do Not's for an Injured player

DO ...

- Reassure and aid children who are injured, frightened, or lost.
- Provide, or assist in obtaining, medical attention for those who require it.
- Know your limitations.
- Assist those who require medical attention - and when administering aid, remember to ...
- **LOOK** for signs of injury (*Blood, Black-and-blue deformity of joint etc.*).
- **LISTEN** to the injured describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- **FEEL** gently and carefully the injured area for signs of swelling, or grating of broken bone.
- Have your players' Medical Clearance Forms with you at all games and practices.
- Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.

DON'T ...

- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedures (i.e. CPR, etc.)
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazard to the League Safety Officer immediately.
- Be alone with a child not your own, but instead always have your child at least and another parent or coach stay until the child's parent arrives.

Head Injuries

THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussions can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost, even if they do not directly hit their head.

The potential for concussions is greatest in athletic environments where collisions are common. Concussions can occur, however, in **any** organized or unorganized sport or recreational activity. As many as 3.8 million sports and recreation-related concussions occur in the United States each year.

RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head.
-and-
2. Any change in the athlete’s behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)

SIGNS AND SYMPTOMS

SIGNS OBSERVED BY COACHING STAFF

Appears dazed or stunned	Moves clumsily
Is confused about assignment or position	Answers questions slowly
Forgets sports plays	Loses consciousness (even briefly)
Is unsure of game, score, or opponent	Shows behavior or personality changes

SYMPTOMS REPORTED BY ATHLETE

Headache or “pressure” in head	Feeling sluggish, hazy, foggy, or groggy
Nausea or vomiting	Concentration or memory problems
Balance problems or dizziness	Confusion
Double or blurry vision	Does not “feel right”
Sensitivity to light	Can’t recall events after hit or falls
Sensitivity to noise	Can’t recall events prior to hit or fall

Athletes who experience any of these signs or symptoms after a bump or blow to the head should be kept from play until given permission to return to play by a health care professional. Signs and symptoms of concussion can last from several minutes to days, weeks, months, or even longer in some cases.

Remember, you can’t see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury. If you have any suspicion that your athlete has a concussion, you should keep the athlete out of the game or practice.

PREVENTION AND PREPARATION

As a coach, you can play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your athletes and the team:

- **Educate athletes and parents about concussion.** Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. Explain your concerns about concussion and your expectations of safe play to athletes, parents, and assistant coaches. Pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs.
- **Insist that safety comes first.** Teach athletes safe playing techniques and encourage them to follow the rules of play. Encourage athletes to practice good sportsmanship at all times. Make sure athletes wear the right protective equipment for their activity (such as cups, mouth guards, catching gear). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly. Review the athlete fact sheet with your team to help them recognize the signs and symptoms of a concussion.
- **Teach athletes and parents that it’s not smart to play with a concussion.** Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don’t let athletes persuade you that they’re “just fine” after they have sustained any bump or blow to the head. Ask if players have ever had a concussion.
- **Prevent long-term problems.** A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. This more serious condition is called second

impact syndrome. Keep athletes with known or suspected concussion from play until they have been evaluated and given permission to return to play by a health care professional with experience in evaluating for concussion. Remind your athletes: "It's better to miss one game than the whole season."

Action Plan

WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

1. Remove the athlete from play. Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion must not be allowed to return to play. When in doubt, keep the athlete out of play.
2. Ensure that the athlete is evaluated right away by an appropriate health care professional. Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:
 - Cause of the injury and force of the hit or blow to the head
 - Any loss of consciousness (passed out/knocked out) and if so, for how long
 - Any memory loss immediately following the injury
 - Any seizures immediately following the injury
 - Number of previous concussions (if any)
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion. Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.
4. Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion. A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare second impact syndrome by delaying the athlete's return to the activity until the player receives appropriate medical evaluation and approval for return to play.

If you think your athlete has sustained a concussion...take him/her out of play, and have the parent/guardian seek the advice of a health care professional experienced in evaluating for concussion.

Some Gentle Reminders

Make sure all coaches, managers, volunteers and umpires have correctly filled out the current year Volunteer Application form and provided a copy of a valid government issued picture identification such as a driver license that is cleared through a national background check for youth sports activities. (If you need more volunteer forms, contact the Safety Officer or any League Officers or secure from the SLL website.)

- Sarasota Little League goes to great lengths to provide as much training and instruction as possible. Attend as many of the clinics provided by SLL and District 16 as possible.
- Check your "Mail Box" upstairs in the SLL concessions building: regularly for league updates, events, information, resources and special notices.

Basic Fundamental Training and Safety Clinic for Managers/Coaches & Players

In order to ensure that SLL Coaches and Managers are well prepared for the task of coaching Little League baseball they are required to annually attend both the safety clinic and one or more instructional clinics offered internally or in district around the start of practice. These clinics provide instruction on proper warm-up exercises, basic first aid, injury prevention and head injuries, coaching techniques, and instructional methods to teach proper hitting, throwing and catching mechanics.

Lightning Evacuation Procedures

When anywhere near the vicinity of the field:

- Stop Game/Practice immediately.
- Stay away from metal fencing, bleachers (including dugouts).
- Do not hold a metal bat.
- Do not wait under the concession canopy.
- Walk, do not run to car and wait for a Director's decision on whether or not to continue the game or coach determination to continue practice.
- Websites to check for assistance:
 - **NOAA National Weather Service**
 - **NOAA Lightning Safety**

Annual Facility Survey

Each year the Sarasota Little League Facility Manager conducts the annual facility survey to identify and correct any facility safety concerns. The Little League Facility Survey will be submitted to the Little League and kept on file by the Safety Officer for future reference.

Concession Stand Safety Procedures

Sarasota Little League concessions will be run by a contracted third party as the Board of Directors designates. In that event, the following applies to all of the concessions run by Sarasota Little League either during SLL League play, playoffs, District 16 Tournaments, Sectionals, and State Tournaments held on any Sarasota Little League operated, leased or utilized fields.

- Concession stands will be run by adults only and may be contracted out as the Board of Directors designates. Third party assignees operating any SLL concession stand will operate such under their own supervision. Concession contractor shall be responsible for their own occupational licenses, insurances, and state reviews and approvals.
- All unpackaged food must be handled with paper towels or plastic wrap. Staff members may wear plastic/rubber gloves while working. All staff members must wash their hands on a frequent basis and/or use sanitizer.
- The concession stand shall be cleaned at the end of each day, shall have a fully stocked First Aid Kit, and no glass containers shall be sold at the concession stand.
- Kitchen equipment shall be professionally cleaned at the end of each baseball season. Equipment cleaned shall include but is not limited to: Exhaust hood, griddle, fryer and surrounding wall / floor surfaces.
- Only working staff will be allowed in the concession stand. No coach, staff, or others shall loiter in the area.
- All trash shall be removed from the concession stand at the end of each day. Rubber gloves may be worn by staff while handling the trash.
- At least one fire extinguisher will be placed in the concession stand in a visible and unblocked location when any hot food is served. All staff shall be instructed on the use of the fire extinguishers prior to working in the stand.
- A list of emergency numbers and key League personnel phone numbers shall be available in the concession stand for emergency use.

2019 Sarasota Little League Board

BOARD MEMBER		POSITION / TITLE	EMAIL
Steve	Isaacson	President	stevei@si-architect.com
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		Building and Grounds Manager	
		Chair - Building and Grounds Improvement Committee	
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		Volunteer Coordinator	
Denise	Zeman	Schedule Manager	denisezeman1970@gmail.com
		Team Parent Coordinator	
Angie	Snavely		asnavey80@gmail.com

SAFETY PLAN FORMS

All safety forms and information can be found on the Sarasota Little League website forms tab for download (<http://www.sarasotalittleleague.org>). Forms include:

- 2019 Volunteer Application
- Incident Injury Tracking Report
- Medical Release
- Little League Insurance
- Parent Code of Conduct
- Concussion Information Sheet

For 2019, the Background Check will be performed via JDP Risk Mitigation Specialist.

ADDITIONAL HELPFUL HANDOUTS

We have included some helpful handouts that might be of help during the game. These include:

- Warm Up Drills
- Strains and Sprains
- Broken Bones
- Broken Tooth
- Nose Bleeds
- Quick Check Card for Concussions - Sport Concussion Assessment Tool (SCAT)

Suggestions for Warm-up Drills



Heel Cord Stretches

Lean up against a wall. Reach one leg behind you. Keep the knee straight, heel on the ground, and toes pointed forward. Slightly bend the leg that's closer to the wall. Lean forward. You should feel the stretch along the back of your calf. Repeat with the other leg.



Head and Neck Circles

Make a circle with your head, going around first in one direction five times. Then reverse and make five circles in the opposite direction.



Low Back Stretches

Lie on your back, bring one knee up, and pull the knee slowly toward your chest. Hold and repeat three times. Switch legs and repeat.



Shoulder Stretches #1

Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.



Shoulder Stretches #2

Stand or sit, holding onto the elbow of your throwing arm with your other hand. Gently pull your throwing arm across your chest. You should feel the stretch inside your shoulder, especially at the back.



Shoulder Stretches #3

Stand or sit with your pitching arm out to the side and your elbow bent. Move your arm back until you feel the stretch in the front of your shoulder.



Thigh Stretches #1

Sit on the floor. Stretch both legs out in front of you. Reach forward, touching your toes. Eventually, you want to lean forward far enough to put your head on your knees. You should feel the stretch along the backs of your legs.

Thigh Stretches #2

Sit on the floor with one leg stretched out in front of you. Bend the other knee and put your foot behind you. Lean backwards. You should feel the stretch along the front of your thigh.



Strains and Sprains

What's the difference between a strain and a sprain? Sprains involve a stretch or partial tear of ligaments (which connect two bones) or tendons (which connect muscle to bone). The ankle is where sprains occur most commonly.

What to Expect:

- pain
- difficulty moving the injured part
- decreased strength
- swelling and bruising



What to Do:

1. Stop activity right away.
2. Think R.I.C.E. for the first 48 hours after the injury:

Rest: Rest the injured part until it's less painful.

Ice: Wrap an ice pack or cold compress in a towel and place over the injury immediately. Continue for no more than 20 minutes at a time, four to eight times a day.

Compression: Support the injury with an elastic compression bandage for at least 2 days.

Elevation: Raise the injured part above heart level to decrease swelling.

4. The doctor will prescribe an exercise program to prevent stiffness.

Seek emergency medical care if the child has:

- severe pain when the injured part is touched or moved
- trouble bearing weight and the child can't walk more than 4 steps after an injury
- increasing bruising
- numbness or a feeling of "pins and needles" in the injured area
- a limb that looks "bent" or misshapen
- signs of infection (increasing warmth, redness, streaks, swelling, and pain)
- a strain or sprain that doesn't seem to be improving after 5 to 7 days

Think Prevention!

Teach children to warm up properly and to stretch before participating in any sports activity, and make sure they always wear appropriate protective equipment.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Kate Cronan, MD Date reviewed: June 2007

Broken Bones

Broken bones are not uncommon in children – especially after a fall. A broken bone requires emergency medical care.

The child may have a broken bone if:



- you or the child heard a "snap" or a grinding noise during the injury
- there is swelling, bruising, tenderness, or a feeling of "pins and needles"
- it's painful to bear weight on the injured area or to move it



What to Do:

1. Remove clothing from the injured part.
2. Apply a cold compress or ice pack wrapped in cloth.
3. Keep the injured limb in the position you find it
4. Seek medical care, and don't allow the child to eat, in case surgery is needed.

Do not move the child – and call for emergency medical care – if:

- the child may have seriously injured the head, neck, or back
- a broken bone comes through the skin (apply constant pressure with a clean gauze pad or thick cloth, and keep the child lying down until help arrives; do not wash the wound or push in any part of the bone that is sticking out)

Think Prevention!

Prevent injuries as children grow: use safety gates at bedroom doors and at the top and bottom of any stairs for toddlers, make sure children playing sports always wear helmets and safety gear, and use car seats or seatbelts at all ages.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

Nosebleeds

Although they can be scary, nosebleeds are common in children ages 3 to 10 years and usually aren't serious. In fact, most nosebleeds stop on their own and can be treated safely at home.

Did You Know?



If a child's bed is near a heater – in the wintertime, especially – the membranes inside the nose can become dry and itchy, causing the child to pick at his or her nose and further irritate the nasal tissue.



What to Do:

1. Have the child sit up with his or her head tilted slightly forward. Do not have the child lean back (this may cause gagging, coughing, or vomiting).
2. Pinch the soft part of the nose (just below the bony part) for at least 10 minutes.

Call a doctor if the child:

- has frequent nosebleeds
- may have put something in his or her nose
- tends to bruise easily, or has heavy bleeding from minor wounds
- recently started a new medication

Seek emergency medical care or call the child's doctor if bleeding:

- is heavy, or is accompanied by dizziness or weakness
- continues after two attempts of applying pressure for 10 minutes each
- is the result of a blow to the head or a fall

Think Prevention!

Most childhood nosebleeds are caused by dryness and nose picking. To help combat dryness, use saline (salt water) nasal spray or drops (or put petroleum jelly on the inside edges of the child's nostrils) and use a humidifier in the child's room. To help prevent damage from nose picking, keep the child's fingernails short.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

Knocked-Out Tooth

A knocked-out permanent tooth is a dental emergency. Baby teeth do not need to be put back in, but quickly putting a permanent tooth back in its socket is key to preserving the tooth.

WATCH THE CLOCK!



Every minute a tooth is out of its socket means the less chance that it will survive. A tooth has the best chance of survival if replaced within 30 minutes.



What to Do:

1. Find the knocked-out permanent tooth. If you're not sure whether it's a baby or permanent tooth (a baby tooth has a smooth edge), call a dentist or doctor or go to your local emergency room immediately.
2. Handle the tooth only by its crown (the top part), never by the root.
3. Gently rinse (don't scrub) the tooth immediately with saline solution or milk. (Tap water should only be used as a last resort; it contains chlorine, which may damage the root.)
4. Keep the tooth from drying out until you see the dentist by:
 - inserting the tooth back into its socket in the child's mouth if he or she is old enough to hold it in place
 - storing the tooth in milk (not water), or
 - placing the tooth between your cheek and lower gum
5. See the child's dentist or go to your local emergency room right away.

Think Prevention!

Children often lose teeth from playing contact sports such as football or ice hockey, from riding bikes, or from being in a motor vehicle crash. Children should wear mouth guards and protective gear when playing a contact sport. They should also always be buckled up in an age-appropriate car seat, booster seat, or seatbelt when in a motor vehicle.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

Pocket SCAT2



FIFA®



Concussion should be suspected in the presence of **any one or more** of the following: symptoms (such as headache), or physical signs (such as unsteadiness), or impaired brain function (e.g. confusion) or abnormal behaviour.

1. Symptoms

Presence of any of the following signs & symptoms may suggest a concussion.

- Loss of consciousness
- Seizure or convulsion
- Amnesia
- Headache
- "Pressure in head"
- Neck Pain
- Nausea or vomiting
- Dizziness
- Blurred vision
- Balance problems
- Sensitivity to light
- Sensitivity to noise
- Feeling slowed down
- Feeling like "in a fog"
- "Don't feel right"
- Difficulty concentrating
- Difficulty remembering
- Fatigue or low energy
- Confusion
- Drowsiness
- More emotional
- Irritability
- Sadness
- Nervous or anxious

2. Memory function

Failure to answer all questions correctly may suggest a concussion.

"At what venue are we at today?"

"Which half is it now?"

"Who scored last in this game?"

"What team did you play last week / game?"

"Did your team win the last game?"

3. Balance testing

Instructions for tandem stance

"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

Observe the athlete for 20 seconds. If they make more than 5 errors (such as lift their hands off their hips; open their eyes; lift their forefoot or heel; step, stumble, or fall; or remain out of the start position for more than 5 seconds) then this may suggest a concussion.

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently assessed medically, should not be left alone and should not drive a motor vehicle.