



**THE NATIONAL GOVERNING BODY  
OF SOFTBALL**

**SAFETY AWARENESS GUIDE**

## PREAMBLE

Use of the techniques in this Softball Safety Awareness Guide should not be considered a guarantee that participants, spectators or others will be safe or free from injury or harm while participating in the contact sport of amateur softball. Please read the entire document, including the Warning, Disclosure and Disclaimer at page 204.

## Introduction

Anyone who has played softball, or any other contact sport, knows that there are inherent risks. Many of these risks are listed in the Warning Disclosure and Disclaimer found in this Guide. While no contact sport can ever be free from risk, many times risks can be minimized. The participants in contact sports must take ownership of these issues and make it their personal responsibility to be aware of their surroundings and take steps to minimize these risks.

This guide, and our dedicated on-line library of documents contained in this guide, are formulated to assist you in educating yourself to minimize risks and prevent unnecessary injuries.

Over the years, ASA has educated its participants in the area of safety awareness. The ASA web site, [www.asasoftball.com](http://www.asasoftball.com), and ASA's insurance agent's web site, [www.BollingerASA.com](http://www.BollingerASA.com), have made these documents available. With this Safety Awareness Guide, ASA is launching an aggressive campaign designed to educate its members.

This guide is designed to help you minimize and/or prevent injuries and accidents. We hope you find the information useful.

Also, please keep in mind that it is always best to be insured in the event that something does happen. If your ASA team or league is not already insured, the ASA has made both accident and liability insurance easy, affordable and available to you. The accident insurance will help pay the cost of medical bills, while the liability insurance will protect you if you are ever sued in your capacity as an ASA coach, player or volunteer. For information on how to insure your team, please contact your local ASA JO or Adult Commissioner.

Topics addressed in this Guide include:

- Softball Safety Recommendations
  - ◇ Equipment
  - ◇ First Aid
  - ◇ Youth-Specific Considerations
  - ◇ Adult-Specific Considerations
  - ◇ Field Condition Issues
- Lightning Safety Guidelines
- Physical and Sexual Abuse Information and Prevention
- Recommended Travel Policy
- Medical Condition Issues
- Crisis Management Plan

Never hesitate to contact us if you think we can help with an issue.

Your friends at the ASA!

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### **ASA and the History of its Rule Making Responsibilities.**

ASA was founded in 1933. In 2008, ASA celebrated its 75th year as an organization promoting the sport of softball.

ASA's longstanding support and promotion of amateur softball was one of the primary reasons that the copyright to the Official Rules of Softball were assigned by the International Joint Rules Committee on Softball to ASA on May 31, 1980. Those Official Playing Rules were adopted by ASA's Council on October 10, 1980, and became effective January 1, 1981. The Official Rules have been revised almost every year since. Amendments to the Rules are proposed, voted upon and enacted at an annual legislative session of ASA's Council, a legislative body consisting of over two hundred ASA volunteers and staff from across the United States.

ASA's Official Rules include certain equipment standards and mandatory equipment requirements for ASA Championship Play. ASA's rule making authority and official playing rules govern only ASA's championship play. Participants playing in non-championship play are not governed by ASA's Official Playing Rules and, as explained below, are free to modify ASA's Official Playing Rules as appropriate.

The Official Playing Rules set forth mandatory equipment requirements, such as batting helmet requirements in ASA's youth program. This section explains the type of mandatory equipment and for which events the equipment is required to be used under ASA's official playing rules. This section also sets forth various 'recommended' types of protective equipment. Please note that ASA's official playing rules generally describe mandatory equipment and prohibited equipment. ASA's official rules do not contain references to 'recommended' protective equipment. Therefore, the below 'recommendations' are not the official playing rules of ASA or official ASA policy. Instead, these recommendations are merely provided in this Guide for the reader's consideration. The recommendations are also not exhaustive. Participants are encouraged to use all available protective equipment. Please note that ASA does have an official policy and rule that promotes and gives each player the right to the use additional protective equipment beyond that which is required under its official playing rules. Rule 3, Section 5(F) of ASA's Official Playing Rules states that any defensive or offensive player has the right to wear any non-mandated additional protective equipment he/she desires.

ASA's official playing rules are designed to be used at ASA championship events and implemented by ASA officials and volunteers. ASA is aware that its Official Playing Rules, or modifications of its Official Playing Rules, are used by leagues and organizations participating in non-championship play. Please be aware that because ASA's official playing rules (including its mandatory equipment) are designed for ASA championship play, the Official Playing Rules have built-in assumptions concerning the competition. For instance, there is a heightened risk of injury where games are played among players with a wide disparity in skill levels (i.e. 12 year old team playing against an 18 year old team or co-ed teams with highly skilled and lesser skilled

players). To attempt to address the disparity among participants in ASA championship play, ASA has implemented a classification system that classifies teams or players according to their respective age or skill level. For instance, youth players are classified by ASA by age, such as 18-U (18 and under), 16-U (16 and under), 14-U (14 and under) and 12-U (12 and under) for ASA championship play. Adult players are classified for ASA championship play under Class A, Class B, Class C or some other designation. ASA maintains rules concerning eligibility and movement between classification levels. All ASA championship play is governed by this classification system. ASA's classification system for ASA championship play minimizes players participating against each other with a wide disparity in skill levels.

To the extent a local league uses ASA's official playing rules for non-championship play and does not maintain a classification system, that local league may want to implement more restrictive equipment standards and/or require certain additional protective equipment than is already contained in ASA's official playing rules.

One of the primary purposes of ASA is to promote the sport of softball. One of the purposes of ASA's official playing rules, including its equipment standards and classification system, is to promote softball, promote competitive balance and to preserve the integrity of the sport. ASA recognizes that every year, at varying levels, all different types of softball games are played, including youth, co-ed, recreational, league, tournament and national championships. Please recognize that ASA's official playing rules are not designed to fit every situation. No set of rules can effectively address such a wide array of situations. ASA recognizes that the imposition of mandates requiring the use of cutting-edge, expensive or over-extensive equipment during play will not promote the game of amateur softball but instead hinder it. An exhaustive list of mandatory equipment in its rules to fit all players and all situations would be counterproductive to the sport. Such rules would also likely hinder the widespread participation in amateur softball. Therefore, although not mandatory, players are encouraged to consider and wear additional protective equipment. No protective equipment can make the game entirely safe or free from injury, but additional equipment can lessen the risks of injury.

### **Use of ASA's Official Rules Outside Their Intended Purpose**

The ASA, as national governing body for softball in the United States understands that local, recreational, city or county leagues may adopt and use ASA's official playing rules. The use of any or all of ASA's playing rules is strictly a local matter and the rules may be altered as league officials deem necessary to conduct their own non-championship league play. ASA's official playing rules, or any modification thereof, should not be considered a guarantee that participants, spectators or others will be safe or free from injury or harm. To the extent ASA's official playing rules are modified by local leagues; such modification may increase the potential or likelihood of injury, death or property loss, including the dangers associated with increased batted ball speeds. ASA expressly disclaims any and all liability associated with the use of its official playing rules or any modification of its official playing rules.

### Basic Softball Equipment Information and Recommendations

Proper fitting softball equipment is just as important to your team's success as learning proper softball fundamentals and skills. To see if your equipment is legal for ASA Championship Play look in the equipment section of the latest ASA Participant Manual/Rule Book or on the ASA website at [www.asasoftball.com](http://www.asasoftball.com) under "Approved Equipment." The following provides a general outline of ASA's official playing rules concerning mandatory equipment to be used in ASA championship play. As explained above, this section also contains some recommendations concerning equipment.

**Balls:** Softballs generally come in two sizes 11" and 12" and are used in both Fast Pitch and Slow Pitch depending on the age group. To give you a better idea of just how big that is—a baseball is nine inches. Keep in mind that the word softball doesn't mean that the balls are "soft." In fact, they are similar to a baseball in overall hardness. So whether you are coaching a group of inexperienced kids or whether you are participating in a co-ed adult game with players possessing a wide disparity of softball skills you should consider using a softer ball, safety ball or a lower COR/compression softball available from many of the ball manufacturers. All balls that meet ASA's certifications for championship play can be found by visiting the certified equipment section of [www.asasoftball.com](http://www.asasoftball.com).

**Bats:** The ASA publishes a list of bats that are not certified by ASA for championship play because they exceed the allowable batted ball speed adjusted by ASA's council as recorded by the testing lab. This non approved list can be found by visiting the certified equipment link at [www.asasoftball.com](http://www.asasoftball.com). The non approved list is not exhaustive. Other bats may also not be approved by ASA. Approved bats are manufactured with ASA's certification logo. We encourage all coaches, parents, players and league directors to check for ASA's certification logo and to check the non approved list often as it changes on a reoccurring basis. If skill disparity among the players or local conditions warrant, the ASA has provided bat descriptions allowing league directors and tournament directors to specify certain specifications.

**Note:** Sections 1 and 3 of Rule 3 of ASA's official rules discusses ASA's certification of balls and bats for use in ASA Championship Play. The preamble to Rule 3 states: Rule 3 governs the equipment to be used in ASA Championship Play. Equipment bearing ASA's approved certification mark(s) should not be construed as a warranty or guarantee that the equipment is safe or will safeguard participants or spectators from injury. Instead, ASA's certification marks merely indicate that the equipment model has been tested and complies with ASA's rules for Championship Play. The primary purpose of Rule 3 and ASA's equipment standards is to promote competitive balance and to preserve the integrity of the sport of amateur softball. The use of ASA approved equipment in Championship Play or otherwise should not be considered a guarantee that participants, spectators or others will be safe or free from injury or harm. There are risks and dangers incidental to the game of softball, including specifically (but not limited to) the danger of being injured by thrown bats, thrown balls, batted balls or other objects.

**Catcher's Mask:** Catcher's masks protect the catcher's face. Catcher's masks are mandated by ASA's Official Playing Rules in all games except for Adult Women's slow pitch and Adult Men slow pitch. The masks come in different weights depending upon the thickness of the material. One important part of the catcher's mask is the throat protector. It can be either a large piece of plastic connected to the mask by two strips of leather, or a metal extension at the bottom of the mask. The throat protector is as important to the catcher's safety as the mask itself, we recommend you make sure your catcher's mask includes one. Make sure your catcher's face mask fits properly. Adjustable straps on the back of the mask allow the mask to be adjusted for a proper fit. Also, if your catcher is using the adjustable throat protector, make sure that it fits properly (it should completely cover the throat). It should dangle just enough to be flexible, but it should not be too loose or too low. Catcher's Masks are required for all fast pitch (i.e. youth and adult fast pitch) and for youth slow pitch. Throat protectors are required for all fast pitch (i.e. youth and adult fast pitch) and are recommended for all catchers.

### **CATCHER MASKS AND THROAT PROTECTORS FOR ADULT FAST PITCH:**

Catchers must wear masks with throat protectors. An extended wire protector may be worn in lieu of an attached throat protector. Helmets are optional by fast pitch catchers, and if worn any style is approved. In adult fast pitch, a plastic face mask/guard by itself is not an acceptable substitute for a catcher's mask.

### **CATCHER MASKS AND THROAT PROTECTORS FOR JUNIOR OLYMPIC**

**FAST PITCH:** Catchers must wear an approved batter's helmet with ear flaps, the catcher's helmet and mask, or an approved plastic face mask/guard with catcher's helmet. A throat protector for Junior Olympic Fast Pitch catchers is mandatory.

**CATCHER MASKS FOR JUNIOR OLYMPIC SLOW PITCH:** Catchers must wear an approved batter's helmet with ear flaps, the catcher's helmet and mask, or an approved plastic face mask/guard with catcher's helmet. A throat protector for Junior Olympic Slow Pitch catchers is not mandatory but recommended.

**Catcher's Chest Protector:** The chest protector protects the catcher's chest. It has adjustable straps on the back. Chest protectors come in different sizes, so your catcher should have one that covers the chest without being too bulky to prevent quick movement. This is required only for fast pitch youth catchers, but is recommended for all catchers (adult and youth, fast pitch and slow pitch).

**Catcher's Shin Guards:** Shin guards protect the catcher's legs from foul balls and from runners sliding into home plate. They fit over the front portion of the catcher's legs with small extensions going over the top of the foot and knee. Shin guards have adjustable straps in the back to make them fit snugly. Make sure your catcher selects a set of shin guards that are the same length as his or her legs. They come in youth and adult sizes so be aware of this when buying shin guards for your catcher. Shin Guards are required for J.O./Youth Fast Pitch catchers but are recommended for all catchers.

**Fielder's Glove:** A glove has individual fingers and can be worn by all defensive players. Gloves come in adult and youth sizes, and in outfield and infield lengths. The outfielder's glove is longer than an infielder's glove, but either type may be worn by infielders and outfielders. Do not think that the more expensive the glove, the better it is. When choosing a glove, the player should be able to control it (not too big), and it should be comfortable.

The ASA glove rule now allows any player to wear a mitt or glove at any position. We only regulate the glove's size and colors. The ASA glove rule is as follows:

A Glove/Mitt may be worn by any player. The dimensions of any glove/mitt used by any fielder shall not exceed the specifications set forth below (see drawing and specifications [in Rule 3, Section 4]). (Fast Pitch) The Pitcher's glove may be of one solid color or multicolored as long as the color(s) are not the color of the ball being used in the game.

**Helmets:** All batters in fast pitch softball must wear batting helmets. Not just while they are batting, but also while they are base runners. All Junior Olympic players acting as coaches in the coach's box must properly wear double ear flap helmets.

**Please note: chin straps are mandatory on all youth batting helmets. Please note: A NOCSAE-approved face guard is mandatory on all fast pitch youth batting helmets.**

Helmets also come in different sizes, usually Small, Medium and Large, so make sure you have enough helmets in the different sizes for everyone on your team. Helmets must be NOCSAE approved in order to be legal and safe. Don't buy helmets without the NOCSAE seal. Helmets must also be equipped with a securely fastened NOCSAE certified mask or guard. The mask must bear the NOCSAE seal on it also. If the mask and helmet are molded as one piece only one NOCSAE seal is required.

In addition, any defensive player may wear a helmet of similar color as the team caps. It is recommended that offensive players (not batting) wear a helmet even though it may not be mandatory under ASA's rules. For instance, base runners often have their backs to the fielders so their heads may be more vulnerable to thrown balls than defensive players. It is recommended that all coaches and other persons on the playing field wearing helmets.

**Home Plate:** There is only one home plate on each softball field, and its shape is totally different from the other three bases. It gets its unusual shape because the two foul lines (first base and third base) come together at the point of home plate. Home plate is in fair territory, with the point facing away from the pitcher.

**Double First Base:** A base is normally 15" x 15" in size. A double first base is either two separate bases or one base 15" x 30" in size, half inside and half outside the foul line. The inside base is white and the outside base is orange or green. A double first base is mandatory in all levels of ASA championship play.



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**Bases:** There are three bases on a softball field (first, second and third). When running the bases, there are various risks of injury. These risks include injuries from sliding, being hit by a thrown ball and/or collision with other players. Certain injuries from sliding may be heightened or mitigated by the type of bases used. There are a variety of different types of bases (i.e. hard or soft, moveable or permanent). When participating in softball, make yourself aware of the type of bases used during each game so that you can employ base running techniques the minimize risk of injury to your hands, wrists, arms, feet, ankles, legs or other areas.

### Summary of ASA-Mandated Protective Equipment For ASA Championship Play:

The below chart, dated as of October 1, 2008, details which ASA Championship Play games require which mandatory protective equipment. The last column indicates that, although not required in all situations, protective equipment is permitted to be worn by any player in any game at any time under Rule 3 of ASA's Official Playing Rules.

EQUIPMENT:	JO/Youth Slow Pitch Program (Male & Female)	JO/Youth Fast pitch Program (Male & Female)	Adult Women Slow Pitch	Adult Men Slow Pitch	Adult Women Fast pitch	Adult Men Fast pitch	Permitted to Be Worn If Participant So Desires
Double First Base	X	X	X	X	X	X	X
Catcher's Mask	X	X			X	X	X
Catcher's Throat Protector		X			X	X	X
Catcher's Chest Protector		X					X
Catcher's Shin Guards		X					X
Batting Helmet	X	X			X	X	X
Chin Strap for Batting Helmet	X	X					X
Face Mask (usually for pitchers)							X
Other Protective Equipment							X

The above rules are shown as of the date this chart was prepared. Please consult the latest version of the rules for any updated requirements. Grey shading indicates fast pitch.

\* In addition, all offensive youth players acting as coaches or otherwise must wear a helmet when standing anywhere outside the dugouts. Examples include but are not limited to coaching, bat girl/boy, etc.

### Softball and Youth Safety Awareness

Safety is and has always been a concern of the ASA, and the organization has implemented many safety initiatives over the years. Safety issues are thoughtfully considered along with other factors such as competitive balance and preserving the integrity of the sport of softball. The ASA was the first association to require all of its youth batters and base runners to wear helmets; to require catchers to wear a mask with a throat protector and an approved helmet with ear flaps; to allow the use of a double-base system at first base; and to recommend the use of safety balls and bats for players at the 10-under levels. ASA created a nationwide coaching education program to assist volunteer coaches in better educating, training and preparing young players to participate in the sport.

The ASA JO program is dedicated to building healthy, productive, confident children. Sometimes adults fail to realize just how difficult the skills of softball can be for youngsters. Therefore, we encourage coaches and parents to allow children to learn at their own rate, and to praise players as they progress in their development.

Everyone wants to be a winner. The ASA's purpose is to create a team of winners - winners not only on the softball field, but in life.

Foremost, the ASA Junior Olympic Youth program is about children - it's about creating a positive environment where they can grow and develop, and learn a sport they can enjoy for a lifetime. Most importantly, it's about making sure they come away from their softball experience feeling confident about themselves and who they are.

### Softball and Adult Safety

As adults, we play softball for many of the same reasons that children do. We like to compete, have fun, and continue to share the excitement of playing a sport we love with friends. However, just as youth players play against others in their own age group to achieve a relatively fair and safe playing field, adults have to make certain considerations regarding fair and safe play. While it is common sense that an "A" player should not bat against a novice pitcher, some leagues form in ways that could produce just such a situation. Co-ed leagues often bring together a wide range of skill levels. And while it is nice to try to accommodate everyone, it is wise to keep players of widely different ability levels from playing against each other in the same game or league. There is a greater likelihood of injury in games where players having a wide disparity of skill levels are playing in the same game.

As a general rule, adults are going to hit the ball faster and harder and therefore there is often a greater risk of injury. The game of softball is played with bats and balls. Although termed a 'softball', a softball is a hard object that can cause serious injury or even death. As such, at all levels of the game, especially adults, horseplay with bats and balls should never be tolerated.

Adults should also ensure that they do not participate in softball while under the influence of alcohol, drugs or medication, as doing so creates a greater risk of injury to the person under the influence and those around him/her. Playing under the influence of alcohol or any other substance that causes reaction times to slow down is very dangerous. Most people are keenly aware of the dangers of driving while intoxicated. Driving while intoxicated is dangerous, in part, because of slowed reaction times. For these same reasons, participating in softball while intoxicated is likewise dangerous and should never be undertaken.

### **Coaches**

While players have a responsibility for their own safety, a coach also must be aware of safety issues and use common sense and safety practices. This includes a concern for the mental as well as physical well-being of the participants.

Overlooking a safe environment can seriously affect how your players learn softball skills and fundamentals. How many of your players pull their heads on ground balls, catch fly balls off to one side, or jump out of the way as soon as the pitcher pitches the ball? These are the results of an unsafe learning experience, or to put it in coachspeak, "fear of the ball."

Keep in mind that what might be safe to you is not necessarily safe to your players. To a child who is just learning to play softball and who knows that he or she cannot throw or field a ball, the last thing they want to do is stand in front of or underneath a hard hit ball. They fear they cannot catch it, and they know that if they miss they are liable to get hurt. Although this may not be good thinking for a ballplayer, it is a perfectly logical train of thought. Would you want to do something that you know will cause you great pain?

How do you "make it all safe?" Instead of using regular softballs, use a softer, safety ball. You will be pleasantly surprised at the tremendous amount of improvement you see in your players in a short period of time. Once your players realize that the ball will not hurt them, they will get down in front of the ground ball and correctly position themselves underneath the fly ball.

Using a safety ball is not "sissy," or just for little children. It is an important tool to your softball success if it helps your players improve and learn in a safe environment.

### **First Aid**

During a typical softball season, in spite of the very best injury prevention plan, some injuries will occur. Most of these will be during practice, and you or another competent adult must provide care as best you can. You want to know as much as you can about treating injuries to keep the damage from an injury to a minimum. Consider enrolling in a first aid class and taking a CPR course. You should have a first aid kit at your practices and games (suggested contents below), and know the telephone numbers of emergency personnel. Do you know where the nearest

phone is? But more importantly since you will be staying with an injured athlete on the field, do your players know where the nearest phone is, and how to tell emergency personnel how to get where you are? Do you have change if it is a pay phone? Do you have medical release forms? As a coach, you should make every effort to expand your knowledge of first aid so that you can minimize the damage from injuries received in practices and games.

**AIDS and Injuries:** You should not let a fear of acquired immune deficiency syndrome (AIDS) from stopping you from helping a player. If you are aiding an injured player, you are at risk if you allow contaminated blood to come in contact with an open wound. That is why you should always have a pair of rubber gloves with you. The rubber gloves will protect you from AIDS should one of your players carry this disease. Check with your league director or a medical professional for more information on how to protect yourself from AIDS.

### Suggested First Aid Kit Supplies

Ice or Impact Ice Bags	Splint Material	Plastic Bags
Scissors	Band Aids	Sun Screen
Athletic Tape	Gauze	Antibiotic Tape
Q-Tips/Cotton Swabs	Antibiotic Ointment	Sting Kill
Safety Pins	Tweezers	Bug Spray
Cell Phone	4 Pairs of Rubber Gloves	Medical Release Form
	Towel	

### R.I.C.E. Principles

You may have heard of the R.I.C.E. Principles for injuries. Below is an overview of the R.I.C.E. Principles for treating injuries:

#### R-est

Activity should be discontinued as soon as the pain or injury is noticed. Continued exercise may further aggravate the injury. The concept of "no pain, no gain" is replaced with "train, don't strain; if stressed, get rest." The rest should continue until symptoms of pain and injury subside.

#### I-ce

An ice pack should be applied immediately to a new injury. Ice decompresses swelling and blood flow and reduces pain. Where there is swelling, application should be continued intermittently for 72 hours. Ice should never be applied directly to the skin and the maximum time for each pack application is 20 minutes. Using ice at bedtime is not necessary unless the pain interferes with sleeping.

#### C-ompression

Initially, a wet wrap can be applied to give compression. Start distal (i.e. farthest from a point of reference) to the injury and wrap toward the heart. Later, an elastic bandage can be used. It should be wrapped firmly, but not tightly enough to cut off circulation around the injured area. During the early stages when swelling is severe,

the wrap should be loosened every half hour, then reapplied. Compression reduces swelling and blood pooling. Compression at bedtime is not necessary unless the pain interferes with sleeping.

### **E-elevation**

Elevate the injured part so that it is higher than the heart at all times initially (including during sleep) and whenever possible until swelling has subsided. In this way, gravity prevents pooling of blood and other fluids.

See a physician immediately following any major injury.

### **Heat Related Injuries**

When playing summer outdoor sports such as softball, precautions should be taken to avoid heat injuries. Heat exhaustion and heat stroke are two summer afflictions to be aware of. Be aware that athletes are sensitive to the heat. Every player will have a different tolerance level so one person may be fine and the others may require attention even in the same conditions.

### **Heat Exhaustion**

Heat related injuries like heat exhaustion and heat stroke are very serious and can be life-threatening. Softball is played outside during the heat of the summer and heat related injuries are always possible. Be alert to this.

### **Signs and Symptoms of Heat Exhaustion:**

- \*\*\* Moist and clammy skin
- \*\*\* Pale skin color
- \*\*\* Normal body temperature
- \*\*\* Profuse sweating
- \*\*\* Dizziness, nausea, weakness and fainting

### **Do:**

- \*\*\* Get the athlete out of the heat into a cool, shady area
- \*\*\* Loosen or remove clothing and take off helmet and/or hat
- \*\*\* Lie the athlete down and elevate feet
- \*\*\* Cool down the athlete with wet towels, ice water, air-conditioning
- \*\*\* Transport athlete to emergency room if athlete does not recover after a short rest

### **Do Not:**

- \*\*\* Give athlete any more fluids if they vomit
- \*\*\* Allow athlete to become chilled
- \*\*\* Allow athlete back into the game or practice
- \*\*\* Take this problem lightly; call for help immediately if you are unsure

### **Heat Stroke**

Heat stroke is life-threatening! The athlete's entire system is shutting down because of extreme heat, and death is possible if immediate action is not taken.

### Signs and Symptoms of Heat Stroke:

- Hot, dry skin and body temperature is very high (104-105F)
- Rapid pulse and breathing
- Behavior may be irrational
- Athlete may lose consciousness
- Eye pupils are constricted (very small)
- Weak, loose muscles

### Do:

- Cool athlete immediately and as fast as possible
- Call emergency help immediately
- Remove athlete from heat
- Put athlete in cold water, if possible

### Do Not:

- Give the athletes fluids
- Leave the athlete
- Allow athlete back in the game or practice

Do not underestimate the dangers associated with heat and/or humidity. These dangers are recognizable and preventable. Be aware that each of your athletes has different heat tolerance levels, and be sensitive to these differences.

### The Most Important Nutrient - Water

Water loss for an athlete can be critical and, in severe cases, can lead to death. Maintaining an adequate level of water in the body can be easy if the athlete understands the importance of water.

The body cools itself much like the cooling system of an automobile. As muscles produce the energy needed for training and competition, they generate heat. This heat, in turn, causes body temperature to rise. Blood picks up heat from the muscles and carries it to the skin's surface where it is lost as sweat evaporates. Sweat is the body's main method of cooling itself.

As you sweat, you lose water - water which must be replaced if you want to perform at your best. Losing as little as two or three percent of your weight via sweat can cause a decrease in concentration, coordination, strength and stamina. More importantly, if lost water is not replaced, your body begins to conserve water by slowing the sweating and thus, the cooling process. You must replace lost water.

Do not give your athletes salt tablets. Water will be pulled from the body to dilute the salt. If the team physician or trainer feels that additional salt is needed, it should be added to foods at meals or eaten in salty foods such as ham, chips or other snack foods.

### **ALWAYS BE AWARE OF FIELD CONDITIONS**

All participants in softball should be aware of their surroundings at all times. This includes both on and off the playing field. Prior to participating, each individual should review the playing field and surrounding area to be sure he/she is aware of hazards or dangers so he/she can avoid them. For instance, each participant should follow these general principles:

1. Make yourself aware of any holes, depressions, raised sprinkler heads and other hazards.
2. Clear the infield of stones, pieces of glass, foreign objects and debris.
3. Check the field for equipment from other sports – football tackling sleds, portable soccer goals, little league baseball pegs, etc.
4. Position backstop to be sure it is the proper distance from home plate. Ensure that screening is secure with no sharp protruding edges.
5. Be sure all fences are in good repair and free of protruding hazards or sharp edges.
6. Be sure dugout areas are properly positioned and set back from the field of play.
7. Be aware of your property. If you park your car near a field, be aware of the risks of a foul ball or home run possibly doing damage to your car.

While events such as ASA National Championships are mostly played on well-manicured fields, recreational players often do not have such privileges. Therefore, you should always be aware that there will likely be various hazards present at local parks or playing fields. To prevent injury, make yourself aware of these hazards from the outset so you can avoid them. You should also make other participants aware of any hazards you observe.

### **ASA Guidelines for Lightning Safety**

All individuals participating in or observing an outdoor softball event are responsible for their own safety and should monitor threatening weather conditions. Umpires are responsible for monitoring weather conditions with respect to games and will make the call to stop play, remove individuals from the field, and announce a warning to the spectators.

The umpire should keep an eye on weather conditions, including observing weather conditions. Storm watches or warnings known to the umpire should be heeded. When the weather becomes dangerous, the umpire will announce that all play activities are suspended and all individuals, including players and spectators, should seek appropriate shelter. In instances where there is more than one umpire, any umpire may suspend a game when weather becomes dangerous. No place is absolutely safe from lightning threat; however, some places are safer than others. Large, enclosed structures (substantially constructed buildings) tend to be safer than smaller structures or open structures. In general, a fully enclosed vehicle with the windows rolled up tends to be safer than being outside so long as contact with metal surfaces inside and outside the vehicle is avoided.

## **SAFETY AWARENESS GUIDE**

The following areas are not appropriate shelter and should be avoided: Any area of higher elevation; wide-open areas such as sports fields, tall isolated objects such as flag poles, light poles, or trees; metal fences and metal bleachers, unprotected open buildings like dugouts, picnic pavilions, rain shelters and bus stops.

When determining whether or not to suspend play, the umpire should use his/her common sense and good judgment. If a thunderstorm appears imminent before or during an activity or contest (regardless of whether lightning is seen or thunder heard), postpone or suspend the activity until the hazard has passed. Signs of imminent thunderstorm activity are darkening clouds, high winds and thunder or lightning. Even storms that are many miles away can pose a lightning danger. This may mean the appropriate decision is to suspend activities even before the first sight of lightning or sound of thunder.

All individuals should have the right to leave an athletic site or activity in order to seek a safer structure or location if they feel they are in danger from impending lightning activity. Lightning Safety is the number one consideration. The activity, the completion of the game or the outcome of the game are all secondary.

If activity has been suspended due to lightning, the umpire should wait at least 30 minutes after the last lightning flash or sound of thunder prior to resuming activity. Each time additional lightning is observed or thunder is heard, the minimum 30-minute waiting period should be reset. A clear sky or lack of rainfall are not adequate indicators for resuming play. The minimum 30-minute return-to-play waiting period should not be shortened. Play should not be resumed even after the 30 minute waiting period if any signs of thunderstorm activity remain in the area or if the weather forecast indicates the threat is not over.

**NO LIGHTNING SAFETY GUIDELINES CAN GUARANTEE ABSOLUTE SAFETY. THE NATIONAL WEATHER SERVICE STATES THAT EACH YEAR MORE THAN 400 PEOPLE ARE STRUCK BY LIGHTNING AND, ON AVERAGE, SEVENTY PEOPLE ARE KILLED EACH YEAR BY LIGHTNING. IT IS THE RESPONSIBILITY OF EVERY PERSON TO BE AWARE OF WEATHER CONDITIONS AND TAKE APPROPRIATE ACTION TO PREVENT OR MITIGATE THE RISKS OF WEATHER RELATED INJURIES. PLEASE USE COMMON SENSE AND GOOD JUDGMENT. PLAN AHEAD AND REMAIN AWARE OF YOUR SURROUNDINGS.**



### Lightning Safety At-A-Glance:

- Lightning safety is the number one consideration; the activity can be made up later.
- The umpire(s) should monitor weather conditions and determine whether or not to suspend play.
- Signs of imminent thunderstorm activity are darkening clouds, high winds and thunder or lightning. Even storms that are many miles away can pose a lightning danger.
- When determining whether or not to suspend play, the umpire should use his/her common sense and good judgment.
- If a thunderstorm appears imminent before or during an activity or contest (regardless of whether lightning is seen or thunder heard), postpone or suspend the activity until the hazard has passed.
- No place is absolutely safe from lightning threat; however, some places are safer than others. Large, enclosed structures (substantially constructed buildings) tend to be safer than smaller structures or open structures.
- If activity has been suspended due to lightning, the umpire should wait at least 30 minutes after the last lightning flash or sound of thunder prior to resuming activity. Each time additional lightning is observed or thunder is heard, the minimum 30-minute waiting period should be reset. A clear sky or lack of rainfall are not adequate indicators for resuming play.
- The minimum 30-minute return-to-play waiting period should not be shortened.

Depending on the particular area in which you are located, there may be other weather related risks such as tornado, earthquake, hurricane, flooding or other conditions. For more information about severe weather threats and tips, see publications available from the NOAA National Weather Service website ([www.nws.noaa.gov/om](http://www.nws.noaa.gov/om)) or visit the National Severe Storm Laboratory website (<http://www.nssl.noaa.gov>).

### SEXUAL AND PHYSICAL ABUSE

The sexual and physical abuse of children remains a societal problem that requires attention. While not specific to the sport of amateur softball, the threat of abuse in sports programs does exist. ASA/USA Softball is committed to creating and upholding traditions of excellence in softball by building and maintaining a supportive and nurturing environment in which children and youth may grow, develop, and prosper. To ensure such an environment, the ASA seeks to attract the most qualified and enthusiastic staff and volunteers to assist in ASA programs. Whether the children involved in ASA programs are our own, or the children of others, each of us has a responsibility to protect them. It is the policy of ASA that there shall be no abuse, either physical, mental, emotional or sexual, of any participant involved in any of ASA's programs. ASA will not tolerate any abuse.

There is no such thing as a so-called "consensual" sexual relationship with a minor." Neither applicable law nor ASA recognize such relationships as 'consensual' relationships. All such relations with a minor constitute sexual abuse under the law and, therefore, will be treated by ASA and law enforcement authorities as sexual abuse. If you are aware of a 'consensual' sexual relationship between a minor and an adult, you should report it immediately to your local Child Protective Services (CPS) office.

ASA takes all allegations of abuse very seriously, and ASA refers all allegations to the local or state law enforcement authorities for investigation in which ASA will fully cooperate.

#### **Reporting**

Local law enforcement authorities and other state agencies, including those responsible for Child Protective Services (CPS), have the primary responsibility in the field of child protection. Child Protective Services (CPS) is a program mandated by individual states for the protection of children who are alleged to be abused or neglected. The function of this program is to screen and investigate allegations, perform assessments of the children's safety and risk of harm, and evaluate the conditions that support or refute the allegations and need for intervention.

ASA is an amateur softball organization. ASA does not possess the expertise, power, authority or resources to investigate claims of abuse. Child Protective Services and local law enforcement are best suited and trained to investigate and pursue claims of abuse.

Those who believe they have identified an instance of child abuse or neglect shall report it to their local Child Protective Services (CPS) office, which will investigate the matter. A list of states with toll-free (800, 866, 877 or 888) phone numbers for reporting child abuse or neglect is available at [www.childwelfare.gov](http://www.childwelfare.gov). You may also report abuse and contact local authorities by calling the 24-hour Childhelp® USA

National Child Abuse Hotline at 1-800-4-A-CHILD (1-800-422-4453). Urgent or life threatening situations shall be reported immediately by calling "911."

Additionally, persons known or believed to be a threat to ASA participants or youth should be reported to ASA so ASA can determine whether such persons should continue to be eligible to participate in ASA on a going forward basis. Please refer to the ASA Code, available at <http://www.asasoftball.com>, for the procedure by which such a complaint may be reported. Filing a complaint pursuant to the ASA Code is not a substitute for notifying local authorities of an instance of child abuse or neglect. Those persons who believe they have identified an instance of child abuse or neglect should immediately report it to their local Child Protective Service (CPS) office or to local law enforcement authorities.

### **Resources**

At <http://www.nsopr.gov/>, the U.S. Department of Justice maintains the Dru Sjodin National Sex Offender Public Website in which the public can search various sex offender registries.

Please note that the regular use of background checks is not a guarantee of a child's safety or that children will be free from harm. For instance, a background check will not detect a first time offender or a person using a false identity. Background checks may also not detect persons who have prior convictions in jurisdictions that do not maintain searchable databases or whose records contain typographical or other errors. As a result, background checks can not replace the need for all persons to be diligent, to be attentive, to take all abuse allegations seriously and/or to refer all allegations of abuse to law enforcement authorities.

The best source of information on the registered sex offenders in your community is quite often your local law enforcement authorities.

### **Zero Tolerance Policy Against Abuse**

We are committed to providing a safe environment for our members and participants, and to prevent abusive conduct in any form. Every member of this organization is responsible for protecting our participants and ensuring their safety and well-being while involved in sponsored activities.

To this end, we have established the following guidelines of behavior and procedures for our staff, volunteers and participants. All members of this organization, as well as parents, spectators and other invitees are expected to observe and adhere to these guidelines.

## SAFETY AWARENESS GUIDE

1. Abuse of any kind is not permitted within our organization. This means we do not tolerate physical, sexual, emotional or verbal abuse or misconduct from our players, coaches, officials, volunteers, parents or spectators.
2. Physical and sexual abuse, including, but not limited to, striking, hitting, kicking, biting, indecent or wanton gesturing, lewd remarks, indecent exposure, unwanted physical contact, any form of sexual contact or inappropriate touching, are strictly prohibited within our organization.
3. Emotional abuse or verbal abuse is also prohibited. These include, but are not limited to such forms of abuse as: yelling, insulting, threatening, mocking, demeaning behavior, or making abusive statements in regard to a person's race, gender, religion, nationality/ethnicity, sex or age.
4. Every member of this organization is responsible for reporting any cases of questionable conduct or alleged mistreatment toward our members by any coach, official, volunteer, player, parent, sibling or spectator.
5. Buddy System for Players: We recommend that every activity sponsored by our program put a Buddy System in place. Each youth participant should be assigned a buddy during sponsored activities. No child should go anywhere – to the bathrooms, locker rooms, or other location – without his or her buddy.
6. Buddy System for Adults: To further protect our youth participants, as well as our coaches, officials and volunteers, two adults should always be present at every activity. In particular, we recommend that.
  - No adult person should allow him/herself to be alone with a child
  - Do not drive alone with a child participant in the car
  - Do not take a child alone to the locker room, bathrooms or any other private room
  - Provide one-on-one training or individual coaching only with the assistance of another adult
  - If you must have a private conversation with a youth participant, do it within view of others, in the gym or on the field, not in a private office
  - Coaches and other adult members of this organization should not socialize individually with participants outside of sponsored activities
7. Supervision/Chaperone ratio: We recommend that for any sponsored activity, the ratio of adults to youth participants be 1:8 – one (or more) adults for every eight children, with a minimum of two adults for every activity.
8. When traveling overnight with youth participants, children should be paired up with other children of same gender and similar age group, with chaperones in separate but nearby rooms.

9. We encourage parents to become as active as possible in sponsored activities, games, practices and other events. The more the parents are involved, the less likely it is for abusive situations to develop.
10. Empower our children to trust their feelings and let them know that their concerns, fears and hopes are important by listening to them. Open communication between children and parents, or between children and other adults in the organization may help early warning signs of abuse to surface.
11. We will respond quickly to any and all allegations of abuse within this organization. This information will be communicated to the authorities for investigation and will be reviewed by the organization. The alleged offender will be notified of such allegations promptly.
12. Any person accused of sexual or physical abuse may be asked to resign voluntarily or will be suspended on an interim basis until the matter is resolved. In each case, the person accused will have an opportunity to be heard before a final decision concerning eligibility to participate is made by the organization. Regardless of criminal or civil guilt in the alleged abuse, the continued presence of the person could be detrimental to the reputation of the organization and could be harmful to the participants. A person who is accused but later cleared of charges, may apply to be reinstated within the organization. Reinstatement is not a right, and no guarantee is made that he or she will be reinstated to his/her former position.
13. We promote good sportsmanship throughout the organization and encourage qualities of mutual respect, courtesy and tolerance in all participants, coaches, officials and volunteers. We advocate building a strong self-image among the youth participants. Children with a strong self-image may be less likely targets for abuse; similarly, they may be less likely to abuse or bully others around them.

Traveling teams present an opportunity for abuse or an opportunity for a credible accusation of abuse to be made. We recommend local associations, leagues and teams adopt and follow the Recommended Softball Team Travel and Conduct Policy in this Guide. The Travel and Conduct Policy is designed to ensure the protection of adults and children and to clearly outline the conduct expected of participants.

The following general information may also be helpful to you:

### Signs and Symptoms of Possible Child Abuse

#### Physical Abuse

- Unexplained bruises
- Unexplained cuts or scrapes
- Unexplained stomach injuries
- Fear of adults
- Withdrawn behavior
- Fear of parents
- Fear of going home

#### Physical Neglect

- Underfed or constant hunger
- Unattended medical needs
- Constantly tired
- Constantly unclean

#### Sexual Abuse

- Difficulty walking or sitting
- Poor peer relationships
- Stomachaches
- Sudden onset of behavior problems

#### Emotional/psychological Abuse

- Speech problems
- Antisocial behavior
- Habit of sucking, biting or rocking
- Loss of appetite
- Learning difficulties

#### Sex Offender Facts

- Sex offenders come from all walks of life, and from all socio-economic groups. They can be male or female, rich or poor, employed or unemployed, religious or non-religious, highly educated or uneducated or from any race.
- Usually non-violent and have few problems with the law (pedophiles are frequently respected community members).
- The suspect is known to the victim in over 80% of sex crimes. In other words, the suspect is a parent, relative, caregiver, neighbor, co-worker, or significant other.
- May seek employment or volunteer with programs involving children of the age of their preference.
- Strangers can be “good guys” or “bad guys” (this includes females). Persons known to you or your children can be “good guys” or “bad guys” (again, this includes females).

## SAFETY AWARENESS GUIDE

- Sex offenders have great social skills. This is what enables them to gain the confidence and trust of not only the children but the parent.
- Sex crimes flourish in secrecy. Sex offenders have secretive lifestyles, and many of their sexual assaults are so well planned that they appear to occur without forethought. Many sex offenders are otherwise highly functioning people who use their social skills to commit their crimes.
- Many pedophiles seek out mothers or single parent families for the purpose of victimizing their children. They offer food, money and baby-sitting services – anything to be helpful and put them in a position to gain confidence and trust.
- Most sex offenders “groom” their victims prior to any sexual abuse. They play games with the children, take them to fun restaurants, to get ice cream, etc. They do whatever the child wants in order to gain confidence and trust.
- The single most effective means of protecting your child is communicating with your child. They have to feel comfortable discussing sensitive matters with you. If they don't feel they can talk with you about their true feelings or that they will be “put down” for it, then you can't expect they will tell you when they are put in an uncomfortable situation by a child molester.
- Teach your child that they should not be asked to touch anyone in the bathing suit areas of their body, or allow anyone to touch them in those areas. Teach them types of situations to avoid. It's not good enough to tell a child to avoid strangers.
- Most child molestations are committed by someone known to or related to the child.

### Recommended Softball Team Travel and Conduct Policy

This policy has been established to ensure that each player benefits from the over-night trips organized by ASA teams and leagues. No player should be permitted to complete his/her reservation until he/she and his/her parent or guardian have read together the following policies and have signed that the player will comply with the policies.

#### **Policies: (You may add to and/or modify this as you deem appropriate.)**

1. Players must respect hotel property. The player is responsible for any damage or misappropriation of hotel property. The player and/or the player's family are responsible for restitution should any damage or should any loss of property occur. The player and/or the player's family must reimburse the hotel before the group leaves the premises.
2. Players must be considerate and respectful of the rights of other hotel guests. Unnecessary and loud noises, such as slamming doors, running in the hallways, and loud music, are strictly forbidden.
3. Players are responsible for respecting the property of the transportation service. The player and/or the player's family are responsible for any damage or misappropriation of the property of the Transportation service. The player and/or the player's family are responsible for restitution should any damage or loss of property occurs.
4. Players will not enter any vehicle except the ones that are provided by the tour. Players will not engage in any activity with persons unfamiliar to the Trip Supervisor and Chaperones without their consent.
5. The players shall represent [INSERT NAME OF TEAM or LEAGUE] at all times and must never conduct themselves in a way that is detrimental to the reputation or identity of the club. It is understood and agreed that if a player willfully disregards the established rules of the team or of this policy, the Trip Supervisor and/or Chaperone will notify his/her parents and he/she may face serious consequences including suspension and expulsion. Law enforcement agencies will be notified of and involved in situations as deemed appropriate by the trip supervisor or as required by law.
6. The players are subject to the authority of the Trip Supervisor and Chaperones at all times. If a player has any concern about the behavior of fellow players, they should bring these concerns to the Trip Supervisor and/or Chaperone. The Trip Supervisor will determine the course of action to follow and shall be authorized to act "loco parentis," that is, to proceed in the place of the parent. The Trip Supervisor, Coaches and/or Chaperones shall not assume liability, either



## **SAFETY AWARENESS GUIDE**

expressed or implied, for any action taken in good faith and with regard for the well-being of an individual player or the players as a whole.

7. In the event of an illness or injury, absent specific written directives provided by the parent in advance, the advice of local medical professionals will be followed. Parents agree to assume any medical expenses not covered by their own family medical insurance policies and that of the ASA accident policy.
8. Any medication that must be administered during an overnight field trip, either over the counter or prescribed requires a physician's written order and a parent/guardian authorization. Required medication should be in a properly labeled container. The player may carry and self-administer the medication during the overnight field trip.
9. The team's zero-tolerance substance use policies will be adhered to regardless of the laws or customs of other countries.
10. The nightly curfew will be \_\_\_\_ P.M. Players are expected to be in their own rooms with the lights out at this time. Bed checks will be made. Players may not leave their hotel room for any reason once bed checks are made. The hotel staff has been advised to notify the Trip Supervisor if there is any infraction of this rule.
11. Players are not permitted to have members of the opposite sex in their room at any time, nor is it permissible for a player to share a room with an adult Chaperone or Coach unless it is their own parent or guardian.
12. Players are not permitted to change assigned hotel rooms.
13. Players must be on time for all scheduled activities and meals on the trip. Each player will fully participate in each day's program of activities. Players will not deviate from the schedule, program, or directions of the Coaches and Chaperones without their consent.
14. Players are limited to one piece of luggage and one carry on piece. Luggage must have identification clearly visible. Players are responsible for the contents of their luggage and are asked not to bring any personal property of value.

## SAFETY AWARENESS GUIDE

The signature of either parent to this policy statement shall constitute full permission for: the player, the player named below to participate in the trip. It is likewise understood that ASA disclaims all legal responsibility on any matter whatsoever.

We have read together the foregoing and agree to the conditions as outlined above.

\_\_\_\_\_  
Parent's Name—Please Print

\_\_\_\_\_  
Player's Name—Please Print

\_\_\_\_\_  
Parent's Name—Please Sign

\_\_\_\_\_  
Player's Name—Please Sign

Date \_\_\_\_\_

Revised 7/08

## **SAFETY AWARENESS GUIDE**

### Memorandum

TO: ASA Local Associations

FROM: Ron Radigonda, Executive Director

DATE: December 1, 2007

RE: ASA's Minimum Criteria for Known Offenses

All background check results should be evaluated on a case-by-case basis. An ASA committee has evaluated certain background check issues and advised ASA's Board of Directors' of the committee's conclusions. Recently, ASA's Board of Directors adopted a policy that states, at a minimum, any person who is known to have been convicted of any of the offenses described on the attached sheet warrants exclusion from any ASA youth program activities. This would include any participation as a coach, manager, official, umpire or participation in any other capacity with respect to J.O. league or other youth program activities.

The attached sheet lists various offenses. Different states adopt different laws and categorize different offenses. The attached list of offenses is not intended to be an exhaustive list. Your organization should exclude any person from ASA youth program activities for any other offense you deem appropriately relates to these issues.

All persons involved with any J.O. programs should remain diligent in safeguarding the welfare of the participants. Merely conducting background screenings is not a guarantee that your program will be problem-free. For instance, a background screening will not reveal a first time offender. A background screening may also fail to reveal conviction information on an individual using a false name or date of birth to conceal a criminal history.

Any person observing any criminal conduct should immediately report the conduct to the police.

## **ASA Background Check Policy**

### **Screening Policy**

ASA and/or ASA state/metro associations reserve the right to screen any volunteer and/or employee who has access to children in ASA programs. The screening may consist of (1) a Staff and Volunteer Application Form, (2) an interview, (3) consent to reference and fingerprint background checks, and (4) approval by staff and/or committee members.

If a background check is performed and the following convictions are revealed, ASA and/or its state/metro associations should refuse to permit individuals who desire to participate in youth programs when those persons have been convicted of one or more of the following listed offenses:

1. Registered sex offender
2. Murder
3. Manslaughter
4. Robbery
5. Kidnapping
6. Aggravated Assault
7. Burglary
8. Arson
9. Reckless Homicide
10. Aggravated Domestic violence
11. DUI- 3 or more in less than 7 years
12. Contributing to Delinquency of minor
13. Child seduction
14. Criminal Deviate Seduction
15. Sexual Misconduct of Minor
16. Child molesting
17. Child Solicitation
18. Rape
19. Felony and Class A/B Drug offences
20. Sexual Assault
21. Embezzlement
22. Felony Theft
23. Injury to a Child
24. Child Pornography

The above list of criminal offenses is not intended to be exhaustive. Other convictions, accusations, charges or facts should be considered on a case by case basis and a decision concerning eligibility to participate in youth programs should be made. The person whose eligibility to participate is at issue should be permitted an opportunity to present his/her side of the story prior to the imposition of a final decision on suspension or ineligibility.

### **CARDIOPULMONARY RESUSCITATION (CPR)**

CPR is a specialized skill to endeavor to revive victims of cardiac arrest (no breathing, no pulse). CPR training is regularly available by certified instructors trained by the American Red Cross, American Heart Association and other organizations. Traditionally, CPR includes clearing the air passage, mouth-to-mouth breathing and chest-compressions.

Recent studies and advisories suggest that untrained bystander-rescuers should be encouraged to provide compression-only CPR (a/k/a hands-only CPR) if they are unable or unwilling to provide mouth-to-mouth breathing, although the best method of CPR is still compressions coordinated with mouth-to-mouth breathing.

Being trained in CPR is an invaluable skill not only in connection with softball but also in connection with your workplace environment, your family, and your everyday life. ASA has no particular expertise in this area but everyone is encouraged to become familiar with these issues and/or certified in CPR. For more information:

- Please visit [www.americanheart.org/handsonlycpr](http://www.americanheart.org/handsonlycpr) to learn more about Hands-Only CPR.
- Please visit: [www.americanheart.org/cpr](http://www.americanheart.org/cpr) to learn more about conventional CPR or to find a CPR class near you.

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<sup>1</sup> Source: Sayre, M.R., et al. "Hands-Only (Compression-Only) Cardiopulmonary Resuscitation: A Call to Action for Bystander Response to Adults Who Experience Out-of-Hospital Sudden Cardiac Arrest. A Science Advisory for the Public From the American Heart Association Emergency Cardiovascular, March 31, 2008 © 2008 American Heart Association, Inc. <http://circ.ahajournals.org/cgi/content/full/117/16/2162>

## A Guide to Crisis Management for the Amateur Softball Association

*The headlines seem to come with increasing frequency. Child severely injured sliding into home plate ..... lightning strikes player in the outfield ... fight breaks out after game.* As a youth-serving professional, would you and your staff know what to do if something terrible were to happen? How would you and your staff react to an unexpected life-threatening, chaotic and emotionally charged situation?

While it is impossible to anticipate every event, you can develop a framework for responding to crises that may increase the likelihood of a good outcome.

The purpose of this section is to provide you with the tools and critical thinking skills which you can use to help you make the best decisions when you are challenged by circumstances beyond your immediate control.

If you already have a crisis plan in place, use this guide to refine or reaffirm what you have developed. If you don't have a plan, we hope that you will use this outline as a starting point. In either instance, share your plan and crisis management information with your coaches. Educate them. Practice.

Just don't wait for a crisis to happen before you begin figuring out what to do.

### **What is a crisis?**

When asked to define "crisis," most people would respond by describing a cataclysmic event, like a tornado, hurricane, medical emergency or an emotionally trying situation. Because the experience of a crisis is highly individualized, what represents a crisis for one person may not be experienced as a crisis by someone else.

When a crisis has occurred, we are faced with incomprehensible uncertainty. We don't know what lies ahead. The aftermath might include serious injury, loss of life, damage to property and reputation, or litigation.

No two people will define "crisis" in the same way. It may help, however, to keep the following in mind:

- A crisis is an unstable or crucial time or state of affairs, an emotionally significant event, a radical change in the status of a person's life due to bodily injury or death, or a serious endangerment to property in which a decisive change for better or worse is impending.
- In crisis situations, it is obvious or highly likely that a third party (such as the police, medical personnel, or an insurance company) will be involved in some way.

### **Before the Crisis**

Preparation is the key to effective crisis management. The best time to think about how to handle a potential situation is well before it happens. Setting aside "Think Time" now to outline a crisis management plan may increase the likelihood of a

positive outcome and minimize “Response Time” after a crisis has occurred. We urge you to put together a kit that contains these guidelines and other materials you may need in a crisis.

Call your local emergency management agency (EMA) to identify potential natural and man-made disasters that may affect your area. Once you have identified potential exposures, arrange a meeting with your EMA for additional suggestions that will help make your crisis management responses more specific to the disasters that may occur in your area.

Remember, in addition to preserving life and health, your crisis management plan should also protect your organizational structure and operations, personnel, and services you provide. Consider storing duplicate business records in a secured, offsite location. Review your plan at least once a year with your coaches and volunteers, so it is practiced and current.

### **Responding to a Crisis**

As you develop your crisis management plan, design your communications strategy. You may need to communicate while the crisis is happening. For example, you have just become aware of an allegation of molestation in the locker room. Developing a code word or signal ahead of time and using it when a crisis occurs will let your coaches know it's time to implement the crisis management plan.

Immediately following the event, the steps you take should be responsive in nature. Planned, practiced actions can help you avoid chaos and lower the risk of additional negative consequences.

During the first few minutes, concentrate on gathering accurate, concise information. This information will help you respond immediately and eliminate confusion later.

Realize that things are likely to happen rapidly and often simultaneously. Stay focused, but flexible when carrying out the first steps of your plan. You may need to change the order of the following actions.

### **Action Steps**

#### **1. Find Out**

Find out and record exactly what happened; which individuals were involved; and their current location, present condition, and immediate needs. Note any actions that have been taken so far. Ascertain who was in charge or supervising when the incident occurred, and determine who is in charge now. Assess which resources you now have available, which outside resources may be called in, and how such assistance will be delivered.

Document the facts as you learn them. Keep a notebook and pen or pencil in your crisis response kit.

### Essential facts checklist

- What happened?
- Who was involved?
- Where are they now?
- What is their present condition?
- What action has been taken so far?
- Who was supervising/coaching?
- Who is in charge?
- What internal resources are available?
- What outside resources are needed?
- How will assistance be delivered?
- When did the incident occur?

As you get the facts about what happened or is still happening, it's important to determine if the crisis is life threatening or not. If you are faced with an encroachment of a life-threatening situation, you may need to take immediate action before you contact emergency services.

## 2. Call Emergency Services

Equipped with facts, call 911 or the appropriate emergency services. Telephone numbers to emergency services should be prominently maintained in your coaching manuals, and kept in cell phones so that they can be accessed quickly and easily. Always carry directions to the ball field where you are playing. In a crisis, it may be difficult to provide precise directions to emergency personnel. Consider adding a fully-charged cellular telephone, with telephone number clearly posted on it, to your crisis response kit (see page 8). This way, if no telephone services are available, you may still be able to communicate.

Calls made at this time should be kept to an absolute minimum. Limit your calls to the following:

### Emergency Medical Services:

Describe the situation accurately and quickly. The facts you have gathered will help you to respond to the dispatcher's questions and increase the likelihood of a prompt and proper response. Remember to ask relevant questions. For example, if children or adults have been injured, find out what actions should be taken before the emergency medical personnel arrive.

We recommend having one or more coaches certified in CPR and First Aid on the premises at all times.



### **Fire Department:**

You may need to alert the fire department, even if there is no evidence of fire. There may be unknown hazards present—gas leaks, hazardous chemical spills, for example—that the fire department can identify and remedy.

### **Police Department:**

If a crime has occurred, notify the police immediately. The police can also be helpful in securing and controlling access to the area.

Special circumstances may require calls to other authorities or agencies. For instance, call the Poison Control Center if you suspect that a child or adult has ingested a harmful substance. If you suspect that a child is missing, immediately call the National Center for Missing and Exploited Children. The Center can mobilize resources and coordinate a search with the FBI and local authorities. Keep in mind that the first minutes and hours after a child is suspected missing are often the most important in obtaining a successful recovery.

### **3. Stabilize the Situation**

With help on the way, your attention can be directed to stabilizing the situation. You can accomplish this by accounting for those involved, assessing their condition, removing everyone from further harm, and controlling the activity at the scene.

When you develop your plan, identify individuals who can act as “greeters.” Greeters help monitor the flow of traffic, keep unauthorized individuals out of the crisis area, and direct press inquiries to a designated spokesperson. The individuals you select for this role should be diplomatic but authoritative, articulate, and level-headed.

Greeters also need to be well versed on your crisis management plan. Provide them with brief, bullet points of information about how the media can contact the designated spokesperson, as well as how, when, and where parents can retrieve their children.

As soon as possible, disperse these greeters to strategic areas (entrances, exits) with appropriate instructions. When something terrible happens, people who want to help, onlookers, media and less well-intentioned people often flock to the site.

Account for all individuals involved. In the confusion of the moment, it may be difficult to remember everyone's name. A current roster and list of players and volunteers should be placed in your crisis response kit. Consider making a duplicate of your sign in sheet, and periodically placing the duplicate in your crisis response kit.

## Checklist for Stabilization

- Deal with hazards in the area.
- Disperse greeters.
- Account for individuals; gather in a central location.
- Attend to the needs of the injured.
- Look for additional injuries.
- Attend to the needs of the non-injured.
- Assign a coach or trusted parent volunteer to care for the uninjured children.
- Preserve everything involved in the incident.

Immediately attend to the needs of those people who are obviously injured, and search for others who may have been injured. Administer care following the instructions you receive from Emergency Services. After injured individuals have been cared for or placed in the care of a qualified person such as an EMT, turn your attention to the non-injured individuals who may have witnessed the event.

If possible, gather the non-injured individuals in a centralized location. This area should be free from hazards and access should be restricted. Use barriers if they are available, and station a greeter at the entrance and exit to the area.

Assign an adequate number of staff members to care for the uninjured children. It is important to maintain a balance between the demands of the crisis and the need for continuity of everyday activities. Children should be closely observed. Some children may seem to be okay, even though they may be hurt or deeply affected by the incident. Sometimes the crisis will elicit memories of earlier trauma. Watch for these “silent sufferers,” and make sure that they receive appropriate care and attention.

In your crisis planning, consider using a, child care center, school, church or synagogue as a possible evacuation site. Make arrangements to use these facilities in advance, and store emergency supplies at these locations. If necessary, plan ahead for the safe transportation of the children in your care to these alternative emergency facilities.

Finally, preserve the integrity of the scene to the best of your ability. Some items can provide important forensic evidence for police, medical personnel, insurance companies and others. Restrict as much of the affected area and objects as circumstances allow.

## 4. Establish Crisis Headquarters

Once the immediate pressure of the crisis has abated and the situation has been stabilized, organize crisis headquarters. Look for an area that is reasonably quiet and secluded. A calm atmosphere will allow for clear thinking and an opportunity to make phone calls without distraction. Scout possible locations in advance, and find at least one alternative that fits the bill.

Store emergency equipment and supplies in a pre-designated area or backpack so that they can be easily and rapidly moved into crisis headquarters. When headquarters is functional, take some time to think about a protocol for the phone calls you will make. A telephone protocol is a statement or script that you and designated staff can use to impart information about the crisis accurately and consistently. This procedure can help reduce speculation and contain the “emotional temperature.”

Set up a log for incoming and outgoing telephone calls. It's extremely important that you maintain a record of what has been communicated, with whom you spoke and when the conversation occurred. This log should be maintained until the crisis is completely resolved.

### **5. Contact Parents/Guardians of Children Involved**

Your first communication with the parents and guardians of children involved in the incident can be a very difficult task. At this point, take some time to think about what you want to communicate. Put yourself in a parent's place. How would you want someone to deliver this kind of news? What would you want to know? How might you react?

For now, focus on informing the parents and guardians of the children who have been directly involved — injured, harmed or adversely affected — in the crisis. Carefully compose a script for these conversations that provides the facts of the situation, and reflects your concern for the well-being of parents, guardians, and children.

Offer to make arrangements for parents or guardians to travel to the hospital, your facility or emergency location. Coordinate their arrival and arrange for suitable accommodations once they have arrived.

### **6. Mobilize the Crisis Team**

Your professional and business advisors, as well as community leaders and agencies, may be able to offer you assistance in responding to the aftermath of a crisis. Activate these resources now.

In assessing the range of care and supervision needed, consider the crisis' impact on each of the following groups:

- 1) Individuals directly involved in the incident;
- 2) those closely affected by the incident; and
- 3) your community — other children, parents, guardians, volunteers, and others with whom you regularly interact.

Once you have an understanding of the kind of care you need, begin to plan the level of intervention that the situation requires. There are three levels of intervention to consider: the team's crisis response team; local community resources;

and outside resources. Identify the areas in which you will need assistance. Seek clergy and mental health providers who have experience in responding to crises.

Each member of your team should have a clearly defined role. During implementation, coordinate the flow of information between team members.

Realize that children, other coaches and volunteers may show secondary effects of involvement in or having witnessed an incident. Keep track of everyone involved in the event, even if they withdraw from your program. Unexpressed anger, for example, can lead to an accumulation of resentment. Follow up with those involved and find out how they are doing.

### **7. Call Emergency Resources**

Contact the appropriate emergency resources to help with cleanup, repair, and continued management of the crisis. Your crisis response kit should contain a list of these resources, contact names and their office and emergency phone numbers. For your convenience, we have prepared a list of emergency resources and have supplied phone numbers for national resources such as the American Red Cross, the Center for Disease Control, and the Federal Emer-

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gency Management Agency.

### Suggested Emergency Resources:

National:	Community:	Facility Specific:
<b>American Red Cross</b> 1-800-REDCROSS	Animal Control Agency	Electrician
<b>Centers for Disease Control</b> 800-CDC-INFO Emergency Hotline #770-488-7100	Hospitals, local and regional	Equipment Rental Services
<b>Environmental Protection Agency</b> National Response Center 1-800-424-8802.	Gas and Electric Company	Fire Equipment Service Company
<b>Child Protective Services/ Childhelp® USA</b> National Child Abuse Hotline at 800-4-A-CHILD (1-800-422-4453)	Health Departments, local and state	Food Service Vendors
<b>Poison Control Center Hotline</b> 800-222-1222	Telephone Company	Plumber
<b>FEMA/Department of Homeland Security</b> 1-800-621-FEMA (3362). DHS Citizen Line: 202-282-8000	Water Company	Transportation Services
	Family or Women's Shelter	Tree Care Specialist

### 8. Call Support Resources

Establish relationships with advisors and community resources well in advance of a crisis so that they can be quickly mobilized if a crisis occurs. Identify people who have had specific experience in crisis response. When you solicit the assistance of these individuals, ask whether there will be a fee associated with their participation. Note this in your crisis response files, along with the day and after-hours telephone numbers for your contacts.

#### Suggested support resources:

- Insurance agent/company
- Appropriate ASA Officials

- Business partners/Board of Directors
- Attorney/law firm
- Neighboring schools, child care centers, camps
- Clergy
- Mental health professionals
- Physicians
- Professional associations
- Public relations advisors

### 9. Contact Other Parents/Guardians

Contact the parents and guardians of those who were not directly involved in the incident, and tell them what has occurred. You can do this by telephone or letter, depending on the level of urgency required by the situation.

Begin your message by acknowledging that an incident has occurred. Assure parents that their child was not involved in the incident. Provide basic facts about the incident, but do not discuss details or identify individuals who were involved in the incident. Inform parents about the level of support that was or will be provided to their child.

Close by thanking the parents for their patience and understanding, and encourage them to contact you if they have any questions or concerns.

We suggest having your attorney review the notice prior to its release. Whether you communicate by phone or mail, keep a log of all telephone calls and correspondence received in response to your message. Maintain the log until the issue has been fully resolved.

### 10. Manage the Media

Crises which involve children seem to attract a large amount of media attention. If your program experiences a crisis, you should expect that the media will become involved. How you handle the media can have a significant impact on your personal, your team and your organization's reputation.

Fortunately, there are steps you can take that may alleviate "bad press." Consider notifying media contacts after a crisis has occurred — before they contact you. Review all of the information that you plan to provide the media with your attorney before releasing it. Consider asking your attorney to be present when you speak with media representatives.

Make arrangements to meet with the press in one place, at one time. During this meeting, try to place the incident in a historical perspective. Describe your program, your overall safety record and business practices. Ask the media for balanced, not sensational, reporting of the incident. Provide them with the basic facts of the incident, avoid speculation and assigning blame. Do not release the names or any other personal information about the people involved in the event.

Also, keep in mind that when meeting with the media, nothing is “off the record.”  
**Post Incident Follow-Up**

### **11. Post Incident Actions**

In the weeks and months following the incident, carry out status checks with those persons involved, their families and others affected by the incident. Similarly, contact members of your crisis response team. Ask them to help evaluate your response. Focus on what you could do better, and update your crisis response plan accordingly. Periodically check your crisis response supplies and kit, so that they are complete and up-to-date.

#### **Crisis Response Kit**

- Notebooks, pencils, pens
- A cell phone/charged/extra battery/with number posted on phone
- Emergency services telephone numbers
- Current roster with medications & special needs
- Child profile kits
- List of coaches and volunteers
- List of emergency contact numbers for children & coaches
- List of emergency resources and telephone numbers
- List of support resources and telephone numbers
- List of media contacts
- Copy of crisis response plan
- Flashlight
- National Oceanographic & Atmospheric Administration weather radio (battery-operated)
- Blankets
- First aid kit
- Batteries
- Bottled water—at least a 24-hour supply
- Snacks
- Permission to treat/health forms
- Disposable camera with flash
- Current phone book
- Change for pay phones
- Whistles

### **12. Organize Files and Prepare Reports**

During the course of the crisis, you will have compiled a great deal of information. Shortly afterward, you should organize the data you have collected. Make copies of your incident notes, telephone logs, prepared statements, etc., so that you can use this material in compiling reports you write or file.

Reports should be prepared and preserved in consultation with your attorney and insurance agent. These reports should be factual in content and should contain a description of everything that happened and how you and others re-

sponded. Do not release reports to anyone who is not specifically authorized by your attorney or others representing your interests. If you can, arrange face-to-face meetings with investigators or confirm their identity with a third party.

Be sure to file all claims and incident reports with the appropriate authorities in a timely manner. These include medical, property, liability and workers' compensation insurance claims, reports to child welfare authorities, OSHA and other state/local regulatory agencies. Cooperate fully with any ongoing investigations conducted by the authorities.

### **File and reports checklist**

- Incident notes
- Telephone logs
- Scripts and statements
- Correspondence
- Insurance claims
  - ◊ Accident Medical Insurance
  - ◊ Worker's Compensation
  - ◊ Liability
  - ◊ Property
- Reports —
  - ◊ child welfare agencies
  - ◊ OSHA
  - ◊ Health Department
  - ◊ State and local agencies
- Press clippings and videos of television coverage

### **The Importance of "Plan B"**

- You awaken in the morning and discover that a power outage during the night has reset your alarm clock, causing you to oversleep.
- You're driving to a meeting and find yourself hopelessly stuck in traffic.
- Your plane arrives in Denver as planned, but your baggage is sent to Atlanta. It's midnight and you have a 10 am meeting with an important client.

### **What do you do?**

When confronted with obstacles or "what ifs," we're often challenged to come up with "Plan Bs."

In dealing with crisis, "Plan Bs" take on additional importance. People may not be able to perform the tasks they've been assigned; services expected may not be available; the situation may have aspects that were unanticipated.

When you review your crisis response plan, take time to develop and document "Plan Bs." Help your coaches and parent volunteers understand the multiple tasks



or duties they may be asked to perform.

### **Take Care of Yourself**

Throughout this process you have been attending to the needs of everyone. Do not neglect your own care. There are sources of support for you “inside” and “outside” your facility. Spend time with your staff and children in your care. Reconnect with your core beliefs (why and how you started coaching).

Take time for physical exercise and relaxation. Give yourself permission to participate in and enjoy everyday routines, as well as special events. Treat yourself with kindness. Be aware of, appreciate, and generate humor. Maintain involvement in professional and community activities.

Remember, none of us is alone. Avoid isolation. Spend time with friends. Don't hesitate to develop a relationship with a mental health professional who can help

you work through this difficult experience.

### **Issues Concerning Softball Participation With Medical Conditions, Including Pregnancy**

Participants who have certain medical conditions, including pregnancy, may have heightened risks or may be susceptible to additional risks of injury from softball activities.

ASA has no particular medical expertise and therefore cannot advise participants as to the risks associated with their participation in softball with a particular medical condition or while pregnant.

Before deciding to proceed with participation in softball, (if the participant has not already done so), the participant should consult with a qualified medical professional concerning whether it is safe for him/her (and/or her unborn child) to continue participating in softball while pregnant or with said medical condition and, if so, the participant should consult with their doctor concerning how he/she should continue to participate and/or how long he/she should continue to participate.

*Please be aware that there are risks and dangers associated with participation in softball while having a medical condition or while you are pregnant. Continued participation in softball during pregnancy poses risks to your health and well being and the health and well being of your unborn child. This Guide contains a copy of the **Warning, Disclosure and Disclaimer** contained in our organization's governing documentation. As a result of your medical condition or pregnancy, there may be additional risks and dangers associated with your participation in softball activities and/or the existing risks and dangers may be heightened while your medical condition exists. For those who are pregnant, the existing, heightened and/or additional risks and dangers will apply not only to you but also to your unborn child.*

Depending on the circumstances, you may be required to present a signed authorization from a qualified medical professional before being able to continue to participate.

To the extent you choose to take a temporary leave of absence from participation while you are pregnant or have a medical condition, upon your return, you will not be penalized in any manner by ASA as a result of your temporary leave of absence.

Please consider the above information and consult with your medical professionals

concerning your continued participation in softball activities.

### **WARNING, DISCLOSURE AND DISCLAIMER**

Use of the techniques in this Softball Safety Awareness Guide should not be considered a guarantee that participants, spectators or others will be safe or free from injury or harm while participating in the sport of amateur softball. There are risks and dangers incidental to the game of softball, including specifically (but not limited to) the danger of being injured by thrown bats, thrown balls, batted balls or other objects. Softball poses a risk to its participants, spectators and other persons at or near ASA events or practices. Softball is a vigorous team sport at times involving severe cardiovascular stress and violent physical contact. Softball involves certain risk, including but not limited to death, heat-stroke, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage and serious injury to virtually all bones, joints, muscles and internal organs, and equipment provided for the protection of the participants may be inadequate to prevent serious injury. It is further disclosed that softball involves a particularly high risk of ankle, knee, head, and neck injury. In addition, participation in ASA events may involve activities incidental thereto, including but not limited to, travel to and from the site activity, participation at sites that may be remote from available medical assistance, and possible reckless conduct of other participants. Participants engaging in softball and activities incidental to softball do so with knowledge of the danger involved and agree to accept any and all inherent risks of property damage, personal injury, or death. Parents, family, guests, participants and spectators assume all risk and danger of personal injury, losses, damages to person or property and all hazards arising from, incidental to or related in any way to the game of softball.

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